Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Ideas Fund Final Report

Young Adult Unit: Improving Caregiver Relationships at Bethany College Side

July, 2013 - Leanne Rudrum RN, BN
EXECUTIVE SUMMARY
The Bethany Care Society provides continuing care services to seniors and adults under 65. The growing demand for continuing care services from younger adults prompted the expansion of a Young Adult Unit at Bethany Collegeside, a continuing care facility located on the Red Deer College campus. Following the expansion and subsequent evaluation of the Young Adult Unit, Bethany Care Society recognized the needs of these residents were unique and could be challenging for the staff to manage and frustrating for the residents when they don’t believe that staff can address their needs. Educational options were explored in order to better support staff caring for younger adult populations in continuing care facilities, and the Nursing Self-Efficacy Program (NSEP) was selected by the Young Adult Unit’s advisory committee. Twenty one staff participated in a NSEP workshop. Workshop participants also completed the Copenhagen Burnout Inventory (CBI) and the Inventory of Geriatric Nursing Self-Efficacy (GNSE). Examining pre and post workshop survey results suggests that self-efficacy may be a predictor of burnout for staff and the NSEP positively impacted participants’ belief in their ability to accomplish goals and manage stress related to caregiving.

RESEARCH OVERVIEW
Objective
The primary goal of this project was to evaluate the effectiveness of a workshop designed to enhance self-efficacy in staff providing care to young adults within a continuing care facility. The workshop is a modified version of an intervention developed by MacKenzie and Peragine (2003), and this study is a partial replication of an evaluation carried out by these authors. It is anticipated that the results of this study will inform intervention strategies to enhance caregiver’s self-efficacy, which in turn should enhance the caregiver’s ability to manage stress and promote the development of therapeutic relationships between residents and staff on a young adult unit.

Background
In 2010, Alberta Health Services (AHS) increased funding to Bethany Collegeside in order to accommodate growing demands for continuing care services available to adults under the age of 65. This resulted in the conversion of all 28 beds of an existing unit to accommodate young adults (previously only 10 beds were funded as young adult). A Young Adult Advisory Committee was also developed to support the development of programs and services. This Advisory Committee represents a continuing collaboration between Red Deer College, AHS and the Bethany Care Society.

An evaluation of the Young Adult Unit was prioritized by the Young Adult Advisory Committee and was conducted by the Bethany Quality Department following the expansion of the program in 2010. An evaluation questionnaire was completed by staff, and the results indicated that staff felt that caring for the young adult population had very different workload demands than working with seniors on the other units. The differences that were indicated by staff caring for YAU residents included that they require more emotional and psychological needs/support, they develop familial-type relationships (similar life stage to the caregivers), need to ask more questions while care is being provided, need to provide more options to residents because residents’ activities, food, music, routines and interests are very different from geriatric residents; grief and loss due to chronic illness among these residents tend to be more difficult than geriatric residents who tend to be more accepting of their limitations as a natural phase of aging. When staff were asked if additional training or support was needed, they all stated “yes”, specifically regarding psychological issues such as behavioural responses to chronic illness, grief and anger related to issues that residents face, depression and frontal lobe damage and
dealing with resident behaviours. As well, staff noted the importance of conflict management between staff and residents, and families and staff who also contend with their own anger and frustrations related to caregiving.

The effects of stress and burnout among caregivers represents a frequently researched topic across the social sciences, and the effects of stress and burnout are commonly discussed as system wide issues that impacts the individual caregiver, the employer and the resident. Increasing demands for continuing care services highlights the growing importance for health care organizations to continually address the development of strategies to mitigate the effects of stress and burnout for employees.

Mitigating the impacts of stress and burnout on the quality of care represents a continuing challenge for health care organizations. Without adequate staffing, the quality of care generally declines, impacting the quality of life for residents (Wunderlich & Kohler, 2001). Quality of life in long-term care is highly dependent on the well being and continuity of their caregivers. Absenteeism and staff turnover are associated with higher costs to the organization, but also lower levels of staff satisfaction, and further contributes to higher levels of staff burnout (Anderson, Aird, & Haslam, 1991). All efforts to improve staff satisfaction potentially benefit the employer through decreased absenteeism and turnover, and benefit residents through increased quality of care by employees.

Self-efficacy is an important factor when considering caregiver stress and burnout. Bandura (1997) suggested that self-efficacy influences how vulnerable one is to stress and burnout and how effectively one copes with these.

“Self-efficacy is a psychological construct that plays a crucial role in the mediation of health related behavior in general and on stress and caregiver burnout specifically. Self-efficacy refers to an individual’s belief in their ability to accomplish specific goals. In any given situation, these beliefs affect the choices people make, the actions they pursue, how much effort they will expend, how perseverant and resilient they will be in the face of obstacles, and how much stress and anxiety they will experience” (Mackenzie & Peragine, 2003, p 291).

The Nursing Self-Efficacy Program (NSEP) was developed by MacKenzie and Peragine (2003) in response to work place challenges related to dementia. The goal of the NESP is to enhance self-efficacy in the continuing care workplace, thereby reducing stress and burnout. This program was adapted for this project¹ to reflect the unique challenges faced by Youth Adult Unit (YAU) staff in an attempt to help mitigate the effects of stress and burnout on these staff.

**Approach and Methods**

**Project Design**

This project utilized a pre-experimental pre- and post-test design where staff participated in a workshop based on the adaption of the NSEP. Pre-workshop, participants completed the Inventory of the Geriatric Nursing Self-Efficacy (GNSE) (MacKenzie & Peragine, 2003), the Copenhagen Burnout Inventory (CBI) (Kristensen, Borritz, Villadsen, & Christensen, 2005), and demographic information. Post-workshop, participants completed the GNSE. The adaption of the NSEP was completed with the assistance of the YAU Advisory Committee. Changes included addressing challenging behaviours of the YAU population that are associated with various chronic mental and physical disease processes and accompanying cognitive and emotional challenges. These include challenges associated with MS, depression, diabetes, and history of substance abuse, depression and schizophrenia. Revisions throughout the program were made to address some of the unique challenges related to caring for a population of residents who are looking to the caregivers for friendships and are in a similar life stage as the staff looking after them. The role-play scenarios that follow each module were also adapted to real experiences from the unit that staff could identify with.

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¹ Permission for the adaption of the NSEP was provided by the authors.
Project Setting
CollegeSide is located in Red Deer and operated by Bethany Care Society (BCS). It is a unique facility due to its physical location and partnerships with Red Deer College and Alberta Health Services (AHS). Located on the grounds of Red Deer College, CollegeSide shares space on site with Red Deer College, AHS chronic disease program and the Adult Day Support program that is a partnership between the City of Red Deer and AHS. CollegeSide is a 112 bed facility made up of four 28 bed units. Three of the units are Continuing Care units with residents who require 24-hour care due to dementia and end stage chronic diseases that require ongoing nursing intervention and personal care assistance. The fourth unit is a 28 bed unit for young adults. Residents of this unit are persons under the age of 65 years who require a significant amount of physical care due to impaired mobility and nursing care due to the complexity of their disease processes. Resident diagnoses include multiple sclerosis, spinal cord injuries, acquired brain injuries and psychiatric diagnoses such as depression, anxiety and schizophrenia. Admittance to the YAU is coordinated through AHS’ centralized placement office.

Staff Workshop
The staff workshop was scheduled as a full-day session and took place in a meeting room at the continuing care facility. Staff were introduced to the objectives of this project at the beginning of the workshop, and after providing informed consent participants completed the pre-workshop questionnaires. The modified NSEP focused on three key occupational stressors faced by continuing care staff: (1) challenging resident behaviours; (2) conflict with co-workers; and (3) conflict with family members of residents. The program consists of literature supported knowledge and skill building exercises addressing each of the stressors as well as role-playing exercises designed to enhance caregiver self-efficacy in using this new knowledge and these skills. Role-play scenarios dealing with confrontation between staff, residents and families were also a key component of the workshop.

Participants
Twenty-one female caregivers working on the Young Adult Unit who consented to participate in this research participated in the training workshops and completed the pre-and post-workshop surveys. Participants included 1 Registered Nurse, 5 Licensed Practical Nurses and 14 Health Care Aides (one participant did not indicate occupational title). The age of participants ranged from 24-63 years (M= 37.2, SD= 11.15).

Measures
Participants’ level of self-efficacy was assessed pre-and post-workshop utilizing the Inventory of Geriatric Nursing Self-Efficacy (GNSE) (MacKenzie & Peragine, 2003). This scale consists of nine items assessing self-perceptions - the degree of confidence one has in dealing with workplace challenges. There are 3 items for each of the following scales: teamwork, resident, and family challenges. For each item participants are asked, “How confident are you that you could remain calm, resolve the problem, and achieve a positive outcome?” Each item is rated on a seven point Likert-type scale from “not at all confident” to “very confident”. Acceptable test-retest reliability and internal consistency have been established for this instrument (MacKenzie & Peragine, 2003).

Burnout was assessed using the Copenhagen Burnout Inventory (CBI) which consists of three scales measuring personal, work related, and client related burnout (Kristensen, Borritz, Villadsen, & Christensen, 2005). Personal burnout refers to general physical and emotional exhaustion (e.g., “How often do you feel worn out?”); work burnout is specifically work place related (e.g., “Does your work frustrate you?”); and client burnout is specifically in the context of individuals one works with (e.g., “Do you find it frustrating to work with clients?”). In total there are 19 items on the CBI rated on a 5-point Likert-type scale, ranging from “always” to “never”. The CBI has well-established psychometric properties (Kristensen et al., 2005).

Key Findings
Survey data was analyzed using STATA (12.1). To compare levels of self-efficacy before and after the workshop, a paired comparison t-test was conducted on the overall GNSE scores (averaged per
item scores on the nine 7-point items with a potential range of values from 1 to 7). For one workshop, 10 participants were not able to complete the post-workshop questionnaire due to a unit emergency that occurred near the end of the session. Analysis is therefore based on the 11 participants who completed both pre- and post-workshop questionnaires. Caregivers reported moderately high levels of self-efficacy both before, M=5.13 (SD=0.75), and after, M=6.18 (SD=0.49) the workshop (see Figure 1.). This mean difference was statistically significant (t(10)=4.66, p<.001). These results suggest that the staff workshop positively impacted participants’ belief in their ability to accomplish goals and manage stress related to caregiving.

**Figure 1. Boxplot of Caregiver Self-Efficacy (CSE) Scores (n=21)**

The three types of burnout each scored on a scale of 0-100, with higher scores indicating more burnout. Participants were found to report moderate levels of burnout on each of these scales. Personal burnout M=39.1 (SD=16.8) (95%CI 31.5-46.8); work burnout M=33.4 (SD=19.0) (95% CI 24.8-42.1); client burnout M=26.6 (SD=14.1) (95% CI 20.2-33.0) (see Figure 2).

**Figure 2. Boxplot of Burnout Inventory Scales: (n=21)**

Due to organizational changes in management and staffing, re-examination of burnout measures post workshops was not feasible. However, examining the relationship between pre-self-efficacy measures and burnout measures provides confirmatory evidence of the importance of self-efficacy as a predictor of workplace stress. It was found that the client burnout inventory was negatively correlated with overall pre-workshop self-efficacy scores (r = -.38, p<.05), indicating that those who scored
higher in self-efficacy reported lower client related burnout. Relationships between self-efficacy and the other types of burnout were not significant in the present study.

**Conclusion**

The findings of this project support the use of an educational workshop to enhance self-efficacy among professional care providers. The study provides evidence that, at least in the short-term, levels of confidence in dealing with workplace challenges can be increased with a one-day workshop. Lasting benefits on self-efficacy and in the context of the impact of such educational experiences on workplace stress are important directions for future research. It is through ongoing education and support that staff working with a young adult population in a continuing care facility develop and maintain therapeutic relationships that support not only the residents, but also themselves as professional caregivers.

**Implications for Policy or Practice**

Building on previous work developing an intervention to enhance self-efficacy, training results from this study support similar increases in self-efficacy. These results support growing evidence indicating that enhancing knowledge, skills and self-efficacy through training programs can address staff burnout and improve quality of life for all involved. Previous research has also demonstrated the positive impact of increasing self-efficacy on staff satisfaction. Increases in staff satisfaction resulting from the training program offered to care staff working on the YAU could then also have offered decreased risk of absenteeism and staff turnover and possible increases in quality of care provided by staff.

The traditional population requiring continuing care is changing and evolving, which requires constant consideration for the settings and structures resourced to support the delivery of care. Further complications considering education and training programs are the diverse health care services represented by the continuum of continuing care; from private homes with Home Care assistance, to group homes, supportive living environments and continuing care facilities. Care providers represent the common resource across these. This study demonstrated that a caregiver’s self-efficacy can be improved through a workshop. However this improvement in self-efficacy not only assists the caregivers’ ability to cope and manage the day-to-day stressors of being a caregiver but residents/clients also benefit when the staff caring for them are confident in their caregiving duties.

Another important implication of this study is that employers benefit from a stable and consistent staff. Given research implications suggesting reduced staff turnover, this may highlight the importance in the investment in this kind of education. As the need for caregivers continues to grow along with our aging population, supporting staff that come with a wide variety of education and training will also continue to grow. Implementing a training program that helps staff to develop their self-efficacy will go a long way in reducing stress in the workplace, which will allow for a better work environment for staff, and a home like environment for residents and their families. The Young Adult Advisory Committee is currently reviewing the project findings to determine educational priorities relating to the delivery of this program on an ongoing basis so as to support staff’s need for further education and coping strategies when caring for a complex and challenging population.

**Directions for Further Research**

Further evaluation is still needed to determine long-term impacts of this type of educational program. The key to any educational program success is both sustainability and integrating learnings into practice on a go forward basis. Leaders need to support the philosophy of any educational program and then incorporate it into the daily life of the unit through ongoing conversation, role playing, staff meetings, daily reports etc.

In addition, this study has important implications for provincial discussions that have resulted in the development of a Behavioral Supports Alberta (BSA) network/community of practice. Discussions began in 2011 with stakeholders from around the province (clinicians, policy and decision makers, frontline staff and researchers), and a provincial symposium was held at the University of Alberta in November 2012 to
examine issues related to the management of responsive behaviours. In the same way that this research project examined staff education and training, these provincial discussions were aimed at contributing to the development of an Alberta action plan to address staff competencies and educational resources. The present study provides an important opportunity to demonstrate how continuing care organizations are attempting to address current challenges in addressing educational strategies and priorities that support staff. Considering the implications of this work to related provincial discussions provides additional clarity for direction for future research.

**Knowledge Dissemination and Translation Activities**

The results of this study have been shared with the Young Adult Advisory Committee along with organizational development within Bethany Care Society. Members of the BSA have been involved in the final reporting of this project and are continuing discussions that further consider the implications of this project for other stakeholders in the province.

**Principal Applicant (Team Leader)**

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<th>Name</th>
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<td>Leanne Rudrum</td>
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<td>Young disabled in a Continuing Care setting</td>
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**Project Partners (Team Members)**

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**Publications and Presentations**


**About the Alberta Addiction and Mental Health Research Partnership Program**

The *Alberta Addiction and Mental Health Research Partnership Program* is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate of these findings into practice improvements.
REFERENCES


