

# BMJ Open Experiences of family caregivers and nursing home staff interactions during the adaptation process of elderly individuals moving to nursing home: a qualitative study

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## ABSTRACT

**Objective** To explore the interaction between family members and nursing home staff during the adjustment period of newly admitted elderly individuals in a nursing home.

**Design** A qualitative descriptive study based on semistructured interviews; data were analysed using a thematic topic analysis approach.

**Setting** Interviews were conducted face-to-face.

**Participants** An interview was undertaken with 15 nursing home staff and 12 family members of recently admitted elderly individuals in three nursing facilities from November 2022 to January 2023 in a major Chinese urban centre.

**Results** This study identified 5 main themes and 10 subthemes. The 5 themes identified are: Information transmission and sharing, pleasant interaction atmosphere, interaction dilemmas and challenges, inadequate organisational management and the necessity and anticipation of interaction.

**Conclusion** During the process of older persons transitioning to institutional care, we discovered issues and unresolved requirements in the interactions between family members and nursing home staff. In summary, there is a need to enhance the development of an interactive environment that supports the institutionalisation of older persons. The findings derived from this study are valuable for developing interactive programmes.

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## INTRODUCTION

The National Bureau of Statistics of China's seventh population census in 2020 reveals that China has a current population of 264.02 million elderly individuals aged 60 years and above or 18.7% of the total population. The population of individuals aged 65 and above constitutes 13.5% of the overall population of the country.<sup>1</sup> As the population ages, elderly individuals are encountering more challenges in receiving daily care and medical assistance. Consequently, China's approaches

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This is the first qualitative descriptive study that has explored the interactions between family caregivers and nursing home staff during the adjustment period of newly admitted elderly individuals in nursing homes in China.
- ⇒ The qualitative descriptive design ensured an extensive and deep exploration of the interactive experience between family caregivers and nursing home staff during the adjustment period of newly admitted elderly individuals in the nursing home.
- ⇒ As the participants in this study were from Henan province, China, caution should be exercised when using the findings of this study in different regions.
- ⇒ Using only interview methodology, this study, for the time being, provides a preliminary understanding of the research topic.

to aged care are becoming more varied with the emergence of family, community-based and institutional care models which have shown some degree of effectiveness.<sup>2</sup> In China, the most conventional method of ageing is through family care. Family caregiving facilitates effective communication, offers spiritual solace to older individuals and mitigates financial expenses. Nevertheless, the role of family care is declining over time due to the increase in non-traditional family structures such as 'four-two-one' families (where a couple is responsible for caring for four elderly individuals) and empty-nest families (where there is no need for child care).<sup>3-5</sup> This places a greater burden on the remaining family members.<sup>6,7</sup> The community home-based long-term care model (CHLCM) effectively combines family and community services.<sup>8</sup> CHLCM prioritises the family as the central unit and the community as the foundation for providing care to the elderly in their day-to-day existence.<sup>9</sup> Nevertheless,

China now lacks comprehensive and unified standards and management practices for community health and long-term care models (CHLCMs).<sup>10 11</sup> There is still no established standard CHLCM specifically designed for the aged population. Research on the long-term care of the elderly in China is still in its early stages<sup>12</sup> and there is a lack of comprehensive and clear data connected to CHLCMs. Currently, nursing homes cater to the diverse and varied needs of older individuals when they are no longer satisfied with community living.<sup>13</sup> Nursing homes can alleviate the responsibility of supporting children and the financial strain on families during retirement. They serve as a valuable addition to conventional family retirement and provide hope for empty nesters who do not have childcare support.<sup>14–16</sup> It is widely agreed that the responsibility of caring for family members does not stop when they are admitted to a nursing facility.<sup>17</sup>

To summarise, family care is no longer able to adequately address the many needs of elderly individuals. Additionally, the community care model is still in its early stages of development and there are numerous public concerns regarding nanny-based home care services. Consequently, there is a gradual rise in the percentage of elderly individuals relocating to nursing homes.<sup>18 19</sup> Initially, the process of relocating elderly individuals from a familial dwelling to an institutional setting might pose challenges.<sup>20</sup> Furthermore, alterations in one's surroundings and interpersonal connections have resulted in a range of maladaptive problems, such as anxiety, hopelessness, feelings of being forsaken and contemplation of suicide.<sup>18 21</sup> The dynamic between the family and the nursing home plays a crucial role in facilitating a smooth transition to nursing home for elderly individuals.<sup>22</sup> Interaction refers to the process of connecting with others, creating a distinct connection between various social activities and social connections.<sup>23</sup> Interaction is a reciprocal process. Wang<sup>24</sup> defined interaction as the process by which two or more communicators establish and delineate their relationship. Utley-Smith *et al*<sup>25</sup> states that scholars who have examined the interaction between family caregivers and nursing home staff in aged-care facilities have found that the essence of interaction occurs when both parties transition from their current way of interacting to developing new ways of acting, resulting in a more engaging, information-rich and cooperative relationship. 'Family caregiver-nursing home staff interaction' in this study refers to the different forms of communication and interaction, such as verbal and non-verbal communication between family caregiver and nursing home staff to help and facilitate the older person's adjustment to the nursing home. Once elderly individuals are admitted to an institution, it is necessary to have increased interaction between family caregivers and the staff at the nursing home.<sup>22 26</sup> Research has highlighted the need to direct attention towards the 'interaction between family caregivers and nursing home staff'. This contact can provide insights into the needs and preferences of elderly individuals, facilitating better coordination of care and ultimately

enhancing their quality of life and the care they get. Based on a prior literature analysis of the requirements of family caregiver and nursing home staff,<sup>27–32</sup> it has been found that family caregivers desire increased engagement with nursing home staff. In addition, nursing homes can enhance their understanding of the physical health state, medical history and preferences of elderly individuals by arranging care meetings or small team meetings. This also allows for the clarification of relevant care plans or decisions.<sup>33</sup> It is imperative for nursing home staff to possess an understanding of the distinctions among families of elderly individuals and demonstrate a willingness to attentively consider and embrace the viewpoints and recommendations of family caregivers.<sup>34</sup> According to Irving,<sup>35</sup> establishing connections between family caregivers and nursing home staff has allowed enthusiastic family caregivers to assume a leadership position and motivate less motivated family caregivers. By engaging in effective communication, family caregivers share their caregiving experiences with nursing home staff who in turn offer technical guidance to the family caregivers. This collaborative approach enhances the psychological resilience of older adults, helps them adjust gradually to life in an institutional setting and ultimately improves the quality of care provided.<sup>36 37</sup> Nevertheless, research in the literature has consistently found that establishing and maintaining productive interactions between nursing home staffs and family caregivers can be challenging for both parties, mostly due to resource limits and frequent turnover of nursing home staff.<sup>38</sup> Family caregivers sometimes have feelings of being overwhelmed and fatigued when interacting with nursing home staff. They may hesitate to voice their concerns due to the fear of potential negative outcomes resulting in miscommunication. Moreover, there are instances where the interactions between these two groups might deteriorate and become counterproductive. However, research on the interaction between family caregivers and nursing home staff during the relocation of old individuals to nursing facilities is limited in China. Most studies primarily focus on investigating the lived experiences and factors that impact elderly individuals in nursing care facilities. Consequently, it is imperative to investigate the dynamics between family caregivers and nursing home staff as well as the specific requirements for contact in order to facilitate the adjustment of newly admitted elderly individuals in nursing homes. The objective of this study was to investigate the interactions between family caregivers and nursing home staff during the transition of elderly individuals to a nursing home in China. The research inquiries were as follows: What is the nature of the interaction between families and nursing home staff when elderly individuals are adapting to nursing home life? What are the communication requirements between family caregivers and nursing home staff to enable the adaptation of elderly individuals? This study is a component of a broader investigation. The objective was to create suitable and efficient interventions to help elderly individuals adapt to nursing homes. This was

done by addressing the interaction issues and needs highlighted in the qualitative data.

## METHODS

### Design

A qualitative study was conducted between November 2022 and January 2023 using semistructured face-to-face interviews in a nursing home located in Zhengzhou city in Henan province. Descriptive phenomenological methods were used to investigate the experience of interaction between family caregivers and nursing home staff. The phenomenology technique is a qualitative research methodology that seeks to investigate and comprehend individuals' everyday living experiences.<sup>39</sup> Descriptive phenomenology is a method of generating knowledge that prioritises the direct exploration, analysis and description of a specific human phenomenon without any unexamined assumptions. Its goal is to present the experience in the most intuitive way possible.<sup>40</sup>

### Study participants and settings

The research was carried out at three nursing facilities in Zhengzhou, China, which varied in terms of their size and available resources. Nursing home A is a publicly funded general care facility with a capacity of 1000 beds, dedicated to providing medical care to its residents. Nursing home B is a publicly-funded facility with a capacity of 50 beds. It is situated within a geriatric hospital and offers care services delivered by a diverse team of healthcare professionals including nurses, physicians, social workers and physical therapists. Nursing home C is a privately-owned facility with a capacity of 30 beds, however, it does not offer direct medical treatment.

The study employed purposive sampling techniques to enlist family caregivers and nursing home staff of recently admitted elderly individuals. The utilisation of this sampling strategy allowed the author to effectively gather a diverse array of perspectives and firsthand accounts from patients. The study included family caregivers who met the following criteria: (1) Aged 18 years or older; (2) served as the primary caregiver for the older person prior to their admission to an institution and continued to provide care for at least 3 months; (3) possessed the ability to communicate effectively and accurately express their emotions. The inclusion criteria for the nursing home staff in the study were that they: (1) Had been working autonomously for a minimum of 6 months; (2) have received training at the nursing homes; (3) possess the ability to effectively explain and articulate their thoughts. Although nursing home staffs may be called formal caregivers, in this publication, the term 'caregiver' specifically refers to family caregivers. The exclusion criteria consisted of two conditions: (1) Participants who were severely unwell and unable to talk and (2) people with psychiatric disease or cognitive impairment. In accordance with the aforementioned inclusion and exclusion criteria, the study team conducted face-to-face interviews

**Table 1** Interview guide

Family caregivers	<ol style="list-style-type: none"> <li>1. How do you view your relationship with nursing staff in nursing home?</li> <li>2. What are your main worries about your family moving into nursing home? What is the biggest concern? Why?</li> <li>3. What do you emphasise between you and the nursing staff in nursing home?</li> <li>4. What help do you want from the nursing home staff? How do you want to get it?</li> <li>5. Have you ever had a conflict with the nursing home? How did this happen? What methods will be used to solve the problem after the discovery?</li> <li>6. Do you have specific strategies or behaviours to interact with nursing home staff? What kind of it and why?</li> </ol>
Nursing home staff home caregivers	<ol style="list-style-type: none"> <li>1. What changes happen after the elderly individuals moves to the nursing home?</li> <li>2. Do you think it is difficult to care for the elderly individuals? What are there? Why?</li> <li>3. Do you any specific strategies or behaviours to interact with the family caregivers? What kind of? Why?</li> <li>4. What problems do you think exist in the communication with the family caregivers? How do you solve it?</li> <li>5. What do you want the family caregivers to provide for you with? In what? Why?</li> </ol>

with family caregivers and nursing home staff who then provided their informed consent by signing appropriate documents. In the end, a grand number of 27 participants were enlisted.

### Data collection

The semistructured interview guideline was created using information gathered from a literature review and input from nurses and clinicians who specialise in geriatric care. To test the effectiveness of the guideline, a pilot study was conducted with three elderly family caregivers and nursing home staff. The findings from the pilot interviews were assessed and necessary adjustments were made to the inquiry questions, inquiry format and sequence in line with the objectives of the exploratory research. Refer to [table 1](#) for the official interview questions.

Information was gathered via in-person interviews. Before the interviews, the investigators (both interviewers and transcribers) had training conducted by nursing professors who possessed advanced knowledge in qualitative research and practical expertise in conducting interviews. All the investigators held master's degrees in nursing. Prior to the interview, the author communicated the objectives, importance and duration of the study to the participants who then supplied written consent. The lead author conducted all interviews in a tranquil room and digitally recorded them using a recording device. When needed, we made changes to the style, content and order of the questions. We provided explanations,

clarifications and follow-up to enhance the accuracy and dependability of the data collection process. Additionally, we paid attention to the interviewees' facial expressions, emotions, body language and other non-verbal cues. Avoidance of elicitation or inference occurred. The duration of interviews normally ranged from 30 to 60 min. The recruitment process reached its conclusion when no new themes arose indicating that data saturation had been achieved.<sup>41</sup>

### Data analysis

Every interview is transcribed word for word within 48 hours of its completion. An analysis was conducted to compare the transcripts from the interviewer and the recorder with the goal of reaching an agreement on the content. Adhering to the philosophical principles of Husserl, Colaizzi contended that researchers ought to present data in a lucid manner in order to extract phenomenological insights.<sup>42</sup> The consensus transcripts underwent additional processing using Colaizzi's method which involved the following steps:<sup>39 42</sup> (1) Two interviewers thoroughly read the responses of each interviewee to gain a general understanding; (2) phrases or sentences from each text that directly pertained to the interactive experience or subjective perceptions of the interviewees were identified; (3) statements that were repeatedly mentioned and deemed significant were categorised as 'coded statements'. For example, the statement 'I shared a movie about elder care with nursing home staff' was transformed into the coded statement 'Caregiving Knowledge Sharing'. This process was repeated for each description. The coded statements were then gathered and categorised into a few overarching themes or subthemes. For example, the coded statements 'think differently' and 'inadequate organisational management' were categorised under the theme of 'creating a harmonious environment for interaction'. The analysis was conducted iteratively until no additional themes or subthemes emerged. The data collection was carried out by two experienced qualitative researchers in nursing to ensure the comprehensiveness and accuracy of the data. To enhance the credibility of the data, the interviewers revisited all participants and engaged in discussions to validate the findings and make necessary adjustments to accurately represent the participants' experiences and perceptions.

### Rigour

The evaluation of trustworthiness was based on four criteria: Credibility, transferability, dependability and confirmability.<sup>43</sup> In order to build credibility, the authors employed analyst triangulation which consistently involving experienced nursing professionals and peers in the data analysis process. This was done to guarantee that the results accurately represented the perspectives of the participants. In order to ensure the applicability of the findings, the authors employed a purposive sample technique to optimise the inclusion of a wide range of

pertinent information and a diverse group of participants. In order to confirm the reliability, the audio-recorded in-person interviews were transcribed word for word and cross-checked with the participants to guarantee a precise portrayal of their experiences. The authors meticulously documented the procedures and decisions made during the process of collecting and analysing data providing justifications for their choices. In order to assure confirmability, an audit trail was employed to guarantee that the conclusions were derived solely from the participants' viewpoints, free from any bias on the part of the writers. Frequent author meetings were held throughout the research phase to analyse data and address any disagreements. The elements that were similar in terms of the experiences of contact between family caregivers and nursing home staff were grouped together and given a code. A recurring motif was created by similar coding. Subsequently, the authors elucidated each issue based on the viewpoints of the participants. The consolidated criteria for reporting qualitative research was used for the documentation of this investigation.<sup>44</sup>

### Patient and public involvement statement

During the recruitment phase of the study, the author invited some elderly individuals to help invite potential participants. The manuscript was sent to all participants who provided their email addresses when the interviews were conducted. Patients and the public were not involved in the design and conception of this study.

## RESULTS

The demographic characteristics and other pertinent information of the recruited participants are shown in [table 2](#).

### Main results

This study defined 5 themes and 10 subthemes to provide a detailed description of the subjective impressions of the interactive experiences between family caregivers and nursing home staff of elderly individuals in nursing care facilities. Online supplemental appendix table 1 displays the primary themes and subthemes. The following example statements use the abbreviation 'F' to represent family caregiver and 'N' to represent nursing facility staff.

### Theme 1: transfer and sharing of information

#### Keeping track of the institutionalisation of older people

When an older person moves into an institution, it is a huge transition for the family caregiver and the older person. Family caregivers expect nursing home staff to keep them informed of the older person's stay in the institution prompting them to keep abreast of the older person's dynamic situation.

I would talk to his girl about it, like what are the old problems and such? What areas need a bit of attention? What areas need to see a doctor like that? Because this was the



**Table 2** Participant characteristics

Characteristic	Family caregiver	Nursing home staff
	N (%)	N (%)
Gender		
Female	2 (16.7)	2 (13.3)
Male	10 (83.3)	13 (86.7)
Months' experience		
6		5 (33.3)
7–10		4 (26.7)
11–15		6 (40.0)
15–20		
Relationship with older adults		
Spouse	1 (8.3)	
Son	2 (16.7)	
Daughter	9 (75.0)	
Educational background		
Primary school		
Junior high school	2 (16.7)	6 (40.0)
High school	6 (50.0)	4 (26.4)
College	4 (33.3)	5 (30.0)

area where they [the family caregiver] were the most knowledgeable about basic daily life. (N1)

I was in constant communication with the nursing home staff, he would take photos and send videos to me every other day so that I could keep track of the situation of the elderly. (F4)

### Sharing caregiving knowledge

In caring for elderly individuals, both family caregivers and nursing home staff have the same interactive goal and share their knowledge about caring for elderly individuals to facilitate elderly individuals' adjustment to the nursing home and improve their quality of life.

Last time, I watched a film abroad that was about caring for the elderly in this area. I felt very touched. The nursing home staff in the movie were very patient and often went to spend time with the elderly. Now that China is facing this kind of retirement problem, I shared this film with Xiaohu. (F1)

For example, this old lady was not able to walk much when she arrived. Then I told her family caregiver to make sure she walked regularly, and now she has recovering just a little bit. Her family caregiver followed my advice and sometimes came and took her mother to exercise walking. (N5)

### Theme 2: the need for a harmonious interactive atmosphere

#### Think differently

Family caregivers and nursing home staff understand each other thus facilitating the adaptation of older people to

institutional life, improving the quality of their existence and creating a harmonious atmosphere of interaction.

The average family caregiver was fine and they don't give the nursing home staff a hard time. Generally speaking, the family caregiver I met are quite polite to me.

To be honest, I tried my best with the older people I took care of and I did what I need to do. (N7)

The family caregiver was very understanding and do not gave us a hard time. (N10)

I don't usually bother them here, but I tried my best to save them the trouble and don't bother them if I can do it myself. (F7)

### Theme 3: inadequate organisational management

#### Poor allocation of staff and inadequate care

The lack of categorisation of older people and the poor allocation of nursing home staff has led to a lack of care for older people and conflict between family caregivers and nursing home staff interactions.

Older people should be categorized. But with a different level of education, we might not get along. In addition, those who can take care of themselves should be allowed to live together. If there's one demented person and one self-care person in a room, they can't talk either (laughs). It's also quite a problem for the nursing home staff because the demented [elderly] person runs out on his own after a while, and they have to go everywhere to find him. (F2)

Working in a care home is 90% dependent on nursing home staff. But the fact is that a nursing home staff manages a large number of older people, and with limited time, then there may be some older people who are not cared for, which has led to discontent among some of the elderly who expressed complaints to the family caregivers. (N5).

#### Frequent changes in caregivers

The frequent turnover of nursing home staff has intensified the conflict between family caregivers and nursing home staff, which is not conducive to the care of the elderly.

I visited my father and I found that the nursing home staff changes too often. we don't know who talk to. I thought my father still has an easy-going personality, so it's fine for anyone to take care of him. But you won't change nursing home staff too often just because my father is a good talker. (F4)

The nursing home staff will be leaving soon, not that we're throwing him out or anything, but it's just not easy to communicate. (F11)

### Theme 4: interaction dilemmas and challenges

#### Stereotypes of institutional care

Due to the traditional Chinese idea of filial piety culture and the influence of negative incidents of elder abuse,

there is a certain stereotype among the general public about nursing homes which affects the development of interaction between family caregivers and nursing home staff.

They're all right in terms of managing the elderly. If you're a regular visitor like me, at least they don't dare to argue with the elderly, but if you're a child who doesn't come much, the child doesn't know if you're arguing. (F10)

When families or elderly individuals first arrive, they frequently have an underlying distrust of the care facility. As a result, occasionally we don't perform a good job, and it worsens their perception of us. (N5)

### Ineffective interaction

Ineffective interaction between family caregivers and nursing home staff in caring for older people suffers from a lack of trust, communication skills and awareness of interaction which in turn prevents older people from adapting to institutional care.

The lack of communication between family caregivers and nursing home staff. Due to several factors including the significant turnover of nursing home staff in residential care facilities and the busy schedules of the majority of families, this results in poor interactions between family caregivers and nursing home staff due to a lack of communication.<sup>45</sup>

We would like the nursing home staff to just take a video of the elderly person and sent it to us in time to see. The message was sent to us in advance if the elderly person needs anything. For example, when we arrived, the nursing home staff only said that the elderly had run out of their medication. I was very angry that you didn't tell me in advance (angry). (F4)

Sometimes saying the wrong thing could caused conflict in the family. So you have to learn certain skills to communicate with people. You have to make them like what you are going to inquire about and also make them not resentful. (N5)

The lack of awareness of the interaction between family caregivers and nursing home staff was detrimental to encouraging positive interactions between families caregivers and nursing home staff to improve older people's health outcomes.

We want more interaction and communication. Like some family caregivers, but he has something he's not happy with, he doesn't say it directly. Then he just starts to complaint about us. (N13)

As kids, we'd like to learn more about how the old is doing in this place, but the nursing home staff don't typically interacted with us because they're often busy at work and some of them might even be introverted. (F7)

The lack of trust between family caregivers and nursing home staff. A small percentage of family members

automatically assumed that the nursing home staff blamed for an incident involving an elderly person, regardless of its root reason, which causes great sadness to the nursing home staff. They believe that the cause of the accident is mainly related to the personality traits of the elderly.

An old people's daughter was not comfortable with the idea of his mother eating. When we received the meal, his daughter fed her mother herself, not trusting us. (N1)

The nursing home staff "has no eyes and doesn't know how to avoid while the family is on the phone," the family previously complained. When I first started working there, I felt like an outsider since they were having private chats among themselves, and I would respect that. (N5).

Both family caregivers and nursing home staff mistakenly believe that excessive interaction can quickly lead to negative perceptions of each other, such as mistrust. Second, the differences in values that exist between family caregivers and nursing home staff hinder effective communication.<sup>46</sup>

For example, the old man I looked after before, we didn't let him walk around on his own, but he didn't listen and this led to a fall. Then we were not responsible for this situation. But then the family caregivers thought the responsibility lies with the nursing home staff. I considered we were only responsible for the daily life of the elderly, it was not the insurance company here (angry). (N4)

I thought they were inadequate in terms of knowledge. Otherwise, it's quite a delay in case something happens. (F2).

### Concerns about interaction

There is a certain sense of boundaries and anxiety among family caregivers and nursing home staff about the interaction.

We would like family caregivers to come and saw the elderly more often, for example, by sending a video or something like that. But as nursing home staff, we cannot made demands on family caregivers either. (N7)

Sometimes when I worried about talking too much about certain aspects, I feared nursing home staff thinking more and being uncomfortable in their minds. (F12)

## Theme 5: needs and expectations for interaction

### Enhanced levels of family support

When older people move into a residential care facility, they have the most contact with the facility's staff. While nursing homes meet their needs, nursing home staff say they cannot replace their loved ones in meeting the emotional needs of older adults. However, in their interactions with a family caregiver, the nursing home staff was

unable to show the family caregivers that the older person has an inner desire for the company of children.

They [the elderly] were very eager for the company of their children. When people grow old, they were all helpless and miss their relatives. And even if we treated them well, we still cannot replace blood ties. (N3)

Although there are times when we would like to visit him, we were constantly busy with work, taking the kids to school, and other responsibilities, so we were at a loss on what to do (no choice). (F4)

### Recognition of both parties during the interaction

Nursing home staff desired to be recognised by their family caregivers and thus gain confidence in caring for the elderly.

It's OK if he approves of what we do well. We all do it honestly, as long as he approves of it. Sometimes he doesn't approve of you. (N8)

I am appreciative of the nursing home staff because he did an amazing job of taking care of my mother. I then gave him a flag. In actuality, it's a mutually beneficial relationship, we valued his job and they assisted us in reducing our work load and caring for the elderly. (F12).

## DISCUSSION

The objective of this qualitative investigation was to elucidate and comprehend the interaction encounters between family caregivers and nursing home staff throughout the transition to long-term residential facilities for the elderly. The findings indicate that the interaction process between family caregivers and nursing home staff is plagued by three primary issues. First, there is a deficiency in communication awareness on both sides. This discovery aligns with prior research.<sup>47–49</sup> Family caregivers and nursing home staff engage in communication and interaction to prevent distrust and mistrust. Nevertheless, the level of contact was infrequent. The findings indicate a deficiency in efficient communication between the two parties resulting in conflict and avoidance behaviour. These factors impede the progress of the interaction and have a negative impact on the quality of life and care for the old individuals. We examined the factors contributing to this phenomenon and identified two main reasons. First, a significant number of family caregivers have the belief that they are relieved of all caring duties once their senior loved ones are admitted to long-term residential facilities. This misconception leads to frustration and disappointment among the nursing home staff. Nursing homes in China mostly prioritise basic personal care and basic medical treatment.<sup>50</sup> Nevertheless, this method fails to consider the individual's personality and diminishes their distinctiveness.<sup>51</sup> The exchange of information between family caregivers

and nursing home staff has been recognised as crucial for fostering positive relationships and effectively coordinating duties and responsibilities.<sup>52</sup> To promote effective communication between family caregivers and nursing home staff, it is advised to prioritise the assessment of the needs of both parties and increase the frequency of interaction. This will help elderly individuals adjust to life in long-term residential facilities.<sup>53</sup> In order to implement a person-centred approach to care, it is necessary for family caregivers and nursing home staff to possess an understanding and appreciation for the individual, acknowledge their inherent worth and interpret their actions from their own perspective.<sup>54–56</sup> Findings suggest that family caregivers should actively participate in the care activities and decision-making processes for elderly individuals. Additionally, they should establish effective communication with nursing home staff to discuss essential aspects of daily care, thereby creating a strong communication channel. It is imperative for nursing home staff to actively promote and facilitate consistent communication between older individuals and their family caregivers while also providing them with essential emotional support.<sup>33 57–59</sup>

In addition, there is a constant requirement for ongoing enhancement of the skill sets possessed by the staff members working in nursing homes. Both family caregivers and nursing home staff share a mutual objective: To assist elderly individuals in adjusting to life in a nursing home. This necessitates a continual interchange of emotions, requirements and anticipations between family caregivers and nursing home staff. Unfortunately, the existing staffing levels in nursing homes are inadequate to effectively support the smooth and efficient transition of newly admitted older individuals into life in a residential care facility. The study has determined that the cause of this issue may be a lack of mutual comprehension between family caregivers and nursing home staff. This is in spite of their dedication to assisting elderly individuals in adjusting and enhancing their standard of living. However, a deficiency in mutual understanding or misinterpretation between the two parties can significantly impede the establishment of a positive contact. Simultaneously, nursing home staff exercise authority over the everyday care of elderly individuals, thereby partially restricting the participation of family caregivers. Family caregivers have a sense of intrusion, exclusion and disempowerment from staff which impedes the establishment of meaningful interactions between family caregivers and agency staff.<sup>60</sup> Providing knowledge and skills training to nursing home staff could enhance their overall quality and competence. This, in turn, will foster trust among family caregivers in the proficiency of nursing home staff and promote positive contact between the two parties.<sup>61–63</sup>

The nursing home fail to promptly address the needs of elderly individuals on their transition to long-term residential facilities. This study identified a lack of interaction between family caregivers and nursing home staff which aligns with prior research.<sup>64 65</sup> The study examines



the motivations behind this phenomenon: Nursing home staff seek to enhance the extent of familial assistance provided to old individuals. This includes augmenting the frequency of visits by family caregivers, involving them in care planning for the elderly and fostering greater intimacy between family caregivers and elderly individuals. This not only enhances the interaction between nursing home staff and family caregivers but also enhances the standard of care for elderly individuals. Nevertheless, the frequency of disputes between family caregivers and nursing home staff has increased.<sup>38 66–69</sup> The primary reason for this is the impression among family caregivers that certain nursing homes in China lack sufficient infrastructure and experience high rates of staff turnover resulting in an inability to promptly address the requirements of the elderly.<sup>70</sup> Hence, given the cultural background of Asian filial culture, the author suggests integrating family and social resources to promote consistent engagement of family caregivers in nursing home activities for the elderly. The researcher advocates for the participation of volunteers from different public welfare organisations and service activities in nursing homes. Their collaboration aims to enhance the degree of family support and social support for the elderly creating a guiding and mutually beneficial connection.<sup>71</sup> Nursing homes should enhance their management processes in order to mitigate staff turnover, therefore ameliorating the adverse sentiments of family caregivers towards nursing home staff. Nursing homes should aggressively integrate professional and technical staff, build a seamless flow of medical and professional healthcare, enhance healthcare services and establish a connection between nursing homes and medical institutions. This solution can fulfil the interaction requirements of family caregivers and nursing home staff, facilitate the adjustment of elderly individuals to the nursing home and accomplish the objective of establishing efficient interaction between family caregivers and nursing home staff.

Nevertheless, in their present state, these discoveries may compel healthcare providers to elucidate the progression of the relationship between the two entities. The authors suggest creating effective interventions in the future. For instance, nursing home staff could provide explanations of care activities to family caregivers and older individuals. Alternatively, family caregivers could acquire care skills from nursing home staff, fostering closer relationships with elderly individuals and enhancing the level of family support. This would also help family caregivers become more familiar with various care strategies, ultimately improving their effectiveness. These interventions can be designed and evaluated in further research endeavours.

### Strengths and limitations

To the best of our knowledge, our study is the first in China to explore the interactions between family caregivers and nursing home staff during the adjustment period of newly admitted elderly individuals in the nursing homes

through qualitative interviews. However, there are still some limitations to this study. First of all, the results of this study were derived from qualitative interviews rather than quantitative research; thus, its universality may be affected. However, it is essential to acknowledge that these results are derived from the inner real experience of family caregivers and nursing home staff and are unaffected by the scale. Ultimately, the participants were from Henan, China. Therefore, in future studies, we will consider expanding the population and region.

### Conclusion

These findings may increase the awareness of healthcare providers regarding the development of interactions between family caregivers and nursing home staff for relocated older individuals. The findings derived from this study are valuable for developing efficient interactive interventions. For instance, future research may focus on developing and testing interventions that incorporate a protocol or health education component. These interventions would include an explanation of the agency's care activities and the role of family caregivers as well as particular information that the agency aims to gather from family caregivers. Interventions that facilitate engagement between family caregivers and nursing home staff might enhance the evaluation of care by providing prompt feedback. Additionally, it can aid in acquainting family caregivers with various care practices, hence enhancing their efficacy.

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**Patient consent for publication** Not applicable.

**Ethics approval** The study received approval from the Life Sciences Ethics Review Committee of Zhengzhou University (ZZUIRB2021-16) as well as three institutional review boards: Shengde Health Care Center, Tongxingyuan Senior Care Service Center and Yuantian Senior Care Service Center. Prior to the study, study participants were provided with detailed information about the goal of the study and their privacy and confidentiality were guaranteed. After this, their agreement was sought. Participants were granted the autonomy to choose not to participate or to discontinue their involvement in the study at any given location. Participants gave informed consent to participate in the study before taking part.

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