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Investigating Barriers to Family Visitation of Nursing Home Residents: A Systematic Review

Vivian J. Miller 

School of Social Work, University of Texas at Arlington, Arlington, TX, US

ABSTRACT

Families are integral in helping nursing home residents maintain feelings of social inclusion and an overall sense of belonging, thus reducing consequences of social exclusion. Preliminary research, particularly of the culture change movement in long-term care, shows there are barriers to family engagement and visitation of residents. The objective of this study is to: (1) identify and summarize the barriers most reported to family visitation and (2) synthesize the findings to determine which barriers are most often reported in literature, and which may pose the greatest challenges to family involvement. Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, a final sample of 15 articles across 11 databases report seven barriers to visitation: psychological, health, staff to family member relationship, employment/finances, travel time, access to transportation, and other. Findings suggest barriers to family visitation and point toward a need for further research as relationships between resident and family member is complex and warrants attention across professions. Interprofessional efforts between social work, allied professionals, and transportation planners are necessary to address this pressing concern experienced by residents in nursing homes, with the ultimate goal of lessening such barriers.

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Friendships/Social Networks/
Social Support; Quality of
Life

Introduction

Residents of nursing homes may miss face-to-face connection with loved ones. At times, older adult residents transition from living at home in the community with family to residing in long-term nursing home care, where they often face isolation and may lack strong social connectivity, which in turn can lead to feelings of loneliness (Price, 2015; Steptoe, Deaton, & Stone, 2015). Loneliness can be defined as the unmet needs of one needing to belong and is addressed in the seminal work by Baumeister and Leary (1995). Human beings fundamentally need to belong (Heinrich & Gullone, 2006) and a lack of belongingness can result in anxiety, depression, and poor health (Baumeister & Leary, 1995). This is especially important to be aware of

in older adult nursing home (NH) residents, who most often experience decreased functional ability and physical dependence (Valenzuela, 2012), increased rates of depression (Stewart, 2013), high levels of cognitive impairment (Schussler & Lohrmann, 2017), and other acute health problems (i.e., incontinence, vascular disease, and musculoskeletal disorders) (Van Rensbergen & Nawrot, 2010). NH residents do have frequent contact and communication with NH staff, but this communication often focuses on care tasks, which includes assessing functional status and technical care (Lee, Lee, & Armour, 2016) and may do little to alleviate loneliness.

Family members help maintain social connection through visitation and the provision of personalized care (Gaugler, 2005; Yamamoto-Mitani, Aneshensel, & Levy-Storms, 2002). Positive social interactions and social connection between residents and family members have been found to reduce loneliness (DeWall, 2013). Even more so, these positive connections are found to counteract the consequences of social exclusion (DeWall, 2013). Many family members take on the role as resident advocate by monitoring the quality of care provided and help staff in detecting changes in resident health status (Gaugler, 2005; Powell et al., 2017). While many family members aim to remain socially connected with their loved one in a NH, there are many challenges and barriers in doing so including the health of caregivers, commitments to work, and financial constraints (Strain & Maxwell, 2015; Yamamoto-Mitani et al., 2002). Additionally, travel time, which, at times, may be referred to as proximity, and access to transportation are significant barriers to family members' visitation and this leads to social isolation and exclusion of residents (Parmenter, Cruickshank, & Hussain, 2012; Port, 2004).

This involvement in care of family members to residents of nursing homes (NHs) is found to be critical to the well-being and quality of life of older adults, and is key to person-centered care (Koren, 2010). Person-centered care, a feature of the culture change movement across nursing homes and long-term care, aims to improve the overall quality of life of residents (Grabowski et al., 2014). This culture change movement focuses on both family visitation, involvement, and engagement, as well as staff developing relationships with residents that goes beyond just the basic care tasks (Corazzini et al., 2015). A better understanding of the connections between family members' access and involvement to visitation of residents is a fundamental component to overall improve these opportunities.

Given the negative consequences the lack of family visitation has on residents, as well as the growth of the older population, the number of older Americans requiring NH care may increase 75%, from 1.3 million in 2010 to 2.3 million by 2030 (Population Reference Bureau, n.d.), it is an especially important time to best understand the barriers that inhibit the connections between family members and residents. No systematic

review identifying the barriers to family visitation of NH residents has been done before. Therefore, this research aims to address the following objectives: (1) identify and summarize barriers to family visitation between loved ones of nursing home residents and (2) synthesize the findings to determine which barriers are most often reported in literature, and which may pose the greatest challenges to family involvement. The article concludes with implications for future research and practice.

Method

This review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher, Liberati, Tetzlaff, & Altman, 2009) guidelines. The PRISMA guidelines are an evidence-based methodology to investigate, systematically, a body of literature on a particular topic or concept (Liberati et al., 2009). This methodology provides a transparent, accurate approach to reporting articles, and has been used widely in literature across professions, such as healthcare (Liberati et al., 2009), psychiatry (Rivero, Nunez, Pires, & Bueno, 2015), and social work (Smith-Osborne & Felderhoff, 2014).

Data collection – search strategy

The databases searched include Academic Search Complete, AgeLine, AltHealthWatch, CINAHL Complete, Health Source – Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO, and Social Work Abstracts for articles published in English between January 1, 1997 and November 9, 2017. The key terms and phrases for the search were: “long-term care or nursing home,” “barriers or obstacles or challenges,” “social exclusion or socially excluded or social isolation,” “isolation,” “visit*,” “contact,” and “family or families or relatives or parents or siblings.” There was an asterisk placed at the end of the stem search term “visit” to capture articles that used variations of this term, for instance “visitation.” A similar search was done using Google Scholar, though no additional articles were found. To be included in the review, articles had to meet the following criteria: (a) be published in a peer-reviewed, scholarly journal; (b) identify a barrier to family and/or caregiver visitation to residents in U.S. nursing homes; and, (c) explicitly include residents aged 65-years old and above. Articles were excluded from the final sample if they were not written in English, were book reviews, editorials or policy briefs, and did not report a barrier to family visitation of residents in nursing homes.

Article selection

These searches identified 1,928 articles, some of which were duplicates yielding a total of 1,109 separate articles. The full process for article inclusion is shown in Figure 1 (Figure 1 about here). The criteria for excluding articles are shown in Table 1 (Table 1 about here). Nine hundred and eight articles were excluded because inclusion criteria were not met in title and abstract. One hundred and eleven articles of those remaining were excluded because inclusion criteria were not met in the full-text of the article. Four ($n = 4$) additional articles were identified after a hand-checked review of references in the original 11 articles. The final 15 articles ($n = 15$) of the data set are listed in Table 2. (Table 2 about here).

Data extraction

Two independent reviewers screened the final sample of articles and extracted data from the final articles. In cases which were unclear, consensus was reached by discussion between the reviewers. Quantitative articles were assessed based on: sample size, internal validity, analytical methods, and

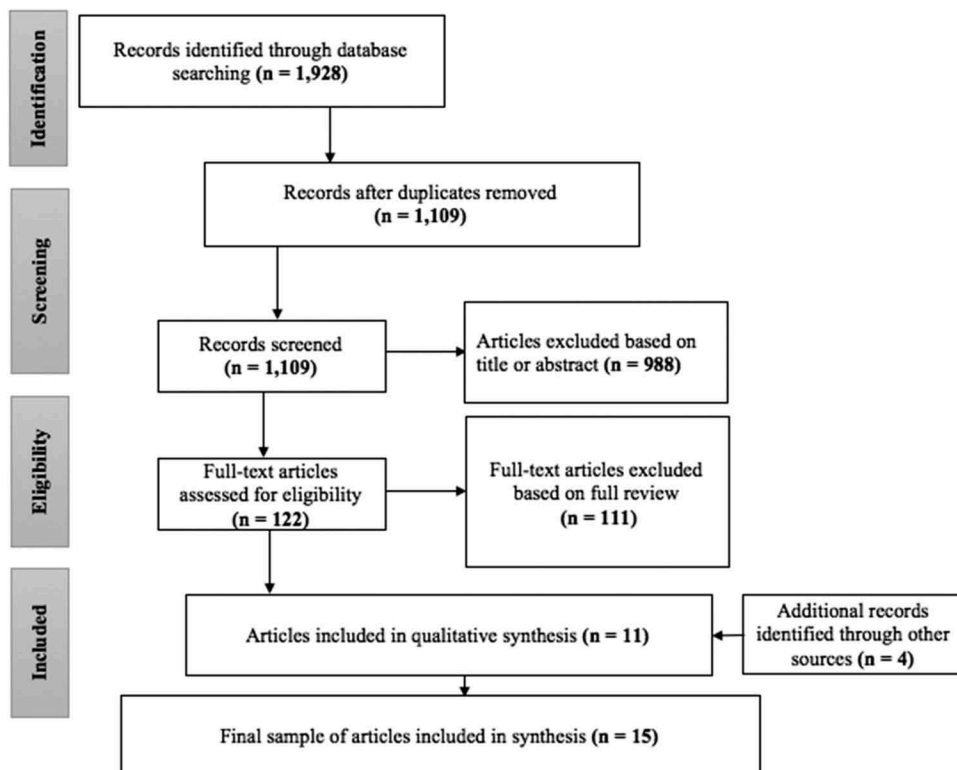


Figure 1. Flowchart of study selection protocol, guided by PRISMA (Moher, 2009) guidelines.

Table 1. Exclusion of articles.

Exclusion	Title & Abstract	Full-Text
Not English	41	0
Not United States	363	27
Not Nursing Home	254	21
Not Older Adults	142	0
Not reporting barriers to visitation	158	56
Other (e.g., book review, editorial, policy brief)	30	7
	988	111

explicit versus implicit examination of barriers (e.g., empirically studying barriers to visitation). Qualitative articles were assessed based on: analytical methods and explicitly studying barriers to visitation. No articles included in the final sample employed mixed-methodological study designs. Seven articles of the total sample were review articles. [Table 4](#) includes the final sample of articles, as well as the study methodology, sample size, and design of each study ([Table 4](#) about here).

Results

Seven barriers to the visitation by family members of residents in nursing homes, which can be classified as internal and external barriers, are described in the 15 articles. These barriers, listed in [Table 3](#), are: (1) psychological, (2) health, (3) staff-to-family-member relationship, (4) employment/finances, (5) travel time, (6) access to transportation, and (7) other ([Table 3](#) about here).

Description of the barriers

Internal barriers

Psychological

Psychological barriers to NH visitation include guilt, depression, and feelings of being emotionally overwhelmed, heartbroken, and uncomfortable when visiting the nursing home. These barriers are the most complex to describe and one of the most widely reported. Nine of the 15 papers report psychological factors as barriers to family members visiting their loved ones. This barrier most often posed challenges for the family members (Bern-Klug, 2008; Flinders, 2003; Gaugler, Leitsch, Zarit, & Pearlin, 2000; Gwyther, 2001; Janzen, 2001; Mickus & Luz, 2002; Port et al., 2001; Webster et al., 2016; Yamamoto-Mitani et al., 2002).

Flinders (2003) reported “Family members may feel upset about their loved one living outside of the family unit and struggle with the changes associated with aging and nursing home placement” (p. 258). It was also reported that feelings of dislocation, in addition to other psychological factors, such as depression, can cause families to rarely visit the NH.

Table 2. Articles included in the final dataset.

Authors	Date of Publication	Title of Article	Journal	Volume/ Issue	Page Numbers
Bern-Klug, M.	2008	The emotional context facing nursing home residents' families: a call for role reinforcement strategies from nursing homes and the community	<i>Journal of the American Medical Directors Association</i>	9	36–44
Calne, S.M.	2003	The psychosocial impact of late-stage Parkinson's disease	<i>Journal of Neuroscience Nursing & Mental Health</i>	35(6)	306–313
Choi, N.G. et al.	2008	Depression in older nursing home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy	<i>Journal for the Psychoanalysis of Culture & Society</i>	12(5)	536–547
Flinders, S.L.	2003	The internal struggles of aging	<i>Western Journal of Nursing Research</i>	8(2)	258–262
Friedemann et al.	1999	Family involvement in the nursing home	<i>Research on Aging</i>	21(4)	549–567
Gaugler, J.E. et al.	2000	Caregiver involvement following institutionalization	<i>Alzheimer's Care Quarterly</i>	22(4)	337–359
Gwyther, L.P.	2001	Family caregivers and long-term care: caring together	<i>Journal of Gerontological Nursing</i>	2(1)	64–72
Janzen, W.	2001	Long-term care for older adults: the role of the family	<i>Journal of Social Work in Long-Term Care</i>	27(2)	36–43
Levine, C. & Kuerbis, A.	2002	Building alliances between social workers and family caregivers	<i>Aging & Mental Health</i>	1(4)	3–17
Mickus, M.A. & Luz, C.C.	2002	Televisits: sustaining long distance family relationships among institutionalized elders through technology	<i>Journal of Nursing Care Quality</i>	6(4)	387–396
Parker Oliver, D. et al.	2006	A promising technology to reduce social isolation of nursing home residents	<i>The Gerontologist</i>	21(4)	302–305
Port, C.L. et al.	2001	Resident contact with family and friends following nursing home admission	<i>The Gerontologist</i>	41(5)	589–596
Port, C.L.	2004	Identifying changeable barriers to family involvement in the nursing home for cognitively impaired residents	<i>The Gerontologist</i>	44(6)	770–778
Webster et al.	2016	Mental health concerns of older adults living in long-term care facilities: an area of expansion for MFTs	<i>The American Journal of Family Therapy</i>	44(5)	272–284
Yamamoto-Mitani et al.	2002	Patterns of family visiting with institutionalized elders: the case of dementia	<i>Journal of Gerontology: SOCIAL SCIENCES</i>	57B(4)	S234–S246

Table 3. Barriers described in article data set and number of article describing each barrier.

Barrier	Number of Articles
1 Psychological	9
2 Health	10
3 Employment/Finances	3
4 Proximity	8
5 Transportation	4
6 Staff/Family Relationships	9
7 Other	4

Gwyther (2001) reported family members may have an emotionally difficult time visiting a loved one because of cognitive decline of the resident. For some, it may be emotionally overwhelming and heartbreaking to witness a loved one's personality changes associated with dementia, which in turn may cause a decrease in the number of or even a lack of visits.

Health

The Health barrier refers to the health of family members outside the nursing home and health of the resident in the nursing home. Ten of the fifteen articles report that people have trouble visiting nursing homes when they or other family members have health needs of their own (Bern-Klug, 2008; Calne, 2003; Choi, Ransom, & Wyllie, 2008; Friedemann, Montgomery, Rice, & Farrell, 1999; Gaugler et al., 2000; Gwyther, 2001; Janzen, 2001; Levine & Kuerbis, 2002; Mickus & Luz, 2002; Parker Oliver, Demiris, & Hensel, 2006). Calne (2003) suggested that the health decline of family members/caregivers was the strongest precursor to nursing home placement. In other words, decline of the caregiver's health eventually became the deciding factor for nursing home placement. After placement of the loved one in the nursing home, the caregiver or family member may become acutely sick leaving the nursing home resident without support (Calne, 2003). Similarly, two studies (Gwyther, 2001; Levine & Kuerbis, 2002) identified that family members (former caregivers) can be overwhelmed with their own health concerns, such as fatigue associated with cancer treatment, which leaves them less able to focus on the needs of the loved one in the nursing home.

Staff-to-family-member-relationship

The relationship between the nursing home staff and the family member is listed as a barrier because in nine articles the relationships between facility staff and family members were found to influence family member involvement in care (Calne, 2003; Gaugler, 2000; Gwyther, 2001; Janzen, 2001; Levine & Kuerbis,

Table 4. Results of data extraction.

	Author(s)	Title and Date	Sample Size	Design
Survey and secondary data analysis designs	Bern-Klug, M.	The emotional context facing nursing home residents' families (2008)	44 family members	Qualitative ethnographic data
Quantitative	Gaugler, J.E., Leitsch, S.A., Zarit, S.H., & Pearlin, L.I.	Caregiving involvement following institutionalization (2000)	185 primary caregivers	Multivariate regression
	Mickus, M.A. & Luz, C.C.	Televisits: sustaining long distance family relationships (2002)	20 residents and family members	Brief surveys pre- and post- on effect
	Port, C.	Identifying changeable barriers to family involvement in nursing homes (2004)	98 family and resident pairs	Regression modeling
	Friedemann, M-L., Montgomery, R. J., Rice, C., & Farrell, L.	Family involvement in the nursing home (1999)	216 family members	Regression analyses
	Port, C.L., Gruber-Baldini, A.L., Burton, L., Baumgarten, M., et al.	Resident contact with family and friends following nursing home admission	1,441 significant others of residents	Pearsons correlation
	Yamamoto-Mitani, N., Aneshensel, C.S., & Levy-Storms, L.	Patterns of family visiting with institutionalized elders: The case of dementia	210 caregivers	Semiparametric, group-based method using a latent class mixture model
Qualitative	Choi, N.G., Ransom, S., & Wyllie, R.J.	Depression in older nursing home residents: (2008)	65 nursing home residents	In-depth interviews
Review Articles	Calne, S.M.	The psychosocial impact of late-stage Parkinson's disease (2003)		Review article
	Flinders, S.L.	The internal struggles of aging (2003)		Review article
	Gwyther, L.P.	Family caregivers and long-term care: caring together (2001)		Review article
	Levine, C. & Kuerbis, A.	Building alliances between social workers and family caregivers (2002)		Review article
	Parker Oliver, D., Demiriz, G., & Hensel, B.	A promising technology to reduce social isolation of nursing home residents (2006)		Review article
	Webster, T.N., Yorgason, J.B., Maag-Winter, A., Clifford, C., et al.	Mental health concerns of older adults living in long-term care facilities: (2016)		Review article
	Janzen, W.	Long-term care for older adults, the role of the family (2001)		Review article

2002; Parker Oliver et al., 2006; Port, 2004; Port et al., 2001; Yamamoto-Mitani et al., 2002). Janzen (2001) reports that the positive staff to family relationships could encourage and promote involvement. Conversely, disagreements and misunderstandings between family and staff may discourage family involvement and engagement in care (Janzen, 2001). For family members who are apprehensive and unsure about their new role after placing a loved one in the nursing home, staff should help with this transition (Gwyther, 2001). Similarly, Levine and Kuerbis (2002) highlight that the relationship between staff and family member is crucial. Family members should feel confident and assured of the staff of the facility when they place their loved ones in the nursing home. The resident's care is one of the most important considerations of family members, and a "family caregiver should feel confident that if illness, weather, or another event precludes visiting, the resident" (Levine & Kuerbis, 2002, p. 14) the NH resident would still be cared for.

External barriers

Employment/Finances

The Employment/Finances barrier includes ability of family members to take time off at work and their means to pay for the visits. Three of the 15 articles either state Employment/Finances were a predictive factor related to reduced visitation or links this factor to other contributing factors (Bern-Klug, 2008; Friedemann et al., 1999; Port et al., 2001). Bern-Klug (2008) found financial worries and concerns with paid employment affect family members ability to visit their loved one in the nursing home. A similar study (Port et al., 2001) found that more financial resources may facilitate contact in several ways because higher socioeconomic status results in fewer practical barriers to visitation and phone calls and reduces the risk of losing a job when taking off work for visits. That study showed those who have more financial freedom may have the ability to visit their nursing home resident more frequently and consistently. Gaugler et al. (2000), on the other hand, found those with higher education (e.g., high school, some college, college or more) and more financial flexibility may actually visit nursing home residents less frequently and theorized that those who have more financial resources can place loved ones in facilities that are a better match for residents' care needs, which can give family members a sense that the care is good, and they do not need to be as involved.

Travel Time

The Travel Time barrier is related to time travel from family member's house or work to the nursing home, e.g., mileage, driving time, and proximity. Visiting the nursing home resident can be a challenge, especially when family members have to travel, what is perceived to be, a long distance to the

nursing home facility. A short commute to the nursing home is associated with more frequent visits, as reported in the study conducted by Yamamoto-Mitani (2002). Eight studies (Bern-Klug, 2008; Gaugler et al., 2000; Janzen, 2001; Mickus & Luz, 2002; Parker Oliver et al., 2006; Port, 2004; Port et al., 2001; Yamamoto-Mitani et al., 2002) reported travel time (or travel distance) to the nursing home was negatively associated with family visits. In some of the articles, travel time, coupled with the relative's duration of residency, impacted frequency of visits to the nursing home.

Access to Transportation

The Access to Transportation barrier is related to a means of transportation to the nursing home, including access to an automobile. One study by Port et al. (2001) using interviews conducted with the significant others of 1,441 nursing home residents in Maryland, found that the variable of transportation was most predictive of difficulty to frequency of visits when considered in the context of transportation. People who have a transportation disadvantage are those, "unable to provide their own transportation or even use public transportation" (United States General Accounting Office, 2003, p. 1). This was a barrier identified in 4 of the 15 studies (Bern-Klug, 2008; Choi et al., 2008; Port, 2004; Port et al., 2001).

Other

Other factors that have been found associated with lower visitation of family to residents in nursing homes visits include race, gender, weather conditions, and other relationship, which have been reported in six articles (Friedemann et al., 1999; Janzen, 2001; Levine & Kuerbis, 2002; Port, 2004; Port et al., 2001; Yamamoto-Mitani et al., 2002). Janzen (2001) found that when family members are involved in the care of their loved one once placed in the nursing home it is the gender of the family member that dictates the level of involvement. While Janzen (2001) pinpointed gender-specifics in that women visit more frequently than men, Friedemann et al. (1999) found that it is the eldest daughter of a nursing home resident who tends to assume the role as first contact and primary caregiver to their resident.

Port et al. (2001) found that African-American residents had fewer visits following admission, "due to an increase in the other identified barriers (e.g., socioeconomic status, greater work obligations impeding the ability to visit, paying for transportation, and other practical barriers)" (p. 594). Another barrier to visitation, noted by Levine and Kuerbis (2002), is weather. Weather may deter family members from visiting for a number of reasons including safety and issues in driving. Finally, spousal partnerships and parenting is noted to impact frequency of visitation (Yamamoto-Mitani et al., 2002). NH

residents who are widowed, single, and those who do not have children may have extremely low levels of visitation (Yamamoto-Mitani et al., 2002).

Discussion

The systematic review done here provides evidence of barriers that family members/caregivers face to visiting loved ones in NHs. While comprehensive and rigorous, the study shows that this complex topic needs more research, as it has been limited research on this topic over the past 20 years. The barriers described in the 15 articles can be classified as internal and external barriers to NH visitation and participation in the NH resident's care. The internal barriers describe individual behaviors and include psychological factors and health issues of both the family member and NH resident, as well as staff-to-family-member relationships.

Psychological factors, health concerns, and staff-to-family-member relationships are all notable barriers, which are in line with findings most often taking place in the traditional, medical-model of nursing home care. This care, within such a structured framework, provides older adults with little autonomy or sense of independence, cut seniors off from the larger society, and are modeled as health care institutions (Cornelison, 2016). Culture changes to these institutionalized models of nursing home care have become a movement across nursing homes, which promotes person-centered care, most specifically focusing on the improvement of staff-to-family-member and staff-to-resident relationships (Corazzini et al., 2015). This family involvement is also a primary focus in alternative long-term care models, such as the Green House Project (The Green House Project, 2018). Additionally, addressing the psychosocial needs and health choices of residents in nursing homes is part of this ongoing transformation to promote and change the culture and principles of long-term care (Social Work Policy Institute, 2010).

External barriers to visitation most notably include employment/finances, travel time (proximity) to nursing home, and transportation. These external barriers are also referred to as "changeable barriers" by Port (2004) and are less frequently reported by the literature. Employment/finances is described as an external barrier to NH visitation and is also linked with low socioeconomic status. Family members with low socioeconomic status and the associated economic instability are more likely to experience several internal barriers to NH visitation. Family members with low income are more likely to have poor health and mental health outcomes, which affect the internal factors to visitation (WHO & CGF, 2014). People in this socioeconomic category often experience heightened family problems at an increased frequency that can impact the relationship with their nursing home resident including their ability to visit (University of Minnesota, n.d.).

Travel time has been noted as the number one consideration for nursing home placement in order for family to remain involved and provide care (Konetzka & Perrailon, 2016). Resident family members and caregivers may utilize web-based information sources, such as Nursing Home Compare, to make informed decisions regarding placement (Nursing Home Compare, n. d.). Nursing Home Compare allows users to locate a facility close to home or work, however, the most convenient facilities may not always have the highest ratings across quality of care, cleanliness, staffing, or other notable features (Konetzka & Perrailon, 2016). Moreover, travel time and location of the facility may not be congruent with access to transportation, which is discussed next.

Articles found in the present study identified transportation access as a problem but did not describe how it was a problem. For example, they did not address whether family members had access to transportation due to socioeconomic status or health concerns and did not study travel-time for commuting (public transit or personal vehicle) between home and work or between home and the nursing home. Access to transportation, together with travel time, driven by socioeconomic status has been found to narrow the options for resident placement (Konetzka & Perrailon, 2016). Public transportation, public transit stops, and geographic location of the nursing facility impact the ability to visit nursing home residents, particularly those relying on Medicaid (Konetzka & Perrailon, 2016).

Of these identified barriers, access to transportation and travel time warrant greater attention. Evidence of this challenge can be seen through the role that social workers and allied healthcare professionals take on as they are tasked with assessing and meeting the needs of marginalized, vulnerable populations. Nursing home social workers are tasked with assisting in residents to adjust to the nursing home environment and promoting the relationships with residents to family and staff. In this role, they may assist in advocating for adding assessments to include identifying whether or not transportation is a barrier to family members' visitation. This information may also be obtained during Care Plan meetings with family, residents, and staff. From these assessments and Care Plans, social workers may be best positioned to help family or caregivers connect with community resources that offer transportation services to persons in need, such as organizations that provide discounted bus passes. Additionally, social workers, as advocates for residents, may work within their own facility with administrators to create solutions to help families find subsidies for other means of transportation, such as ride-share programs.

Transportation planners and engineers most often focus on individuals getting to work, whereby underserved members of the community may need assistance in traveling to opportunities for social connectivity, engagement opportunities, and their socially isolated older adult residents of nursing

homes, which is a primary feature of becoming an “age-friendly” community (Plouffe & Kalache, 2010). Together, transportation planners and social workers can work toward providing community members with equitable transportation access and opportunities, including the opportunity to travel to nursing homes. Given the growing impact social workers, nursing home healthcare professionals, and transportation planners have on older adult residents in nursing homes suggest that these interprofessional collaborative efforts may serve as a foundation for best caring for such an at-risk population.

Critique of publications reviewed

The studies included within this article have both strengths and limitations. The studies that reviewed present qualitative and quantitative findings that help to establish an understanding of barriers to family visitation in nursing homes, through multiple professional areas, including healthcare and transportation planning. Of the 15 articles in this study, over half are review articles or practical application articles ($n = 7$), which have been initially written with the family members or nursing home staff as a target audience. These articles may be especially useful for community members, practitioners, and family members of residents, despite these articles not using robust methodologies or sophisticated statistical analyses (Calne, 2003; Flinders, 2003; Gwyther, 2001; Janzen, 2001; Levine & Kuerbis, 2002; Parker Oliver et al., 2006; Webster, 2016). Two studies used qualitative research methods ($n = 2$), including a secondary-data analysis of qualitative ethnographic data of 44 family members of residents (Bern-Klug, 2008), and a qualitative methodological design using in-depth interviews of 65 residents in nursing homes (Choi et al., 2008). Six studies ($n = 6$) applied quantitative data collection methods. Across the quantitative research articles, three ($n = 3$) articles used regression analyses with sample sizes including 98 family-resident dyads (Port, 2004), 185 primary caregivers (Gaugler et al., 2000), and 216 family members of residents (Friedeman et al., 1999). The smallest sample size ($n = 20$) across these studies used a pre- and post-brief survey to test the effect of Televisits in long-distance family relationships (Mickus & Luz, 2002). Finally, Pearson's correlation was used in a study with 1,441 significant others of residents (Port et al., 2001), and a semiparametric, latent class mixture model was used in a study of the patterns of family visitation, in a sample of 210 caregivers (Yamamoto-Mitani et al., 2002). Few articles controlled for many other demographic variables, such as race or gender.

Limitations of this study

Several limitations of this study should be noted. First, this study focused solely on nursing homes within the United States. Adding studies that have been conducted in other locations, such as United Kingdom and Europe, may

confirm the barriers found within this study and provide insight into additional barriers. Moreover, adding more studies may have strengthened the review due to the rather scarce sample of articles using rigorous statistical analyses. Also, this study did not examine differences between organizational characteristics of the nursing homes such as not-for-profit versus for-profit status, or Medicare-only versus Medicare and Medicaid-eligible facilities. Considering the profit status and primary funding source of nursing homes may uncover an area of nursing home care that focuses on socioeconomic status and financial barriers to both care and visitation. Studying these underlying causes could help address new issues and barriers to visitation. Finally, quantitative and qualitative research studies that were included in this review suggest a more complicated picture than family involvement to residents in nursing homes simply leading to a positive outcome.

Implications for practice and research

The role of relationships between resident and family member is an identified domain of importance in the culture-change movement in nursing homes and long-term care, aimed at improving resident's well-being and quality of life (Burack, Weiner, & Reinhardt, 2012; Jablonski, Reed, & Maas, 2005; Shier, Ginsburg, Howell, Volland, & Golden, 2013). An underlying assumption of the present work may suggest that having family members visit and participate in the care of NH residents is important for the health and care of the NH resident. Over 15% of nursing home residents have Alzheimer's-type dementia or other cognitive impairment (CDC, 2016). Ongoing and continual visits by family members to NH residents with dementia may be especially important since family are often the best partners in care (Graneheim, 2013). Family caregivers have a unique understanding of resident preferences, so they are best suited to contribute to the care plan process and also monitor quality in care (Graneheim et al., 2013). Caregivers may benefit from gathering information from community resources, such as the Alzheimer's Association, to better understand caregiving techniques and the disease process.

Many studies that address issues of NH quality-of-care propose a person-centered care model to improve quality of life of the NH resident. Person-centered care, defined as a holistic approach to achieve and maintain well-being and quality of life for residents and a feature of the culture change movement in long-term care, includes maintaining an ongoing working relationship between the individual, staff, and family members (Corazzini et al., 2015; National Nursing Home Quality Improvement Campaign, 2017). Maintaining connections between the NH resident and a wider social group is an important part of person-centered care. Staff members may encourage family members to increase the frequency, duration, and quality of their visits as well as encourage additional friends and family members to be involved with care and visitation, should immediate family

be unavailable to visit due to work obligations or other barriers. Finally, this care model may encourage a home-like nursing home environment. An increased frequency of family visitation coupled with a home-like environment may provide residents with comfort and improve psychological well-being.

Future research examining the various roles and involvement of staff members (e.g., nursing home social worker) may provide insight into which staff-to-family relationships are strongest. The social worker may be best suited to ensure delivery of adequate and consistent mental health and psychosocial care in nursing homes (Social Work Policy Institute, 2010). Social work, tasked with educating facility staff, may provide nursing assistants and nurses with an understanding of the importance of family member involvement in care. Building the working relationship and trust between nursing assistants, nurses, and family members may increase rapport for family members/caregivers, which may improve interest to family members visiting in nursing homes. This confirms findings that facilities that welcome and encourage family member involvement send a clear message that they, too, are welcomed and valued (Port, 2004).

Lastly, future research incorporating interdisciplinary studies that include transportation planners and professionals in the community who explore first/last mile issues, such as travel time and access to transportation, will strengthen the evidence-base of knowledge to improve services to those underserved in the community who are experiencing a gap in desired activities. Community revitalization and planning can ensure that older adults in the community are considered, which includes seniors aging in the community who desire to visit loved ones who require higher levels of care residing in nursing homes (Grantmakers in Aging & the Pfizer Foundation, 2003).

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ORCID

Vivian J. Miller  <http://orcid.org/0000-0003-2030-862X>

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