

CIRCLES OF CARE

NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH

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An Australian Government Initiative

DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICE

PURPOSE OF THE PRESENTATION

- Present our practice development model to transform culture in RACF
- Highlight the aspects we believe are essential in transforming person centred care cultures

Demonstrate the approach used

Practice development program is part of the methodology of constructivist grounded theory research being conducted in 6 RACF in 2010

ORGANISATIONAL CULTURE

- REPRESENTS THE SHARED VALUES, BELIEFS, BEHAVIOURS, ASSUMPTIONS AND EXPECTATIONS RELATED TO WORK AND WORKERS.
- THESE FEATURES BIND THE GROUP AND INFLUENCE THE WAY INDIVIDUALS UNDERSTAND WHAT IS IMPORTANT TO DO AND HOW IT SHOULD BE DONE.

Care cultures in RACF

**Resident centred care
culture**

**Task oriented
care culture**

**Individualised
care culture**

(Holloway and McConigley 2009, Paccioni et al 2008, Ventura et al 2007, Richardson and Martin, 200)

INFLUENCE OF CARE CULTURES ON PERSON WITH DEMENTIA

Task focused care cultures contain malignant social psychology (dehumanising, disempowering social interactions), pervasive neglect of the person (Kitwood 1997) and dismissal of psychic distress.

- Priority of concern is on completing physical aspects of care within allotted time schedules.
- Interactions with residents are directed toward compliance with care tasks and maintaining time schedules.

Context: Contemporary Australian Residential Aged Care Facilities (RACF)

RESIDENTS

COGNITIVE IMPAIRMENT:

- 90% in Nurs'g homes
 - 54% in hostels
- >40% 'disturbing' BPSD

(Cubit, Farrel, Robinson, Myhill 2007,
Fine and Mitchell 2007)



Context: Contemporary Australian Residential Aged Care Facilities (RACF)

STAFF

- ↓ Registered Nurses
 - Role change
- ↑ Non profess'l staff
 - Role enlargement ,
 - Limited decision making capacity
 - 80 – 90% direct care



(Campbell 2009, Holloway and McConigley 2009, Ventura et al 2007, James et al 2008)

IMPACT OF CONTEMPORARY RESIDENT CENTRED CARE CULTURES ON PEOPLE WITH DEMENTIA

- **Individual focused care cultures** that promote compassionate care,
 - dignity of the person
 - enable individual choice and provide care to meet bio-psycho-social-spiritual needs of the person.
 - constrained choice
 - Schedules of care have priority
 - Emphasis is still on the body

CONTEMPORARY CULTURE ASSUMPTIONS ABOUT '*BPSD*'

- dementia behaviours are believed to be *symptoms* of disease.
 - legitimises medical model of care
 - robs people of personhood
 - perpetuates belief that people with Dementia are now physical shells of themselves

CONTEMPORARY ASSUMPTIONS ABOUT '*BPSD*' CONTINUED

→ Dementia Behaviours are accepted as meaningless, unprovoked actions (*just dementia*)

- ☒ dissuades exploration and understanding of behaviour as meaningful communication

- ☒ Discounts emotional, spiritual, social needs.

→ The Person is labelled difficult, resistive, manipulative...

PRACTICE IN ACTION IN CONTEMPORARY CARE CULTURES

- devolvement of many technical practices and clinical assessment to care staff
- Carers decisions are based on their personal ways of knowing and what they believe is the organisational priorities.

– Right now, - what's best for the person, for me and what is possible to do?

→ staff satisfaction is related to work activities and in relationships with each other over relationships with people with dementia

IMPROVING THE LIVED EXPERIENCES OF CARERS AND RESIDENTS

Alternate Model of Care enables staff to:

- perceive the person and associated behaviours from a different perspective.
- develop therapeutic relationships with people with dementia.

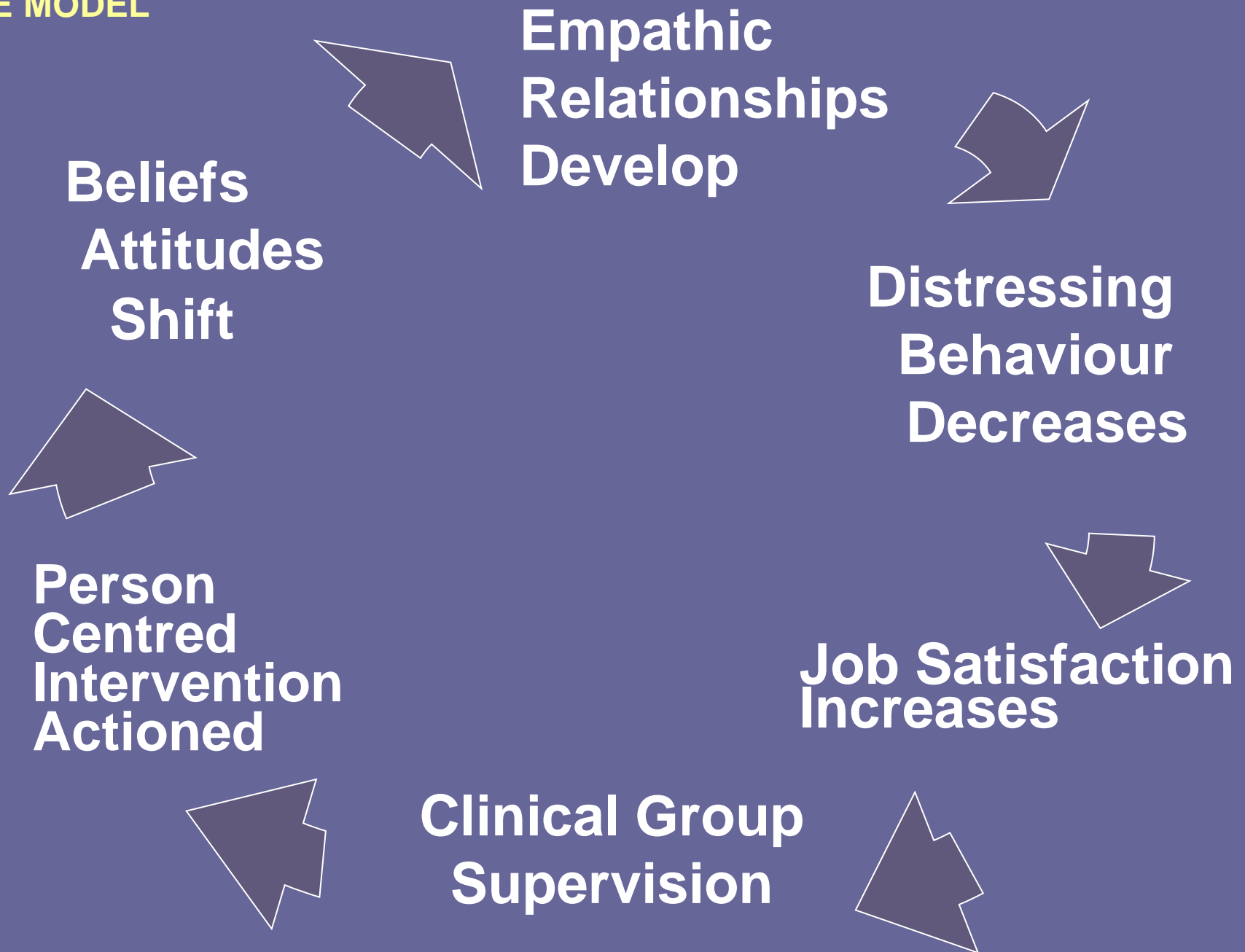
Person Centred Care Culture

Nurses and Carer's perceptions and behaviours (care practice) are congruent with humanistic values (McCormack 2001)

- Values subjective reality
 - Values personhood, respect and dignity
 - Emphasises relationship between carer and care recipient. Relationship has high valence
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- It is much more than individualising care practices or developing care plans although this is part of it. (Flessner 2009)

Caring for People with Dementia using a Person Centred Care Model

- The subjective world of a person is the reality in which experience is understood.
 - Exploring the situation from the perspective of the person with dementia.
 - Look for the meaning of a person's behaviour
 - Identifying what the person is feeling during the behaviour
 - Recognise feelings drive the behaviour

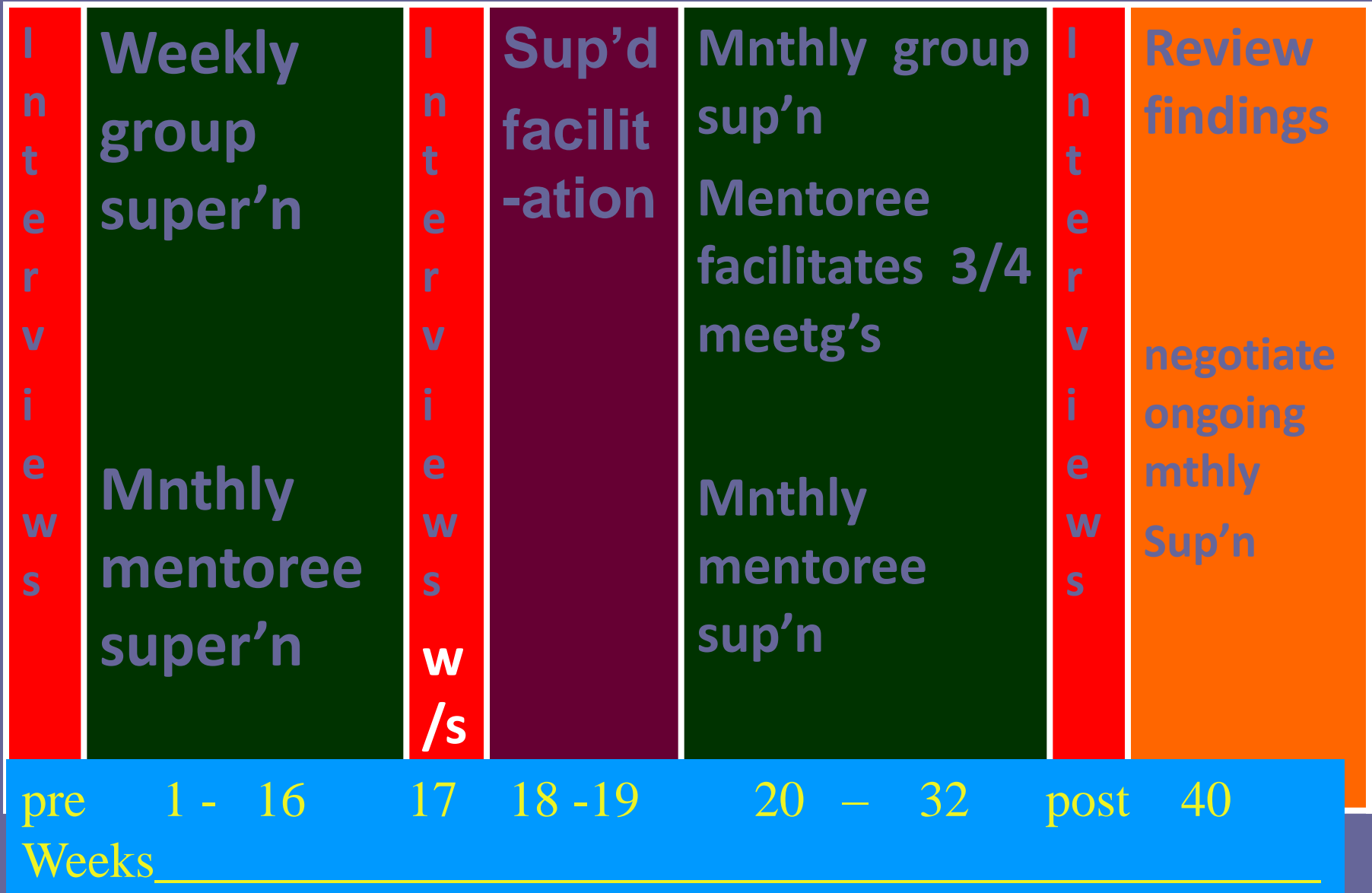


PERSON CENTRED CLINICAL SUPERVISION

- Respects the personhood and subjective experience of the supervisee and the client.
- 2 aims:
 - To promote self reflection, meaning and self awareness
 - To change practice through enhanced understanding of the client's experience and personally integrated knowledge with a new value system



Circle of Care Practice Development project



CONCLUSION

- NEVER LOSE SIGHT OF THE FACT THAT PERSON CENTRED CARE IS A FRAGILE CARE CULTURE THAT IS CENTRAL TO THE CARE OF PEOPLE WITH BEHAVIOURS OF CONCERN RELATED TO DEMENTIA.
- IT REQUIRES THE CONTINUED COMMITMENT BY LEADERS TO EMPOWERING STAFF AND TRANSFORMING PRACTICE . WITHOUT THIS, IT WILL CEASE TO EXIST.

(McCormak 2008)

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