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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)
- 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)

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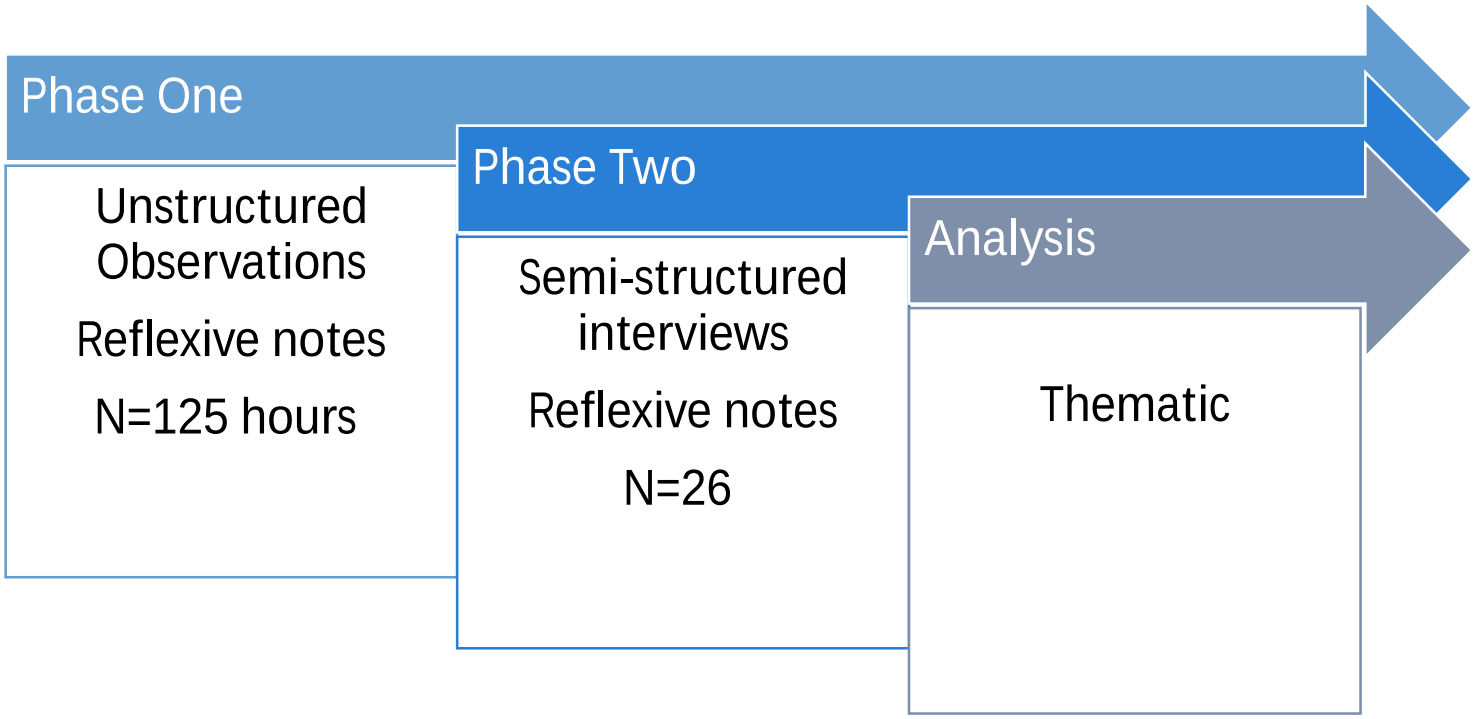
Methodology



Systems Engineering Initiative

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Results

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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"

- 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."

- Allocated Interaction Time

She replied "during mealtimes or when washing them íyou 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

- Unmet Needs

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"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

"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"

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"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

Unwritten temporal structure

Expected Task Duration

Ward Routine

Rigidity in routine

Task Blind

"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"

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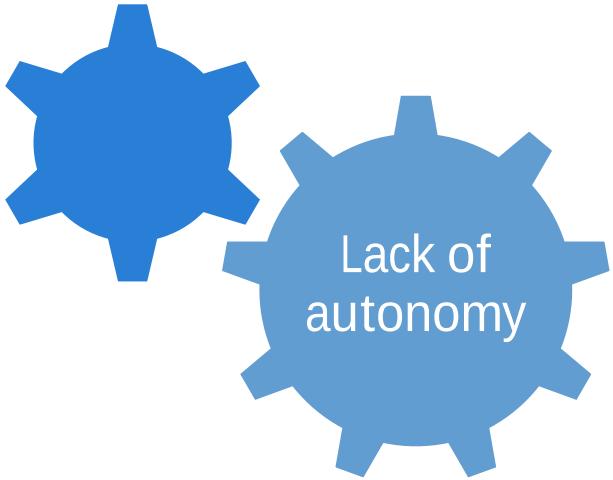
Emotional Demand



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Team dynamics

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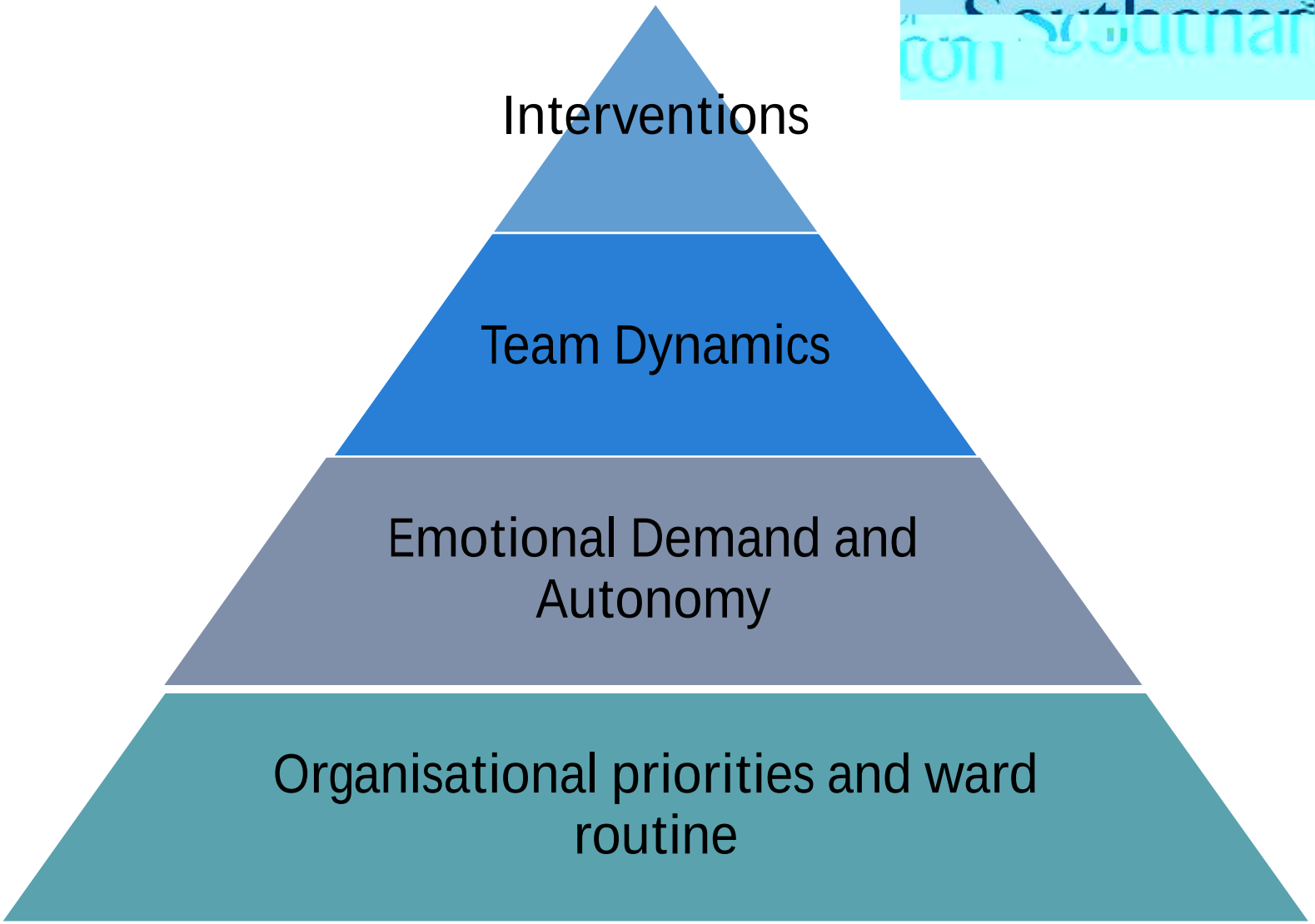
Interventions
Team Dynamics
Emotional Demand and Autonomy
Organisational priorities and ward routine

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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

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Thank you

Oliver E, Work system influences on nursing staff capacity for relational dementia care on medicine for older people wards: An e

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