Title

EMPOWERING AGED CARE NURSES TO DELIVER PERSON-CENTRED CARE: ENABLING NURSES TO SHINE

ABSTRACT

In this paper, the authors will describe the journey of registered nurses across a series of workshops as part of a research project that was undertaken in a regional aged care service in New South Wales, Australia. The aim of the project was to empower the participant registered nurses to positively influence the health care workplace culture within the residential care home by raising consciousness about their own practice. Registered nurses were actively involved in this reconnaissance phase of a participatory action research project through practice development principles and methods. Registered nurses determined the content and the outcomes of the overall program. The researchers evaluated the impact of a series of workshops, designed to develop skills and knowledge using nominal group technique. Results revealed registered nurses perceived they were empowered to flourish, and developed an understanding of the uniqueness of their role. A shared understanding of the role of the registered nurse in the aged care setting was fundamental in enabling them to feel empowered to lead their team and contribute positively to the workplace culture. Overall, the outcomes of this project have positively impacted workplace culture.

Key Words

aged care, person-centred, empowerment, consciousness-raising, action research

INTRODUCTION

In this paper, the authors will outline the findings from the reconnaissance phase of a participatory action research (PAR) project undertaken in a regional residential care home in New South Wales (NSW), Australia. The University of Wollongong partnered with the residential care home and saw a collaboration between an academic member of staff from the university and the registered nurses leading and working in the residential care home. The overarching aim of this collaboration and research project is to enable the residential care home workforce to be active participants in the iterative development of an authentic person-centred culture. The reconnaissance phase outlined in this paper was important to determine the direction of a larger research project and to gauge the registered nurses' values, beliefs and practice within the residential care home.

A merge of service provision within the residential care home in 2015 prompted the need for this research project to take place, as the home now had to consider how to appropriately provide "Ageing in Place" to those people living in the home. The concept of "Ageing in Place" was introduced with the Aged Care Act 1997, and means that a person should be able to stay in an environment of their choosing and not have to move because their care needs change. Delivering this type of care meant a change in the nursing mindset and culture within the residential care home; to encompass whole-hearted care of a person as they age and care needs change.

This research project aims to consider the working culture required within the residential care home to ensure staff are prepared to care for older people as they age and care needs and support changes. Registered nurses within the residential

care home were chosen to work with first in the reconnaissance phase, as they are the role models and leaders for the remainder of the staff. Within this reconnaissance phase of the research project and moving forward to the bigger research project, the registered nurses are active participants whose knowledge and expertise in caring for older people has and will continue to drive the development of their ways of working and influence each phase of the iterative research spiral.

BACKGROUND

Within Australia, the policy direction and funding for the provision of aged care services is the responsibility of the Commonwealth Government, where as many other health related services are funded at a State or Territory level. The Commonwealth Government of Australia made changes to Aged Care Legislation to ensure that residential aged care facilities implement “Ageing in Place” (Richardson and Bartlett 2009). The philosophy of “Ageing in Place” came into play with the introduction of the Aged Care Act 1997 in Australia. “Ageing in Place” has a goal that any person can age safely and securely in any place of their choosing; and in the context of a residential care home, a person would not have to move from a “low care” or “hostel” section to a “high care” or “nursing home” as their care and support needs change (Richardson and Bartlett 2009).

In 2015, the residential care home at the centre of this research project combined two of their aged care services; the “hostel” and “nursing home” sections. This merge meant the home would now be classified under one Residential Aged Care Service Identification Number and operate as one continuum of service. The residential care

home then needed to consider how they would be able to deliver flexible, individualised and appropriate care to persons living in both sections of the home that allowed for care across the spectrum of ageing.

The impetus for this project has been in considering the culture required to ensure staff are prepared to care for people as they age and their care needs inevitably change and encompass the philosophy of “Ageing in Place” in their practice. The residential care home, to be better able to support the requirements of the philosophy of “Ageing in Place”, recently purchased a new site to relocate to. High value is placed on aged care organisations who provide meaningful, dignified and individualised care. The emphasis of “Ageing in Place” within the legislation has presented a challenge to many residential care services, as there is a culture of what was once considered “low care” and “high care” being separate services. Low and high care levels of care are determined by how a person is rated against the three domains of the Aged Care Funding Instrument in activities of daily living, behaviour and complex health care, and how much physical and psychological care and support they require from the staff (Department of Health 2016).

Implementing the philosophy of “Ageing in Place” will require a change in the caring culture at the residential care home, to move to a true culture of person-centredness. Also, it means an environmental change to enable residents to remain in their room or place of residence to where they may progress from a position of independence to dependence over time. A skilled and flexible workforce, and an environment that meets the diversity of care will be necessary for meeting governmental, organisational and individual needs. The residential care home is owned by a local

council who overtly places value on ageing as a continuum within its own community. The merging of the two services and encompassing “Ageing in Place” was the driver for the implementation of a person-centred caring culture through the collaboration between the university and the home, and the subsequent PAR project.

The concept of person-centred care and the principles that underpin it is has attracted significant national and international attention over the last two decades. McCormack and McCance (2017, p. 60) define person-centredness as:

> …an approach to practice established through the formations and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect of persons, individual rights to self-determination, mutual respect, and understanding. It is enabled by cultures of empowerment that fosters continuous approaches to practice development.

Within the context of a residential care home, the term “person-centredness” is inclusive of staff, the people who live within the residential care home, their carers and those significant to them (McCormack and McCance 2017, p. 60). This definition set the scene for defining the culture within the residential care home that will enable flourishing and well-being for all who are living, working and visiting within the residential care home.

The PAR project required some scoping and foundational work, which is what this paper outlines and is referred to as the “reconnaissance phase” of the research project. The project was undertaken from a theoretical perspective, using the Person-Centred Framework developed by McCormack and McCance (2017), which

is philosophically underpinned by critical social science (Fay 1987). Fay (1987), who is well known for his critical social science theory, argues it is through learning and raising consciousness of social groups that enlightenment, emancipation, and empowerment is achieved. Further, learning and self-understanding (reflection) is the key driver influencing our worldview and the catalyst to how we as a society can bring about change in the way we live our lives (Fay 1987). Devenny and Duffy (2014) argue that reflective learning is essential to embody person-centred care.

False-consciousness, and raising consciousness are embedded within the assumptions of this research project. False-consciousness refers to a state of a person or group, as a result of social circumstances and institutional processes, which ultimately does not benefit it (Fay 1987). Therefore, the research team employed a focus on raising consciousness in the participants of the research project at this residential care home to ultimately bring about the process of empowerment through enlightenment and emancipation amongst the participants to exert the needed change within the caring culture (Fay, 1987).

A variety of strategies are required to support and empower registered nurses, and particularly in aged care. As aged care is a specialised type of nursing, registered nurses employed within this sector require high-level skills including advanced interpersonal communication, intuition and leadership. While literature is available on empowering registered nurses in acute care settings, little is available on empowering registered nurses in residential care homes (Wilson et al, 2015). McCormack et al (2011) state that as a profession, nurses need to consider moving from moments of person-centredness to a true culture of person-centredness.

However, nurses need to consider how working with each other and their ways of working impact on their delivery of care. This consideration is currently receiving more attention in the nursing profession at a national and international level. The concept of person-centredness should ideally infiltrate actions from how we talk to people, document our care and answer the telephone (Broderick and Coffey 2013). The research outlined within this paper is interweaved with a desire to aspire to person-centred practice and culture within the residential care home.

METHODOLOGY & METHODS

Research Aim

The overall aim of this research project is to enable the nursing workforce to be active participants in the development of an authentic person-centred culture through the lens of the person-centred nursing framework (McCormack and McCance 2017). This aim was developed in the consideration of implementing 'Ageing in Place' and considering the cultural change required to achieve this. This initial reconnaissance phase was undertaken to gather information, develop greater insight and prepare the care environment for more formal research to commence after this phase was complete.

Setting

The residential care home, within the research project, is a regional, local government-owned residential care home. The local government values its community and holds the provision of care for older people in its community as a priority. The residential care home houses 82 people for whom this is their home

where they are cared for. All persons living in the home require differing social, emotional, spiritual and cultural needs and levels of care. There are approximately 80 employees who staff the residential care home; comprised of a mixture of registered nurses, care support staff and other staff who undertake roles that provide important services to the residents; ensuring they can be supported in all aspects of their activities of daily living.

Participants

Participants within this research project were the registered nurses, Facility Manager, Care Manager, Quality Assurance Officer and Nurse Educator who were employed by this residential care home, and who agreed to come to the workshops provided. The registered nurses were chosen to participate in this initial research phase because within their role they are seen as the leaders, role models and problem-solvers by the rest of the staff in the residential care home. All registered nurses who were employed within the residential care home were invited to participate by the research team. There were six continuous registered nurse participants throughout the workshop series. Another registered nurse left during the reconnaissance phase of the project, and another registered nurse joined the team during this phase. In total eight registered nurses were involved in the project, out of eight registered nurses who were employed at any one time at the residential care home. As a new registered nurse joined the team; they were welcomed and ways of working were revisited and renegotiated. The registered nurse team consisted of people aged 28 - 60 years, and each possessed experience in caring for older people; ranging from a new graduate level to over 30 years experience.

Methodology

The research project outlined within this paper is the reconnaissance phase of a larger PAR project. The reconnaissance phase of a PAR methodology is the initial phase of the project where information is gathered that assists in determining what information is important and reflecting on what the significant aspects are for the larger research project (McNiff and Whitehead 2011).

PAR involves participants to "collectively inquire into the historical and contextual influences of their practice, regularly (self)critically reflecting on interventions" and traditionally empowers participants to design "an orientation phase followed by spirals of planning, acting, observing and reflecting/evaluating" (McCormack et al 2017, p. 106). PAR methodology was chosen because it aligns with the principles of person-centeredness (McCormack and McCance 2017) as it empowers participants 'to construct and use their own knowledge' (Coghlan and Brannick 2014, p. 55). PAR methodology enables the joint theorising and evaluation of transformations of persons in the clinical practice environment (McNiff and Whitehead 2011). PAR is recognised as a methodology that empowers participants to be active in the design and implementation of research studies, and is preferable as the research is carried out 'with' participants, rather than 'to' them (McCormack et al 2017, p. 106).

It is an iterative process, with each phase being informed by the last one through reflection on the process and outcomes, in line with the establishment of safe, communicative spaces (Snoreren et al. 2015).

Consistent with PAR and to minimise the effect of perceived power, participants had the option of being co-researchers and/or of being involved in all aspects of the research, from planning and design through to the action and reflection on the outcomes of this research, appreciating the “vulnerability of participants” (Baum et al. 2006, p. 854; McNiff and Whitehead 2011). Authentic involvement of the registered nurses as co-researchers aimed to equalise power and create a shared voice (Snoreren et al. 2015). Action research occurs within the ‘swampy lowlands’ of clinical practice, therefore having registered nurses as co-researchers brought in the reality of practice by actively hearing to their practice wisdom (McNiff and Whitehead 2011).

Methods

The methods chosen within this reconnaissance phase of the research project were based on practice development tools and principles, which are consistent with the fostering of person-centred practice (McCormack & McCance 2017). Each of the methods chosen aimed to raise consciousness amongst the participants, for them to feel enlightened, emancipated and empowered to undertake a change in their practice and thinking (Fay 1987). The tools chosen enabled the registered nurses to actively engage with the iterative process of developing and implementing person-centred intervention in the real world of practice in the residential care home environment the participants were working in.

A series of workshops was arranged and facilitated by the academic staff member from the partnering university. Coaching and development of facilitation skills were undertaken, with role modelling to the participants forming part of the research

methods. During the initial workshop, the facilitator worked to create a ‘safe space’ by inviting the participants to agree to ways of working, which were revisited at each subsequent workshop. The use of the ‘safe space’ aided the participants to talk honestly and openly about feelings and issues they may have otherwise felt uncomfortable about, without fear of reprimand or judgement (Fay 1987). The 'safe space' was particularly important, given that the participants within the group comprised of the Facility Manager and Care Manager. As a group, the participants collectively explored options through the workshops, developed interventions and agreed on how these would be actioned and evaluated for each stage of the project. There was a listening phase, dialogue phase and action phase, which is outlined below.

In the listening phase, values and beliefs were clarified with the participants and each person considered how their personal values influence the authenticity of their practice when working within the residential care home and when caring for older people. The clarification of these values and beliefs provided a foundation for all other methods that were utilised. That is, process checks were undertaken throughout the various phases to ensure each participant was being true to the values and beliefs they identified. The participants explored their values in a workshop and came up with a variety of words. To effectively clarify the shared values and represent the participants as a united group, a “wordle” was developed (Viegas et al, 2009).

In the dialogue component of the research project, workshops were utilised to employ a range of methods to stimulate conversation amongst the participants,

clarify roles and responsibilities and facilitate self-awareness and learning. Claims, concerns, and issues was used as an evidenced based tool to identify strengths, opportunities for improvement and possible solutions to issues within the residential care home, as perceived by the participants (McCormack et al, 2013). The participants were then invited to put the issues raised within the model of 'circle of concern, and circle of influence' (Covey, 1989). Enabling questions guidelines were also introduced to empower the participants to adopt an 'ask not tell' culture (Martin 2016). Enabling questions are open-ended questions that assist the facilitation of others to develop their own solutions to issues raised; this occurs by taking a person through a set of questions clarifying their issue, stimulating reflection, challenge their thinking, probing deeper and then finally moves them to the point of describing the actions they will take to solve the problem (Martin 2016).

Within the action component of this reconnaissance phase, the participants implemented the agreed actions from the dialogue phase. During this time, the participants supported each other as critical friends to problem solve challenges as they arose through action learning sets (Hardiman and Dewing 2012). Reflection on the learning processes was undertaken within the workshop environment at its conclusion, and further planning from participants occurred from reflection.

Information Collection

Information from the research project was gathered from the workshops and actions undertaken in practice at each phase in the iterative process. This information included creative works, theming of ideas, notes from the dialogues, video of

experiences and photographs of the participants engaging phases of the project. All information gathered was done with consent.

Analysis of information

The analysis of the information gathered was completed by those who agreed to be co-researchers. This analysis was undertaken using nominal group technique and thematic analysis (Bruan and Clarke, 2017). Regarding the nominal group technique, participants came up with ideas within brainstorming sessions for a future workshops, they would then go through a process of decision making, consider current learning needs, any changes that were occurring and a consensus was agreed through prioritisation of options. Evaluation of qualitative information gathered was undertaken using thematic analysis; this was completed using Bruan and Clarke (2017) methods.

Ethical Considerations

Ethical approval was not sought for this reconnaissance phase of the project, as this was an information-gathering phase to clarify, develop greater insight and prepare the environment for more formal research to commence after this phase was complete. Verbal consent was obtained from each participant. And before further research is undertaken, a formal ethics approval process will be undertaken.

Ethical principles in PAR require consideration as it intrinsically involves people. McNiff and Whitehead (2011, p. 95) advocate there are three issues that need to be considered, they include, “negotiating and securing access, protecting your participants and assuring good faith.” It is essential to negotiate and to secure

access to environments and people as PAR occurs within the clinical practice environment.

The co-researchers included an academic staff member, the Facility Manager and the Nurse Educator, and it was recognised that these were positions of power. The Nurse Educator undertook contact with participants and information was provided to participants about the research and researcher roles in an open and transparent manner. This was to allow participants the opportunity to ask questions, provide feedback on the process and for them to determine their ability to contribute (National Health and Medical Research Council 2007). To ensure good faith, the research team acted responsibly and ensured actions were undertaken within agreed timeframes.

Regarding the ethical principle of beneficence; doing no harm to participants, the main ethical consideration for this project was to address any concerns relating to the participants as employees of the residential care home (National Health and Medical Research Council 2007). In particular, it was recognised some participants may feel they need to participate in the project as a way of ensuring continued employment. The research team ensured the ethical principle of justice was considered by providing clear information about the right to not take part or to withdraw from the project (National Health and Medical Research Council 2007). Likewise, confidentiality was maintained through the establishment of a safe space and incorporated into the agreed ways of working of the group. It was agreed in a workshop that no participant would experience any negative consequences or discrimination against them if they chose to no longer participate.

FINDINGS

The findings of this reconnaissance phase can be categorised by the methods utilised in each workshop; values clarification, brainstorming sessions and action learning sets. The participants reported they hadn't had a forum like the workshops where they felt comfortable enough to explore themselves and practice issues in a safe and authentic way, and as a result of this work reported more cohesiveness and improved communication amongst the team, with a more coordinated approach to care. Each of the workshops served to raise consciousness amongst the participants.

Through the clarification of values and beliefs, a "wordle" was created. The "wordle" became the centrepiece for all workshops as an agreed way of working. The participants decided to then display the "wordle" in meetings and common staff areas within the residential care home as a constant encouragement of what is important to the participants as a person-centred team; what the team looks like and what they valued in the care they provide, in themselves and in each other.

Through "claims, concerns and issues" the participants were able to clarify their role and responsibility within the residential care home, and identify where their overall influence is within the environment and discuss care and safety issues honestly. Unearthing what role each participant had in contributing to the culture and processes within the home was significant in raising consciousness amongst the group.

The action learning sets proved the most significant in the process of raising consciousness. Using enabling questions, the registered nurses were able to bring up practice issues and speak about them as a group in a safe space. The issues raised demonstrated courage from within the group, as these issues had been present but had not been spoken about before. The participants reported feeling empowered by this process, as historically they had been perceived as “knowing it all” by the rest of the staff in the residential care home.

One practice issue raised in a workshop session resulted in a significant change to the way of working for all registered nurses in the residential care home. This issue was that registered nurses were not receiving handover about people who lived in the “hostel” section of the care home, even after the two sections had merged. Therefore the registered nurses had very little knowledge of the persons living in the “hostel” section, and subsequently their care needs. The group identified not knowing the residents within this section of the home as a safety risk. The participants brainstormed a series of solutions that involved changing handover practices and aligning their shifts with the area to maximise exposure. A participant created a pop quiz as an intervention, as a way to engage the participants in a fun way by asking a series of questions about the people living in the “hostel”. The pop quiz had a great impact and prompted the independent information gathering by the registered nurses, during their shifts and through the new handover process. The pop quiz results saw the registered nurse’s knowledge of the group of people in the “hostel” improve from being able to answer 45% of the questions correctly to 89% over a six month period (Marriott-Statham 2017, p. 4).

DISCUSSION

This initial phase of the project has focussed on raising consciousness amongst the participants to lay the foundations for the larger research project, aimed at creating a person-centred culture that was inclusive for all who live and work in the home. The project considered the physical environment of the residential care home as being one home, in preference to separate sections. The issues related to older people's limitation to 'age in place' within the residential care home is unable to be addressed due to the physical layout of the home. However, this will form part of the larger research project and inform the design of the new facility. Nevertheless, the person-centred findings from the project and subsequent beginnings of culture change that has been recognised through the empowerment of the leader registered nurses will ensure a truly person-centred culture and whole-hearted care of a person throughout the ageing continuum.

The empowerment of the nurses resulting from this project will help to shape the person-centred culture the residential care home is striving for by encompassing some of the prerequisites of the person-centred framework and utilising practice development techniques. Those prerequisites are: knowing 'self', commitment to the job, clarity of beliefs and values (McCormack and McCance 2017). By working on these prerequisites, it is anticipated that there will be person-centred outcomes for all those living in the home (McCormack and McCance 2017). McCormack et al (2011) argue that individuals and organisations need to intentionally move from moments of person-centredness to a true culture of person-centredness. This intentionality

should form part of the culture and enable ongoing cultural change. Further discussion about the findings of this project will be considered under values clarification, brainstorming sessions and action learning sets.

Values Clarification

Clarification of values, beliefs and commitment to the job, are encompassed within the prerequisites of the person-centred framework (McCormack and McCance 2017). After the exploration of individual participant's personal values, beliefs and the realisation of what they meant to each other; it was realised they were not practicing authentically to their individual values and beliefs. Fay (1987) describes this concept as 'raising the consciousness' as a component of overall enlightenment and empowerment of an oppressed group. Bringing the participants out of their state of false-consciousness proved to be the key in enlightening and empowering the participants to facilitate the change within the culture they desired (Fay 1987). The participants identified practicing in a false-conscious state before this project. They stated, "that's the way it's always been done here" and never questioned why the legacy of processes and practices never changed, despite overarching policies changing (Fay 1987). Through this consciousness-raising, the participants were able to regain control and re-ignite their passion for caring for older people. The development of the 'wordle' aided in identifying a shared vision that each participant had some ownership in; the 'wordle' serves as a constant reminder to the staff about what they value in care and each other.

Brainstorming Sessions

The brainstorming sessions gave the participants a dedicated “safe space” and time to reflect on their practice and processes within the home. This dedicated space for critical reflection has been central to the journey of personal growth and flourishing (Mezirow 2009). Devenny and Duffy (2014) make a case for reflective learning being essential to embody person-centred nursing care. Allowing space and encouraging critical thinking of practice and processes was something the participants had not exercised before in a safe and supported way. This space laid the foundation for regular reflection on practice and continuing evolving of practices in an environment they feel heard, supported and valued (McCormack and McCance 2017). The clarification of their role within the residential care home, and identifying issues the team had control over was an emancipatory moment (Fay 1987). Clarification allowed the participants to take ownership and responsibility for their contributions to the culture within the residential care home.

Action Learning Sets

The action learning sets acted as another avenue of raising consciousness amongst the participants (Fay 1987). The hierarchal heritage of nursing was embedded in the residential care home culture, with a range of staff members who had been at the home for a lengthy period. The registered nurses were viewed as the linchpin in the organisation and are perceived to know all the answers and provide direction to the care support staff. The registered nurses described this as an uncomfortable feeling and perception by others in the organisation. They were enlightened and empowered to learn (through the action learning sets) it was unreasonable to be expected to know the answer to everything and nor that they should. Unearthing this issue and discussing it as a group allowed authentic engagement with one another. The

participants practiced this by communicating with others using enabling questions. Participants were able to engage with staff members and residents and introduce an "ask not tell" approach within the residential care home – facilitating learning of those they are caring for and working with (McCormack et al, 2013).

Practice Development is the continuing evolving progression of improving person-centred cultures, and encompasses nine principles of practice development (Manley et al, 2008). One principal focuses on the integration of work-based learning using active learning and transforming care (Manley et al, 2008). The transformation of the caring culture at this residential care home has been profound, and there is now a strong platform for future growth and development. As a result of the action learning sets, the team now is more cohesive and communicating more openly and honestly with one another. The participants have addressed several issues that have been lingering for some time, unearthing them and developing solutions to them. The pop quiz was a creative way of challenging and engaging each other. The results of the pop quizzes on the second round arguably demonstrate vigorous, values based change amongst the participants (Marriott-Statham 2017). The process has empowered the participants to be active participants in changing the culture, realise their responsibility and how they may have previously been contributing to the archaic culture by practicing in a state of false-consciousness (Devenny and Duffy 2014; Fay 1987; McCormack and McCance 2017).

A true culture of person-centredness can only be achieved when the person is placed at the centre of all relationships, rather than an individual focus (McCormack and McCance 2017). Transforming the idea with the participants of being completely

available to another person in the moment, in preference to the quantity of time spent with another person, has formed in part some of the changes to move towards a true culture of person-centredness (McCormack and McCance 2017). The participants stated time was a factor and harboured guilt for the perceived lack of time they spend with another person. Inspiring authentic presence in the participants when interacting with others was a vital moment in raising consciousness. Enlightening the participants to view every interaction with another person as an opportunity to be person-centred and choose quality over quantity, was another step identified on the way to moving to a true culture of person-centredness (McCormack and McCance 2017).

LIMITATIONS

Limitations for this reconnaissance phase of this research are in line with the principles of PAR; where findings are focussed only on the context of the research environment (McNiff and Whitehead 2011). However, the methods and outcomes from this reconnaissance phase may be generalisable to inform broader learning and could be applicable to other healthcare services to consider.

CONCLUSIONS

In conclusion, the reconnaissance phase of this research project has assisted this residential care home to begin moving towards a more inclusive and person-centred culture which has begun the transition from a home that was distinct sections, to one home that offers care across the ageing continuum. The participants mentioned

within this phase still regularly meet at the residential care home, and the collaboration with the local university continues. The activities towards a true culture of person-centredness within the home are ongoing and will influence the future larger PAR project. This foundational work during the reconnaissance phase has been paramount in embedding a progression of culture change and engaging the registered nurses in a reflective learning culture.

Raising consciousness and awareness amongst the participants proved to be the most challenging and the most vital to this process, as individuals have contributed towards the overall change in culture in practice and processes (Fay 1987). As the nurses began to realise how their values transpired into practice and had the courage to show their authentic selves within their practice, the principles within the person-centred care framework became real.

The reconnaissance phase of this project will inform the development of a bigger research project. It is clear from the learning and reflections on what has been achieved to date just within the context of this residential care home, that further research is needed to consider how registered nurses can enable themselves to drive cultural change with the rest of the staff that is relevant to the context of their care environment.

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