

**EMPLOYING DEMENTIA CARE MAPPING TO IMPLEMENT
PERSON-CENTRED CARE IN RESIDENTIAL AGED CARE
SETTINGS: IMPACT ON NURSES AND CARE STAFF**

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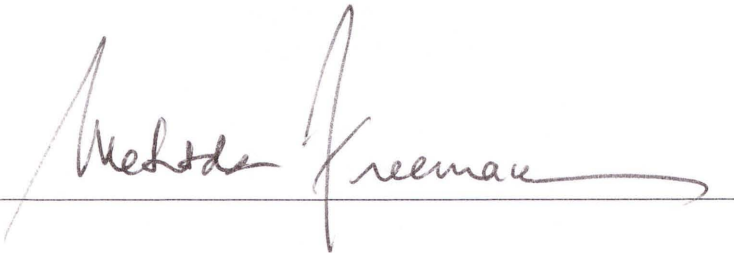
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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work of this thesis has not been previously submitted for a degree nor has it been submitted as part requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help I have received in my research work and in the preparation of this thesis itself has been acknowledged. In addition, I certify that all the information sources and literature used are indicated in the thesis.

Signature of candidate



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Table of contents

Candidature Statement.....	i
Acknowledgements.....	ii
List of Acronyms.....	ix
List of tables.....	x
List of figures.....	x
List of diagram.....	xi
Abstract	xii

Chapter 1 Introduction

1.1 Introduction.....	1
1.2 Use of terminology throughout the thesis.....	2
1.3 Background to study.....	3
1.4 Prevalence of dementia in Australian society.....	5
1.4.1 Defining dementia.....	6
1.4.2 Impact of dementia on the person, their family and the society.....	7
1.5 Government initiatives to address the increasing prevalence of dementia.....	10
1.6 Residential care provision for the person with dementia.....	12
1.6.1 Australian aged care structural reform.....	12
1.6.2 Profile of the person with dementia living in residential aged care.....	15
1.6.3 Workforce issues in dementia care services.....	17
1.6.4 Impact of the changing residential care demographics on nurses and care staff	19
1.6.5 Dementia care delivery models.....	20
1.7 Justification of study and key assumptions.....	21
1.8 Overview of the thesis.....	22

Chapter 2 Literature Review

2.1 Introduction.....	25
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2.1.1 Literature review search strategies.....	26
2.2 Challenge in providing effective and quality residential aged care.....	28
2.3 Unmet needs and the presence of stress-related behaviour.....	29
2.3.1 Prevalence of resident stress-related behaviour in residential Dementia care	30
2.3.2. The impact of care practices on the person with dementia.....	31
2.4 Care management approaches to reduce presence and severity of unmet-need behaviours in dementia.....	34
2.4.1 Pharmacological therapy.....	35
2.4.2. Psychosocial approaches.....	36
2.5 Person-centred care.....	38
2.5.1. Evidence for the effectiveness of Person-Centred Care.....	39
2.5.2 The challenges of applying Person-Centered Care (PCC).....	42
2.6 Dementia Care Mapping (DCM): evaluating person-centred care.....	44
2.6.1. The conceptual framework of DCM.....	45
2.6.2. Employing DCM to implement PCC.....	45
2.6.3. Evidence supporting DCM.....	46
2.6.4. Critique of the DCM approach.....	48
2.6.5. Impact of DCM in the care setting.....	50
2.7 Factors influencing the adoption of PCC in the residential care setting.....	51
2.7.1 Staff shortages.....	51
2.7.2 Staff attributes attitudes and practices.....	52
2.7.3 Work stress, job satisfaction and management support.....	56
2.7.4 Staff knowledge and skills in dementia care.....	59
2.7.5 Management support for best practice in dementia care.....	61
2.8 Conclusion.....	64

Chapter 3 The conceptual frameworks for the study

3.1 Introduction.....	66
3.2 Psychosocial theory of personhood in Dementia (Kitwood, 1997).....	66

3.2.1	Development of the theory.....	66
3.2.2	Defining psychosocial theory of personhood in Dementia.....	68
3.3	The philosophy of person-centred care.....	68
3.3.1	Principles and practice of Person-Centred Care.....	70
3.3.2	Person-Centred Care and cultural change in dementia care.....	71
3.4	Factors influencing practice/cultural change in residential dementia care.....	73
3.4.1	Barriers to change in nursing practice.....	72
3.4.2	Leadership and manager's support in facilitating change.....	74
3.5	Change Theory (Lewin, 1951).....	75
3.5.1	Stages in the change process.....	76
3.6	Conclusion.....	77
Chapter 4 Research Method		
4.1	Introduction.....	78
4.2	Study Aims.....	78
4.3	Research Methodology.....	80
4.3.1	Study Design.....	80
4.3.2	Study Setting.....	82
4.3.3	Study sample.....	84
4.4	Study Intervention.....	85
4.4.1	Person Centred Care (PCC) Education.....	86
4.4.2	Dementia Care Mapping observations in the larger study.....	86
4.4.3	Person-Centred Care Planning and implementation.....	89
4.5	Study Measures.....	89
4.5.1	Staff Questionnaire kit.....	89
4.5.2	Focus group discussions.....	91
4.5.3	Field notes.....	91
4.5.4	Non-participant observations of care practices of nurses and care staff...	91
4.5.5	One-on-one staff interviews.....	92

4.6 Ethical Considerations in recruiting residents and residential care staff.....	93
4.6.1 Informed consent.....	93
4.6.2 Respecting the residents' rights and safety.....	94
4.6.3 Transparency of the study.....	95
4.6.4 Confidentiality.....	95
4.7 Study Procedures.....	96
4.7.1 Stage 1 Recruitment and groundwork.....	96
4.7.2 Stage 2 Pre-test Assessments.....	97
4.7.3 Study Intervention.....	97
4.7.4 Stage 3 Care planning and implementation.....	98
4.7.5 Stage 4 Post-test Assessments.....	99
4.7.6 Stage 5 Data analysis and feedback to participants.....	99
4.7.7 Stage 6 Follow-up staff feedback on the PCC intervention and the DCM procedure.....	100
4.7.8 Conducting interviews.....	100
4.8 Data management	103
4.8.1 Data analysis.....	104
4.9 Conclusion.....	107

Chapter 5 – Findings of the study on the impact of the Person-Centred Care (PCC) and Dementia Care Mapping (DCM) intervention on staff and care practices

5.1 Introduction.....	108
5.2 Staff Demographics.....	109
5.3 Pre and Post-test Staff Survey findings.....	111
5.3.1 The Nurses Strain Scale.....	111
5.3.2 Revised Memory and Behaviour Problems Checklist – Nurses Reaction (RMBPC-NR).....	113
5.3.3 General Health Questionnaire (GHQ).....	119
5.3.4 Maslach Burnout Inventory Human Services Survey.....	121

5.3.5	Satisfaction with Nursing Care and Work Scale (SNCWS).....	127
5.3.6	Summary of Staff Survey results.....	129
5.4	Results of the Quality of Interactions Scale (QUIS) observations of Nursing Practice.....	131
5.4.1	HVM Care Site.....	131
5.4.2	BB Care Site.....	133
5.4.3	GCW Care site.....	134
5.4.4	Summary of QUIS observation results.....	136
5.5	Focus group discussion findings.....	137
5.5.1	Focus Group Themes.....	138
5.6	Recording of field notes.....	139
5.7	Follow-up Staff Interviews.....	140
5.7.1	Staff demographic.....	140
5.7.2	Interview findings.....	141
Main Theme.....		141
Other themes for the study.....		144
5.7.3	Factors influencing the adoption of PCC practice following DCM feedback.....	170
5.8.	Summary of findings.....	172

Chapter 6 - Discussion

6.1	Introduction.....	175
6.2	Situating the study.....	175
6.3	Factors influencing dementia care practices.....	178
6.3.1	Job-related stress and lack of time.....	178
6.3.2	Staff's lack of understanding of the PCC approach.....	180
6.3.3	Staff commitment to residents and quality care.....	182
6.4	Gains from the PCC and DCM experience.....	184
6.5	Factors influencing the adoption of PCC practice.....	186
6.5.1	Presence of strong leadership and management support.....	187

6.5.2 Presence of a learning environment.....	187
6.5.3 Presence of restraining forces which inhibit change.....	188
6.6 Staff's responses to DCM as a motivator for practice change.....	191
6.7 Study strengths	194
6.7.1 Trustfulness and openness in research process.....	196
6.8 Limitation of this study.....	197
6.9 Conclusion.....	198
6.10 Implications and Future recommendations.....	200
References.....	203
Appendix.....	223
Appendix 1 Staff demographic form.....	223
Appendix 2 Nurses questionnaires kit.....	224
Appendix 3 Participant information sheet.....	234
Appendix 4 Participant consent form.....	236
Appendix 5 Focus group question guide.....	237
Appendix 6 Interview schedule for individual interviews with nurses and care staff ..	238

List of Acronyms

Acronyms used to denote qualified nurses throughout the literature/thesis are:

RN Registered nurse

EN Enrolled Nurse

DON Director of Nursing

LPN Licensed Practical Nurse (USA)

Acronyms used to denote unqualified nurses throughout the literature are:

AIN Assistants in nursing

CNA Certified Nursing Assistants (USA)

NA Nursing Assistant/nurse aid

PCA Personal care assistant

The residential aged care sector is invariably referred to in the thesis in the following ways:

RACF residential aged care facility

RAC residential aged care

LTC Long term care

HVM, BB and GCW Care sites refer to the 3 individual aged care facilities participating in this study. These acronyms bear no resemblance to the actual names of the aged care facilities who participated.

To further protect the identities of the participants, a separate set of codes were used in quoting the different facilities in the interview data and listed as follows:

HVM= HA; BB= HB; GCW=HC

List of tables

Table 1: Profile of study sites illustrating their similarities and differences.....	83
Table 2: Summary of study procedures.....	103
Table 3: Staff demographics pre and post –test.....	110
Table 4: Strain Scale scores pre and post intervention.....	112
Table 5: Revised Memory and Behaviour Problems Checklist –Nurses Reaction scores pre and post intervention.....	118
Table 6 GHQ scores pre and post intervention.....	120
Table 7: Maslach Burnout Inventory scores pre and post intervention.....	126
Table 8: SWNCW scores pre and post intervention.....	128
Table 9: HVM QUIS scores pre and post-test.....	132
Table10: Time effects for QUIS scores for HVM.....	132
Table11: BB QUIS scores pre and post-test.....	133
Table12: Time effects for QUIS scores for BB.....	134
Table 13: GCW QUIS scores pre and post-test.....	135
Table 14: Time effects for QUIS scores for facility GCW.....	135
Table 15: Staff demographic for Follow-up Interviews.....	140
Table 16 Staff responses to PCC and DCM.....	143
Table 17: Factors contributing to PCC practice following DCM care summary recommendations.....	171

List of figures

Figure 1: Nurses' Strain Scale total scores pre and post intervention.....	112
Figure 2: RMBPC-NR total scores pre and post intervention.....	114
Figure 3: RMBPC-NR Depression sub-scale scores pre and post intervention.....	115
Figure 4: RMBPC-NR Disruption sub-scale scores pre and post intervention.....	116
Figure 5: RMBPC-NR Memory sub-scale scores pre and post intervention.....	117
Figure 6: GHQ total scores pre and post intervention.....	120
Figure 7: MBI total scores pre and post intervention.....	122

Figure 8:	MBI Emotional exhaustion sub-scale scores pre and post intervention...	123
Figure 9:	MBI Depersonalisation sub-scale scores pre and post intervention.....	124
Figure 10:	MBI Personal accomplishment sub-scale scores pre and post-intervention	125
Figure 11:	SWNCW total scores pre and post intervention.....	128

List of diagram

Diagram 1: Pathway illustrating relationship of current and larger study design	81
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Glossary	239
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Abstract

Dementia Care Mapping (DCM) is an outcome measure and process for improving care quality for residents with dementia. It employs a systematic observation and feedback process to foster person-centered care (PCC). PCC is a model that differs philosophically from the medical approach to caring. It focuses on meeting the person's holistic needs by supporting their personhood rather than imposing the rituals and routines of the care organisation on the person.

The literature supporting the effectiveness of Dementia Care Mapping (DCM) in assisting nurses and care staff to apply person-centred care (PCC) shows promise, although reports of PCC's acceptability with and uptake by care staff and nurses is limited. Based on a mixed method design, the study examined the impact of introducing PCC through DCM on the practices and attitudes of nurses and care staff, their perception of dementia care work and perceptions of their own well-being as nurses and care workers. Data were derived from small focus groups; nurse's surveys; pre and post test non-participant staff/resident observations and individual semi-structured interviews with nurses and care staff from three high level dementia-specific residential care units in New South Wales.

Focus group findings prior to the PCC and DCM interventions identified participant stress and lack of knowledge about PCC. Post-intervention staff questionnaire results showed little or no improvement in staff well-being, job satisfaction or attitudes towards caring for residents with dementia. However, non-participant staff/resident observations revealed increased incidences of positive staff-resident interactions in all units post-intervention, although there was no significant time effect in these observations. Staff member's commitment to caring for residents with dementia was confirmed by the

follow-up interview findings. The staff interviews revealed that most participants gained an increased awareness of the resident's individual care needs through the PCC and DCM interventions, which helped them to develop understanding and new insights into resident behaviours, as well as new ways of reducing the cause of resident stress. However, not all staff participants reported a change in PCC practices despite this knowledge gain.

The main finding was that the introduction of PCC requires strong leadership and teamwork, supported by a culture that demonstrates an openness to change. The participants who successfully implemented PCC activities with their managers' support reported a sense of connection with the residents and satisfaction with their care work. The interview findings also revealed the negative impact that DCM could have on participants' perceived well-being and their sense of achievement in care delivery. This may have impacted on their perception of PCC and subsequently their change in care practices.

Understanding the impact of introducing PCC through the DCM process is important for the residential aged care sector, as it adds to the body of knowledge about PCC in clinical practice and contributes information about how best to implement quality dementia care in ways that are meaningful and useful for staff. It also provides insight into the strategic planning of novel care systems.