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Pioneering partnerships☆,☆☆ Resident involvement from multiple perspectives

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ABSTRACT

Resident involvement in residential care homes is a challenge due to shortcomings of consumerist and formal approaches such as resident councils. The PARTNER approach aims to involve residents through collective action to improve their community life and wellbeing. The purpose of this article is to provide insights into the process of resident involvement by the PARTNER approach from the perspectives of multiple stakeholders, including residents, volunteers and staff members. A responsive evaluation was conducted, using participant observations, semi-structured interviews with residents, volunteers and professionals (n = 16), and three focus groups. The findings show that critical elements in this process of resident involvement were the agenda-setting by residents, the formation of a cohesive resident group, the sharing of experiences and stories, the development of collective action, and the development of partnerships between residents and professionals and other stakeholder groups. Residents developed actions (gallery parties and a buddy project) to strengthen social interactions and realized these with the help of volunteers and professionals. We conclude that bringing residents together around a shared topic creates room for activism and leads to empowerment, feelings of social belonging and learning processes. We argue that it is a worthwhile enterprise to further develop structural partnership relations between residents, volunteers and staff in residential care homes.

Introduction

During recent decades, professionals have been in the lead in residential care homes. Professional-led care in institutional care settings tends to deactivate residents and contributes to the loss of autonomy and independency (Abbott, Fisk, & Forward, 2000; Agich, 1993; Mitchell & Koch, 1997). To counter negative effects of hospitalization, several initiatives have been started aiming to attune care better to residents' needs and to activate and involve residents in their own living environment (www.myhomelife.com; Rahman & Schnelle, 2008; www.actionpact.com). Most of these initiatives are targeted at achieving a transition from a medical institution to a living community with a rewarding environment for residents, families, staff, volunteers and neighbours. As part of this movement, initiatives such as participation in treatment decisions and care plans, have been undertaken to enhance the involvement of individual residents (Gallant, Beaulieu, & Carnevale, 2002; Hook, 2006).

Also the collective involvement of older people in residential settings has increasingly received attention. Studies on collective involvement of residents via resident councils show that members are concerned about their lack of influence (Baur & Abma, 2011; Meyer, 1991; Van der Voet, 2004). System values concerning the strategic position and financial continuity of the organization tend to dominate the life-world issues of the residents as well as the empathic care-giving abilities of staff (Baur & Abma, 2011; DeForge, Van Wyk, Hall, & Salmoni, 2011). Participation of residents, apart from formal arrangements, is scarcely developed. On most occasions such involvement takes the form of gathering management information, for

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example on the satisfaction of clients, or information for governance and accountability purposes. These consumerist approaches hardly meet the needs of residents to use their voices and to have 'a say' (O'Dwyer, 2013). Alternative forms of involvement, such as the placement of one resident as an advisor in a team with professionals, run the risk of tokenism and pseudo-participation (Baur, Abma, & Baart, 2012).

In response to the reported shortcomings in resident involvement via resident councils another approach to collective resident involvement was developed. The aim of this so-called PARTNER approach is to empower residents and to improve their living conditions via collective action (-refs blinded for review-). Collective action is defined as the joint and coordinated action of a group of people based on their agenda to improve their community life and wellbeing (compare Melucci, 1996). A group of residents mobilizes their strength and dedicates itself to a topic that has come to the fore through the members' exchange of experiences and values. The topics are important and relevant for residents. The topics stem from, and generate solidarity with, the broader resident community in the care home. In this way, residents do not act as consumers, but as citizens who work for the shared good. In order to enhance residents' influence on issues that affect their lives and to realize improvements, the approach fosters the development of partnership relations with professionals through dialogue.

Over the years qualitative insights have been presented about the empowerment process of resident involvement brought about by our approach. In a case study the process of collective action was described from the perspective of the residents, showing how a common dissatisfaction about the quality of meals led to the formation of a group identity among residents, and how storytelling and dreaming about a desired future motivated the group to develop creative solutions, which were implemented (-refs blinded for review-). We are, however, still lacking insights into the process of resident involvement from the perspectives of multiple stakeholders. The aim of this article is to provide insights into the process of resident involvement from the perspectives of multiple stakeholders, including residents, volunteers and staff members. We will present the results of a responsive evaluation in a residential care home in the Netherlands.

Theory of resident involvement: the PARTNER approach

The presented approach to resident involvement is grounded in a citizenship tradition which assumes that people are not just consumers who want to have a choice, but rather are citizens with voices, who are willing to engage in and contribute to their community beyond their own self-interest, giving feelings of solidarity with that community (Barnes, 2008; Melucci, 1996). Such engagement may turn into collective action if people share a common dissatisfaction, and if there is emotional recognition, a group identity and a common goal for social betterment (Melucci, 1996). Examples of collective action among older people living in the community are political organizations, cultural groupings, social or leisure groups, self-help activities, voluntary action and consumer groups (Barnes & Shaw, 2001).

Resident involvement, as we envision it, is a form of action in which a group of residents consciously contributes to the residential community and the wellbeing of fellow residents. In order to deal with power asymmetries between professionals and residents, first of all deliberation is required within the context of converging interests in order to empower marginalized groups (Barnes, 2008; Karpowitz, Raphael, & Hammond, 2009; Nierse & Abma, 2011). The group of residents may develop empowerment as they start to recognize that personal problems are in fact more broadly experienced, and that the joining of forces may lead to a shared agenda for improvement. This process of empowerment prepares residents for dialogue with professionals.

In the context of residential settings, collective action by residents does not stand on its own, but needs to be integrated with the professional practice and decision-making processes in order to be implemented (Abma & Broerse, 2010). Therefore, partnerships need to be developed, and professionals and residents have to find mutual understanding and common ground. Partnership relates to relationship, power sharing, negotiation, collaboration and co-production (Dunston, Lee, Boud, Brodie, & Chiarella, 2009; Gallant et al., 2002). Dialogue fosters mutual understanding and partnership as a basis for negotiating the implementation of improvements (Gergen, McNamee, & Barrett, 2001; Widdershoven, 2001). Such dialogue is characterized by the exploration of each other's beliefs, and by listening and probing. It requires openness, respect, inclusion and engagement, and asks for participants to be willing to share power and to change in the process. Furthermore, an appreciative approach is taken towards people and organizations, which means that negative experiences and complaints are turned into opportunities for learning (Cooperrider and Whitney, 2005; Ludema & Fry, 2008). Residents who are involved are invited to focus not only on problems and things they miss, but to broaden their view and look for good examples that already exist. During the intervention they develop a shared vision of actions that can strengthen or improve the status quo; this involves the creation and expression of a dream.

Practically the PARTNER approach includes five steps in an action cycle:

(1) *Agenda-setting by residents*: The facilitator brings together a group of 8 to 10 residents with diverse backgrounds, interests and experiences, and organizes a meaningful conversation. Values, identity and life-world experiences are shared, and an agenda for quality of life improvement is formulated.
(2) *Homogeneous groups*: The resident group (action group) is brought together on a regular basis by the facilitator (8 to 10 times in total) to speak about their topic of interest. In this setting, they learn about each other's perspectives and to articulate with their own voices. Creativity stimulates their conversation, and helps them to think in terms of possibilities instead of problems. At the same time the facilitator organizes homogeneous meetings (one meeting per stakeholder group) with other stakeholders who are concerned with the topic that is to be addressed. These can be healthcare workers, volunteers, family, managers, or other groups, depending on the topic. The homogeneous meetings are meant to obtain the articulation of other perspectives on the topic and to lay the foundations for partnership development, which requires other groups to work together with the action group of residents.