Notice of the Final Oral Examination
for the Degree of Master of Arts

of

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BHSc (Western University, 2011)

“Care Journeys: A Multi-Method Exploration of Long-Term Care Service Users and Family Caregivers in British Columbia”

Social Dimensions of Health Program

Wednesday, September 14th, 2016
2:30 p.m.
R Hut
Room 103A

Supervisory Committee:
Dr. Denise Cloutier, Department of Geography, University of Victoria (Supervisor)
Dr. Margaret Penning, Department of Sociology, UVic (Co-Supervisor)

External Examiner:
Dr. Michael Prince, Faculty of Human and Social Development, UVic

Chair of Oral Examination:
Dr. Gina Harrison, Department of Educational Psychology and Leadership Studies, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

This project focused on the event that most often occurs when an older adult’s health care needs can no longer be met in the community setting; the transition from home into a new long-term care (LTC) environment (i.e., assisted living [AL] or residential care [RC]). Informed by a life course perspective (Elder, 1998; Marshall, 2009) and by the health service utilization framework (Andersen, 1995; Andersen & Newman, 1973), the thesis explores the relationship between service users and their social and service contexts in the Fraser Health region of British Columbia.

Employing a multi-method research design, two studies, one quantitative and one qualitative, were conducted. The goal of the quantitative study was to draw attention to individual, social, and structural factors (e.g., age, gender, marital status, presence of/relationship to primary caregiver, and health variables) that influence the transition from home and community care (HC) services to either AL or RC among older LTC clients (age 65+; N=3233) in three geographic areas (urban, suburban, and rural). Findings revealed that marital status, income, functional disability, and cognitive performance influenced type of transition for both rural and urban clients. However, gender, medical frailty (i.e., CHESS score), number of chronic conditions, and total hospitalizations emerged as significant among clients in suburban areas.

The goal of the qualitative study was to draw attention to the role of family caregivers in the care transition context. Employing thematic analysis, this study drew on a sample of 15 semi-structured interviews with family caregivers who had helped a family member transition from home into a new care environment in FH. Out of this work, a conceptual framework was developed inductively to illustrate three key phases that seemed important in their care journey: ‘Precursors leading to transition’, ‘Preparing to transition into new care environment’, and ‘Post-transition role rebalancing.’ Three overarching themes, labelled with direct quotes (in vivo), were also developed to capture how family caregivers made sense of their roles and responsibilities: ‘I am a daughter’, ‘Just go with the flow’, and ‘There wasn’t a door I didn’t try to open’.

Overall, the findings from both studies draw attention to the importance of generating a better understanding of the local service and social contexts. Implications for social policy are addressed and highlight the need to continue to invest in efforts aimed at supporting older adults to remain in the community as long as possible, including ensuring appropriate forms of care are available and adequate resources for family caregivers are offered.