

Long Term Care
Network,
A Division of
PRIMEDIA Healthcare

Health Promotion for Residents

EDA 311-0183

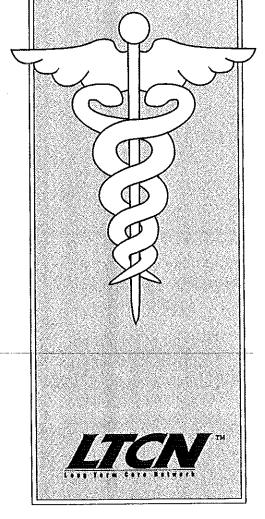


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INTRODUCTION

This program focuses on health promotion as a means to increase the quality of life in long term care facilities. Promotion of independent living ultimately enhances the self-esteem of residents.

TARGET AUDIENCE

The target audience for this activity is certified nursing assistants.

LEARNING OBJECTIVES

After completing this activity, the participant should be able to:

- 1. define wellness within the parameters of a resident's functional ability in a long term care setting.
- 2. identify activities to enhance residents' self-esteem.
- 3. discuss ways the nursing assistant can minimize residents' dependency and maximize residents' health.
- 4. identify health promotion as a means to increase residents' quality of life.

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This syllabus is designed to be used in conjunction with video program EDA 311-0183 by the Long Term Care Network, a division of PRIMEDIA Healthcare. PRIMEDIA Healthcare is a division of PRIMEDIA Workplace Learning.

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HEALTH PROMOTION FOR RESIDENTS

WELLNESS IN LONG TERM CARE

It is the responsibility of nurses and nursing assistants to help maintain the health and well-being of residents in long term care facilities. Encouraging individuals to be independent for as long as possible enhances their quality of life. Residents need to be encouraged to be responsible for their lives by performing as many tasks as possible for themselves and/or making their own decisions about their care when possible.

The idea of being well in a traditional long term care setting may appear to be a paradox. *Wellness* is a dynamic state that necessitates continuous balancing of functional ability in a variety of settings. McCourt (1993) stated that "it [wellness] is an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning."

McCourt (1993) identifies five beliefs an individual committed to wellness should hold:

- . I am in control of my health.
- Whether sick or well, I am responsible for my state of health.
- The main factors affecting my health are my attitude, my beliefs, and my behaviors.
- If I take care of myself, I can drastically reduce my prospects for illness and automatically improve my chances of optimal functioning.
- If I lead a wellness lifestyle, I can come close to my best potential and derive great satisfaction.

Wellness requires active participation in activities of living and decision-making about living and health. Within the long term care setting this participation could be translated into *optimal functional ability*. Activities of daily living should be active, not passive, to the extent they can be. Decision-making should not be taken from the resident upon admission to a long term care setting.

HEALTH PROMOTION

Health promotion is encouraging a condition of maximum physical, mental, and social well-being (Chitty, 1993). In the 1990s, the U.S. Public Health Service released a report titled Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Ultimately, the goal of the report was to improve the quality of life for individuals throughout the lifespan.

Health promotion in long term care settings is a series of practices that allow residents to actively participate in life. Besides encouraging residents to participate in their care, education about healthy living can include nutritional education, exercise programs, and discussions on how to manage time in the long term care facility. These education programs send the message that responsibility for health and living lies with the resident.

Health promotion is based on the assumption that residents who participate in daily activities and decisions are likely to live more independently and be healthier. It is important to convey the message to residents that they are not sick and "unable." Residents may be in need of some assistance at this time in their lives; however, the focus should be on ability. The center of control of life shifts from the caregiver to the resident when possible. The nature of institutional living limits a resident's choices. It

is the function of the nurses and the nursing assistants to promote life assistance for residents instead of total care dependency.

Health education classes can include information on living within the limitations of diseases experienced by residents and on preventing further disease advancement or injury. Offer exercise programs on a variety of levels. Some programs can be formalized in a therapy or a restorative care session to promote, the fullest level of functioning and independence. Other programs can be general conditioning sessions offered by the Activities Department to promote a resident's general condition and socialization. Psychosocial groups can focus their discussions on how to manage time within a long term care facility, relationships and community living, or negotiating a solution to a problem.

RESTORATIVE APPROACH: IMPROVING QUALITY OF LIFE

Improving the quality of life for a resident should be the goal of all long term care staff. The rule of improved quality of life is encouraging participation to the extent a resident is capable. Key concepts include encouragement of (Tracey, 1999):

- choices.
- control.
- decision-making.
- * respect.

A restorative approach in working with residents helps them develop an attitude of "I will try," "I can," or "I think I can," rather than "I can't" or "I am not able to."

Unintentionally, and in an effort to be efficient, nursing assistants tend to take charge of residents' lives. In reality, the nursing assistant assumes the burden of managing a number of individuals' lives. Residents then feel they are being controlled, and they sometimes lapse into a dependency mode. Even when residents can no longer physically care for themselves, it is important to provide choices about the care they receive. Often, nursing assistants perceive residents as being incapable of doing

activities of daily living or of making decisions. Dependency on the caregiver then becomes the norm for residents. This dependency may limit the good feelings residents have about themselves because dependent behavior emphasizes limitations. Focusing on limitations heightens the negatives of living.

Positive self-esteem allows an individual to feel good about him- or herself. Generally, when one has good self-esteem, he or she is motivated to be in control of living. In turn, when an individual is in control, his or her self-esteem is heightened. A cumulative effect of positive encouragement ensues. Measures that nursing assistants can use to encourage the positive self-esteem of residents include:

- assisting residents instead of doing tasks for residents.
- working with residents instead of working on residents.

Examples of assisting residents and working with residents include:

- helping residents dress or choose outfits for the day.
- * allowing residents to choose a time to shower.
- encouraging residents to transfer using sliding boards instead of staff assistance.
- toileting residents on a regular basis instead of using incontinence garments.
- allowing residents to plan and prepare for activities.
- encouraging the use of walkers and canes for ambulation whenever possible.
- minimizing the use of restraints.

RESTORATIVE ACTION PLAN

Working with residents to maintain or reach their healthiest state of being can be achieved through a seven-step action plan. The steps of the restorative process include (Tracey, 1999):

- 1. observing what a resident CAN do. Encourage the resident to do what he or she can even with some verbal or physical cueing.
- 2. modifying the environment. Rearrange the room. Provide and place assistive devices, such as a walker, within reach. Remove wheeled items if they cause a hazard.

- having residents use assistive devices. Activities of daily living can be done independently if items such as plate guards, long-handled sponges, and sock aids are available.
- 4. breaking the activity down into small steps. Doing part of an activity is better than doing none of the activity.
- 5. practicing and repeating the steps of the activity. Learning to do things a different way takes time. Eventually it becomes easier.
- 6. progressing to the highest level of ability. The overall goal is maximized when the resident participates and chooses.
- 7. maintaining the highest level of function. Encouragement to continue is the key. Remember when you do not use, you lose.

These principles maintain an uplifting atmosphere and positive attitude about the long term care setting. This approach keeps nurses and nursing assistants from fostering "helplessness." The message of helplessness and dependency increases caregivers' workload.

To decrease learned helplessness and promote self-esteem, nurses and nursing assistants should (Brandriet):

- empathize with residents instead of being insensitive.
- discourage unnecessary dependence by identifying what residents can do for themselves and setting them up to do so.
- participate in therapy sessions to demonstrate interest in fostering resident's functional abilities.

Examples of being empathetic include:

- a touch or verbal reassurance.
- using a resident's given name instead of pet names.
- using an open-ended statement, such as "Tell me how you are feeling today."

Empathetic behavior expresses sensitivity to the resident, not sympathy.

MINIMIZING DEPENDENCY AND MAXIMIZING RESIDENTS' HEALTH

Techniques for minimizing dependency and maximizing residents' health include (Tracey, 1999):

- communication skills. It is important to be able to explain what the resident's abilities are and describe alterations in the resident's abilities.
- teaching skills. One needs to be able to teach self-care and adaptive techniques and pass them on to co-workers.
- coaching skills. Encouraging residents to continue their healthy living practices helps them maintain a positive attitude.
- organization skills. Assisting a group of residents requires adapting and rearranging tasks.
- interpersonal skills. As residents' abilities change, even become limited, and disease or age progresses, nurses and nursing assistants should modify their approaches and motivate residents to preserve their remaining abilities.
- documentation skills. With the standardization of documentation, information needs to be passed to physicians and the care plan nurse.
- responsibility and accountability. Nursing assistants who wish to maintain the quality of life for residents are those who are successful at their jobs.

SUMMARY

Fostering independence can best be accomplished through practicing patience in helping a resident manage a task. Often it is easier to just do it, but this attitude fosters dependency. Discourage dependency by helping residents understand how important it is for them to take care of themselves as much as possible. Providing convenience for a nursing assistant is not the primary goal in helping residents manage tasks.

Promoting healthy living within the long term care facility through increasing resident independence ultimately slows the downward spiral toward dependency. Nursing assistants are a major compo-

nent of the caregiver team within long term care facilities. They hold the key to maximizing residents' quality of living.

BIBLIOGRAPHY

- Chitty, K. (1993). *Professional nursing*. Philadelphia: W.B. Saunders Co.
- McCourt, A. (Ed.). (1993). The specialty practice of rehabilitation nursing: A core curriculum. Skokie: Rehabilitation Nursing Foundation of the Association of Rehabilitation Nurses.
- Nathenson, P. (Ed.). (1999). Integrating rehabilitation and restorative nursing concepts into the MDS. Glenview, IL: Association of Rehabilitation Nurses.
- Tracey, C. (Ed.). (1999). Restorative nursing: A training manual for nursing assistants. Glenview, IL: Association of Rehabilitation Nurses.

WEB SITE

Brandriet, L. "Promoting Health for the Nursing Home Resident." [On-line]. Available: http://www.nadona.org/promoting%20health.htm.

POST TEST

HEALTH PROMOTION FOR RESIDENTS

- 1. Wellness is a static state of feeling good.
 - a. True
 - b. False
- 2. Maximizing a resident's potential within the environment promotes:
 - a. self-esteem.
 - b. healthy living.
 - c. dependency.
 - d. a and b
- 3. A main factor(s) affecting health is/are:
 - a. attitude.
 - b. beliefs.
 - c. behaviors.
 - d. all of the above
- 4. Wellness requires active participation in activities of living and decision-making.
 - a. True
 - b. False
- 5. Healthy People 2000 is a plan to improve individuals' health:
 - a. in long term care facilities.
 - b. throughout the life span.
 - c. in hospitals.

- 6. Healthy living begins with nursing staff encouraging active participation. This can be best achieved by FIRST:
 - a. modifying the environment.
 - b. breaking the activity down into steps.
 - c. observing what a resident can do.
 - d. maintaining the highest level of functioning.
- Learned helplessness is encouraged by staff allowing a resident to choose his or her shower time.
 - a. True
 - b. False
- 8. Good coaching skills foster independence in residents.
 - a. True
 - b. False
- Attending therapy sessions demonstrates interest and encouragement, which lead to improved self-esteem.
 - a. True
 - b. False
- 10. Learning to do things in a different way takes time.
 - a. True
 - b. False

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