



Quality of life of residents with dementia in small-scale living facilities versus traditional long-term care settings

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Introduction

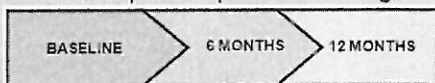
The considerable **increase of the number of people with dementia worldwide** implies an **increasing demand for residential care**. In response to criticism of the traditional medical and nursing-based approach, many large nursing homes are **transforming their traditional care model to a more home-like, holistic and person-centred approach**. One example of this is the development of **small-scale living facilities**.

This study examined the **differences between** small-scale and traditional long-term care settings on the **quality of life (QoL)** of residents with dementia.



Method

The study followed a quasi-experimental longitudinal design.



Traditional (T) and small-scale (SS) care settings, located in the Netherlands (NL) and Belgium (BE) were compared within countries.

Participants were residents with dementia over 65 years of age. Assessments were made through **observations** by nurses, nursing assistants and psychologists.

Type of Setting Traditional or Small-scale

Behavioral characteristics

Behavioral problems
Depression

Behavioral interventions

Use of restraints
Use of psychotropic medication

Social interaction

Social engagement
Visiting frequency of relatives

Domains
of
Quality
of
Life

Within Country Comparisons on Quality of Life domains^a

Subscale (Range)	NL T (n=51)	NL SS (n=51)	BE T (n=30)	BE SS (n=47)
Caregiver Relation (0-21)	14.36	14.66	14.21	14.80
Positive Affect (0-18)	10.85***	14.12	11.87	12.56
Negative Affect (0-9)	5.97	5.54	4.59*	6.00
Positive Self-Image (0-9)	7.42	7.61	6.24	6.74
Social Relations (0-18)	8.30***	10.97	10.37	10.40
Social Isolation (0-9)	6.34	6.14	5.48	5.82
Having Something to Do (0-6)	0.91***	2.43	1.58	2.11
Feeling at Home (0-12)	10.23	9.56	8.94	9.37
Restless Behavior (0-9)	4.63	5.11	4.30	3.81

Note: * p < 0.05, ** p < 0.01, *** p < 0.001

^a Scores are aggregated means over the three measurements presented by type of care setting and country

Results

- ❖ Residents in Dutch small-scale settings as compared to Dutch traditional settings showed better scores on **'Positive Affect'**, **'Social Relations'**, and **'Having Something to do'**.
- ❖ Residents in Belgian small-scale settings as compared to Belgian traditional settings showed better scores on **'Negative Affect'** (less 'Negative Affect') (see table).



Conclusion

Effects over time

- ❖ Residents in Belgian traditional settings improved on **'Feeling at home'** compared to Belgian small-scale settings, that remained stable.
- ❖ Residents in both Belgian and Dutch traditional settings remained stable on **'Social relations'**, whereas their counterparts in small-scale settings showed a slight decrease on this aspect.
- ❖ **'Caregiver relation'** and **'Negative affect'** remained stable during the study period in Dutch small-scale settings, while they decreased in Dutch traditional settings.





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Family caregiver perspectives on social relations of elderly residents with dementia in traditional versus small-scale long-term care settings in the Netherlands and Belgium

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Introduction

Until now little was known about **family caregiver perspectives** on social relations in residential dementia care. The aim of this study was to provide an insight into family caregiver perspectives on **social relations within the 'caregiving triangle'** between family caregiver, professional caregiver and elderly resident with dementia. Currently, residential dementia care is shifting from a mainly medical and nursing-based approach, towards a **more home-like, holistic and person-centred** one. Results were compared between **traditional versus small-scale long-term care settings** in the Netherlands and Belgium.

Method

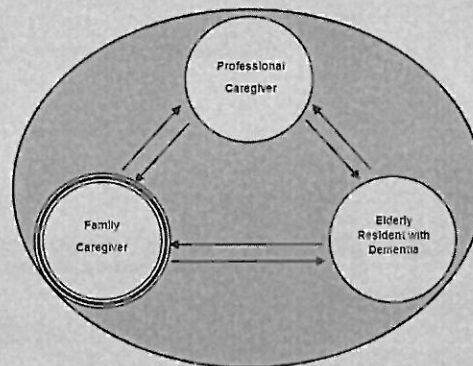
The study followed a quasi-experimental longitudinal design.

BASELINE → 12 MONTHS

Family members of residents with dementia living in real life traditional settings in the Netherlands (N=22) and Belgium (N=8), and small-scale settings in the Netherlands (N=22) and Belgium (N=12) participated.

A questionnaire containing 25 items was administered to assess relationships within the 'caregiving triangle'. Analyses were performed using mixed models and logistic regression.

Figure 1: 'Caregiving triangle' Family caregiver perspectives on social relations



Results

In both countries family caregivers of relatives with dementia living in small-scale settings compared to traditional settings:

- had more contact with the professional caregivers ($b = -.50, p < .01$)
- were more satisfied with this contact ($b = -.34, p < .01$)
- felt that the staff took more account of their feelings as family members ($b = -.42, p < .05$)
- felt that staff listened to the resident better ($b = -.61, p < .001$)

Family caregivers in the Netherlands compared to Belgium:

- perceived staff to be less hurried ($b = -.29, p < .05$)
- perceived staff to be more willing to accept support from family ($b = -.42, p < .05$)
- felt that residents were more often taken seriously by staff ($b = .30, p < .05$)

Discussion

An elderly person with dementia in long-term care is never an isolated entity, but has to be seen in the light of the **surrounding social system**, including family and staff. In small-scale settings, family caregivers experience advantages in their **relationship and contact** with staff, and perceive staff to have better **listening skills** compared to traditional units.



Take home message

Both in small-scale and traditional long-term care, it is important to capture the family perspective, in order to understand the social system surrounding the elderly person with dementia.