# Family relationship quality after admission to a long-term facility

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## Abstract

**This research examined how moving to a residential care home, a specific form of long-term care facility, influences the quality of the relationship between seniors and their family members and how policies in these homes can facilitate relationships between residents and their family members. In this exploratory study, a total of five non-spousal family members participated in a focus group discussion, and an additional 10 family members participated in face-to-face interviews. The two main themes that emerged identified that admission to a long-term care facility had no influence on family relationships, or it had a positive influence on family relationships. The respondents identified how policies in the home can maintain or enhance family relationships. In particular, they appreciated very flexible policies that included few restrictions on when and where they could interact with their relatives and appreciated facilities providing private spaces to accommodate family interaction. The results of this study, and future research, will aid administrators in long-term care facilities to develop policies that most support and enhance the experience of seniors and their ongoing relationship with their family members.**

## Key words

**family carers** **relationships** **long-term care**
**residential care** **ageing policy**

In Canada the provincial and territorial governments determine the nature of health benefits and the organisation of services in the acute and long-term care sectors; this results in variations in definitions and services between jurisdictions (Pitters, 2002). However, a report by the Organization for Economic Co-operation and Development (OECD) (2005) distinguishes between two types of long-term care facilities that are provided in Canada. Nursing homes provide long-term skilled nursing care for people with high care needs, while residential care homes provide support and social care for those who require

less care. Each province or territory has some form of care assessment to determine which type of long-term care facility is most appropriate. Similar to other countries, such as Australia, Norway, the UK, and the US, there is a division in Canada between nursing care and other residential long-term care for those with less severe needs (ie. assisted living, low-level care, residential homes, personal care home) (OECD, 2005).

While living in a long-term care facility is not the preferred living arrangement for most senior citizens, it is a reality for a segment of the senior population. Although the vast majority of seniors live independently in their own homes in Canada, the possibility of living in some form of collective dwelling increases with age. For example, while 0.4% of the Canadian population aged 65–74 live in a nursing home, 10.8% of the population aged 85 and over live in a nursing home (Canadian Healthcare Association, 2005). Of the total Canadian population who are 65 and over, 2.3% live in nursing homes and an additional 1.6% live in residential care homes (Canadian Healthcare Association, 2005). With an ageing population and the large baby-boom cohort approaching retirement age, the demands on the existing long-term care facilities will only increase in the future. Developing the highest quality of long-term care facilities possible is imperative to enhancing the health and well-being of seniors in Canada and elsewhere.

While researchers have begun to explore how families and staff work together to provide quality care to seniors living in long-term care facilities (Ejaz *et al*, 2002; Gladstone and Wexler, 2002; Nolan and Dellasega, 1999), the ongoing relationship between the seniors themselves and their family members is less well-understood. Bowers (1988) identified that quality care in nursing homes includes instrumental (technical) tasks and preservative (emotional or psychosocial) care. Currently, there is a stronger research emphasis on instrumental tasks of caregiving and caregiver roles rather than on preservative care after placement of a family member into a long-term care facility (Dupuis and Norris, 1997; Levy-Storms and Miller-Martinez, 2005; Ross *et al*, 2001; Ward-Griffin, 2002).

It is now recognised that continued family involvement can benefit seniors living in long-term care facilities, their family members, and the facility's staff (Davis and Buckwalter, 2001; Furness, 2007; Gaugler and Kane, 2001; Wright, 2000). In particular, researchers have found that family involvement can contribute to enhancing the quality of life for seniors living in long-term care (Gaugler *et al*, 2004; Mitchell and Kemp, 2000; Murphy *et al*, 2007; Voutilainen *et al*, 2006). However, little research emphasis is devoted to exploring how family relationships are influenced by having a relative move to a long-term care facility. Keefe and Fancey (2000) found that almost half of respondents experienced a change in their relationship with their family members after admission to a long-term care facility. Interestingly, these researchers found positive relationship changes including increased emotional involvement, less anxiety and worry, and greater appreciation for the older adult. Conversely, Seddon *et al* (2002) identified that for many of their participants, family relationships deteriorated after admission. Davies and Nolan (2006) found that many participants strove to maintain continuity in their relationship with a family member living in long-term care.

It is clear that the effect of moving to a long-term care facility on the relationship between seniors and their families requires further investigation and, in particular, as researchers in this area generally focus on seniors living in nursing homes, less is known about how residing in residential care homes influences the relationship between seniors and their family members (Gaugler and Kane, 2001; Penning and Keating, 2000). Increased knowledge in this area can lead to the implementation of appropriate policies that can most facilitate positive relationships between seniors living in long-term care and their family members, and can thus have an impact on the quality of life of seniors (Davis and Buckwalter, 2001; Friedemann *et al*, 1997; Montgomery, 1982; Voutilainen *et al*, 2006).

In order to examine the relationship between seniors in long-term care and their family members, it would be feasible to collect data from seniors themselves, their family members, or staff working in the facility. However, in qualitative research, and especially in smaller exploratory studies, it is advantageous to collect data from a relatively homogeneous group of people (Morgan,

1998). While additional research is needed that includes research participants in all of these three groups, the family members of seniors in long-term care are the focus of this exploratory study. It is also prudent to not conceptualise all family relationships as the same, but to pay particular attention to more specific types of relationships.

It has long been established that spouses and adult children are most likely to provide care to seniors (Cantor, 1979). As researchers have identified differences between the responses of spouses versus other family members (Seddon *et al*, 2002; Wright, 2000), it is advantageous to not focus on spouses and other family members in the same analysis. Thus, while little is known about the experiences of the spouses of seniors in long-term care in general (Darte, 1997; Kaplan, 2001; Sandberg *et al*, 2001), the focus in this exploratory study is non-spousal caregivers. Canadian researchers estimate that only 16% of nursing home residents have a community-dwelling spouse (Rockwood *et al*, 1994) and that family caregivers of seniors in long-term care are most commonly adult children, or children-in-law, and the majority are female (Keating *et al*, 2001).

The purpose of this research is to explore how moving to a residential care home influences the relationship between seniors and their family members and to identify how policies in these homes can facilitate relationships between residents and their family members. The results of this research will provide direction for future research that will aid administrators in residential care homes to develop policies that most support and enhance the experience of seniors and their ongoing relationship with their family members.

# METHODS

In the province of Prince Edward Island, Canada, adults are assessed into five levels of care. Residential care homes[1] provide care to those assessed in long-term care levels one to three. These residents range from those who are highly functional and may need some supervision of medication or social activities to those who are moderately functional with a chronic disease of disability and need 24-hour care and assistance. Nursing homes provide care to those assessed in long-term care levels four and five, and people living in these homes are lower functioning than those in residential care homes due to acute or chronic illness.

All of the seven residential care homes selected for inclusion in this study were purposively selected from the list of 37 homes licensed by the Province of Prince Edward Island's Department of Health in order to include various geographic regions within the province, various sizes of homes (approximately 20–80 residents), and both profit and not-for-profit homes. Residential care home administrators distributed an information letter about the study to non-spousal family members involved in the care of seniors who lived in the facility for at least four months. If the family member chose to participate, they contacted the project research office directly.

In order to answer the specific research questions in this study, a list of questions was developed by the researcher including questions about the relationship between the participants and their family members in residential care, changes in their relationship over time, activities they participated in together, influences of family involvement on quality of life, policies of the facility relating to family involvement, and how these policies influenced family relationships. Background information included age, health status, and length of time the senior had been living in residential care. A total of five family members participated in a focus group discussion of approximately two hours. The focus group that served as a pilot test of the questions proved useful in verifying the appropriateness and comprehensive nature of the questions (Krueger, 1998). Subsequently, a total of 10 additional family members participated in face-to-face interviews of approximately one hour each.

The focus group and interviews were tape recorded and transcribed, and then contextual clarification was added to the verbatim account. QSR N6 software was used to aid in coding and organising the data. First, open coding provided an overview of the topics and processes that emerged from each interview (Emerson, 1995). Then, participants' accounts were condensed into a set of thematic codes. Thematic analysis is a form of pattern recognition within the data allowing for themes to emerge directly from the data using inductive coding (Fereday and Muir-Cochrane, 2006). Thematic analysis is

particularly useful in understanding influences and motivations that influence how people respond to events (Luborsky, 1994). Thus, thematic analysis lends itself well to understanding how moving to a residential care home influences the relationship between seniors and their family members.

# RESULTS

## Participant and resident characteristics

***Table 1*** includes information on the characteristics of the participants in residential care homes and their family members. The participants included 12 adult children or children-in-law, two siblings and one niece. As three of the participants discussed more than one family member in residential care (ie. two parents, two parents-in-law, and a parent and a parent-in-law), the results are based on data collected from a total of 15 participants' experiences with 18 seniors living in residential care. Participants ranged in age from 46 to 68 (M=58) and their family members in residential care ranged in age from 74 to 100 (M=87).

Women comprised the majority of participants (80%) and their family members in residential care (83%). The seniors had lived in residential care for between six months and 10 years (M=2.7 years). While most participants were married (67%), only 28% of the seniors in residential care were married and 61% of seniors in residential care were widowed.

## The impact of living in residential care on family relationships

All the participants described their relationship with their family member(s) in residential care in very positive ways. Some of the words used to describe these relationships included pretty good, excellent, close, very positive, great and very close. When asked if their relationship was influenced by a family member moving to a residential care home, two main themes emerged: that either residential care had no influence on family relationships, or that residential care had a positive influence on family relationships. Only one respondent described a negative impact. This respondent recounted that her mother expects her to visit more frequently than she is able to:

Table 1: Participant and resident characteristics

| Participants n=15 | n | % | Residents n=18* | n | % |
|---|---|---|---|---|---|
| *Age* | | | *Age* | | |
| 45–54 | 2 | 13 | 65–74 | 1 | 5 |
| 55–64 | 9 | 60 | 75–84 | 5 | 28 |
| 65–74 | 3 | 20 | 85+ | 9 | 50 |
| Missing | 1 | 7 | Missing | 3 | 17 |
| *Sex* | | | *Sex* | | |
| Female | 12 | 80 | Female | 15 | 83 |
| Male | 3 | 20 | Male | 3 | 17 |
| *Relationship to resident* | | | *Time since admission* | | |
| Child/child in-law | 12 | 80 | 6 months – < 2 years | 7 | 39 |
| Sibling | 2 | 13 | 2 – < 5 years | 7 | 39 |
| Niece | 1 | 7 | 5 years + | 2 | 11 |
| | | | Missing | 2 | 11 |
| *Marital status* | | | *Marital status* | | |
| Married | 10 | 67 | Married | 5 | 28 |
| Widowed | 2 | 13 | Widowed | 11 | 61 |
| Separated or divorced | 1 | 7 | Separated or divorced | - | - |
| Single or never married | 2 | 13 | Single or never married | 2 | 11 |
| *Health status* | | | *Health status* | | |
| Excellent | 5 | 33 | Excellent | 2 | 11 |
| Very good | 9 | 60 | Very good | 3 | 17 |
| Good | 1 | 7 | Good | 8 | 45 |
| Poor | - | - | Poor | 5 | 28 |
| Very poor | - | - | Very poor | - | - |

*'It can be very trying on a family member. Like I'm the only one here. My mother expects me to be there morning noon and night, every day. Well I used to do that every day. I'd go sometimes twice, and it just about killed me. Now I go every second day.'*

A total of nine respondents described how having family members move to residential care neither enhanced nor decreased the quality of their relationships. However, many participants noted that the context of the relationship changed considerably, given the relocation to residential care. In addition, many respondents described health changes of their family members that impacted on the types of activities they participated in together.

*'When my mother was home, we always took her out to visits and so on, and now what has changed is perhaps the frequency because she's just not able to go and she has declining health, but it's more of the frequency as opposed to a change.*

*'From a personal dynamics point of view, I guess what might have changed is the growing concern of her declining health and just the little extra attention that has to be given to her because of her health, but other than that, no interpersonal relationships have changed.'*

A total of six respondents described how having a family member move to a residential care home actually increased the quality of their relationships. For some, there appeared to be a shift in expectations from providing instrumental care when the senior lived at home to providing preservative support in residential care:

*'I see her more now and she is more dependent on me which is, is normal, and I think more positive because I do talk to her more now and I go to visit more now and I think she relies on me more than she ever did.*

*'It is better because I can run in and visit her. I can leave, and I don't have to worry whether... before I had to make sure she had something to eat… it got to the stage she wouldn't hardly even make herself tea… It's a vast improvement for both of us.'*

Many respondents described how the amount of contact has increased since moving to a residential care home. For some, the move to residential care brought their family member physically closer, and this facilitated increased contact:

*'My relationship has actually been enhanced, simply because she lives closer to me, and I can see her more.'*

*'I would say it is maybe even a little closer because she lived 20 miles away before.'*

*'I really enjoy dropping in at anytime and choosing, even it it's for 10 minutes, you know, and I could never do that before.'*

The respondents identified many ways in which their ongoing relationship with relatives in residential care had a positive impact on their family member's quality of life in the residential care home. Preservative support encompassed much of what the family members provided. The residents looked forward to seeing family members, and visits reduced loneliness and provided an emotional boost. In particular, support of family members helped with the adjustment process of moving to a residential care home. In addition, visits with family members allowed residential care home residents to have knowledge of, and an ongoing connection with, other family members.

*'She looks forward to our visits. We call her almost every night. She anticipates the visits.'*

*'She enjoys the visits I know, and she likes the updates with the family.'*

*'Well, I believe my being there on a daily basis does improve her quality of life. Because she looks for me to come.'*

*'It certainly keeps her in touch with the past too, you know, as well as the present. If we didn't visit her much, especially with her short-term memory… there might be forgetfulness there.'*

### Impact of residential care home policies on family relationships

Respondents were asked to discuss how current policies in the residential care home facilitate family relationships, and any suggestions they had for changes in policies. They identified several ways in which policies in the home enhanced family relationships. Several respondents discussed how they appreciated that there were no specific visiting hours, so they could visit whenever they wished. They also felt free to take their family member out of the home at any time, as long as they notified a staff person.

> *'If we take Mom out, we let them know… they are very open, I mean. I go over there in the evening anywhere between 8 and 9, and I usually leave anywhere between 10 and 10:30… there has never been any issue about that… without that, it would be very frustrating, if they said that you have to stop visiting at this time.'*

> *'I think family members need to be, need to feel like they are welcome to come. Not just have a lot of visiting hours… but just to feel that they can come in whenever they wish.'*

In addition, the respondents appreciated that policies of the home provided ways for family members to continue to participate in the residents' lives. One example of this is that visitors were welcome to eat meals in the facility, or could bring food in to share with the residents. Also, the homes often provided space for families to get together for family events such as birthdays or baby showers.

> *'They made accommodations for us to have a baby shower there even, for my youngest sister so that we wouldn't have to worry about taking Mom and Dad out… they made a room available to us, they even brought us snacks.'*

> *'So you just let them know ahead of time. You can eat there with them any time… or you can bring meals in to them… they don't object or anything like that.'*

The respondents also identified two specific suggestions in which the policies of the residential care home could enhance family relationships. The first suggestion involved the design of the residents' living space including more than a bedroom.

> *'Most of the other places I looked at you had everything in the bedroom, and that was it… When she goes through that door, hey this is my space, I've got my own living room. I can have guests in here.'*

Also, family members appreciated being allowed to stay in the facility overnight.

> *'We can actually spend the night there, and my sister has at Christmas when she came home… and there was no problem, they invited her to stay so she'd be near Mom.'*

## Discussion

The results of this study are based on data collected from family members of seniors living in residential care homes, a specific form of long-term care in one Canadian province, and additional research is needed that focuses on specific forms of long-term care. While many forms of long-term care exist across Canada, and in other countries, the OECD (2005) provides working definitions of long-term care in order to facilitate data collection and the application of results across countries. The residential care homes included in this study are consistent with the OECD's working definition of long-term care institutions that are places of collective living that include care and accommodation to people who need assistance with basic activities of daily living. Thus, the findings of this study can have relevance beyond the Canadian context, to other countries providing long-term care that also corresponds to this OECD definition. However, while this broad definition is useful in providing a framework for the comparison and application of results between countries, additional work is needed to clearly define specific forms of long-term care institutions that can then be compared between countries.

For the vast majority of respondents who participated in this study, having a family member living in a residential care home had either no impact on the quality of their relationship, or enhanced the quality of their

relationship. This rather unexpected finding may be attributed to the fact that the participants all reported very good relationships with their family members in residential care. Differing findings could emerge if participants had less positive relationships with family members in residential care.

Our results add to the scant existing data indicating that for some seniors in long-term care and their family members, moving to a long-term care facility can actually improve the quality of their relationship (Keefe and Fancey, 2000; Wright, 2000). In addition, similar to results found by Wright (2000), we found that moving to a long-term care facility can increase emotional involvement and reduce anxiety and worry for the family caregivers. Some of these changes in the quality of these relationships may be due to the increase in contact with their relative since moving to long-term care. Additional research is needed to further examine how families can either maintain or improve family relationships following admission to long-term care, and the underlying influences on their relationships.

The respondents in this study identified several ways in which policies in the home maintain or enhance family relationships. In particular, they appreciated very flexible policies that included few restrictions on when and where they could interact with their relatives and appreciated facilities providing private spaces to accommodate family interaction. Other researchers also identified a lack of privacy as interfering in relationships among family members (Murphy *et al*, 2007; Seddon *et al*, 2002; Wright, 2000). Friedemann and colleagues (1997) found that family-related activities in long-term care encouraged maintenance of family stability and connectedness. Additional research is needed to further identify how policies in long-term care influence family relationships. Furness' (2007) work in developing '*friends of the care home*' groups that include staff, residents and family members are excellent venues to identify and implement ways that facility policy can enhance relationships between residents and their family members. Such initiatives can help to ensure that partnerships are formed between long-term care administrators, staff and families in order to ensure that the instrumental and preservative aspects of care provided are of high quality (Bowers, 1988).

In this study, we collected data from non-spousal family members of seniors living in care homes. While this group is integral in gaining understanding of how long-term care placement influences family relationships, gaining further knowledge about other groups is also crucial. In the future, gathering additional data from spouses as a distinct group of family caregivers is imperative to gaining further knowledge of how to best support seniors in long-term care and their spouses living elsewhere. The perspectives of other stakeholders, such as long-term care residents and facility staff and administration, need to be examined. Longitudinal research is also needed to gain a greater understanding of how the transition to long-term care influences family relationships (Kaplan, 2001; Seddon *et al*, 2002).

The results of this study contribute to the scant knowledge on how family relationships are influenced by long-term care admission and how the facility's policies can influence family relationships, and provide direction for future research. That family relationships can be maintained, or even enhanced, after admission to a residential care home is a key finding in this study that contributes to our understanding of the role of families in the lives of seniors in long-term care beyond the instrumental caregiving tasks that families provide in long-term care. Administrators of long-term care facilities should be cognisant that providing private spaces and facilities for continued family interaction are advantageous to the quality of life of seniors in long-term care.

## Endnote

[1]In the province of Prince Edward Island, Canada, the term used to refer to residential care is 'community care'. However, in order to avoid confusion with other forms of non-residential care provided in the community, the term 'residential care' is used in this study.

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