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Older Adults and the Long-term Care Crisis: Increasing Capacity for Community Independence through Social Workers and Supportive Caregivers

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Older adults and the long-term care crisis: Increasing capacity for
community independence through social workers and supportive caregivers

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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St. Paul, Minnesota
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The present study explores how social workers can collaborate with older adults and their family caregivers in transitional care facilities to increase older adults' ability to live independently in the community versus receive institutionalized care. The data was gathered through five interview sessions with licensed social workers in transitional care units serving geriatric populations. Findings suggest that involved family caregivers who demonstrate knowledge of an older adult's medical condition play an integral role in the older adult's treatment plan and continued success in the community by facilitating communication with the treatment team and providing necessary supportive cares in the community. Findings conversely suggest that family caregivers who lack adequate knowledge of the older adults' medical conditions or struggle with acceptance of their decline in functioning often resist the treatment team's recommendations and impede the older adult's care plan in the facility. Study implications include the need for increased education and support from social workers and health care providers in transitional care that include programming on building knowledge and skills to help family caregivers cope with their challenging role both in the facility and in the community. Additional implications for social work practice include education provision related to financial planning and benefit programs available to older adults, as many have a minimal understanding of Medicare coverage and other community programs or resources that are available.

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Older Adults and the Long-term Care Crisis

According to recent census data, by the year 2030 there will be 72.1 million people ages 65 and older, comprising approximately 20 percent of the United States population and nearly doubling the number of older adults from the year 2000 (Department of Health and Human Services, 2013; Knickman & Snell, 2002; Kronenfeld, 2004). This dramatic growth in the nation's older adult population will produce a surge in health care demands including increased need for long-term care, such as nursing homes and assisted living facilities for ongoing assistance with daily activities and cares (Kronenfeld, 2004). With an increased demand for senior housing, many researchers anticipate a shortage in the labor force that can provide cares to the rapidly growing aging population (Levine, Halper, Peist, & Gould, 2010; Knickman & Snell, 2002). Due to the pending long-term care crisis and the anticipated deficiency in housing and caregiver support that will be available to older adults, the nation's present health care system necessitates innovation to promote better health and increased potential for independent living in the community, or alternatives to institutional care (Levine et al., 2010).

While much focus on accommodating the aging population has centered on government funding, medical care, and pharmaceuticals, there are important *social* factors to consider that may have an impact on older adults' mental and physical health. Specifically, social support has been shown to serve as a buffer among older adults with general medical conditions, with the potential to increase life satisfaction, and even longevity (Wang, Lin & Hsieh, 2011). Research also suggests that among older adults, increased length of stay in medical facilities is associated with more psychosocial problems, such as social isolation and lack of caregiver support, than general medical

conditions (Herman, 2009). These findings lend credence to the notion that family caregivers represent the “backbone of the U.S. health and long-term care system, providing emotional support, medication administration, personal care, health care monitoring, advocacy, coordination of care, medical decision-making, household tasks, transportation” and more (Herman, 2009, p. 2.). While family social support remains an integral piece of health-related success for older adults in their community, the *social worker* must also intervene to ensure an adequate, and well-informed social system is in place for elder patients reintegrating in the community.

As the older adult population grows, many will face major care transitions, such as the transition from a rehabilitation facility to home or an assisted living facility. These environmental and health-related changes will present a host of physical and mental challenges for older adults, and will necessitate involvement of a social work practitioner to ease the success of the transition (Herman, 2009). Social worker practitioners have the capacity to plan and prevent challenges faced by older adults during these care transitions, and can employ client strengths such as the social support network, to promote the success of older adults in the community. Research suggests that the involvement of social workers on health care teams in medical facilities results in earlier identification of environmental risks faced by patients, increased patient understanding of medical information, and reduced rates of re-hospitalization following hospital discharge (Kitchen & Brook, 2005; Brown, 2009). Thus, for a host of economic and social reasons, it is imperative for social work practitioners to address health care treatment for the burgeoning aging population, and isolate factors that can contribute to improved health,

functioning, and satisfaction among older adults, such as a social support network and availability of a caregiver.

The present study addresses the role of supportive caregivers in optimizing community-based living for older adults following discharge from a transitional care unit through the lens of licensed social workers.

Literature Review

To create a context for this study, the following literature review will address research on the supportive health benefits of family caregivers in older adults' lives. After establishing groundwork for how family caregiver support influences the overall health and functioning of older adults, this will be applied to the treatment and discharge process of older adults in transitional care facilities. Specifically, the literature will address how transitional care social workers can practice and intervene with both older adult patients and caregivers to produce optimal health outcomes for older adults and promote community-based, independent living.

Protective Benefits of Social Support

An existent body of literature on the benefits of social support highlights the stress-buffering model, which posits social support may help older adults develop effective coping mechanisms for handling the stress of age-related illnesses, thereby reducing physiologic responses prompted by high stress that exacerbate illness and lead to mortality (Cohen, 2004; Warner, Schuz, Aiken, Ziegelmann, Wurm, Tesch-Romer, & Schwarzer, 2013). Furthermore, there is evidence that suggests social support may also promote healthy behaviors that improve physical functioning including medication compliance, exercise, and nutrition which can lead to better health outcomes and

increased longevity (Cherry, Walker, Brown, Volaufova, LaMotte, Welsh, Su, Jazwinski, Ellis, Wood, & Frisard, 2011; Warner et al., 2013).

While these studies suggest a positive correlation between social support and longevity, research also indicates a negative correlation between *lack* of social support and longevity. In one longitudinal study of the general health of older adults, researchers found that among individuals age 70 and older, lack of social support from family or friends was a significant predictor of increased mortality at follow-up several years later (Seeman, Kaplan, Knudsen, Cohen, & Guralnik, 1987).

These findings were mirrored in the Louisiana Healthy Aging study in which individuals ages 60-89 were surveyed on social interaction, evidenced by number of hours spent with family or friends, and physical health, as defined by functional ability at home (Cherry, Walker, Brown, Volaufova, LaMotte, Welsh, Su, Jazwinski, Ellis, Wood, & Frisard, 2011). Researchers found that older adults who reported frequent social interaction had reduced functional decline and lower mortality rates than those who reported fewer social ties. Thus, both studies suggest that social interaction and support play a powerful role in mediating general health and functioning among older adults. The role of family and social support assumes even greater significance among older adults with serious illnesses who face the prospect of nursing homes and long-term care facilities when lacking available social support in the community.

Family as Supportive Caregivers

Family caregivers, often used as an umbrella term to include friends, neighbors, and relatives who help manage an individual's care, serve an indispensable role in the current health care system as providers of care that allow individuals to maintain a higher

quality of life in their community that could not otherwise be sustained in a facility (Levine, Halper, Peist, & Gould, 2010). Researchers estimate that over 22.4 million households across the United States contain caregivers, with several million who provide over 40 hours of care per week (Schumacher, Beck, & Marren, 2006). These cares can include assistance with activities of daily living such as bathing, walking, providing transportation, managing medications and finances, performing home nursing procedures, and communicating with health care providers. Additionally, family caregiver involvement often spans the entire course of an older adult's illness, making caregivers more knowledgeable on the individual's condition and medical needs than his or her primary care provider (Baker, Flattery, Salyer, Haugh, & Maltby, 2010; Levine et al., 2010).

As older adults navigate various medical facilities during the treatment of their illnesses, quality of care can be endangered as more providers become involved, increasing the risk for discontinuity of care and lost information due to miscommunication (Kripalani, Jackson, Schnipper, & Coleman, 2007; Rooney, Markovitz, & Packard, 2012; Levine, Halper, Peist, & Gould, 2010). With their knowledge of the individual's medical condition and history, family caregivers lend much needed support as they can monitor the older adult's medication list, ensure accurate information is conveyed between providers, and advocate on behalf of the older adult (Rooney et al., 2012; Baker, Flattery, Salyer, Haugh, & Maltby, 2010).

Research also suggests elderly adults favor the involvement of family caregivers in the long-term care planning process over medical staff, and that family facilitation in

the decision-making process is associated with increased capacity to remain in the community versus institutionalization (Lockery, Dunkle, Kart, & Coulton, 1994).

In a study of the caregiver experience providing support to older adults with heart disease, researchers found that a caregiver's involvement in daily cares and ability to provide emotional support influenced older adults' physical and psychological well being through caregivers' encouragement to adhere to medications and treatment plan, and vigilance for changes in symptomology. Additionally, older adults with caregivers reported an increase in perceived quality of life (Baker, Flattery, Salyer, Haugh, & Maltby, 2010). However, these positive findings pose a contradiction and dilemma in that, while older adults with caregivers reported enhanced quality of their own life, their caregivers conversely reported experiencing distress, anxiety, and fear associated with carrying out daily responsibilities as health care providers for their loved ones (Baker et al., 2010). These research findings suggest the need for tailored interventions that support the caregiving role to alleviate stress, and ensure caregivers do not feel overburdened or incapable of fulfilling their caretaking role for older adults.

Furthermore, it is estimated that family caregivers have an economic value close to 300 billion dollars (Arno, 1999). If these caregivers were to cease their services, the country's current health care system simply could not meet the tremendous demand for care. Thus, it bears no explanation that the nation's caregivers serve as the invisible backbone of the health care industry, and deserve greater attention and support for the integral role they play in caring for our older adult population.

The Role of the Social Worker in a Medical Facility

While the social work profession has not always been regarded as a staple on interdisciplinary teams in medical facilities such as hospitals and transitional care units, research suggests that social work practitioners are both in demand and vital to the success of patients discharging from the facility. One study found that over 40 percent of patient readmissions are associated with social problems such as deficient community-based services or caregiver support, indicating the need for social work assessment of patients' post-discharge needs to ensure a greater likelihood of success in the community (Herman, 2009; Proctor, Morrow-Howell, Li, & Dore, 2000). An additional study found that illness and functional ability among older adults ages 65 plus were associated with increased demand for hospital social workers, citing that more than 50 percent of older adult patients necessitated social service intervention to achieve a safe discharge (Hou, Hollenberg, & Charlson, 2001). Additionally, it is estimated that over 70,000 social work practitioners will be required in the next decade to meet the needs of the burgeoning aging population (Hou et al., 2001).

The specific duties of a social work practitioner working with older adults in a medical setting can include development of strategies for patients and their caregivers to cope effectively, anticipation of challenges in the care plan, problem-solving to overcome anticipated challenges, and provision of resources for other social, financial, or psychological needs of the patient and caregiver (Rizzo & Rowe, 2006). Thus, social workers provide vital psychoeducation and counseling to older adult patients and their families in the medical setting prior to discharge.

This dual role of educator and counselor is exemplified in a recent hospital-based study of older adult patients with chronic illnesses, where social workers and health care coordinators created a six-session counseling model with patients and their caregivers that focused on the provision of psychoeducation on topics such as anticipated symptoms of their illness, adherence to medication regimens, monitoring feelings of anxiety and depression, and home modifications (Engelhardt, Rizzo, Della Penna, Feigenbaum, Kirkland, Nicholson, O-Keefee-Rosetti, Venohr, Reger, & Tobin, 2009). By providing health counseling and education to patients and family caregivers, researchers aimed to facilitate a dialogue surrounding anticipated psychosocial needs of elderly adults in the community, and to actively engage familial caregivers in helping older adults meet those needs. The study found that older adults who received this educational counseling in conjunction with their caregivers felt more supported and able to cope with their age-related illnesses, and had significantly fewer inpatient admissions than patients who did not receive the counseling (Engelhardt et al., 2009). These findings suggest that psychoeducation for caregivers can result in increased potential for older adults to have independence in the community by decreasing their number of hospital admissions.

Transitional Care as a Critical Intervention Point

Transitional care units are short-term rehabilitation facilities where older adults often recover during periods of diminished health, such as post-surgery, post-fall, or when suffering from complex acute or chronic illnesses (Coleman, Parry, Chalmers, & Min, 2006). Research emphasizes the vulnerability of older adults in these transitional care settings due to fragmented care and poor communication that can result among multiple health care providers involved in the course of treatment (LaMantia,

Scheunemann, Viera, Busby-Whitehead, & Hanson, 2010). Transitional care facilities are staffed with social work practitioners that provide emotional support, advocate for patient goals, and coordinate long-term care and discharge planning for individuals within the facility who may discharge to a variety of destinations including home, an assisted living facility, or nursing home, among others. Social worker practitioners serve an indispensable role in the treatment process, as their collaboration with older adults, caregivers, and health care professionals can prompt a well-coordinated, and safe discharge that meets the wants and needs of the individual.

Family caregivers also serve a crucial function in transitional care units for older adult patients as they offer comfort and emotional support, encourage patients to adhere to treatment plans and physical therapy regimens, and engage in discharge planning (Levine, Halper, Peist, & Gould, 2010). In addition to providing encouragement and support, family caregivers also play the role of care coordinator to ensure medical information is accurately conveyed between professionals and medication lists are up to date (Levine et al., 2010; Cherry, Walker, Brown, Volaufova, LaMotte, Welsh, Su, Jazwinski, Ellis, Wood, & Frisard, 2011). Research suggests that more than 80 percent of older adults use multiple medications, and that mismanagement or errors in medication use cause a vast majority of hospital readmissions and other negative health consequences (Rooney, Markovitz, & Packard, 2012). Thus, caregivers' active engagement in the treatment plan can prevent medical errors that result in hospital readmissions, which incur physical, emotional, and financial strain on older adults (Cumbler, Carter, & Kutner, 2008). In this sense, transitional care units represent critical points of intervention for the health care team and social work practitioners to actively

engage family caregivers in education, training, and support to ultimately improve discharge outcomes for older adults (Levine et al., 2010; Rooney et al., 2012). These interventions must include emotional preparation of elderly adult and caregiver for discharge, instruction on necessity to adhere to medications and follow-up appointments if there are changes in symptomology, and exploration of community-based services that might further assist the older adult (e.g. home care) (Cumbler et al., 2008).

The indispensable role caregivers play in an older adult's care planning merits agency-based services and interventions that are involved in providing not only educational, but emotional support for the caregivers to ensure their sustained involvement in the individual's treatment. Services should address caregiver burden, coping mechanisms for meeting the demands of caring for a loved one, and assessing understanding and ability to carry out a patient's treatment plan (Levine, Halper, Peist, & Gould, 2010; Rooney, Markovitz, & Packard, 2012). In other words, medical facilities discharging elderly adults should implement services that *care* for the caregiver to ensure increased ability to fulfill their duties, and ultimately promote better health-related older adult patient outcomes.

While several hospital-based models have attempted to address the imperative role patients' role social support network or family caregivers take on during the treatment process, few models have directly addressed the psychosocial needs of the caregiver. The tremendous responsibility bestowed upon caregivers is often overlooked in health care facilities, and many are left feeling overwhelmed with the barrage of new information about their loved one's medical condition, their caregiving duties, and how to cope with recent changes. A recent research study found that only 41 percent of

caregivers had received formal instruction on how to perform caregiving duties, such as transferring their loved one to a car or using adaptive bed and bathroom equipment, or ensuring proper nutrition (Schumacher, Beck, & Marren, 2006). Most caregivers reported receiving minimal information from health care providers on physical and medical cares, and *no* information on emotional aspects of caregiving such as coping with stress or experiencing burnout.

Recently, several models have provided a framework for professionals in hospitals and transitional care facilities to employ with family caregivers that includes a self-assessment tool to determine what caregivers already understand, what they need to learn, and what tasks will be feasible for them to take on based on their own lifestyle and health (Levine, Halper, Peist, & Gould, 2010; Rooney, Markovitz, & Packard, 2012). However, additional attention must be directed towards providing the training in areas where caregivers are deficient, filling in the gaps and determining alternative sources of support when designated caregivers cannot carve out the time to perform certain duties or are unable to perform medical tasks, and to provide emotional support for overburdened caregivers (Baker, Flattery, Salyer, Haugh, & Maltby, 2010).

Transitional care facilities offer a unique opportunity and setting for caregivers to partner with the health care team to attain adequate training to help older adults discharge home and successfully reintegrate into their community, as periods of transition represent a vulnerable time for both elderly adults and caregivers facing environmental and care-related life changes (Cumbler, Carter, & Kutner, 2008; Levine, Halper, Peist, & Gould, 2010). Transitional care settings also serve as vital intervention points for social workers, who can collaborate with family caregivers to tackle these challenges effectively to

ultimately ensure better long-term care coordination for older adults with the goal of reaching their maximum potential for independence in the community, and avoiding re-hospitalization or institutionalization (Herman, 2009; Rizzo & Rower, 2006).

Limitations and Research Directions

Despite the wealth of literature on the impact of caregiver support on health-related outcomes for older adults, there is minimal research on *how* social work practitioners can collaborate, intervene, and advocate for family caregivers within a transitional care setting to improve patient outcomes. The present study attempts to shed light on some of the specific ways social workers can advocate and partner with family caregivers in transitional care units to promote independent living among older adults. The ultimate goal of the research centers on addressing the long-term care crisis faced by aging adults by shifting efforts away from institutional care to promoting community-based alternatives. Thus, the present study's research question is: how can a social worker collaborate with caregivers to improve older adults' capacity for community independence after discharging from a transitional care facility?

Conceptual Framework

Ecological Systems Theory

The research on the integral role of social support in managing older adults' general health and functional capacity roots itself in ecological systems theory, a framework developed by Urie Bronfenbrenner that evaluates how individuals function within their environment or community (Forte, 2007). Within a given environment, each individual has a "niche" or ideal sub-environment that optimally fits one's needs to help him or her thrive (Forte, 2007). The niche can also be represented by a relationship or

person that suits an individual perfectly- promoting both growth and survival (Forte, 2007).

Additionally, ecological systems theory addresses the processes and transactions that occur between individuals, groups, and other entities within a community. Through study of the quality and nature of the various interactions and transactions that occur within an individual's environment, social workers can determine sources of strain or stress within their ecosystem (Forte, 2007; Ungar, 2002). By viewing humans as individual components of an ecological system, social work practitioners can develop a more holistic picture of individuals, and ultimately identify external resources to guide treatment interventions and effect change (Forte, 2007).

With regards to using ecological theory in direct practice, social work practitioners may operate within an ecological framework by gathering information on the various transactions that occur in a individual's environment to assess what natural resources are available for use, and how they can be tapped to optimize treatment outcomes (Forte, 2007). This may include making an Eco-map or genogram of social systems in the environment of a patient, including family, friends, institutions, organizations and other influences such as workplace or church (Forte, 2007; McGoldrick & Gerson, 1985).

Aside from generating a more comprehensive view of external influences, mapping an individual's ecosystem also helps the practitioner determine sources of support, or conversely sources of strain or stress, within a person's environment. Furthermore, identification of both external support and stress helps the social worker

identify potential intervention strategies within a person's natural environment. (Ungar, 2002).

Within the context of older adults, identification of external support (e.g. family and friends) in a person's environment or community allows social work practitioners to utilize social support in the care and treatment process. By determining existent and available sources of support for older adults, social workers can help train and support family and friends as caregivers outside the medical facility. Through the process of identifying and using family as natural environmental resources for continued care, social work practitioners can enhance older adults' capacity to live in their community, and ideally, avoid the need for long-term care in a facility (Ungar, 2002). This results in a sustained high quality of life for older adults throughout their elderly years and course of medical treatment.

In addition to enhancing the quality of life for elderly adults who might otherwise face institutionalization in times of declining health, promoting the use of individuals' supportive resources also benefits the greater population. Specifically, positive transactions between elderly adults and their caregivers create a "favorable fit" in which the needs and potentials of both parties are met and sustained in their natural habitat through continued interaction with one another (Germain & Gitterman, 1996). This "favorable fit" allows both elderly adults and their caregivers to function effectively within the environment to enhance health, functioning, and prosperity of all systems within the environment (Forte, 2007). This supports a foundational principle of ecological systems theory that the well being of individual systems effectually contributes to the well being of the entire system by advancing social and economic

development (Ungar, 2002). As applied to the present research, promoting positive transactions among aging adults and their caregivers can result in a favorable, self-sustaining fit that generates minimized use of an overburdened and under-funded health care system, ultimately enhancing independence and growth of older adults in their natural, community-based environments (Forte, 2007).

Methods

Research Design

The present study employs a qualitative design to investigate how a social worker can collaborate with caregivers to improve older adults' capacity for community independence after discharging from a transitional care facility. These research questions examine variables such as availability of support networks, impact of caregivers, caregiver burden, and their potential influence on outcomes for aging adults' re-integration into the community. Additionally, these questions will address potential areas for collaboration and intervention on behalf of the social worker within his/her transitional care agency to guide future practice with aging adults and their caregivers in hopes of fostering community-based independence.

Subject Selection

Five Licensed Social Workers (LSWs) were successfully recruited to participate in a single 60-minute interview discussing the role of older adults' caregivers both in a transitional care setting and in the community following discharge, as well as their own professional role in collaborating with the caregivers. The subjects were selected based on their professional experience as licensed social workers, and their experience specifically serving either aging or geriatric populations. The subjects were additionally

selected based on employment in a transitional care unit, a medical setting in which aging adults temporarily reside for acute rehabilitation following injury and illness, where social workers collaborate with patients and families to facilitate long-term care decisions.

The researcher contacted 15 transitional care unit social workers throughout the Twin Cities Metro from agencies based on recommendations from the researcher's personal network of social work contacts. Social workers from these agencies were first contacted through an email briefly describing the nature of the study and requesting participation in an interview (see Appendix A). To ensure subjects were voluntary, social workers were asked to contact the researcher of the study using the email address or telephone number provided in the email. However, the researcher also followed up the recruiting email with a telephone call using a pre-written script (see Appendix B) to secure participants and arrange interview dates. Not every social worker contacted was willing to participate in the interviews, primarily due to scheduling conflicts and time constraints. Additionally, some social workers recruited were unwilling to have their interview responses used in a research paper and formally presented. Thus, only five licensed social workers were successfully recruited to participate in the interviews.

Data Collection

The five subjects participated in a 60-minute, in-person interview during February 2014 in the transitional care unit where each subject is employed. A private room in the building was chosen for the interview locale to ensure privacy and comfort with responding to interview questions. Subjects were asked a list of 11 peer-reviewed interview questions that were developed based on general themes found in an existent

body of literature on positive health outcomes and general benefits linked to the presence of supportive caregivers for older adults (see Appendix D). Additionally, interview questions were developed to reflect experiences the interview subject can speak to as a social worker in geriatric transitional care working directly with older adults' caregivers. During the interview, the research questions and subject responses were audio-recorded on a cellular device for subsequent transcription and analysis purposes.

Data Analysis

The researcher categorized the data gathered during the interviews using thematic analysis, a type of coding used to measure qualitative data, to identify prevalent concepts, themes, and relationships that arose (Monette, Sullivan, & DeJong, 2010). Although the interview questions were designed to reflect existent literature on the role of caregiver support for older adults in transitional care, the data analysis operates within a grounded theory approach in which themes and motifs are not pre-determined (Monette et al., 2010). Rather, the researcher extracted meaning and developed themes based on the qualitative data represented in each interview.

Confidentiality and Consent

To protect the privacy of the subjects and minimize risk associated with participation, information including name, affiliated agencies, and any other identifying factors were excluded from the transcripts and other written documentation associated with the study. Signed consent was obtained from the subject prior to the interview, and information concerning confidentiality and interviewee rights was conveyed through a typed consent form (see Appendix C). Additionally, subjects received a copy of the consent form for their own records, which contained contact information should they

choose to request that the researcher withdraw their interview data any time during the research process. Additionally, all subjects' interview responses were deleted from the researcher's computer and audio files following completion of the study in June of 2014, and all hard copies of research material were shredded to protect the confidentiality and human rights of participants.

Researcher Bias

To help minimize researcher bias during the data collection process, the measurement tool was designed to include items that assess for data not expressed in the literature review. Specifically, some interview questions explore the possibility that caregiver support may also have a *detrimental* effect on older adults' treatment and discharge plans in transitional care settings, although the existent body of literature on caregiver support primarily addresses its benefits.

Although the researcher developed the present study from recent studies that examine health and lifestyle benefits for older adults associated with the presence of a supportive caregiver, there is no specific hypothesis for the data collected in the interviews. Rather, the researcher operated within a grounded theory approach that allows the qualitative data to engender its own themes surrounding the impact of caregiver support and social workers on older adults in transitional care units (Monette, Sullivan, & DeJong, 2010).

Findings

Benefits of Family Caregiver Support

Interviewees discussed how involvement of a family caregiver can be highly beneficial in the care of older adults with regard to provision of a third perspective on the

individual's physical condition, especially through external insight into the older adult's baseline functional capacity previous to hospitalization and placement in transitional care. Family caregivers also provide emotional support during the older adults' stay in the facility, and champion their treatment wishes or discharge goals.

Family can be a good set of ears; they're good at communicating with professionals that 'this is what we're seeing.' It's nice to have that outside viewpoint to help put all the information together to come up with a plan for where they go next. They are the best patient advocates.

In addition to serving as patient activists, family caregivers can also collaborate with the treatment team on behalf of the older adult to help them make any lifestyle adjustments to physical or cognitive changes that have occurred since the older adult's hospitalization.

A good family support system understands the medical situation their loved one is in and can wrap their head around the fact there's change in the person's condition. I think in that kind of scenario older adults are more successful in the long run.

In addition to providing the medical team and older adult with deeper insight, supportive family caregivers may also serve as the older adult's primary lifeline to community independence. This can extend beyond provision of physical care to managing medications, applying for financial programs, and seeking out services that would otherwise make it impossible for the older adult to live at home.

This woman has severe osteoporosis and frailty. If she didn't have this daughter she would 100 percent be in long-term care. Her daughter is available at all

times, she's very supportive and hands-on, and essentially the 24/7 provider for her mother.

Interviewees also discussed that while family caregivers are the optimal support networks for older adults during their stint in transitional care because they understand the older adults' needs and can collaborate with the treatment team, there are other non-familial sources of support that can increase the older adults' capacity for success in the community.

We had a lady recently who had a really good network of friends and neighbors who checked in on her daily, helped her get groceries. It can be any conglomeration of people: neighbors, their kids, siblings. It can sometimes just be one or two people.

Several interviewees addressed the imperative need for a strong social support network in the community to establish reliable contacts for assistance with transportation, meals, chores around the house, and other basic services. An interviewee referred to these community resources as the “non-government services that pool their resources to make it work for the older adult,” ultimately fostering his/her capacity to live at home.

Detriments of Family Caregiver Support

Interviewees identified several ways in which the involvement of family caregivers can actually be detrimental to the overall success of an older adult, through denial, inappropriate understanding of how to use recommended medical equipment, inability to agree on a treatment plan, and burnout. Foremost, each interviewee endorsed family's lack of understanding of the physical and/or cognitive decline of the older adult as a primary source of concern in impeding treatment.

Families forget there's been an event like a fall, and that's why their loved one is here. Yet they still expect them to be functioning like they were functioning a week before they were hospitalized. And some of that is denial. Then they bring their loved one home earlier than we recommend, and another fall happens.

Interviewees primarily attributed the issue of families defying medical recommendations to denial, difficulty adjusting to the reality of the older adult's decline, and lack of knowledge surrounding the older adults medical condition. In addition to inadequate understanding of the older adult's medical condition, family caregivers also demonstrate insufficient knowledge of how to provide cares or use home adaptive medical equipment.

There's a missing education piece with knowing how to use medical equipment appropriately, or even worse, not using it at all. Then the caregiver gets hurt trying to lift their mom or dad, and it could be avoided simply by using the transfer belt we recommended they purchase at discharge.

While a family caregiver's noncompliance with medical recommendations can negatively impact the older adult's treatment and general health, family caregivers can also hinder their outcome when they experience burnout. Several interviewees identified visible burnout among family caregivers of older adults in their facility, and its potential danger to both the caregiver *and* the older adult. One interview stated, "It's important to reiterate to them, 'you're not going to be much help for your dad if you're not able to take care of yourself and you're exhausted,'" which also addresses some of the behavioral consequences that can accompany caregiver burnout.

Some people are overwhelmed and anxious that they can't provide the care to their loved one. And in those situations I recommend support groups or skilled care for the older adult, because if they are that burnt out it's gonna put them at risk to harm the patient if they come to their breaking point. We had a husband get so frustrated with his spouse because of her dementia that he pushed her down, and then he actually had a stroke! So no one is winning in those situations.

Several interviewees identified the prevalence of caregiver burnout, and how this can impact both the older adult and the caregiver. Many offered recommendations to implement psychoeducation groups to address these issues, which will be discussed later in the findings concerning the role of the social worker when collaborating with family caregivers.

Social Work Role When There is No Caregiver

Interviewees identified the increased workload and *personal* challenge of working with an older adult who has no family caregivers to assist in his/her treatment plan. All social workers discussed an increased sense of personal responsibility to provide quality support and care to these older adults both inside the transitional care facility and out in the community.

It's almost like you've adopted someone at times. I work a lot more with making sure they have the community resources if they're going to be going home, um, working on getting them on the waiver services, getting assessed for PCA, whatever they need. Making sure they are referred for those meals, making sure they can get to and from doctor's appointments, and go grocery shopping.

Because those aren't things they're going to have family or friends who can help them with that.

In addition to ensuring the older adult patient has adequate resources and coverage for the services they need, interviewees also discussed the emotional aspect of working with an older adult who feels socially isolated in the community.

For me personally, my sense of responsibility increases. I want to look out for them in a way that's different. I spend a lot more time doing informal counseling and helping them adjust or come to terms with what's happening health-wise.

Social Workers Advocating for Older Adults in Transitional Care

In addition to providing both service-oriented and emotional support to older adults without family caregivers, interviewees also expressed the need for social workers in transitional care to extend their role beyond the facility. Specifically, interviewees discussed the importance of establishing connections with county social workers and case managers in the older adults' community, connecting older adults with general resource providers, and providing education on financial planning.

We need to set patients up with social workers in the community to provide them with the necessary resources they actually get in the community for meal programs, medical equipment... because people don't always know where to look. And it's more difficult when they don't have a community case manager, because after they discharge from our facility what else can we do besides check-in?

This relates to continuity of care, and developing a plan for older adults to stay successful in their community without frequently readmitting to hospitals or facilities because their needs are not fully met in the home. Many interviewees discussed home

safety and how most modern homes are not “geriatric-friendly,” and ultimately contribute to falls and other preventable injuries.

Typically the layouts of community homes are not conducive to a lifespan of either ailments or frailty. It makes you cringe when people have 12 steps just to get into the house, or don't have walk-in showers with chairs, or doorways wide enough for wheelchairs.

In addition to recommending community-based services that conduct home safety assessments and install adaptive equipment to make the living space more amenable to older adults, interviewees also discussed how social workers can advocate for the older adult population through policy.

We need more social workers that are involved politically because to get resources for this population you need the funding. Everyone knows a massive portion of our population is aging and there's going to be a huge demand for care and services. We need to expand transitional care units and the number of social workers working with patients; that's a start.

Many interviewees expressed concern with the short-lived nature of Medicare-certified home care, which only provides services for two to three weeks after an older adult discharges from a hospital or transitional care facility. They discussed the need for social workers to advocate for extended coverage of much-needed services that keep older adults in their home.

Additionally, interviewees also addressed advocacy through the lens of providing community education on financial planning for the older adult years. Many older adults in transitional care have insufficient understanding of what programs are available for

financial assistance, what will be covered under Medicare, and the general cost of home-based care.

Just the basic education on retirement programs is important. Encouraging people to look forward is important. A lot of people think they are going to live forever and not have health issues. And Medicare won't pay for long-term care. People need foresight, and need to do a lot of financial planning for the what-ifs. What are your financial options? What other resources do you have?

Social Workers Collaborating with Family Caregivers and Older Adults

Interviewees acknowledged the emotional challenge family caregivers face in adjusting to drastic physical and cognitive declines that their loved ones have experienced, and to the increased demand these changes place upon them as caregivers. Many interviewees attributed family caregivers' noncompliance with medical recommendations from the treatment team to lack of available support and education in regards to coping with the older adult's declining health. An interviewee stated, "When someone has a huge cognitive or physical decline, families have a hard time adjusting." Interviewees commented on how lack of acceptance likely stems from the need for further support that has not been made available from health care professionals working with the older adult and their family.

I feel there isn't much support for the caregivers. It'd be nice if we had some support groups for them here and didn't have to refer out, because I think they need a lot of help adjusting.

One interviewee felt that the social workers' role in transitional care does not include provision of services or resources to the older adult's caregiver with regards to mental health issues such as poor coping or burnout.

I never have referred a family to a caregiver support group, it's never been something I focused on. Here everything moves so fast and we focus more on the patient. And that's a boundary thing too. If you start providing information to the family for support too, whose social worker are you?

Interviewees commented on the power of family care conferences, and how these meetings can be used to increase support that is available to caregivers in the community, and that can also reduce the burden.

Families get burnt out because they take it all on themselves and won't delegate when they need a break, and then they get sick or something worse happens. We like to have meetings with the children of an older adult and tell them to develop a calendar or system for taking shifts- like you watch mom this day and I will watch her these two days.

In addition to implementing support groups for family caregivers and encouraging them to utilize already existent support (e.g. extended family), interviewees also endorse the need for education for the caregivers on how to increase the older adult's safety at home and in the community.

There's a missing education piece with family on how to help with car transfers, or safely use a commode or transfer belt. Or they don't understand the medication regimen and they'll tell their mom or dad, 'You shouldn't be taking that anymore.' And it's a blood pressure med they need!

Many interviewees commented on the need for education surrounding medication management, disease course, use of medical equipment, nutrition, and available community services. Collectively, interviewees deemed education a critical aspect of health crisis prevention and maintenance of community-based care for the growing older adult population.

Systemic Issues

In addition to identifying areas for social work intervention with older adults and their caregivers, interviewees also identified systemic issues that directly impact health care and safety of the aging population, including hospital discharge policies and lag times for financial program eligibility.

The health care system itself is inadequate. Hospitals try to discharge people quickly, and they're often getting out sooner than they should be. So they come into a setting like this where they are ill equipped to be successful medically, and end up flipping back into the hospital. It really affects their overall chances for recovery and success.

Interviewees commented on frequently encountering older adults who were discharged from the hospital before they were physically stable, and before they had an adequate understanding of their medical condition due to poor communication with health care providers at the hospital.

Many places won't even let you put your name on the waiting list until you get Medical Assistance, which can take months or years to go through. It depends on how much information is in your financial history, or your spenddown. You have to apply for MA, then Elderly Waiver, so that's two separate processes. Then you

have to wait for them to send someone to come assess you. That's when many people end up having a crisis- an event, a fall, a hip fracture- during that interim.

Additionally, interviewees addressed the systemic issue of underfunded social service departments in transitional care facilities, which results in most facilities staffing one or two social workers to cover caseloads of at least 20 older adults. In addition to reducing the quality of individual care that can be provided when caseloads are larger, this also raises the issue of staff burnout and what transitional care agencies can do to support social services staff to prevent the occurrence of burnout.

There needs to be more funding for social workers in transitional care. A lot of times I would like to do more, especially with reaching out to their caregivers or spending more time figuring out plans for keeping them in the community. But there isn't always time, especially when you've got one person who is high need and doesn't have caregivers to help some of those administrative pieces. And people cycle through her so quickly, so we end up getting spread pretty thin.

Figure 1. Interview Themes with Corresponding Examples

Theme	Examples
Benefits of caregivers	Additional perspective, patient advocate, enable community living
Detriments of caregiver	Encourage noncompliance with medical recommendations, burnout

Social Work Role with No Caregiver	Providing emotional support, working on financial coverage and supportive services
Social Work Role in Advocacy for Older Adult	Connecting with community resources, promoting safer homes, political advocacy, education on finances
Social Work Role in Collaborating with Family Caregiver	Support groups, psychoeducation on illness and treatment plan, coordination with other family members
Systemic Issues	Hospital discharge policy, long wait for processing program eligibility, lack of Medicare education

Discussion

Vital Role of Family Caregivers in Promoting Community-based Living

Existent research on family caregivers touts their integral role in making home-based living a possibility for many older adults, with over 22.4 million caregivers providing over 40 hours of care per week (Schumacher, Beck & Marren, 2006). If these informal, non-government funded cares were to cease, the nation's current health care system could not accommodate the tremendous demand for care from older adults.

Research findings from the present study also champion the vital role of family caregivers in sustaining home-based living for older adults who suffer from frailty, decreased physical and cognitive ability, and/or chronic conditions that would otherwise merit institutionalization (Lockery, Dunkle, Kart, & Coulton, 1994).

In addition to providing at-home cares that sustain community-living, results from the present study also suggest family caregivers host a greater breadth of knowledge regarding the older adult's baseline functional capacity and current needs, and can effectively communicate this third perspective to the treatment team at the transitional care facility. This echoes earlier research on the imperative role of family caregivers as "care coordinators" in medical settings, as they ensure accurate information is conveyed between various health care professionals and serve as advocates for the older adult based on their extensive background knowledge of the individual (Rooney, Markovitz, & Packard, 2012; Baker, Flattery, Salyer, Haugh, & Maltby, 2010). Findings suggest that caregivers' involvement during the transitional care period, coupled with extensive knowledge of the older adult's needs, results in smoother communication with the treatment team and reportedly better health outcomes.

While the present study focuses primarily on family caregivers who are available to provide complex, consistent cares for their loved one, the findings also tout the benefit of community social support from friends, neighbors, or church groups in providing more basic assistance (e.g. grocery shopping, transportation, or making meals) to meet the needs of older adults at home. These findings also support earlier research that acknowledges the protective benefits of social support in maintaining general health and functioning for an older adult's continued success in the community.

Disadvantages of Family Caregiver Involvement

Despite a wealth of information on the advantages of family caregiver involvement in medical treatment facilities, results from the present study posit that family caregivers can actually *impede* successful treatment in transitional care settings. Specifically, some family caregivers disagree with the treatment teams' recommendations and encourage patient noncompliance with the medications or recommended length of stay in the facility. Results suggest many caregivers become frustrated and remove older adults from the facility before health care professionals have deemed them medically stable. These findings contradict research suggesting family caregivers play an indispensable role in encouraging older adults to adhere to their treatment plan with regards to medication compliance and completion of recommended physical and occupational therapy exercise regimens, for example (Cumbler, Carter, & Kutner, 2008).

In addition to the prevalent issue of family caregiver disagreement with treatment and length of stay recommendations, study results also indicate resistance from family caregivers with regards to use of adaptive home equipment. Many caregivers are unwilling to make home modifications or use recommended medical equipment (e.g. hooyer lifts, commodes, transfer belts) that would significantly increase the older adult's safety at home and reduce likelihood of a future event, such as a fall. Rationale for caregiver interference with the facility's treatment plan will be discussed below.

Psychoeducation for Caregivers

Results from the present study suggest that the rationale for why family caregivers exhibit resistance and noncompliance with medical recommendations may be

multifactorial. More specifically, many family caregivers struggle with the sudden decline in their loved one's physical or cognitive status, and experience difficulty accepting that the older adult may not function at his/her previous baseline, and that care-related accommodations must be made. The experience of denial may lend itself to resistance, as caregivers feel they know the best course of treatment for the older adult given their understanding of how the older adult functioned prior to the hospitalization. Additionally, findings suggest their resistance may stem from lack of education surrounding medical condition, medication regimen, use of adaptive equipment, and other important aspects associated with the older adult's health needs. These findings substantiate earlier research that found only 41 percent of caregivers had received formal instruction on how to perform physical and medical caregiving duties from health care providers in medical facilities (Schumacher, Beck, & Marren, 2006). Additionally, the study found that while most caregivers reported receiving minimal information from health care providers on how to effectively perform everyday caregiving duties, they received *no* information on emotional aspects of caregiving such as coping with stress. Findings from the present study support this research as many of the social workers endorsed a deficiency in supportive programming for caregivers within the transitional care facility, and no formal psychoeducation on burnout, how to reduce stress, or develop coping skills. Collectively these findings reveal a gap in services that are currently provided at transitional care units for the individuals most heavily involved in the older adult's care- the caregiver.

While many social workers expressed a desire and need for supportive services for the caregiving population of older adults in transitional care, some stated that their

professional services rarely extend past their direct client- the older adult. These conflicting results indicate a chasm in the professional training of licensed social workers surrounding the client system and the extent of a social worker's intervention. More specifically, the social work profession grounds itself in a person-in-environment or ecological systems perspective that encourages practitioners to assess the client's environmental system and determine available resources to optimize client outcomes (Forte, 2007). By identifying external sources of support, such as a family caregiver, practitioners can work with both the client and their external sources of support to produce the most favorable outcome. If social work practitioners divorce the client from the client's system (i.e. the older adult from the caregiver), a vital intervention opportunity is lost. Based on the present study's results surrounding the need for increased supportive services for the tremendous responsibility and emotional weight carried by caregivers, it is clear that older adults and their caregivers directly impact one another; thus, intervention can and should be geared towards meeting both parties' needs. Additionally, the voices of social workers who expressed a need for more supportive services in transitional care units echo several research studies that suggest support programs for caregivers of older adults can delay institutionalization and contribute to more successful community-based living (Toseland, McCallion, Smith, & Banks, 2004).

Social Worker Advocating for Family Caregiver

In addition to implementing psychoeducational programming for family caregivers that blends provision of education and resources on complex caregiving along with emotional support to improve coping ability, social worker practitioners in transitional care units can *first* collaborate with family caregivers to assess the caregivers'

strengths and limitations in providing care to the older adult. More specifically, social workers can initiate discussions with family caregivers about concerns they have regarding the older adult returning home, and strategize together how to overcome these anticipated challenges. Several social workers deemed formal care conferences with the caregiver and treatment team as valuable opportunities to discuss the medical treatment plan and address discharge plans for the older adult. However, care conferences could also be used to develop *detailed* care plans that leave the caregiver feeling confident in their understanding and ability to perform caregiving duties. More specifically, several social workers discussed the informal strategizing they do with family caregivers around their performance of caregiving duties (e.g. some social workers assess for available support in the extended family in order to develop a calendar of days that each member can provide care for the older adult). Additionally, social workers addressed the issue of geriatric-friendly homes, and how many older adults in transitional care facilities return to multi-level homes with setups conducive to future injury (e.g. several flights of stairs, bathtubs with no grab bars, etc.). All these non-medical issues should be addressed in the transitional care facility with the social worker and treatment team to develop solutions for a safer discharge home and increased likelihood of success in the community.

These findings mirror earlier research that addresses specific duties of social work practitioners working with older adults in a medical setting: development of strategies for older adults and their caregivers to effectively cope, anticipation of challenges in the care plan, problem-solving to overcome anticipated challenges, and provision of resources for other social, financial, or psychological needs of the older and caregiver (Rizzo & Rowe, 2006). If social workers can provide family caregivers with resources and tools for

overcoming anticipated challenges with various aspects of caregiving, they can lessen the stress associated with long-term caregiving.

In summary, many social workers attributed caregiver burnout and stress to lack of support, lack of education with regards to caregiving duties, and difficulty delegating or asking for help from other family members. Thus, social workers should address these aspects of caregiving within the transitional care facility to theoretically reduce stress and burnout that can lead to abuse and institutionalization of the older adult, as discussed throughout the findings (Schumacher, Beck, & Marren, 2006). This opportunity for psychoeducation will be further discussed in practice implications.

Social Worker Advocating for Older Adult

In addition to implementing assessment and psychoeducational programming for family caregivers, social worker practitioners in transitional care facilities should also advocate for the older adult both inside and outside the facility. Findings of the present study indicate that many social workers refer older adults discharging from their facilities to social workers and case managers in their local community. These county workers are well versed in the available community resources that provide supportive services to the older adult, such as meal programs, day programs, and access to discounted medical equipment. In addition to bolstering their support network and access to services, these community case managers also reduce some of the burden on family caregivers, who benefit physically and psychologically from a brief respite from their caregiving duties. While medical social workers collaborating with community case managers was not explicitly addressed in the literature review, Cumbler, Carter, & Kutner (2008) define the

social worker's role to include exploration of community-based services available to the older adult at discharge, echoed by several social workers in the present study.

As advocates for older adults, social workers in transitional care can also take an active stance in local policymaking by lobbying for policies geared towards the older adult population. Local government can be a platform to address many of the systemic flaws addressed in the findings, such as long waiting lists for Medical Assistance, Elderly Waiver programs, and admission to assisted living facilities in the community. On a more macro practice level, social workers can also advocate for adjusting Medicare to expand home health care coverage beyond two to three weeks after discharge from a medical facility, as this does little to sustain long-term success in the community. While advocating for changes in a federally-run program like Medicare is beyond the scope of practice for transitional care social workers, these findings communicate the need for more social workers to pursue political avenues to achieve the funding needed for broader social change.

The role of social worker as advocate increases exponentially when the older adult in the facility has no family caregivers to assist in treatment, financial, or discharge planning. Findings of the present study suggest many older adults have a limited understanding of financial programs and resources that are available to them throughout their treatment with regards to Veterans Assistance, Medicare coverage, Medical Assistance, and Elderly Waiver programs. It is essential for social workers to provide older adults with a baseline understanding of how these financial assistance programs work with regards to eligibility and duration of coverage for services, and to provide additional tools and resources for learning more. These findings support earlier research

that social workers in medical settings play critical roles as educators and advocates with regards to determination of services older adults can quality for and assistance with subsequent financial planning (Rizzo & Rowe, 2006).

While many social workers endorsed initiating application processes for older adults in their facilities, it is imperative that these older adults receive the education and training to navigate these systems following discharge in order to set them up for long-term independence and success in the community. This presents a challenge for some social workers that emphasized the delivery of services in transitional care focuses primarily on the older adult's stay in the facility, versus their re-integration into the community. Findings suggest many social workers in transitional care felt the large size of their caseloads impeded their available time and resources to expend further energy on older adults' post-facility needs, which represents an additional area for future research and study.

Strengths and Limitations

Conceptual framework. The employment of ecological systems perspective to guide the research process represented a strength of the present study, as findings suggested that an older adult's capacity for successful community living is largely determined by their community environment and available support network (e.g. family caregiver). In ecological systems terms, sources of external support or strain shape the individual's likelihood for growth and survival in their natural environment. Thus, this theoretical perspective has important implications in social work practice with the older adult population, as the transactions and relationships in an individual's ecosystem play a vital function in his or her overall health and ability to thrive. More specifically, social

work practitioners can engage these external systems, or family caregivers, when working with older adults to produce more optimal outcomes.

Sample. A limitation of the current study includes the small sample size, as only five Licensed Social Workers were successfully recruited to participate in the interviews. Additionally, the researcher recruited participants strictly within the Twin Cities area, and it is possible that transitional care units in other geographical areas experience entirely different populations of older adults and caregivers, and perhaps encounter different practice issues and/or employ different intervention techniques when working with these groups. Furthermore, all interviewees in the present study had the same credentials (LSW, or Licensed Social Worker), and it is possible different results or information would have surfaced if social workers with varying credentials participated in the study, such as Licensed Graduate Social Workers (LGSWs) and Licensed Clinical Social Workers (LCSWs).

Researcher bias. The researcher of the present study has professional experience working in transitional care facilities and conducted the data collection process with a baseline understanding of both strengths and shortcomings of the social work role in these health care settings. Given the researcher's previous experience working in transitional care, there was a risk for confirmation bias when gathering and interpreting data with regards to confirming existent beliefs or hypotheses (Berg, 2009). To minimize bias however, the researcher did employ measurement tools in the data collection process that assessed for the possibility family caregiver support may also have a *detrimental* effect on older adults' treatment plans in transitional care units, although the literature review primarily addresses the benefits of caregivers. Exploration of potential

detrimental effects of caregiver involvement yielded unexpected and rich results that contribute to the current body of research on caregivers by providing a new angle on effectively working with caregivers in health care settings.

Implications for Future Social Work Practice

Assessment of caregiver situation. Based on findings of the present study, several social workers endorsed a deficiency in supportive programming for family caregivers within the transitional care facility, and lack of formal psychoeducation geared towards burnout, stress reduction, or development of coping skills. Collectively these findings reveal a gap in services that are currently provided at transitional care units for the individuals most heavily involved in the older adults' care- the caregivers. Before effective psychoeducation can be provided, it is important for social work practitioners to individually assess caregivers to identify factors that may increase the risk for caregivers to experience stress and burnout (Ourada & Walker, 2014). This assessment could include discussion of the caregiver's background information such as age, availability of additional help and support, income, work demands, and family structure. Additional factors to identify will include stressors associated directly with caregiving such as cognitive and physical status of their loved ones, caregiving difficulties (e.g. level of skilled need), caregiver's preparedness and understanding of their role, and caregiver's current physical and mental health state (Schumacher, Beck, & Marren, 2006). Through identification of these various elements, social workers can then determine caregivers' strengths and limitations in fulfilling their duties as caregiver, and provide appropriate education, resources, and tools for navigating any challenges they may encounter. By assessing the older adult's caregiver, social worker can develop psychoeducation sessions

that are geared towards meeting the needs of the older adult and caregiver to ensure a smoother caregiving experience in the community, to be further discussed below.

Psychoeducation groups. After the transitional care social worker has assessed and identified family caregivers who could benefit from additional support and education regarding their role as caregivers, it would be beneficial to create a psychoeducation group comprised of multiple education sessions that convey material relevant to the complex cares caregivers provide, as well as the emotional aspects of coping effectively with changes and their responsibilities. Specifically, psychoeducation sessions could be directed towards providing the training in areas where caregivers are *deficient*, filling in knowledge gaps with regards to disease/illness course, medication management, proper nutrition, use of adaptive medical equipment, performing safe transfers, *and* addressing stress, burnout, and the development of effective coping skills. In consideration of recent research stating that most caregivers report receiving *no* information on emotional aspects of caregiving such as coping with stress or experiencing burnout, the psychoeducation sessions would be intended to increase caregiver knowledge in efforts to reduce some of the stress associated with providing complex cares (Schumacher, Beck, & Marren, 2006).

The use of psychoeducation when working with older adults and their caregivers mirrors earlier research that found caregivers who received healthcare-related education from social workers in a hospital setting felt more supported and able to cope with their caregiving duties, and that the older adults they cared for had significantly fewer inpatient hospital admission than those who did not receive the education (Engelhardt, Rizzo, Della Penna, Feigenbaum, Kirkland, Nicholson, O-Keefee-Rosetti, Venohr, Reger, &

Tobin, 2009). Thus, implementation of these sessions would increase caregiver's knowledge, skills, and ability to cope with their duties so that the caregiver/recipient of care relationship can continue successfully in the community for as long as possible, ultimately reducing likelihood of institutionalization.

Conclusion

In anticipation of the looming long-term care crisis and expected deficiency in housing and caregiver support that will be available to older adults in the coming years, the nation's present health care system necessitates innovation to promote better health, and increased potential for independent living in the community, versus institutional care. In consideration of the need for innovative health care that champions community-based living, the present study aimed to uncover specific ways in which a social worker can strengthen family caregiver support in a transitional care facility to improve older adults' capacity for community independence. By interviewing social work practitioners who engage directly with older adults and their caregivers in transitional care, the present research provides a deeper understanding of factors that contribute to older adults' diminished success in the community including lack of supportive programming to meet the educational and emotional needs of their caregivers, lack of education on financial programs that provide supportive services to older adults in their community, and lack of trust in the providing treatment team at transitional care facilities. These findings signify important practice implications, as social workers and other health care providers in transitional care settings can develop programming to provide psychoeducation that increases caregivers' understanding of their loved ones' medical conditions, their knowledge of how to provide complex cares, and their ability to effectively cope with the

challenges of providing care for an older adult with complex needs. Effective provision of these resources and tools can improve caregivers' capacity to carry out their duties, experience less stress, and ideally reduce likelihood of subsequent burnout. Additionally, social workers in transitional care settings can utilize psychoeducation sessions to increase older adults' and caregivers' confidence in the treatment team, which can increase likelihood of adherence with medical recommendations and treatment plans. Social work practitioners have the power to strengthen the collaborative relationship between health care providers, older adults, and their caregivers, to facilitate the goal of older adults reaching their maximum potential for independence in the community, and avoiding re-hospitalization or institutionalization.

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Appendix A

Recruitment Email

Dear (Social Worker),

I am a social work graduate student at St. Catherine University and University of St. Thomas School of Social Work researching caregivers' impact on older adults' capacity for community-based living. With your expertise as a social work practitioner working with the aging population, I could greatly use your help in my study. If you are able and willing to participate, I will conduct an in-person, recorded interview with you to discuss your experiences as a practitioner in transitional care.

Although I will contact you by telephone within the next few weeks to provide more information and gauge your interest in participation, I have included some specifics on the study for you to review prior to my call. You may also e-mail or call me right away to schedule an interview. Thank you!

Background Information

With the population of older adults nearly doubling over the next decade, the health care industry anticipates a major deficiency in housing and the labor force available to aging adults. To combat the impending long-term care crisis, the present health care system necessitates innovation to promote better health, and increased potential for independent living in the community. The study aims to explore the collaborative role of social worker and caregiver in a transitional care setting to promote community-based independence among aging adults.

Research Method

If you decide to participate in this study, you will be asked to engage in an interview session with the researcher that will take approximately 60-minutes of your time.

Consent and Confidentiality

This study will be approved by the St. Thomas Institutional Review Board. You will be asked to sign a consent form prior to participation in the study. No identifying information will be collected to ensure your privacy in participation. All data collected during the interview will be destroyed following completion of the study.

Contact Information

If you have questions or are interested in participating in the study, please contact the researcher by telephone at (651) 245-7601, or by email at snyd7808@stthomas.edu. If you would like to ask questions to someone other than the researcher, you may also contact the University of St. Thomas research supervisor, Kendra Garrett by telephone at (651) 962-5808.

Appendix B

Recruitment Telephone Call

Hi (Social Worker),

My name is Emily Snyder and I am a social work graduate student studying at St. Catherine University and University of St. Thomas. I emailed you a few weeks ago about research I am conducting on the role of a caregiver in promoting community independence for aging adults. I am particularly interested in examining how social workers can collaborate with these caregivers in a transitional care setting. Would you be willing to schedule an interview with me to discuss your experience as a social worker in transitional care?

(If yes): Thank you! I would like to schedule a 60-minute interview with you on a date of your choosing in February. I can either come directly to your place of employment or meet at a different location of your choice. I will bring a consent form approved by the University of St. Thomas Institutional Review Board for you to sign, and also supply you with your own copy. I will audio-record our interview for my own transcription and analysis purposes, but I will destroy the interview when my study is complete. Do you have any other questions at this time?

(If no): I understand. Thank your for your time and consideration!

Appendix C

**CONSENT FORM
UNIVERSITY OF ST. THOMAS****Older adults and the long-term care crisis: Increasing capacity for community independence through supportive caregivers
St. Thomas IRB # 542469-1**

I am conducting a study about the impact of caregivers on older adults' capacity for community-based living. I invite you to participate in this research. You were selected as a possible participant because of your experience with older adult populations as a Licensed Social Worker employed at a transitional care facility. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Emily Snyder, a social work graduate student at St. Catherine University and University of St. Thomas School of Social Work, and is supervised by Kendra Garrett, Ph.D., LICSW from the University of St. Thomas.

Background Information:

The purpose of this study is to address the long-term care crisis faced by the burgeoning aging adult population with regards to the need for community-based alternatives to institutional care. Specifically, the present study will investigate how social workers can collaborate with family caregivers to increase older adults' capacity for community-based independence following discharge from a transitional care facility.

Procedures:

If you agree to be in this study, I will ask you to participate in a 60-minute, in-person interview during February 2014 at your place of employment or a private location of your choosing. You will be asked a series of interview questions pertaining to the impact of supportive caregivers on older adults' capacity for community independence, as well as your own experiences as a social worker in geriatric transitional care. During the interview, the research questions and your responses will be audio-recorded for subsequent transcription and analysis purposes.

Risks and Benefits of Being in the Study:

There is no anticipated risk or direct benefit of participating in this study.

Confidentiality:

The records of this study will be kept confidential. In the written and oral reports created for classroom purposes, I will not include information that will make it possible to identify you in any way. The types of records I will create include an audio recording of the interview, a typed transcript of the interview, and a computer document with selected quotations. Only I will have access to the audio recording, which will be destroyed after transcription. Lastly, computer record of the interview and transcript will be destroyed after completion of the qualitative study in May of 2014.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time until one week following the interview. Should you decide to withdraw data collected about you will be destroyed and omitted from research or classroom discussion. You are also free to skip any questions I may ask if you would not like your responses analyzed in a written or oral report or discussed in the academic setting.

Contacts and Questions

My name is Emily Snyder. You may ask any questions you have now. If you have questions later, you may contact me at 651-245-7601, or contact my research supervisor Kendra Garrett, Ph.D, LICSW at (651) 962-5808). You may also contact the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age and consent to being audio-recorded during the interview.

Signature of Study Participant

Date

Print Name of Study Participant

**Signature of Parent or Guardian
(If applicable)**

Date

**Print Name of Parent or Guardian
(If Applicable)**

Signature of Researcher

Date

Appendix D

Interview Questions for Transitional Care Unit Social Worker

- 1). What is your licensure? How long have you been in the field of social work? How long have you worked with aging or geriatric populations?
- 2). What factors do you believe are necessary or helpful to an older adult to successfully live in their community rather than a facility?
- 3). What has been your experience in transitional care with older adults who have involved family caregivers? Can you give examples?
- 4). Have you ever seen family caregiver support have a negative effect on older adults or their treatment plan? Can you give specific examples?
- 5). What specific impact do you think family caregivers have on older adults in your setting, if any?
- 6). Have you noticed any patterns or trends among older adults who re-admit to the facility after being discharged in terms of their caregiver support?
- 7). Similarly, do you notice any patterns or trends among older adults who transfer from transitional care to long-term care facilities in terms of their caregiver support?
- 8). If an older adult patient has no family caregiver available, does the social worker's role change with regards to his/her treatment plan? Can you give a specific example?
- 9). Have you encountered family caregivers who feel overburdened or incapable of fulfilling their caregiver role in the community? How do you address this issue?
- 10). Are there any psychoeducational programs or support groups that presently exist, or that you would like to see implemented at your agency to address caregiver support for older adult patients?
- 11). What are important steps that we can take as social workers to advocate for the growing population of older adults in terms of transitional care to ensure adequate caregiver support?