Exploring Nursing Home Staff Perceived Barriers to the Use of Reminiscence Therapy

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PURPOSE
To identify nursing home staff barriers to the use of reminiscence therapy (RT) and to develop recommendations that address any barriers identified.

PROBLEM
Psychotropic medication use is high among nursing home patients. Nonpharmacological interventions have been shown to improve the use of antianxiety and hypnotic medication has been shown to decrease anxiety in the elderly can be improved with such interventions. Once barriers to RT are addressed, opportunities for this intervention can increase. The following barriers were identified through the survey:

- Staff Related Barriers:
  - Lack of knowledge of patients’ history
  - Not being able to remember to do RT
  - Lack of knowledge of what RT is and its effectiveness
  - Younger generation not knowing how things worked in the past
  - Communication
  - Need for training about RT
  - Not enough time to do RT (too busy)

- Facility Related Barriers:
  - Lack of Time
  - Lack of supplies available for RT
  - Distractions
  - Not enough staff
  - Staff need more training
  - Staff unsure if RT is an activity department responsibility or a nursing responsibility

- Patient Related Barriers:
  - Impaired cognition/understanding due to dementia/other disease processes
  - Negative reactions to RT
  - Bedbound
  - Inability to recall/forgetfulness/repeating
  - Depressed/anxious/agitated/combative
  - Does not want to participate
  - Unable to participate
  - Communication
  - Attention span
  - Mood

The survey was used to identify nursing home staff demographic information and identified perceived barriers to the use of RT.

BARRIERS IDENTIFIED
The following barriers were identified through the survey:

- Staff Related Barriers:
  - Lack of knowledge of patients’ past
  - Not being able to remember to do RT
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The surveys were analyzed and the above themes appeared. Once barriers were identified, recommendations were developed. The recommendations were presented to each nursing home.

CONCLUSION
Antianxiety and hypnotic medications are commonly used in the elderly population. The use of psychotropic medications has been shown to increase mortality and safety issues in the elderly. Nonpharmacological interventions can decrease the need for medications. Reminiscence therapy has been shown to be a nonpharmacological intervention that can improve anxiety. Safety of elderly can be improved with such interventions. Once barriers to RT are addressed, opportunities for this intervention can increase. The project benefits the academic community by providing added information on the use of RT to improve the use of nonpharmacological therapies within the nursing home setting.

RECOMMENDATIONS
Recommendations were developed as follows:

1. Staff training on the purpose of RT, the different types of RT, and the effectiveness of RT in the nursing home setting.
2. Role play with staff to apply the different ways to use RT with patients with all statuses (cognition, physical wellness, mobility, mood, etc.) and settings (group vs individual)
3. Development of a RT program to incorporate RT principles during individual care and group settings.
4. Activities staff training on ways to incorporate RT in activities and how to use the memory box.
5. Explore resources in the community that can facilitate RT in the nursing home setting.

PLAN FOR CLINICAL CHANGE
Meetings and discussions took place to make a plan for clinical change. The plans for change are as follows:

Nursing Home #1:
- Activities staff will incorporate RT weekly in a group setting.
- Resources within the community will be utilized to diversify experiences. Administration will schedule a training for staff that includes recommendations #1 – 3.

Nursing Home #2 & #3:
- A training will occur to teach the activities staff how to incorporate memory boxes as an intervention for RT.
- Administration will schedule a training for staff that includes recommendations #1 – 3.

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DNP Project Chair: Dr. Monairee Jones
DNP Project Member: Christa Moore

DEMOGRAPHIC RESULTS (continued)

There were 3 males and 51 females that completed the surveys. The following barriers were identified through the survey:

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