Background
The majority of residents in long-term care (LTC) homes are older adults with dementia (57%), of whom 37% experience severe or very severe cognitive impairment. Residents with dementia tend to spend their days in LTC alone, with few opportunities for meaningful activity and social interaction, which negatively affects their well-being1-5, and can trigger responsive behaviours they use to communicate unmet needs5,8.

Montessori-based activities can help address responsive behaviours by increasing residents’ participation in and enjoyment of daily life while decreasing fear, anger, anxiety, agitation, and social withdrawal6-15. Montessori Methods for Dementia™ (MMD)16 are research-based, person-centred approaches that staff and family members can use to create activities, roles and routines based on the unique needs and history of residents with dementia.

Objectives
Due to the importance of engaging residents with dementia with Montessori-based activities, and the absence of research on their implementation, this study investigated staff perceptions of policy and practice issues that affect the implementation of MMD in Ontario LTC homes.

Methodology
The theoretical perspective used to inform this study was the political economy of aging17,18. Seventeen participants were purposively selected from selected 2011 MMD workshops plus those who contacted the researcher. The majority (71%) were recreational staff and the rest were registered health professionals/consultants. Telephone interviews using a semi-structured interview guide were conducted to obtain their experiences. Data analysis involved: developing familiarity with the data19; reflexivity and field note journaling20-22; memo writing23,24; and six phases of thematic analysis25.

Results
Staff’s perceptions reveal that there were culture change tensions between limiting factors and enabling factors. The enabling factors facilitated beneficial outcomes for residents with dementia, staff and family members. These findings are depicted as a conceptual model below:

LIMITING FACTORS
Regulating and Funding Medical Practices
- Ministry Regulations Help Create Medicalized & Task-Oriented LTC Practices
  - LTC staff were driven by Ministry regulations
  - Nursing staff were task-oriented
  - Medical priority over quality of life in LTC
- Medicalized LTC Leads to Staff Hierarchy
  - Disrespecting & undervaluing recreation and MMD
  - Unwillingness of nursing staff to participate in recreation programming
  - Consultants given more legitimacy as “experts” by nursing staff
- Limited Ministry Funding
  - Insufficient funding for program materials
  - Insufficient funding for adequate staff-to-resident ratios
  - Insufficient funding for staff training

ENABLING FACTORS
Educating and Understanding
- Addressing Negative Attitudes through Increased Understanding
- Highlighting the Usefulness of MMD for Staff
- Experiencing MMD Training First-Hand
- Bringing MMD Education to the LTC Home
  - Educating staff via in-services
  - Educating staff via consultants
  - Educating families

Seeing Results is Believing
- Seeing Positive Results for Residents
- Seeing MMD Assist with Responsive Behaviours
- Families, Noticing Positive Changes

Being Supported
- Finding Support & Learning from Staff & Colleagues
- Being Supported from the Top
- Drawing on Consultant Support & Resources

LTC CULTURE CHANGE TENSIONS
Shifting Practice Amidst Resistance to Change
- Transitioning to Smaller More Effective Quality Programming
- Encountering Resistance to Change

POSITIVE OUTCOMES
(Re-)Connecting People and Passions
- Fostering Meaningful Connections with Residents
- Facilitating Meaningful Family-Resident Connections
- Reconnecting with Confidence, Passion & Purpose for Working in LTC

Improving Residents’ Quality of Life
- Enabling Residents to Enjoy Life Again
- Reducing Boredom & Meeting Individual Needs

“LTC Staff have so many things to deal with on a daily basis and now with the Ministry with … the new Long-Term Care Act, they have to do so many things differently … these new things are taking a long time for them to cope with.” C5

“Nursing staff have so much that they need to accomplish in a shift that they wanted to see large group programs … with everybody involved and … you can’t do that with Montessori Methods.” R7

“[LTC Staff] have so many things to do with on a daily basis and now with the Ministry with … the new Long-Term Care Act, they have to do so many things differently … these new things are taking a long time for them to cope with.” C5

“…”We are in a home … the biggest part with Montessori is that they’re not just here to die, they’re actually here to have a quality life.” R11

“…”There are recreational activities but not enough … people develop behaviours because they are so bored, they are so disengaged in life, they’re just existing rather than living.” C2

“…”One of the things we did in the beginning … was scale down to more small groups or one-to-one.” R12

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Conclusions
The findings from this study provide evidence that the principles used to create MMD activities and implement them as a person-centred philosophy of care are possible when staff have a clear understanding of why and how to put these methods into practice and work together as a team with sufficient support to do so.

The results from this research can help ensure that MMD are as practical and easy to implement as possible despite perceived barriers so that persons with dementia in LTC and their partners in care can have a good quality of life.

Key References