Physical activity promotion in care homes

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Physical activity promotion in care homes:

insights from an implementation study

Abstract

Purpose – *The purpose of this paper is to report on the implementation of a physical activity scheme – Let's Motivate - within private care homes in Dumfries and Galloway; aiming to provide an insight into the different factors which might contribute to its success and further sustainability.*

Design/methodology/approach – *A qualitative study is described in which one-to-one semi-structured interviews were carried out with eight key staff involved in implementing the project within two purposively sampled care homes; in order to explore their views and experiences of implementation.*

Findings – *The paper provides an insight into the different factors which stand to both promote and impede the successful implementation of Let's Motivate, within the two care homes involved.*

Originality/value – *This paper explores a new and innovative physical activity initiative in care homes in Dumfries and Galloway. Studies exploring the factors which can both promote and impede implementation are important as they can help to usefully inform the implementation and sustainability of initiatives.*

Keywords *Physical activity, Older people, Care homes, Implementation*

Paper type *Case Study*

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Introduction

Increase in age is typically associated with a rise in incidence and associated risks associated with a range of complex and multiple conditions (DoH, 2011). Such conditions result in some older adults becoming unable to fulfil everyday tasks which contribute to daily living. This results in a demand for input from different care services such as care homes [CHs] (Scottish Government, 2010). CHs offer a setting in which resident's needs can be met by trained staff (CQC, 2016; WHO, 2015).

A growing evidence base has linked regular physical activity (PA) to an array of positive health outcomes (DoH, 2011). PA is seen to play an important role in variously promoting health, wellbeing, independence and 'quality of life' of older adults (Chen, 2009). In spite of this, PA levels among older adults remain relatively low (Benjamin *et al.*, 2009; BHF National Centre for PA and Health, 2014); with this particularly so amongst CH residents (Barber *et al.*, 2015; Benjamin *et al.*, 2011).

Traditionally, CHs are considered to have a tradition of providing residents with organised group exercise activities (Harris *et al.*, 2008). However, such activities have been criticised for being 'repetitive' and lacking in meaning for older adults (Gibson & Singleton, 2012). The aged-care setting is now faced with a further challenge: to promote and increase PA throughout the entirety of a resident's day, making it an integral part of daily life, rather than just a planned and structured event (Macintosh & Laventure, 2014). Recent developments [for example, the "Care […] about physical activity" resource pack (Care Inspectorate, 2014)] has further raised the importance of achieving regular PA within CHs.

Previous work by Macintosh & Laventure (2014) considered this new approach and highlighted the challenges that exist within CHs as an organisational 'setting' (Dooris, 2009) and how PA might successfully be promoted. Building on this work, this paper describes an evaluative case study of a practical initiative in Dumfries and Galloway (D&G), Scotland that attempted to achieve such aims.

This study investigated the experiences of key staff involved in implementing a PA training intervention - *Let's Motivate* (LM) - within two private CHs in D&G. In the context of recent work (Nilsen, 2015) there is also a growing formal interest in specifically exploring initiative implementation and associated processes – as opposed to simply looking at outcomes. Implementation into a 'setting' with existing structural and cultural features and set practices is recognised as a complex process involving multiple actions, including, policy development, patient/client health promotion programmes, staff health, training and development and research and evaluation (Whitelaw *et al.*, 2001). This research aimed to provide an insight into some of these elements – attempting to tease out the factors that might define the successful implementation of

the LM scheme, recognise possible barriers and ultimately understand how these might influence the project's longer term sustainability.

Let's Motivate Project

LM is a local government led initiative within D&G that aims to improve the health, wellbeing and quality of life of older adults in CHs by developing opportunities for them to be more physically active. The main aims of the project are to increase levels of PA, decrease levels of sedentary behaviour while enhancing strength/balance, mental and social wellbeing outcomes (D&G Council, 2017).

In relation to the recent emergence of the application of a formal 'settings approach' to a wider range of possibilities (Whitelaw *et al.*, 2016), this innovative initiative aspires to transform the very nature of the care home 'setting', making it more conducive to PA. LM therefore recognises CH staff as a key resource in fulfilling increases in PA levels and the project looks to unlock this potential; providing a free and simple training workshop to CH staff giving them "the basic knowledge; confidence and competence to deliver activities that are fun, inclusive and safe" within their own setting" (D&G Council, 2017). The training is ultimately aimed at inspiring staff to get residents to move more often - stimulating discussion about how PA can be adapted within the setting and providing an element of variety through the practical demonstration of different games and activities. The project further provides a resource pack to support the delivery of the training; and access to free equipment through a region wide loan scheme.

The activities used within LM are simple and undemanding and have been chosen to encourage resident's confidence and independence, supporting them to carry out activities of daily life for themselves (D&G Council, 2017). This 'active living' approach with a goal of building PA into the everyday life of residents has previously been identified as a key factor to successfully promoting PA throughout this sector (Macintosh & Laventure, 2014).

Currently, 44% of the region's CHs are involved in the initiative and after receiving a substantial funding bid from the Commonwealth Games' Legacy 2014 PA Fund, this 'good practice model' is now being extended to all CHs throughout the region (D&G Council, 2017). As a requirement of receiving the grant, the project must provide an evaluation and evidence base for LM to determine its effectiveness and inform on whether the programme offers scale up potential beyond D&G.

Literature Guidance – Implementation into the Care Home Setting

In locating the project in a 'settings' context and being concerned with 'organisational change' and 'implementation', the empirical basis of the work was informed by a series of theoretical resources. These insights are set out below.

Organisational Change

In the broadest of terms, LM aims to inspire change within the organisational culture of CHs, which has been described as 'task orientated' (Benjamin *et al.*, 2011), 'dependency-producing' (Chen, 2010; Jansen *et al.*, 2014), with a focus on nurturing 'professional care' (Minkler, 1984). Changing the culture of an organisation is broadly considered to be a slow and complex process (Stone, 2003; Pendlebury *et al.*, 1998) which is realised through the 'everyday practice' of those within the setting (Killett *et al.*, 2016). Change initiatives are usually aimed at bringing about improvements. However, this can often mean bigger work-loads and increased responsibility for staff in order to achieve this (Dawson, 2003). Successful implementation of change initiatives is thus heavily dependent on staff's readiness and receptiveness to change (Benjamin *et al.,* 2009; Fringer *et al.*, 2014; Wu *et al.*, 2012).

General Implementation

More specifically, LM is concerned with achieving the implementation of a PA training initiative into a setting with an existing culture and practices. Implementation of interventions into 'healthy settings' is considered complex, with Whitelaw *et al.* (2006) suggesting the need for a "*nexus of conditions* for effective organizational implementation". This work found that there is a need for a number of supportive 'conditions' to be in place, to stimulate change and achieve successful implementation. Elements such as, providing support and developing competencies and leadership (amongst others) were found to be 'necessary' conditions for achieving implementation (Whitelaw *et al.*, 2006). Additional literature reviewed also points to a number of pre-conditions for successful implementation into the CH setting; for example, 'adequate human and financial resources' (Benjamin *et al.,* 2009) and a sense of importance of the topic by staff (Heaven *et al.*, 2010).

The Specific Role of Training

Within the broad context, high quality and relevant training for staff is one method considered to be an effective way of achieving such change and implementation (Pendlebury *et al.*, 1998; Lindeman *et al.*, 2003; Scottish Government, 2014). Training efforts are however often seen as ineffective if they

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are not associated with a range of wider supportive 'capacity' conditions such as: a readiness to change; effective leadership and support from management; ability to practice learning, and adequate financing and resources (Nolan *et al.,* 2008). Ultimately, it is argued that whilst training *can* effectively influence change within this sector, it should not be seen in itself as wholly sufficient or a 'quick fix' (Lindeman *et al.*, 2003). Rather, it is recognised that it must cover elements relevant to CH staff and exist in a supportive context that allows changes to become embedded into the organisational culture (Nolan *et al.*, 2008). Training is thus seen as, "necessary to, but not sufficient…for, change" (Nolan *et al.*, 2008).

Specific Barriers and Facilitators

Finally, some aspects of the literature focussing on implementation within the CH setting suggests the existence of a complex interplay of 'barriers' and 'facilitators' operating at multiple levels, particularly the restrictive nature of CHs where residents are said to be "very likely to encounter barriers to PA" (Chen, 2009). Chen (2009) claims that in order to achieve successful implementation of PA related interventions in this setting, more needs to be known about the barriers that exist - and thus how they can be overcome. A series of potential barriers have been identified, including: staff shortages (Benjamin *et al.*, 2011; Fringer *et al.,* 2014; Wu *et al.*, 2012); the physical health and frailty of residents (Chen, 2010; Fringer *et al.*, 2014; McKenzie *et al.,* 2007); lack of space for activities (Benjamin *et al.*, 2011; Chen, 2010); and a focus on fulfilling 'personal care activities' (Benjamin *et al.*, 2011).

Improved understanding of such barriers is said to produce "interventions that better meet the needs of these older residents and thus improve efforts to foster increased participation in PA" (Chen, 2009). Therefore, many of these change barriers are considered 'modifiable' (Chen, 2009) with many solutions on how to practically overcome them (Kalinowski *et al.*, 2012). Thus this level of understanding usefully informs the implementation and sustainability of LM.

Methodology

This section describes the various elements that made up the study's methodological approach. Ethical approval was gained from the University of Glasgow, School of Interdisciplinary Studies Ethics Forum. Throughout this process, a number of ethical considerations were taken into account in order to encourage 'good practice' (Denscombe, 2007) and to ensure the rights and safety of everyone involved (Hucker, 2001).

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A case study design was adopted within two purposively sampled (Flick, 2009) private CHs within D&G, who had recently began implementing LM. The study sought to capture 'naturalistic' insights into informant's engagement with LM and therefore qualitative data was sought (Hucker, 2001). Such data was collected using one-to-one semi-structured interviews - lasting up to 30 minutes - with eight key staff (two males and six female). Informants were purposively sampled in relation to the key role that they had played in implementing the initiative (Denscombe, 2014). The sample included: three key staff from each CH (five support workers and one senior support worker), the regional manager of the two homes and the LM training instructor.

The interviews were conducted using a standardised interview schedule based on the theoretical themes outlined above. This technique ensured that intended topics were covered – allowing for similar themes to flow throughout – yet, also allowed participants to speak openly and elaborate on their own views and opinions (Silverman, 2013). The interviews were carried out on-site at the CHs for the convenience of participants. Responses were audio-recorded in order to gain precise data (Robson, 2007) and to limit any disturbance to the interview (Denscombe, 2014).

All eight recordings were fully transcribed. To ensure the accuracy of transcripts, recordings were listened to and reviewed numerous times (Silverman, 2013). A form of thematic analysis was employed, focussing on studying the 'raw data' and determining any key themes which emerged (Mathew & Ross, 2010). During the analysis, sections of the data were sorted into categories by use of coding (Bowling, 2002). Potential categories were colour coded and notes were made in the margins of the raw data. Transcripts were frequently reread and subject to "an ongoing process of critical reflection" (Gibson & Singleton, 2012), to extract meaning, identify any connections between the evolving ideas and ensure that nothing had been overlooked.

Findings

The results are divided into two main themes of promoting and impeding factors for the implementation of LM into daily practice. Direct quotes from participants are used throughout to illustrate their views and experiences. For the purposes of anonymity, participants are not named but instead identified as "participant", which has been abbreviated to "P", followed by a number from 1 to 8. Similarly, CHs are coded as CH1 and CH2.

Promoting Factors

Analysis of the interviews revealed a variety of factors which could stand to support the implementation of LM. One of the key factors reported, was a training session. All of the respondents were seen to share very positive views on the worth of the training, for example:

"It's been the best activity project that I have seen happen in a CH" (P6).

Informants alluded to a number of reasons which could explain why they found the training so valuable. Most highlighted the use of practical demonstrations, with the different resources available, as particularly effective. Additionally, some informants expressed the simplicity of the training as a specific advantage. Other comments, included the way it provided them with a clear understanding behind "why they are doing it"; rather than, "just doing it simply because it's their job" (P7).

One respondent brought to light a sense of apprehension, prior to the training, about its contents:

"I was very wary when we went to do it and I thought, well, what is it all about?" (P3).

However, this respondent went on to explain how this initial hesitation quickly changed as the training was completely different to anything that they had experienced previously. Another informant also felt that the training, "really opens your eyes" (P6). These comments could suggest that the training had the potential to change staff's perceptions regarding PA, which could in turn possibly influence change within their practice. This notion of the potential impact of the training is supported by the following comment:

"Staff have come back into the workplace really motivated to effect change" (P4).

Furthermore, the majority of respondents also felt that all staff within the CH would benefit from going on the training. Some respondents described how they had been trying to explain to other staff the points they learned on the training and the importance of PA for residents. However, many felt that they had been unable to get through to them. Informants suggested that if staff went on the training then they would be able to "see the facts for themselves" (P6). They felt that this would be helpful in terms of getting staff more on board with the project and its aims. In summary, the views shared by informants suggest that the training session is a particularly critical factor in the successful implementation of the project.

Another factor frequently reported to support implementation was having appropriate environments for PA, particularly adequate space to conduct activities. Informants listed a range of different rooms which can be used for activities:

"We've got little quiet areas and we've got a big area at the front as well" (P2).

One participant also explained that since engaging with LM they have, "made plenty of space in the other units" (P6) for activities to take place. It was clear from the data that space for activities was regarded as an important contributing factor to the successful implementation of LM.

The majority of informants also recognised having access to equipment as a promoting factor. Respondents highlighted the importance of having a variety of different pieces of equipment and explained how this supports them to better deliver activity sessions. Most informants agreed that they already had sufficient equipment within their CH. However, they also felt that it would be beneficial to have more equipment to increase variation within activities.

Staff's own desire to implement the project and their efforts to encourage and motivate residents to participate also seemed to significantly support LM. Respondents appeared to be very motivated to making sure that LM was implemented successfully, as the following comments illustrate:

"Everybody tries to rally round" (P1).

"I'll do everything I can to make sure it's working" (P6).

"We need to make sure it's implemented as much as possible" (P5).

It was highlighted that residents are not always willing to participate in activities. However, informants noted that "with a wee bit of prompting" (P1), residents are more likely to take part. Informants discussed their personal efforts to encourage residents' participation and suggested that this active encouragement is a key way of getting more people involved with the project.

The literature strongly suggests that an effective way of promoting PA is to build it into daily practices - an idea which was strongly emphasised within the LM training session. Within interviews, this also arose as a particularly effective way of enhancing the sustainability of LM. P4 felt that building physical movement into a resident's normal day and encouraging them to aide in their own self-care activities, made PA more 'achievable'. Discussions with respondents, revealed promising

evidence that, as a result of their learning from the training session, they had begun to try and do this:

"...encouraging them to do self-help skills themselves." (P2).

"...doing things for themselves, even if it's just cleaning their teeth" (P7).

"I get her to actually lift her own arm and wash under her own oxter" (P3).

Impeding factors

As this study looked to gain an insight into what factors might define the successful implementation of LM, it is appropriate to explore some of the potential barriers which might exist. The narratives of informants suggest that, there are currently a number of factors which could potentially impede the implementation of LM. However, one participant highlighted the importance of seeing them:

"...as barriers and not reasons not to do it [...] a barrier can be knocked down or you can go round it." (P4).

One factor repeatedly cited to impede implementation was the residents themselves. Some informants found residents' physical health an impediment to participation in PA, as some struggle with mobility and require, "full assistance on everything" (P5). Residents' physical condition was seen to limit both their willingness and ability to participate in activity sessions. Besides residents' physical health, some informants also highlighted their reduced cognitive status as an impeding factor. Informants discussed the fact that a number of residents suffer from dementia; and how "it can be a bit more challenging" (P6) to get these residents involved in activities. Additionally, a lack of willingness to participate was mentioned as another impeding factor. Several possible reasons were identified, as to why residents didn't want to participate. For example, one participant stated that:

"You will get some residents who will be quite lazy and expect you to do a lot more for them" (P2).

Other informants suggested that some residents do not like being told what to do. Whereas, some felt that residents were just a bit 'scared' and 'unsure' of the whole thing.

Resistance from staff was also found to potentially impede implementation. It was suggested that staff who "have not done the training" (P4) could act as a barrier. Whilst it was noted that some staff within the home have accepted the LM project, some respondents explained that other staff, "aren't

keen on doing some of the stuff" (P8) and more significantly, "do not want to do it" (P6). One respondent suggested that a possible reason for this may be that they find it all a bit overwhelming to begin with. Others felt that some staff thought it was simply "pointless" (P5). One reason to explain this resistance could again be a lack of understanding of the project; as informants believed that if staff attended the training session then they would be "more on board" (P6) with the project and there would be less resistance.

Lack of staff was also identified as an impeding factor. Respondents discussed this generally in terms of staff shortages and more specifically in relation to not having enough staff trained on LM. This issue was present across both CHs. Respondents felt that this issue stood to adversely affect the ability to deliver activity sessions on a regular basis:

> "But sometimes we're short staffed and you just cannot get the people in" (P3).

One informant highlighted the fact that CHs generally operate at a "lower staff to person supported ratio" (P4). This particular informant expressed interesting ideas on how this could adversely affect PA. In relation to this, P4 commented:

> "And the danger with that I think people become task orientated, so there's very much a focus potentially on people being cared for and staff not having the capacity to look at that and see it as a priority…" (P4).

This respondent felt that having a low staff ratio meant that staff's time was strained and limited. As a result, the completion of care tasks often took priority and interfered with opportunities for PA. It was felt that this issue of being task orientated is "innate within the residential care setting" (P4) and something that they are constantly "battling against".

Discussion

The present study aimed to investigate staff's experiences with the implementation of LM within two private CHs in D&G and to identify the factors which might contribute to its successful implementation and further sustainability.

The findings provide some insight into a number of factors which may help define the successful implementation of LM. Throughout the interviews it became clear that the LM training session had been a particularly critical factor to its success. Training for staff had previously been identified as a significant and effective element of achieving change (Pendlebury *et al.*, 1998) and improving quality

within CHs (Lindeman *et al.*, 2003). Internal D&G monitoring data had also suggested that vast majority of participants strongly agreed that the session were variously, informative and valuable, increased knowledge and that they would recommend Let's Motivate training to others. Informants agreed unanimously on its worth and shared positive views on its content and delivery. It was also felt that the training had the ability to actually change staffs' perceptions on the importance of PA and subsequently influence their practice.

However, the literature suggests that even successful training efforts can be ineffective if not met with a range of supportive conditions (Nolan *et al.,* 2008). This idea of the need for, what Whitelaw *et al.* (2006) call a "*nexus of conditions*" was prominent within the literature (Benjamin *et al.,* 2009; Heaven *et al.*, 2010). Within the current study, a number of other 'conditions' or factors which stood to support the implementation of LM were thus identified. These included: adequate space for activities; access to equipment; staffs own will to implement the project and their efforts to encourage and motivate residents to participate; and building in PA throughout the day.

In addition to these supportive factors, a number of impeding factors were identified. Resident's physical and cognitive condition was seen to limit both their willingness and ability to participate in activity sessions. This finding is consistent with other reports (Chen, 2010; Fringer *et al.*, 2014; McKenzie *et al.,* 2007). Due to the nature of CHs as providing support to older adults who can no longer support themselves due to their care needs (CQC, 2016), it seems almost inevitable that residents' physical and cognitive health will be a potential barrier within this setting.

Issues around staffing are also well recognised within the CH sector (Nolan *et al.,* 2008). Prior studies indicate that staff shortages within CHs can adversely affect resident's participation in PA (Benjamin *et al.*, 2009; Fringer *et al.,* 2014; Wu *et al.*, 2012). Lack of staff was also identified as an impeding factor within the current study. This low 'staff-to-resident' ratio was found to further impede implementation as the constraints on staff time led to a focus on the completion of care tasks. Such findings seem to be typical within the CH setting, with previous studies identifying the same issue (Benjamin *et al.*, 2011). Staff within the current study, however, showed promising signs of trying to counter this by encouraging residents to partake in their own care tasks and thus incorporating PA throughout their day.

Finally, resistance from staff was identified as a potential impeding factor. It was, however felt that staff attending the training session could effectively act to counter this. Informants suggested that if staff attended the training then they would be able to see for themselves the benefits of PA; resulting in less resistance from staff and creating a more supportive environment for implementing

LM. Overall, it could be proposed that the LM training is a potentially critical factor in influencing change within these CHs and ensuring the projects successful implementation. However, it is also asserted that this success is further dependent on a range of other supportive factors. These findings are in line with earlier insights from Nolan *et al.* (2008) that training is, "necessary to, but not sufficient…for, change". It is suggested from this research that there is a complex interplay of factors which potentially contribute to the successful implementation of LM (Generations Working Together, 2017).

Conclusion

The study explored staff's experiences with the early implementation of the LM project, within two private CHs in D&G. Findings show that the successful implementation of the project and its further sustainability can be promoted by a range of different factors, with the training session being highlighted as critical. It also highlighted various factors which could potentially impede implementation. However, it was asserted that such barriers can be worked around or overcome. This insight into the multi-level factors which stand to influence implementation, provide an improved understanding into the project which could be used to usefully inform the implementation and sustainability of the project in the future. As this research took on a case study design, these findings are not necessarily generalizable to other settings. However, the findings have worth in their own right, providing an insight into the factors that might define successful implementation within these specific CHs and suggest that we can see CHs as one of an emerging set of 'everyday' settings (Torp *et al.* 2014). Overall, this paper has provided interesting insights into a new and innovative PA initiative which is working to improve the lives of CH residents in D&G.

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