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mental health
Nottingham

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A partnership of:



NIHR Service Delivery and Organisation programme



■ Healthcare assistants in wards for people with dementia: insights from participant observation

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- The views and opinions expressed below are those of the authors and do not necessarily reflect those of the NIHR SDO programme or the Department of Health.



From left to right: Joanne Lloyd, Kezia Scales, Simon Bailey

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■ Background

- Developing a workforce with the appropriate skills to provide high-quality dementia care.
- Low status of dementia care work. *Prepared to Care: Challenging the Dementia Skills Gap (All-Party Parliamentary Group on Dementia, 2009)*
- High proportion of unqualified carers.
- Lack of documented evidence about this workforce.

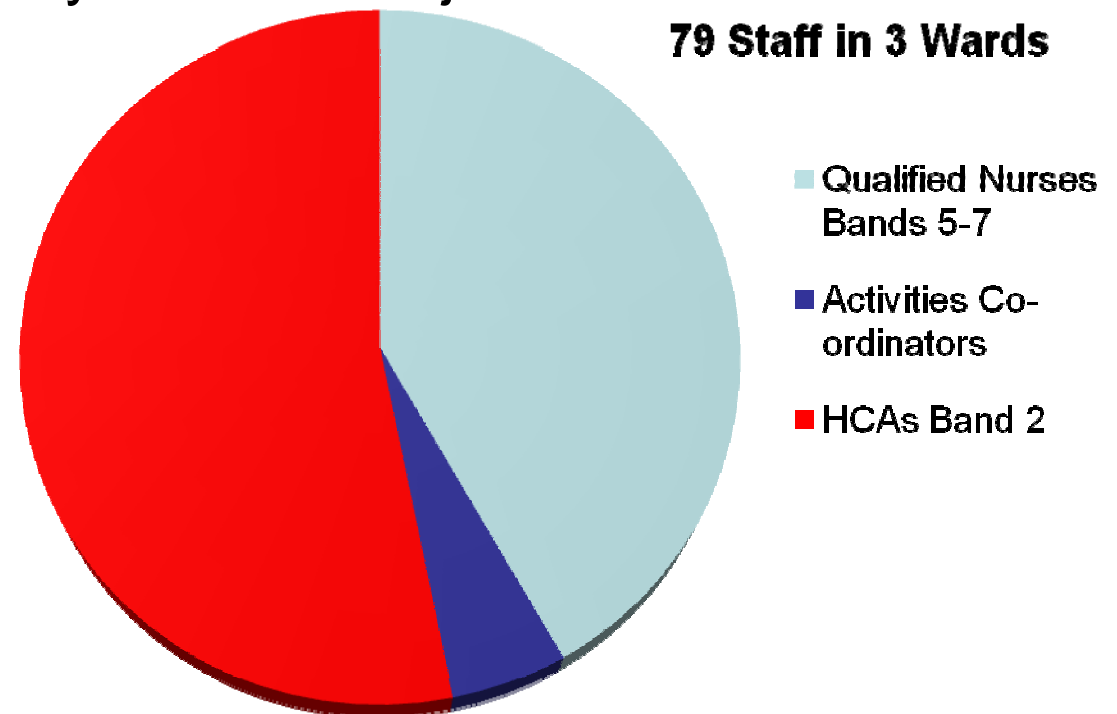
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■ National Dementia Strategy

... recommends prioritising early work on Objective 13:

All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work.

79 Staff in 3 Wards



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■ Methodology

Ethnographic – participant observation in three inpatient dementia care wards in same Trust

Phase 1: 3 months as part-time HCAs

- Collaborative analysis of field notes (NVivo)
- Supplementary data: carers' focus groups

Phase 2: Participant observation (validation); staff focus groups & interviews

- Feedback to staff, publications, final report

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■ Research Focus

- Rewards and challenges
- Stress and coping
- Implications for person-centred care
- Implications for workforce

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First impressions

One of two new patients of today ... suddenly got extremely upset and angry and headed out of the day room with her walking frame looking for the door. HCA/A advised me to stay where I was as the more people who surrounded her the more upset she would get. From the day room we could hear her in down the corridor shouting and hitting various doors and walls with her walking frame. ... I asked HCA/A if staff just get used to dealing with patients like this, and if it just becomes normality eventually. She said “Yes, you get used to it, we’ve had worse than her.”

Day one

The hardest part was witnessing how painful the “toileting” experience is for the patients. P/A in particular, who smiled quite sweetly as we walked down the hall together, began to really panic as soon as we were in the bathroom and she realised that someone was removing her underthings. She gripped my hand more tightly as she began to lash out at HCA/A with her other arm, shouting “no, no, no, I don’t know, I don’t know, no!” and then calling out the names of various people in turn, as if to be rescued.

Belonging to the group

Perhaps I had some rose-tinted perspective today but my combined experiences this morning with P/A, P/B, P/C – almost whoever I had talked to or worked with had seemed happy. It filled me with this real sense of satisfaction and belonging. I wonder how much of it was down to the fact that we were about one staff for every 2 patients – plus the 2 students, who are both really good. All patients were obviously getting plenty of attention.

Student nurses at handover

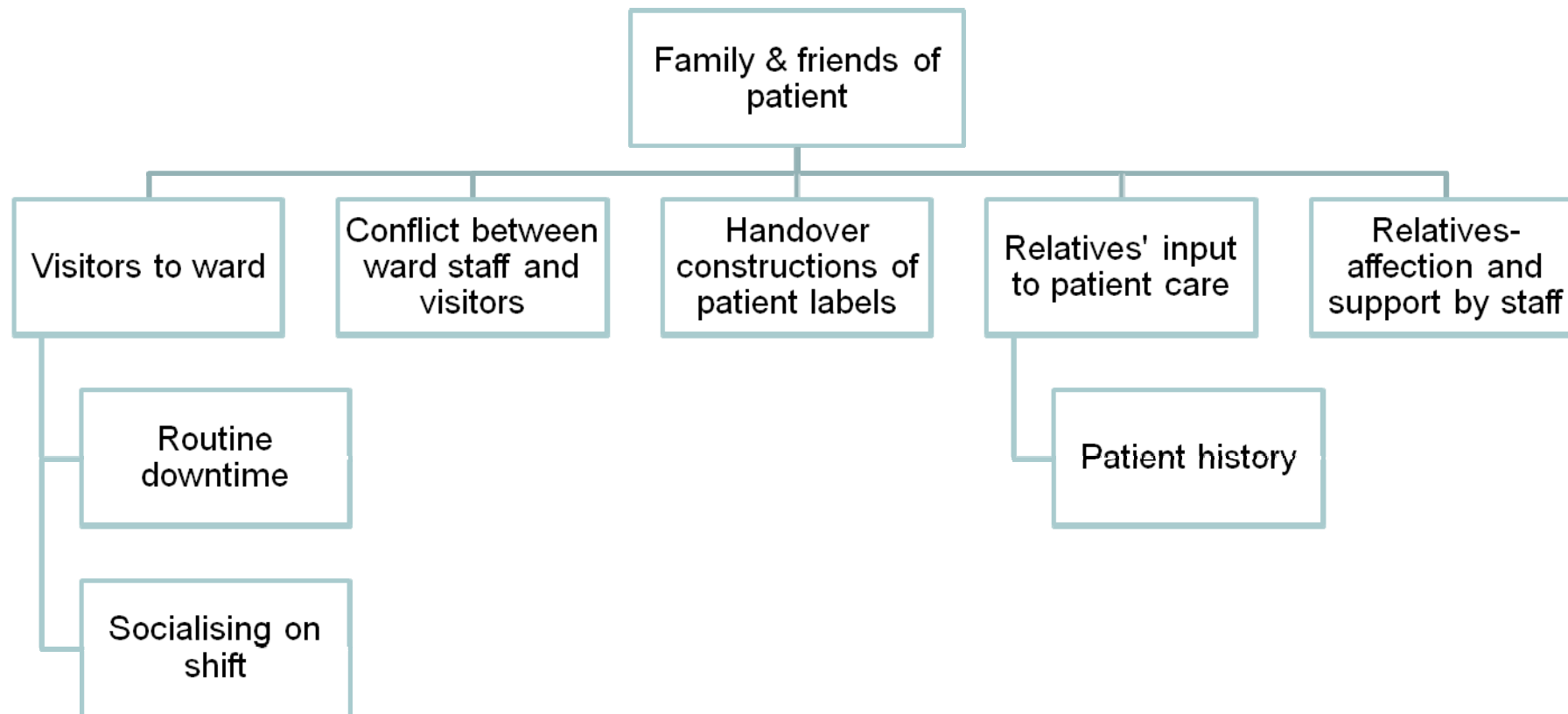
QN/A spoke of a new patient who had become increasingly aggressive at home and had threatened to kill her neighbours and their families. One of the students' eyes widened and all three of the glanced at each other, shortly after staring back to the floor. In contrast, the nurses and HCAs present did not react to this with the terrified looks but with raised eye brows and smiles as they listened to QN/A, who had soon moved onto the next patient.

■ Memo Topics

- Communication with patients
- Staff relationships
- Attachment
- Detachment
- Acceptance
- Job-life interface
- Skills
- Family/friends of patients
- Routine
- Challenging behavior
- Resources
- Rota
- Patient management
- Relationship to Management
- Us versus Them
- Individual in role
- The Team
- Person-centred care
- Shift characterization
- Cigarettes and alcohol
- Methods and approaches
- Suitability of patient

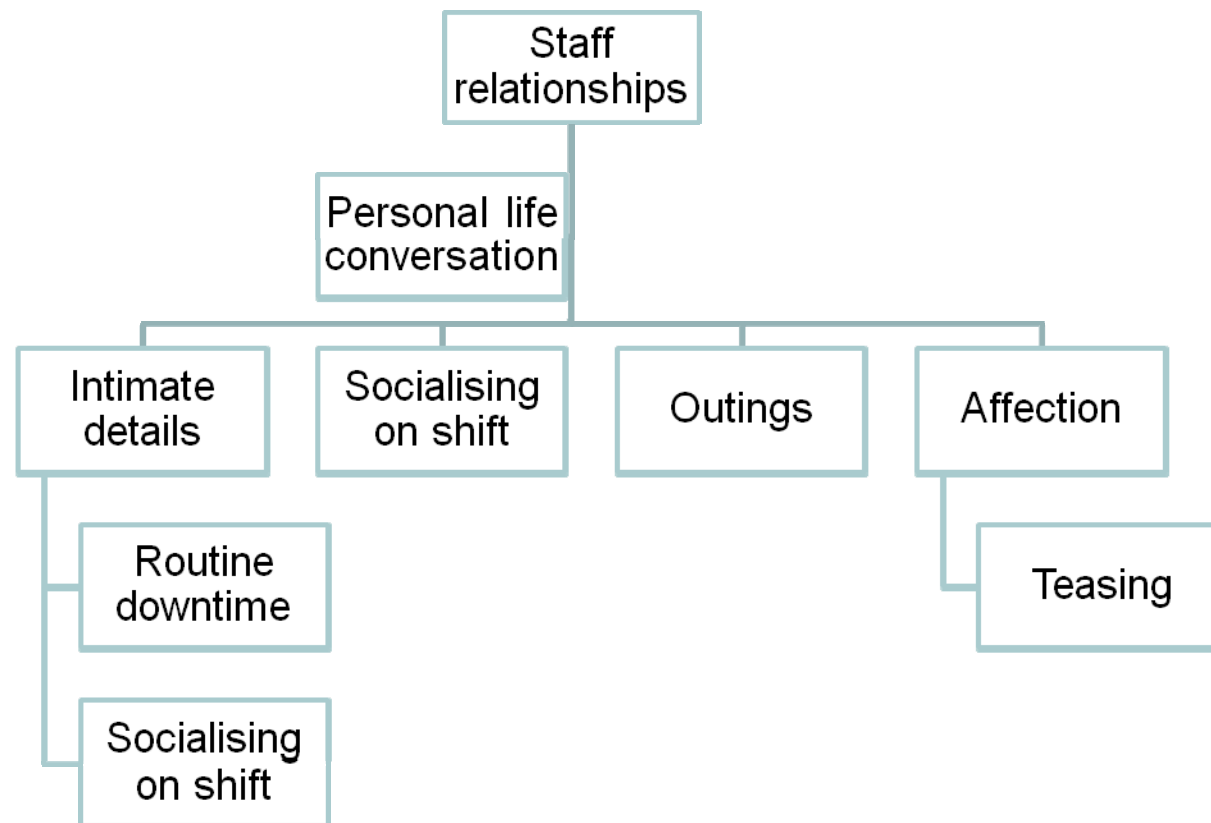
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■ Phase 1 Memo



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■ Phase 1 Memo



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■ Findings

- **Engagement:** recognition of the person beneath the dementia; contribution to positive environment
- **Detachment:** necessary coping mechanism, enabling staff to maintain own personhood and avoid burnout
- **Close relations/team working:** support, recognition & pride enhance staff's wellbeing and capacity to care
- **Distinctiveness:** HCA's unacknowledged expertise, experience and autonomy in stabilising the ward environment

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■ Engagement

- Engagement: the “above and beyond” of care e.g. physical & verbal affection, empathy, humour, recognition of personhood
 - Source of motivation & satisfaction for staff
 - Contributes to positive therapeutic environment

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Engagement

I was standing by the dividing half-wall with HCA/A and HCA/B when P/A shuffled up looking incredibly sad, which is her habitual expression. HCA/A immediately turned to her and enfolded her in his arms, and stood there hugging her while he talked to us over the top of her head. “This one is one of my favourites,” he said. “Top ten. Maybe even top five.”

Engagement

HCA/A was sitting at the computer in the office when P/A appeared at the door behind her and started massaging her shoulders. HCA/A made some comment like ‘ooh that’s lovely’ – she obviously assumed it was a staff member, and we all waited for her to look up and realise, which she did with a little yelp and a laugh – which sent the whole office into peals of laughter. ‘Tell them all to shut up’ said P/A, ‘yeah!’ said HCA/A, giving P/A’s hand a stroke as he continued to rub her shoulders.

■ Detachment

- Establishing mental & emotional distance from patients, e.g. talking over patients, humour
 - Protection against the intensity and potential emotional strain of the job, fatigue, burnout

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Detachment

Several minutes later, HCA/A and I were coming out of the toilet with another patient when HCA/B came down the hall toward us, pushing P/A in her wheelchair and saying with an edge in her voice “don’t ask me to do things I can’t do, P/A”. Then HCA/B looked up, caught our eye, and mimed dropping a hatchet on the top of P/A’s head. “Wanting me to put her out of her misery, shoot her in the head...” she said as she pushed the wheelchair past us.

■ Teamwork

- A tightly-knit community among HCAs
- Pride in expertise of the Team
- Strained relations with those who fail to promote team values

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Teamwork

HCA/A talked about the two times that she has been injured quite badly by a patient, both several years ago – and how difficult it was “to walk back through the door of the ward”, to face the patients again.

When I asked how staff cope with that, HCA/B said they worked together to watch out for and protect each other. “She’ll say, ‘I’ll go and get so-and-so up’, and one of us will step in to say ‘no, you’re all right, I’ll do them’ – you know, to protect her, so that she doesn’t have to work with that patient again.

Deviation from team norms

- ...he then shifted himself away from the team, he didn't want to be a team player, he'd go and make the tea, like at 7 o'clock he'd make the tea but he wouldn't wash the pots because he'd done his bit.
- ...but you've just got to get one or two who can't be bothered and it just brings that team right down and you've got to do that extra work

(Interviews with ward staff)

■ Distinctive contribution

HCAAs are ***managers*** of overall ward atmosphere: the mood, levels of noise, and stress on the ward. They sometimes orchestrate this deliberately and with a view to the interests of patients, staff and visitors.

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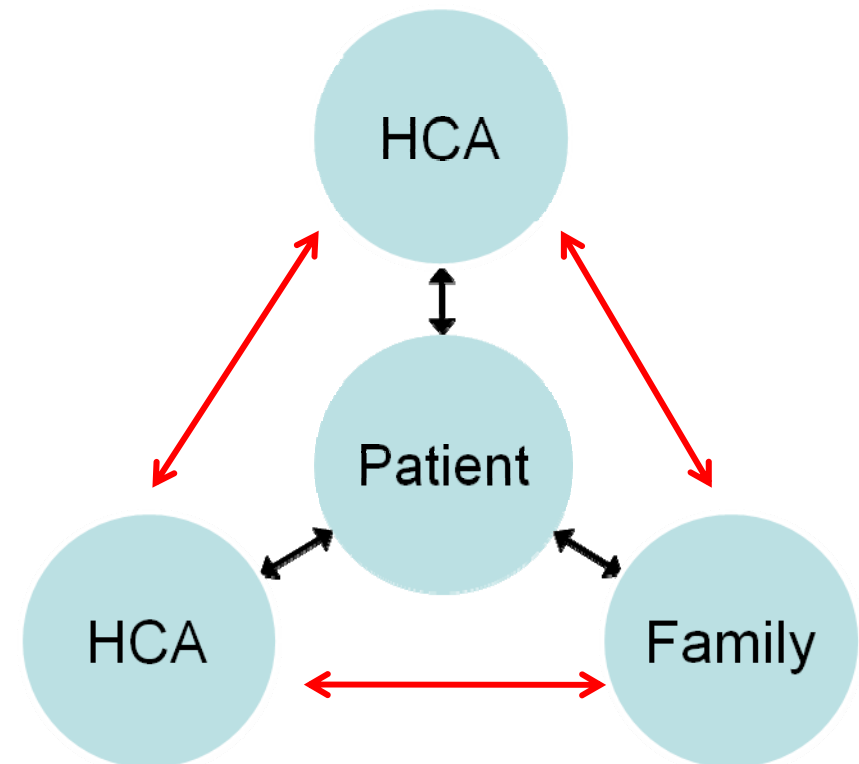
■ How HCAs manage the ward

- Managing patient care in the institutional context: HCAs balance attention to individual patients with the needs of the wider group
- Managing families: HCAs advise and support informal carers, both practically and emotionally
- Sustaining the team: Supporting each other, sharing the workload fairly and defending the team identity
- Managing the ward environment: HCAs directly influence the levels of interaction with patients and general activity on the ward.

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■ Implications for PCC

- Analyses tend towards a relationship-centred model of care. Ideally, this is reciprocal.
- This can incorporate the staff relationships which we found to be so important.
- This model also brings the family into the care dynamic.



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■ Workforce issues

- Do job description, training and supervision incorporate distinctive contributions of HCAs?
- Can their role in supporting families be formalised and encouraged?
- How can patient-related knowledge be shared with clinical staff more consistently?
- Should skills (e.g. supervising other HCAs, liaising with visitors) be recognised in a senior (Band 4) position for some HCAs?

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The play

- Why we decided to commission a play
- How it came about
- Who is involved
- When we hope to see it performed
- What relation it bears to the research

Excerpt from *Inside Out of Mind* by Tanya Myers

Excerpt from *Inside Out of Mind* by Tanya Myers

Mr Gabriel Proust – a patient, unspeaking, but mobile with a walking frame, always trying to escape from the ward.

Magda – a patient, noisy but unseen, agitatedly swearing in Greek, provides the sound-scape for this fast-moving scene.

*Mr. P opens the office door and steps inside. Mr. P stops – he steps outside – stops – steps inside – stops – steps outside – cradles his bag of jelly babies, puts one into his mouth and stops again to consider the flavour. The following scene moves at high speed, overlapping text if necessary: Door at the back of the auditorium (behind the audience) crashes open - * another alarm goes off – this time the red light flashes ‘**inside**’ the office. Mr. P takes keys, trying to work out what to do with them, eventually putting them into his pocket, he shuffles across the stage and exits stage right leaving his Zimmer frame parked in front of the open doorway.*

*SRN Patricia comes hurtling down the corridor shaking a wet umbrella
Behind her a young shy woman (YOUTH) enters also soaking wet and follows
quietly. Youth is the new resident Research worker. In her previous speech Pat
tells the world in general that she has just become a grandmother.*

SRN PATRICIA: Gave her fella a right fright.
 I think he thought she'd pop out
 Ready washed and wrapped in a shroud!

*As SRN Patricia passes the Zimmer frame –
 This is Mr. Gabriel Proust's E type jaguar.*

She moves it out of their pathway.
 Typical man! He parks it anywhere.
 Shouts. Morning Mr. P!
 No trouble for Grandma Pat today! You promise me now?

*SRN Patricia helps herself to a Jelly baby and blows a kiss through to the
empty doorway.*

Entering corridor of lockers: SRN Patricia opens a small locker stage left.

You can have Maisy's locker. She's off sick, though she'll not be back quick, she's 'home caring' her own mother... Hands up to her. It's one thing wiping someone's backside here, But your own mother ...
oh, I don't think so, do you?
I'm sorry: I'm that beat, what's your name again?

YOUTH: Youth. *Pause.* Youth Bailey.

SRN PATRICIA: Youth? In a place like this?
You have got to be kidding me!

Magda's cries become incessant. Youth looks started.

I know. It's frightening when you first hear it.
You'll get used to it. Magda's Greek.
Not much call for her vocab on Kos.
We've had worse though.
She'll wear herself out soon and calm down.
Now. Tea's what we all need.

Next steps

The creation of a piece of live theatre out of a script is a leap no less than the writing of a script out of a set of field notes.

We have been encouraged to be adventurous by the enthusiastic response which many people have shown to the idea of the play.

Tanya's aspiration for the play is shared by all of us: we hope it will speak to people's emotions and help us all to have more compassion for people with dementia and the people who spend their lives looking after them.



Forum Theatre

- an interactive form of theatre that explores different options for dealing with a problem or issue.
- often used by socially excluded and disempowered groups.
- audience is shown a short-ish play in which a central character encounters oppression or an obstacle; the subject-matter will usually be something of immediate importance to the audience, often based on a shared life experience.
- members of the audience can take to the stage and suggest alternative options for how the protagonist could have acted.

■ Acknowledgements

- Trust & ward managers for allowing access to their working environment
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- Stephen Lowe, Dramaturg

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