

Covenant Health Research Day 2015

**Living Well in the Fourth Age: Opportunities for eudemonia
for people living in Continuing Care Centres**

‘The Pursuit of Spirituality through the Development of Eudemonia’



Eudemonic Research Investigators

Irene Coulson RN, PhD

Faculty of Health and Community Studies, BScN Program

Lori Harper Reg. Psych PhD

Faculty of Arts and Science, Psychology and Villa Caritas Hospital

Sharon Bratt BEd, PhD

Faculty of Arts and Science, Computer Science

Shirley Galenza RN, MEd

Center for Professional Nursing Education

Mary Haase RN, PhD

*Faculty of Health and Community Studies,
Bachelor of Psychiatric Nursing Program*



Presentation Objectives

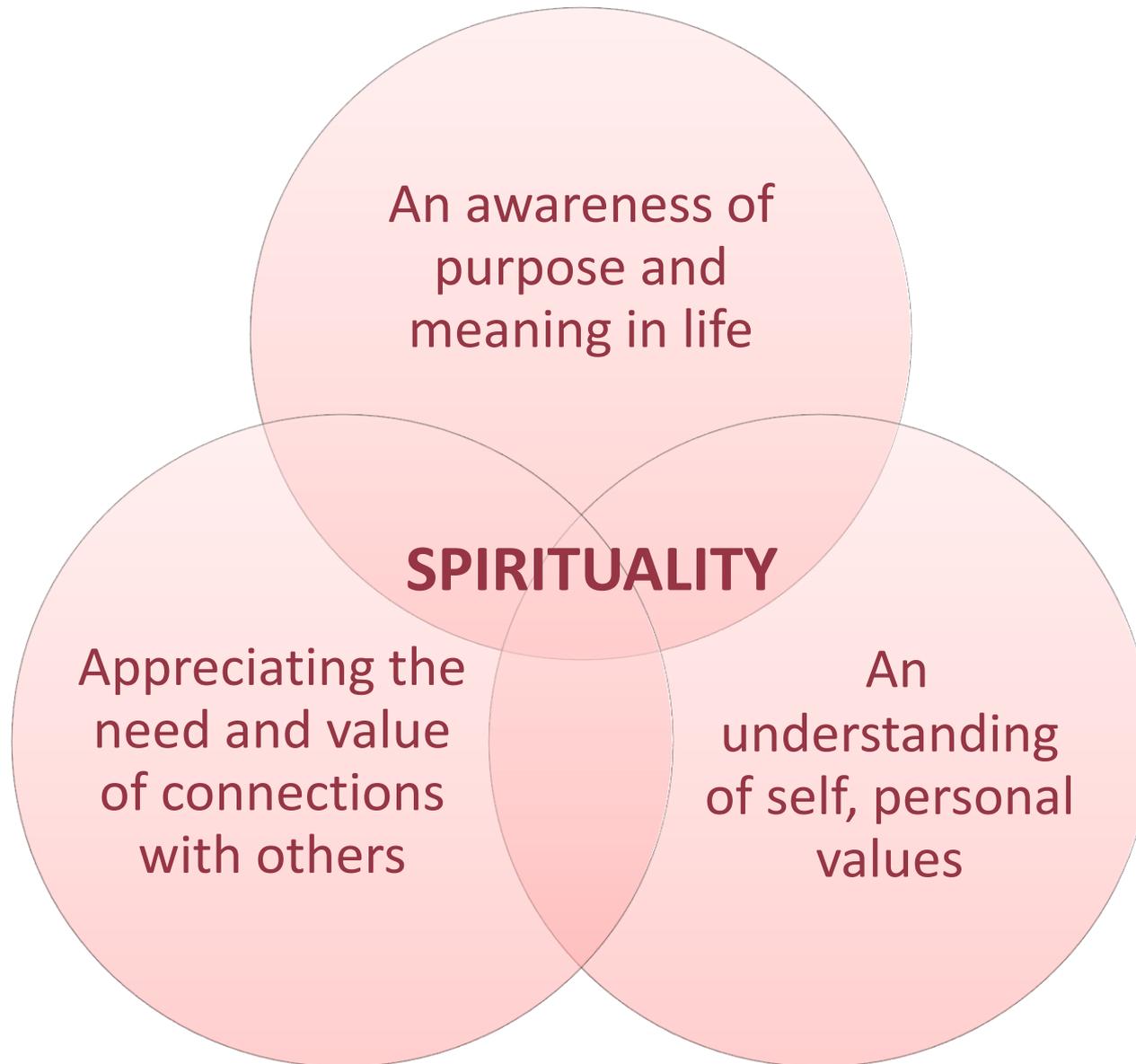
1. Provide a brief overview of the study objectives and methodology.
2. Define the term spirituality in the context of health-care.
3. Identify 12 eudemonic propositions that held true to two continuing care facilities that can foster a culture of autonomy, competency and relatedness.
4. Illustrate how spirituality encompasses the three dimensions of autonomy, competency and relatedness.

Spirituality

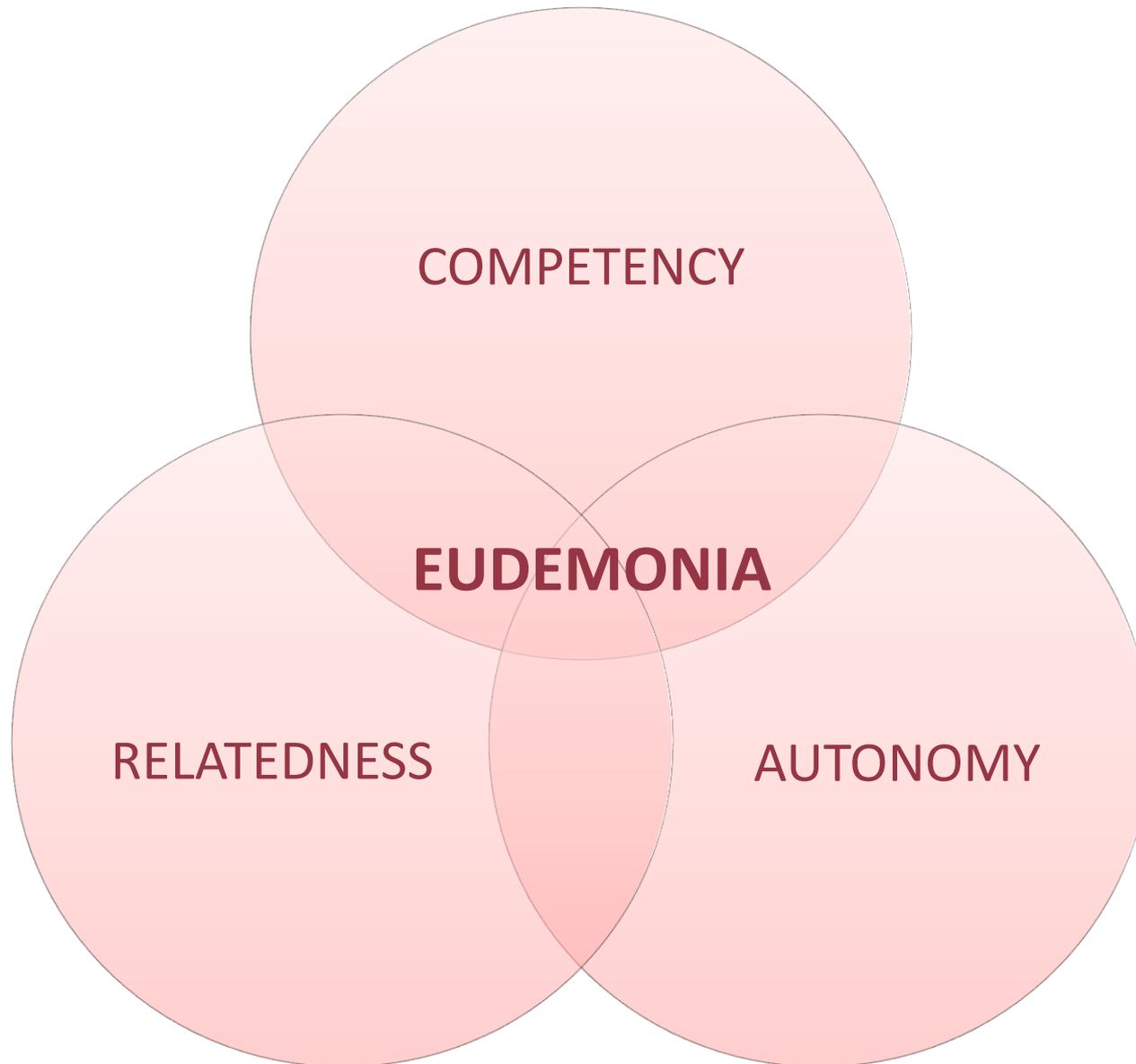
- Spirituality can include a belief in a higher power that is greater than yourself; a sense of connectedness; an awareness of purpose and meaning in life, coming to an understanding of self, personal values.
- Spirituality includes our relationships with each other *appreciating the need and value of connections with others, acts of kindness, compassion and selflessness, altruism and the experience of inner peace.
- Healthcare professionals sometimes have difficulty defining what is a spiritual need and what is their role – which can present challenges

(Mayers, C, Johnson, D, 2008; Manitoba's Spiritual Health Care Strategic Plan, 2012)

Relationship Between Spirituality and Eudemonia



Relationship Between Spirituality and Eudemonia



Study Objectives

1. What do residents experience when they pursue autonomy, competency and relatedness in their day-to-day activities?
2. How do direct resident care staff promote resident autonomy, competency and relatedness in their daily care activities?
3. What are the strengths and challenges in creating resident eudemonic opportunities in continuing care?

CONCEPTUAL FRAMEWORK:

Based on Self-Determination Theory operationally defined in three key areas:
Autonomy, Competence, and Relatedness.

Methodology

Stage 1

1. Ryff Scale

Residents (31) each participated in a one hour private interview completing the Ryff's (1989) validated *Psychological Well-Being Resident* [Analyze data, themes, considered focus group questions]

2. Policy Analysis

[Analyze data, themes, draft beginning propositions, considered focus group questions]

3. Direct Resident Care Staff Focus Groups

[Transcribed, reviewed, continued to refine, developed 26 propositions]

Stage 2

4. [26] Resident Interviews

26 eudemonic propositions were taken to residents for testing

Interviews transcribed, reviewed and Independent Inter-rater Reliability was established

Twelve (12) final Eudemonic Propositions that held true to both organizations

12 Eudemonic Propositions (36 strategies) that held True to both Organizations

Autonomy

The resident must have a voice in decisions about healthcare and well-being.
A daily routine must focus on resident's needs, abilities and desires.
Residents are reluctant to challenge the status quo.

Competency

A resident's day should have a meaningful purpose.
An acceptance by the resident that assistance with daily routines is required.
Information must be communicated in a language that is understood by the resident.
The expectations of the facility must be clearly communicated to the resident.
The facility provides a place to live -not a home.

Relatedness

Maintaining positive relationships with family and friends should be supported.
The resident must have opportunities to practice their spiritual beliefs or religion.
The resident's opinion must be respected.
Social relationships with other residents and staff should be encouraged.

CAR-E Model

COMPETENCY PROPOSITIONS

A resident's day should have meaningful purpose.

An acceptance by the resident that assistance with daily routines is required.

Information must be communicated in a language that is understood by the resident.

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AUTONOMY PROPOSITIONS

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A daily routine must focus on resident's needs, abilities and desires.

Residents are reluctant to challenge the status quo.

RELATEDNESS PROPOSITIONS

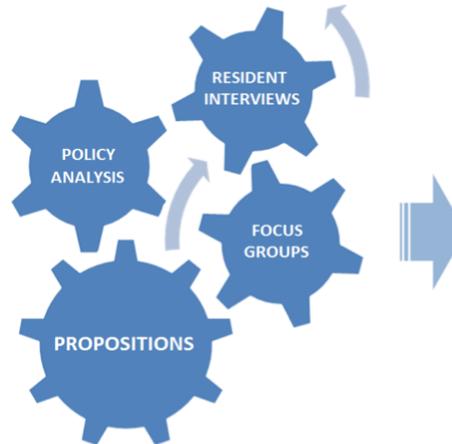
Maintaining positive relationships with family and friends should be supported.

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Competency, Autonomy, Relatedness and Eudemonic Model (CAR-E Model)



Using a metaphor of gears within the CAR-E Model illustrates the relation and integration of propositions on the other three elements to design a eudemonic environment.

OUTCOMES

Eudemonic Environment

Knowledge Translations

- New Practice
- New Policy
- New Education

Coulson I. Harper, L. Bratt, S. Galenza, S. Haase, M. (2014)

Challenges

- The **process** of creating a eudemonic environment within a continuing care centre for residents in the fourth age is complex and there **are no special formulae**.
- Continuing care centre administrators, managers and clinicians who create a eudemonic environment are **guided by national, provincial, regional and operational government policy and funding models**, (Eg. Accreditation Standards Canada, Continuing Care Health Service Standards and the Nursing Homes Act).
- While there is a **strong focus on outcomes and standards of care**, further research is needed to explore **how CCC policies practices and processes affect resident outcomes** in areas such as autonomy, competency and relatedness.
- Additional work is needed to understand **what residents want, how their voices can be heard and incorporated into policy, practice and education**.

Thank you

Thank you to ‘Covenant Health Research Board’ and ‘Grant MacEwan University Research Board’ for the funding provided to support this research project.

The Researchers sincerely thank the Residents, Direct Resident Care Staff, Administrative Assistants, Directors and Managers who willingly gave of their time and efforts to participate in this research project.