



Person-Centred Care in Long-Term Care

You may have previously come across the term 'patient-centred care' in your learning. In long-term care (LTC), we prefer to use a *person-centred* approach when providing care to residents. This approach helps care team members see the resident as a person rather than a "patient".

Person-centred dementia care

Person-centred care is key to you being able to support residents living with dementia to have quality care and quality of life. It means recognizing a resident living with dementia as more than a diagnosis. It also means getting to know the uniqueness of the whole person. Then, you can use this knowledge in practice, including their interests, personality, values and beliefs and likes and dislikes. Often, residents' rooms contain personal objects and photographs, and are great resources for getting to know the "person". Another good resource for additional information about the resident is their family and friends.

Not considering the uniqueness of each resident can affect the quality of care they receive. Once you understand this, you'll appreciate that a person-centred approach to care should inform every interaction and experience you have with residents. For example:

- A resident's formal name is Rosemary, but she has always gone by the name "Rose".
- Gerry is sensitive to loud noises because of his war experience, so it helps to keep his surroundings quiet.

The connection between personalized care and responsive behaviours

It is especially important to use a person-centred approach when addressing responsive behaviours in people living with dementia. All resident behaviours have meaning. So, when you or other care team members observe responsive behaviours, you can tell that the resident is communicating an unmet need such as fear, frustration, loneliness or pain. The connection between how we care for persons living with dementia and responsive behaviours (such as shouting) is well documented. It is best to use an approach to care that tries to understand behaviour as a form of communication.

A person-centred approach allows care team members to respond to a resident's individual unique needs and is the best way to reduce responsive behaviours. One example of connecting personalized care and helping to reduce responsive behaviours would be sharing the discovery with the care team that a resident has fewer protective behaviours during care when you gave them a face cloth to hold while you washed their face.

Personalizing language in dementia care

How we talk about dementia can make a significant difference in the lives of residents living with dementia. The words we use when communicating with individuals, family members, friends and even colleagues have the potential to help residents feel accepted or not. Our language can also encourage or continue negative beliefs and ways we treat residents living with dementia.

For example, saying that someone is “living with dementia” puts the person at the centre of care, while saying someone “has dementia” draws our attention to the disease, more than to the person living with the disease. Making an effort to adapt the way we speak to the person based on what we know about them is important and can be done by including or paying attention to their culture and their personal beliefs and values. Personalizing language creates opportunities for us to support personhood and to improve residents' quality of life.

Click on the link to find out more about the Ontario Centres for Learning, Research and Innovation in Long-Term Care’s educational resources in support of [personalizing language](#) in long-term care.

Nolan’s Senses Framework

Nolan and his colleagues explained that quality care happens when everyone involved (residents, care team, family members, preceptors, students) experiences the following “senses”: security, belonging, continuity, purpose, achievement and significance. A preceptor can support the team’s well-being and improve the quality of the LTC home’s environment through these six senses. Here are some actions that preceptors, teams and students can take to support one another’s personhood:

1. **Security** - promoting feelings of safety to explore their role within the LTC care team
2. **Belonging** - valuing and encouraging each other to participate as part of the care team
3. **Continuity** - making connections between theory and practice
4. **Purpose** - recognizing and prioritizing student learning objectives
5. **Achievement** - creating opportunities to reach learning objectives and move on to others
6. **Significance** - focusing on how students and their contributions “matter”

Supporting mental health in the preceptor-student experience

In addition to Nolan's Senses Framework, it is important to address mental health as part of well-being, whether it relates to the residents or the members of the health care team. For everyone, this includes using positive coping strategies to adapt to stressors. For some, this also means getting the support they need to live well with a pre-existing mental health condition.

Preceptors play a key role in helping to provide appropriate mental health support for students. Therefore, it is important for preceptors to have access to education in this area, as well as a knowledge of the school and/or LTC home resources available to support students in the LTC environment. Click on the link to find out more about the Ontario Centres for Learning, Research and Innovation in Long-Term Care’s educational resources in support of [mental health in the workplace](#).

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