Section III: Motivation & Patient Benefits
Conceptualization of Motivation

♦ The theory of self-efficacy:
  – The stronger the individual believes in his or her abilities to perform and the stronger he or she believe in the outcomes of performing, the more likely he or she will do the behavior
Model of Motivation: The Wheel

Wheel: Factors that Influence Exercise Behavior
Factors that Influence Motivation

♦ Personal expectations: Believing is an important step to achieving:
  – self-efficacy expectations
  – outcome expectations
Factors that Influence Motivation

♦ Actually performing the activity strengthens beliefs and improves behaviors
♦ Trusting in staff competence
♦ Verbal Encouragement from staff
Factors that Influence Motivation

♦ Personality….self-determination
♦ Goals: a pulling force from outside
♦ Social supports: forces from outside sources
♦ Spirituality: forces from above
Factors that Influence Motivation

♦ Role Models……may be:
  – positive
  – negative
  – or indifferent
Factors that Influence Motivation

♦ Individualized Care
  – Empowerment
  – Appreciation of individual differences
  – Kindness
  – Humor
  – Verbal encouragement
  – Positive reinforcement
  – CARING
Factors that Influence Motivation

♦ Physical Sensations
  – Pain
  – Fatigue
  – Shortness of breath
  – Fear of falling
  – Fear of failing
Setting Goals

Make Goals Specific and REALISTIC

“I THINK I’LL EXERCISE
I’D BETTER START SLOWLY
TODAY I SHALL ATTEMPT TO REGISTER A PULSE

“Exercise is one of my favorite spectator sports.”
Setting Goals

– Set both short and long term goals
– Short term spell out the activity…..bath upper body, walk to nurses station
– Long term reach of a goal that can be attained in steps…..GETTING OUT OF THE HOSPITAL AND BACK HOME
Motivational Techniques

- Recognize the older adults for who they are and what they are able to do….
  - Appreciate them for this and make sure they know you recognize their individual needs
  - Set up a rest period for example before doing that restorative care activity
Motivation from a two tiered approach

♦ Start with a champion
♦ Build a team behind the champion
  – Motivate staff
  – Motivate patients
Restorative Care for the Cognitively Impaired: The Challenge

♦ 50% of older adults >85 years old have dementia (Alzheimer’s Association, 2000)
♦ I don’t need to tell you...delirium is common in acute care and more likely to occur in those with dementia
Restorative Care for the Cognitively Impaired: The Challenge

- 66% of older adults with dementia, compared to 27% of cognitively intact adults have fair to poor physical health and experience significant functional limitations in activities of daily living (ADLs) (National Academy on an Aging Society, 2000)
The challenges of restorative care with the cognitively impaired

- Memory impairment
- Aphasia
- Motor apraxia
- Agnosia
- Apathy
- Depression
- Agitated, uncooperative behaviors
Tricks of the Trade

♦ Modifying Communication Techniques
♦ Care and Consistency
♦ Enhancing Sensory Experiences and the Physical Environment
♦ Individualized Care
Communication Techniques

- Verbal cues
- Writing things down
- Communicating “face on”
- Repetition
- Role Modeling
- Vicarious Experience
Communication

“...you have to do a face to face. Speak slowly and clearly and then they get to know what you are doing. Use verbal cues to help you. Make them understand.”
Communication

“I try to make them dress themselves. I don’t go in and do the whole thing. I put their stuff on their bed and tell them ‘put your undershirt on, put your socks on.’ Only if it is very bad, then I’ll do it for them, but I’ll make them try to do most of what they can on their own. And I always tell them, ‘If you do not use it, then you will lose it!’”
Role Modeling
Vicarious Experience
Caring and Consistency

- Giving love and attention
- “Becoming them”
- Serving as a “calming force”
- Trust
- Patience
- Humor
- Play
- “Knowing what makes the resident tick”
Caring

“…I guess we give them more love and attention. It brings them out.”

“We’re not treating them like they are a so called patient. You’re treating them like you actually love them. I think that is what brings these guys out of their shell more.”

“You have to become them. You have to really identify how old that they thing that they are…you have to go in on their same level…”