More than 20 years ago, Atchinson (1992) described restorative care as care that maximized a resident’s ability; it focused on what an individual is able to do, and it sought to create independence for the older adult. More recently, Galik, Resnick, Hammersla, and Brightwater (2014) have described this concept as function-focused care.

Atchinson (1992) titled her article “Restorative Nursing as a Concept Whose Time has Come.” Interestingly, a colleague and I were recently talking about restorative care. We were asking ourselves, “What if we changed our philosophy of care from resident centered to one that emphasized function-focused resident care?” What impact would such care have on the quality of life for residents within long-term care facilities, and, if we wanted to change our philosophy and practice, how would we do it?

Why change? Several reasons exist. Older adult residents with functional disabilities are at risk for deconditioning and are more likely to have a lower quality of life and experience depression (Kleinpell, Fletcher, & Jennings, 2008). In addition, the culture of care in long-term care facilities is to meet the needs of the older adult through task completion (e.g., dress the resident, take him or her to Sunday hymn group for social interaction) rather than by enhancing their underlying physical abilities. The consequence of such care may strip residents of their remaining competencies.

So for us, function-focused care’s time has come. “What do we do now?” was our next question. Implementation is achieved using the following five pillars: (a) restructure the physical environment; (b) educate staff, families, and residents; (c) establish function-focused resident care goals; (d) mentor staff; and (e) provide administrative support.

We can only touch on these pillars here.

- **Restructure the physical environment.** This pillar includes assessment of the physical space and structure (i.e., height of a chair that may constrain function, location of a bathroom that may impede urinary continence, availability of clear, open hallways in which to walk).

- **Educate staff, families, and residents.** Establishing a function-focused philosophy of care starts by educating staff about what function-focused care is and what the benefits are for residents, staff, and family members. It is important to give staff an opportunity to ask questions and discuss their feelings about function-focused care. For example, some staff...
members may not agree that a 91-year-old man should be encouraged to get up and walk to the dining room although he asks to be fed breakfast in bed.

- **Establish function-focused resident care goals.** Function-focused resident care goals give attention to emphasize intrapersonal factors (e.g., physical problems, such as arthritis, mood, and cognition) and interpersonal ones (e.g., what is said to the resident, the use of verbal praise to perform an activity).

- **Mentor staff.** This pillar includes role modeling desired staff behaviors.

- **Provide administrative support.** Administrative support is related to policies that may increase or decrease function (e.g., use of restraints) and change the language of the facility (e.g., from mealtime to lunch).

This conversation about function-focused care is nascent, but at least it has begun. The amount of time allocated to implementing a function-focused care approach will be greatest at the beginning of the process, but it will taper once it becomes accepted practice.

**REFERENCES**


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