**Carers in transition: A rural perspective on family caregiving and entry to care**

This qualitative study explored rural family carers’ experiences before, during and after the nursing home placement of an older relative. The study was undertaken in a large Health and Social Care Trust in Northern Ireland using a grounded theory approach. Purposive sampling was used to initiate data collection and thereafter theoretical sampling was employed. Semi structured interviews were conducted with 29 relatives of nursing home residents and the resultant data were recorded, transcribed and analysed using constant comparisons.

Carers in this study were close family relatives, usually an adult child who had a very strong commitment to their caring role and were determined to keep their relative at home for as long as possible. This was also the expressed wish of the older people. A move to a nursing home was a last resort for all concerned. However, there came a time when it was no longer possible for the older person to remain at home. There were two main reasons for this; a deterioration in the health of the older person and a reduction in the carers’ ability to cope. However, other factors impacted on the decision making process. These included the carers’ experience of acute care, thoughts and feelings about the placement, support with the caring role and the nature of the caregiving relationship.

In many cases, health and social care professionals were often the first to verbalise concerns about carers’ health or to recommend nursing home care. Most of the carers interviewed were local people who had, over the years, established trusting relationships with their health and social care practitioners. In the absence of family support and even in situations where family support was forthcoming, the support of nurses and GPs was valued highly by carers. Because this study took place in a predominantly rural community, there was a considerable degree of familiarity between carers and health care practitioners. This bond appeared to reassure carers that health care practitioners genuinely had their best interest at heart and assumed a role of carer advocate

Once carers made the decision about entry to care, this set in motion a series of events which included validating the decision, choosing a nursing home and planning and making the move. With respect to decision-making about the choice of home, it was exceptional for carers to have had to make a decision about the choice of home. Because the study was conducted in a predominantly rural area, carers appeared to have had residual knowledge about nursing homes and when a decision had to be made, they usually indicated a preference for a particular home. Although, health or social care staff usually initiated discussions, this was rarely a shock for long-term carers as they had resigned themselves to the realisation of their worst fears.

Familiarity with the local community brought access to the *‘grapevine’*, which carers used to find out more information about the home. Most of the homes were family owned and catered for the needs of a predominantly rural community. Therefore, although there were a number of homes within travelling distance, the chosen home was usually a foregone conclusion and invariably the one where *‘all the neighbours went’.* This added to the sense of familiarity for both the older person and the carer. However, carers who resided outside the community did not experience this sense of familiarity and reported less positive experiences of their older relatives’ placement.

The placement impacted on the older person, the family carer, the carer-relative relationship and the extended family.Prior to the placement, most carers had ongoing responsibility for the welfare of their older relative and their caring responsibilities impacted on the quality of their lives and relationships. It was not until their 24-hour responsibilities came to an end that they appreciated fully their new-found freedom. After the placement, carers experienced a sense of relief from the physical demands of their caregiving role and from the worry and anxiety associated with feeling responsible for relatives who lived alone. Knowing that someone was there all the time in the nursing home was of great importance to carers and contributed greatly to their sense of relief. Carers’ felt justified in their decision because they felt that their relative was safer in the home.

Carers believed that over time, notwithstanding the fact that they would have preferred to stay at home, their older relatives appeared to accept their new way of life. This acceptance seemed to be easier for older females than for older males, perhaps because of the latter’s connections with farming and love of the outdoor life. Carers, particularly those of female residents felt that, over time, the nursing home had become their relative’s home. Carers in this study maintained regular and frequent contact with their older relatives after the nursing home placement and it was not unusual for carers who lived in close proximity to the home to visit their relative on a daily basis and they took great pride in *“never missing a day.* Regular visits provided assurances to the carers that their relative was doing well and enabled them to establish relationships with other residents and staff.

Because the decision to place an older relative in a nursing home was a difficult one for carers, they wanted to ensure that their relative received comparable, if not better, care than that provided at home. Others were aware that they were paying for a service and had no hesitation in requesting a level of service that they felt they were entitled to. While communication channels were perceived to be open by the carers, there was a sense that, with some exceptions, it was the carers who initiated the communication. Carers would have liked more pro-active communication on behalf of the home, a finding, which has been reported elsewhere in the literature.

When asked what could be done to make the transition from home to nursing home easier for future carers, the general consensus was that some things in life are inherently difficult and coping with the nursing home placement of a close relative is one of those things. However, carers made repeated references to the importance of the seemingly *little things* which meant so much to them. Carers were reassured if they felt that their relative was being well looked after and they placed particular value on personal appearances and nutrition. Accepting that the nursing home had now become their relatives’ home, carers considered it important for staff to respect their relatives’ previous routine as far as possible. In situations where this was achieved, carers felt very reassured.

The main finding of the study was that almost all of the family carers interviewed had a strong sense of familiarity with the nursing homes in their area. This appeared to permeate all aspects of their experience. This familiarity was influenced by the relatively rural communities in which respondents resided and by an efficient *‘grapevine’*,which seemed to thrive in these small communities. This familiarity, in turn, influenced the choice of nursing home, timing of the placement and responses of family carers. The theory that emerged suggests that familiarity was the key factor influencing rural family carers’ experiences of the nursing home placement of an older relative. The findings indicate that issues such as rurality and familiarity warrant a more detailed exploration in future research on entry to care.

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