

Title of Project

Sustainable Culture Change for Persons with Dementia in the Nursing Home: An Ethnographic Study of a relationship Model Strengthened by Staff Training and Peer Support

PI/Project Director

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Nursing Homes Involved

Crown Nursing and Rehabilitation Center

Description of Intervention

The primary aim of this project was to design, implement, and evaluate a person-centered/relationship-based model of culture change training and interventions, including three dementia group programs individually tailored to facility needs/strengths. Key activities included: information disseminating/gathering sessions for nursing home staff, site visits to nursing homes with established dementia group programs, training on culture change and dementia care, experiential coaching, and weekly team meetings of core staff on participating units who developed dementia group programs with the help of a program coordinator and project consultants. The groups were held each weekday between the hours of 10 a.m. and 3 p.m., with two unit staff and approx. 20 residents engaged in varied activities to foster interactions and feelings of emotional connection (e.g., TimeSlips).

Research Design

Research Method – Single group design with repeated measures. It was hypothesized that nursing home residents receiving the culture change interventions would experience significant decreases in negative affect/behavior, significant increases in positive affect/behavior and interactions, and no changes in clinical outcome indicators or functional impairments over time. It was also hypothesized that participating staff would offer more one-on-one and structured group activities. Ethnographic methods were used to provide descriptive/contextual data.

Sample – 65 residents drawn from three skilled nursing units across three facilities. Recruitment continued until informed consent was provided by half of responsible parties on each unit. Written or verbal consent was also obtained from residents when possible. An additional 105 participants (administrators, managers, direct care staff, residents, and family members) were sampled for ethnographic interviewing purposes.

Measures – Observational measures completed at baseline, six months, and one year by nursing and activities staff included the Cohen-Mansfield Agitation Inventory, Cornell Scale for Depression in Dementia, and Activity Participation Scale. At the same intervals, researchers extracted MDS data on cognition and ADLs from charts and observed staff and/or residents using the Apparent Affect Rating Scale and Quality of Interaction Schedule. Qualitative data collection was ongoing and included participant observation, ethnographic interviewing, case studies, and event sampling across participant groups.

Analysis Approach – A series of repeated measures ANOVAs were conducted on all quantitative outcome measures, with intervening variables entered as covariates as appropriate. Qualitative analysis methods included an inventory of data, coding, theme analysis, semantic expansion, and reconstruction techniques.

Results

Over the intervention period a significant reduction in depression was evidenced, as well as more frequent/ active engagement in resident activities and individual/structured program provision by staff ($p < .05$). Although participants grew more functionally impaired, cognitive impairment remained stable over the course of the project. Ethnographic findings affirmed the intervention's utility, and provided rich detail focused on the emerging themes of project expectations, practice experience, reactions, explanations, and future recommendations.

Contact Information

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