

Understanding Long-Term Care Facilities as Communal Living Environments

Discussion Guide



What is the Purpose of This Guide?

This Discussion Guide is intended to increase awareness that a long-term care facility is a communal living environment, and to encourage those who work in these facilities to reflect on what this means.

Reflection questions invite readers to think about long-term care as a communal living environment in terms of four interdependent themes (Figure 1).

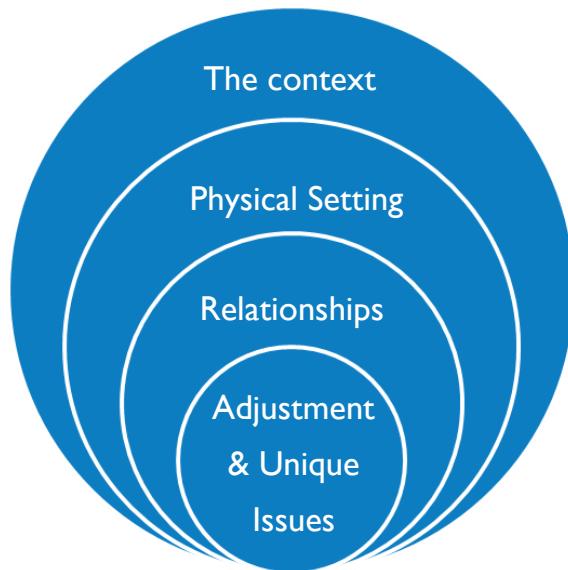


Figure 1. The four interdependent themes that underlie the Reflection Questions presented in this Guide

Some Background...

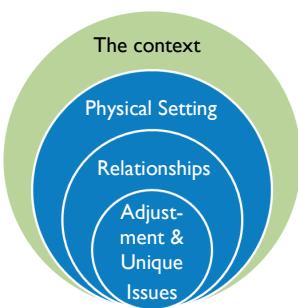
Communal living is not a common arrangement for most adults before entering a long-term care facility. However, there is potential for a communal living environment to afford many benefits to individuals who need this level of care.

Current trends indicate that more seniors are living independently for longer in Canada and in other countries around the world. This has led to a growing desire for programs and services designed to help people stay in their homes for as long as possible. Despite this, there will continue to be a high demand for supportive living environments including long-term care facilities because there comes a point when no amount of home-based service will be adequate for some people.

There has been a focus in long-term care facilities on person-centred care and the implementation of a home-like environment. Great strides in the quality of care can be credited to this perspective. More recently, there is also increasing emphasis on relationship-centred care in recognition of the interdependency among patients, families, practitioners, and communities in the context of care.

Further value is added by understanding long-term care facilities as communal living environments.

Have you ever thought about the fact that a long-term care facility is a “communal living environment”? What does this mean to you?



What we know...

Research indicates that communal living can contribute to social support, role modeling of healthy behaviours, positive social control and “communal coping.”

Long-term care facilities are communal living environments that provide accommodation, hospitality, and health services to older adults who are no longer able to live independently.



Ask yourself...

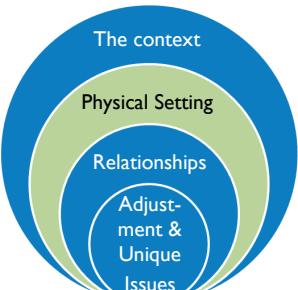
What is good about working in a communal living environment? What is not so good?

What is good about living in a communal environment for people with high care needs? What is not so good?

What guides your thoughts and actions when you are helping to balance the needs of individuals with the needs of the group?

What does thinking about your facility as a communal environment add to your view of how care should be provided?

The long-term care facility itself provides the space within which communal living occurs. How do you think the physical setting influences how people live their lives within the facility?



What we know...

The physical environment itself can be an asset or a hindrance to the successful development of a communal living environment.

One size does not fit all. Personal preferences play a role.



Ask yourself...

In your facility, can people balance their need to be alone with their need to be with other people? How do people do this?

Are the common areas of your facility set up to encourage shared use? What could be better?

Think about a resident who is very social, and one who is very private. Are they both able to make themselves at home in the facility? What does this look like for each of them?

Communal living is about relationships. What joys and challenges stem from living together in a long-term care facility?

What we know...

The social benefits of communal living are closely tied to the relationships that exist among those who share the environment.

In long-term care facilities, new relationships are developed with health care providers, other residents and volunteers, and existing relationships may be maintained with friends and family who reside outside of the facility.

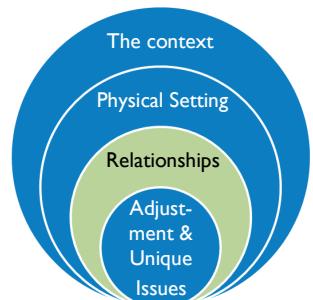
People value and pursue different types of relationships (care-based and social) according to their own needs, expectations, and capacities. Reciprocity is an important element in most relationships.

Have you seen people who live in the facility do things to help each other?

What would encourage people to help each other more often?

Think of a situation where roommates got along well, and a situation where there were problems. What made one situation work while the other did not?

Are there things staff can do to increase the likelihood of things going well?



Ask yourself...

Do people in your facility tend to stay in touch with important people in their lives who live outside of the facility? Are there ways in which the environment makes this easier or harder?

In your facility, do people develop relationships with each other as well as with staff? What do these relationships look like? Do people seem satisfied with the relationships they develop? What could be better?

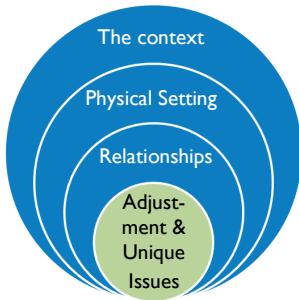
Are there things that come up that are important to almost everyone who lives in the facility? What happens when issues of general concern come up?

Do people who live in the facility tend to agree or disagree about what is best for the group? What happens when they agree? What happens when they disagree?

Do the people who live in your facility have a chance to participate in group decision making? What could be better?



Communal living is not a common arrangement for most adults before entering a long-term care facility. Moreover, this major adjustment occurs when people are quite vulnerable. What can make it easier?



What we know...

Adjustment to life in a long-term care facility is supported by relevant past experience, processes of empowerment in the new environment, and the ability to balance the need for individuality with a sense of community.

Cognitive impairment and dementia are common among long-term care residents. Sometimes there is a need for communication by proxy to support the development of a successful communal living environment.



Ask yourself...

Have you noticed that new residents are surprised by some things about life here once they settle in? What would help prepare people for these things? Is respite stay a good way to prepare people for long-term care?

Is there information that is not collected now that would be useful to help people adjust to living in the facility? What information? How might this be added to current practice?

What do you think is the best way to make sure the opinions of people with cognitive impairments and dementia are considered in group decisions? Is there a process in your facility for including them directly or by proxy? What is the process? What could be better? What difference might this make?

Acknowledgements

Development of this Discussion Guide was funded by the St. Joseph's Foundation: The Parkwood Hospital Alzheimer Care and Research Fund. Thanks are extended to Mark Wood, BSW, for his excellent work as research assistant, and to members of the Veterans Care Program, Parkwood Hospital for contributing time and expertise as key informants and reviewers.

An electronic copy of the Discussion Guide and of the Project Report with references is available from the author, Maggie Gibson, PhD, CPsych, Veterans Care Program, Parkwood Hospital, St. Joseph's Health Care London, maggie.gibson@sjhc.london.on.ca.

Suggested citation:

Gibson, M. (2011). Understanding Long-Term Care Facilities as Communal Living Environments: Discussion Guide. St. Joseph's Health Care, London, ON.



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