

CHANGE/INNOVATION

Changing Practice in Residential Aged Care Using Participatory Methods

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ABSTRACT **Background:** Residential aged care staff play a significant role in the day-to-day lives of residents yet are faced with many barriers to providing care that promotes resident wellbeing.

Approach: Action research is a useful approach for clarifying issues, identifying education and training needs, and identifying, and in some cases overcoming, organizational barriers to change. The Well for Life project aimed to enhance the social and physical health and well being of residents of aged care settings by empowering the staff of facilities to make change. The project had a particular focus on nutrition and physical activity. This paper reports on the action research group process undertaken during Phase I of the Well for Life project. Five residential aged care settings participated in the action research process facilitated by project staff independent of the facilities. The action plan and outcomes from one of these settings is used to illustrate the process and outcomes.

Findings: The main findings of the project indicate that using a process that encourages staff involvement in identification of issues and actions can facilitate change in the practice of resident care. The action research groups identified specific gaps in knowledge and skill leading to targeted education that addressed areas of need. The importance of presenting information and learning opportunities for staff in a variety of formats was also recognized, as was the importance of organizational context, management support and empowerment of staff to make change.

KEYWORDS Residential aged care, workplace learning, action research, practice change, nutrition and physical activity.

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Background

Residential care staff play a significant role in the day-to-day lives of residents yet are often faced with organizational obstacles, and a lack of information to promote the well being of residents (Smith, 1998). Staff structures are usually hierarchical with personal care assistants having a significant role in resident care but with little support leaving them poorly equipped to provide quality care (Atchison, 1998). Education levels for these staff may be low and poor work practices can be learned from other staff and become routine practice (Smith, 1998).

Action research is a method that empowers staff to identify issues and change practice to improve resident care. It also facilitates identification of knowledge gaps enabling education to be targeted to the needs of staff. This paper reports on an action research component of a project aimed at enhancing the social and physical health and well being of residents of aged care settings with a focus on nutrition and physical activity. Staff were the key participants in the project. The action research approach was used because it encourages staff empowerment, enhances workplace learning, and 'permits' staff to identify issues and make changes to achieve best practice (Masters, 1995).

Undertaking action research in an aged care facility will be influenced by the culture of the organization. Organizational culture refers to the social structure and characteristics of an organization: 'a system of shared meanings held by members that distinguishes the organization from other organizations' (Robbins, 1986). To promote change within an organization, there is a need for management to promote the new culture, to support and encourage staff who adopt changes, and to involve staff in the process in order to develop consensus and trust (Robbins, 1986). Facilities reporting a positive organizational culture tend to more readily change work practice and try new approaches (Smith *et al.*, 2000). The literature, in general, highlights the importance of having a manager with a participative style to foster change. This style is characterized by a motivation to achieve goals through their staff rather than as individuals and to be seen as part of the team rather than a critical observer (Robbins, 1986; Nakata & Saylor, 1994; McNeese-Smith, 1999). A motivator or incentive is required to enable implementation of the change process. These can range from encouragement from a manager, through to external motivators such as the need to engage in an external accreditation process.

Action research relies on participation of all staff and fosters empowerment. Workplace and practice change is best facilitated by skilled individuals who value participation and view change as an interactive process operating on all levels (Schaafsma, 1995). Given that most health professionals have not been specifically trained in participation methods (Baum, 1998), including group processes at the workplace, there is a potential benefit in employment of staff with such facilitation skills. These staff should be comfortable with

principles of participation and empowerment, and capable of enabling groups to find their own voice and think beyond issues of day-to-day care.

Methodology

The Well for Life project commenced in March 1999 and was undertaken by the National Ageing Research Institute (NARI) in partnership with the Dietitians Association of Australia – Victorian Branch (DAA), and was funded by the Victorian Department of Human Services. The project was conducted in two phases. Phase 1 investigated the barriers and enablers to best practice in nutrition and physical activity in residential aged care and featured a facilitated action research process in five residential care settings. Phase II piloted the resources developed in Phase 1. The resources included:

- Good practice checklist;
- Working together for change: guide for action research;
- Working together for change: discussion framework and help sheets;
- Promoting independence at mealtimes: in-service package;
- Physical activity in aged care facilities: seminar package;
- Physical activity in aged care facilities: literature review; and
- Nutrition in aged care facilities: literature review.

This paper reports the process and outcomes of the action research process undertaken in Phase I. The action research process was used as the main method for investigating and testing various approaches to achieving best practice. The approach involved groups of staff in each of the five settings meeting regularly over a 2–3 month period to work through a process of: (1) planning (identification of issues and planning for changes), (2) acting (implementing the actions), (3) observing the actions in practice, and (4) reflecting (evaluating the consequences). The groups were facilitated by a project worker, independent of the residential setting. In part, action research resembles continuous quality improvement approaches familiar to many health care professionals (Bloor, 1999). In this paper, broad findings of the action research groups are reported with a focus on one of the settings to illustrate the application of action research methodology in residential care, and some of the identified issues and actions that may have relevance for other facilities and organizations. Some examples from the action research process in the other four facilities are also integrated in the paper to illustrate our main findings. As we describe, staff were able to reflect on their current practices, identify areas that could be improved, identify where there were specific gaps in knowledge or skill and implement practice change. Barriers to best practice were also identified and raised with management at each facility.

Case Study of One Participating Facility

Overview of process;

- All staff of a small (44 bed) low care facility were invited to participate – the group comprised the chef, kitchen assistants, cleaner/general assistant, personal care attendants, and Nurse Unit Manager.
- An initial meeting was conducted to brainstorm issues relating to the subject of the project (nutrition and physical activity) within the facility – these were discussed in detail and an action plan was developed.
- The group decided to focus on nutrition, in particular, resident satisfaction with the food provided.
- Five meetings were held with the project group over a 3-month period; minutes were kept of each meeting and provided to every group member. Planned actions were followed through between meetings.
- At each meeting, the group reflected on the actions taken over the previous 2–3 weeks and developed and/or modified actions.
- A group facilitator (independent of the facility) assisted the group achieve its aims. The role included facilitation and group dynamic support, as well as practical support such as preparation of minutes, organizing meetings, arranging for expert input, and communicating with management. One staff member had no English literacy, so the facilitator had to ensure that this person could participate fully and there was not an over-reliance on written materials.

Action Plan

The group initially discussed key issues relevant to improved nutrition and physical activity for residents in their facility. They identified improved nutrition as the target of their action research process. The group selected the research question ‘how can we best ensure resident satisfaction with meals, and optimum nutrition?’ to address concerns previously expressed by residents, relatives and staff. The action plan developed through the action research process focussed on achieving three main aims, all of which had the potential to influence the ability of residents to meet their nutritional needs:

1. To find out more about resident likes and dislikes;
2. To provide variation in the meals and meals environment; and
3. To improve food presentation (to maximize nutritional intake and enjoyment of meals).

Outcomes

The action plan developed by staff outlined specific objectives and responsibilities for staff. These actions were implemented and outcomes were observed. Group meetings provided an opportunity to reflect on actions and outcomes and to identify other possible solutions if necessary. Four objectives were (1)

identification of resident's meal preferences, (2) involvement of family members in meal planning, (3) increased variety in meals and the meals environment, and (4) provision of appropriate meals for residents with diabetes (table 1).

Over the course of the project the group identified a number of issues relating to their research question that required further consideration, some of which they recognized were long term challenges. Some of these were organizational issues related to: lack of resources (including staffing levels); communication barriers; inadequate information about equipment and availability of resources; and lack of input from residents and family members. Identification of some of these issues prompted the development of strategies for change, however, it was also recognized that some barriers were unlikely to be overcome, at least in the short term. These issues are detailed in table 2.

Feedback from Staff

Feedback collected from group members indicated that they felt that the action research process was worthwhile. All staff agreed that 'the meetings were valuable because we could discuss different ideas'. Generally, staff welcomed the opportunity of raising issues and discussing ways that these could be dealt with. The possibility of holding regular staff meetings to allow for the same level of discussion and sharing of ideas as a result of their experience in this project was strongly recommended by staff.

Implications for other Residential Aged Care Facilities

The outcomes from the action research process highlight important considerations for other residential aged care facilities trying to improve resident care and wellbeing.

Getting Started

During the project, the support or endorsement of management within the facility was critical to the success of implementing change. There was also a need to establish an organizational framework for practice review and practice change. In addition, there was a lack of useful information on nutrition and physical activity for older people in residential aged care settings, and limited experience of best practice approaches meant that staff were sometimes not sure where to start to improve practice. Simple measures such as referring to a good practice checklist, can be a useful starting point for staff groups to begin discussions, in addition to having the organizational structure to accommodate such discussions.

Who Facilitates Practice Change?

The choice of the facilitator for an action research group is critical to its success. The facilitator must value participation and promote a comfortable environ-

Table 1. Key actions in case study facility

Objective	Description of actions and outcomes
Identification of resident preferences	<p>A meal satisfaction survey was developed and used to obtain detailed information about resident food preferences and the conduct of meal times. A dietician assisted with the survey design and analysis. The survey provided some surprising results for the staff who discovered a substantial amount of new information from resident's feedback. In particular, staff were surprised to hear that residents did not want more time allowed for their meals, and that they had many good and achievable suggestions for improvement. Staff reflected on the survey process and made some minor modifications to the survey design. The group planned to repeat the survey at regular intervals.</p>
Involvement of relatives	<p>The idea of involving relatives arose in the context of identifying ways to ensure resident satisfaction with meals. It was also regarded by staff as a way of providing an opportunity for relatives and friends to provide feedback and to encourage their participation in the facility. The project team assisted the staff to establish and run initial relatives meetings. A series of concrete recommendations resulted from these meetings, including:</p> <ul style="list-style-type: none"> • the development of some indicators for relatives to monitor facility performance on agreed improvements to nutrition/ meals; and • a commitment from relatives to form an ongoing committee with the overall aim of 'improving the quality of life of residents with a particular interest in the quality and variety of food, and organized activities'.
Variation in meals and meals environment	<p>Many changes were initiated by staff during the project in response to this aim:</p> <ul style="list-style-type: none"> • A barbecue and an outdoor luncheon were organized with staff agreeing to obtain residents' feedback about the events; • Changes to the procedures for serving drinks. A number of options were tried during the project with only three proving to be popular with the residents, as well as practical for staff to carry out (milkshakes were offered with snacks, jugs of water and cordial were made available in the dining room for self serve, orange juice was offered more frequently); • Improvements to food presentation and variety, such as asking residents what they expect of staff at meal serving times; paying more attention to providing attractive and varied meals using many of the suggestions offered by residents.
Provision of appropriate meal choices for people with diabetes	<p>In response to resident and relative concerns, the input of a dietician was organized through the project to address this issue. Mechanisms for continuing this involvement beyond the end of the project were discussed.</p>

Table 2. Organizational issues identified in case study facility

Issue	Description
Application of practice standards	Practice standards set by the facility management could not always be met due to staffing or organizational issues. For example, although fresh fruit was included in the daily menu – ‘cut up and ready for eating’ – it was found that this practice rarely occurred. The main factors identified that contributed to this were lack of staff time, a poor selection of fruit provided to the facility (indicating problems with ordering and purchasing by the kitchen staff and the facility owners), a lack of awareness that residents would like this, and a lack of awareness by some staff that it was an existing menu item. Each of these issues needed to be addressed before the menu item could be provided ‘as written’.
Staffing levels and staff duties	Participants felt that more staff needed to be available at mealtimes before any further improvements could be made. It was also noted that the chef was not employed for a sufficient number of hours, and did not have responsibility for ordering food, both of which needed to be changed before best practice could be achieved. Whilst these issues were clearly beyond the control of the group members, they were to be raised with the facility owners.
Staff awareness of community resources	The project highlighted the lack of awareness by facility staff of the range of community resources that could be accessed on behalf of residents (such as podiatry and dietetics), and the lack of a mechanism for communicating such information to staff.
Menu planning and meal preparation	The cook/chill method of preparing and serving meals, the system used at this facility, was found to be used incorrectly. The dietician, whose input was organized through the project, was able to raise staff awareness and to give advice about how best to use the system. It was discovered that repairs to the equipment, and staff training needed to be undertaken. This issue highlighted the general lack of attention to such systemic issues, and provided information for the Unit Manager to take action to improve the situation.
Menu choice	Whilst having menu choices was a standard endorsed by residents, relatives and staff, it was recognized that a ‘choice’ menu for residents was not an option within current resourcing levels. Other means of providing some elements of choice for residents were adopted instead, such as reminding residents they could request sandwiches if they do not want the main meal option.
Resident input	The interest in the project by residents suggested that a mechanism was needed so that residents could regularly contribute suggestions about meals or other matters such as those relating to their care or organized activities. This was planned but had not been arranged by the time the project was completed.

ment where all staff feel they can openly express their ideas. Although there may be benefits of having a facilitator from within the organization, the action research process described here highlights some of the benefits of having an external facilitator. An external facilitator provides a different perspective of resident care and may have knowledge of other useful resources. If a specific content area is to be addressed through the action research process, it may be beneficial to have a facilitator who has in-depth knowledge of the content area of interest. However, this is not essential to the process, although an understanding of when and how to bring in specialist knowledge is an important skill for managers and staff involved in participatory processes.

Involving all Staff

The findings of the project indicated that it was important for work groups to accept that any member of staff may have suggestions and solutions to improve practice, which implies encouraging work practices that are inclusive and empowering of *all* staff. Aged care facilities are traditionally hierarchical, often with strong occupational-based authority structures. It is therefore critical to consider the issue of role boundaries, team involvement and communication. For example, some organizations regard activity as the responsibility of the activity staff, or that improving physical activity is the sole domain of the physiotherapist and occupational therapist rather than considering that the team works together to support the resident (Smith *et al.*, 2000). Where these approaches are challenged through the process of action research, staff consistently report benefits of sharing ideas with other staff and hearing new ideas and better methods for performing tasks. In the case study example, all staff came to realize they had an influence on resident nutrition through their role in meals provision and the meals environment and all staff were able to contribute ideas to improve the overall practice of resident care at the facility. Providing staff with the opportunity to be 'listened to' helped to break down barriers and misconceptions about the skills and abilities of staff at different levels or backgrounds. This highlighted the benefits of involving staff from all disciplines and classifications represented in facilities in appropriate decision making, so that ideas and information could be drawn from the range of available skills and experiences, a theme well documented elsewhere (Sawyer & Woodlock, 1995; Bloor, 1999).

Targeting Education: Format and Content

Workplace learning refers to formal and informal on-the-job education and training and can be approached via a range of traditional and contemporary methods. Whilst knowledge and skill gaps relating to nutrition and physical activity were identified amongst staff in residential aged care, the provision of information and resources alone was often not enough to facilitate practice change. Staff training was commonly identified by staff at the facilities participating in this project as a key strategy for making improvements to the

practice of resident care. However, it was observed that staff education was sometimes requested or suggested because it was an easily identifiable and relatively low effort solution. However, training was not necessarily the most effective or appropriate response to identified issues. In the action research groups it was found that opportunities for staff discussion and problem-solving activities produced positive outcomes without necessarily the need for formal education programmes. Where staff education strategies were used or planned by staff, a broad range of strategies were considered including use of staff newsletters, workplace learning activities, strategic use of staff availability during change of shifts, creation of formal and informal opportunities for staff discussions, or time limited action oriented activities. The experience of having a group member with no English literacy, as in the case study example, highlighted the difficulties in relying solely on written and/or didactic approaches to impart information to residential aged care facility staff, a common approach to education and development in this sector.

A central advantage of workplace learning is the opportunity to capitalize on incidental workplace learning—a powerful vehicle for practice change if harnessed effectively (Marsick & Watkins, 1990). One example of incidental learning resulting from an action identified by staff in response to a workplace problem occurred in a high care facility involved in the action research. Staff identified that there were devices available for people with a disability to use to assist them to eat independently, and suggested that each resident should be assessed by an Occupational Therapist for their need for such a device. The project responded by having an Occupational Therapist lead a problem-identification session with the staff group at the facility. By working through role plays, issue identification and problem solving, the staff became aware that there were many simple and effective things to do to facilitate people to eat more independently, without the provision of equipment or assistive devices being the first response. For example, adjusting table and chair heights, or simplifying tasks by presenting one course at a time and minimal cutlery can assist, depending on the individual's specific needs and difficulties. Staff were assisted to develop checklists and assessment forms in these sessions, which also helped staff develop the capacity and willingness to study a problem more broadly before settling on a solution.

Conclusion

The main findings of the action research group process described indicate that improvements in the practice of resident care can result from encouraging staff involvement in identification of issues and actions. The action research group process provides a method for supporting best practice in residential aged care that can easily be fostered and encouraged, and translated to address a range of issues to enhance the health and well being of older people in residential care.

References

- ATCHISON, J. (1998). Perceived job satisfaction factors of nursing assistants employed in Midwest Nursing Homes. *Geriatric Nursing*, 19(3), 135–138.
- BAUM, F. (1998). *The new public health: an Australian perspective*. Melbourne: Oxford University Press.
- BLOOR, G. (1999). Organisational culture, organisational learning and Total Quality Management: a literature review and synthesis. *Annual Health Review*, 22(3), 162–179.
- MASTERS, J. (1995). The History of Action Research. In I. Hughes (ed), *Action Research Reader*. The University of Sydney on-line at: <http://www.cchs.usyd.edu.au/arrow>.
- MARSICK, V.J. & WATKINS, K. (1990). *Informal and incidental learning in the workplace*. New York: Routledge.
- MCNEESE-SMITH, D.K. (1999). The relationship between managerial motivation, leadership, nurse outcomes and patient satisfaction. *Journal of Organizational Behaviour*, 20(2), 243–259.
- NAKATA, J.A. & SAYLOR, C. (1994). Management style and staff nurse satisfaction in a changing environment. *Nursing Administration Quarterly*, 18(3), 51–57.
- ROBBINS, S.R. (1986). *Organizational behaviour: concepts, controversies, and applications*, 3rd Edn. New Jersey: Prentice Hall.
- SAWYER, D.A. & WOODLOCK, M.S.W. (1995). An organizational culture paradigm for effective residential treatment. *Administration and Policy in Mental Health*, 22(4), 437–446.
- SCHAAFSMA, H. (1995). Understanding and facilitating change in the workplace. In: G. Foley (Ed), *Understanding Adult Education and Training*. Sydney: Allen & Unwin.
- SMITH, D. (1998). The Culture of Long-Term Care: Impact on a Continence Care Program. *Urologic Nursing*, 18(4), 291–295.
- SMITH, R., BLACK, K., BRYCE, A., DYSON, C., GILSENAN, B., GOUGH, J., HILL, K., LAFFY, A., LINDEMAN, M. & STEWART, A. (2000). *Well for Life Summary report*. Melbourne, Public Health and Development Division and Aged Care Branch, Victorian Department of Human Services.