Connections in care count

Anne-Nicole Casey and Janet Mitchell are using social network analysis (SNA) in their research to investigate and describe the relationship networks of people with dementia living in long-term residential care. Their results are truly concerning, revealing profound social isolation among residents and highlighting the need for staff to create oases of supportive connections.

Maintaining positive social connections and feeling socially supported are associated with better mental and physical health and well-being for older adults living in the community (Ashida & Heaney 2008; NSPAC 2013).

Many older adults who move into long-term care (ie residential aged care, nursing homes, care homes) report that changes in their social relationship networks are among the most challenging aspects of their relocation (Bradshaw et al 2012). Over 52% of people living in long-term care in Australia have a dementia diagnosis noted (AIHW 2015). Adapting to new social relationships in care is particularly challenging for people with dementia who may have impaired memory and reduced functional capacity (Doyle et al 2011).

In Australia, people with dementia live in residential care for an average of 3.25 years (AIHW 2015). Residents necessarily form new networks of diverse relationships including those with other residents, care staff, visiting therapists, and even other residents’ family members (Kovach & Robinson 1996; Wilson et al 2009). While current principles and policies in care favour a holistic approach that addresses the physical, psychological and social needs of people with dementia (AHMAC 2005), their social connections in care are rarely considered or documented (Reed & Payton 1997; Theurer et al 2015).

We are two PhD candidates from the Dementia Collaborative Research Centre: Assessment and Better Care, UNSW Australia, who are conducting separate studies using social network analysis to investigate ways in which the networks of people with dementia in long-term care are associated with their care, well-being and perceptions of support or isolation.

The first study, the SOCIAL (Social Orientation of Care in Aged Living) (led by Janet), is researching the social-professional networks of selected residents with dementia in four long-term care settings in the Sydney region. The study, which is running until December 2017, aims to identify possible associations between each resident’s in-house connections and their care, neuropsychiatric symptoms, and use of psychotropic medications (Mitchell et al 2015).

The second study, the Friendship and Relationship Interactions in the Elderly Networks Description (FRIEND, led by Anne-Nicole), which finished earlier this year, explored the structure, meaning and influence of social relationships between residents living in three high-care units of a Sydney long-term care home, including a dementia specific unit (Casey et al 2015). This article provides a brief explanation of social network analysis, an overview of results from the studies to date, and implications for the care of people with dementia.

Why social network analysis?

Social network analysis (SNA) is an innovative method for exploring the structure and qualities of different types of long-term care-based relationships experienced by residents with dementia, and for describing the social environment in which they live. Whereas traditional data describe people in terms of their social roles and relationships (Hanneman & Riddle 2005).

Identifying how people connect together (network structure) and the quality of their relationships – whether positive or negative, mutual or one-sided, strong bonds or just ‘people we know’ – can help care staff and care providers understand how these relationships benefit or constrain the people involved (Abbott et al 2015). SNA data address questions about the size of networks, the social distance (‘degrees of separation’) between people, and how things as diverse as knowledge, illness, and emotions flow through social networks (Cornwall & Waite 2009; van Beek et al 2011).

Social-professional networks in care

The SOCIAL study conducted a systematic literature review of studies that have used SNA and involved people with dementia in long-term care. Results indicate residents have small close personal networks (Mitchell et al 2015). One of the studies included in that literature review analysed the size of networks of people in 13 care homes in rural NSW, where over half the residents...
Residents are surrounded by people yet feel they live in a social desert, disconnected from others

What we have learnt
A systematic review of SNA research that involved people with dementia in care identified that residents in these studies formed connections with other residents, staff and visitors during their time in care. These connections were part of the larger care home network that offered support and benefit to residents and staff, or created constraints.

However, residents’ minimal social connections placed them at risk of social isolation, and some residents had no social connections. On the other hand, connections between staff and residents’ family and friends, and the flow of information and trust through their network, were suggested to have improved care outcomes.

The results of network analyses of between-resident relationships in the Sydney long-term care home indicated that residents felt they had few positive relationships with other residents and true friendships were rare. Many residents had no positive connections with the people they lived with every day. Yet, friendships and positive relationships did exist and residents who had mutual relationships benefitted through feeling more socially supported (Casey et al 2015).

Implications for practice
The results of our SNA research to date into residents’ social-professional networks and relationships between residents in long-term care – from both the FRIEND study and multiple international studies identified in the SOCIA literature review – provide additional insights into the patterns and importance of human relationships in everyday practice. Our evidence highlights the lack of social connectedness in care and indicates that care-based social networks are associated with the social health and well-being of people with dementia.

Since maintaining positive social connections and feeling socially supported are associated with better mental and physical health, the findings that people with dementia in residential care have so few positive connections and experience profound social isolation are truly concerning. Residents are surrounded by people yet feel they live in a social desert, disconnected from others.

Appropriate application of evidence-based interventions to improve social interactions requires knowledge of residents’ preferences and assessment of their individual needs, capacities, and social experiences in care (Abbott et al 2016; Adams & Blieszner 2015).

Staff can help residents by creating spaces of supportive connections. This may be done through facilitating positive social interactions among residents’ who have difficulty doing so themselves, and reaching out to residents and their visitors to learn more about the unique person living in care.

References
Abbott KM, Held AR, Van Halsma K (2016) “We can’t provide season tickets to the opera”: staff perceptions of providing preference-based, person-centered care. Clinical Gerontologist 39(2) 190-209.
Measuring the importance of getting out and about

A Sydney study is using a new ‘lifespace’ app to explore community mobility and challenges for people with dementia. The results will be used to develop interventions that improve community access and engagement. Jacki Liddle, David Ireland, Fleur Harrison, Louise Gustafsson, Sandy Brauer, Robyn Lamont, Theresa Scott, Nancy Pachana, Permindre Sachdev, Kristan Kang and Henry Brodaty report.

Many people may relate to the feeling that being able to leave the house and be out and doing things is a sign that life is good. The great news is that we have the science to back up this feeling.

Researchers have studied ‘lifespace’ – the geographical area in which you live and conduct your activities – since the 1970s. This measure records how often people moved about in different areas of their homes, neighbourhoods and further afield. The research has shown that there are key relationships between lifespace, and a person’s well-being, physical health and cognitive functioning. While these relationships seem important, they are not yet fully understood.

Now, there are new ways of monitoring lifespan using smartphones and this is helping us to figure out the needs and experiences of people living with mild cognitive impairment (people having some changes to their memory and thinking, but normal functioning) and dementia.

Measuring lifespan

Lifespace was initially conceived as a way of describing how often people left their bedroom in residential care settings, and its use revealed that the locations in which they spent time were an indicator of health and well-being.

The concept has quickly expanded from there and has been studied in ageing populations across the world. These large studies indicated that lifespan not only gave insights into current functioning and well-being, but was also a powerful predictor of future outcomes. Even when statistically controlling for the effect of poor health, reduced independence, cognitive functioning and frailty, people who had a lower lifespan were significantly more likely to have poorer health outcomes and need residential care in the future than those with a greater lifespan.

For people who already had a cognitive impairment, those with a smaller lifespan have a more rapid deterioration of their cognition in the future compared with those with larger lifespaces.

Although we don’t know precisely how lifespan and health and well-being interact, this area clearly needs further study. Something that has been hindering study is that lifespan has been measured either by staff observing a person’s movements in a facility or by the person recalling their activity over the past week or two. Neither of these options is ideal for monitoring the activity levels of people living in the community and particularly those who have difficulty recalling the details.

Smartphones may provide a solution for this. GPS (Global Positioning System)-based location tracking, which is present on all standard smartphones,