Is respite care available for chronically ill seniors?

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abstract

OBJECTIVE To determine family physicians' perceptions of how available respite care is and how easy it is to refer chronically ill older people to it, and to examine their opinions of respite care.

DESIGN Mailed survey to family physicians on the Thames Valley Family Practice Research Unit's mailing list.

SETTING London, Ont, and surrounding area.

PARTICIPANTS Of the 448 surveys mailed to eligible physicians, 288 were completed and returned for a response rate of 64.3%.

MAIN OUTCOME MEASURES Respondents' perceptions of how available respite care is and how easy it is to refer chronically ill older people to it and their opinions on the effectiveness of respite care.

RESULTS More than half the respondents reported that outpatient respite care is always available, but how available depended on practice location. Inpatient respite care was reported as less available. More than half the respondents found referral to respite care difficult. Respondents were very positive about the role of respite services in long-term care and in lowering caregiver stress. Respondents' perceptions varied according to where they had attended medical school. Their perceptions of respite care's role in long-term care and in helping patients remain at home were influenced by whether they thought respite care was available.

CONCLUSION Family physicians need education in the value of respite services for their chronically ill older patients and their families. Physicians also need information on the respite services available and strategies for accessing them. Our findings suggest a need for greater attention to regional discrepancies in availability of services.

résumé

OBJECTIF Déterminer la perception que se font les médecins de famille de la disponibilité des soins de relève et de la facilité d'y diriger des personnes âgées souffrant de maladies chroniques et examiner leur opinion des soins de relève.

CONCEPTION Un sondage envoyé par la poste aux médecins de famille dont le nom était sur la liste de distribution de l'Unité de recherche sur la pratique familiale de la Thames Valley.

CONTEXTE London, Ontario et ses environs.

PARTICIPANTS Des 448 questionnaires postés aux médecins admissibles, 288 ont été remplis et retournés, soit un taux de réponse de 64,3%.

PRINCIPALES MESURES DES RÉSULATS Les perceptions des répondants concernant l'accessibilité des soins de relève et de la facilité d'y diriger des personnes âgées souffrant de maladies chroniques ainsi que leur opinion concernant l'efficacité des soins de relève.

RÉSULTATS Plus de la moitié des répondants ont signalé que les soins ambulatoires de relève étaient toujours disponibles, mais la mesure dans laquelle ils l'étaient dépendait du lieu de la pratique. Les soins de relève en milieu hospitalisé ont été jugés moins accessibles. Plus de la moitié des répondants estimaient difficile d'aiguiller des patients vers des soins de relève. Les répondants se sont révélés très en faveur du rôle des soins de relève dans les soins prolongés et pour atténuer le stress chez les dispensateurs de soins. Les perceptions des répondants variaient selon la faculté de médecine qu'ils avaient fréquentée. Leur impression du rôle des services de relève dans les soins prolongés et pour aider les patients à rester à domicile était influencée par leur avis quant à la disponibilité de tels soins.

CONCLUSION Il est nécessaire d'éduquer les médecins de famille quant à l'utilité des soins de relève pour les patients âgés souffrant de maladies chroniques et leur famille. Les médecins ont également besoin d'information sur les services de relève disponibles et des modalités à suivre pour y accéder. Nos conclusions font aussi valoir la nécessité d'accorder une plus grande attention aux écarts régionaux dans la disponibilité de tels services.

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Cet article a fait l'objet d'une évaluation externe.

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RESEARCH

Is respite care available for chronically ill seniors?

Family physicians frequently encounter family members burdened with being the main caregivers to chronically ill seniors. Social isolation, depression, and poor quality of life are all potential problems for caregivers.[1] Family physicians can suggest respite care to ameliorate the strain of constant care. Respite care provides important relief and can preserve caregivers' physical and mental energy[2-4] by offering opportunities for them to "recharge" and assisting them in providing ongoing care. Respite care could help caregivers delay the decision to seek long-term care.[4,5] Research has demonstrated improvements in patients' functioning following respite care, specifically when patients are receiving most of their care from seriously stressed caregivers.[6]

For patients and their caregivers, family physicians are often the first contact for accessing respite services. As coordinators of care, family physicians facilitate elderly patients' transition from hospital to home.[7,8] Physicians' knowledge and opinions about respite care can influence their use of these services; respite care services are often underused.[7,9,10]

While research strongly supports use of respite care, relatively little is known about family physicians' opinions on such services. This study focused on determining physicians' perceptions of the availability and accessibility of respite care for chronically ill seniors and examining their views on how respite care helps this population. In the London, Ont, area, respite services range from outpatient day care to comprehensive inpatient care for a maximum of 8 weeks per year. This study was approved by the Review Board for Health Sciences Research Involving Human Subjects at the University of Western Ontario.

METHODS

A survey was mailed to 463 family physicians in the London area on the Thames Valley Family Practice Research Unit's (TVFPRU) mailing list. We used a modified Dillman method[11] with a personalized cover letter and questionnaire, a 2 week reminder card, and a second questionnaire at 4 weeks. We excluded 15 physicians because they were not currently in family practice or practised outside the TVFPRU catchment area. The final sample of eligible respondents was 448 family physicians.

In addition to demographic questions, the survey contained eight statements about respite care for chronically ill seniors. These statements were based on our earlier work on barriers to and facilitators of chronically ill seniors' independence.[9] Respondents were asked to rate their agreement with each statement from 1 (strongly agree) to 5 (strongly disagree). Three statements examined respondents' experiences of the availability of both outpatient and inpatient respite care and ease of referral to respite services. Five statements sought opinions on the role of respite care in long-term care; the usefulness of respite care in decreasing caregiver stress; and how much respite care assists chronically ill seniors to remain at home, promotes their independence, and aids in their transition from living at home to receiving care in long-term care institutions. The survey also asked respondents to indicate the number of chronically ill seniors they referred to respite services each year. The survey was pilot-tested with family physicians in the TVFPRU.

All the 5-point Likert-scale responses regarding respondents' opinions on the role of respite care were collapsed to three categories to maximize cell sizes for χ^2 analyses based on cross-tabulations of these variables. The new categories were agree or strongly agree, neutral, and disagree or strongly disagree.

RESULTS

Questionnaires were returned by 288 of 448 subjects for a response rate of 64.3%. Respondents were compared with nonrespondents on decade of graduation, sex, certificant status with the College of Family Physicians of Canada (CFPC), and practice location (adapted from the Ontario Medical Association's classification: urban was London, semiurban was communities >10 000 and within a 50-km radius of London, and rural was communities <10 000 and more than 50 km from London). Respondents were more likely to be certificants of the CFPC ($P < .05$) and were more likely to be practising in rural or urban centres than semiurban centres than nonrespondents (67.5% and 65.9% compared with 52.6%, $P < .05$).

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Respondent characteristics

More than two thirds (71%) of respondents were male; 52% were CFPC certificants. Almost half (48.2%) had graduated from medical school since 1979; most (81.3%) had attended medical school in Canada. More than half (56.9%) practised in London, about 25% practised in semiurban centres, and 18.1% were rural. About 59.5% were in group practice, and most (82%) had referred one or more chronically ill seniors to respite care each year ($\chi = 5$). Respondents who referred patients to respite care did not differ on any demographic variables from respondents who did not.

Availability of and ease of referral to respite care

Table 1 shows opinions on the availability of and ease of referral to respite care for three groups: all respondents, respondents who had referred one or more chronically ill seniors to respite care per year (RR), and respondents who had not (NRR). The following percentages reflect the findings for all respondents.

Most (58.5%) respondents reported that outpatient respite care is always available in their communities (**Table 1**). There was a statistically significant difference in the proportion of respondents practising in London and rural areas and the proportion of respondents practising in semiurban communities who agreed that outpatient respite care was always available (77.0% and 74.5% compared with 59.7%; $P < .05$).

Respondents indicated that inpatient respite care was less available than outpatient respite care. While more than 40% agreed that inpatient respite care was always available, 39.6% disagreed (**Table 1**). Only 44.4% of all respondents found it easy to refer chronically ill seniors to respite care.

Role of respite care

Most respondents strongly agreed that respite care is important in long-term care, in decreasing caregiver stress, and in assisting chronically ill seniors' transition from home to long-term care (90.9%, 92.3%, 79.7%, respectively). Respondents with referral experience were less likely to give neutral responses to these three items compared with respondents who did not report referring (**Table 2**). Most respondents (76.0%) agreed that respite care assisted chronically ill seniors to remain at home, but many (21.3%) remained neutral (**Table 2**). About 66.5% of all respondents agreed that respite care promotes chronically ill seniors' independence, but again, many (33.5%) remained neutral.

No association was found between respondent characteristics and opinion statements two through four, but one variable, location of medical school training, was significantly associated with respondents' perceptions of the role of respite care in long-term care ($P < .05$). Canadian graduates were more likely to agree that respite care is important in long-term care (**Table 3**). Similarly, responses on the importance of respite care in the transition of chronically ill seniors from home to long-term care varied significantly according to location of medical school training, with Canadian graduates being more likely to agree than graduates from other countries ($P < .01$).

Table 1. **Physicians' opinions on the availability of and ease of referral to respite care for chronically ill seniors:** *Respondents who had referred one or more chronically ill seniors to respite care per year (RR) compared with respondents who had not (NRR).*

AVAILABILITY, REFERRAL	RR N = 254 (%)	NRR N = 34 (%)	ALL	*P*
OUTPATIENT RESPITE CARE IS ALWAYS AVAILABLE IN MY COMMUNITY (N=284)				<.01
Agree or strongly agree	61.6	35.3	58.5	
Neutral	16.4	35.3	18.7	
Disagree or strongly disagree	22.0	29.4	22.9	
INPATIENT RESPITE CARE IS ALWAYS AVAILABLE IN MY COMMUNITY (N=285)				NOT SIGNIFICANT
Agree or strongly agree	42.6	26.5	40.7	
Neutral	18.7	26.5	19.6	
Disagree or strongly disagree	38.6	47.1	39.6	
I FIND IT EASY TO REFER TO RESPITE CARE SERVICES (N=284)				<.01
Agree or strongly agree	47.6	18.8	44.4	
Neutral	27.4	43.8	29.2	
Disagree or strongly disagree	25.0	37.5	26.4	

Table 2. **Physicians' opinions on the role of respite care for chronically ill seniors:** *Respondents who had referred one or more chronically ill seniors to respite care per year (RR) compared with respondents who had not (NRR).*

ROLE OF RESPITE CARE	RR N = 254 (%)	NRR N = 34 (%)	ALL	P
RESPITE CARE HAS AN IMPORTANT ROLE IN LONG-TERM CARE (N=286)				<.01
Agree or strongly agree	92.9	75.8	90.9	
Neutral	6.7	21.2	8.4	
Disagree or strongly disagree	0.4	3.0	0.6	
RESPITE CARE DECREASES CAREGIVER STRESS (N=268)				<.001
Agree or strongly agree	95.7	67.6	92.3	
Neutral	3.6	29.4	6.6	
Disagree or strongly disagree	0.8	2.9	1.0	
RESPITE CARE HAS HELPED SENIORS REMAIN AT HOME (N=287)				NOT SIGNIFICANT
Agree or strongly agree	77.5	64.7	76.0	
Neutral	19.8	32.4	21.3	
Disagree or strongly disagree	2.8	2.9	2.8	
RESPITE CARE PROMOTES OLDER PEOPLE'S INDEPENDENCE (N=284)				NOT SIGNIFICANT
Agree or strongly agree	61.6	58.8	61.3	
Neutral	32.8	38.2	33.5	
Disagree or strongly disagree	5.6	2.9	5.3	
RESPITE CARE FACILITATES THE TRANSITION FROM HOME TO LONG-TERM CARE INSTITUTIONS (N=286)				<.001
Agree or strongly agree	82.9	55.9	79.7	
Neutral	15.5	41.2	18.5	
Disagree or strongly disagree	1.6	2.9	1.7	

Table 3. **Perception of respite care's role in long-term care by location of medical school**

	% ATTENDING MEDICAL SCHOOL		
RESPITE CARE PLAYS AN IMPORTANT ROLE	IN CANADA	IN THE UNITED KINGDOM OR IRELAND	OTHER
Agree or strongly agree	93.5	81.5	75.3
Neutral	5.6	18.5	25
Disagree or strongly disagree	0.9	0	0.7

Analyses were conducted to determine whether there was an association between opinions about and actual experiences of respite care among respondents with referral experience. The perceived importance of respite care in long-term care and in assisting chronically ill seniors to remain at home was significantly associated with the availability of outpatient respite care. Respondents who were neutral on the availability

of outpatient respite care were also neutral on the importance of respite care in long-term care ($P < .01$). No associations were found between these respondents' opinions on the availability of inpatient respite care, ease of referral, and any of the opinion statements.

DISCUSSION

To the best of our knowledge, this is the only Canadian study documenting family physicians' opinions on the role of respite services in the care of chronically ill seniors. Respondents in this study strongly endorsed the role of respite care in long-term care, but many thought the availability of and ease of referral to respite care were problems. Lack of availability might reflect waiting lists or bed shortages; the referral process might be too complex or the admission requirements too strict. Perhaps physicians know too little about how to access respite care.

Important demographic variables influenced respondents' opinions on respite care. For example, physicians in semiurban communities viewed outpatient respite care as less available, perhaps because home services and organized day programs are rare in these communities. The favourable views of Canadian-trained physicians might reflect greater familiarity with the health care system or differing perspectives on the needs and experiences of caregivers.

When physicians were neutral on the availability of respite services, they were less likely to view them as useful. This suggests that respondents who see respite care as available are more apt to use it and see it as valuable for their patients. Physicians who had recently contacted respite services endorsed them strongly. Familiarity with the system and observing the benefits of respite care might support ongoing use of this service.

Most importantly, family physicians perceived respite care as important in reducing caregiver stress. This finding supports earlier research reporting the essential role of respite services in addressing the burden of care experienced by primary caregivers of chronically ill seniors.[1-6] Family physicians were less certain, however, that respite care had a positive effect on patients themselves, particularly in promoting their ability to remain independent.

The findings contain several implications for family medicine. Clearly, family physicians require education in the value of respite services for their elderly patients and their families.[3-6] Specific information on services available and strategies for accessing them should be part of formal and continuing education. Findings also suggest the need for greater attention to regional discrepancies in availability of services. As gatekeepers to the health care system, family physicians might need to assume a leadership role in health care reform to create more equitable access to respite services.

Key points

- In this mailed survey, most family physicians strongly agreed that respite services are important in long-term care, in lowering caregiver stress, and in helping chronically ill seniors make the transition from living at home to long-term care.
- Their perception of the availability of outpatient respite care was influenced by practice location; physicians practising in urban or rural areas perceived it as more available than physicians practising in semiurban communities.
- Many respondents found it difficult to refer chronically ill seniors to respite services.
- More attention should be paid to regional discrepancies in availability of services.

Points de repère

- La plupart des médecins ayant participé à cette enquête considèrent que les services de répit jouent un rôle important dans les soins à long terme, diminuent le stress des dispensateurs de soins et aident les personnes âgées à quitter leur domicile pour un établissement de soins de longue durée.
- La perception de la disponibilité des services de répit est influencée par le milieu de pratique. Les médecins travaillant en région urbaine ou rurale perçoivent que les services de répit ambulatoires sont plus accessibles que ceux travaillant en milieux semi-urbains.
- Une proportion appréciable de répondants trouvent qu'il est difficile de référer une personne âgée souffrant de maladie chronique vers un service de répit.
- La disponibilité des services de répit apparaît variable au sein des différents milieux de pratique.

Limitations

This study surveyed family physicians in one geographic area; thus the results are not generalizable to all family physicians in Canada. The response rate using the Dillman method was lower than reported in the family practice literature[11]; this might have resulted from an interruption in postal service at the time of the survey. The difference in respondents' versus nonrespondents' practice location and certificant status also limits interpretation of the results.

Conclusion

The continuous increase in the elderly population coupled with the concurrent shift from institutional to community-based care suggests that the demand for respite care will continue to grow. Our findings provide an initial exploration of family physicians' perceptions of the availability and accessibility of respite care and might assist them in making better-informed decisions about using respite services.

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