

Identification of Factors that Influence Staffs' Ability to
Develop Supportive Relationships with Family Members
in Complex Continuing Care Environments

Summary Report

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1. Background

Research has demonstrated the important role of nursing staff in preserving the identity of the client through sensitive, nurturing, and individualized care (Bowers, 1988; Keefe & Fancey, 2000). Such care can be delivered only in a collaborative partnership between clients' family members and staff (Janzen, 2001). Several studies (Gladstone & Wexler, 2002; Ward-Griffin, Bol, Hay, & Dashnay, 2003) have explored registered nursing staff's perceptions of relationships with family members in long-term care (LTC) and in complex continuing care (CCC) settings. However, studies focusing on the relationship between the unregulated staff and family members are sparse, despite the more proximal role of unregulated staff in delivering care in CCC and LTC settings. Clients are usually admitted to a CCC unit following an acute care episode and are generally younger and have higher acuity needs than clients found in LTC. However, most clients will remain on CCC units for an extended length of stay, much like those in LTC facilities.

2. Study Objectives

The purpose of this study was to explore unit managers' [UMs], advanced practice nurses' [APNs], registered nurses' [RNs], registered practical nurses' [RPNs], and health care aides' [HCAs] perspectives on how they developed and maintained relationships with family members of clients in CCC settings. The overall research question was: How do staff develop and maintain relationships with family members?

3. Methods

This qualitative study used a grounded theory approach informed by Glaser and Strauss (1967) as well as Strauss and Corbin (1998). The study was conducted at three non-profit health care facilities located in an urban area in Ontario. All three facilities were large and ranged from 150 to 400 CCC beds. The number of clients on each of the CCC units varied from 40 to 70, and their diagnoses included end stage renal disease, diabetes, HIV, stroke, brain injury, CHF, COPD, MS, ALS, and dementia. Across all facilities a total of 9 UMs, 11 APNs, 8 RNs, 7 RPNs, and 12 HCAs consented to take part in the study. In-depth individual interviews were conducted first, using a semi-structured, open-ended interview questionnaire. The interview lasted for about 45 to 60 minutes. At the completion of the individual interviews, a separate focus group for each category of staff was conducted with a small sample of the staff that had participated in the in-depth individual interviews.

All interviews were transcribed verbatim by a professional transcriber. Each investigator read the transcripts separately, identified repetitive phrases or concepts, and used a "constant comparison" technique (Strauss & Corbin 1998). During team meetings, concepts were raised to sub-categories and compared for similarities and differences. Consequently, subcategories were raised to categories. A tentative model of relationship factors at the individual, unit, and organizational level was developed, and all transcripts were reviewed to confirm support for the model. This iterative process led to refinements of the original factors and the proposed model.

4. Results

All participants indicated that working with families was critical to delivering quality care to their clients. Although all HCAs, RNs, RPNs, APNs, and UMs shared common practice elements within their scope of practice, they expressed differences in their approach to building and maintaining relationships with families. A brief synopsis of what each group revealed is presented below.

HCAs' perspectives about the ways in which they built and maintained relationships with family members of clients in CCC settings were about: (a) being there for the family and (b) dealing with families' disappointments regarding the care to their loved ones. The participants articulated how these roles were shaped by unit and organizational level factors. Unit level factors were related to: (a) working as a team and (b) availability of resources/services. The organizational level factors were presented in terms of the care team hierarchy.

RNs and RPNs shared how they attempted to establish and maintain supportive relationships with family members: (a) RNs, in general, negotiated families' expectations while RPNs tended to carry out families' expectations that were negotiated by RNs; (b) RNs were focused on getting to know the families whereas the RPNs worked more to please families; and (c) the RNs' relationships with family members focused on ensuring informational continuity while the RPNs focused on maintaining relational continuity.

APNs related that their role and relationships with family members of clients focused on three areas: (a) facilitating engagement between nursing staff and families; (b) proving in-depth advanced clinical information to families; and (c) providing assistance to family members to navigate systems.

Similarly, UMs' relationships with family members of clients in CCC setting were perceived to be about: (a) establishing supportive entry; (b) building and preserving relationships; and (c) closing the loop/addressing the gaps in services/resources.

5. Discussion

The findings from the study add to our knowledge of staff-family relationships in CCC in several ways. It was apparent that the quality of the support provided by staff was contingent on *knowing the families*. The various staff categories proceeded in different ways to know the families, but all staff indicated that knowing the families was a pre-requisite for relationship building. UMs, APNs and RNs tended to manage and negotiate family members' expectations of care, while RPNs and HCAs were more likely to carry out the negotiated expectations and engaged in more direct and personal care activities to please family members and clients. If issues around expectations of care arose with family members, RPNs negotiated those with RNs, whereas HCAs often felt unable to do so, owing to various unit and organizational factors.

Relationship development with families also called for *sharing of information* with them. UMs shared information about policies and procedures, and set boundaries with families. APNs provided in-depth advanced clinical information and research findings, and acted as knowledge brokers with families. RNs related general clinical information and progress. RPNs and HCAs shared day-to-day care details about the clients with their families.

In conclusion, staff developed relationships with family members in various ways, and several staff category specific individual, unit, and organizational factors influenced the success of these relationships.

5. Current Publications

Guruge, S., McGilton, K., Yetman, L., Campbell, H., Librado, R., Bloch, L., Ladak, S. (2005). Unit manager's role with family members in complex continuing care settings: An untold story. Canadian Journal on Aging, 24,(2), 27-38.

6. Presentations

Yetman, L., Librado, R., & Guruge, S., & McGilton, K. (Sept. 29 & 30, 2005). The advanced practice nurse's role with family members in complex continuing care settings. Poster session presented at "4th International Conference on Elder Care: Older People Deserve the Best: Sustaining a vision for elder health and elder care through multisectoral and interdisciplinary approaches and inventive strategies" in Toronto, Ontario.

McGilton, K., Guruge, S., Yetman, L., Campbell, H., Librado, R., Bloch, L., & Ladak, S. (Oct 21-23, 2004). Facilitating continuity of care: The role of advanced practice nurses, unit managers, and registered nurses in complex continuing care. Canadian Association on Gerontology. Victoria, BC.

McGilton, K.S. Invited lecture. Enhancing family-staff relationships in complex continuing care. Bridgepoint Health Centre, May 11, 2004.

McGilton, K., Guruge, S., Campbell, H., Ladak, S. Librado, R., Yetman, L., Bloch, L., (Apr 24, 2004). Factors influencing unit manager's ability to develop supportive relationships with family members of clients living in complex continuing care. Paper presented at the Faculty of Nursing Research Day, University of Toronto.

McGilton, K.S., Guruge, S., Librado, R., Yetman, L., Campbell, H., Bloch, L., & Ladack, S. (Oct 31- Nov 1, 2003). Factors influencing nursing staffs' ability to develop supportive relationships with family members living in complex continuing care. 31st Annual Scientific and Educational Meeting, Canadian Association of Gerontology, Toronto.

7. References

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