Interprofessional Learning Unit 3

Group Number: 59

Improving Staff Attitudes to Patients with Dementia

Confidentiality has been respected throughout this work and no names of people or places have been included

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Word Count: 3,279
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Summary

**Aim:** To improve staff attitudes towards caring for people with dementia by researching four key areas: current staff attitudes to patients with dementia; staff perceptions and level of knowledge in dementia care; impact of staff attitudes on patient experience whilst in the hospital setting and level of staff satisfaction and confidence in providing dementia care.

**Background:** Dementia currently affects around 570,000 people in England, a figure which is estimated to double in the next thirty years at a massive cost to public expenditure (The National Institute for Clinical Excellence (NICE), 2010). However, there are increasing concerns about the quality of care provided to people with dementia, specifically in acute hospital settings. A number of local and national policies have criticised healthcare provision for people with dementia, largely based around staff time limitations, poor knowledge about dementia and lack of understanding about individual patient needs (Royal College of Nursing (RCN), 2011). This year saw the launch of a £2million government initiative aimed at improving awareness and attitudes toward dementia (Hitchcock, 2011).

**Methodology:** The team of inter-professional health and social care students designed a self-completion questionnaire to be distributed to multi-professional staff across six wards within the Trust. The questionnaire comprised of a combination of open and closed questions specifically aimed at gathering both qualitative and quantitative data.

**Results:** The findings showed mixed views about the responsibility of caring for patients with dementia. Some respondents championed a person-centred approach guided by humanitarian values that place the person before their illness, thus valuing equality and diversity. On the other hand, some respondents felt that patients with dementia occupied a disproportionate amount of staff time, which was particularly difficult given current time and resource constraints. Respondents felt that a lack of adequate training and support impacts upon staff
confidence and ability to provide care for patients with dementia, thus affecting patient quality of experience.

**Comparison of Options:** The team explored a number of local and national policies in order to make informed recommendations about the development of the Trust’s service provision for patients with dementia. This involved in-depth consideration of current initiatives, drivers and planning, horizon scanning, barriers to improvements and benefits.

**Recommendations:** The team recommend that the Trust invest in ongoing specialist training for frontline staff in order to improve knowledge and understanding about dementia and appropriate ways of supporting people with the illness. The team also recommend that the Trust invest in publicising support already accessible to staff so that these services can be used to full potential by contributing to improved staff attitudes and patient quality of experience.

**Conclusions:** The team provide a broad summary of findings and offer recommendations for replication studies, including the use of a pilot study and triangulation of research methods.
**Introduction**

The term dementia is used to describe a syndrome in which there is a progressive decline in brain functioning including loss of memory, reasoning, communication skills and the ability to carry out daily activities (Department of Health (DH), 2009). It is estimated that dementia currently affects around 570,000 people in England, a figure that is thought to double in the next thirty years increasing cost to the country from £15.9 billion this year, to £34.8 billion by 2026 (NICE, 2010).

Up to 97% of nurses in acute settings are caring for someone with dementia (Alzheimer’s Society, 2009). The Department of Health (2009) recognise that ‘psychosis and aggression’ are associated with dementia and therefore caring for patients with dementia can be time consuming and challenging (Lakey, 2009). Care for patients with dementia has received increased criticism in recent years (Care Quality Commission (CQC), 2011). A recent survey by the RCN (2011) highlighted staff time limitations, poor levels of staff knowledge about dementia, poor communication and lack of understanding about individual patient needs. In response, the Government has launched a £2 million awareness campaign aimed at helping more people to get early intervention and treatment from the appropriate care providers (Hitchcock, 2011).

A group of inter-professional health and social care students were tasked with carrying out an investigation into staff attitudes towards patients with dementia. The aim was to assess staff knowledge and confidence in providing care to patients with dementia and the subsequent impact of staff attitudes on the patient experience. The research aimed to address four key areas:

- Staff attitudes to patients with dementia
- Staff perceptions and level of knowledge in dementia care
- Impact of staff attitudes to patient experience whilst in the hospital setting
- Level of staff satisfaction and confidence in providing dementia care
The overall aim of the research was to collect valid accounts of the views and opinions of frontline staff providing care to patients with dementia. Also, to provide an opportunity for staff to voice their own feelings about the development of service provision for dementia care. Where possible, the IPL team would draw conclusions and make recommendations to facilitate the improvement of care received by patients with dementia within the Trust.
Activities to Support Business Case

Methodology

The IPL team held a meeting to explore the project objectives and the most appropriate research methods for collecting valid data about staff attitudes towards caring for people with dementia. The team discussed a variety of qualitative and quantitative methods, including interviews, direct observations and focus groups. Ultimately, the team decided to utilise self-completion questionnaires due to time and resource constraints, as well as a number of ethical reasons, this is discussed in further detail in Table 1 (questionnaire available in Appendix One). Informed consent was gained for participation in the study and the questionnaire contained a confidentiality statement assuring participants that all identifiable data would be anonymised throughout the report in accordance with the Data Protection Act 1998.

Table 1 – Explanation of Methodology:

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Face-to-face filling out of questionnaires</td>
<td>- Very efficient and useful way of collecting data, 31 responses in short period of time</td>
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<tr>
<td></td>
<td>- Carried out on two consecutive days by six members of the group</td>
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<td></td>
<td>- Allowed for explanation of questions if unsure and of the aim of the project</td>
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<tr>
<td>Questionnaires – left in wards for healthcare professionals to fill out at a more convenient time and also to allow for night staff participation.</td>
<td>- Less successful method, only 5 responses</td>
</tr>
<tr>
<td></td>
<td>- No opportunity for explanations of questions or business plan</td>
</tr>
<tr>
<td></td>
<td>- Greater confidentiality and therefore perhaps more truthfulness in the answers given</td>
</tr>
</tbody>
</table>
| Clinical observation: - made whilst on wards and drawn from previous clinical experiences | - Allowed for first-hand experience of staff attitudes  
- Restrictions – lack of time on wards and access to staff  
- Observer effect |
|---|---|
| Subject specific research: | - Carried out by all members of the group  
- Helps to form a thorough understanding of subject area  
- Improves understanding of Dementia care and highlights how this project relates to existing policies, drivers and literature |
| Regular meetings with group facilitator: | - The group’s facilitator was an experienced nurse specialising in dementia care (Dementia Champion)  
- Her knowledge and expertise helped to form recommendations and solutions to improve staff attitudes  
- These meetings also gave the group the opportunity to monitor progress and discuss options |

Questionnaires are an effective way of collecting anonymous data, increasing the likelihood of respondents providing honest and reliable answers regarding a sensitive subject (Bryman, 2004). The team had researched the benefits of incorporating open questions for gathering in-depth views and opinions from staff in order to enhance the impact of the research, recommendations and subsequent service provision. Additionally, the use of closed questions allowed for the collection of quantifiable data that is often more reliable, maximising opportunities for replication.
The team acknowledged staff time constraints, therefore kept the questionnaire to ten short questions. The aim was to encourage participation and to prevent respondents from losing interest. The professionals who took part in the study included healthcare support workers, occupational therapists, physiotherapists, mental health nurses, adult nurses and doctors of all levels. A total of ninety questionnaires were distributed to six wards. Of this, thirty-six people responded and the study therefore achieved a response rate of forty percent. The response rate was higher when the researcher was present and the participant completed the questionnaire immediately; however, this increased the risk of observer effect (Creswell, 2009).

Results

This section provides a summary of the findings from the questionnaires. The IPL team are independent of the Trust and therefore internal bias was not an issue, while the inter-professional nature of the research team minimised occupational bias. The team worked through the findings as a group and reached consensus about interpretations of the data as reflective of responses provided. A number of participant responses have been incorporated in order to support the conclusions of the researchers.

When asked about their thoughts on caring for a patient with dementia, respondents provided a wide range of answers from:

‘Upsetting, difficult, time consuming’

to

‘patience, understanding, respect’.

By asking for three words to describe feelings about caring for patients with dementia, many respondents gave a mixture of negative, neutral and positive answers. Overall, the team had positive reactions to the data which indicated that the Trust staff viewed the responsibilities
for caring for patients with dementia as frustrating and challenging but also rewarding and important.

When asked how caring for a patient with dementia differs to caring for a patient without dementia, the responses again varied across a positive to negative spectrum. However, 78% of respondents felt that caring for a patient with dementia was different to caring for a patient without dementia, allowing the team to draw some general conclusions. A significant number of staff stated that patients with dementia can be difficult to manage, needing more specialised care and extra time. However, staff also acknowledged that patients with dementia are still people and therefore require patience, dignity and respect in order to meet their individual needs:

‘More time and patience is required to care for a patient with dementia. A good understanding of the person and their needs is required to tailor treatment and care plan to the individual’

‘Needs cannot always be met on general wards and short staffing when these people may need one-to-one support’

When asked about opportunities available on the ward to improve dementia care, 58% of staff believed that they had received adequate training enabling them to provide quality care to patients with dementia. This is quite a positive indication of training opportunities available within the Trust, indicating a level of satisfaction with training that enables staff to provide quality care to patients with dementia:

‘This ward is very good in identifying need of demented patients’

However, 42% do not feel that training opportunities within the Trust are adequate to prepare them to meet the needs of patients with dementia:
‘Very little in my opinion, unless additional staff available when we have patients with severe dementia’

Following this, the questionnaire asked respondents about their own confidence in providing care to patients with dementia. The results indicated that 81% of staff felt confident in their ability to care for patients with dementia. This did not fully support the earlier finding which indicated that the majority of respondents would like further training about dementia and appropriate care.

The team were aware that the Trust had already implemented a number of dementia champions across different wards. The questionnaire addressed this important role in order to assess its effectiveness in impacting upon staff attitudes towards caring for patients with dementia. The findings indicate that 78% of staff are unaware of who their dementia champion is:

‘It would be beneficial if we have a nurse specialist who we could call on for extra training/support as I am unsure of who our champion is’

This lack of awareness is concerning given the critical role of the dementia champion whose purpose is to support staff in caring for patients with dementia. Only 16% of staff had ever referred to their dementia champion for help or information indicating that staff are not using their dementia champion to full advantage. Nevertheless, this is not surprising, given that 72% of staff asked were not aware of the role of their dementia champion, let alone who they were. This indicates that the role of the dementia champion remains unclear to a substantial proportion of staff. On a positive note, some respondents were aware of the dementia champion role and acknowledged the contribution that the dementia champion can make to enable staff to support patients with dementia:

‘We have a dementia care champion or a practice educator who does in house training sessions’

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When asked about the time needed to care for patients with dementia, 69% of respondents felt that patients with dementia did not take up any further time than would be afforded to patients without dementia. However, comments about this did not reflect the statistic with many respondents stating that more time and patience is needed to care for patients with dementia:

‘You require patience and at times it can be more time consuming as it may be difficult to communicate’

Many respondents stated that this was problematic given the staff shortages:

‘I don’t feel as though patients with dementia receive the right amount of time required to care for them’

However, it was recognised that patients without dementia can also take up large amounts of staff time:

‘Any patient can monopolise staff time’

The team acknowledge the measures being taken within the Trust to develop service provision for patients with dementia, however there is still room for improvement.
Comparison of Options

The National Strategy for Dementia (DH, 2009) produced seventeen objectives to improve the care of patients with dementia. Number eight proposes improvement in the quality of care for people with dementia in general hospital settings – this is the current driver for improvements both nationally and locally. However, findings from this study indicate that some staff remain concerned about their ability to care for patients with dementia and require extra training. A 2006 study suggested that an improvement in nursing attitudes to people with dementia would also result in an improvement in person-centred care (Norbergh et al, 2006). More recently the Royal College of Nursing (2009) proposed a commitment to the care of people with dementia in general hospitals. They also suggest that in order to provide good care, staff need to be informed, to have the relevant skills and also have the time to care. Therefore, this shows a clear need to provide comprehensive training to facilitate change in the perception of dementia care.

The trust has implemented in house training programmes for newly qualified nurses and staff in the wards where there are likely to be patients with dementia. This is delivered mostly through a small team providing study days and workshops with some information and training available on DVD. A dementia champion has been appointed to ensure improving levels of care for dementia patients admitted to particular wards within the trust. Our study paid due attention to the role and uptake of the dementia champion, with largely unpromising results indicating that the role is not fulfilling its objectives due to lack of awareness about its existence and a further lack of clarity about its purpose. A current project is also underway called ‘Forget Me Not’ providing staff with some visual prompt to identify patients with dementia and provide principles for support.

Table 2 explores the initiatives already in place locally. Other initiatives have been listed, for instance the use of free e-learning programmes integrated into competency requirements, with the use of quizzes (rewarded) to encourage participation and the development of training programmes to cover all multi-disciplinary staff. Additionally, dementia champion numbers have increased in some trusts with dementia champions using their knowledge to train “ward
champions”. Other initiatives include the improvement of the ward environment with flexible routines, exploring the use of volunteers to provide activities and therapies and use of visual techniques such as different coloured wards, and clearer signage. Some or all of these ideas could be explored in the future by dementia steering groups or trust development programmes.
<table>
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<tr>
<th><strong>Current Initiatives</strong></th>
<th><strong>Drivers and Planning</strong></th>
<th><strong>Horizon Scanning</strong></th>
<th><strong>Barriers to improvements</strong></th>
<th><strong>Benefits</strong></th>
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<tbody>
<tr>
<td>Training</td>
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<tr>
<td>In House training for all staff.</td>
<td>National Dementia Strategy (DH, 2009) to provide ‘An informed and Effective workforce for people with dementia.’</td>
<td>Training for all staff (including service provider leaders) other than Maternity and Paediatrics.</td>
<td>Inconsistencies in quality of care and cost of implementing new training programmes.</td>
<td>Increase in staff confidence.</td>
</tr>
<tr>
<td>Study days and updates. DVD training.</td>
<td>Staff updated through regular e-training, podcast and DVD library. Quarterly Dementia ‘Quizzes’ with small rewards for staff.</td>
<td>Effective training requires effective trainers, often delivered as a medical model.</td>
<td>Reduced hospital stays so reduced costs.</td>
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<tr>
<td>Links with external services, e.g. Older People’s Mental Health.</td>
<td>Encourage career progression following specific pathways in Dementia care competencies. Consider Dementia Nurse Practitioner Role.</td>
<td>Failure of clinical leaders to recognise that specialised training in Dementia Care is required</td>
<td>Prevention of unnecessary acute admission.</td>
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<td></td>
<td>Improve content of pre-qualifying training programmes via links with local Education providers such as University of Portsmouth / University of Southampton.</td>
<td>Explore free dementia training programmes e.g. Social Care Institute for Excellence e-learning programmes</td>
<td>Possibility of train to gain funding.</td>
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<tr>
<td>Personnel</td>
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<tr>
<td>Dementia Champion available in Older People’s Medicine.</td>
<td>Dementia Champions (NHS Education for Scotland, 2010) to develop and encourage good dementia care in their place of work.</td>
<td>Increase number of Dementia champions.</td>
<td>Reluctance of staff to take on extra roles.</td>
<td>Increased support for staff and patients on all wards.</td>
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<td></td>
<td></td>
<td>Dementia Champion to deliver training to Ward Champions.</td>
<td>Time restraints.</td>
<td>All staff with a passion to deliver excellent Dementia Care could become a Champion.</td>
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<td></td>
<td></td>
<td>Workforce to be assessed at interview and on a regular basis to ensure they are equipped with the correct skills to deliver dementia care.</td>
<td>No formal requirements for employment of staff in Dementia Care.</td>
<td>Staff more confident to engage in quality Dementia Care.</td>
</tr>
<tr>
<td>Environment</td>
<td>Drivers and Planning</td>
<td>Horizon Scanning</td>
<td>Barriers to Improvements</td>
<td>Benefits</td>
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<tr>
<td>Creating an environment that supports good care.</td>
<td>A growing body of evidence has found that an attractive, sensitively designed hospital environment can offer significant therapeutic benefits to patients and boost staff morale (King’s Fund, 2009)</td>
<td>Flexible routines. Providing activities and therapies on wards using volunteers. Use of colour schemes which highlight different areas. Clearer signage. Change of visiting times to accommodate family and involve carers in daily care. Area in which dementia patients are cared for separately</td>
<td>Staff unable to implement care due to organisational barriers. Lack of working space. Cost of redesign.</td>
<td>Boost to patient and staff morale. Enquire about funding through the King’s Fund “Enhancing the Healing Environment” programme. Changes could be considered when refurbishment programmes are due to take place.</td>
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<thead>
<tr>
<th>Personal</th>
<th>Drivers and Planning</th>
<th>Horizon Scanning</th>
<th>Barriers to Improvements</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>Developing Life History Information e.g. ‘This Is Me’. Using discreet identification e.g. ‘Forget-Me-Not’ which helps provide principles to support staff while patient is in hospital</td>
<td>Alzheimer’s Society Royal College of Nursing (2010) programme which highlights individual choices and life preferences. Encourage carers and family of admitted patients to complete document on admission.</td>
<td>‘Just 19% of hospitals had a system to ensure ward staff were aware that a person had dementia and how it affected them, and that necessary information was imparted to other staff with whom the person came into contact.’ (Royal College of Psychiatrists, 2010)</td>
<td>Increased staff knowledge and confidence in providing quality care. More positive outcome for patient with reduced stay and enhanced care. Reduced costs for trust.</td>
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Recommendations

Findings from the research illustrate that the four key areas are not being consistently met. Therefore recommendations can be made supporting changes in attitudes, perceptions and knowledge, impact of attitudes on patient experience and level of staff satisfaction and confidence in providing care to patients with dementia. From analysing the findings, the team have identified a number of recommendations.

Each ward in the hospital is assigned a ‘dementia champion’ whose role is to encourage and improve the quality and life for people living with dementia by ensuring that all members of staff deliver high quality care. The dementia champion is an integral aspect of quality care for patients with dementia; however the findings from our questionnaire did not reflect this, with only 22% of staff knowing who their dementia champion was. As a result, the team recommend a monthly email sent to all staff within the Trust who might be involved with providing care to patients with dementia. The email should explain the role of the dementia champion and provide contact advice and other useful contacts/organisations that could offer support and advice. A poster could also be put on the ward or around the hospital for other departments to see as dementia patients are not all in the same part of the hospital or on one ward. The dementia champion should be proactive in their role by actively ensuring that each member of staff is aware of the integral function they should fulfil.

Furthermore, it is clear from the findings that not all the staff caring for patients with dementia are aware of the opportunities available for them to improve dementia care. Dementia training should be compulsory to all members of the multi-disciplinary staff. This must be introduced at the highest levels of the staff hierarchy to ensure that senior clinicians are fully trained and knowledgeable about Dementia so that they can provide support and guidance to staff. The team therefore recommend annual training courses to ensure that new guidelines and frameworks are being followed. This could include courses available via the intranet, which would require protected study days specifically for online training. There should be an emphasis on in-house training due to the current economic situation, which has severely restricted external (government) subsidised training.

Finally, the team acknowledge that staff attitudes, competency and levels of confidence in providing care for patients with dementia are affected by education, training and resources. If increased time, resources and attention were given to dementia care, the Trust may have a more satisfied workforce and improved quality of experience for patients with dementia. In response, we recommend that a
clinical audit should be carried out in six months to a year in order to monitor progress and determine what changes need to be made. This could be carried out independently by a future IPLU group and therefore be of minimal cost to the Trust.
Conclusions

The inter-professional team believe that an effective research tool was developed, implemented and analysed. The questionnaire was formulated around the four key areas and therefore the team feel that these issues have been addressed effectively within the limited time-scale and with minimal resources available. The team acknowledge that a pilot study would have been beneficial in order to test the internal validity of the questionnaire as it was found that some of the questions were unclear. Therefore some respondents were unable to give an informed response, thus affecting overall validity of findings.

If this study were to be replicated, the team recommend that more questions be included in the questionnaire in order to generate more in-depth responses. The team also recommend the use of triangulation of different methods including direct observations and focus groups, which would increase the reliability of findings. Furthermore, this study focused on staff attitudes to caring for patients with dementia, however the team would recommend the inclusion of views and opinions from carers, families and service users in future studies. In addition, the team recommend that a more comprehensive study be undertaken that differentiates the views and opinions of staff from different occupations. This will allow conclusions to be drawn about the appropriate training requirements for each health care profession.

Findings from the research indicated that staff attitudes to caring for patients with dementia are mixed. However, the majority of staff wanted better quality care for people with dementia and were open to increased training opportunities for developing their skills and knowledge base. Staff stated the need for ongoing training in order to respond appropriately to the needs and demands of more challenging patients. Patients who have dementia need time and reassurance and it was felt that more nursing staff is needed to allow time to provide one-to-one contact. This combined, staff would be better enabled to meet the diverse and challenging needs of patients with dementia resulting in increased staff confidence and satisfaction in providing quality care. Our research has highlighted the importance of staff attitudes to caring for patients with dementia within the Trust. Recent projections about the cost of the ageing population and subsequent rising rates of dementia are placing these concerns firmly on local, national and international policy agendas.
References


APPENDIX ONE - Questionnaire

STAFF ATTITUDES TOWARDS LOOKING AFTER PATIENTS WITH DEMENTIA.

Job Title ……………………………….      Ward …………………………….

Describe in three words your thoughts on caring for a patient with dementia
……………………………………………………………………………………………

How does caring for a patient with dementia differ from caring for a patient without?
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

Do you feel you have received adequate training in dementia care? Y / N

Do you know who your dementia champion is?  Y    /    N

Are you aware of the role of your Dementia champion?   Y   /   N

If so have you ever referred to them for help or information?
……………………………………………………………………………………………

What opportunities are available on your ward to improve Dementia care?
……………………………………………………………………………………………
……………………………………………………………………………………………

Do you agree with the statement ‘Patients with Dementia monopolise staff time?’
Y    /   N

How satisfied are you with the level of care provided to patients with Dementia?
Satisfied ☐
Unsure ☐
Not satisfied ☐

How confident are you in your ability to care for patients with Dementia?
Confident ☐
Unsure ☐
Not confident ☐

Any further comments or recommendations to Dementia care?
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

All questionnaires collected are confidential and will only be used as part of our IPLU project. All identifiable data collected will be made anonymous.  

Thank you for your time!