

Are we walking or just talking?

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IMPACT

It is lunchtime at the Sunflower Nursing Home. Mrs. Janssen has been living here for two years. She knows her way around and knows all the members of staff, and this makes her feel at home. Her daughter, Anna, visits every day and helps her mother to lunch. Maintaining this routine makes them both feel good. Recently, nursing assistant Lisa have had the opportunity to schedule individual conversations with Mrs. Janssen and Anna. During this conversations they were able to talk about their thoughts, expectations, and experiences. This enabled Lisa to understand Mrs. Janssen and her daughter's relationship and how she could respond accordingly. She is now less afraid to discuss things with them, which has made her job more enjoyable. At the same time, the conversations have allowed Mrs. Janssen and Anna to make their voices heard. This has given them a sense of equality and improved their partnership with Lisa.

The above example illustrates the impact the present dissertation might have on nursing home staff, residents, and family members if its recommendations are effectively implemented. This chapter elaborates on the societal significance of the findings presented in this dissertation, detailing how the research could enhance relationship-centered care in Dutch nursing homes. Additionally, it outlines the dissemination process for these findings.

SOCIETAL IMPACT

This research was conducted within the Living Lab in Aging and Long-Term Care.¹ It has been developed from the start in collaboration with various partners associated with the Living Lab, such as long-term care organizations and partners from the educational field. The project builds on the existing methodology 'Connecting Conversations' to measure quality of care, which served as the basis for the research approach. The 'Connecting Conversations' method was also developed in cooperation with various healthcare organizations and other partners. This dissertation has contributed to the further development of 'Connecting Conversations'. The results have enriched the methodology, which is now available and being implemented nationwide.

In the Netherlands, nursing home organizations are mandated by the Quality Framework for Nursing Home Care (Kwaliteitskader Verpleeghuiszorg 2021)² to continually strive for improvement in their provision of quality of care. This framework underscores the importance of relationship-centered care, emphasizing that these aspects are cultivated through interactions between care professionals, residents, and their families. Future policies are trying to give more support to this effort. A new integrated policy document is currently in development, aimed at replacing the Quality Framework. It is called the Quality Compass (*Generiek kompas Samen werken aan kwaliteit van bestaan 2024*)³ and integrates the Quality Framework for Nursing Home Care, the Long-Term Care Act for homecare (*het addendum over de Wlz-zorg thuis*)⁴ and the Quality Framework for community nursing (*Kwaliteitskader Wijkverpleging*).⁵ It stresses that care staff are indispensable in facilitating collaboration within the care recipient's network. The present dissertation offers guidance for nursing home organizations to help their staff in fulfilling this role. Nursing home staff can be supported by fostering teamwork and paying attention to job characteristics such as satisfaction, task variation, and development opportunities. Furthermore, the new Quality Compass suggests that paying attention to the experiences of nursing home residents can provide a good opportunity to engage in dialogue, aiming to improve quality of care. This dissertation has investigated how narrative quality data collected with 'Connecting Conversations' can be used for quality improvement processes. These narrative data offer rich insights into the experiences of nursing home residents and a structured approach is necessary to use this data for quality improvements.

On a policy level, policy makers can use the results to implement the new Quality Compass in practice. For instance, by using 'Connecting Conversations' as one of the narrative methods to improve quality of care.⁶ Results of this dissertation have been shared with policymakers, experts, and members of client councils and findings were presented in the annual report published by the Living Lab. From the start of this project, the scope and findings were also regularly discussed with a steering committee, comprising various members from practice, education, and policy. In addition, the senior advisory council (Ouderen

Adviesraad), consisting of different resident and family member representatives, has also been involved in dissemination of the findings.

Residents, families, and nursing home staff benefit from the findings of this dissertation as they are the center of relationship-centered care. By using ‘Connecting Conversations’ in practice residents are given a voice to share their experiences, collaborate and improve the quality of care. Family members are given the opportunity to actively play a role in the caring process, the collaboration with nursing home staff and in improving the quality of care. Additionally, nursing home managers are equipped with valuable insights to facilitate relationship-centered care within their organizations. The results of this dissertation highlight the importance of leaders who provide active social support, facilitate non-hierarchical teamwork and have a clear care philosophy on care provision.

The findings also provide nursing home staff with specific recommendations to better implement relationship-centered care in practice. These recommendations offer opportunities to improve collaboration with residents and family members, but also implicate a structured support for its implementation.

Moreover, findings also have implications for the education of nursing home staff. In the future, it is increasingly expected from nursing home staff to work in a relationship-centered manner. This dissertation gives recommendations for improving a hybrid learning environment in order to enhance relationship-centered care. The hybrid learning environment was established at two partner organizations, in collaboration with an educational institution. The Living Lab was tasked with monitoring developments and progress within this project. The results provided insights into what needs to be considered in order to implement relationship-centered principles in the curriculum. A short movie highlighting the dissertation’s most relevant educational findings was created in partnership with various stakeholders and distributed among the participating and other educational institutes to disseminate the findings. Additionally, findings of this dissertation were regularly presented and discussed during meetings and used in education (e.g., a movie clip was included in the curriculum for nursing home students, who were given access to ‘Connecting Conversations’ to learn how to conduct an empathetic conversation).

SCIENTIFIC IMPACT

The findings of this dissertation demonstrate the need to integrate relationship-centered care into nursing homes, particularly at the micro level (residents, their family members and nursing home staff), where relationships and collaboration need to be enhanced if the desired outcomes are to be realized. The results of this dissertation have been shared through various channels. Three studies have been published in open-access (i.e., they are available free of charge) peer-reviewed international journals. The article on experiences and lessons learned during the COVID-19 pandemic was one of the 10 top cited articles for 2022–2023.⁷ The authors have presented the findings at various national and international conferences, including the first Global Conference of Person-Centered Care (2024) in Sweden.⁸

Furthermore, several innovative aspects aimed at enhancing relationship-centered care in nursing homes contribute to the state of scientific knowledge. First, findings contribute to a more solid understanding of different work environment factors that are associated with person-centered care. These additional factors make the complex framework of person-centered care more complete.

Second, as one of the first studies conducted and published during the COVID-19 pandemic the results of the study presented in chapter 3 contributed to a better understanding of the experiences of nursing home staff during the pandemic. Furthermore, this research was part of a broader national study on the effects of measures, for instance on visitation bans during the pandemic.⁹ The results also contributed to policy recommendations that were adopted internationally by other countries.^{10,11} In addition, during the pandemic, Johanna Rutten (the lead researcher) volunteered in a nursing home working as a nursing

assistant affiliated with the Living Lab, thus providing active support to the nursing home staff. Third, our studies on using a stepwise approach to support the use of narrative quality data present novel ways to interpret and use narrative data. These studies give guidance on how to use these data as part of a quality improvement process. These results support the previously developed framework on experienced quality of care (INDEXQUAL)¹² and can serve as foundational knowledge for further exploration of the utilization of narrative data to enhance relationship-centered care in practice. Fourth, findings displayed that a collaboration with residents, family members and nursing home staff does not occur automatically and that this process needs a structured approach. We experimented with an open approach by refraining from intervening in the process of initiating and planning the meetings, which proved not to be entirely successful. These insights encourage additional research and innovation in this area, aimed at developing strategies that can enhance the collaboration within the care triad (resident, family member, nursing home staff).

Finally, a partnership was established in 2019 between the universities of Tilburg, Leiden, Twente, Rotterdam and Maastricht to share expertise on the use of narratives in evaluating the quality of long-term care.

To enhance the dissemination of the dissertation's findings, a factsheet including general findings of this dissertation has been created and distributed to all participating care organizations within the Living Lab. Those outside the Living Lab can access the findings through the dissertation itself or its summary, which will be posted on the Living Lab in Aging and Long-Term Care website (<http://www.academischewerkplaatsouderenzorg.nl>). Additionally, efforts will be made to promote the practical application of the research results.

If the results are effectively disseminated, in the future, all residents like Mrs. Janssen in the Sunflower might experience good quality of care and an equal partnership with their family members and nursing home staff.

REFERENCES

1. Verbeek H, Zwakhalen S, Schols J, Kempen G, Hamers J. The living lab in ageing and long-term care: a sustainable model for translational research improving quality of life, quality of care and quality of work. *J Am Med Dir Assoc.* 2020;24(1):43-47.
2. Zorginstituut Nederland. *Kwaliteitskader Verpleeghuiszorg. Samen leren en ontwikkelen.* Diemen: Zorginstituut Nederland. 2021.
3. Zorginstituut Nederland. *Generiek Kompas Samen werken aan kwaliteit van bestaan 2024.* 2024.
4. Zorginstituut Nederland. Verpleeghuiszorg kwaliteitskader addendum langdurige zorg thuis met een Wlz-indicatie. 2019
5. Zorginstituut Nederland. Wijkverpleging kwaliteitskader. 2023
6. Waardigheid en Trots. Overzicht verhalende methoden kwaliteitsverbetering. Accessed 12-6, 2024. <https://www.waardigheidentrots.nl/tools/overzicht-verhalende-methoden-kwaliteitsverbetering>
7. Rutten JE, Backhaus R, Ph Hamers J, Verbeek H. Working in a Dutch nursing home during the COVID-19 pandemic: experiences and lessons learned. *Nursing Open.* 2022;9(6):2710-2719.
8. Rutten JER, Backhaus R, Verbeek H, de Vries E, Hamers JPH, Sion KYJ. We are not there yet: enhancing relationship-centered care in nursing homes. Presented at: GCPCC 2024; Sweden.
9. Verbeek H, Gerritsen DL, Backhaus R, de Boer BS, Koopmans RT, Hamers JP. Allowing visitors back in the nursing home during the COVID-19 crisis: a Dutch national study into first experiences and impact on well-being. *J Am Med Dir Assoc.* 2020;21(7):900-904.
10. Hamers J, Koopmans R, Gerritsen DL, Verbeek H. "Klaar voor een nieuwe golf?: Monitor naar aanleiding van de verruiming van de bezoeksregeling in verpleeghuizen.2020.
11. Hamers J, Koopmans R, Gerritsen D, Verbeek H. Gevaccineerd, en nu. *Monitor naar aanleiding van de verruiming van de bezoeksregeling in verpleeghuizen* [Vaccinated, what now]. 2021.
12. Sion KY, Haex R, Verbeek H, et al. Experienced quality of post-acute and long-term care from the care recipient's perspective—a conceptual framework. *J Am Med Dir Assoc.* 2019;20(11):1386-1390. e1.