

Improving the Experience of Care for People Living with Dementia in Hospital: Synthesis of Qualitative & Quantitative Evidence

Ilianna Lourida, Ruth Gwernan-Jones, Rebecca Abbott, Morwenna Rogers, Colin Green, Sue Ball, David Richards, Anthony Hemsley, Linda Clare, David Llewellyn, Darren Moore, Iain Lang, Colm Owens, Jo Thompson Coon

BACKGROUND

Hospital services run on the assumption that patients will be able to express their wishes, acknowledge the needs of other patients and move through the system as required. For people living with dementia (PLwD), particularly when they are ill or have had an accident, hospital settings can be confusing, challenging and overwhelming. Trying to improve the care of PLwD while they are in hospital is an ongoing challenge for health providers and there is uncertainty about the best way to do this.

METHODS

We conducted **three systematic reviews** following best practice guidance to explore:

- the **experience of care** in hospital (qualitative studies)
- the **experience of interventions** to improve the experience of care in hospital (qualitative studies)
- the **effectiveness and cost effectiveness of interventions** to improve the experience of care in hospital (quantitative studies)

for PLwD, their family and friends, and hospital staff.

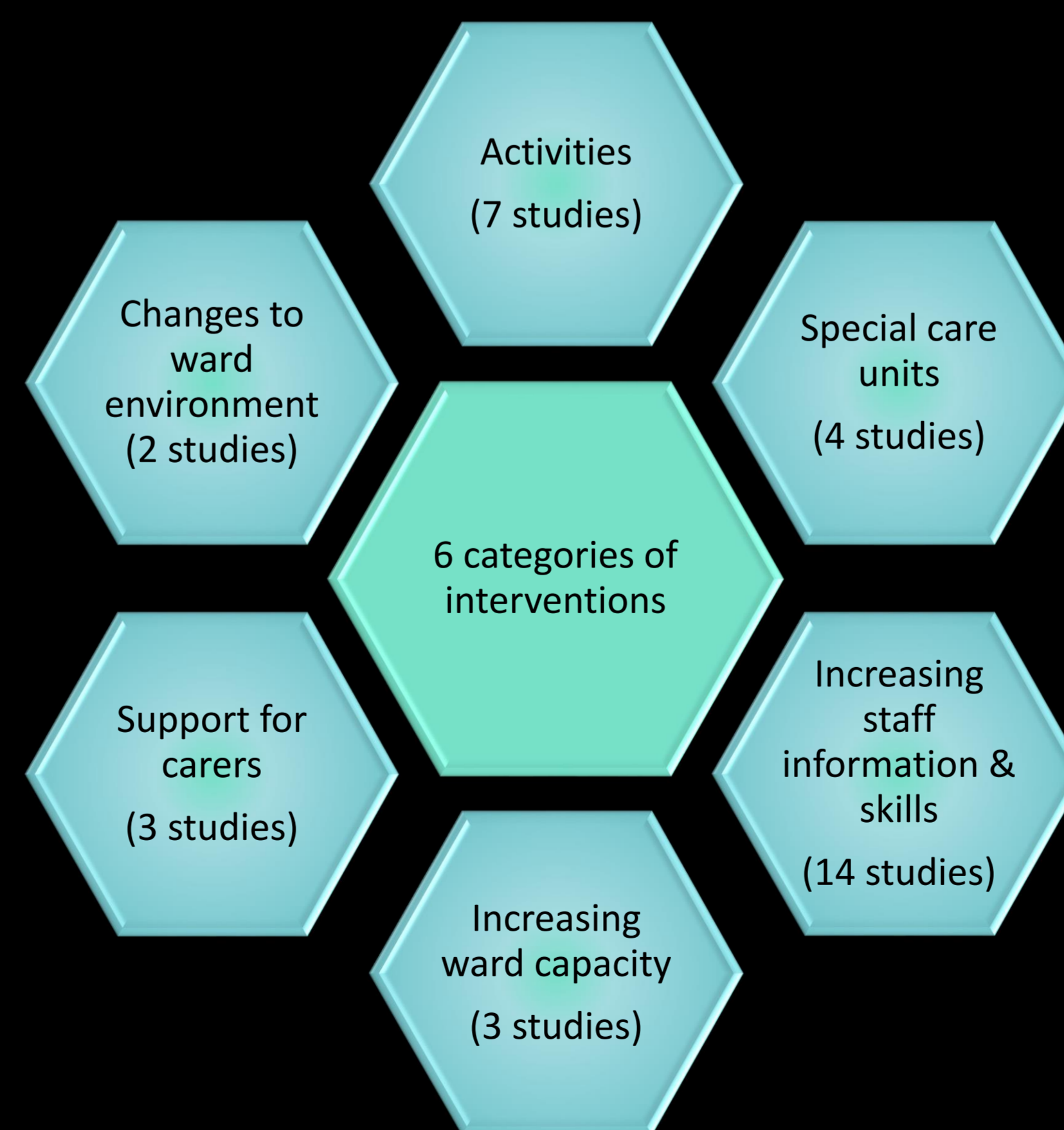
This poster focuses on findings about PLwD and hospital staff.



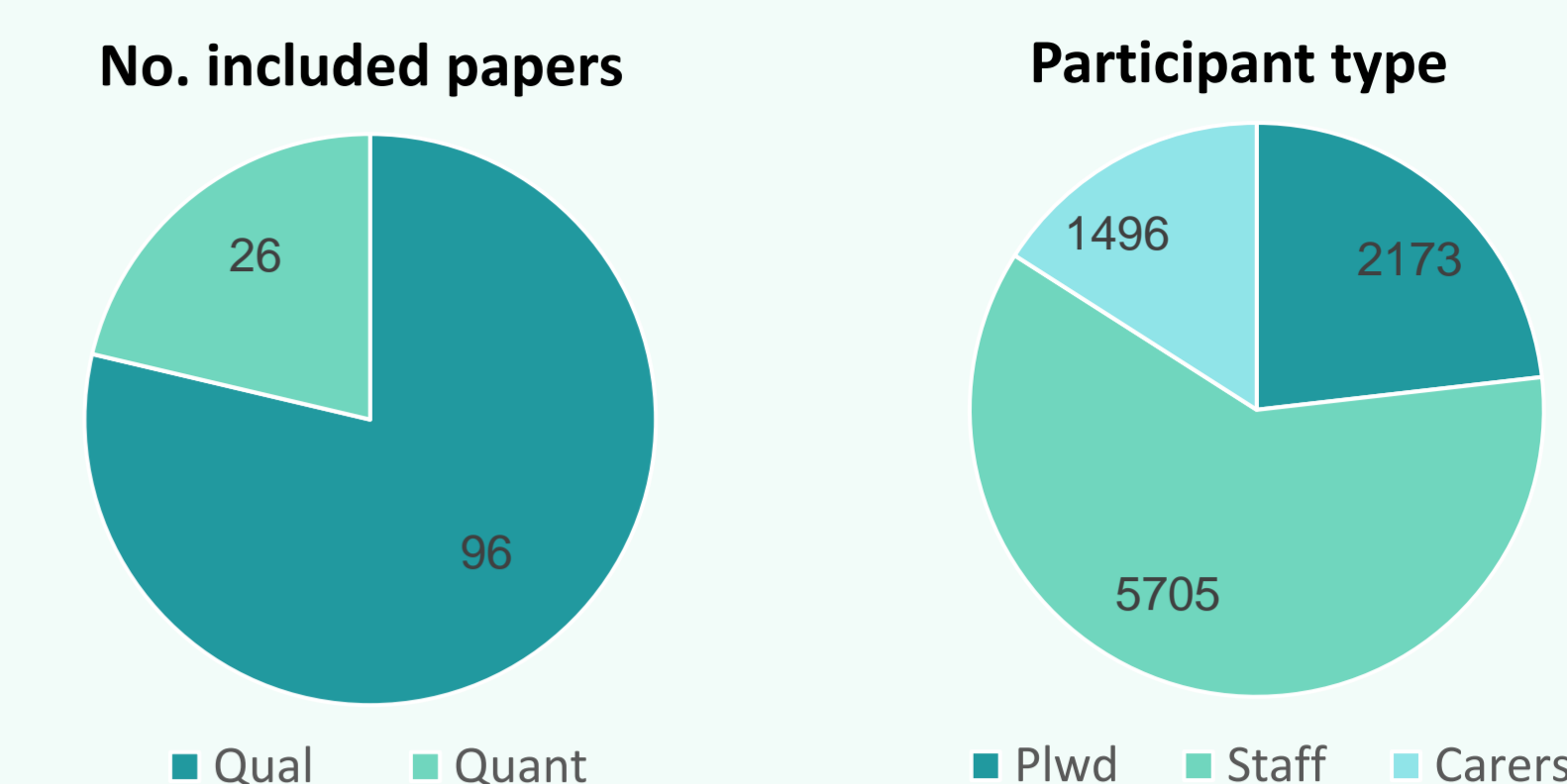
We need **your help** to make sure our findings are as useful as possible – if you are interested in discussing further, please contact us via the study webpage!

At the heart of *care* for people with *dementia* in *hospital* is the *formation of relationships* that help staff *understand* reasons for behaviours of PLwD, *meet their needs*, and affirm patients' status as *people rather than problems*.

This *decreases distress* in PLwD which *enables* staff to provide care, and *improves staff wellbeing*. Such cultural changes to practice only happen with support at *institutional level*.



RESULTS



- Good **conceptual overlap** between quantitative and qualitative studies, but interventions appear to be addressing issues highlighted within the qualitative evidence without evaluating these issues quantitatively

- **Problem:** Hospital cultures structured around routines and task-focused care **compound fear and insecurity** of PLwD, who **respond with behaviours** that prevent staff from providing care. This is distressing for PLwD and staff.
- **Solution:** By **getting to know PLwD**, staff can **meet their needs, alleviating distress** of both PLwD and staff. Staff can only adopt a person-centred approach in response to **cultural changes on the ward**
- **Does it work?** Activity-based and Special care units interventions **targeting needs** of PLwD **show positive trends** in improving experience of care for PLwD in hospital
- Tentative evidence for **moderate increase in staff confidence** in providing care, at least in the short term, following staff **dementia training** (meta-analysis of 6 studies; $d=0.58$, 95% CI= 0.21-0.96)

WHAT NEXT?

Overarching synthesis to bring together findings from all three systematic reviews & consensus meetings to explore findings in the context of existing provision of care and co-produce pointers for service change