



Implementing a responsive leadership intervention in long-term care facilities: A Pilot study

Background

A central tenet of person-centred care (PCC) is that it is individualized based on the care recipient's unique needs and preferences. Increasing PCC is essential to the quality of care and life of people living in long-term care (LTC) facilities. The provision of PCC is largely dependent upon caregivers' ability to access and act on individualized information about care recipients.

Rationale

Health care attendants (HCAs) provide 80-90% of the direct care to LTC residents, yet lack practical access to documented resident-care information (e.g., care plans, social histories). HCAs prefer to share information orally; however, this information exchange format is not formally supported in LTC facilities. Thus, HCAs' unique and important understanding of residents' care needs is often excluded from care plans, and they are unable to influence organizational decisions regarding care practices. These findings are attributed to low levels of interdisciplinary respect, communication, and collaboration among HCAs and regulated, professional care staff. Initiatives designed to improve team communication and collaboration depend largely on supportive leadership to succeed. Leadership behaviours of the RN/LPN (team leader) that support HCAs' self-determination may be especially significant when leaders try to improve collaboration and communication in LTC facilities. Our aim is to evaluate the influence of the responsive leadership intervention (RLI) on team (e.g., improved resident-care information exchange, collaboration, and timely follow-up) and HCA outcomes. The ultimate goal of this project is to improve the quality of life and care of seniors living in LTC facilities.

Research Objectives

1. Determine team leaders' adherence to the recommended leadership strategies presented in the responsive leadership workshop (e.g., two-way information exchange, timely follow-up, and autonomy support).
2. Explore the influence of the responsive leadership intervention on: i) supportive leadership practices by team leaders; ii) HCAs' self-determination; iii) HCAs' perceived ability to provide individualized care.





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Design

A quasi-experimental repeated measures non-equivalent control group design will be used to address the specific objectives. All nursing staff are eligible.

Methods

Baseline data will be collected. Follow-up will occur at 1, 3, and 6 months post-workshop. Based on sample size estimates, 90 HCAs and 18 team leaders will be recruited. Staff self-reported evaluations will include: *Individualized Care Instrument*, *Intrinsic Need Satisfaction Scale*, and the *Supportive Supervisory Scale*. Observations of leaders during care-team huddles at each data collection period will also measure amount and type of information exchanges and adherence to recommended strategies.

Expected Benefits

It is expected that the RLI will result in significant improvements in resident-care information exchange, collaboration, and feedback between team leaders and HCAs during care-team huddles. It is anticipated that, as compared to the control group, the RLI will result in improved measures of supportive leadership, improved HCA self-determination, and improved HCA perceived ability to provide individualized care. This project will contribute to the residents' quality of life and care by improving information exchange specific to the residents' individualized care needs with minimal resource impact on LTC facilities.

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