

Person-centered care in nursing homes: resident and family carer involvement in the medicines pathway and medication-related decision-making

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Background Performing a medication review has shown to be an effective solution to reduce inappropriate prescribing among nursing home residents. Although shared decision-making is a key to person-centered care, no research has been done on residents' and family carers' (referred to as 'carers' hereafter) involvement in medication decision-making, nor in the medicines' pathway as a whole.

Purpose This study aimed to investigate residents' and carers' experiences as well as their expected level of involvement regarding medication decision-making and the medicines' pathway as a whole.

Method A qualitative research design was applied. Semi-structured interviews were performed with 12 residents and 8 carers in different nursing homes across Flanders, Belgium. Audio-recordings of these interviews were transcribed ad verbatim. Subsequently, an inductive thematic framework was used to analyze these transcripts.

Findings Residents and carers expressed unconditional trust in the GP, resulting in a kind of resigned attitude towards participation in medication decision-making. However, residents seemed to have some frustrations towards GPs, and carers indicated to regularly ask questions about the resident's medication. Additionally, both groups gave examples of negative experiences concerning the resident's medication and changes therein. Carers also expressed concerns about staff's competences, e.g. a lack of knowledge about medication. The concept of medication review was not known among residents and carers. Nonetheless, it seemed as if they implicitly expected this to be part of daily practice and assumed that only appropriate medication is being prescribed and continued. When asked about their own responsibilities in the medicines' pathway, residents only pointed towards the self-administration of oral preparations and showed feelings of resignation towards the limited involvement in other parts of the pathway. Similarly, most carers experienced it as reassuring that the medicines' pathway is the staff's responsibility and not theirs. Two situations, however, were identified that made residents and carers take initiative: 1) the resident experiencing discomfort and 2) a potential lack of continuity of their medication use.

Conclusion Residents and carers seem to underestimate their role in the medicines' pathway. Additionally, they seem to have paternalistic views on medication decision-making. Nevertheless, information needs on the medication were established, indicating a need for awareness and empowering initiatives in both populations.