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

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Background

- 1 in 4 hospital beds (WHO 2014)

- Relational care is seen as “gold standard” for people with Dementia (Nolan 2007)


- 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)
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

Phase One
- Unstructured Observations
- Reflexive notes
- N=125 hours

Phase Two
- Semi-structured interviews
- Reflexive notes
- N=26

Analysis
- Thematic
- SEIPS Framework

3 Medicine for Older Persons Wards, NHS Hospital, UK
Systems Engineering Initiative

[Image of a diagram showing the relationship between work system, process, and outcomes, with components such as technology and tools, organization, person, tasks, physical environment, processes, patient outcomes, and employee & organizational outcomes.]
Results

Guilt

Capacity

Fear

Patient needs

Organisational priorities

Routine

Autonomy

Team dynamics
Effect on patient care

- Patients are expected to fit into a routine
- Interactions only occurred when tasks occurred
- Allocated Interaction Time
- Unmet Needs

“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.”  

“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””

“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”  

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

“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”

“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”

“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”
“I think a lot of nurses probably go home feeling quite deflated that they haven’t cared as much as possible.”

“Monday, a patient had just sat down for dinner - had their dinner in front of them, and three senior staff – I think it was one Sister and two Matrons - came and moved three patients while they were just about to eat their dinner. And these are 90-year-old patients with Dementia – and I wouldn’t be able to say otherwise”

“and it’s really ... frustrating when you know that it would have made a difference, and if someone had listened to your professional expertise, which is why we’re in post, then they probably wouldn’t have re-presented less than 24 hours later”

“And I think the Nurse looking after them that night hadn’t documented properly, and it really fell back on her. So that really frightened me”
Team dynamics

“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

“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 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”
Interventions

Team Dynamics

Emotional Demand and Autonomy

Organisational priorities and ward routine
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

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References


