


The Institute of Work, Health & Organisations
Work & Organisational Factors Affecting Healthcare
Staff caring for Elderly Patients with Dementia

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Outline

- (1) Literature review
- (2) Method
 - theoretical framework
 - sampling strategy & data collection
 - analysis
- (3) Interim Findings
 - categories
 - emerging themes
 - conclusions

I

Literature Review

Literature Review

- Type: Critical/narrative, 3 criteria
 - ‘confused’ elderly patients, acute healthcare setting, a healthcare staff outcome
- Many papers on caring for patients with dementia: few in acute settings, few with focus on staff & organisational factors
- Large number of non-empirical papers
 - 21 key articles, 11 from UK, 5 empirical
- Methodological limitations
 - vague, nonreplicable research
 - narrow samples

II

Method

Theoretical Framework

- Methodological orientation: Consensual Qualitative Research (CQR)
 - **semi-structured**, open-ended data collection
 - **multiple** judges (researchers) in data analysis
 - judges arrive at **consensus** about meaning
 - analysis : cluster data into **categories**
 - **auditors** check work of judges

Ponterotto (2005)

Sampling: Ward Specialties

- 5 ward specialties: purposeful sampling
- Healthcare of Older People (n=12)
- Rheumatology (n=12)
- Orthopaedics (n=12)
- Respiratory medicine (n=12)
- Acute medicine (n=12)
- Total – 60 interviews

Sampling: Professional Groups

- Nine professional groups: quota sampling
- Healthcare Assistant (n=10)
- Nurse (n=15)
- Nurse Team Leader (n=5)
- Nurse Team Manager (n=5)
- Occupational Therapist (n=5)
- Physiotherapist (n=5)
- Junior Doctor (n=5)
- Specialty Doctor (n=5)
- Consultants (n=5)

Data Collection: Interviews

- Audio recorded face-to-face interviews (n=60)
- Semi-structured interview guide
 - Literature review
 - 6 x discussions with subject matter experts
 - 3 x pilot interviews
- Interviews 20-70 mins (mean=39 mins)
- Audio recordings transcribed verbatim & anonymised
- Used Nvivo 8 to manage data

Data Analysis I

- AK & AG read every transcript – immersion
- Focused on manifest content of transcripts where staff expressed evaluation/opinion:
 - nonverbal communication not coded
 - inferences not coded
- Utterances coded into as many categories as needed to convey full meaning

Data Analysis II

1. Discussed content of transcripts to develop initial list of categories ('coding scheme')
2. Coding scheme tested on purposeful sample of transcripts & amended
3. Scheme presented to auditor for review & amended
4. New sample of transcripts coded
5. Steps 2-4 repeated

III

Interim Findings

Super ordinate Themes

- **40 categories** (12 generic themes)
- 4 super-ordinate themes:
 - [1] Perceptions of **patient group** characteristics
 - [2] Perceptions of the **challenges & impact** on them of working with the patient group (*see next slide*)
 - [3] **Ward environment**
 - [4] **Organisational factors**

Generic Themes

- Staff perceptions of the **challenges & impact** on them of working with the patient group:
 - Patient assessment & management
 - Other service users *
 - Staff preparedness & training
 - Psychological impact on staff

- * Other service users: 3 categories
 - patients' relatives
 - co-patients & their relatives
 - general public

Examples – Five (of the 40) Categories

'Inappropriate' behaviours
Co-patients & their relatives
Avoiding admissions
Cognitive responses to patients
Education & training

Category 3: 'Inappropriate' Behaviours

- 44 quotes from 28 participants
- Respondents: mainly PTs, Nurses & HCAs
- Consistency of responses: high
- Compliance (feeding, medication, washing), shouting, interfering with co-patients & their belongings, interfering with ward equipment, repetitive behaviours (asking questions, pressing buzzers, getting out of bed), removal of clothing, unpredictability/mood swings
- **Staff reactions:** wearing, tiring, distressing

Inappropriate Behaviours: Quotes I

"if you have an intrusive patient by which I mean somebody who's wandering, asking questions all the time, or who sits by the nursing station because that's the best way to monitor them, or they're falling ... they interrupt a lot of other activities. That generates a degree of resentment in some staff, I think."
(Interview 59, Consultant)

"It just takes a little bit of everyone's time for every patient ... she's doing things like trying to root in the clinical waste bins. I had to stop her from picking up sharps the other day"
(Interview 55, Junior Doctor)

Inappropriate Behaviours: Quotes II

"I've seen a patient with dementia pull a catheter out of another patient" (Interview 18, HCA)

"Shouting is quite difficult for other people on the ward and it can be quite stressful for us as well when you know people are wanting more attention than we can give to them. And also when they interfere with the other patients. That makes the other patients angry." (Interview 7, Nurse)

Category 13: Co-patients & their Relatives

- 80 quotes from 34 participants
- Respondents: all professional groups
- Consistency of responses: high
- Staff (78/80 responses) characterised co-patients' & their relatives' reactions towards confused elderly patients as negative, using adjectives such as: frustrated, angry, aggressive, upset, disgusted, distressed, frightened & intimidated
- Perceived by staff to result from confused elderly patients interfering with co-patients' belongings, invading their personal space & disrupting sleep

Co-patients & their Relatives

- Staff reported many complaints from co-patients & their relatives: frequent requests to be moved away from a confused elderly patient, or for a confused elderly patient to be moved away from them
- **Staff reactions:** Staff often found themselves having to act as diplomats or peacemakers & viewed this as:
 - an additional responsibility
 - another work pressure
 - a significant source of stress for some

Co-patients: Quotes I

"She said 'people like them should [not] be on a ward like this' and you try to defend why ... we're in the situation we are. But it took hours of my day with an irate family member and an irate patient"

(Interview 17, Nurse Team Manager)

"These people [co-patients] are ill themselves and they get no sleep and they get disturbed. It's not a good place to be if you're already feeling ill and then you have two or three women who are screaming all night"

(Interview 58, Consultant)

Co-patients: Quotes II

"When you get younger people that are in a bay of elderly people, they are quite disgusted by the fact that X is taking off her nightie all the time, and she's trying to walk round naked. But what do you do? ... All you can do is try and explain ... the condition and why they're doing this."

(Interview 35, Nurse)

Co-patients: Quotes III

"Two or three weeks ago, the rest of the ward threatened to march out, have a mass ... self-discharge because of a patient with mental health issues who was manic, would get into bed with other patients in the middle of the night, throw water over them in the middle of the night. She ... would boss people around and barge in on you and grab people's boobs and slap them [...] We've currently got a patient who doesn't stop kicking and shouting and it just disrupts the entire ward. Its difficult for the nursing staff because then you've got to have one-to-one nursing, which pulls a nurse away from the other patients."

(Interview 50, Junior doctor)

Category 30: Avoiding Admissions

- 17 quotes from 8 participants
- Respondents: Doctors
- Consistency: High
- Staff perceptions of inappropriate referrals from GPs, inability of families to cope, misunderstanding of what hospital can provide

Avoiding Admissions: Quotes I

"The lady that was admitted the other night ... she'd got no acute medical needs at all. The family just could not cope with her."

(Interview 46, Consultant)

"I think the first priority is to keep people at home, and do more at home. Hospital's not safe, for many reasons. [...] I think admission avoidance and more contact in the community before they started to slip is probably the top thing I can think of."

(Interview 43, Consultant)

Avoiding Admissions: Quotes II

"Maybe they don't understand what's available or maybe they don't understand dementia or confusion, I don't know, but we get sent them by GPs and sometimes you read the letter and you think, 'Oh this just wasn't necessary' but once they're in, it's very, very difficult."

(Interview 40, Consultant)

"You see a lot of inappropriate admissions to hospital, which ends up being detrimental to the patient. They'll come and then get sick here, pick up an infection from here, when they never needed to be in (...) in the first place."

(Interview 52, Specialty doctor)

Category 19: Cognitive Responses to Patients & their Care

- 58 quotes, 36 participants
- Responses: all professional groups
- Consistency: mixed
- Attributions of patient behaviour
 - Considering patient behaviours to be part of the condition (i.e. involuntary) vs attributing them to disposition/personality (i.e. wilful/voluntary)

Cognitive Responses to Patients : Quotes

"Once you understand the patient, you can adapt yourself [...] to do any task because [...] you're going to understand why they do it or what they're going to do".

(Interview 1, Healthcare Assistant)

"It's just helps to understand that ... when they're shouting out, it's not that they're doing it to annoy you ... the reason they're doing is because of the mental health problems".

(Interview 34, Nurse Team Leader)

"I guess there's a stereotype of why you're never going to fix anyone anyway... They're old and there's too many things wrong with them [...] you can't really make a difference".

(Interview 26, Junior Doctor)

Category 16: Education & Training

- 374 quotes from 58 participants
- Respondents: All professional groups
- Consistency: high (e.g. need for training), low (e.g. areas of training – knowledge & skills; timing of training)
- Education, Induction, In-service
- Supervision
- Access to training
- Transfer (applying training to practice)

Education & Training: Quotes I

"I've had a chap today who's been speaking about ... having the Eskimos moving in last night with him, and it's all very confusing. And ... I've not been trained in that sense"

(Interview 4, Nurse)

"I just don't think ... I've ever, ever, ever in my entire training, had any teaching about how to look after people with dementia."

(Interview 46, Consultant)

"So, in terms of training, I think it's essential for every medical trainee to do the geriatric placement."

(Interview 52, Specialty doctor)

Education & Training: Quotes III

"I think the emphasis in certain subjects is out of proportion to the likelihood. So, the notion that every junior doctor has to do ... four months surgery, I'm not quite sure what the value of that is. The fact that everyone has to do four months medicine, I can see the value of that, because whatever specialty you go into, there's a certain amount of medicine [...] Psychiatry, psychology, delirium, dementia is a fairly important part of what a lot of people will end up doing or dealing with... I don't know how much people have sat down and said, 'Well, what are we training people to be and therefore what are the core competencies that our doctors need?'"

(Interview 58,

Consultant)

Conclusions

- Many emerging issues & staff's recommendations for their resolution
- Implications for work design & management
- Further interviews with senior managers to drill down into emerging issues & their possible (feasible) resolution
- Finalise Report & Journal Publication
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