

Summary

Happy in a nursing home?

Perceived quality of life and care of older residents of nursing and care homes

Cretien van Campen
Debbie Verbeek-Oudijk

Original title:
Gelukkig in een verpleeghuis?
978 90 377 0837 0

Summary

Summary and conclusions

Life in Dutch residential nursing and care homes is changing. The recent reforms of long-term care, introduced in 2015, are still working through into everyday practice. The number of frail older persons in the Netherlands is increasing, and so are the concerns about them in society, due in part to media reports. Those concerns are focused on the quality of care and quality of life of residents. The government encourages initiatives to improve quality of life, and all political parties agree that this sector requires more funding. Where will this lead? What will life in nursing homes – residential care homes will be closed or transformed into nursing homes – look like in the coming years?

A look at the past reveals that residential nursing homes owe their origin to charity provided by private individuals and churches in setting up poorhouses and beguinages. In the last century, these homes for the needy were transformed into old people's homes where everyone was welcome to spend their final post-retirement years together. The older population at the time were very enthusiastic about these homes. Towards the end of the last century, however, stricter criteria were introduced and these homes began taking on more care tasks. The introduction of the Long-term Care Act (Wlz) in 2015 led to the virtual disappearance of the social purpose of these homes, and they are now accessible only to people whose severe and complex health problems mean they are no longer able to live independently.

Residential nursing and care homes are now predominantly populated by single people aged over 80, three-quarters of whom are women, often with some form of dementia and/or very severe physical disabilities. They are surrounded by carers 24 hours a day. Family members increasingly play a part in providing their care (Verbeek-Oudijk & Van Campen 2017).

There are considerable concerns about the care and supervision of older persons, both among their families and in society at large. The solution to this problem is sought in recruiting more staff – more hands around the bed. The manifesto published by Borst and Gaemers (2016), for example, demands at least two carers for every eight residents, drawing a response from the Dutch National Health Care Institute (Zorginstituut) (2017) that this would be difficult to achieve.

It is also debatable whether recruiting more staff should be seen as the only solution. A recent overview study by Maastricht University found no scientific evidence to support a relationship between the deployment of more nursing staff, carers or helpers and residents' quality of life (Hamers et al. 2016). After studying over 180 available scientific publications in this field, the researchers came to the conclusion that deploying more carers or nursing staff in residential nursing homes does not lead to an improvement in quality of care or quality of life. They recommended that solutions be sought in ensuring an optimum mix of staff with different skill sets.

According to volunteers and carers, spending cuts in the care sector are cutting into the time available for welfare activities, which are subsequently more often having to be provided by volunteers and family members (Gijzel et al. 2017). Other research shows that almost half of nursing and care staff report that they do not have enough time to ensure that residents spend their days in a meaningful way (Verkaik et al. 2017).

Once the present or a future government has answered the question of how much needs to be invested in the sector, the next question will be where that money should be invested. Investing only in care staff would not seem to offer an adequate solution.

According to the policy and the broadly supported 'Dignity and pride' (*Waardigheid en trots*) movement and the quality framework for nursing home care, the purpose of nursing home care is to improve the quality of life of residents. A first step is then to investigate what residents think about their quality of life, how they assess the quality of their care, where this could be improved and what their wishes are. That is what we did in this study. Based on a large-scale survey, we enabled residents to make their voices heard in the debate about the future of these institutions.

Three central research questions were addressed in this study:

- 1 How do residents view the quality of the nursing home care they receive?
- 2 How do nursing home residents perceive their quality of life?
- 3 How do their views about the quality of care and perceived quality of life relate to each other?

5.1 Perceived quality of care

Generally speaking, the interviewed residents were positive about the quality of care they receive. They feel they are treated with respect, though the care is often hurried and there is therefore little time for them to talk about matters that are important to them, and it is more difficult to build up a bond of trust. Based on these findings, it would seem that there is a greater need for more personal attention than for more care. This could be achieved with personalised care as well as through social and cultural activities.

Residents feel they have sufficient autonomy and privacy, and these feelings increase as people feel they have more control over their lives. They are then more assertive and have a more positive self-image. One recommendation here would be to work on reinforcing the assertiveness and self-image of some residents, in addition to ensuring that the physical conditions are in place to ensure aspects such as privacy.

Virtually all residents are aware of the contents of their care plans. However, not everyone is satisfied with the way in which those plans are implemented. Opinions vary on the extent to which the agreements are adhered to and how often residents have a say in what help and care they receive and when.

Nine out of ten residents feel safe in the institution. Physical threats are rare, though one in ten residents have experienced being shouted at, bullied or deliberately refused help.

What do residents think about the environment in which they live? Between eight and nine out of ten residents interviewed are satisfied with the building and with their room. Resi-

dents feel that sufficient activities are organised, and are satisfied with their social contacts. Generally speaking, residents believe that everyone gets along well in the institution. Summarising, there is a high degree of satisfaction with the residential environment, safety and perceived privacy and autonomy. There is less satisfaction about the way in which care is provided, for example as regards attentive care, having a say in their care and trust. On the other hand, residents are very satisfied about how respectfully they are treated. If we analyse this picture, the residents interviewed believe that the opportunities for improvement lie in more personalised care. There is a sense that the care is often hurried, residents are not given a say in decisions about the care they receive, and they do not readily take staff into their confidence. Policy would do well to focus more on facilitating this personalised care. This should definitely involve dialogue with residents and carers, activity leaders and other professionals.

5.2 Perceived quality of life

Concerns about care stem from worries about the quality of life of residents. Is their quality of life still good? How do residents themselves view their quality of life?

Six out of ten interviewed residents say they are happy. That is lower than the figure for people aged over 75 living independently in the community, of whom eight out of ten report that they are happy. One in ten interviewed residents are unhappy and feel they get too little from life. As an average, interviewed residents rate their satisfaction with life at 7.3 (out of 10). People who have lived in a nursing home for longer feel happier than those who have only just moved there.

Half the residents interviewed feel lonely. Feelings of loneliness are lower among those aged 85 or older, and the share of lonely residents in this age group is actually lower than in the elderly population living independently.

Two-thirds of interviewed residents feel mentally healthy. A much smaller group feel physically healthy. Nine out of ten are satisfied with their activities and their participation, and three-quarters of residents report that older persons from outside the institution also join in. A third of those interviewed would like to get outside more often.

One worrying finding is that a sizeable group – a third of nursing home residents interviewed – have little enthusiasm for life. Life holds little meaning for them; they are no longer able to enjoy things and no longer see any purpose in their lives. This requires personal attention and possibly discussions about issues such as having accomplished a good life and a dying with dignity.

Overall, the interviewed residents are satisfied with their lives and their social activities, but in the more personal, intimate sphere they often feel unhappy, lonely and unhealthy and have few goals that they still want to achieve in their lives. This is another indication that more attention is needed for the personal aspects of nursing home residents' lives. Why are these people lonely, why do they have little enthusiasm for life, why do they not feel comfortable with themselves, why are they less happy? These are questions which need to be examined and used as a guide for policy and practical interventions aimed at this group.

5.3 Quality of life and care

Quality of care and quality of life are two closely related concepts in nursing homes. It could be said that residents 'live in care': their lives are determined by the care they receive to a much greater extent than the lives of their healthy peers living independently in the community. Not surprisingly, therefore, there is a clear relationship between the opinions of residents about the perceived quality of care and their views on their quality of life.

Roughly two-thirds of residents who are satisfied with various aspects of the quality of their care feel happy or very happy. This figure is lower among the dissatisfied residents, only a third to a half of whom feel happy or very happy. Two-thirds of residents who feel they are taken seriously report that they are happy; the figure among those who do not feel they are taken seriously is one third. In other words, residents who feel they are taken seriously are twice as likely to feel happy.

Why are some residents happier than others? Put differently, which factors influence the perceived happiness or life satisfaction of residents? We looked at the combined influence of demographic characteristics, health, personal and social resources and opinions about quality of care.

People's satisfaction increases as they grow older. Residents in better mental health are more satisfied with their lives, as are people who feel they have a high degree of control over their lives. Among the indicators of quality of life, 'perceived privacy' and 'satisfaction with the premises' are found to influence people's satisfaction with their lives.

A number of the factors studied were found to have an influence and also lend themselves to policy interventions. Nothing can be done to change the age of residents, but other factors can be manipulated: residents could be taught skills through discussions and courses to give them a greater sense of having control over their lives. Modifications to the residential areas of nursing home buildings could also increase residents' sense of privacy and satisfaction with the premises.

The foregoing does not reveal all the factors that are relevant for perceived quality of life. At the end of the interviews (which lasted around an hour and a half and in which respondents told the interviewers much more than simply answering the questions put), residents were asked an open question. In response to the penultimate question, 'Do you feel that anything is missing in this home?', 83% answered 'no'. In response to the follow-up question, 'What do you feel is missing?', the other 17% gave very differing answers. Most of the answers were about meaningfulness, personal contact, social and cultural activities and the layout and furnishing of their room and the building.

Residents repeatedly reported that they miss having good conversations. A sense of togetherness was also cited, both between residents and with staff. Residents would like to chat to staff more often. They also feel there is a lack of atmosphere because the staff are rushed and have no time to give them personal attention. Residents also miss their cultural activities from the past, such as making music or painting. They complained that these activities have disappeared due to budget cuts. The evenings, in particular, feel dull and empty. Several residents said they would like activities to be organised in the evening, for

example a 'dance evening'. Several people would also like to make more trips out with volunteers. Finally, there were many suggestions for improving the residential environment in the home. Many of these suggestions related to residents' rooms, ranging from installing air conditioning to a separate bedroom, and also to the building itself, ranging from a shared garden to a shop and bar. Reviewing the wishes expressed by residents, it is not luxury that they miss, but ordinary things that form a normal part of the lives of people who do not live in an institution.

We hope this study has presented a quantitative picture of the lives, experiences, opinions and wishes of residents of nursing and care homes in the Netherlands today. Although it was only possible to interview around 55% of residents – people with severe forms of dementia could not be interviewed – , they provide a picture from a primary source of what it is like to be an older person living in an institution.

This statistical material and the specific suggestions made offer a starting point for policymakers for the design of nursing homes in the future.

No one knows what those homes will look like. Current expectations are that older persons' residence in nursing homes in the Netherlands will in the future be shortened to just the terminal phase of life (vws/Vilans 2016). Eventually, the residential care homes of today will disappear entirely or be converted into retirement flats and intergenerational flats where students and older persons rent apartments. Nursing homes will be transformed into hospices where terminal patients spend the final phase of their lives. This expectation is based on current trends, but things could also move in a different direction under the influence of developments in society and political choices: for example in the direction of the poorhouses of the past, where no older person wanted to live, or of the old people's homes of the last century, which older people were queuing up to enter. The questions surrounding which older persons will be admitted to nursing homes (access) and what care and living conditions they will be offered there (quality), and at what costs, have proved to be recurrent over the centuries, and will continue to occupy minds and the public debate. Residents of nursing homes and care homes want and deserve our attention.