

# Staff confidence, morale and attitudes in a specialist unit for general hospital patients with dementia and delirium – a qualitative study

\*Karen Spencer, \*Kristian Pollock, \*John Gladman

'Rowan Harwood

\* University of Nottingham 'Nottingham University Hospitals

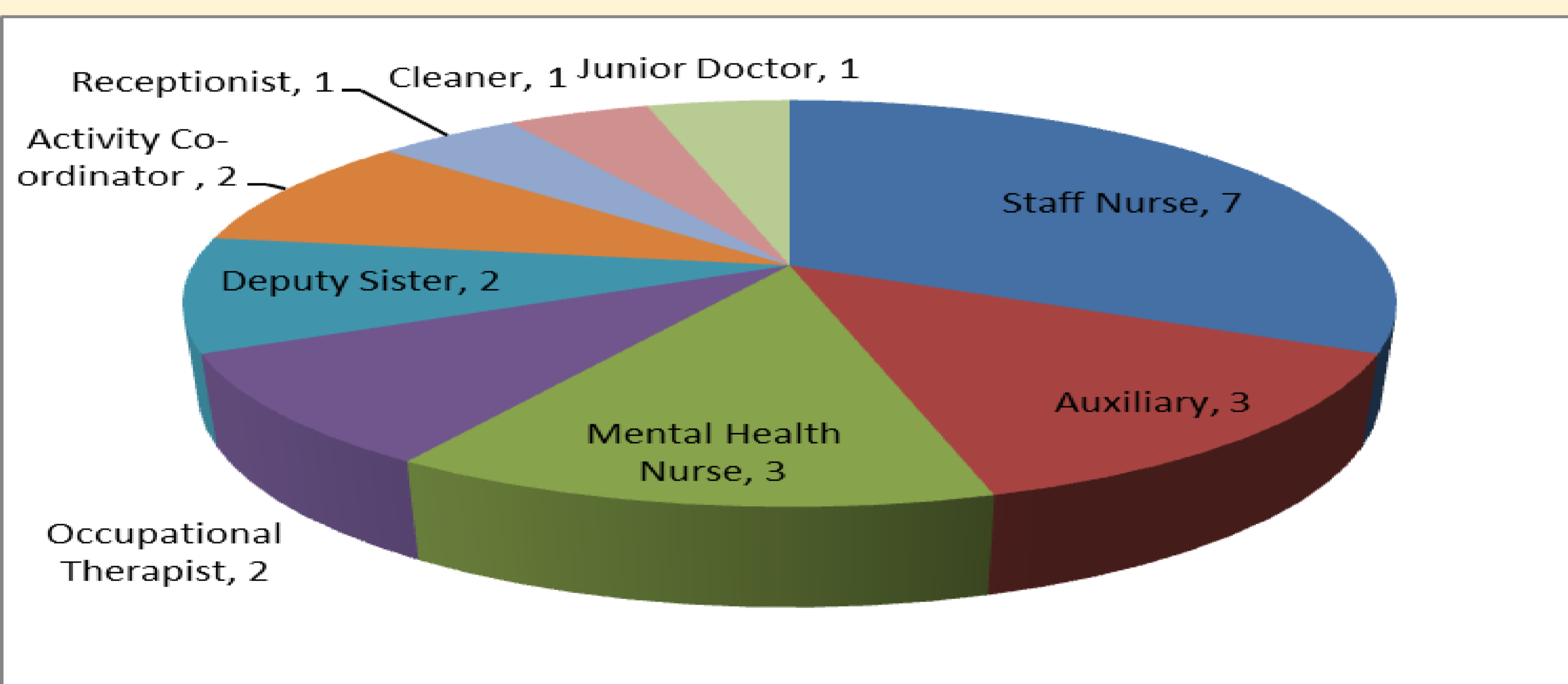
## Introduction

Half of older people in general hospitals have cognitive impairment (delirium and/or dementia). Their outcomes have been reported to be poor, their quality of care often criticised, staff often feel undertrained and lack confidence to care for them. We developed a specialist unit for such people in a general hospital, and this study aimed to explore the perceptions of the specialist unit staff regarding the care for people with cognitive impairment.

## Methods

Semi-structured interviews of ward based staff (including doctors, general and mental health nurses, occupational therapists, auxiliary staff and activity co-ordinators). The interview explored education and training, job satisfaction, care of patients with dementia, team working, communication with carers, and organisational barriers to change in practice and culture. Analysis was undertaken using a constant comparative method facilitated by NVivo 9.

Fig 1: Multidisciplinary sample



## Results

Of the 22 participants interviewed 15 were female and 7 were male. Ages ranged from 20 to 64 years (mean age 37). Figure 1, above shows the distribution of multidisciplinary staff who participated.

**Themes:** Figure 2 summarises 6 key themes which are illustrated in the quotations given below.

### Confidence in competence

'Well, it's [training] helped, it's given us strategies to use and given us a bit more insight into what the patient is going through or what the triggers might be, or, you know, gives us some way of working out the cause of this current behaviour'. **Male, Staff Nurse**

'I think, it's the fact that people [ward staff] feel that they're confident in dealing with different behaviours so if a patient wanders up and down, or bangs on the doors, it doesn't really matter'. **Female, Occupational Therapist**

### Multidisciplinary support

The mental health nurses give the general nurses the confidence to look after people that are very poorly, and have got cognitive memory problems at the same time. So having a multidisciplinary team has really strengthened people's confidence'. **Female, Mental Health Nurse**

'I think, having the mental health nurses and occupational therapists has really helped us understand the patients better. I think the communication between the team is really good'. **Female, Occupational Therapist**

### Increased knowledge/dementia awareness

'I think they [training days] had a big benefit, but not just in terms of education, but in terms of team building and bonding and staff feeling that they were being invested in and valued'. **Female, Deputy Sister**

### Move towards patient centred acute model of care

'One of the most powerful things for me has been watching other people modelling person centred care, like, the sisters or the mental health nurses, sort of demonstrating how to do it, I think that's one of the best ways to learn'. **Female, Staff Nurse**

### Improving coping strategies/staff communication

'I was really frustrated with one particular patient I'd dealt with all day, but I knew I still had sort of half an hour to go. So I said to one of my colleagues, if he needs anything, would you mind stepping in'. **Female, Staff Nurse**

### Positive change in attitudes towards patients

'I'm more flexible with them [patients] now, and I try and talk the way they talk and do things differently than before like holding their hand'. **Female, Auxiliary Assistant**

Fig 2: Delivery of patient care



## Conclusion

Participants felt that working in a specialist unit allowed them to provide better care to cognitively impaired patients than they had previously done, partly due to increased training and dementia awareness. Most participants acknowledged that their 'confidence in competence' in dealing with this patient group had increased. Many considered that more work was needed to deliver a truly patient centred model of care. The study also identified the need for improvements to the quality of staff-carer communication, increased staffing levels and resources, better management of falls risk, and overcoming organisational barriers to change in practice.