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U of L researcher to launch model proven to improve person-centred care practices in residential care homes

Residential care homes have been especially hard hit during the COVID-19 pandemic, revealing gaps in the health-care system as both elderly residents and the staff who care for them have contracted the virus.

“Even before the pandemic, residential care homes were a setting stretched far too thin,” says Dr. Sienna Caspar, an associate professor in the University of Lethbridge’s Faculty of Health Sciences’ Therapeutic Recreation program. “Individuals who live in long-term care homes are vulnerable and these are not resource-rich environments.”

Over the past 20 years that Caspar has spent working in or consulting to long-term care facilities and conducting research, she has developed a culture-change model — the Feasible and Sustainable Culture Change Initiative (FASCCI) — to support person-centred care. Knowing these facilities have limited budgets, Caspar wanted to create a model that could be easily implemented by staff without requiring exorbitant amounts of extra resources.

The model has been tested in residential care settings in Alberta and led to more positive change than Caspar imagined possible. Now she’s poised to make it widely available in an online format, thanks to \$25,000 in funding from the College of Licensed Practical Nurses of Alberta (CLPNA).

Several research studies were done to examine the effectiveness of the model. One study at a secure unit within a larger long-term care facility focused on creating change at meal times. Typically, residents had little to no choice about food and beverages and meals were served on trays. Residents didn’t participate in preparation or cleanup and often wouldn’t sit down to eat.

“Within three weeks of the staff engaging in this practice-change model, the trays were removed, residents were given more choices in their food and full choice of beverage,” says Caspar. “Residents started helping set tables and cleaning up, more sat down to finish their meals and remained at the table afterward to socialize.”

The staff went even further. Care aides sat down with residents for part of the meal and socialized with them. Then they introduced theme nights and family members got more involved.

“In addition to getting to know the residents better because they were communicating with them during meal time, the residents got to know the care aides as people, too,” says Caspar. “We actually had one care aide who teared up and said ‘I felt I was no longer being treated as a servant, but as a person.’ We even had care aides come in on their own time to take part in the weekly meetings.”

Thanks to earlier funding from the CLPNA, Caspar conducted the same study at a different residential care home and the results were the same.

Caspar then teamed up with Dr. Shannon Spenceley, an associate professor of nursing and associate dean in the Faculty of Health Sciences, who researches moral distress in dementia care settings. Her research has found that what causes moral distress for the care staff is their inability to provide the type of care they want to, typically because of constraints within the context of care. In Spenceley’s most recent study, Caspar led the intervention phase of the study, where the team used Caspar’s model to help care aides choose an area they wanted to change, and gave the team the tools they needed to develop and implement that change.

“The results blew us away,” says Caspar. “Care teams from other units within the facilities heard about what was happening and they wanted to be a part of it. To have workers in health-care settings actually pull change toward them was a unique experience, as opposed to resisting change because it causes stress.”

Caspar will spend the summer putting the model into a web-based platform and then test it out, hopefully in the fall.

“I have three long-term care organizations that are on board to use the website. We’ll observe whether or not it’s working and we’ll learn from them as they give us feedback,” says Caspar.

Eventually, Caspar hopes to make the model available to organizations for little or no cost.

This news release can be found online at [person-centred care](#).

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