

Leading Change with Action Research: Improving Quality of Life in Residential Aged Care

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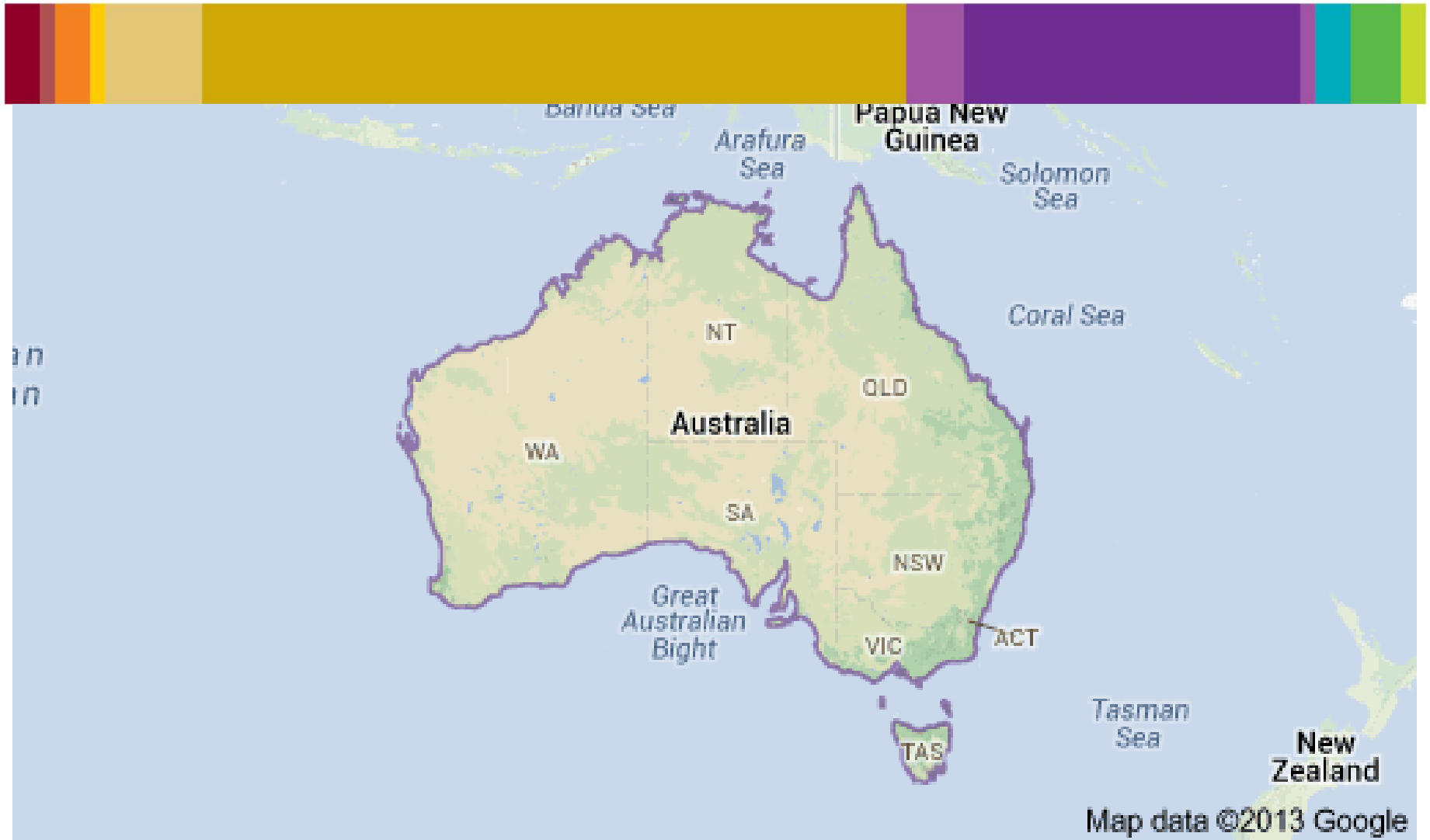


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Our Goal was to:

- Improve quality of life and end of life care for older people living in residential aged care homes managed by HHS
- Provide health care staff with an opportunity to participate in action learning workshops facilitated to meet their learning needs
- Develop a sustainable program to improve quality of life for residents, relatives and staff based on a successful model developed in the United Kingdom



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Ethical Approval

Approval to conduct the project was provided by the University of Ballarat's Human Research Ethics Committee.

Thirty one health professionals (Registered Nurses, Enrolled Nurses, Managers, Patient Care Attendants and Life style coordinators) consented to participate in the project.



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Project Scope

The project was organised in three phases:

1. Pre questionnaires and interviews
2. 3 x 4 hour workshops at 3 residential care homes
3. Post workshop interviews and questionnaires





Partnership

Action research is a group activity founded on a partnership between researcher and participants, all of whom are involved in the change process. The participatory process is educative and empowering, involving a dynamic approach in which problem identification; planning, action and evaluation are interlinked.



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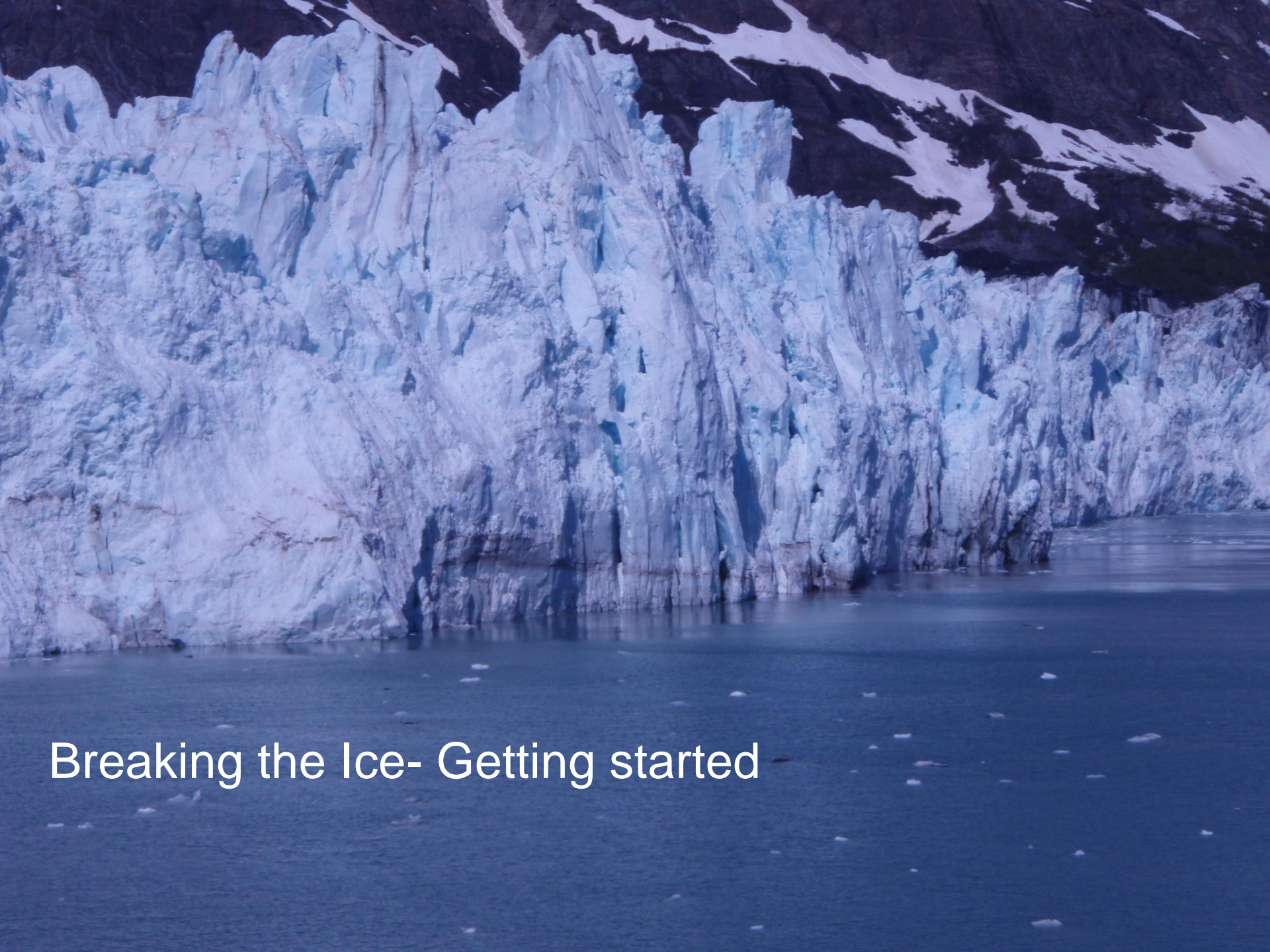





Action Research

- Work with groups or communities
 - Researcher and participants collaborate
 - Develop knowledge, Action, conscious raising
 - Empowerment
 - Develop energy for improvements through education and action
 - Increase self esteem and generate community solidarity
- Polit & Beck (2012)





Breaking the Ice- Getting started



I think that's a good icebreaker. More than an icebreaker, really that was quite incredible, wasn't it? And to have it as the first thing so that we could see each other a little bit differently.

Well I think a rapport was made very strongly in the first week. I think it was very very evident...Really powerful and I think that to start with, brought us close as a group...



Questionnaire

Personal Quality of Life

Good Health
Good Relationships (family, partner)
Good food
Community involvement
Looking after others
Holidays, fun,
Contentment, balance in life
Being loved
Being Independent
Freedom of speech

Residents Quality of Life

Treated as an individual
Respect, dignity, gentleness, love
Good Food, choice of food
Good care, daily needs met,
Good physical and emotional care
Continuity of staff, staff who are happy
Variety of activities, lifestyle
opportunities
Being listened to
Having time spent with them
Happiness
Safety





Questionnaire

Palliative Care

Holistic care, spiritual & family care.
Pain relief +++
Choice of treatment, alternative therapies.
Help with the dying process.
Comfort, reassurance to person and family.
Good care, individual needs, address what the individual can cope with.
Honesty, give hope, prepare for the worst, let them know its okay.
Case conferencing.
Referral to palliative care team.

End of Life Care

Not palliative – end of life care.
Final active stage of dying.
Comfort, reassurance, music.
Meeting individual needs of resident. family, emotional, physical, spiritual, making sure they are well looked after.
Pain free end of life, working with staff and Doctors to achieve this.
Dying with dignity and comfort.
Being there for them.



Interviews – Quality of Life

What do you do well ?

Individual Care
Holistic Care, personalised care
We listen
We provide good clinical care
We work well as a team, we do our best
Staff have worked here a long time
We have fun
We have a good environment
This is there home
We do that bit extra, we spend time with them
Activities are good

What can be improved ?

We need more time
We rush, nurses are run off their feet
We are task orientated, like machines
We need more activities, lifestyle activities, improve activities, more entertainment
Improve lifestyle, improve environment
We need more personalised care
We need to sit down with them
We need to break down the silos- HC and LC and staff
We could do better
We need to focus on resident care and not tasks



Improving Quality of Life

- Memory boxes/life books
- Observation and improving the dining experience
- Developing a palliative care education program
- Becoming a home/name change
- Spa and massage
- Keeping chickens
- Individual activities/morning tea with residents



Changes along the way

The cyclical process of action research proved very useful. At the end of each workshop participants were involved in the planning of the content for the subsequent session. An agreement on the agenda was reached and everyone was clear about what was required for the next workshop. On completion of the cycle of three workshops the groups were asked to provide feedback in relation to what could be improved for future action learning sessions.






Change

Yeah and it's...stop being self-centred too because it's not all - like staff-wise, it's not all about you, you, know what I mean?

So I guess well, for myself, you sort of set up what you can do in small ways for them (residents)... but it's sort of made me more aware of, and think what else can we do?





I certainly look at it differently now. I still do all the things that I have to do but I'm also conscious of the fact that I might spend a little bit more time just chatting about something and that's come through just the awareness from the programme that you have brought here.



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Positive framework

The fact that the framing was all around what can we do, rather than - no, I can't do that. It's so nice to do that, rather than have all the barriers up about, no we can't do that.

...we were shown a way to put something in a positive statement rather than a negative statement... actually makes you feel a bit better... That empowerment thing where you're empowering... by being positive...



Limitations

- The study represents limited sampling in selected settings we only explore the health professional's (Registered Nurses, Enrolled Nurses, Managers, Patient Care Attendants and Life style coordinators) perception of quality of life of residents living in nursing homes.
- Potential bias inherent in the sample of health professionals who participated. Quality of life for residents is not exclusively the realm of these professionals, families and other professionals are also involved in improving the quality of life of residents.





Challenges Ahead

- Leadership (vision & motivation)
- Challenging accepted practices (models of care)
- Management support (enabling)



Acknowledgments

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We would like to acknowledge the generosity of Professor Julienne Meyer and the team from My Home Life (MHL) United Kingdom. The many resources used in the delivery of this program of education are directly adapted from those given to us by Julienne. In adopting these resources we believe we have embraced the MHL spirit that is to build upon the energy and best practice out there and to collaborate and share a vision for change.



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