Caring for older people with dementia in hospital
Part two: strategies

Lesley Baillie and colleagues describe the creative and flexible approaches that students took during practice placements.

Abstract

**Background** Nursing students often care for patients with dementia during practice placements and the quality of their experience is important.

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

**Method** Four focus groups were conducted at one university in England. The data were analysed thematically and this article presents the care strategies that students adopted.

**Findings** The students’ strategies were: getting to know the person and building a relationship, involvement of families, flexible and creative care approaches, use of comfort and communication.

**Conclusion** The strategies were congruent with person-centred care but students often had to negotiate these approaches to fit in with hospital routines.

**Keywords** Care strategies, dementia, family involvement, hospital environment, nursing students, person-centred care

The students also highlighted the challenges they encountered and these are reported separately (Baillie et al 2012).

**Background**

In the UK, there are an estimated 800,000 people with dementia (Alzheimer’s Society 2012). As dementia mainly affects older people, they may have other age-related conditions that require 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). However, their hospital experiences are not always optimal (Alzheimer’s Society 2009, Royal College of Psychiatrists (RCP) 2011). In 2009, the Department of Health (DH) launched a national dementia strategy that included an objective to improve the quality of hospital care.

Person-centred care approaches originated with Kitwood (1997) and are considered to promote best quality care for people with dementia (Edvardsson et al 2010). McCormack (2004) proposed four core concepts of person-centred nursing: being in relation, being in a social world, being in place, and being with self. He further explains that ‘being in relation’ refers to developing a nurturing relationship between the older person and the nurse, ‘being in a social world’ concerns understanding the older person’s life experiences and their life plan; ‘being in place’ relates to the context for their care, and ‘being with self’ concerns understanding what is important for the older person and respecting their values.

Brooker (2003, 2007) recommended the VIPS framework for describing person-centred care, where V is valuing people with dementia and carers,
I is treating people as individuals, P is using the perspective of the person with dementia and S is a positive social environment.

However, the RCP’s (2011) audit revealed minimal evidence of person-centred approaches being used in hospital wards, with care being generally task-related and the environment non-dementia friendly and impersonal. The RCN (2011) has recently led a DH-supported project to influence and guide the provision of dementia care in acute hospitals.

In the UK, pre-registration nursing students carry out half of their course in practice placements – often in hospitals – so the quality of their learning is important. A Norwegian care home-based study revealed that students rarely observed person-centred approaches for people with Alzheimer’s disease (Skaalvik et al 2010). In Australia, Robinson and Cubit (2007) found that nursing students felt ill-prepared and struggled to provide care for people with dementia in care homes. No studies were identified that focused specifically 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 acute hospital settings.

**Method**
At one university in England adult nursing students (n=464) who had had at least one practice placement 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 participating in a focus group. Focus groups are an appropriate method for gathering in-depth accounts of people’s experiences (Plummer-D’Amato 2008). Between April and June 2011, four focus groups of second- and third-year students were held, with four to six students in each group. Their practice placements had been at several different NHS hospitals.

A researcher facilitated each focus group, using a topic guide with open questions about experiences of caring for older people with dementia in hospital, with follow-up probes. Each focus group lasted about one hour and was audio-recorded. The focus group recordings were transcribed and 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 the study was carried out adhered to 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 anything discussed would be confidential. Data were kept securely on password-protected computers.

**Findings**
This article presents the theme of strategies that students used in their care of older people with dementia in hospital (Box 1). Each strategy is discussed with anonymised comments from the four focus groups (A, B, C, D).

**Getting to know the person and building a relationship** Students recognised the benefit of spending time with patients. ‘They familiarise themselves with you because you’ve spent more time with them, you’ve had conversations with them’ (focus group B).

Personal care provided an opportunity for conversation: ‘When I was giving personal care to patients with dementia, I tended to always ask the patient about their life, what they did when they were little, when they were growing up, where did they live, are they from this area’ (focus group A).

Students also handed over knowledge gained to other staff: ‘I’ve handed over and said, “I’ve been with this patient, they don’t like this, they do like that, he responded to this, he didn’t respond to that, this calmed him down”’ (focus group D).

There were examples where students took time to develop a relationship with patients with whom ward staff were struggling. A former naval captain kept packing his bags and attempting to leave the ward to ‘go to sea’. The student engaged him in conversation about the navy: ‘He started telling me about all the ports and places he’d been; what he had done during his service’ (focus group D).

Only one student mentioned the use of a patient ‘passport’, but the benefits were obvious: ‘She came in with a beautiful book with pictures and words and the kind of things you could point at, so you could communicate with her. So it’s more of a ... similar to a passport, so it had information in there

**Box 1 Strategies used when caring for older people with dementia in hospital**

- Getting to know the person and building a relationship.
- Involvement of families.
- Flexible and creative care approaches.
- Comfort and communication.
for communication and what she liked and what she didn’t like’ (focus group D).

Involvement of families Students gave many examples of family involvement guiding care: ‘What relatives tend to say is “we do that this way at home, that’s how she gets to take her medication so if you do it this way, she tends to respond better to that”’ (focus group B).

Families could advise about patients’ eating and drinking preferences and ways to encourage them to eat. Some families brought in foods that patients liked, which got a good response from patients. However, collecting information about patients’ preferences on admission was not routine on all wards: ‘I have had some families that have been fantastic and if you say, “oh, I’m really struggling with your Mum, every time I give her a cup of tea she throws it” they responded “oh, she doesn’t drink tea she has coffee”’ (focus group D).

There were other examples of a more planned approach: ‘Staff would say [to families], “well, what do they like to eat?” And we’d order a variety of things that the relatives had chosen that they know they liked’ (focus group C).

In another example, a student described finding out a patient’s television preferences but not until a while after the patient’s admission: ‘We said to the relative, what does she like to watch? And she said, “Oh, Murder She Wrote, Diagnosis Murder”, all those sort of things. And she’d been there for ages and they never thought to take her out to the day room so that she could watch something’ (focus group A).

Flexible and creative care approaches Students described flexible and creative approaches to care but they sometimes encountered unease from staff. For example, a student described how a patient with dementia was isolated in the side room due to diarrhoea and vomiting, but ‘it was impossible to keep her in the side room’, which triggered concerns about cross infection.

The student suggested a different approach: ‘I said, would you mind if she sat at the nurses’ station with a cup of tea, because she misses the company, she’s telling you that she’s lonely in that room and obviously I can’t stay in there all the time and she’s happy if she sees us all’ (focus group D).

The ward staff’s initial response was negative but the student reasoned that the nurses’ station could be cleaned. The strategy worked well as, ‘She’d sit at the end of the nurses’ station and there were people coming by, talking to her’.

Another student also questioned routine practices for people with dementia: ‘I think at times, “really, is it going to be such a huge problem if they walk up and down the corridor ten times before they go to bed?”’ (focus group A).

Similarly a student described how she challenged ward routine, when she was asked to wake a patient with dementia for breakfast when he was fast asleep: ‘I thought to myself, this guy hasn’t slept for days and I appreciate that he needs his nutritional intake.’

She suggested to the senior nurse: ‘“I think that as he’s sleeping we can get him his breakfast when he wakes up”, and she agreed with me’ (focus group A).

In another example, a student proposed an approach to encourage a patient who was reluctant to eat, although she was aware that the idea might clash with usual practice: ‘I said to my mentor, “oh, I’ve got an idea, is it okay?” Well, I went and got my lunch and I pulled up a chair and laid the table out... I sat and ate my lunch while she sat and ate her lunch. It was the first full meal that she’d had in quite a while’ (focus group D).

There were examples of initiating activities that patients liked: ‘He was absolutely fine as long as you let him help fold the pillow cases and sheets... He’d found the [linen] trolley at one point that somebody had left and he decided he was going to tidy them up, we thought “okay, if you really like doing that”’ (focus group B).

Another student described singing in the shower with a patient: ‘He’s singing his opera and I’m going, “ooh, ooh”, we’re doing it together, he was having a lovely time. Staff come running in, “is everything alright, is everything alright?”’ “Everything’s fine he’s just having a shower, just having a sing”’ (focus group D).

Students hoped that other staff might learn successful ways of caring from them: ‘Someone can draw a positive and, actually in the long run that [approach] saves time, he becomes calm, everyone else is happy. It only takes someone to think, actually; good method there, and try that themselves’ (focus group D).

Comfort and communication Students discussed ways of promoting comfort, which were often through communication. Focus group C students discussed the need to be calm and keep ‘your tone of voice and facial expression kind’. Students linked comfort with understanding the person, for example: ‘I wanted to do everything within my power to make her feel comfortable so I tried to understand where she was going, what she was doing’ (focus group D).

Students found that a familiar person being present promoted comfort, particularly during visits to other hospital departments: ‘It was good to go with patients to places like X-ray, both with patients with dementia, or confusion, just a familiar face and
just to have somebody that they know and knows them, knows what they like and what they don’t like’ (focus group C).

A student described how a patient’s teddy bear gave comfort: ‘Recently I had a patient who didn’t want to leave her teddy bear, so we wrote in the notes, “make sure the teddy bear goes everywhere with Mrs X”. As long as the teddy bear was there, she was fine’ (focus group B).

Clear information and explanations were also helpful: ‘Just taking their hand and stroking it on the chair – “this is a chair, you’re going to sit on it and then we’re going to get your lunch”’, spending that bit more time with them’ (focus group D). Another student described using reassurance proactively: ‘Every now and again I said “oh, do you know where you are and what we’re doing” and it just seemed to help if it came from me rather than them getting to the point where they became distressed and saying “I don’t know where I am”… all they needed was a lot of reassurance’ (focus group C).

Several students mentioned that music provided comfort: ‘With some patients if you put the radio on a music channel, or like Radio 4, so they could hear a different something then it would keep their attention… it would make the difference to that patient’ (focus group A).

**Discussion**

The study’s main limitation is that the focus groups involved a small sample of self-selected students from one university. However, their practice experiences were in several different hospitals. The strategies described support other research about caring for patients with dementia, although these are often based in residential care rather than hospitals. Students’ experiences of caring for people with dementia are important, as they will influence their future roles as registered nurses.

The strategies described seemed congruent with a person-centred approach, although the students did not use this term in the focus groups. In relation to the VIPs framework for person-centred care (Brooker 2003, 2007), the students recognised that spending time getting to know people with dementia helped them to understand their perspectives and to deliver care to meet their individual needs.

Nolan (2006) argued that acute care staff need to develop a respectful connection with the patient with dementia as a person. In acute hospital wards, there are considerable pressures on time but students could spend more time with patients with dementia as they have supernumerary status and, with support, these are valuable learning experiences.

**Students’ experiences of caring for people with dementia are important, as they will influence their future roles as registered nurses**

Relationships with caregivers underpin person-centred approaches to care (McCormack 2004). Edvardsson *et al* (2010) explored person-centredness in residential care from the perspectives of people with dementia and their families. They found that promoting continuation of self and normality was the core aspect, which included people doing things that they liked and making decisions, for example, about what to eat.

While acute hospital wards differ from residential settings, students adapted routines and helped patients make choices, for example, about moving around, where they sat and what they ate. Sometimes, students had to challenge accepted ward practices. Cowdell (2010) found that some nurses promoted flexible ward routines for patients with dementia but others were more rigid and, generally, the ward routine took priority over meeting individual patients’ needs.

A caregiver who gets to know a person with dementia, is better placed to initiate conversations and meaningful activities (Edvardsson *et al* 2010). Students gave examples of enabling familiar activities, such as listening to music and watching preferred television programmes. Biography or life story work can help staff develop understanding of a person with dementia, but this work is mainly in residential care (Russell and Timmons 2009, Edvardsson *et al* 2010, Kellett *et al* 2010).

McKeown *et al* (2010) suggested that life story work can enable care staff to see the person behind the patient. Carrying out detailed life story work may not be feasible in hospital, however, learning about important aspects of a person’s life is possible. The student who learned that a patient was a former naval officer could understand why he wished to leave the ward and engaged with him in a meaningful conversation.

*Norman* (2006) argued that staff should recognise the individuality and wholeness of patients with dementia in acute settings during initial contact. However, some students’ experiences highlighted that staff on acute hospital wards could more proactively seek information, for example, about food preferences and preferred activities. The RCP (2011) found that only 43 per cent of case notes contained a section for collecting information from families during admission assessments. Only one student referred to a patient bringing in a ‘passport’ with the patient’s preferences and photos.
The Alzheimer’s Society (2010) has produced a leaflet This is Me, with spaces for photos and information, to support people with dementia going into hospital. The RCP (2011) recommended that a personal information document, like This is Me, should be implemented in hospitals. At our university, This is Me is introduced to students at the start of their course and partner NHS trusts are increasingly using the leaflet.

Students appreciated that the families’ knowledge helped them to understand the patient and how best to deliver care. This supports Nolan’s (2006) views about the necessity to work with families of people with dementia. Welcoming families into the care environment promotes a person-centred approach (Edvardsson et al 2010).

However, Douglas-Dunbar and Gardiner (2007) found that carers of people with dementia admitted to hospital experienced poor communication and that their knowledge was often ignored. Similarly, Moyle et al (2010) found that family involvement was ad hoc and left to the family to initiate, with no clear strategy in place.

Edvardsson et al (2010) identified that flexible routines adapted to residents’ needs rather than staff needs promoted a person-centred approach. Several students described flexible and creative approaches to care for patients with dementia in hospital. For example, a student described eating her lunch with a patient on the ward and another student described singing with a patient while in the shower. Singing has been found to enable successful interactions between people with dementia and caregivers during care provision and enhance communication (Hammar et al 2011).

Norman (2006) argued that nursing practice for people with dementia that ‘realises’ rather than ‘constrains’ should be developed and encouraged. The students’ examples indicate that there can be flexibility in hospital care delivery.

Conclusion
Nursing students frequently care for older people with dementia in hospital settings and this article has highlighted the strategies that students adopted during care, providing examples of creative and flexible approaches, even though these had to be negotiated within the confines of hospital routines. Students’ strategies included getting to know the person and involvement of families, which are congruent with person-centred approaches and these are considered to promote high quality care for people with dementia.

There are time constraints in acute hospitals but students appreciated the value of spending time with patients with dementia. If the practice learning environment is supportive to students they will develop their skills and knowledge in person-centred care, and positive attitudes which they can then role model as future registered nurses.

References