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Effects of Namaste Care on Residents Who Do Not Benefit From Usual Activities

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Namaste Care is a program designed to offer meaningful activities to nursing home residents with advanced dementia or those who cannot be engaged in traditional activities. This 7-day-a-week program is staffed by specially trained nursing assistants who provide activities of daily living in an unhurried manner, with a "loving touch" approach to care. The program takes place in a room with lowered lighting, soft music playing, and the scent of lavender. Analyses of Minimum Data Set data before the program were implemented and after residents were involved in the program for at least 30 days showed a decrease in residents' withdrawal, social interaction, delirium indicators, and trend for decreased agitation. Namaste Care helps families feel that in spite of the many losses experienced because of the disease process, something special can still help their loved one to feel comforted, cared for, and cared about in a unique loving environment.

Keywords: Alzheimer's disease; advanced dementia; meaningful activities

In the past 10 years, many programs and special care units (SCUs) have been implemented to serve residents with early and moderate Alzheimer's disease (AD) or a related dementia in long-term care facilities. They usually offer specialized activity programming[1] and most provide additional dementia-specific education to all staff that work on the unit so that the appropriate approaches are used when providing care. Special care units have found that offering continuous activity programming that keep residents with moderate dementia active and engaged has a positive impact on their quality of life. Involvement of residents in meaningful activities for the majority of the day has resulted in the reduced use of psychotropic medications, improved nutritional status, and decreased resident's social isolation.[2] Many facilities that specialize in dementia care also offer family support groups and social activities that provide opportunities for families to develop friendships with each other and to continue having enjoyable times with their loved ones.

As the disease progresses, residents are no longer at risk of elopement as they are not ambulatory. Residents also are difficult to engage in activities as they usually sleep most of the day. Eventually, residents with advanced dementia require total care, relying on staff to provide all of their basic needs such as feeding, toileting, and grooming. When this occurs, the facility often asks permission to transfer the resident off the SCU to another part of the nursing facility that is not secured. Families are devastated when asked to move their loved ones from the SCU, where they know the staff and believe that more dementia-related activities are available to their loved ones. They feel that a move to the general nursing home population will result in their loved ones receiving less attention, that they will be "lost" among all of the other residents. Without a special program for residents with advanced dementia these residents are often left slumped in their wheelchairs in the corridor, or placed around the nursing station, after breakfast and morning care.[3] If residents with advanced dementia are taken to a traditional activity such as sing alongs, trivia, word games, they usually sleep through the program.

Therefore, there is a need for a special program that would improve the quality of life for residents with advanced dementia and help families feel

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Joyce Simard published a book "The End-of-Life Namaste Care Program for People with Dementia" describing a program which is evaluated in this paper. Ladislav Volicer has no conflict of interest.

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positive about a move off the SCU. This article reports on the Namaste Care Program that has been specifically designed to meet the special needs of residents who are not able to participate in traditional activity programs. Most of these residents are in the advanced stage of a dementing illness or are in the earlier stages of dementia but become agitated with too much stimulation. Occasionally residents with other diseases such as Parkinson's disease, cancer, and chronic obstructive pulmonary disease (COPD) also benefit from inclusion in the program.

Methods

Participants were 86 residents of 6 EPOCH Senior Living Healthcare Centers, in Massachusetts, who were enrolled in the Namaste Care program. We obtained their last Minimum Data Set (MDS) forms completed before enrollment and the first MDS forms completed more than 30 days after the enrollment to permit detection of a full effect of the continuing program. The MDS forms were devoid of personal identification information. The study was approved by the Institutional Review Board of the University of South Florida.

Intervention

Namaste Care is an innovative program designed for residents in long-term-care facilities with advanced AD or a related dementia.[4] The program is offered 7 days a week for approximately 5 hours a day. It is staffed by nursing assistants called Namaste carers and takes place in a room that is free of environmental distractions. Implementation involved in-services for all staff that described the symptoms of advanced dementia and the components of Namaste Care. Namaste carers were selected by the director of nursing based on the applicants' desire to be involved in the program. All Namaste carers in the study were certified nursing assistants. The number of residents in the program ranged from 6 to 11 with 1 Namaste carer or another staff person always present in the room. The Namaste rooms were never left unattended. If the Namaste carer needed a break or needed additional assistance, some type of call system was used; a call light, walkie talkie, or telephone. The program was supervised usually by a Director of Nursing or Assistant Director of Nursing. After implementation the consultant visited once every 6 months to assure fidelity of the intervention.

Namaste was the name chosen for this program because of its meaning. It is a Hindu term meaning "to honor the spirit within" and thus recognizes the importance of honoring those who have lost the ability to tell us their rich history. Namaste Care honors residents who participate in the program as unique individuals who deserve excellent loving care. The program recognizes that the body and the spirit need to be nourished; this is offered through engaging residents in meaningful activities.

Residents who participated in the Namaste Care Program started their day with morning care, breakfast, and grooming after their meal. They were then transported from their particular unit to the Namaste Care room by the nursing assistant responsible for their care. In this study, 4 facilities designated a room that was only used for Namaste Care and was decorated with soft colors and had a homey feeling. In 2 facilities the room was also used for other purposes such as dining, and the room was transformed by lowering the lights, putting soft soothing music on, and infusing the room with the scent of lavender. The Namaste carer, usually a nursing assistant, greeted each resident by name and welcomed them to Namaste Care. Residents who were in wheelchairs were transferred to comfortable lounge chairs and soft quilts were tucked around them. If they had uncomfortable shoes on, their shoes were removed and soft slipper socks were placed on their feet. Residents might also have small pillows placed around them to ensure comfort. The Namaste carer constantly monitored residents to make sure they were comfortable and notified nursing if a resident showed any indication of pain.

When the majority of residents were in the room, the Namaste carer began to provide activities of daily living (ADLs) as meaningful activities. Each "activity" was offered in a slow, caring manner with the carer talking to the resident throughout the process. For instance, before clipping fingernails their hands were placed in a basin of warm lavender-scented water with the Namaste carer talking to the residents as their hands were soaked. After the hands have been soaked the nails were cleaned and clipped thus making the task of nail care a meaningful activity. Each resident had their face washed and their skin moisturized. The women seemed to react favorably to the scent of Ponds Cold Cream, a product many of them used when they were younger. The men responded in the same manner to the scent of Old Spice. A resident's hair might have been brushed or combed with gentle, smooth strokes if this was something they enjoyed. The Namaste carer was

constantly talking to them perhaps reminding them of how pretty or handsome they look, this dialogue usually produced happy smiles.

Beverages were offered throughout the morning to help eliminate dehydration, a risk for people with advanced dementia. The program also used lollipops for residents who were not at risk of chocking. They appealed to their "sweet tooth" and help keep the residents mouth moist. A variety of juices, orange slices, puddings, and ice cream were other beverages and snacks that were helpful to increase calories and provide pleasure.

Other activities that took place during the day included DVDs of nature such as a rain forest, or scenes of the sea shore. Some residents were also comforted by holding a "life like" stuffed animal. Women liked puppies, kittens, and rabbits while men preferred holding large dogs. Carers reported that residents stroked their animal friends and even residents who have stopped speaking, "talked" to their pets. Seasonal items were introduced like lilacs in the spring, a variety of flowers in the summer, colorful leaves in the fall, and clippings from fir trees in the winter. One Namaste carer went out in a snow storm to bring a basin of snow for the residents to touch. False teeth that chatter brought smiles and 1 Namaste Care had a clown nose and blew bubbles that usually produced chuckles.

Thirty minutes before the residents began to leave the room for toileting and lunch, the lights were turned up, music became livelier, and the mood shifted to help wake up residents and stimulate their appetites. Their assigned nursing assistants took their residents out of the room for lunch. The Namaste carer thanked each resident for being with her and invited them back after lunch. When all the residents have left the room, it was cleaned and the Namaste carers left for lunch and then were often assigned to help feed residents.

The majority of residents returned to the Namaste Care room after lunch. If the residents were at risk of skin breakdown and they needed to be repositioned, they were returned to their rooms for a nap. The afternoon routine involved soaking residents' feet and massaging them with lotion, or range of motion exercises with music. Families often visited in the afternoon and some fed their loved one ice cream or a favorite treat. Prior to residents leaving the room for dinner, lights were turned up and music became more "up beat" to wake them up in preparation for the evening meal. The Namaste carer completed any required paperwork and prepared the room for the next day.

Data Collection and Analysis

Minimum Data Set forms were completed by charge nurses and other staff involved in residents' care. Information obtained from the forms included age, memory, decision-making skills, indications of delirium, understanding, indicators of depression, anxiety, sad mood, mood persistence, behavioral symptoms, eating ability, pain symptoms, accidents, stability of conditions, weight change, days receiving psychotropic medications, and restraints. From this information we calculated MDS Cognitive Performance Scale,[5] MDS Depression Rating Scale,[6] and total number of delirium indicators. We also used the information to calculate MDS Challenging Behavior Profile,[7] but were unable to calculate the Conflict subscale because we did not have information about "conflict or repeated criticism of staff." Information before enrollment in the Namaste Program and after enrollment was compared by paired Student *t* test using SPSS 16.0.

Results

The participants were mostly female (80%) and white (99%). They were 84.5 $\pm$ 7.1 years old (mean $\pm$ SD), with a range of 68 to 103 years. According to CPS scores, 1 participant was borderline intact, 2 had mild impairment, 23 had moderate impairment, 23 had moderately severe impairment, 14 had severe impairment, and 23 had very severe impairment. However, none of the residents was rated comatose. Before Namaste enrollment, 11 residents were considered to have end-stage disease, evaluation after start of Namaste indicated that this number increased to 18. This change was not due to occurrence of an acute episode or a flare-up of a recurrent or chronic problem. The number of days between first evaluation and enrollment in Namaste care was 44.7 $\pm$ 35.0 and the number of days between enrollment and the second evaluation was 83.6 $\pm$ 48.9.

There was no difference in depression scores before and after enrollment. However, only 8 residents had a score larger than 2 and would be considered depressed and 3 of them were not treated for depression. There were also no significant differences between behavioral symptoms before and after enrollment in the whole study population. However, when only residents who had withdrawal or reduced social interaction were included in the analysis, the Interest subscale of the MDS Challenging Behavior Profile was significantly decreased after enrollment (3.27 $\pm$ 0.30 vs 2.00 $\pm$ 0.47, n = 11, $P = .046$),

indicating less impairment in social interaction. There was also trend for decreased score of the Agitation subscale of the MDS Challenging Behavior Profile after Namaste enrollment in residents with CPS score 1-3 (1.04 ± 1.25 vs 0.81 ± 1.27, n = 26, $P = .18$), while much lower level of agitation in residents with CPS score 4-6 was not changed (0.40 ± 0.69 vs 0.50 ± 0.89).

There was also a trend for a decrease of the total indicators of delirium after enrollment (2.52 ± 1.94 vs. 2.35 ± 1.88, $P = .079$). When individual items were compared, we found that ratings for "periods of restlessness" and "periods of lethargy" were unchanged. When these 2 items were deleted, there was a significant decrease of ratings of the remaining delirium indicators after enrollment (2.00 ± 1.53 vs 1.81 ± 1.51, $P = .02$).

Comparison of administration days for psychoactive medications did not find any differences for antipsychotics, antidepressants, or hypnotics, but a significant decrease in the days when antianxiety medications were administered (0.80 ± 2.18 vs 0.49 ± 1.79, $P = .035$). This difference was caused by 11 residents receiving antianxiety medication before Namaste enrollment and only 6 residents receiving this medication after enrollment. There was also slight decrease in number of residents receiving antidepressants (54 vs 52) and a decrease of number of days when hypnotic medication was administered to 1 resident (4 vs 1).

Discussion

The results of this study indicate that involvement in Namaste Care improved interest in the environment. For residents who are withdrawn or have reduced social interaction, the study showed that participating in the program had decreased some indicators of delirium, and decreased the need for administration of antianxiety medications. This evidence supported Namaste carers' reports regarding an improved residents' condition. We believe that the peacefulness of the room and the individualized person-directed care helped residents feel comfortable and less stressed. Resident wishes were respected and ADL "activities" were only provided when the resident indicated their approval. The soothing and unhurried approaches used by the Namaste Care may have been responsible for the decrease in antianxiety medication. When residents spent the majority of their day in the Namaste Care room, they tended to be calmer and medication could be eliminated or decreased.

Occasionally residents who may not have advanced dementia benefited from the calming atmosphere of the Namaste Care Program. Residents with advanced Parkinson disease, emphysema, and other terminal illnesses have reacted favorably to the program, often surprising staff with words or "body language" that showed they were enjoying themselves. For this population the program may have simply provided eye contact and a smile or holding the hand of the Namaste carer. This program has also been helpful for residents who become agitated in a traditional activity and calmed down when taken to the Namaste Care room.

Person-directed care[8] is the trend in nursing facilities and is part of the culture change movement that is now expected by consumers as well as surveyors. The Namaste carer is knowledgeable about each resident's history through reading the social history and activity interest assessment as well as by talking to the care staff and the residents' family. One resident, Betty, was known as the "social butterfly" in her community, often having lunch with friends dressed in white gloves and a hat. Almost to the day she died, Betty was taken to Namaste room where she was outfitted in a hat and gloves. Although her speech was severely impaired, Betty basked in the compliments about her appearance. Because EPOCH nursing facilities usually offer 3 programs; one for the alert residents, "The Club" for residents with moderate dementia, and Namaste Care, staff was able to transport or accompany residents to the program that was appropriate for them on that day, thus meeting the needs of the individual resident on a daily basis.

The decrease in indicators of delirium appears to be due to residents being less distracted. They have less periods of altered perception or awareness of surroundings, less episodes of disorganized speech, and less variability of mental function during the course of day. We believe that the use of seasonal items and the fact that the Namaste carer was constantly explaining what she was doing, or talking about the day, was the reason for these findings. Residents also became comfortable with the "feeling" of the room and the Namaste carer who is usually the same person 5 days a week became a familiar person in their lives. The Namaste carer knew what pleased the resident and what helped them to feel contented and relaxed. We also believe that unless the resident has a physical problem and have to be put back to bed, they have a higher quality of life napping in the Namaste Care room where they are not isolated.

Families reported that going to the Namaste Care room has improved the quality of visits. They talked to staff and other family members when their own loved one no longer recognized them and had lost the ability to communicate. Prior to Namaste Care, families felt that their visits were not productive and that they could not do anything for their loved one. Now, they had the Namaste carer to talk with and they were invited to do something special that their family members enjoyed like brushing their hair or feeding them special treats. This has helped families feel that they do not have just to sit beside the person desperately trying to get them to recognize them or say something.

Namaste Care seems to increase awareness of impending death for residents with advanced dementia indicated by an increase of number of residents considered to be in an end-stage disease. This awareness may make the dying process of residents easier for the families and staff. The increased awareness of impeding death may also result in more residents receiving hospice care.

There are several limitations of this study. We compared MDS data only of residents enrolled in Namaste Care and did not include any control group. However, it was not possible to include a comparable control group in these facilities because all residents who were deemed suitable for Namaste program were enrolled in it. Thus remaining residents would not form a comparable group. Another limitation was that MDS raters were not involved in Namaste Care and might have based their ratings on behavior of residents when they were not in Namaste Care. However, they did not know that Namaste Care is being studied and, therefore, could not bias their ratings. Final limitation is that the baseline data were collected from the last MDS completed before initiation of the program. Because this period was between 10 and 80 days it was possible that the condition of the resident changed between the MDS completion and program initiation.

In conclusion, results of this study indicate that Namaste Care program is beneficial for individuals with advanced dementia but may also include some other residents. The benefits are improved interest in environment in those residents who are withdrawn or have reduced social interaction, decreased indicators of delirium, and decreased need for antianxiety medications. There is also suggestion that Namaste Care may reduce agitation in less severely demented residents. Namaste Care program can be implemented with little expense and provides special programming for residents who may not benefit from a standard activity program. It also helps lift the burden for families who feel that nothing more can be done for their loved ones. Namaste Care shows that residents with advanced dementia can continue to live with quality in their lives until the end of their lives.

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