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Interpretations of person-centered dementia care: Same rhetoric, different practices? A comparative study of nursing homes in England and Sweden

Anneli Stranz *, Renita Sörensdotter

Department of Social Work, Stockholm University, 106 91 Stockholm, Sweden

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ABSTRACT

Using ethnographic data collected from nursing homes in England and Sweden, this article analyzes how a person-centered approach to dementia care has been interpreted in two different contexts. Based on typical elements of person-centered care identified in previous research, the analysis examines environmental changes and the way care is performed. A discourse of person-centered care is articulated at both nursing homes, which aim to create a good environment and care practice for people with dementia. Although we found similarities in how good care was understood at the two homes, we also found important differences. The results point by to two types of care atmospheres, such that cheerfulness and activity are underlined at the English home and calmness at the Swedish home. Differences in the environments and practices of a person-centered approach can be related to how ways of giving care in the two homes accentuate two different symptoms of dementia. In the English home, the problem of a shrinking world was stressed and the solution was stimulation. At the Swedish home, problems of agitation and anxiety were stressed and the solution was calm and quiet. These differences are discussed in the light of the role of national policy, resources and the organization of work, which can partly clarify why some aspects of what is good care for persons with dementia are underscored in a specific context and not in others.

Introduction

Approaches to care have profound consequences for both residents and care workers in long-term care facilities (cf. Banerjee, Armstrong, Daly, Armstrong, & Braedley, 2015; Gubrium, 1975; Henderson, 1995). Since the 1990s many residential nursing homes for older people have replaced the institutional task-oriented model of care to one that takes an individualized approach to care as the guiding standard of practice. As a part of this movement, often referred to as 'culture change', the term person-centered care has received widespread attention and is often considered as equivalent to high-quality care (Brooker, 2004; Dewing, 2004; Edvardsson, Sandman, & Borell, 2014). 'Person-centered care' is also upheld as an ideal model of care and services for older people by national authorities in several countries; including Sweden (NBHW, 2010) and the UK (DH, 2009, 2014; NICE-SCIE, 2007).

A person-centered model of care stresses the resident's perspective in defining experiences and needs. The model has several dimensions where interpersonal aspects – such as getting to know the person, participation in care, offering choice and a focus on the relationships between residents and direct care staff – are described as a common lodestar (cf. Happ, Williams, Strumpf, & Burger, 1996; White-Chu, Graves, Godfrey, Bonner, & Sloane, 2009). Person-centered care is typically defined against the dehumanizing effects of routinized and task-oriented approaches to organizing long-term care, everyday care practice and the persons involved. While this negative picture of past approaches is clearly painted, how person-centered approaches to care, in practice and as an

* Corresponding author.

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ongoing process, shape the conditions for everyday care work and quality of life for nursing home residents is less well understood. Ambiguity in the meaning of person-centered care suggests that comparative studies will enhance understanding of how this approach is practiced and how it shapes condition of work and life in different care settings. Following Dewing's (2004) reflections, it is important to recognize whether some features associated with a person-centered approach in elder care are more appropriate to one context than another.

The aim of this article is to analyze how a person-centered approach to dementia care has been interpreted in two different contexts, focusing on how 1) the environment is arranged to be functional for residents with dementia; 2) how caring relationships are performed in relation to ideals of what constitutes good care; and 3) how possible differences may be related to different contextual and organizational factors in each context. The empirical material was gathered through a field study at two nursing homes, one situated in Sweden and one in England.

Person-centered dementia care: central features

A range of terms is used in the literature to describe approaches to care that emphasize the importance of individually adapted elder care services that meet each care recipient's needs and preferences. Person-centered care has far-reaching usage in the dementia care field. The popularity of the term is connected to the continuing attractiveness of Kitwood's (1997) conceptualization of person-centered care, with its emphasis on maintaining the personhood of individuals with dementia. Brooker's (2004) four components of person-centered dementia care are also often used in the literature. These underline the importance of relationships, treating people as individuals, looking at the world from the perspective of the person with dementia, and providing an environment that facilitates well-being.

Although widely used, the term person-centered care has been criticized for being vague. One problem is that it is difficult to ascertain the conceptual comparability of tools used to evaluate implementation of the model. Another is that studies focus on different levels of implementation and there is great variation in the kinds and stages of dementia among the participants (cf. Brooker, 2004; Dewing, 2004; Edvardsson & Innes, 2010; Edvardsson et al., 2014), which also makes comparison difficult. Other researchers have argued that the concept is little more than a political slogan to pinpoint a user-oriented approach to care for older people, without much specific content (O'Dwyer, 2013; Packer, 2003). Overall, while person-centered care has been related to quality of care outcomes in different health- and social care settings (cf. Sjögren, Lindkvist, Sandman, Zingmark, & Edvardsson, 2013; Sloane, Hoeffer, Mitchell, et al., 2004), the complexity and variety of the interventions have made it difficult to measure the impact of person-centered care in nursing home facilities (Brownie & Nancarrow, 2013).

These challenges notwithstanding, research shows that although the process of modeling a person-centered care practice is heterogeneous, there are some typical modifications. The most common features identified include environmental improvement, opportunities for social stimulation and satisfying relationships, continuity through assigning residents to specific care workers, changes in management and leadership to include residents and staff in decision-making, changes to staffing models focused on staff empowerment and an individualized humanistic philosophy of care (Brownie & Nancarrow, 2013; Koren, 2010: White-Chu et al., 2009).

Theoretical framework: materiality and care work

To understand how the environment is defined, as a part of the person-centered approach to dementia care, the term materiality is used. Materiality and bodies are part of all social processes, practices and relations and the material world and humans interact and affect each other (cf. Schiffer, 1999). Objects are a central part of human communication and we can understand materiality as an extension of the human. Materiality is understood to affect us as human beings in our behavior, feelings and thoughts. Bodily interactions with objects can give sensory feelings as well as pleasure in mastering them (Dant, 2005; Schiffer, 1999). In dementia care, different objects have been shown to matter for calmness and meaning (Stephens, Cheston, & Gleeson, 2013). Materiality can, in this sense, becomes part of how the staff deal with symptoms related to dementia, for example, through deploying specific furnishings, decoration and clothes.

Care and care work are multidimensional concepts that can be difficult to define (Anttonen & Zechner, 2012). In this article care work relates to work through which the staff give skilled help to people who are not able to take care of themselves (Wærness, 1984). Following Twigg (2000, 2006) we want to underline that we understand care work as body work in the sense that it is paid work, where the worker interacts with other people's bodies. Care work can also be defined as body work in the sense that the care worker's body is a central tool in the daily work (Twigg, Wolkowitz, Cohen, & Nettleton, 2011). Body work is central for understanding everyday care work and how the bodily needs of the residents and the bodily actions of care workers structure the activities within nursing homes.

While care is embodied and comprises both the residents' and the staff's bodies, it is also important to highlight the *relational* aspect of all the care work performed in residential care: relational work and body work are intertwined. Relational work involves the emotional encounter between the care worker and the care recipient, as well as the encounter between their bodies (Stranz, 2013). In care work the bodies (of both the care workers and the residents) become the raw material through which philosophies of care and materiality are implemented (cf. Lundgren, 2000, Twigg, 2000).

Power, and the disciplining of bodies and materiality to reach certain goals or performances related to an approach to care, are also part of our theoretical framework (cf. Twigg, 2006; Wiersma & Dupuis, 2010). Nursing homes are places where subjects and materiality are disciplined by the discourses within which they are situated, and which cannot be considered separately from their social and economic contexts. In nursing homes for people with dementia, disciplining and surveillance of bodies are often part of the caring practice (Kontos & Martin, 2013). In this article, we assume that discourses of person-centered care shape both materiality and the care performances that take place at the two nursing homes studied.