Scaling Evidence-based Training Approaches to Honor the Dignity of Risk in Long-Term Care Settings for Sustainability

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Dignity of Risk Symposium

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PennState
Ross and Carol Nese
College of Nursing

Conflict of Interest

- None to Disclose

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Collaborators

Research Participants/Community Experts/NH Communities

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Presentation Objectives

- Connect the concept of dignity of risk to everyday person-centered care practices in nursing homes.
- Explain how DIGNITY offers a novel, evidence-based approach to implementing dignity of risk in nursing homes.
- Discuss challenges and solutions associated with embedding DIGNITY within organizational culture to ensure sustainability.

Dignity of Risk in Older Adulthood

- **Dignity is a basic human trait** that is based internally on self-worth & externally on behaviors of what a person is willing to do or partake in or how they are treated by others.
  - Residents living with dementia are at greatest risk for loss of dignity.
- **Dignity of risk-taking in older adulthood** refers to an individual's personal dignity being expressed, in part, by their ability to remain **autonomous in decision-making**, which may give rise to risk-taking that subsequently **enhances personal growth & quality of life.**

(Ibrahim et al., 2019; , Jacelon, 2004; Torossian, 2021)

Preference-based Person-Centered Risk Engagement Model

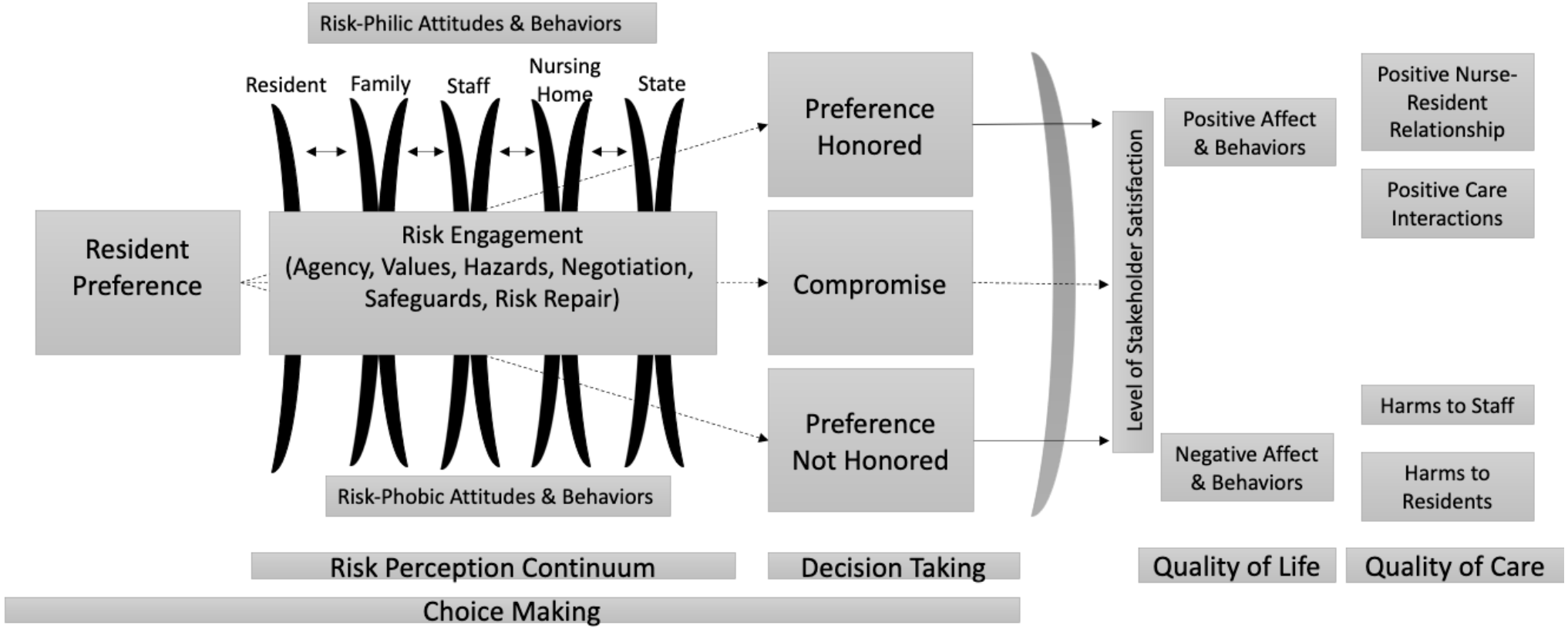
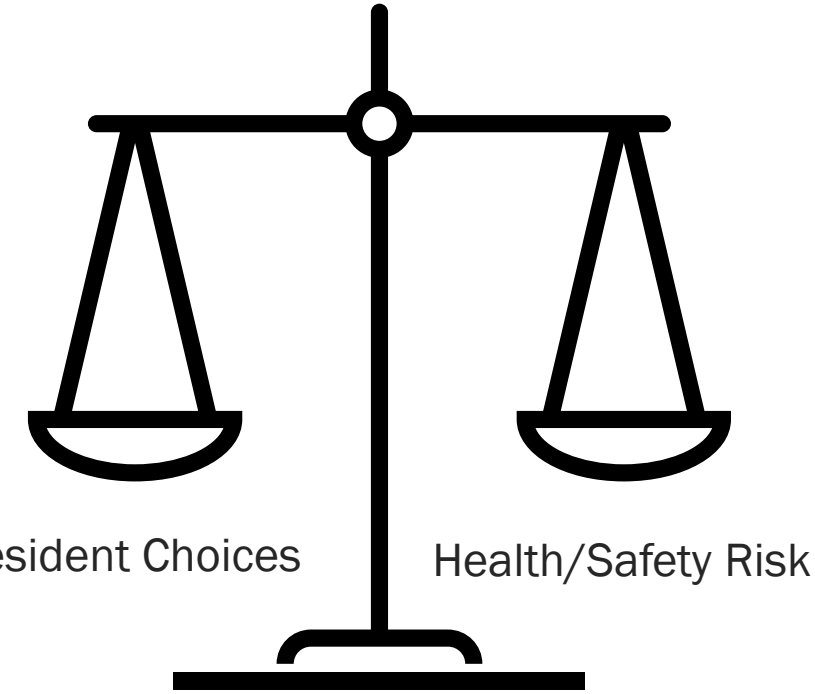


Image from: Behrens et al. (2022). Nursing staff perceptions of outcomes related to honoring residents' "risky" preferences. Research in Gerontological Nursing.

The tension: Safety vs Autonomy

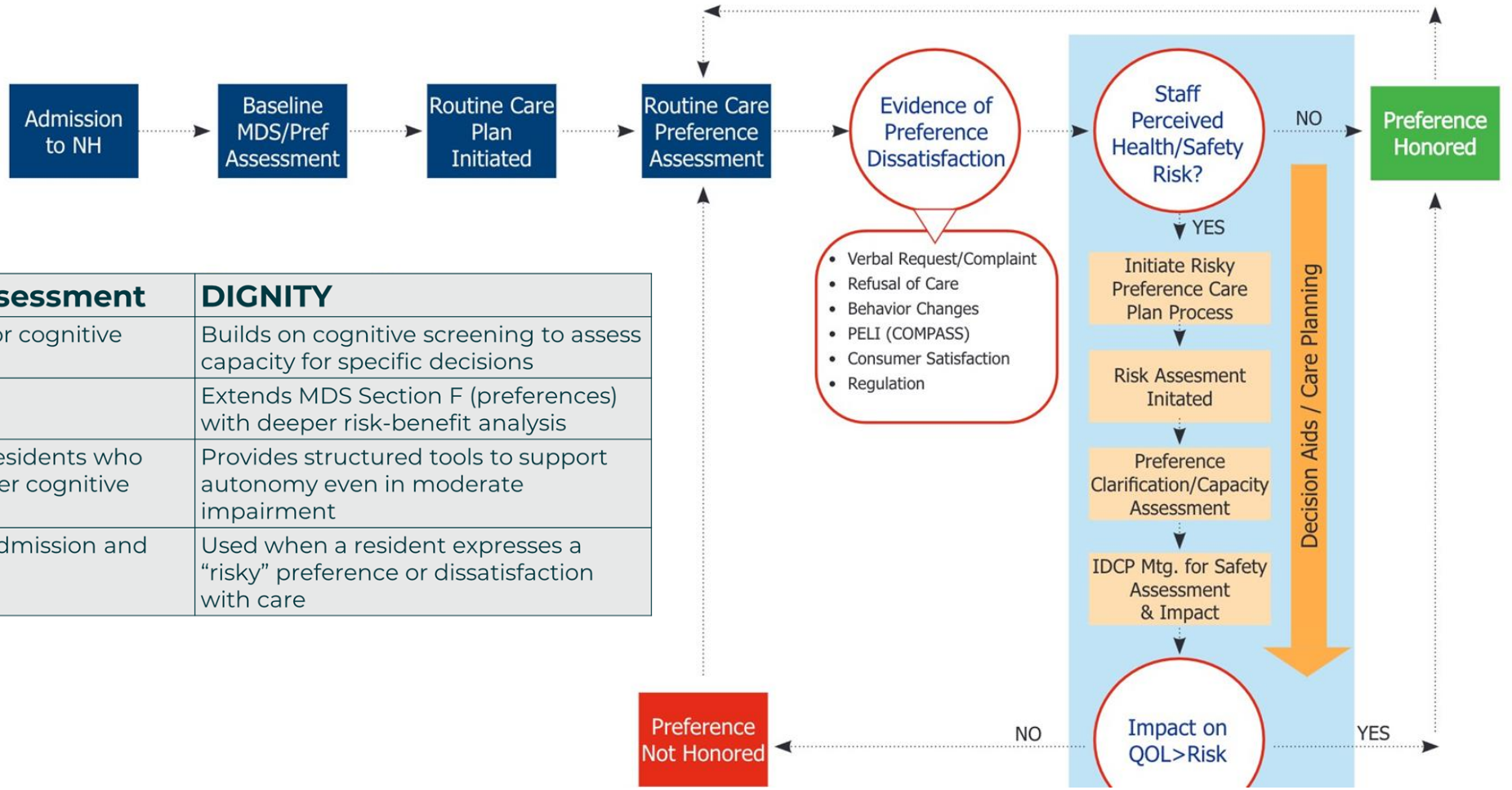
Yes, but…you could fall and get hurt so I can't allow that.

I prefer to walk by myself…

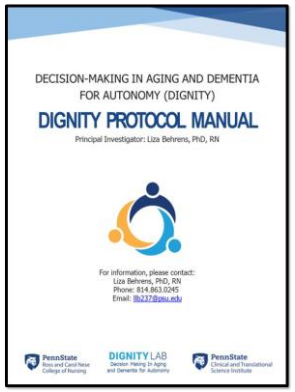


DIGNITY: Balancing Autonomy and Safety in Everyday Care

Routine Assessment	DIGNITY
BIMS Screens for cognitive impairment	Builds on cognitive screening to assess capacity for specific decisions
Part of MDS 3.0	Extends MDS Section F (preferences) with deeper risk-benefit analysis
Helps identify residents who may need further cognitive evaluation	Provides structured tools to support autonomy even in moderate impairment
Often used at admission and quarterly	Used when a resident expresses a "risky" preference or dissatisfaction with care



What is DIGNITY?
(Decision-making in Aging and Dementia for Autonomy)



The **protocol manual** is organized around six core components, each guiding staff through a stepwise and cyclical process for managing resident preferences that may involve health or safety risks.

In-person staff training is designed to build staff self-efficacy, foster a shared understanding of the DIGNITY protocol, and create a culture that honors resident autonomy and dignity, especially for those living with dementia.

Coaching sessions held biweekly focused on real-world application of DIGNITY processes, helping staff build confidence and competence in implementing the protocol.

How Was DIGNITY Developed?

Journal of Clinical and Translational Science

www.cambridge.org/cts

Community-engaged intervention mapping for developing the DIGNITY program: Supporting decision-making in aging and dementia for autonomy in rural nursing homes

Research Article

Cite this article: Behrens LL, Van Haitsma KS, Ryan SL, Crimi KH, Boltz ML, and Kraschnewski JL. Community-engaged intervention mapping for developing the DIGNITY program: Supporting decision-making in aging and dementia for autonomy in rural nursing homes. *Journal of Clinical and Translational Science* **10**: e26, 1–10. doi: 10.1017/cts.2025.10235

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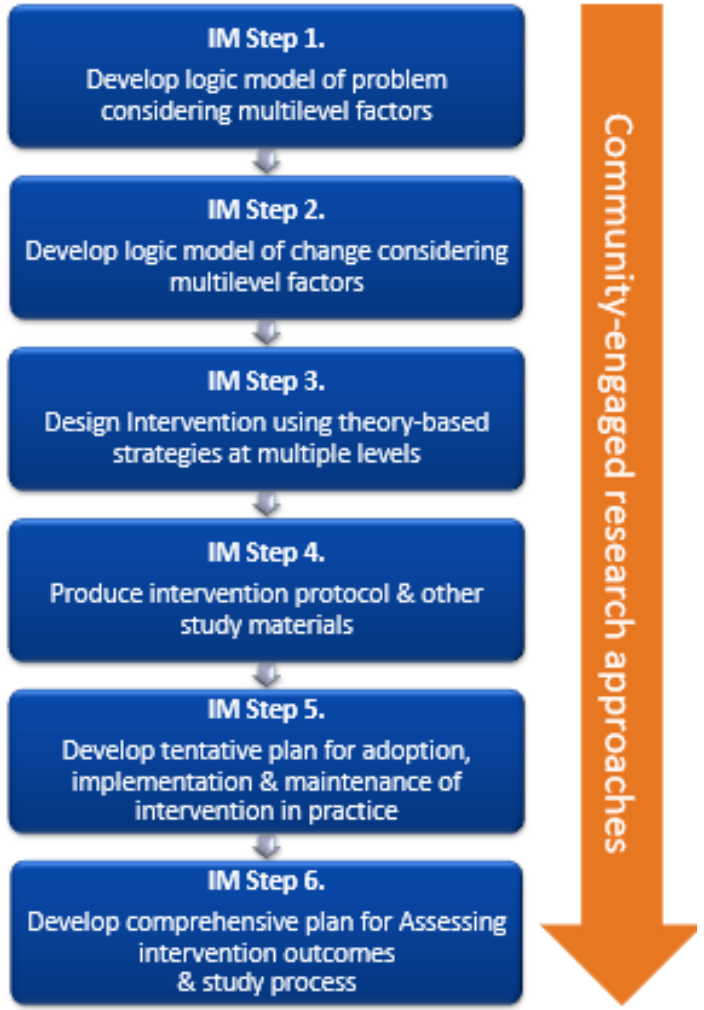
Abstract

Background: Person-centered care that honors individual preferences can improve the well-being of nursing home (NH) residents with Alzheimer's disease and related dementias (ADRD). However, preferences such as going outside independently are often restricted due to perceived safety risks. There is a critical need for strategies that help NH staff balance safety concerns with residents' autonomy. *Materials and methods:* We developed the Decision-making In aGing and demeNtIa for autonomy (DIGNITY) intervention using the Community-Engaged Intervention Mapping (CEIM) Model. This multilevel, theory informed program was codesigned with NH stakeholders to support shared decision-making and promote preference-congruent dementia care. *Results:* A total of 53 stakeholders participated in focus groups and engagement sessions. Feedback informed six key refinements to the DIGNITY program: manual formatting, communication strategies, staff role delineation, addressing resident decision-making capacity, and identifying implementation barriers and facilitators. The final intervention includes a structured manual, decision-making tools, and a training and coaching program to support NH staff in honoring resident preferences while managing perceived risks. *Conclusion:* DIGNITY is a novel, stakeholder-informed intervention designed to support preference-based dementia care in rural NHs. Future research should assess its feasibility, acceptability, and impact on staff attitudes and resident outcomes.



Co-designing to Translate DIGNITY into Nursing Home Culture

11 Community Advisory Board Meetings between 10/4/2022 – 5/2024

Convened stakeholder group (N=14)

Presented draft of DIGNITY Protocol Manual

Conducted 4 interactive– 90-minute focus groups

Cleaned and qualitatively analyzed FG transcripts

Refined protocol manual

Member Checking

Integrated suggested changes into DIGNITY Protocol Manual

Consulted on pilot intervention implementation & evaluation plan

Consulted on intervention implementation barriers & measurement tools

Reviewed study results & consulted on dissemination

Community Engagement Studios

Community Experts (N=39)

Conducted Community Engagement Studios (N=4)

Created Feedback Loop

(Behrens et al., 2026)

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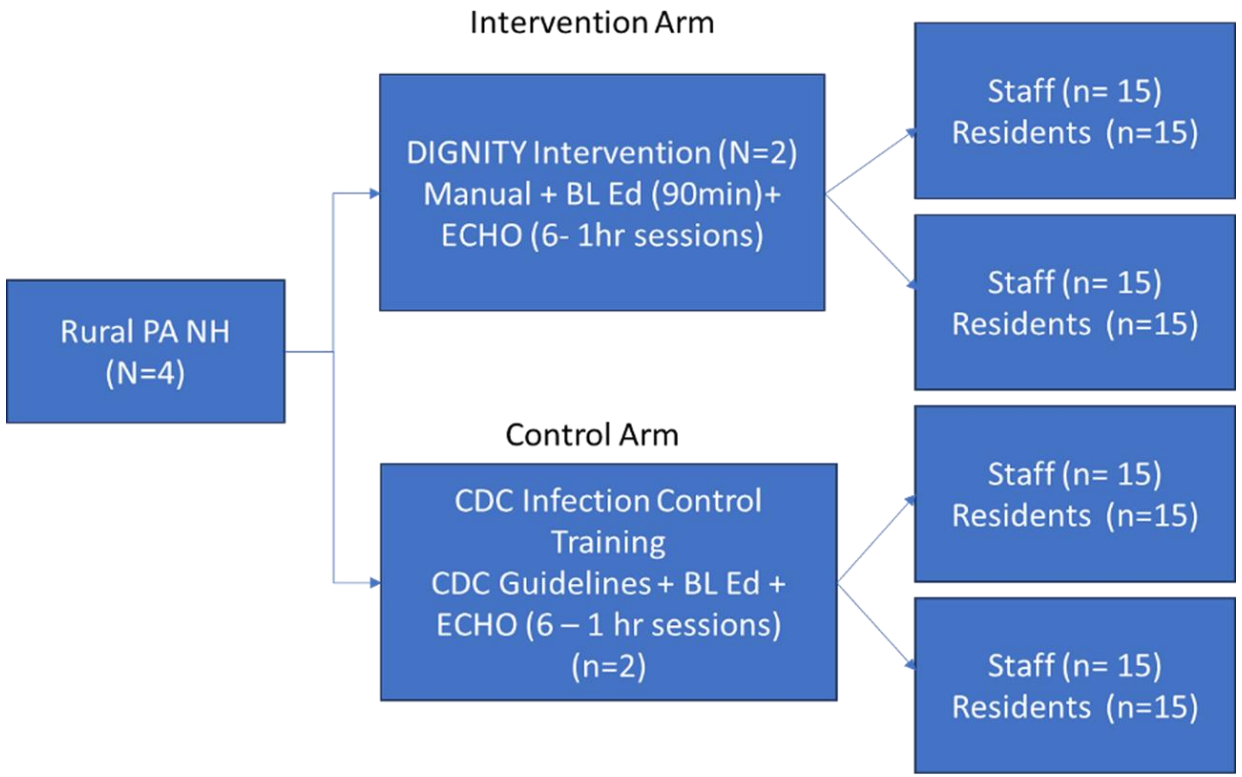
Challenges and Solutions to Embedding DIGNITY for Sustainability

Challenge	DIGNITY Program Refinements to Address the Challenge
Persistent staffing challenges: turnover, limited training, and unclear roles.	• Incorporated structured staff training focused on dementia care. • Included clear Standard Operating Procedure • Added incentives for staff participation in training such as continuing education credits and small tokens of appreciation.
Equipment and space constraints limited preference-based care, highlighting the need for alternative training and quick-reference resources.	• Included practical tools—such as the Risk & Impacts Worksheet and Decision-Making Capacity Assessment—that can be adapted to resource constraints. • Manual revised to shorten it, improve color and organization, and provide alternative learning formats such as case studies and links to training videos. • Included cut-out decision support pocket cards as a portable staff resource.
Limited interdisciplinary collaboration across leadership, staff, residents, and families highlighted service gaps; communication was identified as essential to address them.	• Integrated Project ECHO-based virtual coaching sessions to provide expert guidance and peer learning.
Balancing autonomy and safety was the primary challenge; stakeholders called for capacity-centered decisions, staff training, and practical tools for common rural risk scenarios.	• Integrated real-world examples of risk scenarios into training manual and coaching sessions. • Integrated recommendations for structured documentation processes to ensure transparency and legal defensibility.

Pilot and Feasibility Testing of DIGNITY



Study Procedures

NHs Enrolled
N=4 NHs

↓

Staff/Resident Recruitment

↓

Baseline Data Collection Staff/Residents

↓

In-Person Staff Education

↓

Bi-weekly ECHO Sessions/Ad Hoc Coaching (12 weeks)

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Post-Intervention Data Collection Staff/Residents

DIGNITY Feasibility in Rural Nursing Home Settings

Construct	Group	Quantitative Results	Qualitative Results	Mixed Interpretations
Feasibility (FIM)	DIGNITY (N=17)	M = 4.0 [SD = 0.66] **staff ratings met pre-defined benchmark** indicating the intervention highly feasible to carry out in NH setting.	NH staff reported the intervention to be feasible and applicable in real-life scenarios. Some feedback suggested to aligning program with facility meeting regulatory standards and adding more hands-on training.	***The intervention is highly feasible overall****, and although participants raised some concerns, those concerns are limited and do not undermine feasibility.*
Acceptability (AIM)	DIGNITY (N=17)	M = 4.2 [SD = 0.65] **Staff ratings met pre-defined benchmarks** indicating high acceptability of the intervention.	NH staff reported appreciation for all intervention components, especially coaching and manual. Some feedback suggested improving case study relevance and reducing handout volume.	***The intervention was highly acceptable,*** *and although staff offered some suggestions, these were minor refinements rather than substantive criticisms.*
Appropriateness (IAM)	DIGNITY (N=17)	M = 4.2 [SD = 0.67] **Staff ratings met pre-defined benchmark** indicating staff perceived the intervention as highly appropriate for its purpose.	Staff reported that DIGNITY aligned with their NH practice and culture change initiatives. Suggestions included tailoring case studies for specific environmental situations and linking them to regulatory standards.	***The intervention is highly appropriate for its intended purpose and setting;*** *the intervention fits well with practice context and staff needs supporting future implementation and sustainability.*

(Behrens et al., Manuscript under review; Proctor et al., 2023; Weiner et al., 2017)

Conclusion and Recommendations

- **Honoring the dignity of risk is achievable across long-term care settings** when training explicitly addresses a specific tension between autonomy and safety that staff are dealing with daily.
  - *Recommendation*: Include staff, residents, families etc. in designing the solution.
- **Sustainability depends on embedding training within everyday practice**, supported by leadership, interdisciplinary communication, and practical tools that fit real-world constraints.
  - *Recommendation: Integrate training into existing workflows and u*se systematic and repeatable methods to develop and change training interventions to suit cultural context.

Take-Home Message

Sustainable dignity-of-risk training requires more than education—it requires *culture change*.

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