Caring for older people with dementia in hospital
Part one: challenges

Lesley Baillie and colleagues explore students’ experiences during practice placements as part of their university course

Abstract

**Background** Nursing students often care for older people with dementia during placements. The quality of the students’ experience is important.

**Aim** To explore adult nursing students’ experiences of caring for older people with dementia in hospital.

**Method** Four focus groups were conducted at one English university. The data were analysed thematically and this article presents the challenges that students experienced.

**Findings** The hospital’s physical environment and organisational culture, deficits in the knowledge and skills of staff and students, and negative staff attitudes led to students struggling to provide care.

**Conclusion** More dementia-friendly hospital environments and better educated staff will enhance students’ learning experiences. Nursing students require early preparation for caring for older people with dementia.

**Keywords** Challenges, dementia, hospital environment, nursing students, organisational culture

There are an estimated 800,000 people with dementia in the UK (Alzheimer’s Society 2012). Dementia mainly affects older people, so they may have other age-related conditions that precipitate hospital admission (Health Foundation 2011); up to one quarter of hospital beds are occupied by people over 65 years of age with dementia (Alzheimer’s Society 2009). Studies have highlighted shortcomings in hospital care for people with dementia (Sampson et al 2009, Cowdell 2010). Areas of concern include person-centred care, eating and drinking, social interaction, and dignity and respect (Alzheimer’s Society 2009). In 2009, the Department of Health (DH) launched a national dementia strategy, which included an objective to improve the quality of hospital care for people with dementia. However, the Royal College of Psychiatrists’ (RCP) (2011) audit found continuing problems, including insufficient training of staff and an impersonal environment that was not conducive to the needs of people with dementia.

In the UK, pre-registration nursing students undergo 50 per cent of their course in practice placements, often in acute hospitals, so the quality of practice learning is important. Nolan et al (2006) surveyed students about caring for older people and found that they had encountered ageist attitudes and poor care standards in practice. A Norwegian study (Skålvik et al 2010) found that nursing students rarely observed person-centred approaches for people with Alzheimer’s disease in practice. In Australia, Robinson and Cubit (2007) found that
students felt ill-prepared and struggled to provide care for people with dementia in care homes. No studies were identified that focused on nursing students’ experiences of caring for older people with dementia in hospital.

**Aim**
To explore adult nursing students’ experiences of caring for older people with dementia in hospital.

**Method**
At one university in England adult nursing students (n=464) who had experienced at least one practice placement each were given information sheets and invited to complete a contact details form if they had cared for older people with dementia in hospital and were interested in focus group participation. Use of focus groups is an appropriate way of gathering in-depth accounts of people’s experiences (Plummer-D’Amato 2008). Between April and June 2011, 20 second- and third-year students were split into four focus groups, with four to six students in each group. The students’ practice placements were at several different NHS trust hospitals. A research team member led each focus group, using a topic guide with open questions about experiences of caring for older people with dementia in hospital. Follow-up questions were used to elicit more detailed responses or clarify those already made. Each focus group lasted about one hour and was audio-recorded. The focus group recordings were transcribed, then analysed thematically by reviewing all data, applying codes that emerged from the data and developing themes with sub-themes (Patton 2002).

**Ethical considerations** The way in which the study was carried out complied with UK research governance frameworks (DH 2005). The university research ethics committee gave ethical approval and the head of department agreed access. The students completed written consent forms before the focus groups took place. They were reminded that the discussion was confidential. The data were kept securely on password-protected computers.

**Findings**
This article presents the theme of challenges. Inappropriateness of the hospital environment, and deficits in the knowledge, skills and attitudes of staff and students, led to a struggle to provide care, particularly related to nutrition, mobility, and emotional needs and communication. These aspects are presented next, with anonymised quotations from the four focus groups (A, B, C, D).

**Inappropriateness of the hospital environment** The physical environment and organisational culture were perceived to be inappropriate for caring for older people with dementia.

**Physical environment** Students described how patients could not walk freely and safely in the hospital environment. There was also a lack of social space with limited opportunities for interaction and activities: ‘There’s nothing for these dementia patients. They need something to stimulate them and they’ve got nothing at all’ (focus group B).

If patients were isolated, usually because of infection, the situation was compounded: ‘She was in a side room but with no television, no music, nothing […] it was shut off from the ward and then the room itself was shut off as well’ (focus group D).

**Organisational culture** Students discussed how an acute, busy ward was not comfortable for people with dementia: ‘It’s far too scary for somebody with dementia to necessarily make much sense of’ (focus group B).

The organisational culture affected how people with dementia were treated: ‘I don’t feel like they were treated with respect or dignity and I think that’s possibly because of the lack of understanding and also the time constraints, because wards are very busy environments and people with dementia can take a length of time for you to give them their care and a lot of people would become frustrated and wouldn’t bother’ (focus group A).

The priority was to move patients through the system quickly and students described how older people with dementia were ‘bumped from one ward to the next, to the next’ (focus group C). However, occasionally students observed staff challenging bed managers: ‘It’s not in her best interests to be moved and wouldn’t bother’ (focus group A).

Spending time with patients clashed with an organisational culture that valued speed: ‘I’ve been told a few times that “you don’t have time to do that”, it was like “Okay I was talking to the patient while I was helping with this, trying to calm them down a bit” […] there are certain managers who perceive that you don’t have time for that’ (focus group B).

Time was prioritised in favour of acutely ill patients, for example, a student said of an acute medical ward: ‘There were quite a lot of monitored, acutely unwell patients, half an hour obs and things like that, your time has to be with those patients because that’s what the ward is there for and that’s what your priority is when you’re there’ (focus group C).
Deficits in knowledge, skills and attitudes of staff and students

Students sometimes worked with staff who lacked the necessary knowledge and skills: ‘It almost feels like no one has got a clue what to do or what to say’ (focus group B).

‘Lack of knowledge apparently affected attitudes as the nurses: ‘hate caring for people with dementia because they feel so out of their depth’ (focus group A).

Students expressed that although time was an issue, ‘if we’re being honest, attitude was a bit of an issue’ (focus group C). Some students had encountered staff who were ‘very, very enthusiastic’ about caring for patients with dementia (focus group A), but in other wards patients with dementia were ‘treated as second class citizens’ (focus group D) and staff were ‘unwilling to accept confused patients because of the extra workload’ (focus group C). Some staff perceived that these patients did not ‘fit’ in the acute ward: ‘They always see them as a nuisance and “why are they there, there’s nothing medically wrong with them?” [...] the attitude of staff is often that they’re just in the way, there’s more critically ill patients. So they get ignored and left to the end’ (focus group A).

Students considered that staff sometimes failed to see the patient with dementia as a person: ‘I felt that the staff were seeing the illness and not the patient, and they can’t see past the illness and therefore that patient’ (focus group A).

Some students described challenging unacceptable practice: ‘On two occasions I felt it necessary to challenge somebody’s attitude and their behaviour. [...] I went to my mentor, or I went to a senior member of staff [...] this was a trauma orthopaedic ward, with a lot of very old, very vulnerable people’ (focus group A).

Staff delegated the one-to-one care of older people with dementia to students for whole shifts, often without support or guidance. For example, a student on her first placement said: ‘I found it really challenging and I felt, to be honest, quite unsupported from the staff because this lady was very, very active and I really struggled with it. I just didn’t have a clue how to respond to what this lady was saying or anything’ (focus group D).

Students expressed that they, too, lacked the necessary knowledge and skills particularly on their first placement, for example: ‘I felt so totally out of my depth’ (focus group A). Students considered that they needed more preparation, earlier in their course.

The struggle to provide care

Students described at times ‘struggling’ to provide care, which was affected by the environment, and the knowledge, skills and attitudes of staff. The main challenging areas were: nutrition, mobility, and emotional needs and communication.

Nutrition

Students discussed struggling to ensure that patients with dementia had enough to eat and drink. One student described her feelings of inadequacy and lack of staff guidance: ‘You’ve got to feed this patient this meal and the patient is sitting there like, closing their mouth refusing to let anything get in and physically how are you supposed to feed a patient? They’re doing everything they can to refuse and you go back to your mentor, like, “I just can’t do it” and you’re almost considered “another rubbish student”’ (focus group A).

Another student described encountering patients who feared they were being poisoned: ‘It can be quite difficult to get more than two spoonfuls into a patient’ (focus group D). Students recognised that helping patients with dementia to eat often took time and patience, which was sometimes lacking: ‘The staff give up; they don’t encourage them, they think “you’re not taking a mouthful properly”, so they’ve got other things to do’ (focus group C).

Some students described that at mealtimes, patients with dementia were left until last to be helped: ‘Because they took longer and by then their food was cold’ (focus group C).

Mobility

Students experienced difficulties in managing patients with dementia mobilising around the ward, because of concerns about safety and falls. Patients were continually asked to return to their beds: ‘I was told, just get her back into bed, keep putting her back into bed and that wasn’t the answer because she didn’t want to keep going back into bed’ (focus group C).

Safety concerns meant the open nature of acute hospital wards was problematic for people with dementia who wished to walk around: ‘The doors are open and people with dementia need to be watched and they will leave the ward, and they need to have somebody with them’ (focus group B).

Emotional needs and communication

Students observed that providing additional time for patients with dementia was often lacking because the emphasis was on the patient’s physical condition: ‘It’s very treat the physical, very, very treat the physical’ (focus group B). However, students recognised that: ‘It was the emotional care that needs the attention’ (focus group C). Students experienced difficulties in communicating with patients whose behaviour was aggressive, anxious or
Students found that staff focused on specialist care provision, apparently not acknowledging that many older adults needing acute admission have dementia. As in Moyle et al’s (2010) study, patients with dementia who did not need acute care were considered a low priority and ‘a nuisance’ by some staff. These experiences contrast with the concept of valuing people with dementia, which is necessary to promote a person-centred approach to care (Brooker 2004, 2007). Calnan et al (2012) found that staff believed it was the older person who was in the ‘wrong place’ and Calnan et al concluded that acute hospitals discriminate against providing high quality care for older people. Students referred to patients with dementia being repeatedly moved between wards and similarly, Calnan et al (2012) found that often older people with multiple long-term conditions were moved the most because they did not ‘fit’ into any specialist setting. However, moving patients disrupts relationships with staff, which influence older people’s hospital experiences (Nolan 2006, Bridges et al 2010). Students found that patients with dementia were considered to be time-intensive, leading to negative attitudes. Time constraints affected most aspects of patient experience and care delivery, supporting previous research (Nolan 2006, 2007).

As in Cowdell’s (2010) study, the students observed a strong physical care focus and a lack of value placed on emotional care and communication. Some hospital staff were unable to see beyond the person’s dementia and spending time with patients clashed with an organisational culture where speed, acute care needs and physical treatment took priority. The RCP (2011) recommended a whole team and organisational approach to enable all staff to engage more positively with people with dementia, because individual staff cannot alone provide person-centred care. Thus students and other staff who try to adopt person-centred approaches could be frustrated if the ward ethos is unsupportive.

Indeed, Edberg et al (2008) found that nurses who want to do their best for people with dementia were thwarted by factors beyond their control, leading to frustration and sometimes apathy. Students discussed at length issues related to nutrition, indicating that this was a particular concern. The RCP’s (2011) national audit highlighted problems such as insufficient staff to help, not ensuring food choices and food getting cold; the students’ experiences echoe these concerns.

Students repeatedly said that staff were often not knowledgeable or skilled in the care of people with dementia. Other reports have highlighted similar concerns and recommended improved staff...
education (Law 2008, Sampson et al 2009, Cowdell 2010, RCP 2011, Calnan et al 2012). Staff could then better support students’ learning, which is important for preparing the future workforce. Students were asked to care for patients with dementia on a one-to-one basis for a whole shift with minimal support and they described struggling, particularly with communication. Moyle et al (2010) identified that this care approach, termed ‘specialling’, was usually delegated to the most junior staff member so that other staff could focus on patients who were considered a higher priority. However, ‘specialling’ people with dementia was found to be difficult and unrelenting (Moyle et al 2010) and such approaches ignore the recognised complexities of caring for patients with dementia (Chan and Chan 2009, Manthorpe et al 2010).

The students felt that they needed more preparation for caring for people with dementia at an earlier stage in their course. The Alzheimer’s Society (2009) recommended that pre-registration training in dementia care should be improved and published Common Core Principles for Supporting People with Dementia: A Guide to Training the Social Care and Health Workforce (Skills for Care and Skills for Health 2011). At the authors’ university we have redeveloped the way students are prepared to care for patients with dementia in collaboration with partner NHS trusts and the local Alzheimer’s Society branch, and we have incorporated the common core principles across the curriculum.

Conclusion
Older people with dementia are often admitted to acute hospital wards for a range of reasons but the hospital environment and organisational culture may not be conducive to their care. Students in this study found that some staff lacked the necessary knowledge, skills and attitudes to provide person-centred care for patients with dementia, leading to negative attitudes, which were reinforced by an organisational ethos that valued specialist, acute and physically orientated care. It is recommended that universities ensure that nursing students are well prepared and supported throughout their pre-registration education to nurture confidence and positive attitudes towards caring for people with dementia in any setting. Development of more dementia friendly hospital environments and better educated staff will support students’ practice-based education, positively reinforcing university-based educational preparation.

References

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Conflict of interest
None declared

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