

Moving forward in nursing home practice

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VALORIZATION ADDENDUM

This section focuses on the relevance of the findings of this dissertation. It elaborates on how the findings can help to improve the quality of nursing home care and describes which activities will be performed to disseminate these findings.

Relevance

The results and conclusions of this dissertation support nursing homes and nursing staff 1) in implementing innovations to improve the quality of nursing home care in general, and 2) in implementing innovations related to the promotion of functional activity among nursing home residents specifically.

First, the findings of this dissertation can help nursing staff to implement innovations to improve the quality of nursing home care in general. Although implementing innovations might be difficult, such reforms would be timely. Lately, the issue of improving the quality of nursing home care has received major attention in the Netherlands. Concerns about the quality of nursing home care regularly hit the headlines, tens of thousands of people recently signed a petition to improve the quality of nursing home care, and the issue is high on the agenda of most political parties. To facilitate all Dutch nursing homes meeting basic care quality requirements, the Quality Improvement Framework for Nursing Home Care has recently been published.¹ This framework comprises the legal basis for the quality of nursing home care in the Netherlands. It aims to contribute to the quality of life of nursing home residents. It elaborates on what residents may expect during daily care and describes the conditions that nursing homes should create to realize this. It states, among other things, that nursing homes should deliver person-centered care, within a safe care environment that adds to the residents' wellbeing, while using the best available evidence to provide optimal care. However, in practice, nursing homes do not always comply with these criteria and the care that is delivered is not always evidence-based. The quality improvement framework therefore states that nursing homes should learn to continuously improve their care. This requires that they are able to implement innovations. However, changing health care and implementing innovations can be challenging. This is particularly true for nursing homes, in which the educational level of the nursing staff is generally not as high as in, for example, hospitals. Barriers may prevent the implementation of innovations and eliminating these barriers is difficult. This requires nurse leaders who know how to implement innovations. The importance of innovation and leadership is also recognized in the new Dutch education profile Bachelor of Nursing 2020.² Nonetheless, eliciting leadership behavior and making

sustainable changes to nursing home practice can be complex. In practice, decisions during change processes are often ad hoc, resulting in no or unsustainable change. To change health care and implement innovations, it is important that nurses use a systematic approach that is tailored to the setting. This requires insight into the current situation, insight into the barriers and facilitators for change, and insight into strategies that can be used to overcome the barriers and strengthen facilitators. The results and conclusions of this dissertation can help in this.

Second, the findings of this dissertation can particularly help nurses and nursing homes to implement innovations related to the promotion of functional activity among nursing home residents. Promoting functional activity contributes to the 'positive health' of residents. According to this concept, health or 'positive health' can be defined as people's ability to adapt and self-manage. This means focusing on what people can do instead of what they cannot do; focusing on their strengths and resources instead of their weaknesses. This has implications for the care of nursing home residents. It shows that it is important for nursing staff to encourage residents to perform their own activities when possible, instead of taking them over on their behalf. This includes promoting activities of daily living, such as bathing or dressing, or promoting household activities, for example preparing a sandwich or setting the table. Performing such functional activities is associated with less anxiety, less disruptive behavior, higher self-esteem, and a higher quality of life among nursing home residents. This in turn may also lead to more job satisfaction among nursing staff. Despite the advantages of functional activity, research shows that nursing home residents are mainly inactive during the day. Hence, one way to improve the quality of nursing home care is to implement innovations related to the promotion of functional activity.

How to improve the quality of care in nursing homes & what to be aware of

This dissertation resulted in several products and insights that can help nurses and nursing homes change their practices and improve the quality of nursing home care.

One of the first steps of a quality improvement project is to obtain insight into current nursing practice. The MAastricht Nurses Activities INventory (MAINTAIN)-behaviors questionnaire, developed within this dissertation, can help care professionals to obtain insight into the extent to which activities are promoted in their nursing homes. Our findings indicate that nursing staff do not very often encourage residents to perform household activities, other activities are more often encouraged. However, nursing homes should be aware that what nursing staff report doing does not always correspond fully with what they actually do. An alternative to using a questionnaire would be to conduct observations.

Another important step in a quality improvement project is to obtain insight into the barriers and facilitators for change. For nursing homes that want to obtain insight into the extent to which nursing staff experience barriers towards promoting functional activity, the MAINTAIN-barriers can be used. This dissertation showed that the barriers which are most often mentioned might not be those that are most influential. For example, staffing level was the number one mentioned barrier by nursing staff, a view in line with that of many newspapers. However, social factors, such as communication within the team or explaining to each other the nature of their responsibilities, were more strongly related to the behavior of the nursing staff. Hence, to implement innovations and improve the quality of care, nursing homes should not only look at which barriers are most often mentioned, but also consider the likelihood that changing a barrier will lead to a change in nursing behavior. This indicates that nursing homes should not omit social factors e.g., how does the team function? How do nursing staff communicate?

To overcome the barriers to change and alter nursing behavior, insight into implementation activities is needed. This dissertation therefore provides an overview of implementation activities (e.g., observing each other, providing feedback) that are appropriate for the nursing home setting. This overview was embedded in the Translating Innovations into Practice (TIP)-toolbox that was developed based on all the findings of this dissertation. The TIP-toolbox comprises several tools (including the MAINTAIN-questionnaires) and offers an overall approach that supports nursing staff in developing a structured and tailored implementation plan for innovation in nursing homes. Using this toolbox may help nurses and nursing homes to implement innovations and improve the quality of care in nursing homes.

Dissemination of findings and products

The findings of this dissertation have been or will be published in international scientific journals. However, it is also important that the findings and the products that resulted from this dissertation reach the level of practice. Therefore, a summary of this dissertation will be distributed among the nursing staff of the seven large long-term care organizations that are a member of the Living Lab in Ageing and Long-Term Care. The MAINTAIN-questionnaires and the TIP-toolbox that were developed within this dissertation will become available on the website of the Living Lab and will be included in their newsletter. A grant has been provided to translate the TIP-toolbox to the homecare setting and test its effectiveness there. Moreover, to ensure that the findings of this dissertation reach the nurses who work in nursing homes, we have applied for a grant that we can use to organize a national conference for nurses working in geriatric care. Lastly, efforts will be made to incorporate the results of this dissertation in the nursing curriculum of Zuyd University of Applied Sciences in the Netherlands.

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