

RELATIONSHIPS MATTER

Nursing Home Resident Quality of Life
Knowledge Sharing Series



HOW DO WE KNOW RELATIONSHIPS MATTER?

Surveys with residents, family, and staff from nursing homes across Nova Scotia showed that perceptions of resident quality of life were generally positive. Across the three perspectives, the things that mattered most were positive relationships among residents, families and staff, and more home-likeness. For staff, a supportive working environment also mattered. Based on these findings, we know that relationships, home-likeness and working environment are more important to resident quality of life than physical design and staffing approach. This brochure focuses on the importance of relationships among residents, family members, and staff for resident quality of life.

There were differences in the way in which relationships were measured among residents, family, and staff, but three overarching themes emerged:

- Keeping communication open.
- Fostering respect.
- Creating meaningful interactions.

“This result reinforces the idea that this is a human service based on relationships. This will be the most important factor.”

- Workshop Participant

KEEPING COMMUNICATION CHANNELS OPEN

For residents, good communication with staff was related to staff taking the time to have open, honest, and non-care related conversations – showing an interest in them as persons with life histories.

“Oh, she’s very open and very frank, and very very pleasant to talk to. She’s a lot younger than I am but she just had - I think she has two children- but she’s been in [name of nursing home] a fair amount of time. And she gets along with people very well. She’s got very good people skills”- Resident



For family members, quality relationships with staff included a level of comfort voicing concerns to staff, and trusting that staff would engage in friendly conversation when the opportunity arose.

FOSTERING RESPECT

Elements of respectful relationships for residents included feeling that others valued their input and advice and that they played an important role in the lives of the people around them. Part of respect for residents was that staff asked for their opinions on how best to meet their needs. Both family members and staff were asked directly about respect in relationships. It was important for family members that staff members were respectful of them. For staff sharing mutually respectful relationships with residents was key.

CREATING MEANINGFUL INTERACTIONS

From the resident perspective, meaningful interactions were largely related to personal relationships. This included sharing a friendship with another resident or with a staff member, having opportunities for affection or romance, and having people in their lives who enjoyed taking part in activities with them.

“[Name of another resident] has the motorized wheelchair and she keeps me up-to-date if there’s something going on down in the lounge she’ll say you going down? And I’ll say what’s going on? ... it’s very family like.”- Resident



From the family perspective, family members indicated that staff members were willing to take the time to explain issues of care to them in ways they could understand. Also captured, was that family members believe that the nursing home staff were taking the time to foster and support friendships among nursing home residents. Finally, family members assessed resident quality of life to be higher if the physical design of the nursing home supported friendships among residents.

IDEAS FOR ACTION

The project hosted a workshop with almost 70 representatives from the long-term care sector in Nova Scotia. Workshop participants heard research results and identified areas for action.



SUPPORT THE DEVELOPMENT OF EVIDENCE-BASED POLICY

- Develop nursing home policies that are outcomes-based, specifically related to quality of life outcomes.
- Advocate for the development of consistent policy templates that can be used by individual facilities to address these outcomes.
- Seek input from different perspectives (residents, family, staff and the general public) when reviewing policies.
- Develop communication strategies that support relationships between different perspectives.
- Establish a clear link between resident-centered policies and nursing home practice.

OFFER EDUCATIONAL OPPORTUNITIES

- Provide education on resident-centred and family-centred philosophies.



IMPLEMENT FINDINGS IN EVERYDAY PRACTICE

- Establish a family ambassador program to support communication between family, staff and residents.
- Ensure staff fit with the organizational culture and approach.
- Model positive relationships with residents and family.
- Ensure staff understand that taking the time to support resident-to-resident relationships is a priority.
- Help staff understand how they can foster relationships with residents and family members within professional boundaries.

“Even though we are an older facility, the results show me that the path towards better relationships is with continuity.” – Workshop Participant

MOVING FORWARD

The findings of this research regarding the importance of relationships to resident quality of life can be applied in any nursing home environment, regardless of the facility's physical design or staffing approach. Educating staff, family members and residents about what to expect on a day-to-day basis may mitigate misunderstandings about practices that can lead to challenging relationships.

PROJECT BACKGROUND

In Nova Scotia, the long term care sector has been undergoing significant changes as part of the government's Continuing Care Strategy, impacting those living in the province's 89 licensed nursing home facilities (with approximately 7000 publically-funded beds). New and replacement facilities were built with the self-contained household design, which includes smaller households of private rooms and baths with a shared kitchen, dining, and living space. The staffing approach was adjusted to support continuing care assistants to perform personal care along with household-level tasks such as housekeeping and dietary.

The Care and Construction project team sought to understand the impact of models of care on resident quality of life from the perspectives of residents, family, and staff. The models of care included 1. New-Full-scope with household design and Continuing Care Assistants (CCAs) responsible for all tasks 2. New-Augmented with household design and CCAs providing care needs and limited dietary and housekeeping, and 3. Traditional with Floor/unit design and CCAs providing care needs only. Multiple methods were used to answer the research question, including surveys, interviews, focus groups, participant observation, and physical activity monitoring. Results presented here are based on surveys with 319 nursing home residents, 397 family members, and 862 staff members.



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