Recent evidence on the development and maintenance of constructive staff-family relationships in the care of older people: a report on a systematic review update

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CRD summary
This review concluded that multiple factors were important to the development and maintenance of positive staff-family relationships in the institutional setting and that quality care required that staff had an understanding of these factors. These conclusions appear likely to be reliable, although the poor quality of the quantitative studies on which they were based should be borne in mind.

Authors' objectives
To assess the best available evidence for most effective factors in promoting constructive staff-family relationships in the care of older people in institutional healthcare settings.

Searching
Ageline, APAIS-Health, CINAHL, The Cochrane Library, EMBASE, MEDLINE and PsycINFO were searched up to July 2009 to update a review with searches up to November 2004 (see Other Publications of Related Interest). The original review also searched Australian Family and Society Abstracts, DARE, Dissertation Abstracts and Social Science Index. References were checked. Papers suggested by experts were retrieved. Search terms were reported. Studies reported in English were eligible regardless of publication status.

Study selection
Studies of interventions designed to promote constructive relationships between families and staff involved in the care of residents or patients aged over 65 years in acute, subacute, rehabilitation and residential settings were eligible for inclusion. Studies of strategies and practices used in a facility and studies of organisational characteristics were eligible for inclusion. Both qualitative and quantitative studies were eligible.

Outcomes considered were perceptions of staff-family relationships, staff outcomes (including stress, relationship and job satisfaction, inclusive practice and retention) and family and resident satisfaction.

Included quantitative studies assessed the partners in a care-giving intervention, family involvement in care intervention and the family meeting intervention in nursing homes or dementia care units.

Two independent reviewers assessed studies for inclusion in the review; disagreements were resolved through discussion.

Assessment of study quality
Quantitative studies were assessed using standardised methods; randomised controlled trials (RCTs) were assessed using a tool developed by the Scottish Intercollegiate Guidelines Network (SIGN). Qualitative studies were assessed using tools developed by the Joanna Briggs Institute. Studies were also categorised using a levels of evidence approach.

Two independent reviewers assessed studies for validity. Disagreements were resolved through discussion.

Data extraction
Data extraction from quantitative studies was undertaken using a standardised form; the number of reviewers involved in this process was not specified. Qualitative studies were analysed for themes, concepts and meanings. Findings were grouped into categories. This was undertaken by two reviewers.

Methods of synthesis
Quantitative studies were combined in a narrative synthesis. Qualitative study findings were combined using meta-
aggregation.

**Results of the review**

Five quantitative studies, 41 qualitative studies and four textual papers were included in the review. The quantitative studies were generally of low quality with multiple sources of bias identified.

Two RCTs assessed the partners in care-giving intervention in nursing homes or a special care unit for patients with dementia. There were positive short-term effects on both staff and family perceptions of the other party, but these were not sustained.

Two studies assessed the family involvement in care intervention in nursing homes and dementia care units. There were positive results for families and negative results for residents in the larger study. The other study showed evidence of a positive impact for white participants that contrasted with a negative one for African Americans.

One RCT assessed a family meeting intervention that achieved higher numbers of conferences between staff and family, better care plans and greater focus on psychological needs of patients. Medication use on an as-needed basis was reduced.

Themes and findings of qualitative studies were reported.

**Authors’ conclusions**

Multiple factors were important to the development and maintenance of positive staff-family relationships in the institutional setting. Quality care required that staff had an understanding of these factors. The effect of interventions to promote staff-family relationships on the quality of care provision was limited.

**CRD commentary**

The review question and inclusion criteria were clear. The authors searched a large number of databases and other sources for published and unpublished studies. While this reduced the chances of relevant studies being omitted and publication bias, the restriction of the review to studies reported in English increased the chances of selection bias. The authors reported that they used methods designed to reduce reviewer bias and error at all stages of the review process except for data extraction of quantitative studies. The studies were assessed using appropriate measures of validity. The decisions not to use a meta-analytic approach to the quantitative studies appeared appropriate, as did use of meta-aggregation for the qualitative studies.

The authors’ conclusions reflected the results of the review and appear likely to be reliable, although the poor quality of the quantitative studies on which the conclusions were based should be borne in mind.

**Implications of the review for practice and research**

**Practice:** The authors stated several recommendations for practice. Effective interventions are based on collaboration in care-planning and decision making. They have a defined process, involve a multidisciplinary team and promote effective communication skills. Families need comprehensive orientation on the resident’s admission and ongoing information on their care. Support from administrative staff and management is essential to interventions’ success. Characteristics important to the development of positive relationships are respect, trustworthiness, familiarity and empathy.

**Research:** The authors stated that further research should focus on effective education programmes in relationship development, control and conflict, communication skills and negotiation training for staff and investigation of the effectiveness of intervention for positive relationship development (particularly those aimed at promoting collaboration and effective communication skills). Research should consider care recipients’ perspectives and satisfaction, with care as an outcome measure. Research was needed on the perspectives and needs of absent family members.

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