The role of leadership in the implementation of person-centred care in nursing homes
- a study in three nursing homes

Anne Marie Mork Rokstad
Ageing and Health, Norway
RN, MHS, PhD
Aim of the study

- Describe the impact of leadership on the implementation of person-centred care (PCC) using Dementia Care Mapping (DCM) in nursing homes
What is DCM?

- Based on standardized observation identifying the well-being and behaviour of the patients and the interactions between care staff and the patients
- Followed by a feed-back session with the care staff
- Action planning based on reflections and discussion
- Repeated DCM observations
Method

Design
- DCM was used as a method to implement PCC over a 12 month period
- Qualitative interviews in focus groups were made after the second DCM-observation (at 6 months) and repeated at the end of the intervention

Participants in the focus groups
- Leaders (7) and care staff (18) in three nursing homes recruited from different parts of Norway - separate groups for staff and leaders at each nursing home
Method

Semi-structured focus group interviews

Main questions:

• leaders: How did you reflect and act as a leader in the preparation and the developmental phases of using DCM in your nursing home?

• staff: In what way were you involved and stimulated by your leaders in the process of implementing PCC in your daily practice?

• both leaders and staff were asked to share their experiences with DCM and how it influenced the care practice
Method

Analysis

- Qualitative content analysis with a conventional approach
- Subsequent interviews were made based on the preliminary analysis
- Prominent themes were identified and organised in a matrix making it possible to compare the three nursing homes
Results: The influence of context and the role of leadership in the implementation of person-centred care using DCM

<table>
<thead>
<tr>
<th>Context</th>
<th>Nursing home A 'Highly professional'</th>
<th>Nursing home B 'Market-orientated'</th>
<th>Nursing home C 'Traditional'</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Clear and integrated vision</td>
<td>- Complicated vision</td>
<td>- No vision</td>
</tr>
<tr>
<td></td>
<td>- Long-term focus on professional development</td>
<td>- Inconsistent professional development</td>
<td>- No structure for professional development</td>
</tr>
<tr>
<td></td>
<td>- Basic funding</td>
<td>- Activity based funding</td>
<td>- Basic funding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Dementia Care Mapping (DCM) process</th>
<th>Professional supportive leadership through participation in practice care</th>
<th>No directly supportive leadership</th>
<th>Supportive leadership only on request</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Implementation of person-centred care (PCC)</th>
<th>PCC awareness and practice</th>
<th>PCC awareness</th>
<th>PCC awareness and reflections on it</th>
</tr>
</thead>
</table>
Conclusions:

The leaders’ participation and behaviour seem to influence to what degree the DCM process leads to change in the care practice.

The leaders are important facilitators by setting up a clear and coherent professional vision, take active part in the care practice as models, give continuous support and empower the care staff by delegating tasks and responsibility.

Anne Marie Mork Rokstad,
Publication:

Rokstad AMM, Vatne S, Engedal K, Selbæk G.

The role of leadership in the implementation of person-centred care using Dementia Care Mapping: a study in three nursing homes.

*Journal of Nursing Management*, Published online, May 2013

Thank you for your attention!