Promoting Wellbeing and Positive Ageing …

Making the Connection between Voice and Wellness in Agency

Dr. Faith Richardson DNP, RN
Trinity Western University School of Nursing

Prepared for:
Elim Village Wellness event and DOCs meeting
Well-being ...
There is a connection between voice and personal agency

- Nursing theory promotes internal versus external locus of control as essential to healthy decision making ‘with feet’
- Philosphic theory speaks to voice as essential for Integrity of person
  - Existential questions of who am I and why am I here (internal voice)
  - Internal voice leading to corporate voice (community)
- Ethical theory discusses autonomy and informed consent
  - Personal agency versus paternalism
Voice/Agency and Wellbeing

- Heidegger: throughout life we take a stand on who we are and on how we are to avoid ‘disappearing’ into society
- Deci and Ryan:
  - provide evidence that the individual person’s experience of autonomy is associated with healthy psychological development
  - conclude that constrained agency is associated with negative psychological health
A couple of studies ...

- Emotion, voice and agency: exploring the written discourses of some township women in South Africa (Dyers, Williams & Barthus, 2012)
  - Found that expressing emotion, voice, and agency (act of writing and sharing writings) resulted in external agency (acting on individual decisions and changing their circle of influence)
- On their own and in their own words: Bolivian adolescent girls’ empowerment through non-governmental human rights education (Gervaias, 2010)
  - “I have learned to be conscious that I have a voice ...”
  - Found that 98% of the girls reported changing behaviors
The voice, agency, wellbeing connection:
Is a voice ‘voice’ even when it is not heard?
“To have a voice is to be human. To have something to say is to be a person. But speaking depends on listening and being heard; it is an intensely relational act” (Gilligan, 1993, p. xvi)
Elders in residential care and assisted living are underrepresented in the nursing literature.

Nursing and healthcare literature tends to speak ‘for’ and ‘on behalf of’ elders in RC and AL.

Implications of this in formation of student nurses:
1. Confusion about advocacy and paternalism
2. Care of older adults viewed as simple management rather than complex person-to-person collaboration.
When a group voice is marginalized, or, without voice, it “curtails opportunities for capacity building, and constrains ways in which relationships are established”

(Lynam & Cowley, 2007, p. 147)
Clinical problem in a nutshell

1. Lack of voice of elders living in residential care and assisted living in nursing literature: does this imply there is a lack of voice of elders within these contexts of care?

2. Lack of new nursing graduates choosing gerontology nursing as a career: does this imply acquired institutional ageism due to lack of voice of elders in the clinical practicum setting and the nursing literature that is influencing the nursing curriculum?

How can we promote positive aging by eliciting the voice of elders in RC and AL care?
Lift up your Voice study (LUYV)

* Overall purpose:
  * Capacity building for an aging population

* Aim:
  * To promote positive aging by:
    * Reflecting the voice of elders living in RC and AL
    * Advancing ‘living theory’ of benefit to RC and AL care context (voice of direct care staff)
Action Research methodology

* Good fit for a critical gerontology perspective
  * Participative & democratic (co-investigators, not subjects)
  * Emancipatory (looks for issues of power and marginalization)
  * Invites voice!
* AR is problem based (seeks an action solution)
* A goal of AR is transformation of thought and practice (professional development focus)
  * Reflexivity
  * Dialectical analysis
  * Reflection-on-practice to promote living theory
<table>
<thead>
<tr>
<th>Clinical problem:</th>
<th>How can we promote positive aging by eliciting the voice of elders in RC and AL?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imagined solution:</strong></td>
<td>Programs and partnerships to give opportunity for elders to participate in addressing solutions to healthcare and community issues.</td>
</tr>
<tr>
<td>Process:</td>
<td>focus groups as advisory panels and think tanks</td>
</tr>
<tr>
<td>Content:</td>
<td>publication of findings and use of findings in in-service workshops, agency orientations, and the nursing clinical education preparation and curriculum</td>
</tr>
<tr>
<td><strong>Implement the solution:</strong></td>
<td>LUYV study focus groups</td>
</tr>
<tr>
<td>Process:</td>
<td>the voice, opinions, thoughts of elders solicited and heard in a climate of respectful inquiry</td>
</tr>
<tr>
<td>Content:</td>
<td>the research question and clinical problem addressed by gathering, analyzing, and disseminating the findings of the project.</td>
</tr>
<tr>
<td><strong>Evaluate the solution:</strong></td>
<td>LUYV study focus groups</td>
</tr>
<tr>
<td>Process:</td>
<td>formative and summative evaluation; reflexive field notes</td>
</tr>
<tr>
<td>Content:</td>
<td>clarification rounds, validating agency</td>
</tr>
<tr>
<td><strong>Change practice:</strong></td>
<td>Propose ‘Imagined solution’ in a series of sustainable actions</td>
</tr>
</tbody>
</table>
# Participants - Elders

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Strawberry Hill</th>
<th>Blackberry Lane</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n=</strong></td>
<td>17</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td><strong>Length of time in agency (years)</strong></td>
<td>Range: 1-4</td>
<td>Range: 1.5-6</td>
<td>Range: 1-6</td>
</tr>
<tr>
<td></td>
<td>Median: 2.75</td>
<td>Median: 3.2</td>
<td>Median 2.8</td>
</tr>
<tr>
<td><strong>Assisted living (AL)</strong></td>
<td>AL=13</td>
<td>AL=0</td>
<td>AL=13</td>
</tr>
<tr>
<td><strong>Residential care (RC)</strong></td>
<td>AL to RC=2</td>
<td>RC=5</td>
<td>RC=9</td>
</tr>
<tr>
<td></td>
<td>RC=2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Male/female</strong></td>
<td>M=6</td>
<td>M=0</td>
<td>M=6</td>
</tr>
<tr>
<td></td>
<td>F=11</td>
<td>F=5</td>
<td>F=16</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td>Range: 75-97</td>
<td>Range: 90-94</td>
<td>Range: 75-97</td>
</tr>
<tr>
<td></td>
<td>Median: 88.7</td>
<td>Median: 92.5</td>
<td>Median: 89.2</td>
</tr>
<tr>
<td>Demographics</td>
<td>Strawberry Hill</td>
<td>Blackberry Lane</td>
<td>Total</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>n=</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Length of time with agency (years)</td>
<td>Range: 1-5</td>
<td>Range: 2-18</td>
<td>Range: 1-18</td>
</tr>
<tr>
<td></td>
<td>Median: 3.4</td>
<td>Median: 10.5</td>
<td>Median: 6.9</td>
</tr>
<tr>
<td>Professional practice (RN, LPN, ALW, CCA, AA)</td>
<td>RN=0</td>
<td>RN=1</td>
<td>RN=1</td>
</tr>
<tr>
<td></td>
<td>LPN=2</td>
<td>LPN=4</td>
<td>LPN=4</td>
</tr>
<tr>
<td></td>
<td>ALW=2*</td>
<td>ALW=2</td>
<td>ALW=2</td>
</tr>
<tr>
<td></td>
<td>CCA=1</td>
<td>CCA=4</td>
<td>CCA=5</td>
</tr>
<tr>
<td></td>
<td>AA=4*</td>
<td>AA=1</td>
<td>AA=5</td>
</tr>
<tr>
<td>Male/female</td>
<td>M=0</td>
<td>M=1</td>
<td>M=1</td>
</tr>
<tr>
<td></td>
<td>F=8</td>
<td>F=7</td>
<td>F=15</td>
</tr>
<tr>
<td>Length of time practicing (years)</td>
<td>Range: 2-24</td>
<td>Range: 2-19</td>
<td>Range: 2-24</td>
</tr>
<tr>
<td></td>
<td>Median: 10.2</td>
<td>Median: 11.5</td>
<td>Median: 10.2</td>
</tr>
</tbody>
</table>

*one staff member works both ALW and AA roles*
Data collection

* Data gathered (triangulated):
  1. Elders focus groups
  2. Direct care staff video journals
  3. Reflexive field notes

* Initial research questions:
  * Within the context of assisted living and residential care:
    * How do elders experience ‘voice’ and ‘voiceless-ness’?
    * What behaviors and attributes of nurses and direct care staff are perceived as eliciting or silencing ‘voice’?
    * How do direct care staff (RNs, LPNs, care and activity aids) promote the voice of elders in their practice?
“Lift up your Voice” project timeline: data collection and analysis
(Note: Primary data collection occurs in agency one, validation data collection follows in agency two)

Field Notes (investigator)

Focus Groups (elders)

Agency one

Focus group meeting, clarification of findings; summative evaluation

Agency two

Focus group meetings, informed consent and demographic collection; formative evaluation

Video journals (direct care staff)

Recruitment and information meeting

Team meeting for brainstorming and filming, informed consent and demographic collection; formative evaluation

Recruitment and information meeting

Second team meeting for clarification of findings and exploration of themes; summative evaluation

Field notes generated throughout the project
Data analysis flowchart: addressing content and process project goals

1. **Content:**
   Strawberry Hills (primary agency) analysis (coding, categorization and critical reflection) leading to tentative themes
   **Process:**
   Reflexive and formative evaluation

2. **Content:**
   Strawberry Hills (primary agency) clarification of tentative themes) analysis (coding, categorization and critical reflection) of new data leading to honed themes
   **Process:**
   Reflexive and formative evaluation

3. **Content:**
   Blackberry Lane (validating agency) clarification of honed themes leading to analysis (coding, categorization and critical reflection) of new data
   **Process:**
   Reflexive and formative evaluation

4. **Content:**
   Blackberry Lane (validating agency) clarification of validated and honed themes leading to final reflection and preparation of findings addressing content and process goals

**Final findings**
Findings

* 3 overarching themes:

1. **Bending the system to hear the individual**
   (use of mediating factors to promote voice)

2. **Consistent voice and credibility-in-practice**
   (voice eliciting actions and confidence inspiring care)

3. **Voice and label constructs**
   (hidden bias functioning as barriers to voice)
Voice

Speaking your mind and being heard:
1. Medical/health needs
2. Social conversation needs

- Understanding
- Meaning
- Help received
- Advocacy given
- Respected & Valued
- ↑Self-esteem and wellbeing

Voice-less

Not speaking your mind and/or not being heard

- Misunderstandings
- Misjudgments
- Frustration, anger
- Loss of meaning
- Needs not met
- Unable to advocate
- Disrespected and devalued
- Loss of self-esteem
- Withdrawal leading to isolation and to eventual apathy

Modifiers

- Hearing issues
- Speech issues
- Fear of ‘dependant’ label
- Cultural differences
- Generational differences
- "System" pressures:
  - Time constraints
  - Rushed communications
  - Caregiver workloads

Lack of consistent community and/or consistent standards
Mediating factors used by elders and direct care staff to modify potential barriers to voice

- Hearing deficit issues
  - “if you cannot follow the conversation, you cannot contribute to the conversation”

- Elders: persistence, advocating for another resident

- Staff: compassion, patience, “Listening to the end of the sentence”

- Creating ‘jobs’ or positions of governance for residents
  - Elders identified work and sense of self, dignity, purpose
  - Resident committees and authentic power-sharing?
# Direct care staff video journals

<table>
<thead>
<tr>
<th>Attributes demonstrated</th>
<th>Video journal messaging</th>
<th>Theme: Bending the system</th>
</tr>
</thead>
</table>
| Attributes: confidence, respect, ask, person-to-person | **Bending the system, not the person**  
The resident volunteer: “You made me think, ‘I can do it! I can do it!’” | |
| Attributes: Respect | **I get around ... one way or the other!**  
Staff and resident partnering to advocate for remote controls for agency doors. | |

---
overarching theme: 2

Consistent voice and credibility-in-practice

* “Everyone needs to be heard”
* Communication and **action** as moral exercise and imperative
* ‘know us’ and confidence-inspiring care
* Consistent community? Consistent standards?
* Elder-identified characteristics of caregivers that elicited voice in their practice:
  * Collaborative care practices
  * Communication that was authentically person-to-person
person-to-person
communication
confidence
courtesy
respect
ask us
know this is my home
<table>
<thead>
<tr>
<th>Attributes demonstrated</th>
<th>Video journal messaging</th>
<th>Theme: Consistent voice and credibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attributes: communication, know us, ask</td>
<td>New casual: “I’m like a wall, ignoring what the resident is saying because I’ve got to do what I’ve got to do ... even if I forgot to read the care plan, this resident is trying to tell me what he needs, but I’m not listening.”</td>
<td></td>
</tr>
<tr>
<td>Attributes: know us, respect, confidence</td>
<td>Student nurses, casuals, and new staff are often nervous and apologetic about their care and often compensate by becoming very task focused. This comes across as voice silencing behavior.</td>
<td></td>
</tr>
</tbody>
</table>
Voice and label constructs¹

- "As soon as your hair goes grey, society thinks you don’t have a brain in your head”
- Self silencing by elders to avoid or maintain our care
  - Fear of the dependency label
  - Fear of the complainer label
- Virtue constructs: respect, caring
  - A clean agency versus a clean executive boardroom

¹ ‘internalized personal understanding of a specific social phenomenon that is unquestioned’
## Direct care staff video journals

<table>
<thead>
<tr>
<th>Attributes demonstrated</th>
<th>Video journal messaging</th>
<th>Theme: Voice and label constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attributes: communication, person-to-person</td>
<td>Connecting in-the-moment or learned helplessness? Talking to or conversing with?</td>
<td>Connecting in-the-moment</td>
</tr>
</tbody>
</table>
1. Elders focus groups result in voice promotion
   * Summative evaluation
   * Capacity for voice varies
   * Mediating factors
   * Self silencing behaviors
2. Direct care staff reflections on voice promoting care results in voice promoting care:
   * Collaborations with residents occurred in ALL video journals
   * Living theory is thought to change individual practice
   I. Mediating factors
   II. Label constructs
3. Voice as a possible modifier of perceived vulnerability
Civic engagement

- Long tradition of the ‘Great Generation’ and social organizations
- Gerontological Society of America (GSA)
  - “more fully engage older adults as a civic resource for addressing community needs” (2006)
- Committee on the Future Health Care Workforce for Older Americans
  - “retooling of long-term care” (2009)

What does civic engagement look like in agency?
Proposed action: in agency

* Civic engagement opportunities in agency
  1. Orientation of new staff
  2. Continuing education forums and professional development workshops
     * Discourses on what is meant by risk and vulnerability
     * Case study presentations
     * Panel discussions of what defines positive aging
  3. Advisor committee appointments and review boards
* Expanding in-agency computer services
  * Tech support for elders (blogging, video journal uploads)
  * Skype and other digital telecom supports
Proposed Action: Partnerships

- Civic engagement in partnership with Schools of Nursing
- SON advisory council appointments
- Input: OSCE type clinical and laboratory practice and exam input and involvement as ‘patients’ or ‘family members’
- In-classroom or Skyped in panel discussions with ‘expert residents’
Asking the questions

- Are their systems in place for voice to be heard?
  - Do we really want to hear voice?
  - What about individuals unable to provide a verbal voice?

- How can organizational strategies inviting voice defuse resident, family, and staffing issues?
Stinson Wellness Model

Body
- environment/community
- home/work
- lifestyle

Spirit
- purpose
- balance
- congruence
- sustainability

Soul
- soul
- spiritual world

Property of David D. Stinson
Stinson Wellness Model and voice/wellbeing connection
TWU Wellness Model

Wellness Questionnaire

Trinity Western University

TWU Wellness Centre
7600 Glover Road
Langley, B.C
Canada V2Y 1Y1

Dave Stinson
stinson@twu.ca
604 513-2024 ext. 3404

Living well from the inside out.
Wellness Questionnaire

Please fill out these questions using the following criteria.
1 = Not at all true of me
2 = Seldom true of me
3 = Sometimes true of me
4 = Often true of me
5 = Typifies me and I am very intentional about this

1. I feel like I have purpose for living. 1 2 3 4 5
2. I have goals I’m working toward. 1 2 3 4 5
3. I feel that I’m able to live a fairly balanced life. 1 2 3 4 5
4. I don’t feel like I am neglecting any significant areas of life. 1 2 3 4 5
5. I can explain some of the things I believe to others. 1 2 3 4 5
6. In most situations I have ways to analyze things to come to a decision that I feel good about. 1 2 3 4 5
7. My outer life regularly matches my inner life. 1 2 3 4 5
8. I don’t experience a lot of dissonance (conflict) in my life. 1 2 3 4 5
9. I believe that I can live well long-term with my current lifestyle. 1 2 3 4 5
10. I regularly connect with good friends and am involved in activities that refresh me. 1 2 3 4 5

Add the scores from the following questions.

Question #1 + Question #2 = /10 Purpose
Question #3 + Question #4 = /10 Balance
Question #5 + Question #6 = /10 Worldview
Question #7 + Question #8 = /10 Congruence
Question #9 + Question #10 = /10 Sustainability

The TWU Wellness Model is designed to help you identify the things that you want to build into your life. Look for your lowest scores. They indicate the areas that you may want to focus on to increase wellness. Having identified your low scores, the next question has to do with what can be done to improve them? Take one or more of the handouts available with this questionnaire to learn more about what you can do to improve your wellness quotient.

Something I can do this week to improve my wellness quotient.
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Balance</th>
<th>Congruence</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this program fit the mission and purpose of the organization?</td>
<td>Does this program allow for balance across the organization?</td>
<td>Is the nature of the program congruent with the underlying beliefs and assumptions organizational culture?</td>
<td>Can this program be sustained for the time proposed? Are resources (including healthy staffing) available? Is there an end date and points to evaluate this?</td>
</tr>
<tr>
<td>How does this program build purpose into those who are a part of it?</td>
<td>Does this program promote or take away from staff ability to find balance?</td>
<td>Does the program ‘bend anyone out of shape?’ (encourage incongruence)</td>
<td>Does the program help the residents and staff move toward independence/interdependence?</td>
</tr>
<tr>
<td>Are there systems in place to elicit voice and purpose? (personal and organizational)</td>
<td>Are all ‘players’ encouraged to voice concerns about balance?</td>
<td>Is there a system in place for staff and residents to voice questions of fit with the program?</td>
<td>Is there a consistent way to measure burn out? To invite voice on concerns as program is initiated?</td>
</tr>
</tbody>
</table>
Final remarks

* Nouwen “resetting the generations toward connection”
* Dangers of speaking *for* or *on behalf of* elders
* Taking action
  * Personal reflection-on-practice in concert with intentional listening to the voices of our patients
  * Carving out consistent plans of including voices of elders into:
    * the organizational structures of our agencies
    * our continuing education programs,
    * Our nursing education curriculum
Thank you!
(questions?)

For more information:
Faith Richardson DNP, RN
Faith.Richardson@twu.ca
References and Resources


References and Resources


References and Resources

Thank you to my dissertation Chair and team for their support through the *Lift Up Your Voice* project:

- Ellen Daroszewski, PhD, APRN, Chair
- Dr. Sheryl Reimer-Kirkham PhD, RN
- Dr. Landa Terblanche PhD, RN

A special thank you to the staff and residents of the agencies involved in the *Lift Up Your Voice* project.