Promoting Person-Centered Care Through Family Involvement

This issue of the *Journal of Gerontological Nursing* focuses on family’s role in the lives of elderly individuals in a variety of caregiving situations. Wright & Leahey (2000) describe family as being greater than the sum of its parts. Anything that affects one family member will directly or indirectly affect all of its members. This perspective places the individual within the context of the greater whole. Individuals are not defined in isolation, but in relationship to the family. Therefore, family, rather than the individual, becomes the unit of care (Wright & Leahey, 2000).

Care usually begins in the home environment where it is important to examine the needs of both the caregiver and the care recipient. In this issue, Habermann and Davis (pp. 49-54) discuss three categories of needs identified by in-home family caregivers. As discussed by Mizuno and Takashaki (pp. 15-21), culture and familial relationship are important variables that determine the amount and type of caregiver support required. Gerontological nurses generally view care recipients as aging adults. Dowdell (pp. 31-37) helps to broaden this perspective by providing insight into the increased prevalence of grandparents who become primary care providers for their grandchildren and the unique challenges associated with this role.

Familial bonds are important regardless of the setting. For example, families continue to play an important role in the lives of the care recipient following institutionalization (Naleppa, 1996). The long-term care facility becomes home to the residents who live there. Boise and White (2004) propose a person-centered delivery of care in an effort to transform the institutional environment into a more home-like environment. The foundation of person-centered care is an individualized approach that incorporates “lifelong traditions and values” and encourages the resident to interact with family and friends in important and meaningful ways (Boise & White, 2004). This is exemplified in the article by Jablonski, Reed, and Maas (pp. 38-48) who implemented the Family Involvement in Care protocol to negotiate and establish a partnership between family and staff in the care of residents with dementia who were housed on a special care unit.

More specifically, Gerdner (pp. 22-30) promoted family involvement in the assessment and implementation of individualized music intervention for individuals with dementia. Family members provided valuable information related to the residents’ specific music preferences and the context in which music was incorporated into the residents’ earlier life. The intervention used the preserved ability to process music and provided a catalyst for meaningful interaction between the resident and others (e.g., family, staff) that illuminated the personhood beneath the shroud of cognitive impairment.

Future research should continue to promote a collaborative relationship between staff and family members. To facilitate this effort, Specht, Park, Maas, Reed, Swanson, and Buckwalter (pp. 6-14) describe six instruments to test nursing interventions for individuals with dementia and the family and staff caregivers.

REFERENCES


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