The unfamiliar environment of the hospital is a frightening place for people living with dementia.

People living with dementia (PlwD) ***communicate their insecurity through behaviour*** that is a barrier to staff providing care and which can lead staff to experience ***conflicts in care*** and ***moral distress.***

Spending time ***getting to know*** PlwD helps staff understand reasons for behaviour of PlwD and to ***meet their needs.*** This ***decreases distress*** in PlwD which ***frees up*** staff to provide care, and ***improves staff wellbeing.*** Such cultural changes to practice only happen with support at ***institutional levels.***

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

R Gwernan Jones, I Lourida, R Abbott, M Rogers, C Green, D Richards, S Ball, A Hemsley, D Moore, I Lang, D Llewlleyn, D Cheeseman, L Clare, C Owens and J Thompson Coon

BACKGROUND

Hospital services are intrinsically geared towards fast and effective assessment, diagnosis, intervention and discharge. 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, particularly when they are ill or have had an accident, hospital settings can be confusing, challenging and overwhelming. Trying to improve the care of people living with dementia while they are in hospital is an ongoing challenge for health providers and there is uncertainty about the best way to do this.

METHODS

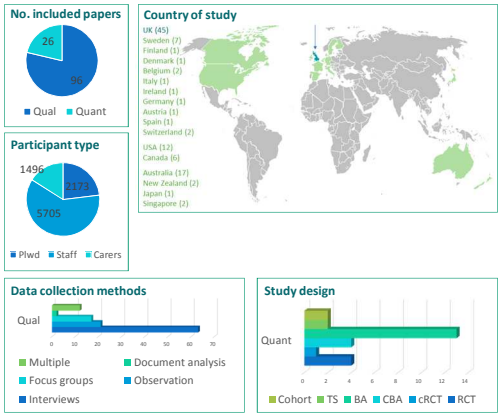
We are undertaking three systematic reviews following best practice guidance to explore:

- 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 people living with dementia, their family and friends, and hospital staff. In this poster we focus on our findings about people living with dementia 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!

RESULTS



- By country the largest group of included studies is from the UK (45/117) supporting applicability.
- Rich qualitative evidence describing experiences with strong methods including observation combined with interviews.
- Lack of robust quantitative evidence to inform effectiveness and cost-effectiveness.
- Few studies measure experience of care from the perspective of the person with dementia.
- 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 behaviour 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, or they remain pressured to focus on tasks.

"There was a disturbance in the ward and I saw Gina being led back to her room. She was shouting at the nurses and looked very agitated. I asked … what had happened and she said that Gina had taken the phone and rung the police to report that she was being kept imprisoned." (Researcher observation, Digby et al. 2018)

"The question is how long I can put up with him invading my personal space. I mean I'm only human in that I become offended and upset with patients who hurt me physically or say hurtful things without reason. I become offended as a person." (Nurse, Nilsson et al. 2016)

Before [training], I would have thought … [the patient will] come out of it or he needs to get maybe something to help him sleep at night … All we did was keep the bathroom light on … and he slept through the night and settled and never needed anything after that. (Hospital staff, Schindel Martin et al. 2016)

"I don't feel like I give the type of nursing care that I feel good about … I take care of my patients the way I would take care of a relative … I'm starting to take care of my patients the way the hospital is dictating to me to … Inside that doesn't feel good, it angers me and I can't change it." (Nurse, Byers et al. 2008)

There were some young lads . . . they couldn't do enough for you . . . (They said) 'What's your name?' I said 'Winifred, but nobody calls me that.' 'What do they call you?' I said 'Freda usually.' Up they went, [wrote] Freda … above the bed. (PlwD, Clissett et al. 2013)

Six categories of interventions

Special care units (4 studies)

Increasing information, knowledge & skills (14 studies)

Increasing ward capacity (3 studies)

Support for family and friends (3 studies)

Activities (7 studies)

Changes to ward (2 studies)

The project is funded by the NIHR HS&DR Programme (Project 16/52/52). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Twitter: @EvidSynthTeam
Email: j.thompson-coon@exeter.ac.uk
Blog: evidsynthteam.wordpress.com/

NIHR | Collaboration for Leadership in Applied Health Research and Care South West Peninsula