

## “Quality” — What has this to do with individual residents?

By Marjorie Armstrong

We at Australian Aged Care Group Pty Ltd pride ourselves on not only providing *quality of care*, but also on offering a positive approach in assisting residents to maintain a *quality of life*.

There is a subtle difference between *quality of life* and *quality of care* even though they often intermingle making it hard to differentiate between the two.

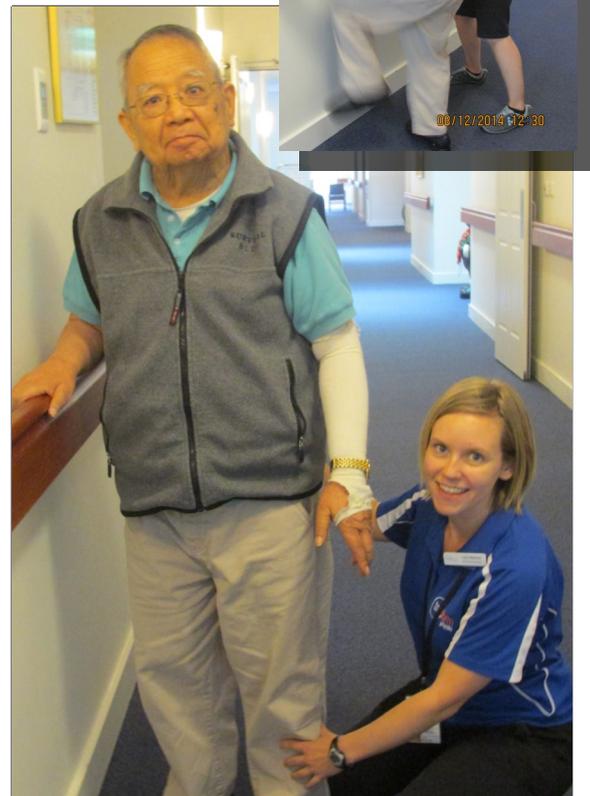
*Quality of life* as has been defined as “a subjective measure of satisfaction of life” fn.(1) ... and often mentioned by researchers as being “conceptualised as a consequence of individual satisfaction measured against major categories of fundamental life needs.” fn.(2). *Quality of care* “can be quantified by gaining accreditation against standard measures”. fn. (3). On the other hand, *quality of care* can influence quality of life in an adverse or positive way.

Care concepts and attitudes in long term residential aged care facilities changed in the late 1980’s and early 1990’s from a medical model to one which concentrated on developing a holistic approach to care. But we now need to add value to the holistic approach. Emphasis is now on widening the holistic approach to include Best Practice for quality of care and innovative lifestyle and leisure programmes to ensure optimum levels of quality of life.

One holistic approach to care in years gone by has been to either assist the resident to attend outside community functions or if necessary bring community to the facility through visitors and volunteers. This has had good results.

For example, as manager of a facility I encouraged a resident whose working profession was a school teacher in the period after the First World War, to attend an adjacent school to the facility to offer history talks to students. This lady, who had lost her brothers in the war, had vivid memories of the war and how it impacted on her early professional days. After attending the school session she mentioned “at first I was extremely nervous to face a class of 30 or so teenage students but after a few minutes it all came back to me and I felt fine. ...Now here with you (manager’s office) I feel privileged to have been given an opportunity to teach once more after 40 years. ...Not having grandchildren of my own, it makes me feel satisfied with my life knowing I have passed on information to generations to come. I now feel my life as a teacher has not been a total waste and has been of worth for generations to follow”. Fn. (4).

Whilst at another facility, they established a “Pets as Therapy” programme which is an example of how we can research literature to ascertain the benefits to residents and we can actually benchmark the activity with other facilities. But what we need to recognise is that the individual outcome/results for each resident is both subjective and different. These examples can be seen as a subjective measure of satisfaction of life.



For example, a horse was brought to each of the facilities but in one instance a resident requested he be able to sit on the horse. Although frail and unwell he had a spring in his step as he mounted the horse then sat erect and professionally positioned as you see in dressage. The expression on his face and the twinkle in his eyes was evidence enough to realise he was satisfied that he could still engage in dressage which was a part of his professional life. This is a subjective measure of satisfaction of *quality of life*. This type of outcome has led us into the next step of continuous improvement in the aged care industry, that of *quality of life and care*.



At AACG, we make every effort to develop a wellness enhancing lifestyle and leisure programme by introducing innovative sessions to assist the resident in attaining satisfaction with his/her life given their current health status. This is an optimal balance between *quality of life* and *quality of care* which is not always easy to achieve.

The Lifestyle team here at AACG, is extremely innovative, and as a part of the programme for those residents with deteriorating memory and other conditions, were taken by bus to the National Art Gallery in the City of Melbourne. As we are all aware, some people suffer from loss of memory of the more recent years, however, often express an interest or something familiar to them forty years ago. At other times, they may just be mesmerised by the bright or pastel colours when looking at something, or it may be a painting of a garden bringing back fond memories, such as, Monet's *Water Lilies*.

One resident responded by standing up and looking more closely at the beautiful paintings, showing a marked expression of interest and a look of contentment. On return home to the facility, all residents appeared happy and enjoyed their trip. This enables our residents to genuinely participate in our community with respect and dignity and memories of days gone by.

Another programme enjoyed by many residents who participate, is the Zumba classes at Kew Gardens, this combines music with movement, which in itself is an exercise programme using various muscles in the form of dance.

The Physiotherapy team here at AACG, offers a variety of mobility and dexterity programmes including "Muscle Strengthening and conditioning". This type of session is actually a science and hence can be quantified and measured similarly to clinical care. It has a positive impact on individual residents who have successfully changed from inability to stand or walk to being able to do so. One resident at AACG, has had an improvement in his muscle strength following a stroke, and it has not only improved his physical health but also his personality, making him feel positive in his outlook, as he has progressed and achieved a higher level of functioning in his limbs. This can be considered an interchanging of both *quality of life* and *quality of care*.

In summary, we need to keep in mind that we are not always able to resolve the grievances and emotional difficulties of the resident and their family which go hand in hand at the time of admission of the resident. But we can strive to continue to improve the resident's emotional and physical wellbeing, ensuring positive feelings through quality of life and care initiatives. As one resident said to me recently "... I am happy with my lot given my circumstances.... If I need to be somewhere, I am pleased to be here". Fn. (5). The challenge is to keep our innovative programmes alive and introduce new ones to create resident satisfaction (*quality of life*) and to aim for Best Practice in care (*quality of care*), recognising that they go hand in hand.



Footnotes:

1. "Understanding quality of life and quality of care in residential care". A recent study conducted at Central Queensland University by Dr. Lorna Moxham, Jenny Anasts and Karen Demellweek. Reported in the Australian Nursing Journal Vol.15 No.7. February, 08 edition.
2. Ibid.
3. Ibid.
4. My recollections of conversations with the resident.
5. Ibid.