

Are we walking or just talking?

Citation for published version (APA):

Rutten, J. E. R. (2024). *Are we walking or just talking? Enhancing relationship-centered care in nursing homes*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20241205jr>

Document status and date:

Published: 01/01/2024

DOI:

[10.26481/dis.20241205jr](https://doi.org/10.26481/dis.20241205jr)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
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SUMMARY

The aim of this dissertation was to investigate how relationship-centered care in nursing home settings can be enhanced. Therefore, various aspects of the work environment, data usability, and educational experiences of nursing home staff were investigated. The research questions were:

1. Which work environment factors contribute to relationship-centered working? (chapters 2 and 3)
2. How can nursing home staff be facilitated to improve relationship-centered care? (chapters 4, 5, and 6)

Chapter 1 introduces the main concepts of this dissertation: nursing homes, relationship-centered care, its practice, and the role of nursing home staff in providing it. This chapter concludes with the aim and outline of the dissertation.

Chapter 2 presents the results of a cross-sectional study on the relationship between work environment, job characteristics and person-centered care for people with dementia in nursing homes. In this study, data from the Living Arrangements for people with Dementia (LAD)- study were used. The LAD study is a cross-sectional study into quality in a broad scope of dementia care environments in the Netherlands. The LAD-study consists of a national sample of staff, clients and family members in psychogeriatric nursing homes in the Netherlands. For this study data from direct care staff ($n = 552$) of nursing homes ($n = 49$) was used. Results indicated that work environment characteristics (i.e., transformational leadership, unity in philosophy of care, teamwork and three job characteristics (social support from leader, work satisfaction and task variation and development opportunities)) were associated with staff-reported person-centered care. No statistical associations were found for other job characteristics (work conditions, social support from colleagues, autonomy and organizational commitment) and staff-reported person-centered care. The findings demonstrate that in the nursing home environment, person-centered care is influenced by organizational and work characteristics, shared values and interpersonal relationships.

In **Chapter 3**, a qualitative study consisting of semi-structured, face-to-face focus groups was conducted using the 'active dialogue approach'. This study aimed to provide insight into how nursing home staff experienced work during the COVID-19 pandemic. Themes emerging from the data were the loss of (daily) working structure, interference between work and private life for direct care staff, the importance of social support by the team and a leader, and the effects on relationship-centered care of the measures. Results offer specific implications for similar situations in the future: psychological support on-site; autonomy in daily work of care staff; an active role of a manager on the work floor and the importance of relationship-centered care.

Chapter 4 introduces an approach using narrative quality of care data in nursing homes. It used the 'Connecting Conversations' method that collects narratives from nursing home staff, residents and family members. The result led to a stepwise approach consisting of four steps: (1) perform and transcribe the conversations (listen); (2) calculate a valence score, defined as the mean %-positive within a triad (look); (3) calculate an agreement score, defined as the level of agreement between resident, family and nursing staff (link); and (4) plot scores into a graph for interpretation and learning purposes with agreement score (x-axis) and valence score (y-axis) (learn). Findings of this study indicated that narrative data can be used to detect similarities and differences between residents', families', and nursing staff's experienced quality of care. To integrate the narrative data collected with 'Connecting Conversations' into an ongoing quality assurance process, it is crucial to link these calculated scores with the original qualitative data. This linkage enables a comprehensive comprehension of both the strengths and areas requiring enhancement.

In **Chapter 5** a qualitative study is presented, which explored how narrative data collected with 'Connecting Conversations' was used to improve relationship-centered care in nursing homes. 'Connecting Conversations' was used to collect the narrative data. 'Connecting Conversations' is a

narrative method to collect interview data from nursing home staff, residents and family members on experienced quality of care. Participating teams organized meetings on their own initiative to discuss the results of the Connecting Conversation interviews. They were responsible for organizing and determining who to invite to the meetings. The results of the 'Connecting Conversations' interviews were the main input for each evaluation meeting. Furthermore, teams were free in designing the presentation of their results.

Results show that evaluation meetings were primarily organized for care professionals. Staff and management considered it challenging to include family members and residents to reflect on the results during evaluation meetings. And if they did attend, it was challenging to achieve follow-up on formulated action points. Regarding the content of these evaluation meetings, the results of our study highlight that the narrative data were only superficially discussed during the evaluation meetings, focusing on incidental problem-solving. The full range of details and richness of the data were not used to reflect on relationship-centered care. Findings of this study indicate that improving relationship-centered care in collaboration with care professionals, family members and residents remains challenging.

Chapter 6 describes a qualitative study on how students experience learning in a hybrid learning environment and their perceptions on relationship-centered care. Within hybrid learning environments, learning and working are integrated and merged. Findings showed that students were generally satisfied with learning in the hybrid learning environment. They experienced the tailor-made learning process and actively learning in practice as motivating and pleasant. However, the connection between working and learning was not consistent, as students implied that they did not see their everyday work as part of their learning process. Regarding relationship-centered care, findings showed that students did not have sufficient knowledge of the concept. Nevertheless, they considered their way of working as highly relationship-centered. Findings suggested that the hybrid learning environment can facilitate a transition from a task-oriented approach to a relationship-oriented approach by considering certain improvement points (e.g., clarity of the role of work supervisor and students' awareness of learning while executing daily tasks).

The final chapter, **Chapter 7** summarizes the main findings followed by methodological and theoretical considerations, resulting in recommendations for further research and practice.