

CAN RESIDENT LIFE STORIES HELP NURSING AIDES LEARN ABOUT RESIDENTS? A PILOT STUDY

M.C. SMITH¹, C.M. KREKLEWETZ²

1. I.H. Asper School of Business, University of Manitoba, Winnipeg, MB, Canada; 2. Faculty of Nursing, University of Manitoba, Winnipeg, MB, Canada (now an independent consultant in Winnipeg, MB, Canada). Corresponding author: Malcolm C. Smith, PhD, Department of Marketing, University of Manitoba, 181 Freedman Cres., Winnipeg, MB R3T 5V4, Canada
Tel: 204-474-9484. Fax: 204-474-7545. Email: malcolm.smith@umanitoba.ca

Abstract: This research investigated the use of resident life stories to help nursing aides learn about nursing home residents. Forty-one nursing aides from seven nursing homes viewed an intake form, read a story about the resident's background, and watched a video about the resident's background. Dependent measures included how absorbed/transported they were into the information, how distracted they were while taking in the information, the usefulness and relevance of the information to them in their jobs, and the overall usefulness of each mode of communication. In many cases, the story or video was superior to the regular information form used by nursing homes. Few empirical studies have examined the role of resident life stories to assist nursing aides in caring for residents. Results provide evidence that resident life stories are a useful method for delivering information about the residents to this target group.

Key words: Nursing homes, nursing aides, storytelling, narratives.

Introduction

Reports from various levels of government have found that there is sub-optimal quality care for residents of nursing homes (1). Researchers argue that caregivers lack knowledge about their patients (2) which can result in preconceived assumptions about elderly patients (3) and such knowledge is necessary for high-quality nursing care (4). It is a challenge for managers of long-term care facilities to make a resident's history readily available for nursing aides who provide the most direct care to elderly residents. One potential approach to providing this information to nursing aides is the use of narratives or life stories. Residents' life stories can help make caregivers familiar with a resident's history (5) and are important for good care of frail and elderly people with cognitive impairments (6).

While research has advocated that storytelling is an effective educational tool in health care settings (7, 8), few studies have reported its use in a health care context for delivering information to employees. We found only two published articles that investigated the use of resident life stories in long-term care involving the nursing staff and/or nursing aides (6, 9). This lack of research on this topic is surprising, given that life stories have the potential to educate, foster knowledge about the resident, and, in the long run, illicit empathy and improve care. Given the lack of empirical evidence about the effectiveness using resident life stories, a pilot study was deemed appropriate to begin to investigate their usefulness. Thus, the objective of this study was to evaluate the potential of using life stories as a mode of communicating information about long-term care residents to nursing aides. This pilot study was part of Translating Research in Elder Care (TREC: An on-going series of knowledge translation studies in a long-term care context) (10).

Methods

Forty-one nursing aides from seven long-term care facilities in Winnipeg, Manitoba, Canada volunteered to take part in this pilot study. One participant proved to be an outlier and was dropped from the data set leaving useable data for 40 nursing aides (34 females). Data was collected on an individual basis at the participants' place of work. Each session took about 30 minutes to complete.

Procedures

Nursing aides were exposed to three modes of communication about the life history of a fictitious resident. The first mode was the Resident Intake Form presently used by the facilities (typically completed by a family member). This form includes information such as demographics, family history, the resident's hobbies, past experience, family structure, etc. The second mode contained the same information, but was in a typed story (i.e., narrative) format on a single 8 ½ in. x 11 in. page of paper. The third mode of resident information was presented as a video by a middle-aged female actor playing the role of a family member relaying the life story of their "relative." The information provided in the video was identical to the written narrative. The order of presentation was rotated to avoid primacy and recency effects. After exposure to each mode of information about the resident, nursing aides completed a brief questionnaire measuring their reaction to that they read or saw (see below). Finally, general demographics for the nursing aides were collected. The participants were debriefed, and given a \$10 gift card for a coffee shop in appreciation of their time.

CAN RESIDENT LIFE STORIES HELP NURSING AIDES LEARN ABOUT RESIDENTS? A PILOT STUDY

Dependent Variables

The objective of this pilot study was to measure and compare the perceived efficacy and effectiveness of the various modes of communicating resident life stories to nursing aides. Measures were adopted from various established scales. The "Transportation Scale" (11) measures how involved (Positive Transportation) or distracted (Negative Transportation) the participant was while reading/watching the information about the resident. We also measured how relevant the information was for the nursing aides by using the "Information Relevance Scale" (12). The participants also reported how much they thought the information provided would be useful in their everyday jobs by means of the "Information Use Scale" (13). Finally, to obtain a direct comparison of overall usefulness of each communication mode, we asked the nursing aides to score each out of 100 on how useful they would be for them while caring for the resident.

Results

After ruling out possible confounds of 1) order of presentation, 2) gender of the nursing aide, and 3) long-term care facility, a repeated measures general linear model was run for each dependent variable. The results are presented below.

Transportation

The video led to higher positive transportation than the form ($M_{\text{video}} = 5.94$, $M_{\text{form}} = 4.83$, $F(1,39) = 16.62$, $p < .001$) and the story also resulted in higher positive transportation than the form ($M_{\text{story}} = 5.72$, $M_{\text{form}} = 4.83$, $F(1,39) = 11.55$, $p = 0.002$). There was no significant difference between the video and story for positive transportation. There were no significant differences between the three modes of transportation with respect to negative transportation (distraction) ($M_{\text{video}} = 3.58$, $M_{\text{story}} = 3.23$, $M_{\text{form}} = 3.49$).

Information relevance

There were no significant differences between the three modes of transportation with respect to information relevance ($M_{\text{video}} = 5.87$, $M_{\text{story}} = 5.80$, $M_{\text{form}} = 5.70$).

Information usage

There were no significant differences between the video ($M_{\text{video}} = 4.04$) and the story ($M_{\text{story}} = 4.20$), or between the video and the form ($M_{\text{form}} = 3.94$). There was, however, a significant difference between the story and the form on the Information Usage Scale ($F(1,39) = 4.62$, $p = 0.038$).

Total usefulness score

While there was no significant difference between the video and the story with respect to total usefulness, a difference existed between these two modes of communication and the form. When assigning a score out of 100 to each with respect to how useful the mode was, the nursing aides scored the video

significantly higher than the form ($M_{\text{video}} = 86.89$, $M_{\text{form}} = 76.32$, $F(1,37) = 5.45$, $p = 0.025$) and the story significantly higher than the form ($M_{\text{story}} = 86.86$, $M_{\text{form}} = 76.32$, $F(1,36) = 12.83$, $p < .001$).

Discussion

The purpose of this pilot study was to evaluate the potential usefulness of various modes of communication for delivering information about residents in nursing homes to nursing aides. In particular, we investigated the possibility of using two different forms of narratives as modes of communication instead of the regularly used Resident Intake Form. After ruling out presentation order effects, nursing aide gender, and the actual nursing home, we found that for many of our measures, there was a difference. In many cases, at least one of the narrative modes of communication was deemed by the nursing aides as more useful in helping them care for nursing home residents on a daily basis. In particular, both the video and story format had a greater effect in transporting the reader into the resident's life history. The story format narrative was deemed superior to the intake form with respect to how useful the information was to the nursing aide's everyday job. When asked to directly compare and score (out of 100) how useful each mode of communication would be in caring for the resident, the nursing aides scored both the video and the story formats superior to the regular intake form. One nursing aide even took time to add a comment to her questionnaire and stated, "The form is rather impersonal!"

The non-significant results in our study are not surprising. Neither the Negative Transportation Scale nor the Information Relevance Scale were deemed superior for any of the communication formats used in this study. The negative transportation measure is an indicator of how distracted the nursing aides were when reading or viewing the stimuli. It is not surprising that all three modes of communicating the life story of a resident held the nursing aides' attention. Additionally, we would expect to find that the information about the resident – in any format – would be deemed relevant to nursing aides when dealing with nursing home residents.

Although Resident Intake Forms are the norm in this pilot study's data collection area, nursing aides rarely have access to them, if at all. Even so, our findings provide initial evidence that narrative forms of communication may be more effective in helping nursing aides to know their residents. Armed with such information, caregivers may better understand their patients by viewing the patient in the context of a "lived experience" (14).

Nursing home staff does not have the time to construct these narratives. This does not, however, preclude the narratives from being created by family members when the residents are first admitted, since family members already supply most of the information in the Resident Intake Form. Family members (with assistance from the intake staff or social worker) could be

THE JOURNAL OF NURSING HOME RESEARCH SCIENCES©

invited to submit a one-page story about the residents or create their own short video.

If utilized in nursing homes as a method of transferring knowledge about the residents to nursing aides, resident life stories may lead to a better understanding of the resident and subsequently improve daily care. Future research is required to understand if this is so and under what conditions a narrative format may be effective not only for nursing aides, but also for nurses and other allied staff.

Funding: This study was supported by the Canadian Institutes for Health Research (Funding Reference # MOP 53107). The sponsors had no role in the design and conduct of the study; in collection, analysis, and interpretation of data; in the preparation of the manuscript; or in the review or approval of the manuscript.

Acknowledgements: We wish to thank the Winnipeg Regional Health Authority, the nursing homes and their nursing aides who participated in this study. We also thank Lesley Degner, PhD for help on an earlier draft of this manuscript.

Conflict of interest: No conflicts of interest are declared by either author.

Ethical Standards: This research was approved by ethics committees and written consent was obtained from all participants

References

1. Cranley LA, Norton PG, Cummings GG, Barnard D, Estabrooks CE. iSCOPE: Safer care for older persons (in residential) environments: A study protocol. *Impl Sci* 2011;6:71.
2. Hallberg IR, Welander-Hansson U, Axelsson K. Satisfaction with nursing care and work during a year of clinical supervision and individualized care. Comparison between two wards for the care of severely demented patients. *J Nurs Manag* 1994;1:297-307.
3. Swanson K. Nursing as informed caring for the well-being of others. *J Nurs Scholarsh* 1993;25:352-357.
4. Norberg A. Caring for demented patients. *Acta Neurol Scand* 1996; 94 (Supplement 165):105-108.
5. Moon J, Fowler J. 'There is a story to be told...': A framework for the conception of story in higher education and professional development. *Nurs Educ Today* 2008;28:232-239.
6. Hansebo G, Kihlgren M. Patient life stories and current situation as told by carers in nursing home wards. *Clin Nurs Res* 2000;9:260-279.
7. Cole M. Storytelling: Its place in infection control education. *J Infect Prev* 2009;10:154-158.
8. Gubrium A. Digital storytelling: An emergent method for health promotion research and Practice. *Health Promot Pract* 2009;10:186-191.
9. Coleman CK, Medvene LJ. A person-centered care intervention for geriatric certified nursing assistants. *Gerontologist* 2013;53:687-698.
10. Estabrooks CA, Hutchinson AH, Squires JE, et al. Translating research in elder care: An introduction to a study protocol series. *Impl Sci* 2009;4:51.
11. Green MC, Brock TC. The role of transportation in the persuasiveness of public narratives. *J Pers Soc Psychol* 2000;79:701-721.
12. Mishra S, Umesh UN, Stem, Jr. DE. Antecedents of the attraction effect: An information-processing approach. *J Mark Res* 1993;30:331-349.
13. Fisher RJ, Maltz E, Jaworski BJ. Enhancing communication between marketing and engineering: The moderating role of relative functional identification. *J Mark* 1997;61:54-70.
14. Harrison C. Personhood, dementia and the integrity of a life. *Can J Aging* 1993;12:428-440.