Leadership, Teams that Trust, and the Provision of Person-Centred Care: Understanding the links in continuing care settings

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Who is Sienna Caspar?

- Professional
- Researcher
- Family caregiver

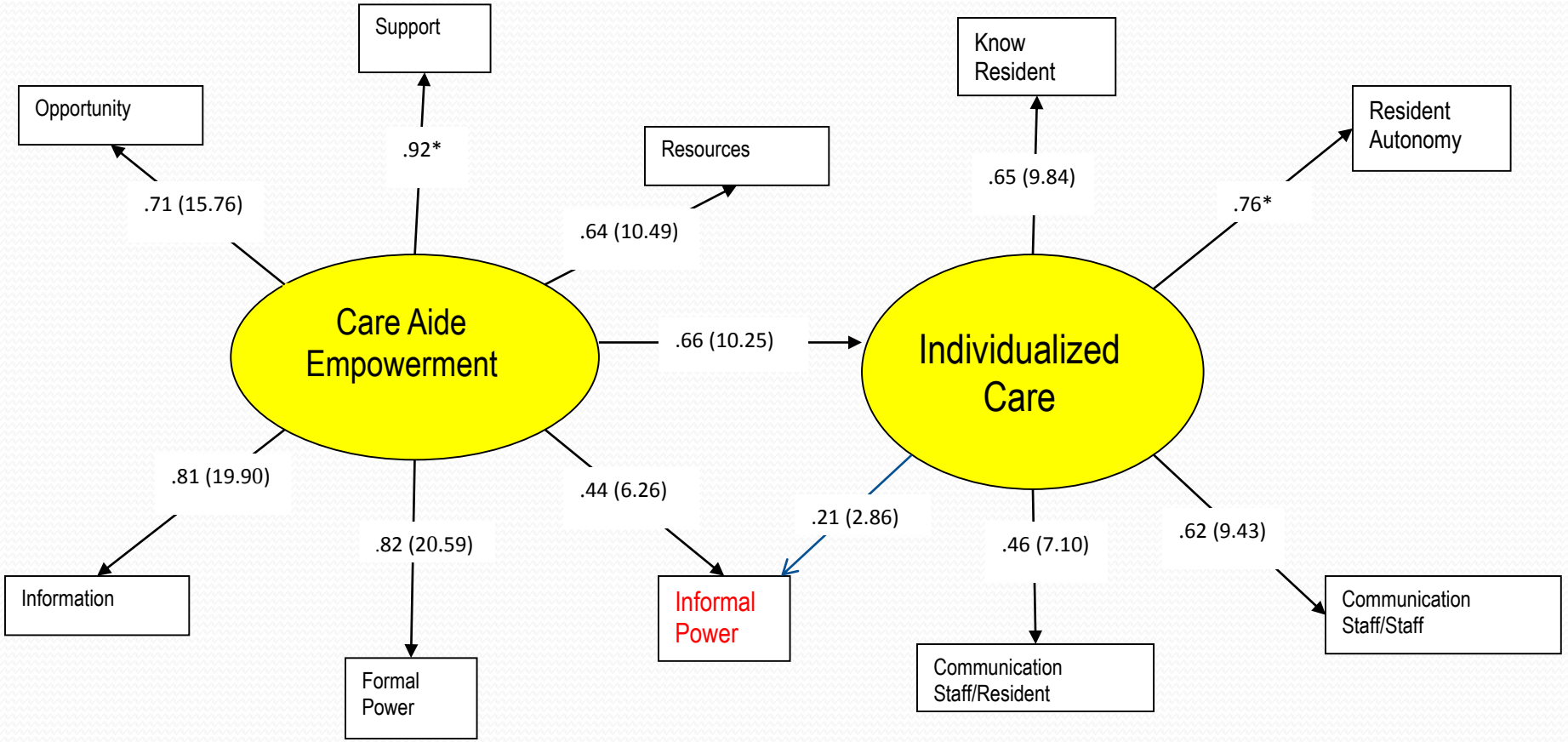
My burning question….

- Why is person-centred care so hard to consistently implement in long-term care facilities?
- Person-centred care:
  - A care philosophy that respects the care recipient's preferences and life history, honours identity, enables engagement in meaningful activity, and encourages an overall sense of well-being (Fazio, 2008).
- I believed the answer might be found through studying the organizational systems in long-term care facilities.

MA in Gerontology: SFU

- What is the relationship between long-term care staffs' access to empowerment structures and their perceived ability to provide individualized care?
- The 568 Participants from 41 LTC facilities (across 3 health authorities) were divided into two groups:
  - 242 RNs (*n*=177) and LPNs (*n*=65)
  - 326 care aides

Results


Support
Opportunity
.92*
.71 (15.76)
Resources
.64 (10.49)
Know Resident
Resident Autonomy
.65 (9.84)
.76*
Care Aide Empowerment
.66 (10.25)
Individualized Care
.81 (19.90)
.44 (6.26)
.21 (2.86)
.46 (7.10)
.62 (9.43)
.82 (20.59)
Information
Formal Power
Informal Power
Communication Staff/Resident
Communication Staff/Staff

Results:

- According to Kanter (1979), *informal power* is derived from the quality of alliances and relationships with people in the organization.

- This finding suggests that the quality of work relationships may have a direct and meaningful influence on care aides' ability to provide individualized care.

  - 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.

Doctoral Research

- My Method....Institutional Ethnography
- You can understand organizational systems by studying institutional texts within the organizations.
  - Institutional Texts:
    - Documents upon which we gather, store, and share information.
      - Policies, procedures, assessments, care plans
- My Standpoint....
- The everyday, every shift experiences of the care aides.
  - Front-line, hands-on care providers

My Questions....

- How do institutional texts impact the everyday practice of care aides?
- What texts (information) do care staff have access to? How do they access it?
- What does this tell us about how the care work is socially organized in LTC facilities?

What I did….

- Three LTC facilities:
  - Similar is size and admission policy (150 residents with complex care needs)
  - Represented three different ownership statuses (private for profit, private not-for-profit, and public not-for-profit)
- Participant Observation (83 hours)
  - Shadowed care aides: days, evenings, nights
- In-depth Interviews (76)
  - "360°" interviews
- Textual Analysis (100+)
  - ***Focussed on how resident-care information is accessed and shared within the care teams***

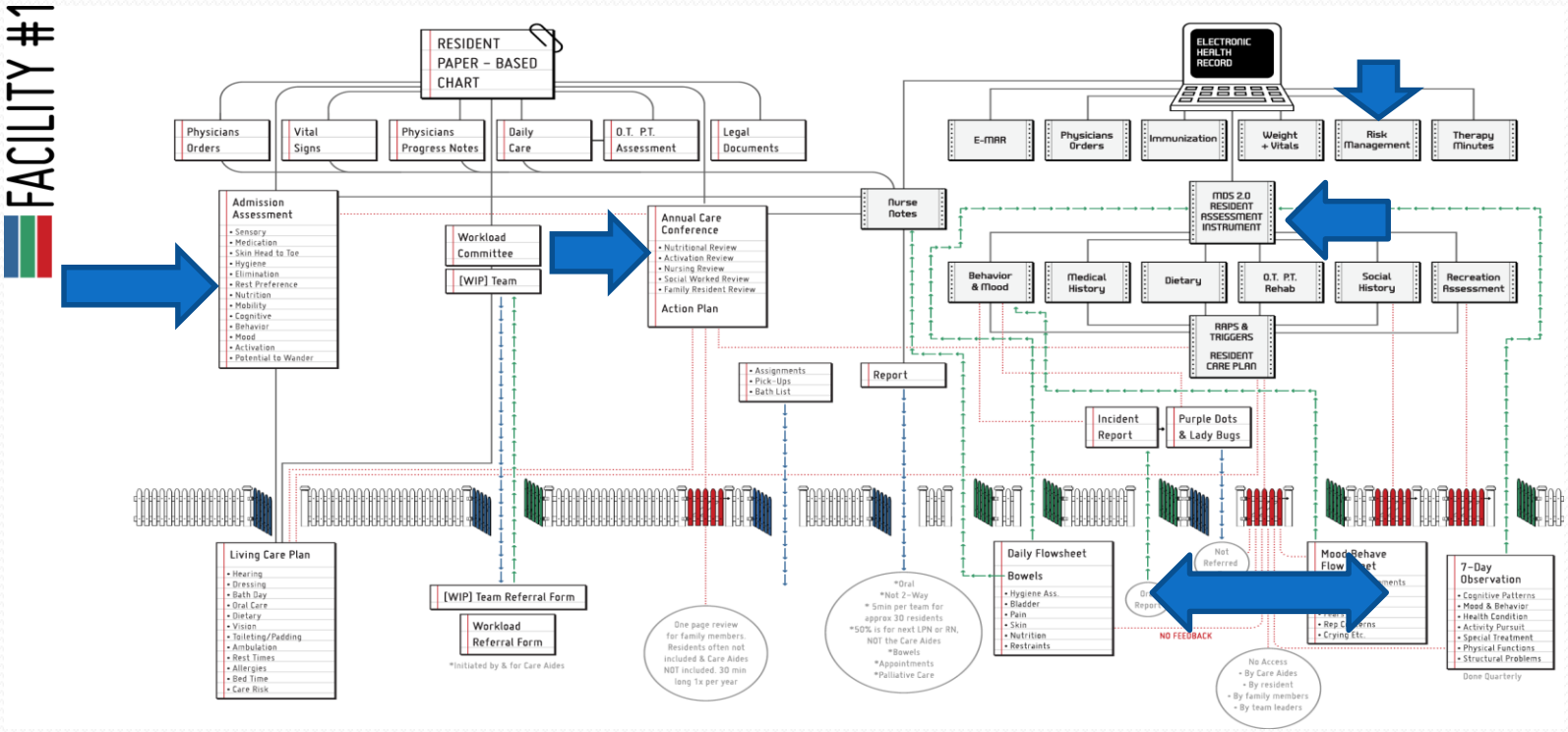
What I found…..

- In LTC there seems to be a fence with two sides….
- On one side of the fence the work is "textually mediated".
  - "If it's not documented it didn't happen!"

- On the other side of the fence the work is "socially mediated".
  - Very little of the knowledge, information and intimacies of the work gets documented

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, DOI: 10.1177/1049732315619893

What I learned: Assessments, Care Plans and Care Conferences



What I learned….

- Although they provided 80% of direct care, health care aides lacked practical access to the institutional texts that contained important information **relevant to the residents' care needs and preferences.**

- **Manager [09]**: *So, some RNs will allow them, some facilities will allow them* [the health care aides] *to read histories. Many facilities say it's not their right to read a chart. So, therefore, they're terrified to go and to get them so that they can know more about the residents that they're getting into the personal space of. And, even if they actually can go read them, they don't have time.*

What I learned....

- The institutional texts, which were developed specifically to organize and prescribe residents' care, exerted little, if any, influence on the care aides' daily care practices.

- **RCA [06]**: *You just get used to going in blind.*

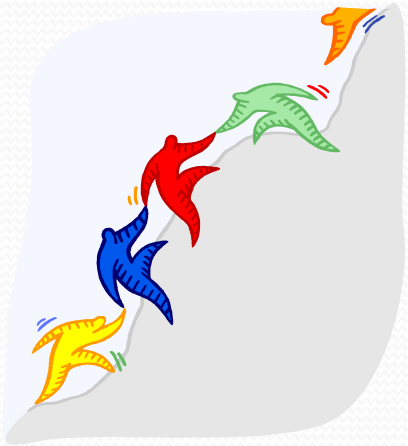
What I learned....

- The only two institutional texts that the care aides had practical access to that were regularly and systematically updated were the bowel lists and the bath lists.

- **RCA [01]**: *We don't have the responsibility of the RNs and the LPNs and the pills and all that stuff, but I think our job is equally important. And lots of people don't know that, because they just think that we're professional [butt]-wipers. Really, that's not near what it is.*

What I learned…..

- Care aides conduct informal assessments and create individualized living care plans on a daily basis
- This individualized information is stored in their minds (and hearts).
- It is only shared orally
  - Usually on the fly or on their own time



- This process is largely dependent upon the quality of their working relationships with one another and especially with management.

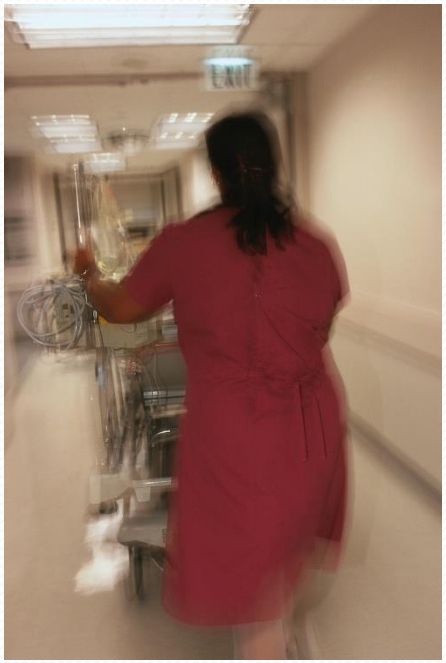
What I learned…

- The health care aides' process of orally sharing information was largely dependent upon the quality of their working **relationships** with one another and especially with management.

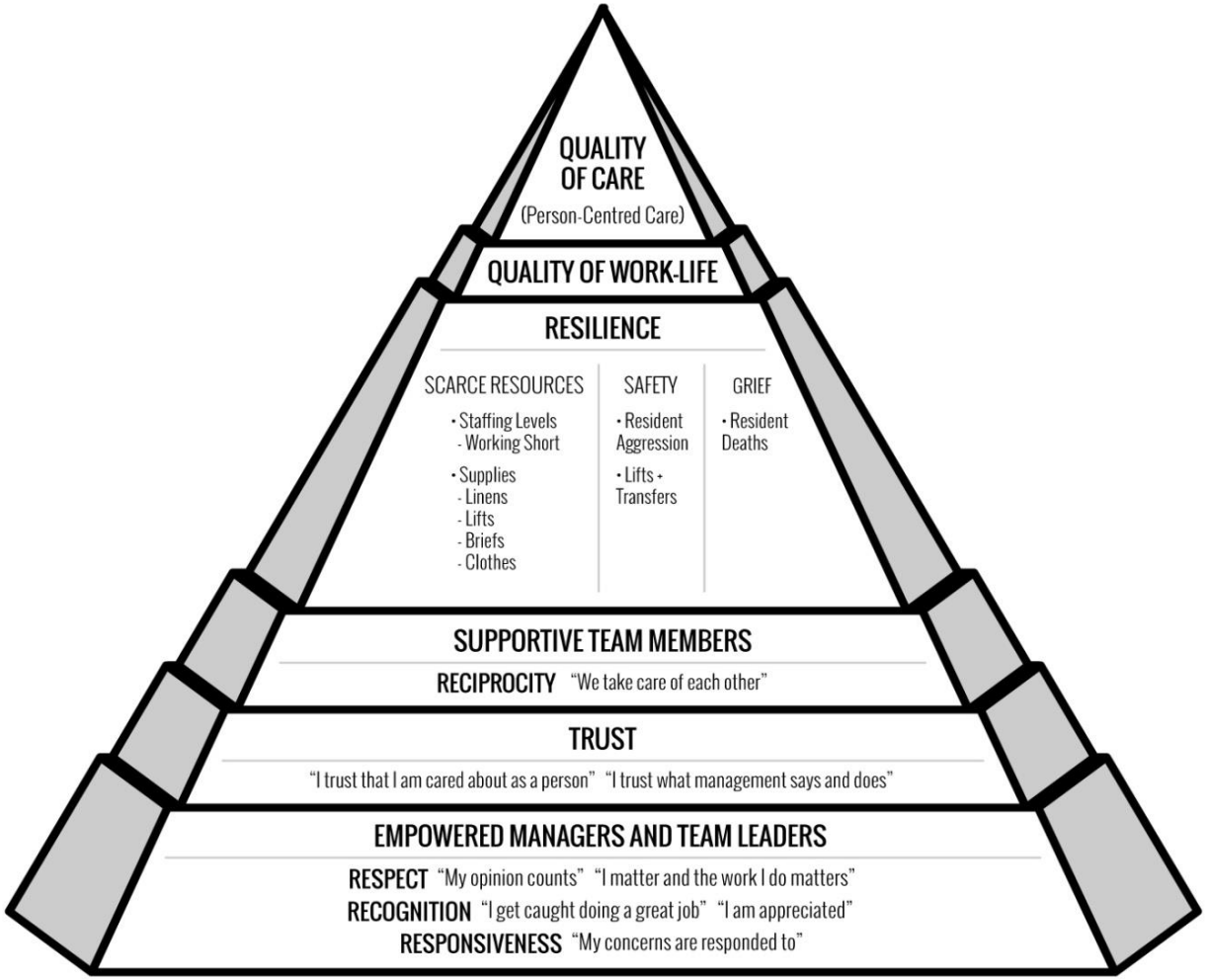
- **RCA [12]**: *If two of the girls don't like each other, one great tip that one had that could save us all time and injury doesn't get shared.*

What I learned…

- Care aides access to LPNs and RNs is very limited….there is not a clearly defined two-way, open gate.
  - On the fly
  - While passing meds
  - Little to no feedback or follow-up
  - Limited opportunity to get caught doing a great job



Conclusions.....



To be an effective leader you MUST connect!

"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

The Responsive Leadership Intervention

- A formal system implemented to support oral information exchange within and between members of care teams in LTC facilities.
- Three components:
  - A one-day workshop focused on responsive leadership including:
    - Timely follow-up
    - Support for autonomy
    - Noncontrolling positive feedback
    - Acknowledging the other's perspective
  - Implementing care-team huddles into the daily care practice
  - A team-leader support system

Caspar, S., Le, A., McGilton, K. (2017). The influence of supportive supervisory practices and health care aides' self-determination on the provision of person-centred care in long-term care facilities. *Journal of Applied Gerontology*.

Caspar, S., Le, A., McGilton, K. (2017)**.** The Responsive Leadership Intervention: Improving leadership and individualized care in long-term care. *Geriatric Nursing*.

What the HCAs said about Care Team Huddles

- *Better communication! No one really shared or talked about what we were charting but now we are talking to one another and sharing important information we didn't always hear before.*

- *We rarely received feedback from RN/LPN's about charting but now because we are doing huddles most shifts we hear back about our questions or concerns.*

- *Definitely improving problem solving. We had one resident that was expressing very difficult behaviors and after a huddle discussion we came up with a better way to approach the resident which worked much better.*

Next Steps: Feasible and Sustainable Culture Change Initiative (FASCCI) Model