FAMILY CAREGIVING

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Quality of Communication with Direct Care Professionals in Residential Care Settings

The Association Between Family Caregiver Perceptions and Resident Mental Health

Research Brief

The Donaghue Foundation

Weill Cornell Medicine

LeadingAge LTSS CENTER @UMass Boston

Research bridging policy and practice

About This Report

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About Weill Cornell Medicine's Division of Geriatrics and Palliative Medicine

The Division of Geriatrics and Palliative Medicine, part of the Department of Medicine at Weill Cornell Medical College of Cornell University, was founded in 1997 and has developed a rich array of interdisciplinary clinical, educational, and research programs promoting excellence in geriatrics and palliative medicine. Designated a National Center of Excellence by The John A. Hartford Foundation, the division embraces a comprehensive approach to aging and palliative care, including pain management, caregiving, physician-patient communication, elder abuse, and end-of-life care.

For more information, visit **Weill Cornell Medicine's Division of Geriatrics and Palliative Medicine**.

About the LTSS Center

The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with a growing older population. LeadingAge and the University of Massachusetts Boston established the LTSS Center in 2017. We strive to conduct studies and evaluations that will serve as a foundation for government and provider action to improve quality of care and quality of life for the most vulnerable older Americans. The LTSS Center maintains offices in Washington, DC and Boston, MA.

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Key Takeaways

Family caregivers are important contributors to the quality of care older adults receive, and the quality of life they experience, while living in nursing homes and assisted living communities. However, barriers within organizational systems can impede the ability of direct care professionals to establish effective and consistent lines of communication with family members. These communication challenges can create an information gap that makes it more difficult for providers of aging services to deliver optimal care in residential long-term services and supports (LTSS) settings.

This research study aimed to explore and characterize how family caregivers perceive their communication with direct care professionals and how those perceptions influence residents' mental health. The research team also examined how relationships between family members and direct care professionals in nursing homes may differ from similar relationships in assisted living communities.

The research team studied communication in residential care settings by analyzing the datasets of two, linked, population-based surveys. Among the key findings:

- **Suboptimal Communication Quality:** Overall, family caregivers perceived as suboptimal the frequency, availability, and helpfulness of their communication with direct care professionals regarding a care recipient's care and condition.
- **Benefits Associated with Communication Availability:** Greater availability of communication between family caregivers and direct care professionals in LTSS settings was associated with fewer depressive symptoms and lower negative affect in residents.
- **Setting Comparisons:** High-quality communication was found to be a stronger predictor of fewer depressive symptoms among residents in assisted living communities, compared to residents in nursing homes.
- **Implications:** The association between communication quality and better resident mental health in LTSS settings highlights the need for consistent, transparent, and supportive two-way communication between family caregivers and direct care professionals. This communication can improve residents' quality of care and quality of life.

Introduction

The older adult population is rapidly expanding and is at increased risk for developing multiple chronic conditions and complex healthcare needs. In 2019, the population of Americans aged 65 and older was 54.1 million. This number is projected to increase to 94.7 million by 2060.[1]

Estimates indicate that close to 70% of older adults will develop a need for long-term services and supports (LTSS) at some point in their lives; 48% of these older adults will receive paid care.[2] A significant number of older adults receive LTSS in residential care settings, with 1.3 million individuals living in nursing homes and close to one million people residing in assisted living communities.[3]

Family caregivers are important contributors to quality of care and quality of life among individuals living in nursing homes and assisted living communities.[4-6] These family members are highly involved in care after care recipients move to a residential community, they possess deep knowledge about care recipients' personal histories, and they can notice concerns related to care recipients' health and well-being before direct care professionals become aware of these concerns.[7] Despite this extensive involvement and knowledge, however, family caregivers often are not included in the communication loop and they express concerns about the quality of communication and information they receive from direct care professionals.

Barriers to Communication

Prior research has identified barriers within organizational systems that impede the ability of direct care professionals to establish effective and consistent lines of communication with family members. These barriers include:

- Heavy workloads and staff time pressures.
- Hesitancy among family members to provide suggestions and criticism, due to concerns that these comments may negatively affect the care provided to the resident.
- Understaffing.
- High turnover.
- Inadequate staff training.[7-10]

A lack of communication between direct care professionals and family caregivers creates an information gap that makes it more difficult for providers of aging services to deliver optimal care in LTSS residential settings.

Relationship-Centered Care

In recent years, a growing number of LTSS providers have established more homelike environments for residents by implementing a relationship-centered approach to care that better addresses residents' needs and quality of life. The support and involvement of family members is a core component of this relationship-centered approach; the success of this approach is contingent on collaboration among family, staff, and residents.

Direct care professionals and family members can build trusting relationships when they have positive and consistent communication.[8] Research in nursing homes has shown that effective communication between family members and direct care professionals is dependent on:

- Frequent, high-quality interactions that are characterized by shared goals and knowledge.
- Inclusion of family caregivers as members of the primary care team.[11,12]

Improving communication dynamics and collaboration among all members of the LTSS care team—including the resident, family caregiver, and direct care professional—can:

- Facilitate improved care coordination.
- Optimize quality of care and quality of life for residents.
- Lead to greater satisfaction among residents, family, and staff.
- Mitigate caregiving-related strain among family members.[4, 13-20]

Information Gaps

Family caregivers are often left out of the communication loop with LTSS direct care professionals, despite the fundamental role family caregivers play in care provision and the documented benefits of high-quality interpersonal interactions within LTSS settings. This communication breakdown leaves family caregivers with pressing needs for information, support, and guidance about their family members' care and condition, and can exacerbate caregiver distress.[4,7,21]

There is a dearth of research on communication between family caregivers and direct care professionals, as well as on the influence of communication dynamics on the mental health of residents. Addressing these issues is particularly important, given the increasing demand for LTSS services at assisted living communities and nursing homes, and the increasing need to enhance mental health and quality of life for LTSS residents.

> **"Direct care professionals and family members can build trusting relationships when they have positive and consistent communication."**

The Research Study

This research study sought to characterize and explore how family caregivers perceived their communication with direct care professionals and how those perceptions influenced residents' mental health, including the effect of these perceptions on resident:

- Depression.
- Anxiety.
- Positive affect (feeling cheerful and full of life).
- Negative affect (feeling bored and upset).

Researchers also examined how relationships between family members and direct care professionals in nursing homes may differ from similar relationships in assisted living communities.

The research team conducted its study by examining the datasets of two linked, population-based surveys:

- *The 2017 National Health and Aging Trends Study (NHATS)*. The NHATS gathered information from a nationally representative sample of Medicare beneficiaries aged 65 and older.
- *The National Study on Caregiving (NSOC-III)*. The NSOC-III gathered information from family and unpaid caregivers of NHATS participants who were receiving assistance with self-care, mobility, or household activities.

The study's sample included 231 LTSS residents (n=153 residing in assisted living communities; n=78 residing in nursing homes) and 231 family caregivers of those residents. Caregiver/care recipient dyads with incomplete data were excluded from the analysis. The final analytic sample consisted of 142 LTSS residents (n=93 living in assisted living communities; n=48 living in nursing homes) and their family caregivers.

Characteristics of Residents and Family Caregivers

Nursing Home and Assisted Living Residents

The majority of the nursing home and assisted living residents in the datasets were female (70%) and white (86%). Approximately one-quarter were between the ages of 65 and 84 years. Two-thirds of the residents lived in assisted living communities.

Family Caregivers

Family caregivers, on average, were 64 years old; most were female (74%) and white (84%). More than one-third (34%) of family caregivers reported "some college" or less as their highest level of educational attainment.

Findings

Caregivers' Perceptions of Communication

Overall, family caregivers perceived as suboptimal the *frequency*, *availability*, and *helpfulness* of communication with direct care professionals regarding a care recipient's care and condition. On average, family caregivers reported low ratings when assessing the quality of this communication. Average communication quality rating scores are listed below. Higher scores represent higher frequency, availability, and helpfulness of communication.

- **Community Frequency:** 1.8 on a scale of one to three.
- **Communication Availability:** 5.8 on a scale of one to 12.
- **Communication Helpfulness:** 1.7 on a scale of one to four.

Perceived Communication and Resident Mental Health

Resident Mental Health: NHATS and NSOC-III participants completed measures assessing positive affect and negative affect (indicators of mood), depressive symptoms, and anxiety over the last month. The participants rated these outcomes using a scale ranging from two to 10, with higher scores indicating higher levels of positive or negative affect.

On average, residents more frequently reported experiencing positive emotions over the last month, compared to negative emotions. Specifically, residents reported:

- A high average rating of 6.7 out of 10 on the positive affect scale.
- A low average rating of 3.4 out of 10 on the negative affect scale.

Approximately 43% of the residents were at risk for depression and 38% were at risk for anxiety. Nursing home residents reported significantly higher levels of depressive symptoms and anxiety compared to individuals residing in assisted living communities.

Family-Direct Care Professional Communication and Impact on Mental Health: Across nursing homes and assisted living communities, greater perceived availability of communication between family caregivers and direct care professionals was associated with lower negative affect and fewer depressive symptoms in residents.

The *availability*, *frequency*, and *helpfulness* of communication between family caregivers and direct care professionals were not statistically associated with positive affect or anxiety in residents.

Care Setting Differences: Family caregivers in assisted living communities and nursing homes did not differ significantly in their ratings of the perceived frequency, availability, and helpfulness of their communication with direct care professionals. However, communication frequency and availability were found to be stronger predictors of fewer depressive symptoms among residents in assisted living communities. Communication was not significantly associated with depressive symptoms among nursing home residents. The quality of communication did not influence any mental health outcomes for nursing home residents.

Strategies to Improve Family and Direct Care Professional Communication

Findings from this study underscore how important it is that LTSS leaders takes steps to initiate, facilitate, and maintain ongoing relationships between direct care professionals and family members of residents. Providers of aging services can use the following strategies to improve family and direct care professional communication:

> **“Competency-based training can help direct care professionals effectively communicate and collaborate with family members.”**

- **Streamline communication.** Providers can streamline communication by assigning staff members to serve as liaisons who communicate regularly with families. Providers could also increase the knowledge that direct care professionals have about a resident by including more detailed information about the resident’s history in electronic health records.
- **Leverage technology.** Providers can enhance communication by establishing technology-based forums that family caregivers could use to ask questions about a resident. Providers could also host regularly scheduled “virtual office hours” to connect family caregivers with nurse managers and social workers. [22]
- **Identify core competencies.** Competency-based training can help direct care professionals effectively communicate and collaborate with family members. Educational curricula and training designed for LTSS settings should prioritize strategies to support increased engagement with families.

- **Seek family input.** Providers should integrate the input of family members into personal care plans to maximize quality of care and quality of life for LTSS residents.
- **Increase informal contact.** Providers should find ways to improve the quantity and quality of informal contact between direct care professionals and family caregivers. This interaction will help providers build personal connections between family members and direct care professionals and promote the provision of family-centered care.[8]

Conclusion

This study provides important insights into how family caregivers perceive their communication with direct care professionals and how that communication can influence the mental health of residents.

Overall, the study found an association between optimal family member perceptions of their communication with direct care professionals and better resident mental health. Specifically, greater *availability* of communication between direct care professionals and family caregivers was associated with lower negative affect in residents and fewer depressive symptoms. When examining how relationships between family caregivers and direct care professionals vary across care settings, this study found communication to be a stronger predictor of fewer depressive symptoms among residents in assisted living settings, compared to nursing home settings.

The results of this study highlight the need for consistent, transparent, and supportive two-way communication between family caregivers and direct care professionals to encourage the sharing of information about residents. It is critical for direct care professionals and family caregivers to engage in consistent, bi-directional dialogue and to find new ways to communicate and collaborate to improve residents' daily lives.

Enhancing knowledge about the impact and importance of interpersonal dynamics between family caregivers and direct care professionals across LTSS settings could allow for the development of targeted interventions designed to enhance communication tailored to the residents' individual circumstances and care settings.

> **"Overall, the study found an association between optimal family member perceptions of their communication with direct care professionals and better resident mental health."**

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