

Understanding and Enhancing Quality of Life in Older Care Home Residents: An Interview Study

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Background

Quality of Life (QoL) is important for older people in care homes. Despite this, there is a lack of consensus on the conceptual framework for describing QoL in care home residents and strategies to enhance it. Therefore, this study aims to develop initial concept theories (ICT) that identify important dimensions of QoL among older care home residents and describe strategies to achieve these.

Methods

- Interviews were conducted with 24 participants, including residents, family members, and staff carers in two care homes in Nottingham from Dec 2021 to April 2023.
- Interviews were transcribed and analysed using a realist approach, resulting in ICTs presented as **IF** and **THEN** statements.
- The IF statements represent contextual factors (C) affecting residents' quality of life at the resident or care home level.
- The THEN statements elucidate the strategies (S) and actions (A) that care homes adopt to support residents in enhancing dimensions of QoL (DQoL).

Results

- The study identified 15 **IF** and **THEN** statements. Three of these are described here.



IF residents value daily human interactions/connections (C).



THEN, care homes should facilitate resident-resident and resident-staff interactions (S) through one-on-one resident-staff time (A) and access to communal spaces with dedicated staff support (A). This will mitigate feelings of loneliness and isolation in residents. Reducing depression and anxiety (DQoL).



"There are two members of staff all the time in the lounges. They're not responsible for getting people up, they're not responsible for anything ... they're responsible for interactions" (care home manager).
"I really felt low for myself. I didn't see any way out of the depression I felt. That was in the other home. And what was it about it that made you feel that low, then? Oh, it was a feeling of isolation, really. I mean part of the day was perhaps getting up early in the morning and being taken to a long hall with nobody else in it, nobody, nobody at all. With chairs all the way round it, television all around it, and nobody in there at all. And I was in there, and I used to sit there, who knows, two hours, before I've moved on to the next point, which would be having breakfast" (resident).



IF residents view care homes as hospital-like institutional places (C).



THEN, care homes should design the environment to feel like home (S) by staff not wearing uniforms, allowing personalized room décor (A), and allowing residents to bring furniture and things from home (A). This will give residents a sense of ownership over their environment. Enhancing their comfort and safety (DQoL).



"So, making environment homely and you know like building up relationships with the family members so that they feel safe and comfortable" (night staff).
"So, she's got her own furniture, she's got her own pictures you know, it just makes it feel like yours rather than you're sitting in a room you've been put in kind of thing" (relative).
"When we arrived, and I know there's different care homes, but we walked in, and she said, 'Oh, at least it feels like a home and not a hospital'" (relative).



IF residents feel separated from loved ones upon moving into care homes (C).



THEN, care homes should encourage regular visits and communication with family and friends (S) by offering flexible visitation times (A). Family/friends should initiate visits (A). Ensuring residents feel loved and supported. Thereby maintaining residents' external relationships (DQoL).



"And from my point of view, knowing that I can come here any time, day or night, and see X, is huge" (relative).
"Before Covid if they said, 'Oh, I haven't seen my son for a while, then we'd just give them a ring and say, you know, 'Your mum's asking for you, can you pop in'" (day staff).
"We're very much a close family. We have well I say children, they're not children, they're grown-up people. But I would still like to feel that I was part of the family. And a care home that would welcome visits perhaps from family" (resident).

Conclusion

This study uncovered valuable insights into understanding and enhancing QoL among older care home residents. Three ICTs focused on reducing depression and anxiety, maintaining external relationships, and enhancing comfort and safety with suggested strategies to achieve these. Findings will be tested using published literature and further interviews.

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