

# Professional Practice Development: GPA Bathing eLearning Improved Staff Confidence for Person-Centred Bathing Care

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## Introduction

For people living with dementia, bathing can be a confusing and frightening experience, and this fear and confusion is often expressed in the form of responsive behaviours. Healthcare providers (HCPs) struggle with knowing how best to support people with bathing-related responsive behaviours, especially in the context of limited resources and difficulties with effective communication<sup>1</sup>. Many HCPs end up feeling alone and unprepared when faced with bathing a person living with dementia<sup>2</sup>.

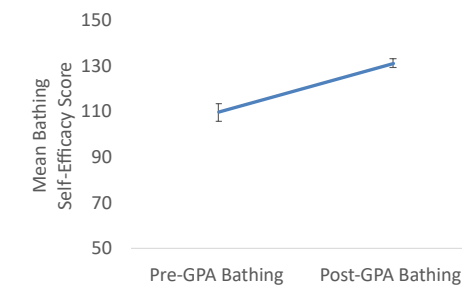
Advanced Gerontological Education developed two Gentle Persuasive Approaches (GPA) Bathing online units to strengthen care providers' knowledge, confidence, and skill to provide person-centred, evidence-informed bathing care. The suitability and effectiveness of these units was pilot-tested with Mississauga Halton Behavioural Supports Ontario staff in long-term and community care.

## Quantitative Results

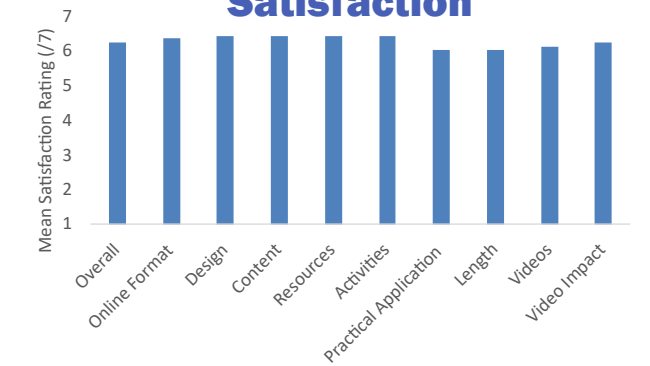
A paired t-test conducted on complete cases revealed a significant improvement in bathing self-efficacy relative to baseline after completing the two GPA Bathing units.

Participants were also highly satisfied with all aspects of the units, giving mean ratings of greater than 6 (out of a possible 7) on each component.

### Bathing Self-Efficacy



### Satisfaction



## GPA Bathing eLearning Intervention

Gentle Persuasive Approaches (GPA) Bathing is an online educational intervention that gives care providers the confidence and skill to effectively bathe people living with dementia and responsive behaviours. The findings of our program evaluation of the first two GPA Bathing units will inform the development of the remaining four units.

### Foundations Unit



Completing an Individualized GPA Bathing History Using the Dementia Observation System  
Acknowledge family goals and wishes  
Incorporate bathing props

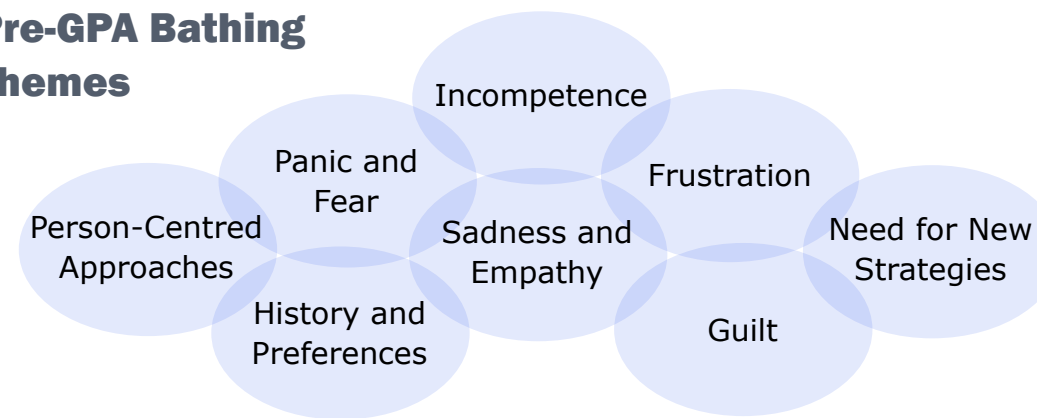
### Shower Bath Unit



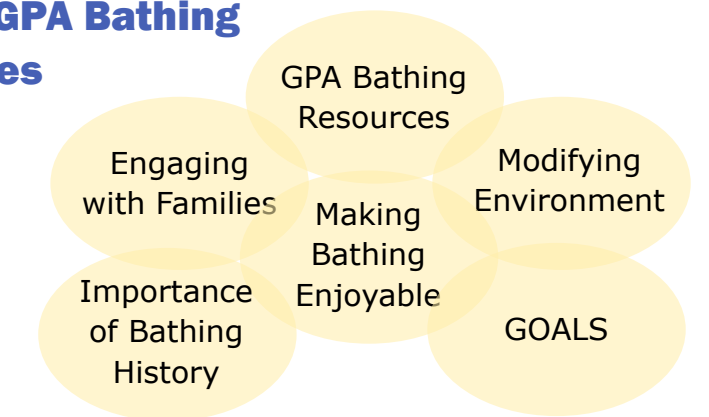
Acknowledge and incorporate personal history and preferences  
Use family recommendations  
Ensuring comfort and privacy  
Using cues to promote participation

## Qualitative Results

### Pre-GPA Bathing Themes



### Post-GPA Bathing Themes



### Pre-GPA Bathing Responses

"I felt very bad for the resident and often felt helpless. There were a lot of conflicting requirements from the Ministry, the home, and the resident's rights that made it difficult to navigate what was the right choice."

"Even after years of this I still feel a slight panic when the person is very resistant. Especially as a PRC I feel pressure to make it happen somehow. We often have unrealistic expectations of ourselves."

"Residents will become verbally or sometimes even physically responsive, scream and hit or simply refuse and only want a bed bath. [I feel] ineffective and useless, I want to provide the best care possible and it makes me feel defeated when the shower experience is difficult and not enjoyed by the resident."

### Post-GPA Bathing Responses

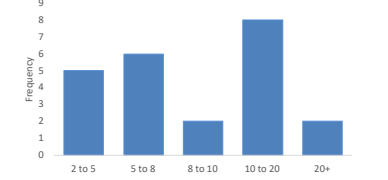
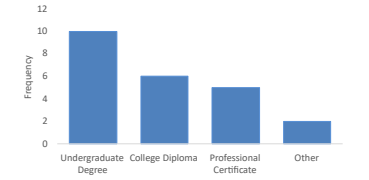
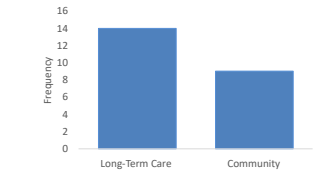
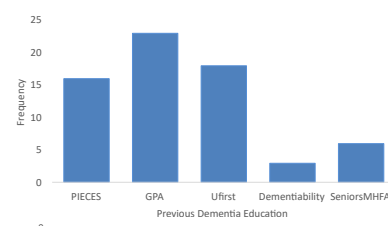
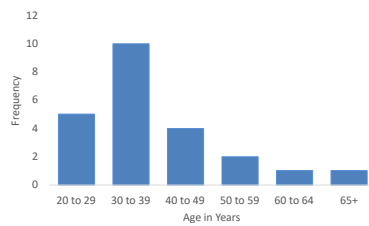
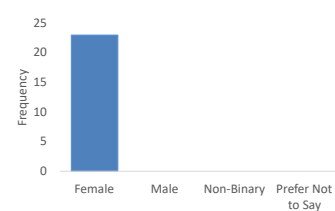
"The GOALS model is effective at organizing the resident's specific plan of care surrounding bathing routines and strategies. I also found the IBEPP a great assessment tool to use when identifying and mitigating responsive behaviour."

"These modules have reinforced the importance of engaging families. The staff would not have known the meaning of [word from resident's history] or it would have taken them much longer to get to the root of this if family were not involved."

"I appreciated the interactive portions to practice the knowledge around effective approaches. I thought it was great to have videos as case studies as a practice to collect information for the bathing history and effective approaches."

## Methods

23 Mississauga Halton Behavioural Supports Ontario staff completed the two GPA Bathing eLearning units and volunteered to complete the pre- and post-evaluation measures of bathing self-efficacy (Self-Perceived Behavioural Management Self-Efficacy Profile for Bathing, a 20-item 7-point Likert-type questionnaire with additional open-ended qualitative questions about past experiences bathing people with dementia, current approaches, and impact of the units) and the post measure of satisfaction.



## Conclusion

Despite extensive education and experience, HCPs experience fear, guilt, frustration, and helplessness when attempting to bathe a person living with dementia who is refusing care. GPA Bathing units enhanced the bathing self-efficacy of a sample of HCPs and equipped them with new, specific bathing strategies and resources. These units are the first components of a promising online educational intervention for HCPs who either directly provide or support those who provide bathing care for people with dementia.

## References

1) D'Hondt et al. (2012). Int J Older People Nurs, 7(4), 253-63.  
2) Gaspard & Cox (2012). J Geront Nurs, DOI: 10.3928/00989134-20120807-05