

Family Satisfaction with Nursing Homes

J. Tornatore & L. Grant. (2004). Family caregiver satisfaction with the nursing home after placement of a relative with dementia. *The Journals of Gerontology: Series B, Psychological Sciences*, 59B, (2), S80-S88.

Many nursing homes conduct satisfaction surveys with residents and family members. These assessments are descriptive, giving information about feelings on services provided. Some administrations are understandably skeptical about results as they can be unfairly influenced by an atypical situation or a “bad day.”

This particular research article was focused on the predictors of satisfaction. In other words, what types of factors either in the organizational characteristics, or the stressors that affect residents or family members, might indicate whether families will be happy or unhappy with caregiving. Knowing this information might help the nursing home to target activities and opportunities that may diminish the possibility of dissatisfaction.

In this study, the authors looked at the following resident characteristics: the stage of dementia, the length of time the resident had been in the home, the length of time that they were taken care of at home by the primary caregiver, how often family caregivers visited, and how involved the families were in the nursing home organization and in hands-on care for the resident. Family caregivers were examined for their number of years of education, marital status, family relationship to the resident, workforce participation, distance from the nursing home and age. Finally, the organizational factors that were analyzed included: rural or urban location, profit or nonprofit ownership, and whether the nursing home had a special care unit or a custodial unit.

285 family members who were seen as the primary caregiver for the nursing home resident were interviewed by phone. Each were assessed for satisfaction on ten items with a four point Likert scale. Those ten items are listed below:

Table 1. Satisfaction Scale
Montgomery (1994)

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1. If my relative needs help at the nursing home, I feel he or she can get it quickly.
 2. The nursing home staff are as thorough as they should be.
 3. The nursing home staff are trying to help my relative function to the best of his or her ability.
 4. I would highly recommend this nursing home for someone like my relative.
 5. Taking into account my relative's current level of function, I would rather he or she be at the nursing home than any place else.
 6. My relative has plenty of opportunities to make new friends at the nursing home.
 7. I feel like my relative's belongings are safe in the nursing home.
 8. If my relative left the nursing home, I would really miss interacting with the staff.
 9. I am content with the nursing care being given my relative.
 10. I am content with the medical care being given my relative.
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When satisfaction was compared with organizational, family caregiver and resident factors it was found that only one caregiver characteristic (work participation) and one organizational resource (rural/urban location) predicted satisfaction. Almost half of the caregivers worked full-time and over 70% visited the nursing home at least once a week. In this study workforce participation was associated with lower satisfaction perhaps indicating that caregivers were burned out from lack of time.

The primary stressors, or those related to the resident were the strongest predictors of satisfaction. More advanced stages of dementia seemed to undermine family satisfaction because there is so little offered in nursing homes in activities and programming for this population. In many nursing homes persons with advanced stages of dementia are transferred out of special care units where these programs are offered and moved to units where only the most basic of treatments are provided.

If family members had been caregivers for a long period of time before placement of their loved one they were more likely to be satisfied with care. Study authors felt that experienced caregivers had more realistic expectations of what nursing homes could do after placement.

Contrary to other studies, this one reported that more frequent nursing home visitation was associated with higher levels of satisfaction for the families. However, those family members that were more involved with hands-on care of their relative were less satisfied. This may be associated with what has been called “caregiver vigilance,” providing care because of concerns about poor quality of care.

If caregivers had expectations of the level of care that would be provided they were more likely to test high on satisfaction. Caregiver expectations measure the caregiver’s trust in the provider organization. Family members with high expectations may be more likely to choose nursing homes that will meet those expectations.

Caregivers with residents in rural nursing homes were more likely than their urban counterparts to be satisfied. It is quite possible that social ties in rural areas facilitate closer relationships between staff and family members.

Application:

This study provides some clear evidence of the types of family involvement that might be beneficial for improving their own satisfaction. Families want to be acknowledged and asked to participate in the care of their relatives. If asked to participate in what THEY see as positive avenues, they may be more satisfied with the level of care being provided by the home. Nursing homes should consider finding ways to clarify roles, responsibilities, and expectations of staff and family members.