Nursing home resident choice in daily life is recognized as vital to resident quality of life and quality of care. Advocacy and policy activities to promote resident choice abound, yet little research exists to guide nursing home staff in how to enable resident choice on a moment to moment basis. Our three studies developed conceptual and practical tools to elucidate the factors, challenges, and behaviors involved in enabling resident choice.

We first crafted a conceptual model, the “REAlizing Resident CChoice (REACH)” model, as described in the first paper. The REACH model identifies the factors influencing staff efforts to enable resident choice and the broader contextual dimensions within which the resident-staff member relationship exists. The REACH model was developed through a literature review of 1,969 abstracts and expert opinion.

The second study assessed 1) tensions nursing home staff members encounter when trying to enable resident choice and 2) resolutions employed in the face of these tensions. We conducted semi-structured, qualitative interviews with 26 staff participants in two Veterans Health Administration (VHA) Community Living Centers (i.e., nursing homes). Participants highlighted intra-personal, inter-personal, and organizational tensions that affected their resident choice enabling efforts. Resolutions to these tensions focused on preventive practices, education, reinforcement, deliberation, collaboration, and leadership.

A formative assessment tool, the “Supporting Choice Observational Tool (SCOT),” was developed in the third study. The SCOT provides nursing home staff with detailed, non-graded feedback on how to offer and enable resident choice in-the-moment. We created the SCOT using the following methodologies, in order: ethnographic observation, tool piloting, expert panel
consultation, and a representational algorithm. SCOT results can inform discussion amongst co-workers and supervisors on how to advance their resident choice enabling efforts.

These three studies address an important research gap. They provide scientifically grounded concepts and tools to assist nursing home staff, researchers, and policy makers in advocating for and instituting resident choice. The REACH model can be used to frame future research, and future studies can be undertaken to validate the SCOT. Findings from the second study could improve quality improvement initiatives targeting tensions and resolutions in enabling resident choice.