

Creating Whole-person Wellness

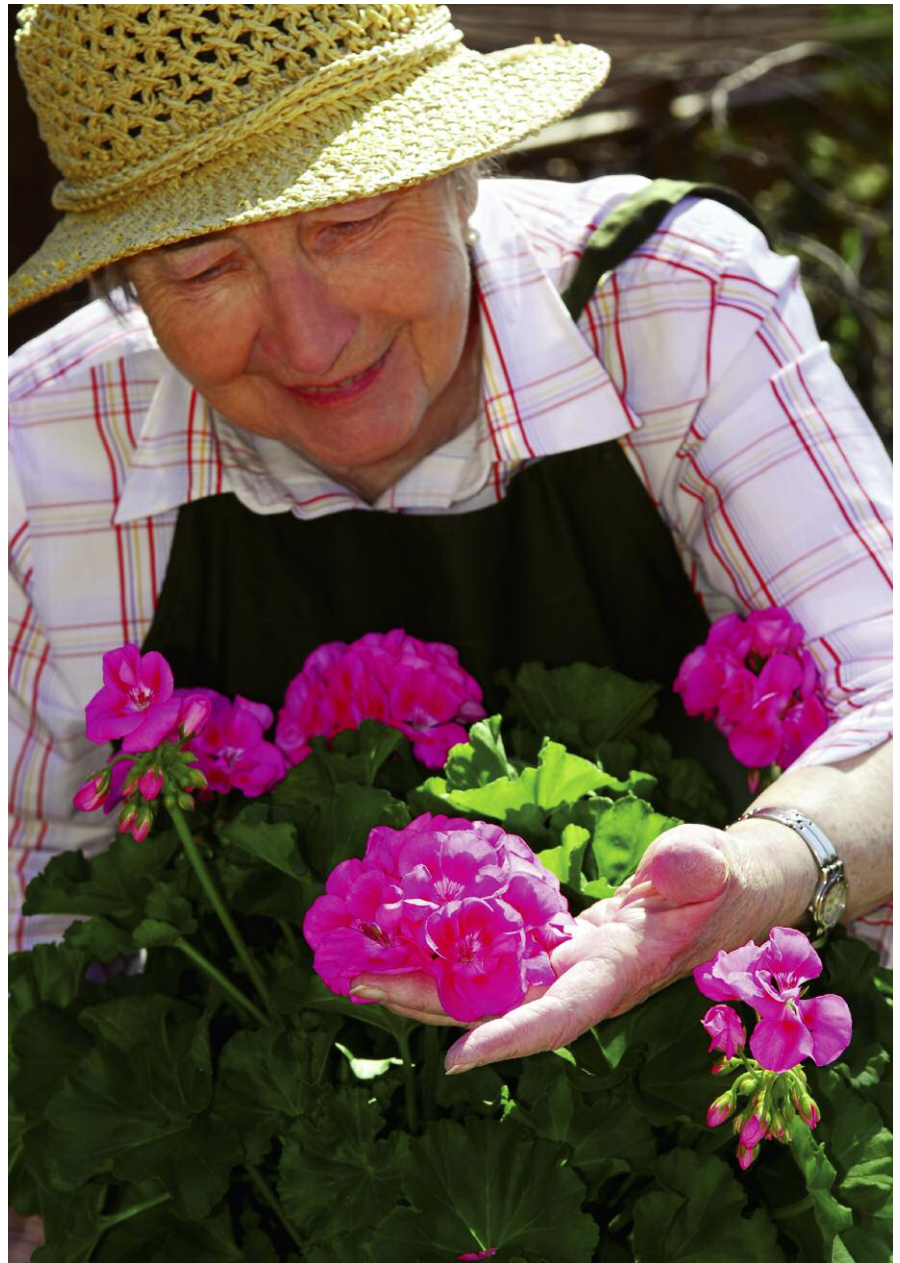
Jan Montague, MGS, and Barbara Frank, MSW

As healthcare costs spiral upward, communities that cater to aging populations are seeking ways to counteract possible chronic illness or disabilities that threaten their seniors' health and well-being by adopting whole-person wellness (WPW) as a guiding principle.¹ The National Wellness Institute defines wellness as "an active process through which people become aware of, and make choices towards, a more successful existence."² Continuing care retirement communities (CCRCs), assisted living (AL) communities, and long-term care (LTC) facilities are adopting this philosophy to help residents attain positive outcomes across many facets of their lives. Administrators and leaders who follow this philosophy must understand that WPW is a process, not an endpoint. Success requires accurate expectations and an understanding of the principles of behavioral change.

What Is Whole-Person Wellness?

Lakeview Village, a CCRC in Lenexa, KS, that operates by WPW principles defines WPW as, "multidimensional, positive health leading to a satisfying quality of life and a sense of well-being—for individuals and for the community as a whole." *Multidimensional* refers to physical, spiritual, intellectual, vocational, social, and emotional aspects of personhood and community life (Figure 1).

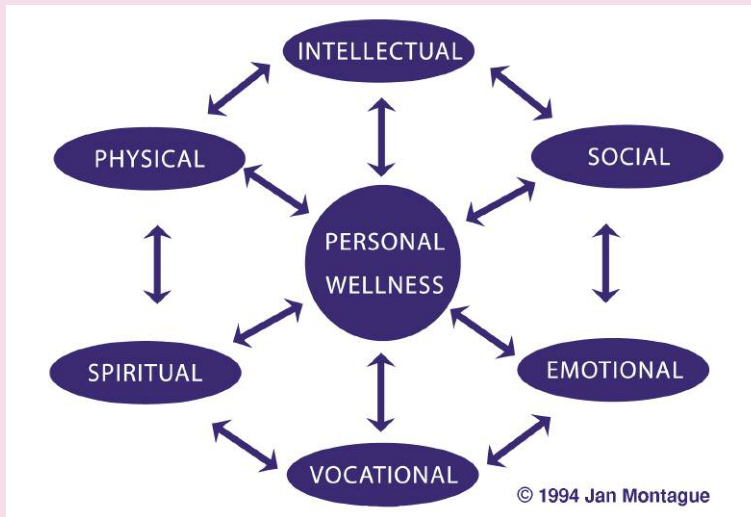
Lakeview's 800+ residents and 350+ staff members debated and



reached this definition of WPW after many months of workshops, meetings, and think tanks among

residents and staff at many levels and departments. Each community embarking on a WPW journey may

Figure 1. Multidimensional wellness wheel



ties, and sharing your gifts with others

The dimensions of WPW must be incorporated into the physical, environmental, and human aspects of the AL setting (Table 1).

Inherent Strengths in the Organization

Certain organizational strengths must exist before a WPW community can be created. Although it can be an uncomfortable task to inventory one’s own organization for these requisite strengths, it is foolhardy to set out on a WPW journey in a leaky boat! Creating a WPW community requires a significant investment of time and resources because it is a process, not a program.

Preexisting organizational elements should include the following:

- A thorough knowledge base about WPW

find it valuable to begin by crafting its own definition and then reexamining it periodically, keeping in mind two caveats:

- Thorough knowledge of WPW by the leader of this effort is essential.
- The definition should meet objective, external criteria such as those named by the National Wellness Institute, www.nationalwellness.org. The National Wellness Institute has developed a 6-dimensional model of health that helps a person understand²:
 1. How he or she contributes to the environment and community, and how to build better living spaces and social networks
 2. The enrichment of life through work, and its interconnectedness to living and playing
 3. The development of belief systems and values, and creation of a world-view
 4. The benefits of regular physical activity, healthy eating habits, strength, and vitality as well as personal responsibility, self-care, and when to seek medical attention
 5. Self-esteem, self-control, and

determination of a sense of direction

6. The importance of creative and stimulating mental activi-

Table 1. Wellness Dimensions

Wellness Dimension	Examples
Physical	Walking trails; chair exercises; therapy services; integrative therapies; viewing windows into exercise rooms; swimming pools; appealing food
Social	Social spaces, opportunities, and events; meals as social occasions; supportive staff; activity director; men’s groups
Emotional	Staff who listen to residents’ stories; support groups; counselor/ therapist/ social worker; pleasant mealtime ambiance; women’s hair care; companion animals; men’s shoe care; manicures/pedicures/ hand massages; people smile at one another
Vocational	Volunteering opportunities and encouragement; environmental responsibility; management of secondary activities of daily living
Intellectual	Travel and excursions; self-management of medications; library; computer and Internet availability; regularly scheduled discussion groups
Spiritual	Worship services; chaplain; overall respect for individual practices of spirituality; Bible study and Rosary recitation; dedicated prayer/meditation space

Table 2.
Transtheoretical Model of Change

Stage	Person's Reaction	Example	Strategy for Encouraging Change
Precontemplation	No awareness, no interest	Person tunes out of conversations addressing the topic.	Show relevance to self, family member, or close friend
Contemplation	Thinks about it; accepts or seeks information about	Resident watches others exercise.	Offer a bit of information, but not too much (written materials, wellness fairs)
Preparation	Rehearses doing it	Person actively thinks about using the pool.	Help with problem solving (where to get a new swimming suit)
Action	Doing it!	Person decides to join swimming class.	Specify time, place, day, and someone to provide transportation
Maintenance	Practices the behavior for a long period	Person believes it's part of who he or she is.	Develop a cadre of like-minded people for peer support and reinforcement
Relapse	Slips back to contemplation phase	Person blames lack of time for neglecting to perform activity.	Help reestablish person's social support for the behavior

- Confidence that the benefits will ultimately outweigh the costs
- A strong sense of community
- Proactive, courageous leadership
- A history of commitment and follow-through at every level for doing the right thing
- Belief in the organization's ability to grow, change, and learn

Major Attributes of Whole-person Wellness

Lakeview Village began with a systematic, time-consuming process of defining attributes of WPW. Residents and staff together created a list of attributes that are most critical to WPW:

- Recognition that WPW is a life-long process—a journey rather than a destination
- Personalized, relevant, respectful knowledge of each person
- Realistic optimism and focus on strengths
- Emphasis on wholeness, including integration, balance, and integrity
- Self-efficacy, autonomy, and informed choices
- Mindfulness and self-knowledge

- Deep faith and inner direction
- A system for gradual, ongoing behavioral change

Behavior Change Strategies as a Crucial Component

Both staff and residents work on the process of creating WPW. It is encompassing—everyone, everything, everywhere. The typical community requires a multifaceted education program with ongoing motivation and reinforcement. An ingeniously helpful feature of WPW is that it begins with the strengths of those people who “get it” and are inherently hungry for further involvement. The absence of arm twisting in the approach has a subtle but powerful impact: We start where we are. If you're not interested, that's genuinely fine; others are, and we can begin with them.

Meeting organizational needs and those of residents, WPW uses the transtheoretical model of behavior change,^{3,4} a model that has been used widely and effectively for promoting health behavioral change. This model (Table 2) says that behavioral change in any in-

dividual—be it a senior adult's smoking cessation or a nursing assistant's more careful listening—occurs along a continuum. People move from total unawareness of the desired behavior (“precontemplation”) to awareness and interest (“contemplation”) to preparing to exercise the behavior (“preparation”), to embarking on the behavior (“action”), and finally to making it a habit (“maintenance”). A “relapse” stage can also occur if the behavior is not reinforced by a person's community, and returning the person to a more advanced stage takes encouragement from the community.^{3,4}

Along the WPW journey, there are educational opportunities (precontemplation to contemplation to practice) for residents and staff. The model recognizes the time required for individuals to change their thinking and then practice new behaviors from preliminary to active stages. People first need to observe the new behavior and think through “What is this?” and “How do you do it?” to be able to conclude, “Oh! I can do that.”

Helping residents find their way along this continuum and make subtle, gradual behavioral change requires staff and administrative diligence and self-control.

For example, a resident who declines to participate in an exercise group, but frequently comes to watch it, is in the contemplation phase—watching others participate in the exercise program. He or she may have previously been uninterested but heard staff or other residents discussing it and decided over time to find out more. To move further along the continuum, the resident may need reinforcement and encouragement from staff and the community. This encouragement may be an explanation of where exercise shoes can be purchased or assistance with scheduling a physical examination to prepare for the exercise program. If the front-line staff know about the stages of behavioral change, they are better able to recognize and know how to support the resident's forward movement toward WPW.

An important aspect of the trans-theoretical model is encouragement by one's group. While individuals have to believe in their own self-efficacy for increasing WPW, the reinforcement of this belief by peers, role models, and mentors is extremely important. This relates to belief in the ability of each person, a strong knowledge base about WPW, a strong sense of community, and proactive, courageous leadership.

Working from Strengths

Management, staff, and residents need to have confidence that challenges of behavioral change can gradually be overcome through leadership.

For example, staff members in long-term care (LTC) settings may enthusiastically embrace the notion of WPW without knowing how to translate philosophy into service behaviors. At Lakeview Village the administrators found it useful to

Table 3.
Illness Lens vs. Wellness Lens

Illness Lens	Wellness Lens
Communication consistently <i>about</i> the resident, not <i>with</i> the resident	Communication consistently <i>with</i> the resident, not <i>about</i> the resident
Basic courtesies disregarded (eg, staff conversing as if resident is not present)	Basic courtesies observed
Frequent labeling of residents ("feeders" or "crabby")	Thinking of residents and fellow staff as complete individuals
Residents called by other than given or preferred name	Residents called by preferred name
Communication not clear; information not easily accessible	Communication clear; information accessible and transparent

An ingeniously helpful feature of WPW is that it begins with the strengths of those people who "get it" and are inherently hungry for further involvement.

work with the strength of that enthusiasm, helping staff to think through questions like, "If we believe in multidimensional WPW, what would we expect to see when we visit our care center or other setting on our campus? What staff behaviors would be consistent with social or emotional health in a care center resident and in the organization? What behaviors would *not* be consistent with these? How could we use behavioral change strategies to strengthen our wellness approach?"

For example, when residents move into AL settings, they often face losses of space, choice, com-

panionship, and routine.^{5,6} These losses can create embedded behaviors in the resident, such as avoiding social activities or eating alone instead of in the common dining area. On the other hand, staff may exhibit embedded behaviors such as ignoring or minimizing the resident's feelings of loss. But if staff can be taught to recognize their own embedded behaviors *and* those of residents, then they can work more successfully with residents to encourage them to develop new relationships and routines in the AL setting. This may mean a safer environment (physical) with new friendships (social and emotional) and a growing relationship with the chaplain (spiritual). The changes may take time, but patience and insight by the staff can help facilitate the process.

At Lakeview Village, part of this evolving insight among staff and administrators was the shift from viewing residents through an illness lens to using a wellness lens (Table 3).

Does this Really Apply to Assisted Living?

Emphatically, yes! However, WPW must be adopted in all segments of an organization. No department

can be isolated from the rest.

To initiate WPW as a segment is illogical and inconsistent with the very wholeness we are seeking. Such an approach also violates the requirement of certain organizational strengths for successful WPW implementation. If organizational obstacles exist, parts that are inconsistent with wholeness and wellness will eventually collide (eg, philosophy and budget, policy changes, and the home office). The battle will be uphill and it will ultimately fail.

Whole-Person Wellness as a Foundation for Change

We are encouraged by widespread improvements in how senior adults are cared for across the nation through programs such as Person-centered Care and Culture Change.⁷ Used as a foundation, WPW can bring to the table some unique features, like these at Lakeview Village:

1. WPW uses an intentional and consistent “wellness lens” as the starting point and guidepost for change. It starts with “What’s right about this person (this group, our organization)?” and proceeds from there.
For example, a gregarious, slightly confused resident became more sedentary and began gaining weight when she moved to Lakeview Village from a home where she had always done the housework. She admitted that using the fitness room held no interest for her. We suggested that she walk with friends every evening along our walking trails, using a social strength she already possessed to bolster her physical need. Her family encouraged her as well. It was successful because it was built on one of her strengths and because of reinforcement. Her weight has stabilized and she has made new friends.
2. WPW is not a program; it is a comprehensive philosophy and identity. It is who we are, not

just what we do. As an example, environmental respect and responsiveness have to be part of our vocational wellness as a community. For this reason, residents need the opportunity to recycle, and new construction on our campus uses a “green” approach as far as possible. Everywhere, everyone, everything.

3. WPW includes a methodology for gradual, systematic behavioral change. This methodology applies equally to residents and staff, and to as many family members and other supporting

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- people as choose to walk this path with us. In a nutshell, this is a process of meeting each person where he or she is on the continuum, honoring each person’s timetable for moving through behavioral change, and celebrating milestones together along the way.
4. WPW is based on process and outcomes. The transformation of a community to WPW requires a gradual process and measurable outcomes. Outcomes are intentionally planned through a thoughtful self-assessment, identification of the relevance of WPW to us, an assessment of perceived cost versus benefit, and ongoing validation that we are on the right path. The individual and the community set

annual, measurable goals reflecting all aspects of WPW; action plans are then developed to accompany these goals. Measurements are typically done via focus groups, pen-and-paper surveys, fitness tests, and periodic reassessments.

5. WPW involves transformation of the entire community into a proactively “livable” place, for everyone closely involved, including residents, staff, family members, and supporting community. Given the importance of autonomy and choice in WPW, one might question whether the entire community is positively affected. What about that contingent of individuals within the community who are resistive to WPW? Even the contingent of people who are clearly “not interested” become influenced by their changing environment as the community moves from focusing on weaknesses and negativity to focusing on strengths and optimism. The environment is changed, in one way or another, for all. ALC

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