AKE Fireside Chat:
Closing the Distance Between Knowledge and Action in Elder Care

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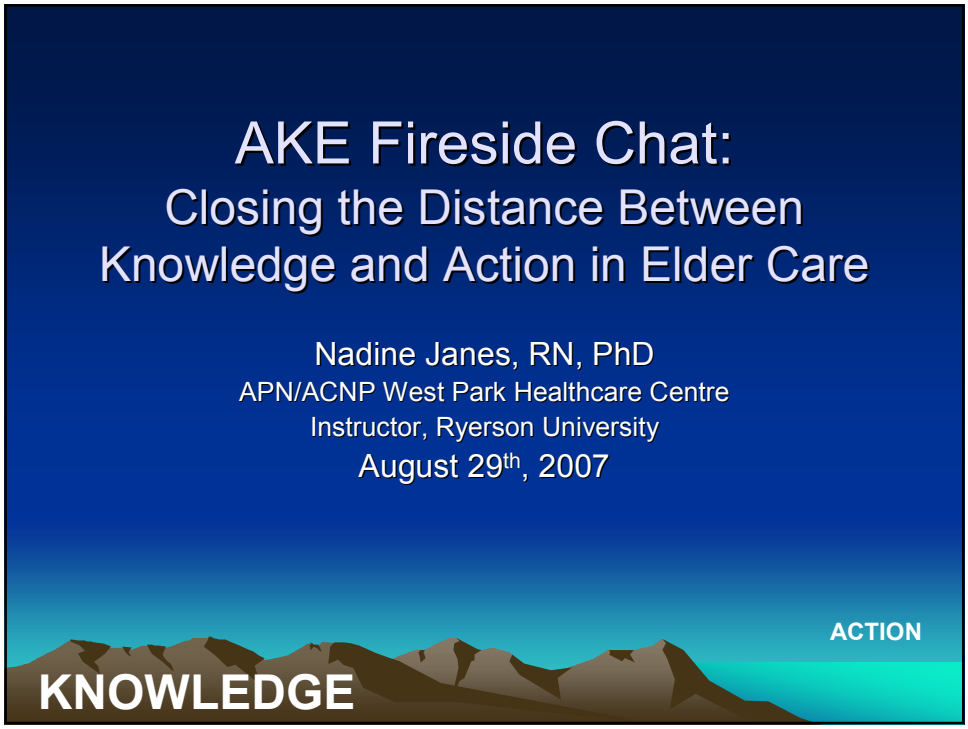
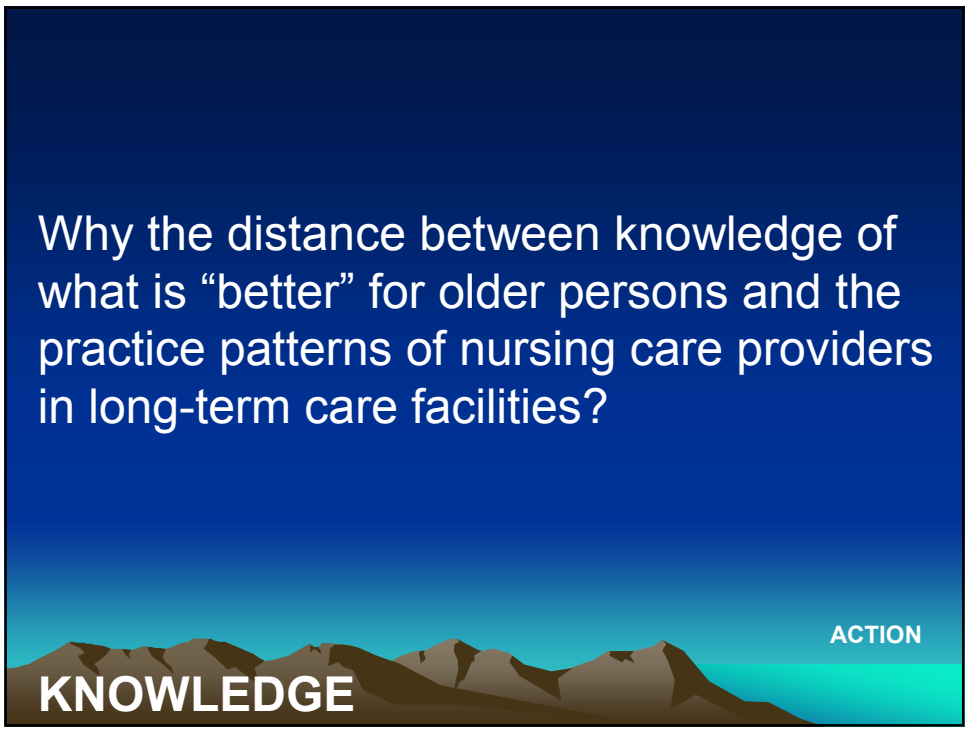
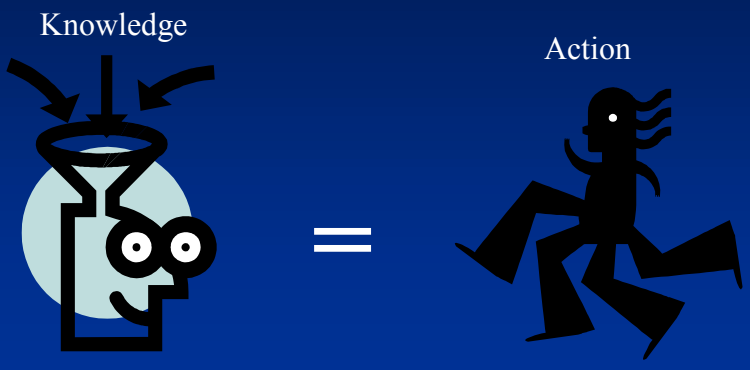


Why the distance between knowledge of what is “better” for older persons and the practice patterns of nursing care providers in long-term care facilities?



Traditional Models for Facilitating Better Elder Care



In Pursuit of a New Model: An Emerging Program of Research

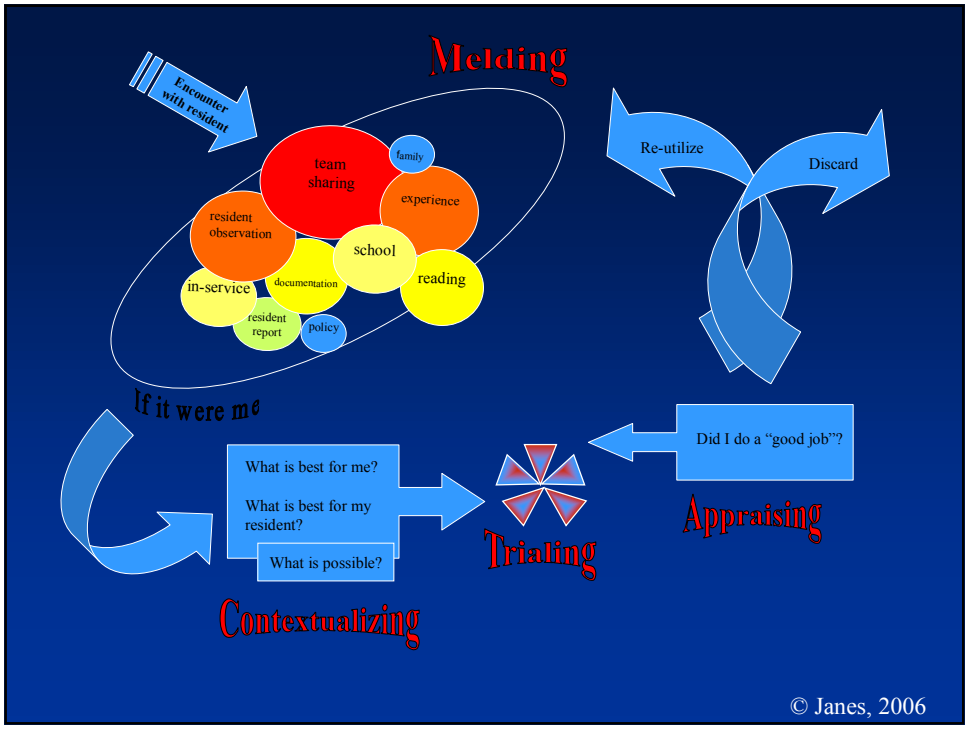
- A review of the literature
- Reflection on personal experience
- Giving voice to those “in the know”
  - Unregulated Care Providers
  - Facilitators
  - Administrators
  - Registered Nursing Staff

Better Care for Older Persons: The Person-centred Approach

The Voice of Unregulated Care Providers

- Grounded theory method of investigation
- Data collected through 21 formal, semi-structured interviews
- 20 Personal Support Workers (PSW) on Special Care Units across 8 Long-term Care facilities in Metro Toronto
- Formulation of theory of the process by which PSWs utilize knowledge about person-centered care

Figuring it Out in the Moment

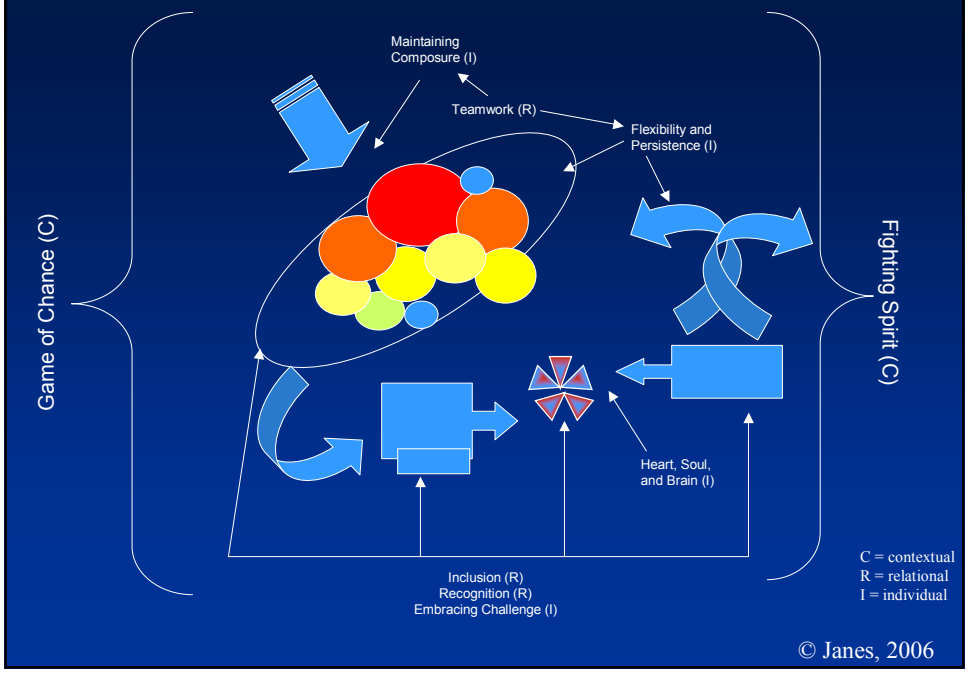


[Melding Phase]

Oh, just my common sense, just going to in-service. Sometimes just reading little articles in the paper and seeing the errors that other people made, mistakes, and say oh, well, that didn't work for that person so we're going to try it a different way and whichever is easy for that person might not be easy for me. But whatever, I use my common sense. I do a little reading and just to use my feelings to judge that person.

[Contextualizing and Appraising Phases]

I think it's better at the end of the day if you go home and you've been hugged by half a dozen residents than it is to go home with a sore rib because you've been punched…you feel like coming back.



[Game of Chance]

A typical day is uh…well, I organize my day in the car on the way here and I uh, you know and have it straight in my mind how my day is going to go and I step through the door and it all gets shot down full force and to say the least, it's busy, very, very busy. It's challenging.

And the surprise I get, you know, not all the days are the same and everybody gives you a different experience each day. You don't get the same response from the same person…

[Maintaining Composure]

Because the one that you saw previously and had given care to might have been a little bit aggressive, maybe verbally abusive and if you take that with you to the next person, you might be expecting the other person is going to do that to you because you're still taking that old baggage along with you and you get the sweetest response for the next person and then you have to catch yourself to respond, you know, so you have to actually sit down, oh, she was actually nice to me after the other one just finished abusing me, so it is very important for me at least to wipe my slate clean and go in with a new approach and a clean slate to look after the next person.

[Heart, Soul, and Brain]

You have to have that extra pizzazz

It's amazing that every now and again the window opens and a ray of sunshine will shine through. And they'll answer you responsibly. I get goose bumps. My hair on my arms stands up. It's scary.

[Flexibility and Persistence]

…you've got to have a very high flexibility…where as on another floor you just do the work you follow one, two, three patient and you're done. With Alzheimer, because of the behavior, the aggression, you go over and go back.

[Inclusion and Recognition]

Even the doctor recognized it [good care]…the doctor saw it and you know what? I got respect…That's an honor to me. In this line of work historically I have never had not even a manager or anyone say to me, what do *you* think?...And when these things happen, it gives you the courage you need and the people want to do more and more…those are the things that keep you going because somebody tells you thank you...respect from other people makes you apply yourself professionally…Even though I'm just a PCA, I'm more than that. I have class and I apply it to my work. And when this doctor said that [*thank you*], I find it was very emotional, and I knew I was doing a good job. And then my charge nurse said to me, once it was spoken about at a team conference and I can tell by the way the doctor even would say good morning, the way he would greet me – so respectfully, it made me realize you know, that I've got integrity, you know, and it's coming from a doctor…you realize that somebody see your good work… when it's recognized you want to keep that trust and that, that relationship. You want to keep that relationship…it makes you want to act professional.

[Recognition]

It's not really, sometimes, I can always call in sick – it's not always the money, but when you are, before you're not happy, and then maybe like um, the upper head nurse, whatever, it's one of the things if they're nice to you. They appreciate what you are doing, your director, whatever, your head nurse, your co-worker, you know, you're happy with them. That makes you work good.

[Recognition; Heart, Soul, and Brain]

They should treat us as a professional one, but sometimes with these people in the power they just look at us, oh, you're only cleaning sh**, you're nothing. You can't talk to that person, to the higher person the way you want to talk, so the residents will get it.…This displacement of anger…You have a tendency to react and get mad to the residents that they don't deserve to get mad at them and you become, I don't know, what is the term for this? … you become resentful that you're mad at everyone – you displace your anger, displacement. You know, your defense mechanism?

[Inclusion; Recognition]

Okay. I think respect. I think they should really, really, listen to their staff. They are no different from the registered staff where you will have people, you will find a great compassion and you will find people that are very cold and indifferent and very practical and very logical, you know, when we're getting off duty. So I think you should treat people individually as opposed to addressing them as a whole, as this is all the registered staff and this is all the RPNs and this is all your health care aides. I think it's arrogant, it's rude, it's disrespectful. You're not only dishonoring the individual, you're dishonoring your establishment because the stuff that you could be learning, and therefore you could be learning and you could be improving your institution and you could be improving that level of care for the residents which is primarily what you are supposedly there for is the number one thing should be which you can verbally say but you've got to back it up.

[Inclusion]

Well, first you have to let them feel good about themselves, and that they're important and that the job that they're going to do is important because without them you know, the residents need the hands-on care. You know, it's not like because most of them have the mentality oh, it's just cleaning BM. Well, it's not BM every day. You know, so it's important that they feel good about the role that they're going to play in your…So, you know… You have to realize that if you're team centered, then you have to make the PSW feel that you're an important part of the team too. And most of my bosses here feel that way about me.

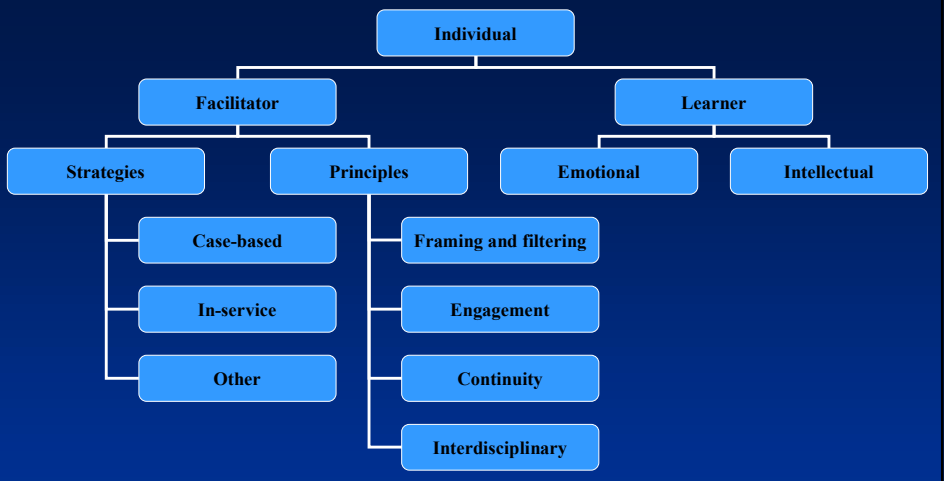
The Voice of Facilitators

- Critical incident method of investigation
- 120+ incidents collected through written submissions on a secure web site, face-to-face interviews, & telephone interviews
- 33 facilitators working across Ontario; 1 facilitator from BC
- Facilitators responsible for 13.5 LTC facilities on average (range of 1-79)

The Keys to Unlocking Better Care in LTC

Individual Factors

Contextual Factors



[(F) Strategies – Other]

The facilitator needs to be able to have a foot in the academic and one in the clinical world. That is be able to translate the language and context of both and between both.

The facilitator needs to be flexible and adaptable. Using the end goal as the guidepost and not the hitching post allows for this flexibility. If the facilitation is so rigid it can only happen in one way - then it has less chance of being successful.

[(F) Principles – Framing/Filtering]

[Registered and unregulated staff are] concrete thinkers and therefore have a more difficult time in transferring knowledge from one situation to another unless it is translated into very concrete, bite-size and language meaningful to their day-to-day world.

[(F) Strategies – Case-based]

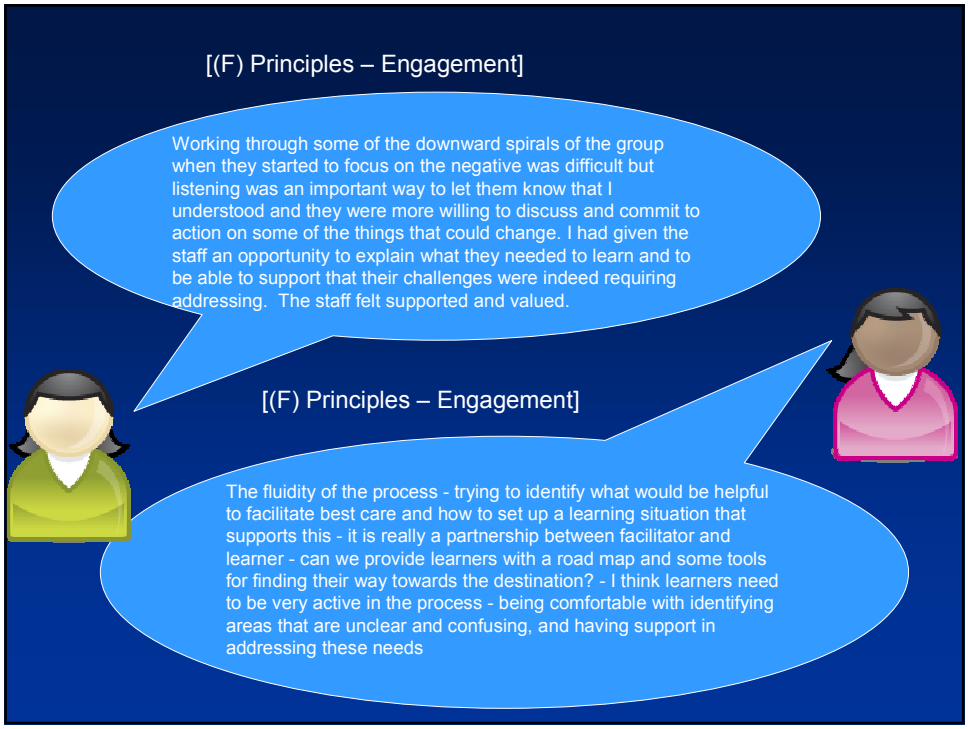
I go just on the floor while they're doing morning care and being right there in the situation which again I may have neglected to say earlier, but that I think is key too, you know, go where the action is…so that it's more meaningful…it's taking it to the situation and not two days later when, you know, people have had a chance to maybe, relook at it, their feelings have changed, you know, outside of the situation…

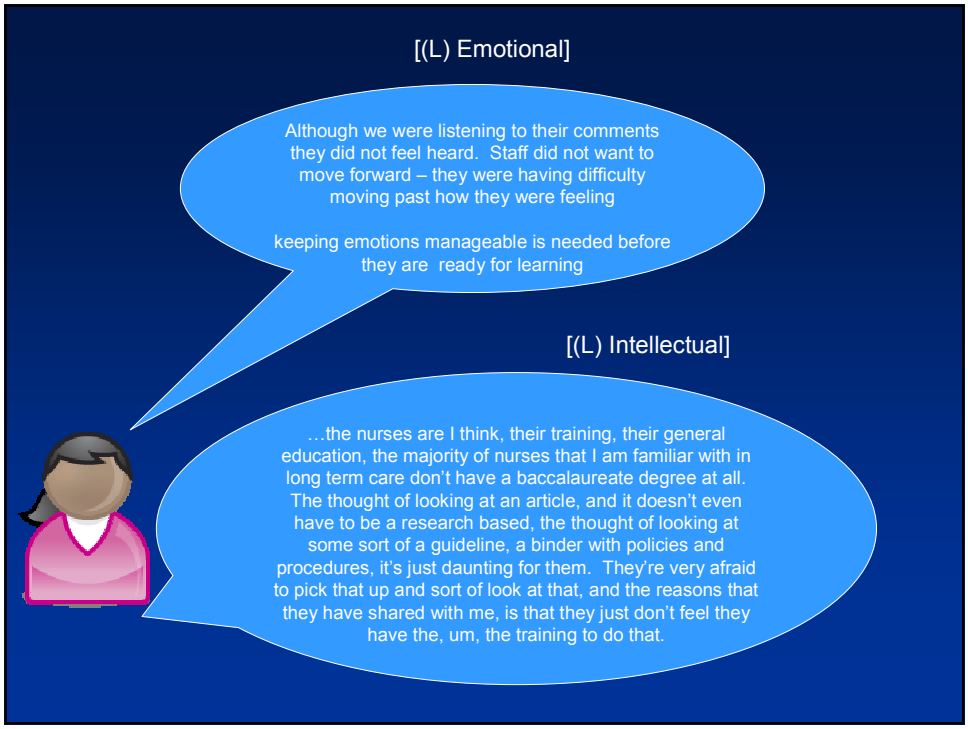
[(F) Principles – Framing/Filtering]

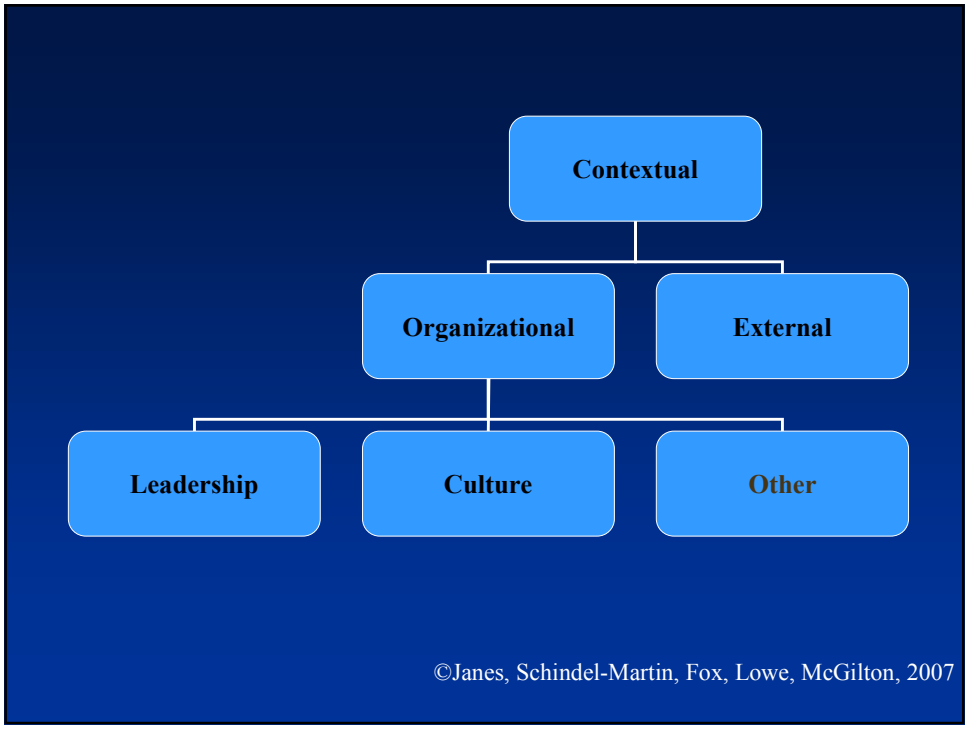
Facilitator needs to be positive reinforcing the positive strategies that are in place is helpful in getting persons to hear other information…I had to nicely tell her she was wrong in her approach. I handled the situation by pointing out what she did right so as not to crush her spirit

[(F) Principles – Framing/Filtering]

I try to assist the participants in empathizing with those to whom they provide care. This is done through the use of several self-reflective activities. As a facilitator, I find great success in reaching my audience when I work to personalize the material that I am sharing. So far, this has been well. It is more meaningful to ask adult students to relate to something they are familiar with rather than not familiar with. Too much effort is needed to try and imagine what it is like to be elderly.


[(F) Principles – Engagement]
Working through some of the downward spirals of the group when they started to focus on the negative was difficult but listening was an important way to let them know that I understood and they were more willing to discuss and commit to action on some of the things that could change. I had given the staff an opportunity to explain what they needed to learn and to be able to support that their challenges were indeed requiring addressing. The staff felt supported and valued.
[(F) Principles – Engagement]
The fluidity of the process - trying to identify what would be helpful to facilitate best care and how to set up a learning situation that supports this - it is really a partnership between facilitator and learner - can we provide learners with a road map and some tools for finding their way towards the destination? - I think learners need to be very active in the process - being comfortable with identifying areas that are unclear and confusing, and having support in addressing these needs


[(L) Emotional]
Although we were listening to their comments they did not feel heard. Staff did not want to move forward – they were having difficulty moving past how they were feeling
keeping emotions manageable is needed before they are ready for learning
[(L) Intellectual]
…the nurses are I think, their training, their general education, the majority of nurses that I am familiar with in long term care don't have a baccalaureate degree at all. The thought of looking at an article, and it doesn't even have to be a research based, the thought of looking at some sort of a guideline, a binder with policies and procedures, it's just daunting for them. They're very afraid to pick that up and sort of look at that, and the reasons that they have shared with me, is that they just don't feel they have the, um, the training to do that.


Contextual
Organizational
External
Leadership
Culture
Other
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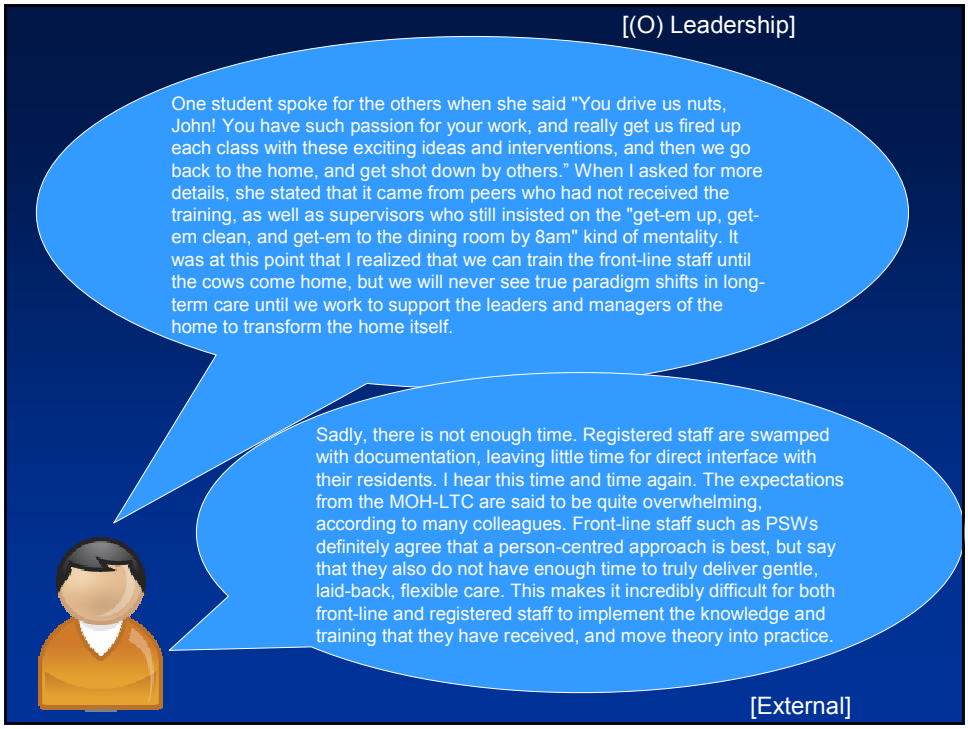
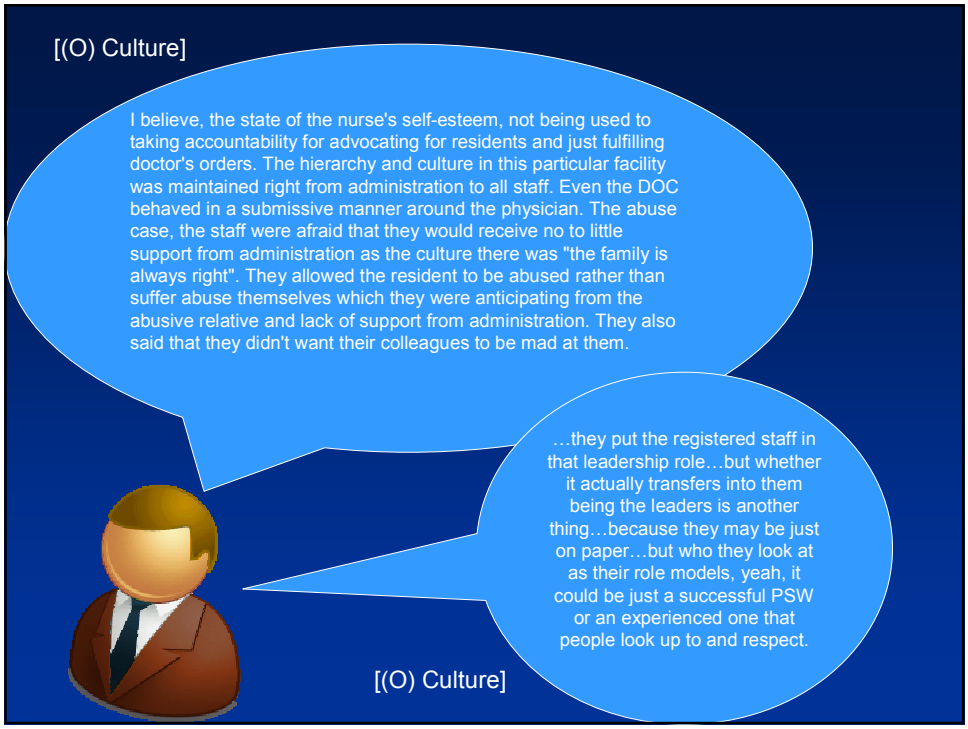

[(O) Leadership]
One student spoke for the others when she said "You drive us nuts, John! You have such passion for your work, and really get us fired up each class with these exciting ideas and interventions, and then we go back to the home, and get shot down by others." When I asked for more details, she stated that it came from peers who had not received the training, as well as supervisors who still insisted on the "get-em up, get-em clean, and get-em to the dining room by 8am" kind of mentality. It was at this point that I realized that we can train the front-line staff until the cows come home, but we will never see true paradigm shifts in long-term care until we work to support the leaders and managers of the home to transform the home itself.
Sadly, there is not enough time. Registered staff are swamped with documentation, leaving little time for direct interface with their residents. I hear this time and time again. The expectations from the MOH-LTC are said to be quite overwhelming, according to many colleagues. Front-line staff such as PSWs definitely agree that a person-centred approach is best, but say that they also do not have enough time to truly deliver gentle, laid-back, flexible care. This makes it incredibly difficult for both front-line and registered staff to implement the knowledge and training that they have received, and move theory into practice.
[External]



The Voices Combined

- There is no direct link between knowing and doing
- Relational aspects of our work places, including power dynamics, mitigate against our abilities to do what we know is “best”
- More than intellectual capacities are required of staff for them to provide better care; Emotional intelligence is key

Knowledge **Action**

The Voices Combined

- Contextual factors of influence include:
  - the nature of caring for a specific resident in a particular moment of practice
  - the macro level pressures that dictate care processes, priorities, and possibilities
  - everything in between!
- Efforts to minimize strain and maximize relationships may be particularly effective

Knowledge **Action**

In Appreciation

- Personal Support Worker participants
- Funded in part by the Canadian Gerontological Nursing Association
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  - Dr. S. Sidani
  - Dr. S. Rappolt
  - Dr. C. Cott
- Facilitator participants
- Funded in part by the Faculty of Community Services, Ryerson University and The Collaborative Research Program: Rehabilitation and Long-term Care
- Research Team:
  - Dr. Lori Schindel-Martin
  - Mary Fox
  - Dr. K. McGilton
  - Mandy Lowe


Thank you for your
kind attention!!