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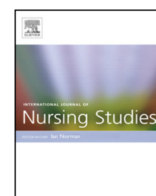

The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families☆

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A R T I C L E I N F O

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A B S T R A C T

Background: Person-centred care has been identified as the ideal approach to caring for people with dementia. Developed in relation to long stay settings, there are challenges to its implementation in acute settings. However, international policy indicates that acute care for people with dementia should be informed by the principles of person-centred care and interventions should be designed to sustain their personhood.
Objectives: Using Kitwood's five dimensions of personhood as an *a priori* framework, the aim of this paper was to explore the way in which current approaches to care in acute settings had the potential to enhance personhood in older adults with dementia.
Design: Data collected to explore the current experiences of people with dementia, family carers and co-patients (patients sharing the ward with people with mental health problems) during hospitalisation for acute illness were analysed using a dementia framework that described core elements of person centred care for people with dementia.
Settings: Recruitment was from two major hospitals within the East Midlands region of the UK, focusing on patients who were admitted to general medical, health care for older people, and orthopaedic wards.
Participants: Participants were people aged over 70 on the identified acute wards, identified through a screeing process as having possible mental health problems. 34 patients and their relatives were recruited: this analysis focused on the 29 patients with cognitive impairment.
Method: The study involved 72 h of ward-based non-participant observations of care complemented by 30 formal interviews after discharge concerning the experiences of the 29 patients with cognitive impairment. Analysis used the five domains of Kitwood's model of personhood as an *a priori* framework: identity, inclusion, attachment, comfort and occupation.
Results: While there were examples of good practice, health care professionals in acute settings were not grasping all opportunities to sustain personhood for people with dementia.
Conclusions: There is a need for the concept of person-centred care to be valued at the level of both the individual and the organisation/team for people with dementia to have appropriate care in acute settings.

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What is already known about the topic?

- Person-centred care is widely recognised as the ideal approach for caring for people with dementia.
- There is a high prevalence of co-morbid mental health problems among older adults admitted to acute hospitals.
- Acute hospital settings struggle to provide care that values personhood and is person-centred.

What the paper adds

- This paper offers insight into the extent to which current practice regarding care for the person-with-dementia in acute settings is person-centred.
- This paper suggests ways in which care could be more person-centred for people with dementia in acute hospitals.
- This paper highlights the ways in which the philosophy behind person-centred care could transform individual actions to recognise a sense of personhood in the acute hospital setting.

Box 1. Conceptual definitions of the domains of personhood

Concept
Attachment
Attachment relates to bonding, connection, nurture, trust and security in relationships.
Inclusion
Inclusion is about being in or being brought into the social world either physically or verbally and making them feel part of the group.
Identity
Identity relates to the need to know who you are and having a sense of continuity with the past. It is about having a life story that is held and maintained either by the person-with-dementia or for them by others.
Occupation
Occupation relates to being involved in activity that is personally meaningful; a sense of agency and having control to make things happen.
Comfort
Comfort is about the provision of tenderness, closeness and soothing and is provided through physical touch, comforting words and gestures. Comfort also includes physical comfort with one's body and a pleasant environment.

Adapted from Brooker (2007), pp. 82–100.

1. Background

The work initiated by Kitwood and Bredin (1991) and developed by others such as Brooker (2003) about person-centred care has had a significant impact on the way many care settings approach their work with people with dementia. Kitwood (1997) in particular challenged the prevailing attitude to working with people with dementia, proposing that the experiences and actions of the person-with-dementia are affected by more than just the disease process. Instead, the dementia experience is the combination of: the stage of neurological impairment; their personal health and fitness level; their personal biography/life history; their personality and coping style; and the social psychology of the environment in which they live. Where there is a negative interplay between neurological and sociopsychological factors, these combine to deny the person-with-dementia a sense of personhood. This occurs as a result of care practices such as infantilisation, intimidation, stigmatisation and objectification which create the 'malignant social psychology' where the individual is depersonalised, invalidated and treated as an object.

The goal of person-centred approaches to care is to respect personhood despite cognitive impairment (Skaalvik et al., 2010). Where the personhood of the individual is recognised and valued, the person-with-dementia is awarded standing and status as a respected and valued social being (Kitwood, 1997). A key feature of settings where people-with-dementia have their personhood recognised is that they experience a sense of attachment, inclusion, identity, occupation and comfort (Brooker, 2007, p. 95, see Box 1). This approach to the care of the person-with-dementia takes time to develop and is usually most easily achieved through consistent longer term relationships with caregivers.

In the UK, the National Institute for Health and Clinical Excellence (2006) embraced the principles of person-centred care and instructed acute NHS Trusts to provide services that 'address the personal and social care needs and the mental and physical health of people-with-dementia who use acute hospital facilities for any reason' (NICE, 2006, p. 11). This was reinforced in the National Dementia Strategy (2009). A similar focus on person-centred care is demonstrated by its prominence in networks to promote excellence in dementia care in other countries, for example the Canadian Dementia Knowledge Transfer Network (Canadian Dementia Resource and Knowledge Exchange, 2013; Dalhousie University, 2012). However, although much work has considered person-centred care in long term settings, relatively little has focused on acute hospitals. This is important because there are factors in acute hospitals that might be expected to be make the delivery of person-centred care problematic because the priorities are rapid diagnosis and therapeutic intervention with short lengths of stay. As part of a wider study (Gladman et al., 2012a,b), this paper reports data focusing on the person-with-dementia using the five domains of Kitwood's model of personhood as an *a priori* framework for analysis with the aim of exploring the way in which current approaches to care in acute settings have potential to enhance personhood in older adults with dementia.

2. Methodology

The main study aimed to provide an in-depth qualitative view of the current experiences of patients, family carers and co-patients (patients sharing the ward with people with mental health problems) during hospitalisation for acute illness.

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