

The Role of the Family in Nursing Homes: Recommendations to Increase Family Satisfaction with Care

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Introduction

Families are important consumers of long-term care services. They help to make important choices, such as selecting an appropriate nursing home. Families are also likely to remain involved in the care of their resident loved one after placement. Indeed, families provide a unique view of the quality of services, and their perspective is especially valuable when residents with low cognition, dementia, or severe physical impairment cannot report for themselves.

Ohio is widely regarded as a leader in the nation for including the perspective of consumers - specifically, residents and families - to more comprehensively evaluate nursing home quality. Ohio was the first state to mandate the implementation and public reporting of both resident and family satisfaction in 2000 (Ejaz & Castle, 2007). Today, information about the quality of a facility, such as resident and family satisfaction scores and state inspection deficiency citations, is easily accessible online through the Ohio Long-Term Care Consumer Guide (www.ltc.ohio.gov). By using this web site, Ohioans can identify available services and compare facilities through multiple quality indicators to inform their decision-making process.

The aims of this brief report are: (1) to increase the understanding of the role of family members in long-term care facilities in Ohio, (2) to examine the resident, family member, and facility characteristics that are associated with higher family satisfaction, and (3) to propose strategies to improve family satisfaction.

ABOUT

2/3

of family members visit the nursing home daily or several times per week.

FAMILIES WHO

Always

talk to staff report higher satisfaction.

STAFF RETENTION OF

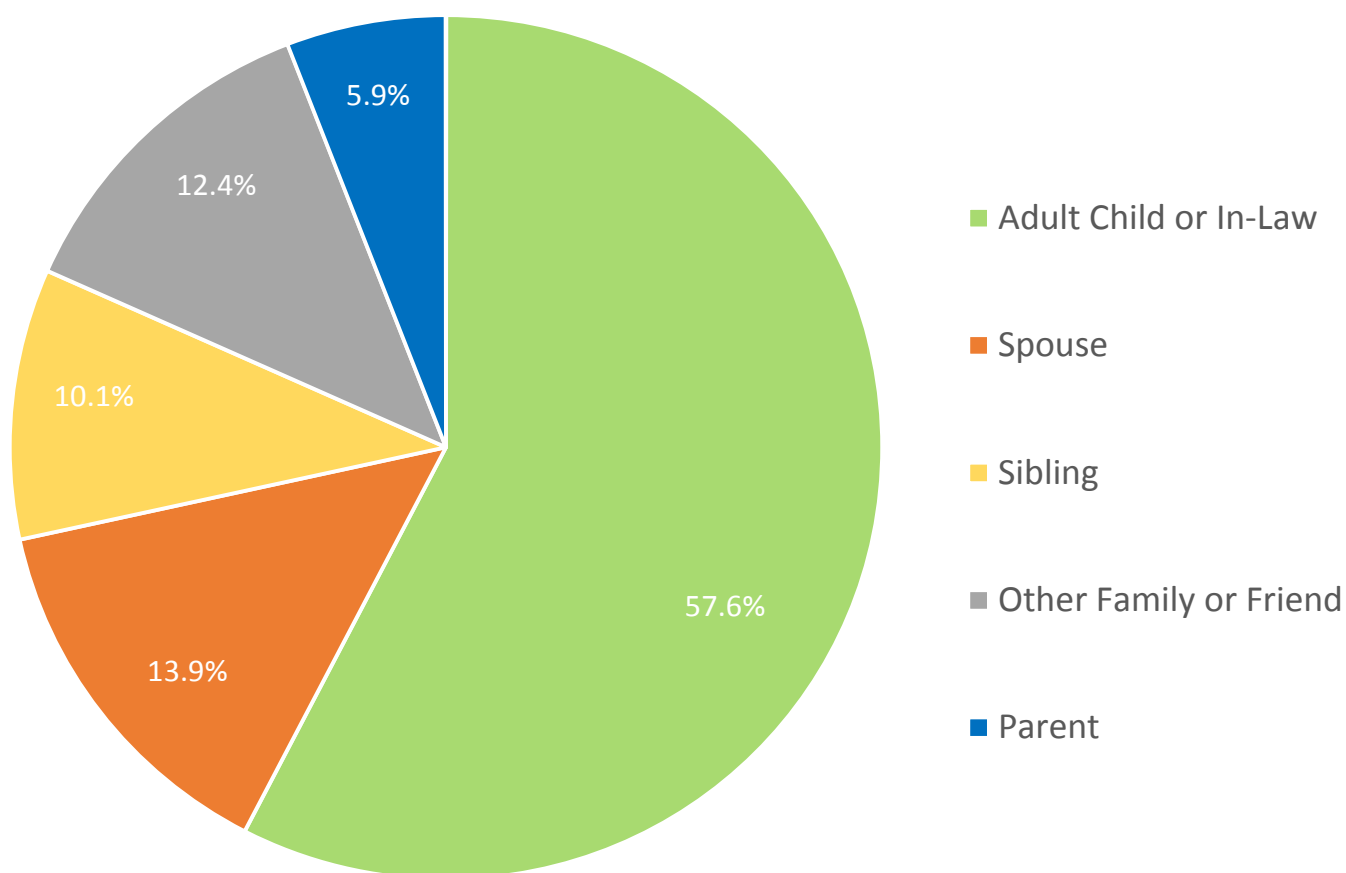
75%

or higher is related to higher satisfaction.

Who completed Ohio's Family Satisfaction Survey?

The 2012 Ohio Nursing Home Family Satisfaction Survey collected data from 27,008 family members, friends, and legal guardians of residents in 947 Ohio nursing homes. A self-administered survey, completed by mail or Internet, collected information about the most involved family member, his/her loved one in the facility, and the family member's satisfaction with care. (See Straker, Chow, Kalaw, & Pan, 2013 for survey implementation details.) This report focuses exclusively on the responses from those with a personal relationship to the residents, thus surveys from legal guardians and those with missing relationship information were excluded from the analyses.

Figure 1. Respondent Relationship to Resident (N=23,589)



As Figure 1 shows, over half of the 2012 Ohio Nursing Home Family Satisfaction Survey respondents were the adult children or sons/daughters-in-law of nursing home residents. About one quarter of respondents were spouses or siblings. Family member respondents were mostly women (68.4%). In terms of educational attainment, 41.2% of respondents completed college or higher. Family members ranged in age from 18 to 99 years, with an average age of 63 (+/- 11.3). The sample of family members were predominantly Caucasian (90.4%) or African American (7.7%).

Overall Family Satisfaction

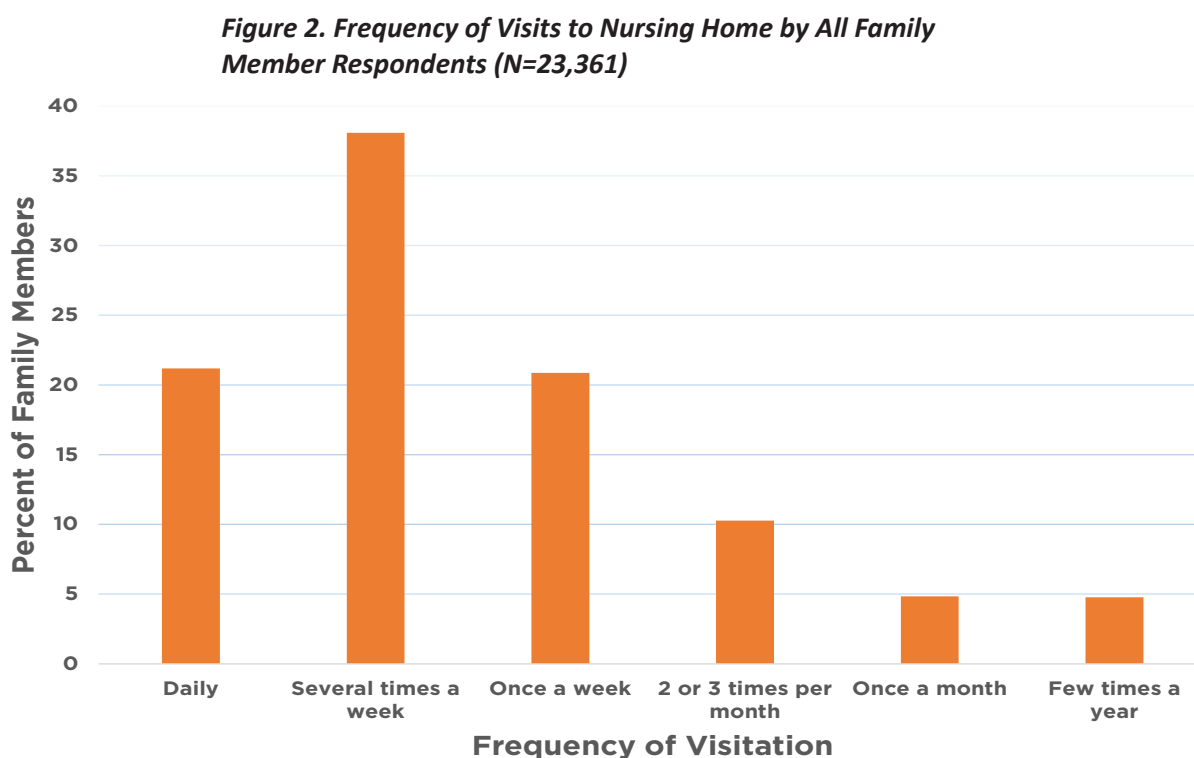
Family satisfaction was measured through 48 items, each rated from 0 (“never”) to 100 (“always”). These items allowed families to rate their satisfaction with specific departments within a facility, such as admissions, activities, social services, meals and dining, therapy, and administration. In addition, families responded to questions about the physical and socio-cultural environment of residents in the facility regarding the extent to which their resident loved one could make choices, have privacy, and live in a clean and comfortable environment. Responses were averaged for each facility to calculate an overall facility satisfaction score, and all facility scores were averaged to provide an overall state satisfaction score. The overall state satisfaction score was 85.1 (+/- 13.8), indicating that family members were generally satisfied with the care provided to their resident loved ones.

Views of Family Member Involvement

Visits to Nursing Home

Family caregiving does not end when a relative moves into a nursing home. Families visit often, and the most involved family member visits every day (see Figure 2).

- About 21% visit daily.
- Spouses and adult children visit most frequently.
- Three-fourths of other family member respondents, such as siblings or grandchildren, visit at least several times a month.

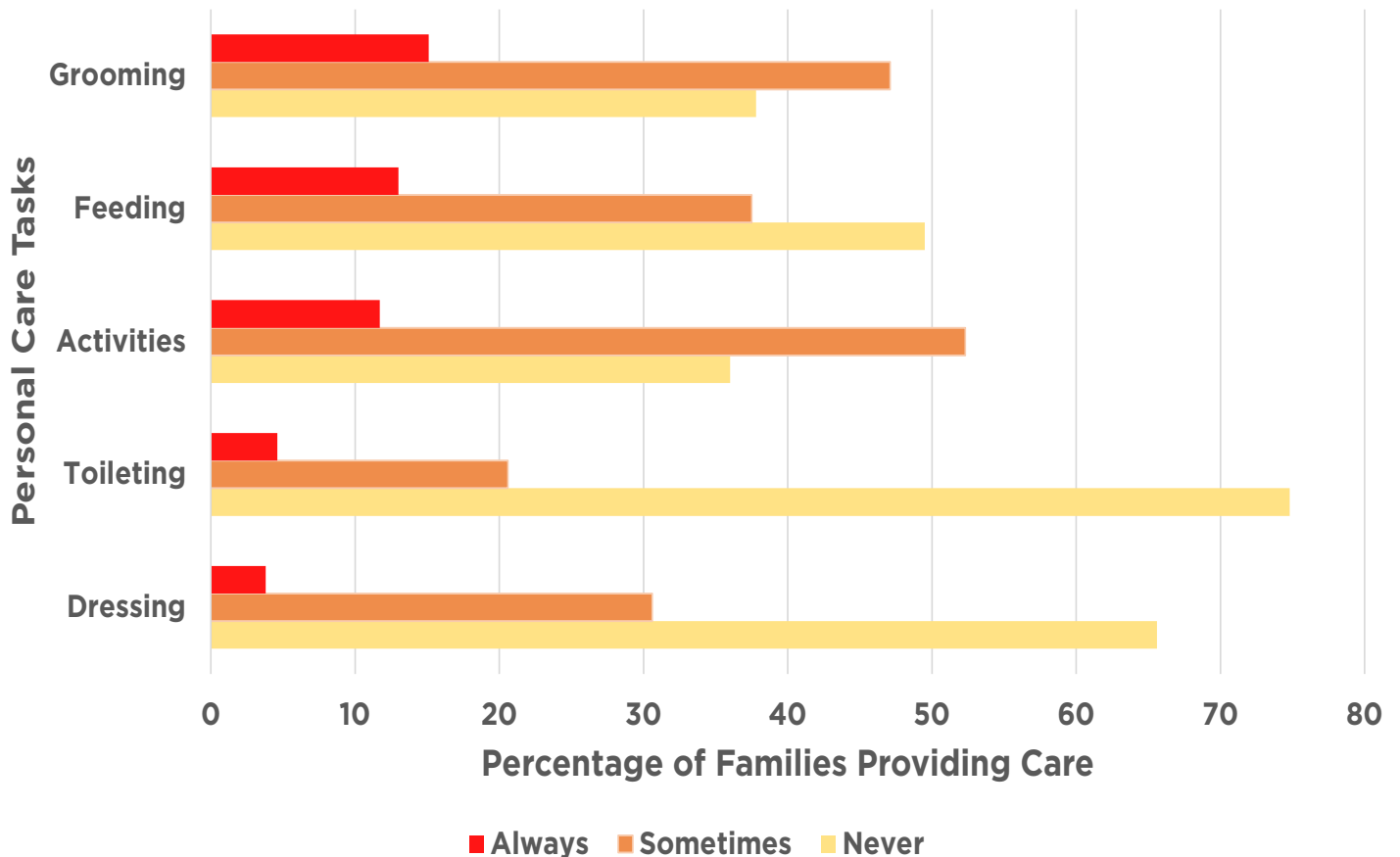


Assistance Provided by Families During Nursing Home Visit

Family members also indicated if they help their loved ones during visits. Figure 3 shows that families most often help with grooming, feeding, and accompanying residents to activities.

About two-thirds of family members assist with helping residents go to activities and grooming (e.g., combing hair) “sometimes” or “always.” While about half assist with feeding, family members rarely help with dressing or toileting.

Figure 3. Percentage of Families Providing Assistance



Note: Due to missing values, percentages were calculated based on the total responses for each item (Grooming N=21,372; Feeding N=20,793; Activities N=21,287; Toileting N=19,602; & Dressing N=19,661).

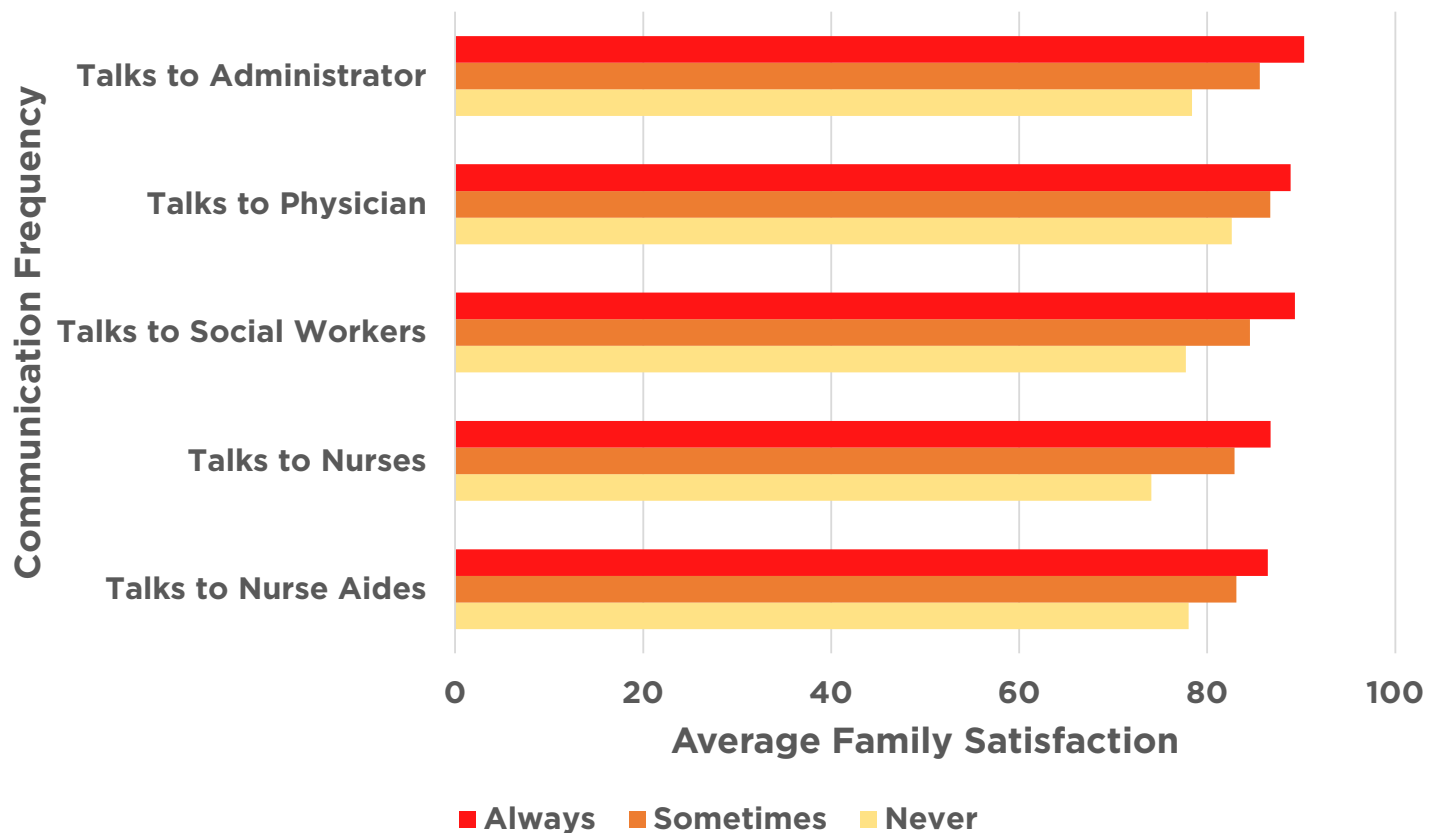
The amount and kinds of help families provide is related to satisfaction ratings. Family members who “always” provide personal care assistance in terms of feeding, dressing, toileting, and grooming their loved one reported *lower* satisfaction than families who occasionally help in these ways. Notably, families who never assist with personal care tasks report the *highest* satisfaction. However, accompanying residents to activities was not related to family satisfaction.

Family Satisfaction and Communication with Nursing Home Staff

The survey also examined trends in communication between family members and staff.

As shown in Figure 4, family members who “always” talk to staff report higher satisfaction, regardless of the professional role of the staff member. However, those who never talk to nurses show the lowest satisfaction ratings.

Figure 4. Average Ratings of Family Satisfaction by Frequency of Communication with Nursing Home Staff



What Predicts Family Satisfaction?

We examined all types of predictors of family satisfaction, including resident, family member, and facility characteristics. Each of these factors were found to have an impact on family satisfaction (see Table 1). Facility information was gathered from state inspection reports obtained from the Certification and Survey Provider Enhanced Reporting (CASPER) 4th Quarter survey in 2011 (Center for Medicare & Medicaid Services).

Family satisfaction was higher when residents had better physical health and high cognitive functioning, were older than the average age of 82, and when a longer-term stay (three + months) was expected.

Family involvement also influences family satisfaction. Family satisfaction increases as communication with nursing home staff increases. However, visiting often (daily or several times per week) and providing personal care tasks that nursing home staff might be expected to provide (for example, dressing) decreases family satisfaction. Demographically, higher satisfaction was reported by family members who were male, older, and among respondents who did not complete college. Also, spouses were less satisfied with care, compared to other family relationships (for example, adult children, grandchildren, or siblings).

At the facility level, family satisfaction increases with higher staff retention (above 75%), higher occupancy rate (above 86%), and a lower number of deficiencies. Staff retention may be both a cause of family satisfaction as well as a result of other factors that have a positive influence on both family satisfaction and staff desire to remain in their jobs. Similarly, facilities with good reputations are in high demand by consumers and usually have fewer deficiencies.

Nursing homes that serve a higher percentage of residents relying on Medicaid may have fewer financial resources to invest in quality improvement initiatives. Finally, family satisfaction tended to be lower among larger facilities, for-profits, and nursing homes that were affiliated with a chain.

Table 1. **Family Member Satisfaction Increases With**

Resident Characteristics

- **Better physical health**
- **No cognitive impairment**
- **Older age**
- **Anticipated long-term stay**

Family Member Characteristics

- **Higher communication with staff**
- **Less frequent visits to nursing home**
- **Less provision of personal care**
- **Male**
- **Older age**
- **Did not complete college**
- **Family relationship other than spouse**

Facility Characteristics

- **Higher staff retention**
- **Higher occupancy**
- **Lower number of deficiencies**
- **Lower % of residents relying on Medicaid**
- **Smaller facility size (fewer beds)**
- **Not-for-profit or government ownership**
- **Facility is not part of a chain**

Recommendations for Improving Family Satisfaction

We offer the following suggestions to help facilities enhance family satisfaction through two primary strategies: (1) by increasing meaningful family involvement in resident care, and (2) through investing in efforts to provide high quality care.

- » **Welcome family involvement in care.** Families play an important role in residential long-term care by providing social support, affirming the resident's identity, and enhancing quality of life (Gaugler, 2005). Families collaborate with nursing home staff as members of the care planning team to supervise and monitor care.
- » **Clarify roles and responsibilities for care.** After moving to the nursing home, families often give up intensive assistance with helping with basic personal care tasks, but continue to offer socio-emotional support and help with instrumental activities, such as shopping for the resident (Gaugler, 2005). This research found that as families provide more personal care for their loved one, their satisfaction decreases. Several written-in comments from family respondents expressed that some feel compelled to provide personal care in response to perceived sub-optimal care within the facility. Comments from families indicated the following: *"lack of care," "takes a while to get bathroom assistance sometimes,"* and *"her clothes aren't always changed"* (Straker et al., 2013, p. 31). Openly discussing how families would like to help and their motivation for doing so may provide important information about how to improve family satisfaction.
- » **Encourage families and staff to talk frequently.** Family satisfaction increases with more communication with staff, regardless of whether families are talking to nursing aides or the administrator.
- » **Support family members.** The move to residential long-term care is a change that affects the whole family system. Families may be dealing with feelings of guilt, loss, and lack of control. Some of these issues may explain why spouses report lower satisfaction. To alleviate caregiving stress, nursing homes can organize a support group for families, or connect families to counseling or other appropriate community resources.
- » **Increase staff retention.** Family satisfaction increases with higher staff retention. Consistent staffing can foster stronger relationships and enhanced trust between staff and family members over time. Families clearly value and recognize the assistance provided by nursing home staff, as indicated by these comments:

"I don't know what I would do without them as they took care of my mother excellently,"
"The staff made me feel like family and treated me wonderfully," and
"The love and care of each worker has made my mother better" (Straker et al., 2013, p. 30).
- » **Invest in quality improvement initiatives.** Family satisfaction is higher among facilities with fewer deficiency citations (an objective measure of quality of care) and higher occupancy rates. This suggests that in many ways, families are very good judges of facility care and quality and that their satisfaction is influenced in ways that are typically associated with nursing home quality.

References

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