Person-Centred Care from Rhetoric to Reality—Exploring the Role of Empowerment

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Who is Sienna Caspar?

- Professional *20+ years
- Researcher *10+ years
- Family caregiver

- My burning question: Why is Person-centred care so hard to implement in residential care settings?

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Four Key Findings From a Decade of Research

Key Finding #1:

1. Educational interventions are largely ineffective in producing changes to care practices in LTC settings.

The foundation of evidence: Realist Review

- Systematic review of 87 intervention studies conducted to produce practice change in LTC.

- Focused on correlation between intervention factors and effectiveness of the intervention.

Categorization of Intervention Factors

Green and Krueter (2005)

Predisposing factors:

- Creating a shared vision
- Disseminating information
  - lectures, written information, group work, didactic training, experiential learning, video presentations, role-playing, or computerized learning

Enabling factors:

- Conditions and resources developed to enable the implementation of new skills
  - modified work schedules, practice opportunities, changes to policy or treatment guidelines, development of new care plans, or access to appropriate resources

Reinforcing factors:

- Mechanisms that reinforce the implementation of new skills or practices
  - providing cues or reminders, improved peer support, timely and appropriate feedback, timely and consistent follow-up, and rewards and recognition

Results: Intervention Type

Educational interventions are largely ineffective in producing change in care practices in LTC settings.

- The majority (58%) of the studies (n = 51) did not include any enabling factors within their interventions.
  - New information is presented to staff members with no strategies in place to support the transfer of new knowledge into practice.

- Presence of reinforcing factors seems to be significantly related to the effectiveness of the intervention

- **Caspar, S.,** Cooke H., Phinney, A. & Ratner, P. (2016). Practice Change Interventions in Long-Term Care Facilities: What Works, and Why? *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 35(3), 372-384.

Results: Intervention Type

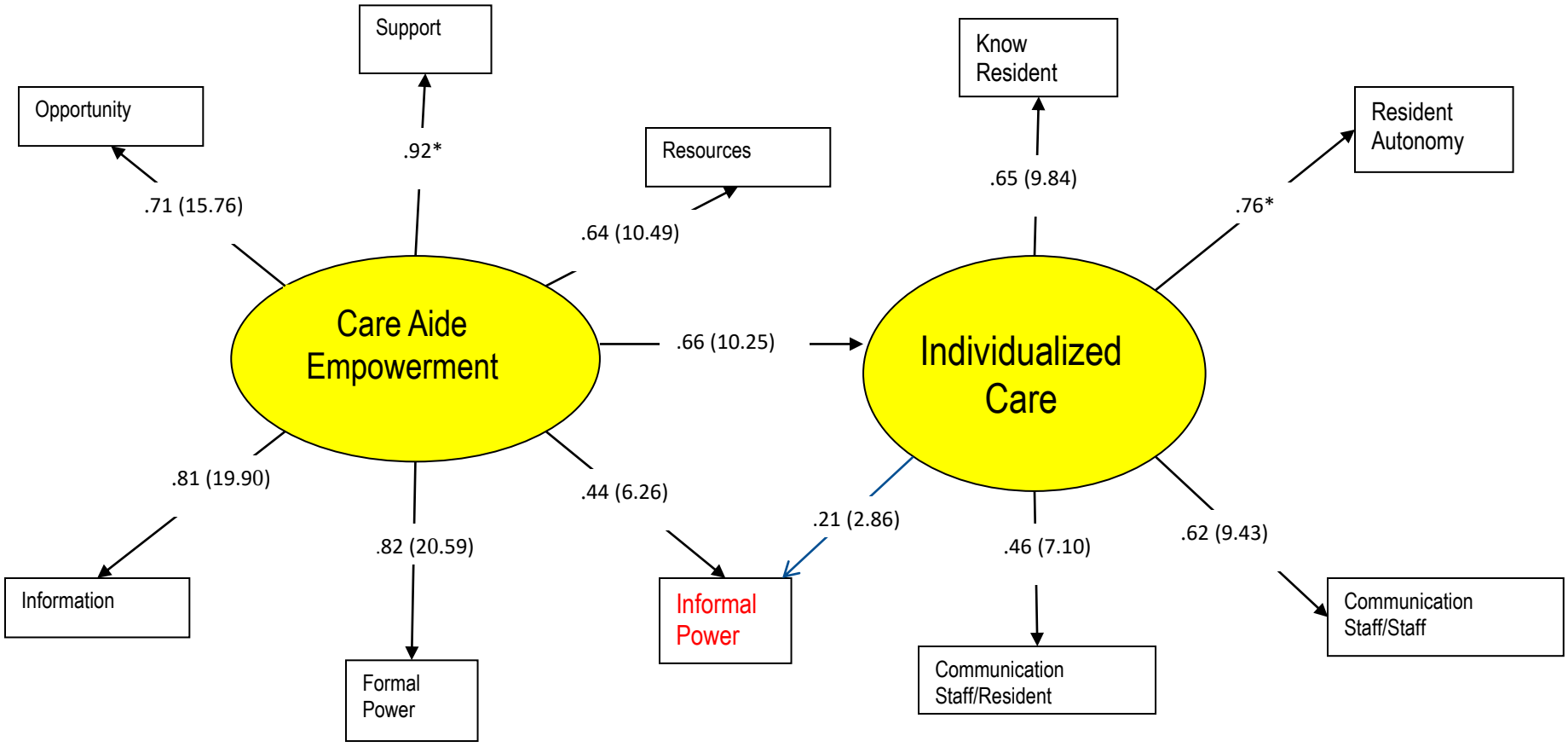
- Unless effective, feasible, and sustainable enabling and reinforcing factors are part of any culture change initiative, the day-to-day care practices and routines (which places more emphasis on regulatory compliance than on individualized resident needs) will likely be in direct conflict with the successful implementation of the intervention.

For successful change to occur (and be sustained), we must focus on all of these factors!

Key Finding #2:

2. The quality of work relationships has a direct and meaningful influence on care aides' ability to provide person-centred care.

Results



Caspar, S. & O'Rourke, N. (2008). The influence of care provider access to structural empowerment on individualized care in long-term care facilities. *Journal of Gerontology: Social Sciences, 63B*(4), S255-S265.

What I learned…

- The health care aides primarily receive and share resident-care information orally—in other words, they prefer to talk with one another rather than read charts or forms. However, the sharing of information was largely dependent upon the quality of their working **relationships** with one another and especially with management.

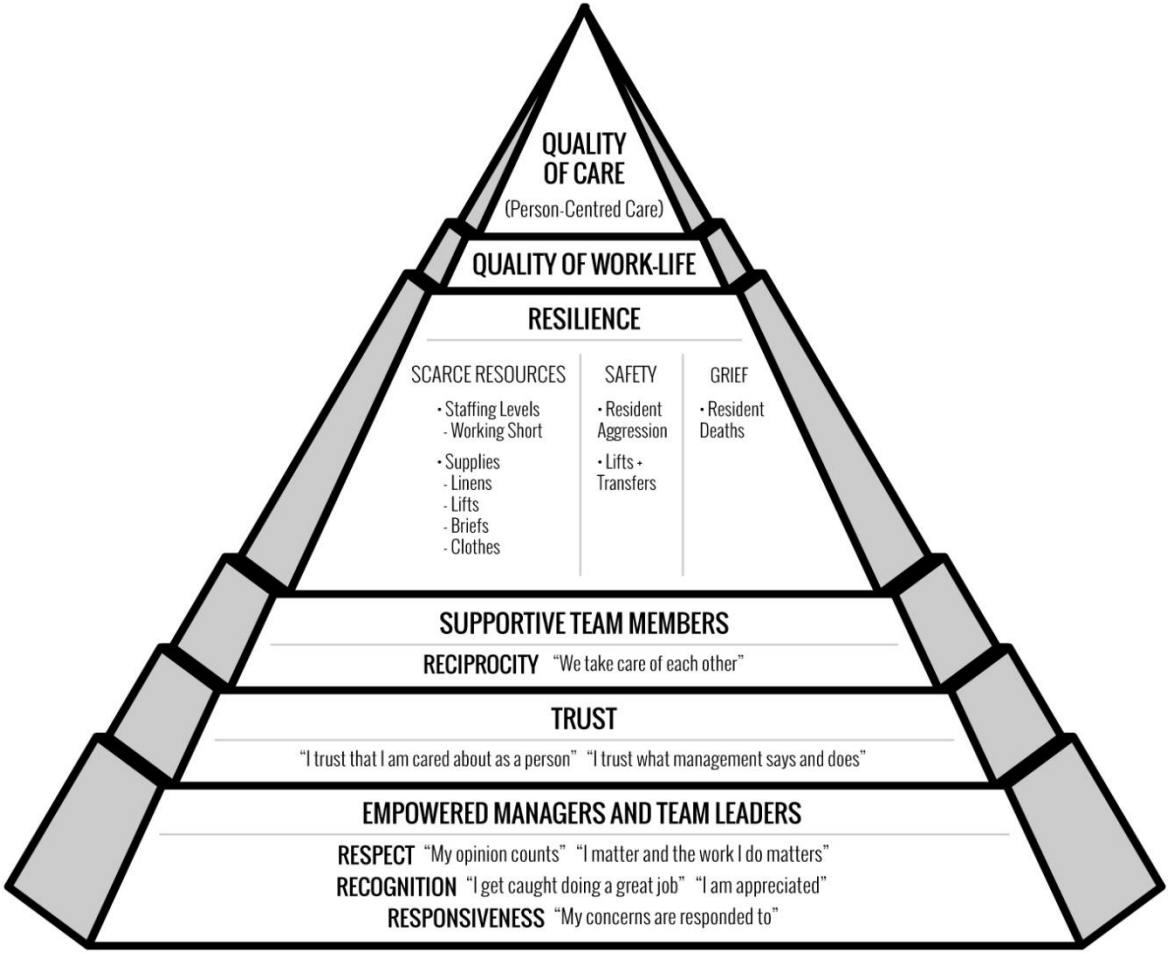
- **RCA** [12]: *If two of the girls don't like each other, one great tip that one had that could save us all time and injury doesn't get shared.*

Key Finding #3:

3. The presence of leaders who demonstrate respect, show appreciation and give recognition, and actively respond to the needs and concerns of staff is essential to any initiative aimed at producing changes in care practice.

- **Caspar, S.**, Ratner, P., Phinney, A., & MacKinnon, K. (2016). The influence of organizational systems on information exchange in long-term care facilities: An institutional ethnography. *Qualitative Health Research. 26*(7), 951-965

Caspar's Empowerment Pyramid



Caspar, S., Phinney, A., Spenceley, S., & Ratner, P. (2020). Creating cultures of care: Exploring the social organization of care delivery in Long-term care homes. *Journal of Long-Term Care*. 13-29.

Key Finding #4:

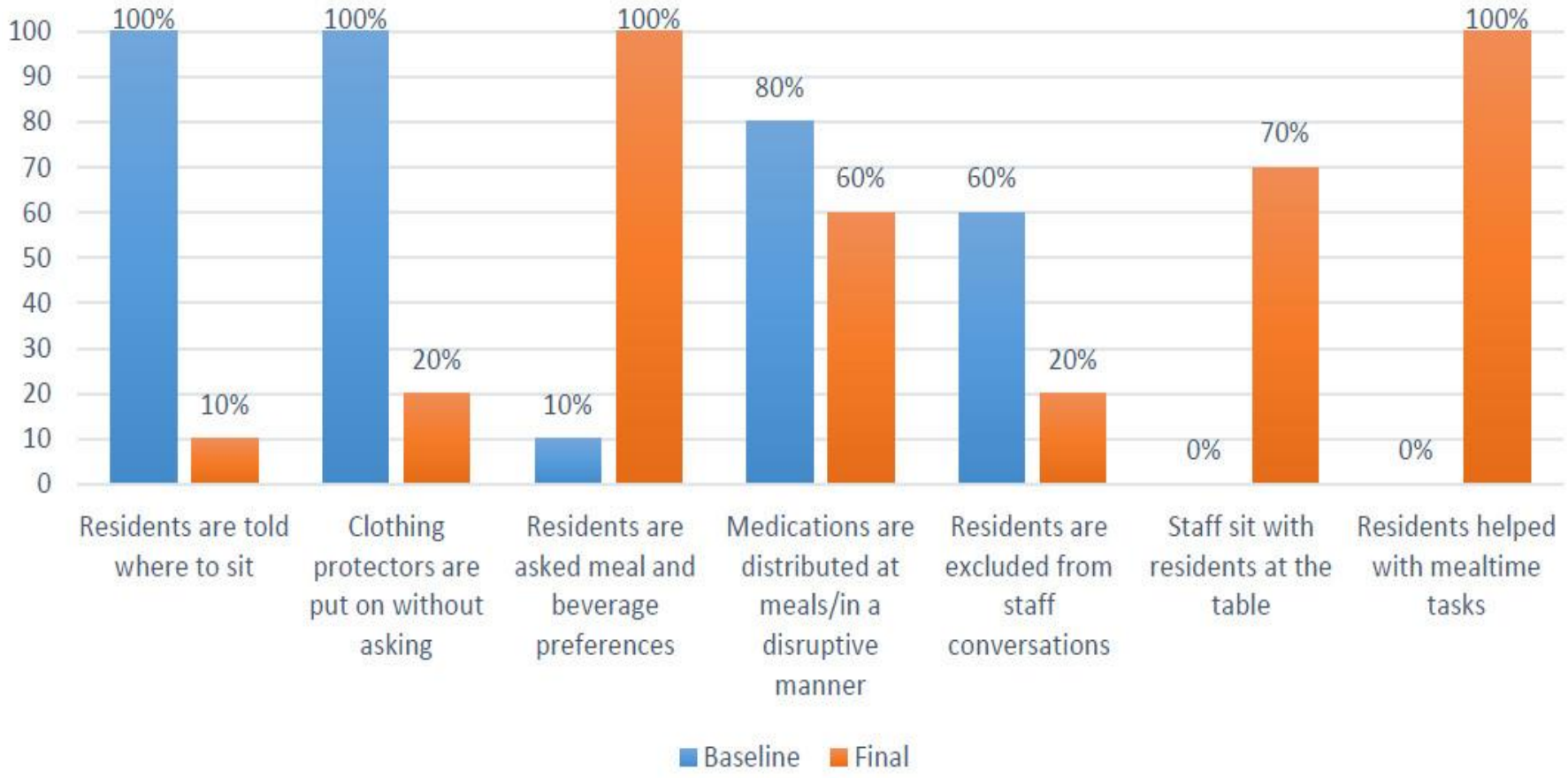
4. When you galvanize a care team by empowering them through the cultivation of leadership, team work and collaborative decision making—they can accomplish just about anything!

Enabling Person-Centred Mealtimes

- The Context:
  - 12 Residents Living with Dementia
  - Approximately 110 Care Staff rotating every 3-4 shifts through 4 Houses on one floor
  - Lack of consistency in leadership

- The Measures:
  - The Mealtime Scan (MTS) (Keller, Chaudhury, Pfisterer & Slaughter, 2017)
  - The Dining Environment Audit Protocol (DEAP) (Chaudhury, Keller, Pfisterer, & Hung, 2017)

Person-Centred Care Mealtimes



Caspar, S., Davis, E, Berg, K, Slaughter, S., Keller, H, & Kellet, P. (2021). Stakeholder engagement in practice change: Enabling person-centred mealtime experiences in residential care homes. *Canadian Journal on Aging. 40*(2), 248-262.

The Feasible and Sustainable Culture Change Intervention (FASCCI) Model

- Stakeholder engagement (Process Improvement Team)
- Responsive Leadership Training for all
- PIT members are recognized as the experts and they select the changes to be implemented
- Ensure predisposing, enabling and reinforcing factors are all addressed
- Change is implemented via PDSA cycles
- Success is both monitored and **celebrated**!

- **Caspar, S**., Berg, K, Slaughter, S., Keller, H., & Kellet, P. (2020). Stakeholder Engagement for Practice Change in Long-term Care: Evaluating the Feasible and Sustainable Culture Change Initiative (FASCCI) Model. *Journal of Long-Term Care*. 30-41.

Mitigating Moral Distress in Continuing Care Settings

- **Reducing Moral Distress in Nursing Providers of Dementia Care: Knowledge to Action in Continuing Care *Dr. Shannon Spenceley**
  - Moral distress is the pain or anguish a nurse feels when he/she knows the right thing to do in a care situation, but is unable to do it.
  - Moral distress is a frequent, often intensely experienced phenomena in residential care of PLWD—especially for HCAs– and most frequent triggers are feeling rushed to provide care, having to choose between residents who need care, observing a lack of activities for residents (Phase 1 survey findings)
- **RCT (2 intervention and 2 control sites)**

Summary of findings

- An intervention focused on responsive leadership and communication resulted in these effects as measured at 1, 2 and 3 months after initiation of the intervention in Phase 3:
  - Consistent and significant reductions in overall levels of moral distress, and in the reported frequency and intensity of moral distress in response to particular situations
  - 20-25% reduction at each measurement point:
    - in reported frequency of "having to rush care of residents with dementia even though I know it might upset them"
    - in reported intensity of moral distress related to situations related to poor communication, and lack of knowledge/skill
    - in the frequency of feeling sad, guilty, physically sick, like a failure or like they wished to call in sick, or wanting to withdraw from residents with dementia
  - Two focus groups: consistent improvement in desired outcomes; reported feeling inspired, empowered and excited about the change.

Person-centred care is about relationships and connection!

"I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship."

– Brene Brown

The Gifts of Imperfection

Thank you!

- If you would like more information about the FASCCI model and how to access a free resource on training for it, please contact me….

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