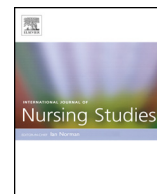




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Healthcare staffs' experiences and perceptions of caring for people with dementia in the acute setting: Qualitative evidence synthesis

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ABSTRACT

Background: Dementia is a global issue, with increasing prevalence rates impacting on health services internationally. People with dementia are frequently admitted to hospital, an environment that may not be suited to their needs. While many initiatives have been developed to improve their care in the acute setting, there is a lack of cohesive understanding of how staff experience and perceive the care they give to people with dementia in the acute setting.

Objectives: The aim of this qualitative synthesis was to explore health care staffs' experiences and perceptions of caring for people with dementia in the acute setting. Qualitative synthesis can bring together isolated findings in a meaningful way that can inform policy development.

Settings: A screening process, using inclusion/exclusion criteria, identified qualitative studies that focused on health care staff caring for people with dementia in acute settings.

Participants: Twelve reports of nine studies were included for synthesis. Data extraction was conducted on each report by two researchers.

Methods: Framework synthesis was employed using VIPS framework, using Values, Individualised, Perspective and Social and psychological as concepts to guide synthesis. The VIPS framework has previously been used for exploring approaches to caring for people with dementia. Quality appraisal was conducted using Critical Appraisal Skills Programme (CASP) and NVivo facilitated sensitivity analysis to ensure confidence in the findings.

Results: Key themes, derived from VIPS, included a number of specific subthemes that examined: infrastructure and care pathways, person-centred approaches to care, how the person interacts with their environment and other patients, and family involvement in care decisions. The synthesis identified barriers to appropriate care for the person with dementia. These include ineffective pathways of care, unsuitable environments, inadequate resources and staffing levels and lack of emphasis on education and training for staff caring for people with dementia.

Conclusions: This review has identified key issues in the care of people with dementia in the acute setting: improving pathways of care, creating suitable environments, addressing

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resources and staffing levels and placing emphasis on the education for staff caring for people with dementia. Recommendations are made for practice consideration, policy development and future research. Leadership is required to instil the values needed to care for this client group in an effective and personcentred way. Qualitative evidence synthesis can inform policy and in this case, recommends VIPS as a suitable framework for guiding decisions around care for people with dementia in acute settings.

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What is already known about the topic?

- Dementia is a global issue that impacts greatly on health care delivery systems.
- People with dementia have specific care needs when admitted to acute settings.
- The acute environment is often unsuitable for the person with dementia.

What this paper adds

- There is a need to create capacity in the ethos, organisation and environment in which care is provided to people with dementia in acute settings.
- This capacity can be created through education, leadership and structural design changes to the acute environment.
- The VIPS framework is suitable for guiding policy exploring ways to improve care for people with dementia in acute settings.

1. Introduction and background

Dementia is a term used to describe a group of disorders that have common symptoms (Cahill et al., 2012a). The most common conditions within this group are Alzheimer's disease and vascular dementia. It is estimated that one new case of dementia is added every three seconds Worldwide (Prince et al., 2015) and, once diagnosed, median survival is 4.6 years (women) and 4.1 years (men) (Xie et al., 2008). The impact on the person and their families is extensive. The global cost of dementia, both financially and in terms of burden of disease, is rising and dementia has become a key health policy priority for many countries (OECD, 2015). In Europe, dementia is estimated to cost €177 billion: approximately €22,000 per person, per year (Wimo and Prince, 2010; Wimo et al., 2011). Until preventive treatments become available, millions of people will live with dementia and efforts must focus on improving their lives and the management of their care (OECD, 2015).

It is estimated that one quarter of people accessing acute hospital services are likely to experience dementia, in addition to the health problem that caused their admission to hospital (Alzheimer's Society, 2009; Cahill et al., 2012b). A person with dementia is more likely to be hospitalised because of their complex needs and perceived risks to their wellbeing (Cunningham and Archibald, 2006). A person with dementia also tends to stay in hospital for longer (King et al., 2006). However, admission

to an acute hospital can exacerbate the effects of dementia because of disorientation and distress caused by separation from familiar people, environments and routine (Department of Health, 2005). The longer people with dementia are in hospital, the effect on the symptoms of dementia worsens; discharge to a care home becomes more likely and antipsychotic drugs are more likely to be used (Alzheimer's Society, 2009). The pace of activity in hospital places high demands on staff and, in these environments, their priority is monitoring and managing the acute needs of all the patients in the unit (Royal College of Nursing, 2014). A survey by the Alzheimer's Society (2009) reported that 77% of carer respondents were dissatisfied with the overall quality of the care provided to people with dementia in acute settings.

Hospital design, staffing and processes should be adapted to better meet the needs of people with dementia and their carers (Travers et al., 2013). The Irish National Audit of Dementia Care in Acute Hospitals (2014) also identified key areas for improvement such as assessment, education, environmental design, liaison services, policy development and review of medication guidelines. Many initiatives are described in the literature that may help in the provision of better quality care. For example, the use of "dementia champions" has been identified as a means of promoting best practice and ensuring that staff are supported and educated in the care of people with dementia (Cunningham and McWilliam, 2006; Crabtree and Mack, 2010; Royal College of Psychiatrists (RCP), 2011, 2013). A similar role is that of dementia nurse specialist (DNS), whose responsibilities include raising awareness of dementia among staff and ensuring the provision of good quality information to people with dementia and their carers (Elliot and Adams, 2011). Further initiatives include resource packs, educational films and online learning packages for staff (McPhail et al., 2009; Dementia Services Development Centre, 2010; Wesson and Chapman, 2010; Howie, 2012; Duffin, 2013). More recently, the Royal College of Nursing (RCN) (2014) introduced the RCN Development Programme aimed at transforming dementia care in hospitals. Positive outcomes for staff included a boost to confidence and morale, and support in developing engagement with carers. In addition, carers of people with dementia felt their relatives were being cared for with more dignity and respect and carers felt more involved in the care activities.

While many exciting initiatives have been described, there is currently insufficient evidence to support their success in terms of outcomes and quality of care. Clarity is needed to establish how care can best be provided to

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