Abstract

Objective: This review of the literature was undertaken to assess the evidence regarding the social lives of the residents of rural Australian aged care facilities with a particular focus on the frequency of the visits that they receive.

Design: A systematic review of the literature relevant to the social lives of residents of rural aged care facilities was conducted.

Results: Social contact is important to the elderly and is particularly important to the frail elderly who reside in aged care facilities. However, there is evidence to suggest that the social networks of the elderly are contracting and that this contraction is particularly severe in rural areas. In addition, social contact, in the form of visiting, can be inhibited when an elderly person enters an aged care facility. While much of the literature asserts that the residents of aged care facilities have robust social lives, there is some evidence to suggest that, over the past two decades, these people have become increasingly at risk of becoming isolated from their social networks.

Conclusions: Social isolation may have serious consequences for the quality of life of residents of rural aged care facilities and there is a dearth of recent research regarding the factors that determine the frequency of the visits that they receive.

Abbreviations: APAIS – Australian Public Affairs Information Service; FAMILY – Australian Family and Society Abstracts; MEDLINE – Medical Literature Analysis and Retrieval System Online.

Key Words: residential aged care; rural; visiting; family; social networks.

Introduction

The significance of social ties to the physical, emotional and psychological health and wellbeing of older people has been well-documented. [1–6] Such ties are particularly important to the frail aged who may come to rely on their family and friends for vital assistance and support. However, over the past 50 years the extended family has declined and family members have become more geographically dispersed. This decline in the availability of family members has reduced the social support that is available to older people. [7] Such decline may have serious consequences for the residents of rural aged care facilities where factors such as the exodus of younger people from rural areas, [8–9] the greater distances to travel to reach facilities [10] and the lack of suitable public transport in rural areas [11–12] contribute to the effects of the decline of the resident’s family network. These factors combine to reduce the number of people who are available to visit the residents of rural aged care facilities and may put them at risk of social isolation.

A further consideration is the changes that have taken place in aged care facilities that have made the maintenance of contact with family and friends more crucial than ever to the wellbeing and quality of life of aged care facility residents. [8] In Australia, there has been a significant increase in both the average age and the degree of infirmity and...
inclusion criteria were English language articles published in nursing homes, institutionalisation, visiting, carers, care-family, family relationships, social networks, social support, terms employed were: rural areas, rural ageing, older people, Society Plus (Informit) and Sociological Abstracts. Key search Literature Analysis and Retrieval System Online), Family and Nursing and Allied Health Literature), MEDLINE (Medical Family and Society Abstracts), CINAHL (Cumulative Index to Public Affairs Information Service), FAMILY (Australian Complete, Social Science Plus, Psych Litt, APAIS (Australian Public Affairs Information Service), FAMILY (Australian Family and Society Abstracts), CINAHL (Cumulative Index of Nursing and Allied Health Literature), MEDLINE (Medical Literature Analysis and Retrieval System Online), Family and Society Plus (Informit) and Sociological Abstracts. Key search terms employed were: rural areas, rural ageing, older people, family, family relationships, social networks, social support, nursing homes, institutionalisation, visiting, carers, caregiving, residential aged care, and aged care. Further articles were identified from the reference lists of key journal articles. Inclusion criteria were English language articles published in peer reviewed journals and government publications that were concerned with the social lives of the rural elderly and of visiting to residential aged care facilities. Of the 276 articles reviewed, this paper presents the findings of those directly concerned with the social lives of the residents of rural aged care facilities and the determinants of visiting at these facilities.

For the purposes of this review the term rural describes those towns whose small population base and geographic location or distance from a metropolitan centre is such that they are considered to be rural by the Rural, Remote and Metropolitan Areas Classification Method. [22]

Frequency of visiting: Australian and international perspectives

Research in overseas and urban Australian locations has found a generally high frequency of visiting to aged care facility residents. [8,23-25] The reported frequency with which aged care facility residents receive visits varies, with a range of 60% to 76% of residents receiving at least weekly visits. [23,26] A review of the literature conducted by Naleppa [27] reveals that almost two thirds of the residents of aged care facilities receive at least weekly visitors. The frequency with which family members are reported to visit also varies, with 31 to 80% of social network members visiting at least weekly. [8,24] Much research shows that family and friends maintain contact with aged care facility residents and the myth of the abandonment of elderly relatives once they have moved into aged care facilities is widely reported to have been dispelled. [8,23,25,28–30]

However, there is a substantial range in the reported frequency of visiting and there is also debate among other authors regarding a level of social isolation within aged care facilities that appears to be increasing. An earlier study reported that up to 40% of residents receive visits less than weekly. [31] In a large quantitative study of relatively well and cognitively intact aged care facility residents in the United States, Bitzan and Kruzich [32] found that 45% were dissatisfied with the frequency of contact with their family and friends. According to these authors social contact is often restricted to the visits of a small number of people with the majority of the visiting being done by only one or two individuals. Additionally, it has been found that a small minority of residents receive no visitors at all. [24,32,33] More recently, Moyle, Edwards and Clinton [34] found that many of the residents in an Australian dementia care unit ‘did not receive visitors or any indication of people expressing an interest in them’. Further, it has more recently been shown that while 90% of older Australians living in their own homes have weekly contact with their family and friends, there is no
such data on the social contact received by the residents of aged care facilities. [35]

In an Australian study that employed both quantitative and qualitative methods, Minichiello [36] investigated the social lives of 90 residents of eight urban aged care facilities. This author found that, in contrast to 16% of social network members who were seen daily by the older person prior to moving to an aged care facility, only one percent of social network members visited daily following aged care facility placement. According to Minichiello, [36] this finding might be due to the older person being unable to initiate contact once they have moved into an aged care facility, thereby reducing the contacts to those initiated by the visitor.

While Minichiello's [36] research sheds valuable light on the previously unresearched Australian aged care facility setting, the sampling method employed in the investigation excludes those who were unable to hear, comprehend the questions asked or communicate responses. This discounts the experiences of the more debilitated or demented residents and the literature shows that the presence of dementia is associated with a reduced frequency of visiting. [25,37]

Excluding these people from the study may have biased the findings toward those receiving the highest frequency of visiting. Furthermore, the survey was conducted in 1982, when the population of aged care facility residents was much less debilitated than is the case in recent times. [13]

In a more recent, quantitative study of the influences on the amount of social contact received by aged care facility residents in a range of rural and urban aged care facilities in the United States, Port et al [37] found that while there was a significant positive correlation between pre- and post-admission contact, there was also a significant decrease in the amount of contact older people have with their social network members following aged care facility placement. That is, those people who were the most frequent visitors prior to aged care facility placement continued to be those who visited most frequently but they did not visit as frequently as they had done when the older person resided in the community. [37] Some of these residents had resided with a family member prior to placement and therefore saw this person daily and this may have accounted for the sharp decline in visiting frequency. However, the number of telephone calls and letters received by residents also declined at the same rate and the authors interpret this finding as an indication that admission to an aged care facility is in itself a deterrent to frequent visiting.

While Port et al utilised a large representative sample, the scope of their study was limited to those more recently admitted residents. Thus the results may reflect visiting patterns that occur in the early stages of residency. As other authors have found that the longer the period of institutionalisation the less frequent the visiting, [25,31,38,39] a study that examines the determinants of frequency of visiting over a wider range of residency periods is required. Further, data gathered by Port et al [37] on the number of telephone calls and letters received by residents after admission was taken from the reports of the aged care facility staff and, given their large workloads, may not be an accurate measure of this form of contact.

**Factors that may determine frequency of visiting**

The factors that motivate family and friends to visit the residents of aged care facilities may be varied and complex and derive from a number of sources. While much research has focussed on the frequency of visiting at aged care facilities, other authors have described facility, resident and social network factors that may have a direct influence on frequency of visiting by their singular or combined affects. The following is a discussion of these factors.

**Geographical distance**

The increasing geographical distance between the family member and the aged care facility has been associated with decreasing frequency of visits. [8,30,31,36,38,39] The greater geographical distance between facilities located in rural areas means that residents are less likely to be placed in a facility that is near to the members of their family. Thus, there will be greater distances for family members to travel to visit the resident. In a national study of the visiting patterns at Canadian nursing homes, Keefe and Fancey [8] found that physical distance was the most common reason for not visiting an elderly parent as often as desired and such distance is more common in rural areas.

**Facility policy and practice**

The policy and practice of the aged care facility regarding visitors and the support that visitors receive has been shown to have an influence on the frequency of visiting. [36,40] Facilities that include family members in activities and who acknowledge them as active members of the care team have more frequent visits. Such active involvement also provides family members with the opportunity to communicate and interact with staff and other visitors and encourages a sense of community within the facility. [36,40-43] In addition, family involvement can have positive effects for residents, family members and facility staff. A randomised control study of 12 residents with dementia and their family members conducted in the mid-western United States, found that family-staff interventions to facilitate communication...
resulted in improved relationships between the resident and family members and a reduction in the use of medication for the resident. \[43\] A further United States study, designed to establish partnerships and cooperative roles between facility staff and family members of cognitively impaired residents, found that family involvement in the care of the resident increased while their feelings of loss decreased. The strength of the partnership between family members and staff was also rated as strengthened. \[44\] While these studies did not examine frequency of visiting, such improvement in relationships and communication may serve to increase visitors’ feelings of being valued and their level of comfort and satisfaction within the facility leading to more frequent and/or longer visits.

In Australia, the introduction of formalised accreditation processes in residential aged care has moved the focus to measurable standards of care. Recent data from the Aged Care Standards and Accreditation Agency \[45\] has demonstrated a low level of non-compliance with Accreditation Standard 3: Resident Lifestyle, which includes Expected Outcomes related to the roles of family and significant others. Although these Expected Outcomes are not directly related to frequency of visiting or social isolation, they do offer some indication of the emotional support that residents receive and the quality of their cultural and spiritual lives. However, regulatory compliance does not necessarily guarantee quality outcomes for residents and measures of resident experience and clinical outcomes are required to provide a more direct indication of the quality of the social lives of these residents. \[46,47\]

**The attributes of family and friends**

A further variable that may determine the frequency of visiting is the attributes of the visitors themselves. According to several authors, the kinship distance between the resident and the visitor has a significant influence on the frequency of visiting with close kinship ties associated with more frequent visiting. \[23,28,30-32,37,39,42,50\]

In a three-month retrospective audit of the files of an urban nursing home in the United States, Campbell and Linc \[28\] found that spouses, children and sisters accounted for 49% of the visits received by male residents and 53% of the visits received by female residents. The remainder of visits were made by other relatives, including in-laws, and by friends. While this research provides a profile of these visitors, its focus was not on frequency of visiting but rather an investigation of the support needs of visitors. Also, the findings of this research are based on a single urban aged care facility and the results cannot be generalised to the general population of facility visitors or to the rural context.

The quality of the relationship between family members has been linked to the amount of contact they have with each other and with their enjoyment of that contact. \[30,41\] Kelley et al \[41\] found that the frequency of family visiting in rural and urban dementia units in the United States is modified by the quality of the interpersonal relationships between the resident and family members. Poor past relationships with the resident were associated with decreased feelings of duty toward the resident and less frequent visiting. Minichiello’s \[36\] research in Australian urban aged care facilities also found a strong relationship between a resident’s perceived quality of the relationship with a social network member and the frequency of visiting by that person. A resident’s own assessment of the quality of the relationships was used in this study and it was concluded that visiting did not necessarily depend on kin relationships or feelings of duty but on a mutual enjoyment of the visit itself. \[36\] This
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variable needs to be taken into account in future studies with a particular focus on the quality of the relationship between the resident and those social network members who are infrequent visitors.

Conclusion and recommendations

This review of the literature has shown that there is disagreement among researchers regarding the frequency of visits received by the residents of aged care facilities and that there may be scope to increase the number of these visits that are so important to residents’ quality of life. This is of particular consequence for residents of rural aged care facilities as other factors such as social network dispersal and the distances to travel to reach facilities may serve to further decrease the opportunity for visiting.

Over the past 30 years, relatively few studies have focused on the determinants of frequent visiting at residential aged care facilities. Of the studies that have been conducted, the majority have investigated the urban context and only one has examined visiting in Australian facilities. None has examined frequency of visiting at facilities situated in the rural Australian context. Further, while a number of variables that are potential determinants of frequent visiting have been investigated, a comprehensive range of possible variables has not been explored to identify those that are most significant in determining frequency of visiting at rural aged care facilities.

The research literature has also focussed on those family members who are involved in visiting. However, research that also takes into account the attributes of those social network members who visit infrequently or not at all would be useful and informative. This information would provide an insight into those factors that form barriers to visiting by reducing the person’s opportunity to visit or that deter the person from visiting.

In addition, previous research has suffered methodological limitations with regard to sampling strategies. This has involved excluding the most debilitated residents [36] and those who have lived at the facility for more than three years. [37] Previous research has also relied on the reports of staff, [37] been based on data gathered from one self-selected family member [8] and gathered data from a single urban aged care facility. [28] Therefore, research that addresses these limitations and which provides a more comprehensive and contemporary understanding of the frequency and determinants of visiting at rural Australian aged care facilities is urgently required.

Two topics that require further investigation are the determinants of frequent visiting in the Australian rural setting and the identification of the barriers to such visiting. Such research should take into account social networks, resident and aged care facility variables in order to fill the gap in our understanding of the complexity of the determinants of frequent visiting. The factors that present barriers to social contact must be identified so that managers, policy makers and planners are able to institute measures to maximise the social contact residents receive. Such investigation will provide an insight into how to engage residents’ family and friends in a greater presence within the aged care facility. This will benefit the resident by providing greater contact with family and friends and with the outside world and it will also provide facility staff with greater support for the care of the resident through the important involvement of family members.

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Competing Interests

The authors declare that they have no competing interests.

References

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