

Challenging care: the role and experience of Health Care Assistants in dementia wards

Executive Summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

In the UK, the number of people with dementia will double to 1.4 million by 2040. A small proportion of people who have dementia and complex needs are admitted to specialist wards for purposes of assessment, treatment of co-morbid mental illness or because their behavioural problems cannot be resolved elsewhere. Many more people with dementia are treated in generic wards for other health needs. Most of the direct care in dementia wards and in many other hospital and nursing home settings is provided by health care assistants, low paid staff with little formal training. Yet, by comparison with nurses, little is known about the role and functions of health care assistants.

Aims

The overall aim of this study was to understand the subjective experience of staff who work directly with older people with dementia, in order to improve front-line dementia care. It asked:

1. What motivates staff?
2. What obstacles to good care do they face?
3. What do they find stressful and how do they cope?
4. What appears to promote staff wellbeing?
5. What are the implications of these findings for person-centred care, which is set as a standard of good practice?

About this study

Participant observation was conducted over four months in 2008-09 in three dementia care wards within one mental health Trust. Three researchers worked as part-time, supernumerary health care assistants, each in a different ward. Further data was collected through interviews and Dementia Care Mapping on the ward, and focus groups were held both with ward staff and with 'informal' carers.

The approach taken, with its emphasis on the experience of direct-care staff, primarily healthcare assistants, offers few insights into the work of other professionals involved in the hospital care of people with dementia.

However, generalisability of the findings is increased by variation between the wards studied and by the collaborative approach to data analysis, which involved the informants and the Project Advisory Group as well as the researchers.

Key findings

Findings fall into two broad themes: the *process* of caring in terms of its motivations and rewards; and second, the *impact* of caring, discussed here in terms of stress and its management at individual and organisational levels.

Caring, motivations and rewards

For the most part, health care assistants worked with empathy and commitment, deriving great satisfaction from their caring role. We found that they also *managed* the ward environment, maintaining a consistent emotional climate. This constitutes a distinctive but previously overlooked aspect of the health care assistants' role.

Health care assistants were well-placed to communicate with patients' families concerning their loved one. However, this role also exposed them to families' negative emotions, such as grief, guilt, and distrust. Informal carers reported that it can be difficult to approach health care assistants without seeming critical and encountering defensive responses. More effective liaison with families could benefit patient care.

Stress and coping

Dementia care is physically and emotionally taxing; moreover, violence and aggression were a constant risk in the wards studied. Compared to the Health and Safety Executive Stress Management Standards, the organisational context with regard to autonomy, roles, support and relationships at work was satisfactory or good. Areas for improvement were: low staffing levels (at least as perceived by health care assistants), limited training and career development opportunities, lack of recognition and appreciation of the health care assistants' knowledge, and poor communication about change.

Belonging to and participating in 'the team' was a fundamental aspect of the job, with three clear benefits for individual staff:

- The team set the standards for doing the job effectively, co-operating to share the workload and minimise risk.
- Mutual respect and appreciation within the team gave members identity, confidence and pride in their work, despite limited recognition from others.
- Team members relied on each other for emotional support in dealing with the realities of incurable disease, loss of dignity, and death among the people for whom they cared.

However, the closeness of the staff team could also have a negative impact.

- Health care assistants maintained a careful balance between staff and patient needs; this could sometimes shift in favour of task efficiency or staff socialising to the detriment of individualised patient care.

- The security and identity afforded by the team appeared also to discourage interaction with patients' families and other ward staff.

Conclusions

'Relationship-centred care' may be a better framework for understanding the work of health care assistants than 'person-centred care', because the network of relationships on the ward was found to be vital to dementia care; staff need to relate to each other and to patients' families if they are to work effectively.

Health care assistants are skilled workers who make a distinctive contribution to the care experienced by patients with dementia and whose capabilities directly affect the quality of that care. This conclusion has implications for acute, as well as specialist, hospital provision. It may also be applicable to residential and nursing home settings where health care assistants make up the vast majority of staff. The full report identifies nine areas for consideration in re-evaluating the role of health care assistants in dementia care. The issues which are raised have important implications for managers of HCAs for the planning and development of the workforce, and for the implementation of the NHS Constitution staff pledges.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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