



Strong Connections Mean Better Care for Seniors

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Long term care facilities house seniors with many complex medical and social needs, and the care for each individual is often provided by a range of specialists and healthcare providers. Given those facts, the consistent application of person-centred care can sometimes prove to be a significant challenge.

A 2014 Innovation Fund award from the Network of Excellence in Seniors' Health and Wellness supported a research project launched by Dr. Sienna Caspar that examined the impact of implementing the Responsive Leadership Intervention (RLI) in long-term care facilities with a goal to improving communication and collaboration between care team members including registered nurses, supervisors and healthcare aides.

“The resident care knowledge obtained during the everyday, every-shift experiences of front-line, hands-on care providers is often lost,” said Dr. Caspar. “Much of it isn't formally documented and if it is shared, it's done so verbally and often on the fly. That means important, intimate knowledge about the residents that might help improve care isn't accessed by other important members of the care team.”

A study was conducted at four long term care sites in Alberta, with two sites as a control (that is, information exchange conducted as usual) and two sites where the Responsive Leadership Intervention was implemented. At the sites where RLI was introduced, it was a three-phase approach.

In Phase One, a one-day workshop was held for team leaders, nurse managers and administrators that focused on timely follow-up, supporting autonomy, providing non-controlling positive feedback and acknowledging the perspectives of others. Phase Two involved the introduction of care-team huddles into the daily care practice, and Phase Three saw nurse managers providing team leader support through weekly coaching sessions in order to further support responsive leadership.

Twenty-two team leaders received leadership training and 131 healthcare aides participated in the study. Staff filled in evaluations through the process, and observations of leaders during the care-team huddles measured the amount and type of information exchanges and use of recommended strategies.

As anticipated, the research study regarding the Responsive Leadership Intervention showed improvements over the non-control group in resident-care information exchanges, collaboration, and feedback between team leaders and healthcare aides during care-team



huddles. More importantly, positive changes noted in levels of responsive leadership were maintained at the one, three and six month marks following the intervention.

Interviews with the study participants who received RLI training indicated that the project contributed to the residents' quality of life and care by improving information exchange specific to the residents' individualized care needs and even more impressively, with minimal cost to long-term care facilities.

The team leaders all agreed that the leadership workshop was beneficial; when asked if they would recommend it to others, they rated it at 4.96 out of 5. In fact, one team leader commented that, "I believe all nurses, students, employees, employers, etc, that are part of a team will gain so much from this workshop. This can only benefit EVERYONE."

Just as enthusiastic about the results of the study were the majority of healthcare aides who participated. "Definitely improved problem solving," said one participant. "We had one resident that was expressing very difficult behaviours and after a huddle discussion, we came up with a better way to approach the resident that worked much better."

"Today, more than ever, emerging leaders in healthcare need the skills to communicate effectively in order to support the development of cohesive teams that trust," added Dr. Caspar. "Participants of this study learned how to engage in clear and productive communication that encouraged and enabled the active engagement of every member on the team. In addition, the use of daily care team huddles was proven to cultivate collaborative decision making, which in turn assisted in the improvement of resident care outcomes."

The results of Dr. Caspar's study have the potential to improve standards of care, particularly that which is provided by healthcare aides daily in long-term care facilities. Such changes will give healthcare teams the opportunity to stay true to the person-centred care model, which will result in a higher quality of life for long-term care residents.