

# The effect of the work system on nursing staff capacity for relational care with people with dementia

Emily Oliver, RMN, PhD

Consultant Admiral Nurse – Dementia UK

Clinical Academic Doctoral Fellow – University of Southampton

@emilyoliverdem

[Emily.oliver@dementiauk.org](mailto:Emily.oliver@dementiauk.org)

Professor Jackie Bridges

Professor Ruth Bartlett

# Background

- 1 in 4 hospital beds (WHO 2014)
- Relational care is seen as “gold standard” for people with Dementia (Nolan 2007)
- Ongoing failures in care provision despite policy and research (Bridges 2010, Hall and Maslow 2008, Lakey 2009, Francis 2010, Maben, Adams et al. 2012, Featherstone 2019)
- Ward contextual factors are thought to have greatest impact but not explored in detail particularly on medicine for older persons wards (Cowdell 2010, Clissett, Porock et al. 2013, Dahlke, Phinney et al. 2015, Baumbusch, Leblanc et al. 2016, Featherstone 2019)

---

FUNDED BY

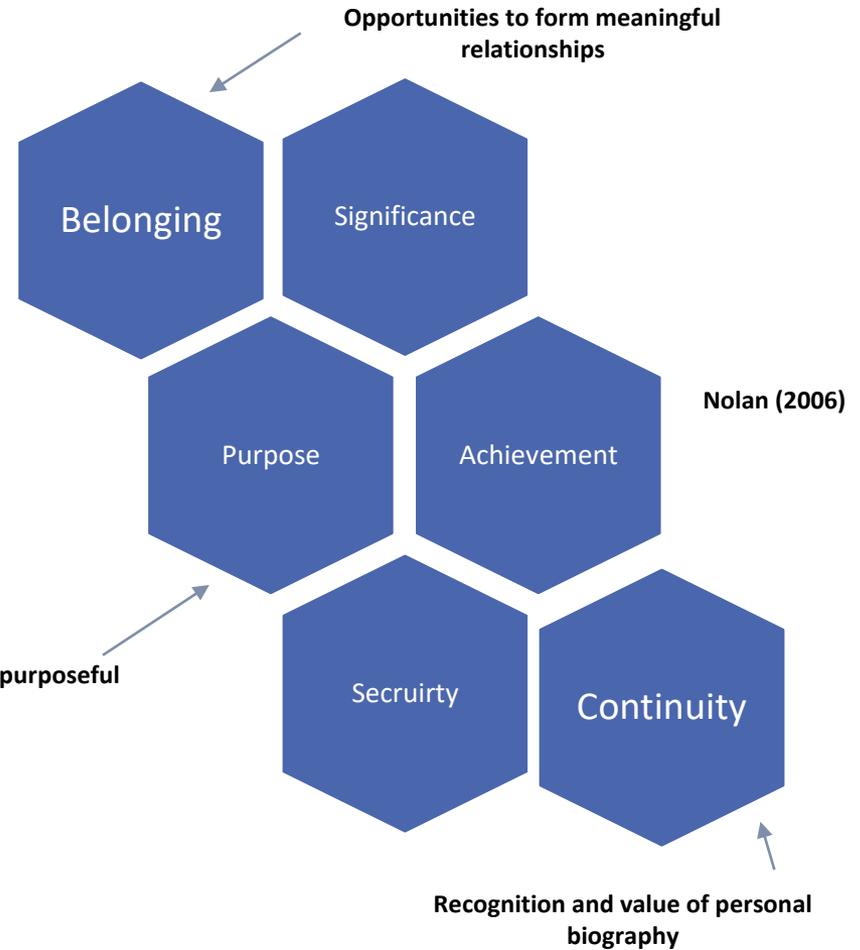
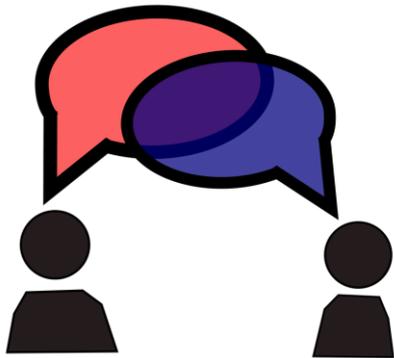
**NIHR** | National Institute  
for Health Research

  
**DementiaUK**  
Helping families face dementia

# Relationship Centred Care

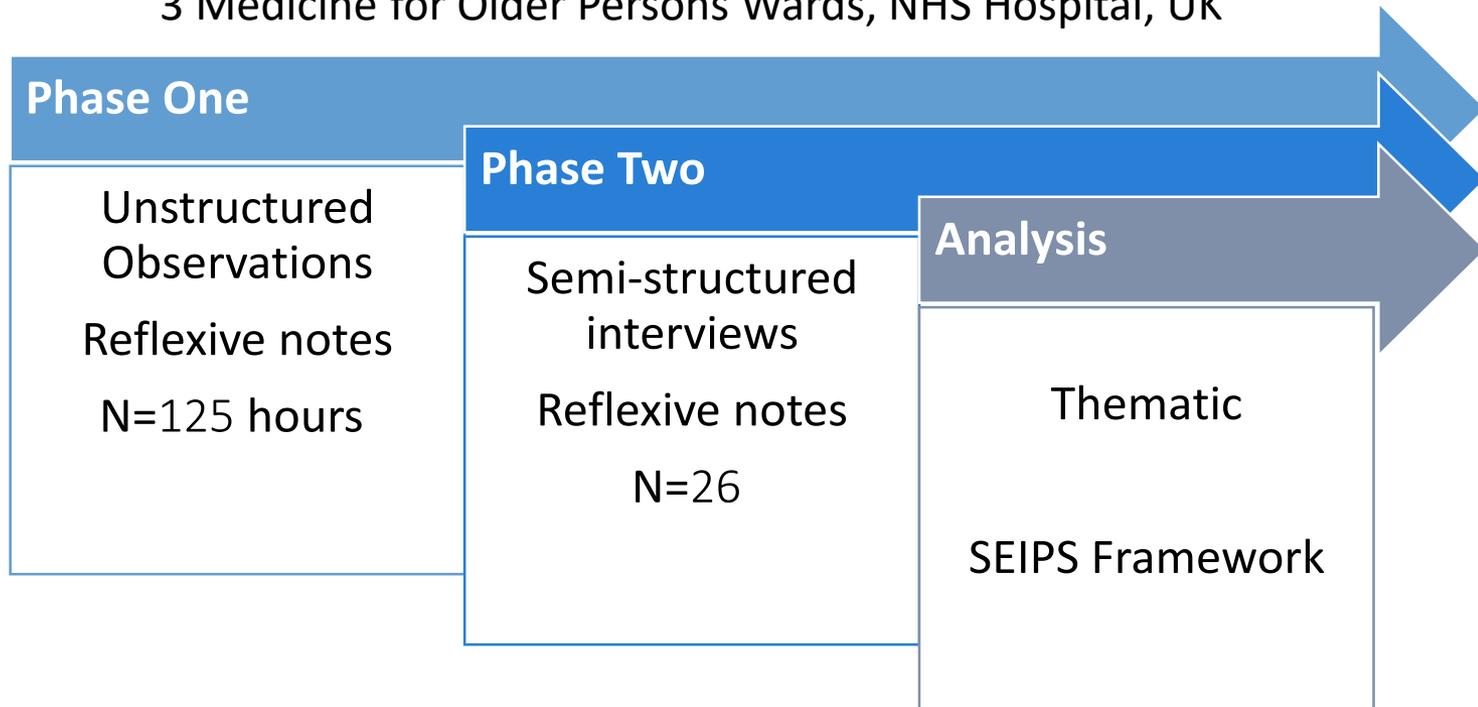
**“Knowing who I am and what matters to me, understanding how I feel and work with me to shape the way things are done”** Dewar and MacKay (2010)

**“See me, connect with me and include me”** Bridges et al (2010)



# Methodology

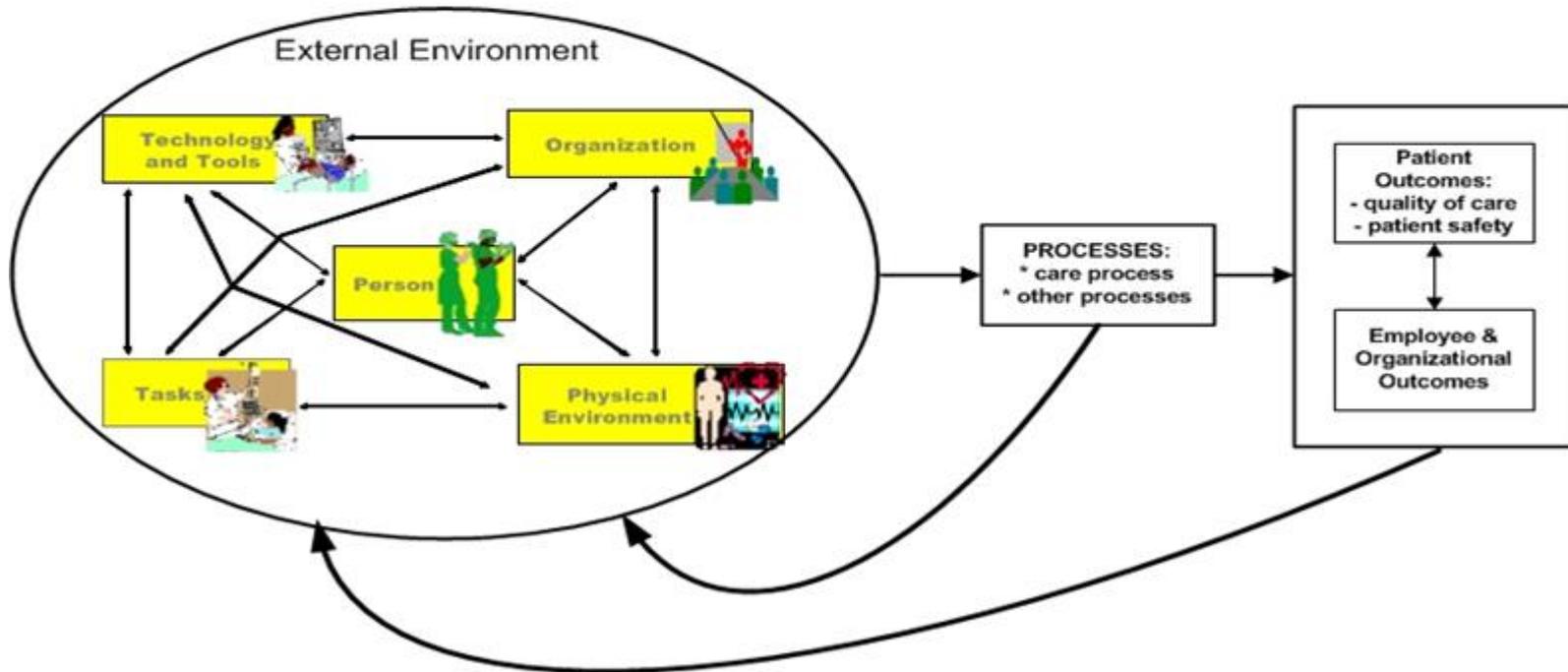
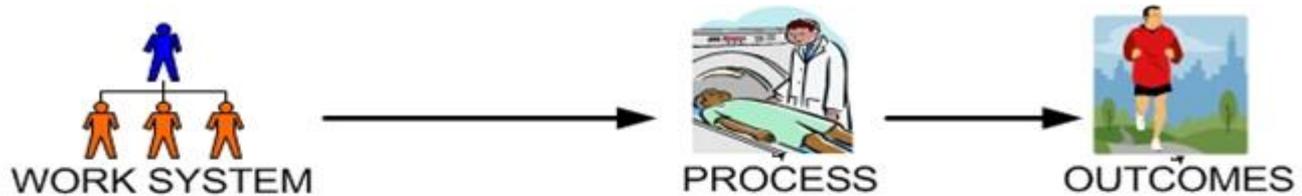
3 Medicine for Older Persons Wards, NHS Hospital, UK



FUNDED BY

**NIHR** | National Institute  
for Health Research

# Systems Engineering Initiative



FUNDED BY

# Results



FUNDED BY

**NIHR** | National Institute  
for Health Research

# Effect on patient care

- Patients are expected to fit into a routine

“The patient requests to go to the toilet, she looks at the clock, sighs and reluctantly goes to get the commode. She comes back with the commode and pulls the curtain around him and leaves” *FIELD NOTE*

- Interactions only occurred when tasks occurred

“Staff continue to walk outside of the bay and look into ensure that the patients are ok but once they know that they are they leave. There is no interaction if there is no apparent need from patients.” *FIELD NOTE*

- Allocated Interaction Time

She replied “during mealtimes or when washing them – you get the longest time to talk” ....she allocated certain time for tasks, stating it’s about “5 minutes to change a pad” but “20 minutes for a wash” *FIELD NOTE*

- Unmet Needs

The nurse has approached a patient to administer medication, she picks up the drug chart “you alright there” she says as the patient catches her eye, “yes” there is a pause “well I say I’m alright”. The nurse smiles and returns to her task “back in a sec”. *FIELD NOTE*

FUNDED BY

**NIHR** | National Institute  
for Health Research

“You know, if someone says to me “Why – why were your Obs due, and why haven’t you done any of your IVs” and you say “Well this person was really upset, and I spent the morning comforting her”, it’s not going to go down very well

“Because you can’t spend all morning with one person... because you have to make sure that everyone is clean and safe ‘cos you might get pressure ulcer if they’re sat in one position for too long”



“As I say, if there’s ... constraints on you from a staffing perspective, you can’t go and sit with somebody, because that’s almost ... second in priority to stopping someone from falling, or somebody’s incontinent, or ... somebody’s wandering, and ... and the risk of absconding from the ward”

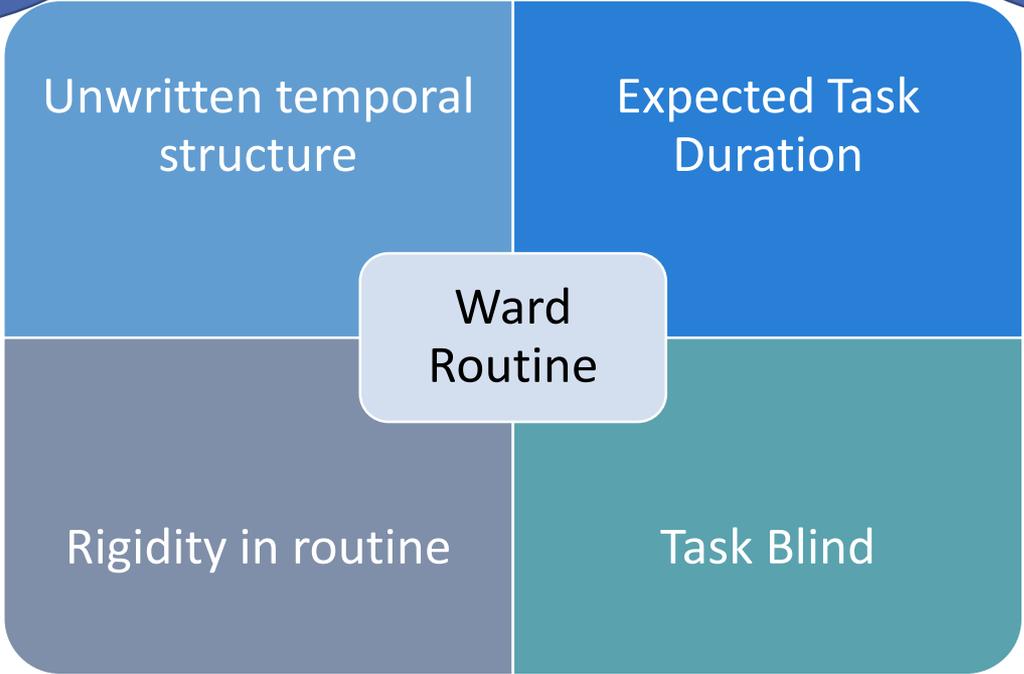


FUNDED BY

So

“Everything fitting into a time. The medications have to be done at this round; washes have to be done”

“One of the nurses comes into the space, she has been looking after a patient in the other bay “this is ridiculous, I haven’t even started my drugs yet”



“I do my drug round but I usually get interrupt usually requests for the toilet; - confused patients asking you questions, the same questions over and over again, about wanting to go home”

“How is the pasta for you” the patient says “I don’t know what’s going on” but again the staff member ignores it “yes it’s soft for you”

# Emotional Demand



# Team dynamics

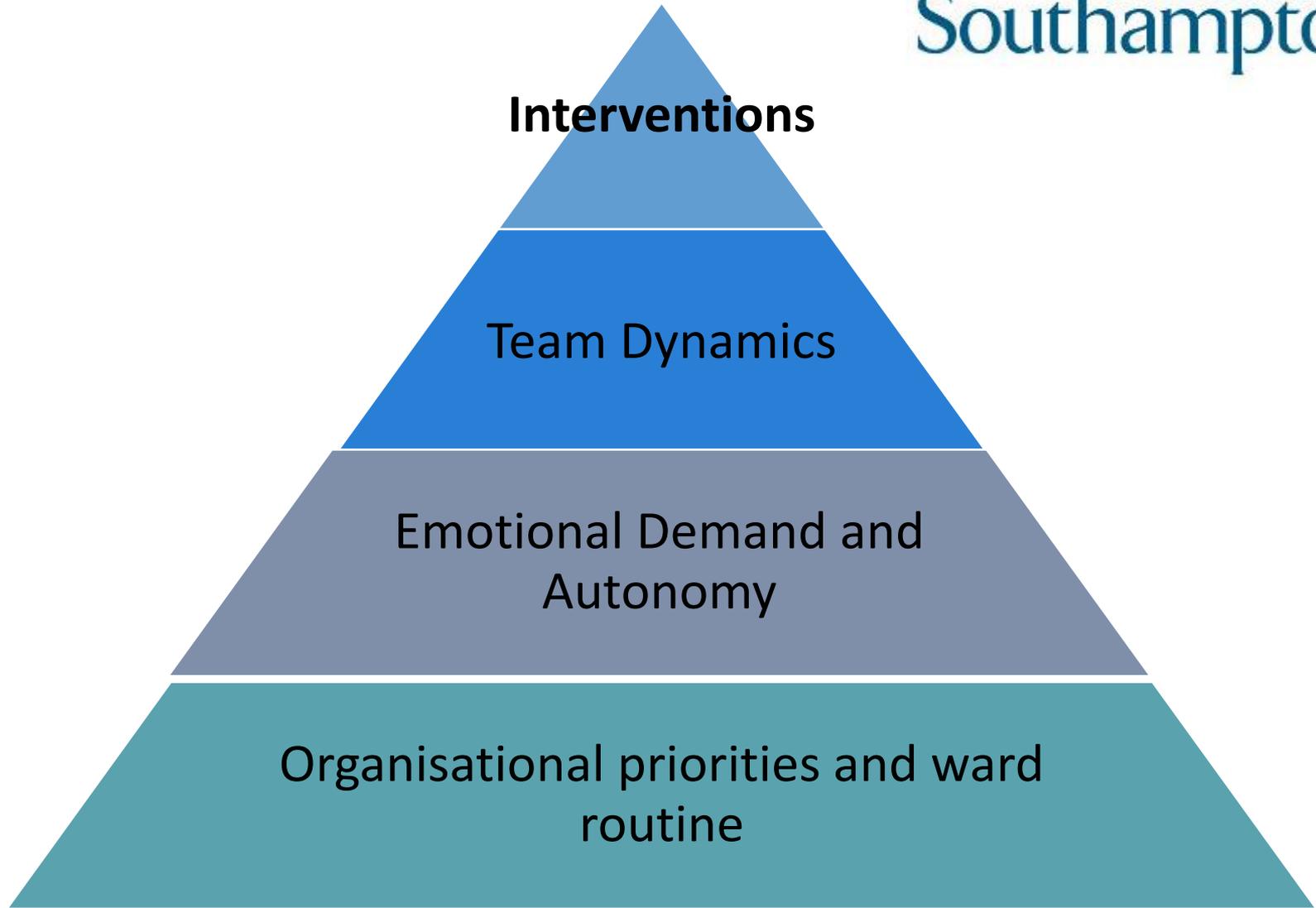
“And you know, you haven’t got people sitting on a commode and the next one up the other end is running round like a blue arsed fly, doing all what they’ve got to do. And then as you come out, the people that should be working, are sitting on computer talking and doing what they’ve got to do”

“The nurse comes into the bay and requests help from one of the HCSW, the HCSW looks a bit annoyed and says she will be in soon. The HCSW looks at me and says, “It’s taken her 2 and a half hours to do the medication! And she’s washed 1 patient, we’ve still got 2 rooms”

## Tensions in nursing teams Role clarity vs role flexibility

“The nurse is currently giving out her medication in the bay, she sees a health care support worker “everything ok? – I’ll be in a minute, well when I finish this, I’m not getting anywhere fast today”.

“And they’ve done their tablets, they’ve done all their obs, so if they’re -. They’ve finished early. Or not early. They’ve finished on the time they wanted to be doing it in. And then they’ll come and help you, and you’ve had a good day then”



FUNDED BY

**NIHR** | National Institute  
for Health Research

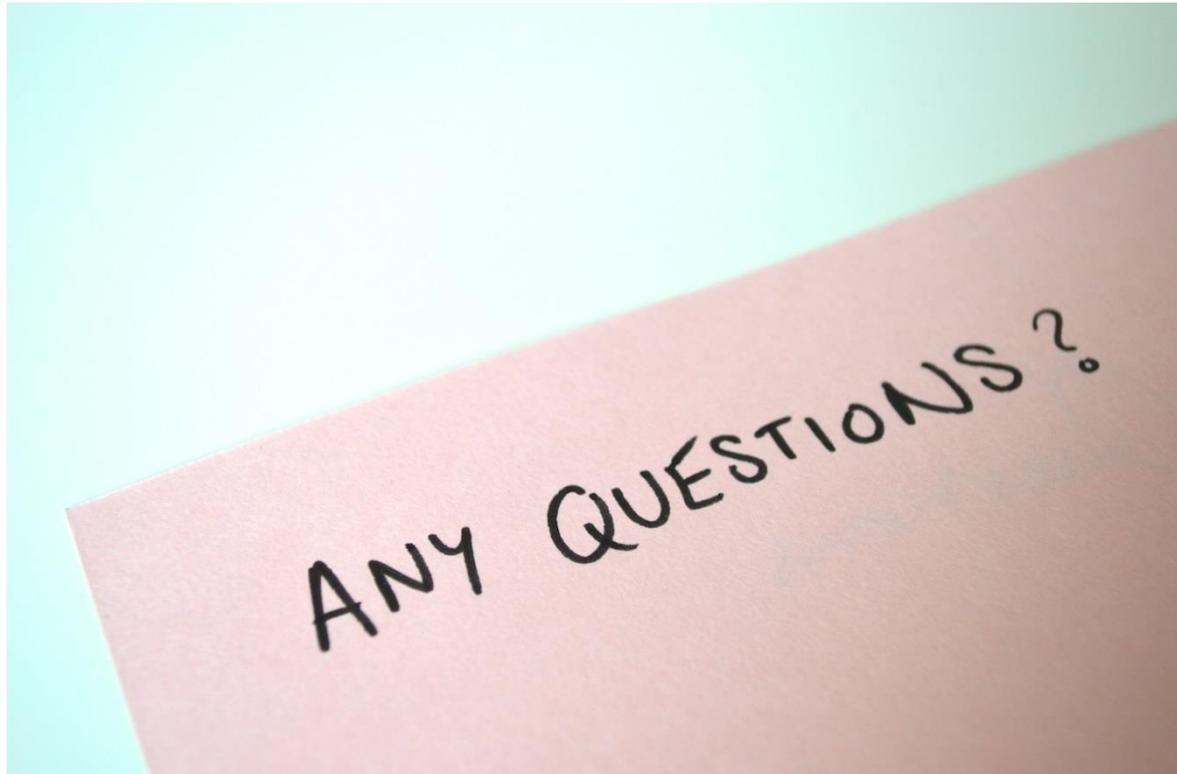


**DementiaUK**  
Helping families face dementia

# Implication for practice

- Relational care needs to be an organisational priority for MOP
- National/organisational benchmarks for relational care
- Nursing teams need more clarity in their job roles
- Nursing teams need more emotional support
- Nursing staff need more autonomy in their role
- Nursing staff need more flexibility in their work

Thank you



Oliver E, Work system influences on nursing staff capacity for relational dementia care on medicine for older people wards: An ethnographic study. PhD Thesis, 2019  
University of Southampton, Southampton, UK

# References

- Bridges, J., Flatley, M. and Meyer, J., 2010. Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies. *International journal of nursing studies*, 47(1), pp.89-107.
- Dewar, B. and Mackay, R., 2010. Appreciating and developing compassionate care in an acute hospital setting caring for older people. *International Journal of Older People Nursing*, 5(4), pp.299-308.
- Nolan, M.R., Brown, J., Davies, S., Nolan, J. and Keady, J., 2006. The Senses Framework: improving care for older people through a relationship-centred approach. Getting Research into Practice (GRiP) Report No 2.
- World Health Organisation (2012). "Dementia: A public health priority." Geneva: World Health Organisation and Alzheimer's Disease International.