

SOCIAL WORK DEPARTMENT
Student Research Brief

The Role of Family Involvement in a Long-Term Care Facility

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Introduction

There is a common assumption held by not only the general public but also by several researchers in the field of gerontology that there is a link between advancing age and decrease in life satisfaction. Gaugler, Anderson and Leach (2003) outline several studies that have been conducted in this area.

While there is evidence to support this notion, there is also some evidence which indicates it is not advancement in age itself as much as it other factors that can be associated with it such as income level, health, and social interactions.

A primary indicator of life satisfaction in the aging population is believed to be family involvement. While

several studies have been conducted regarding the level of family involvement for members of nursing homes, the research is limited when it comes to assisted living facilities and family care homes, although these options are becoming more popular with many members of this population.

Malench (2004) defined family involvement using a span of four roles, ranging from the least involved, the disengaged family member, to the most involved, the collaborating family member. The collaborating family member interacts with both the facility staff and patient. They interact with all parties in a positive manner, considering themselves to be partners of care supporting and interacting positively with the staff. This member is proving to be the most effective, leading to the highest level of patient satisfaction.

Summary of Primary Findings

DATA AT A GLANCE

A PRIMARY INDICATOR OF LIFE
SATISFACTION IN THE AGING POPULATION
IS BELIEVED TO BE FAMILY INVOLVEMENT

It appears that the more involved the family members are with both the patient and the staff, the higher level of patient satisfaction. A 1982 study that explored the correlation of visits across several facilities outlined the following factors as leading to increased family visits. First, closer geographic proximity to the patient resulted in higher family visits.

Second, frequency of visits was related to length of stay i.e. the longer the stay, the less visits were made. Finally, it was determined that "lower levels of family contact were significantly associated with receiving Medicaid assistance, the presence of dementia, and race, with African-American residents receiving less family contact than their Caucasian counterparts."

(Gaugler, 2003, p. 5)

The focus then shifts to the areas that lead to improved family involvement. Malench (2004) looked at the role the facility's social worker plays in family involvement. In a study conducted of 163 long-term care facilities located throughout the Midwest, it was determined that facilities with a social worker on staff were more apt to offer family related services, thus leading to more involvement.

"Figure 1 shows the number of facilities in which family members assisted with selected activities. The most common activity was bringing gifts (78), and the least common, feeding others (11)." (Malench, 2004, p. 52)

Implications for Social Work Practice

Based on these articles, family involvement is critical in life satisfaction of individuals living in a long term care facilities. Therefore family involvement should be nurtured and respected.

It is imperative that social workers are well versed in the different types of family involvement and the appropriate ways to supportively work with all parties involved.

10 Recommendations for Practice with Systems of All Sizes

1. Encourage and support family involvement with geriatric clients.
2. Care needs to be taken to only hire qualified social workers trained in working with older populations.
3. Families should be educated when they are bringing a loved one into a long term care facility.
4. Administrative staff should be educated on what to expect in regards to what may occur in the family dynamics.
5. Activities that allow family involvement should be scheduled at times that will allow for maximum family participation, i.e. weekends.
6. Encourage family participation in developing care plans.
7. Family and staff roles must be clearly defined in order to properly care for older adults.
8. It is important to understand that cultural diversity is an identifying factor in family involvement.
9. Long-term care faculty and staff, as well as community organizations, should be educated as to the impacts of family involvement on the residents' level of life satisfaction.
10. Owners and directors of long-term care facilities need to recognize the importance of a formally educated and trained social workers.

Conclusion

Based on the above study, it suggests that facilities with professional social workers appear to be offering a wide variety of family involved services. While facilities lacking a professional social worker may offer some family involved programs, they do not have the training nor the skills required to provide the appropriate level of services to the residents or their families.

It is important that owners and directors of long-term care facilities be educated on the importance of a formally educated and trained social worker. Their services and knowledge will lead to immeasurable benefits not only to their residents but to the families as well.

References

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About the Author

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GOOD; score: 30/30