



Gaining staff buy in

PhD researcher Ann Scott has successfully carried out a dementia qualitative study in a care home environment. Whilst carrying out her research she continued to engage closely with staff and since then has observed a shift in culture and behaviour amongst care home staff. The study intervention improved staff knowledge of dementia care and treatment, boosted staff confidence and empowered them to further influence other colleagues' clinical practice. As a researcher she would like to emphasise the importance of developing clinical enthusiasm and engagement and working closely with staff to roll out a study.

Background

Sometimes residents with dementia can present with behaviours that challenge. These can be overwhelming and some care home staff do not have the skills and capability to work well with the person. This can be a major source of stress to care staff and impact negatively on the person with dementia's quality of life ii,iii,iv. Some residents with these behaviours may be medicated or admitted unnecessarily to hospital. However, evidence has suggested that only 10% of behaviours that challenge can be attributed to physical problemsv. Most reflect an unmet need which may be exacerbated by environmental factors and/or care practices. The aim of the study was to determine if a bio-psycho-social approach, known as the 'Newcastle Model' was effective in the care of people with dementia when compared to usual care in care homes. The primary objective was to measure a reduction in the frequency and/or severity of these behaviours following training for staff to apply the 'Newcastle Model'.

The 'Newcastle Model' attempts to examine residents' challenging behaviour in terms of how it may have originally arose. It helps staff to understand why a person might be behaving in ways care home staff find challenging, and to develop ways of

addressing the unmet "needs" of the individual. The distinguishing feature of the model is the unique integration of teaching, supervision and intense support provided to care home staff, which are delivered and facilitated by skilled therapists. In this study the Behaviour Sciences Nurses were Community Mental Health Nurses working in dementia services.

Challenges

- Gaining care home staff support or 'buy-in' to the Newcastle Model and the study.
- Care home staff believed they didn't have time for training or time to use the 'Newcastle Model'. Many staff were already very busy and perceived the study would take up time and resources.

The Approach

Prior to the study PhD researcher Ann Scott worked as a Practice Development Facilitator with three behaviour nurses to develop their knowledge and skills of applying the 'Newcastle Model'. The nurses brought a vast amount of experience from working with residents with dementia and after the year of support were highly proficient in delivering training sessions with care home staff.

The nurses approached the care home manager to identify a few members of staff for the training and a few residents that had dementia and presented with behaviours that care staff found challenging. The residents had to meet the inclusion criteria and either have the capacity to consent, which was assessed using a process consent model, or their legal representative gave assent.

The biggest hurdle for the study, but the most important one was gaining staff support or buy-in. At the beginning many care homes were hesitant about getting involved with the study and found it difficult to dedicate time and resources to new ways of working anything new. In the initial stages the three behavioural nurses spent much of their time building relationships with the care home staff to get them on board with the proposed approach. The nurses spoke to each individual staff member to introduce the study and intervention, to ensure the staff involved in the training programme were fully engaged and enthusiastic. They framed the study's approach in a language and style that encouraged this – that by taking a person-centred approach and time out of their day it could help to deliver a better quality of care and treatment for the resident, and save time later.

Once a few enthusiastic members of staff were identified in each care home, the nurses worked intensively with them over a period of 12 weeks. The training involved teaching staff the theory underpinning the 'Newcastle Model' and working with them to collect information and data on the target behaviour. Nurses and staff then collaboratively applied the bio-psycho-social model within the home, encouraging them to question their own practices, reflect on the situation and start to challenge their own assumptions. It ***“encouraged staff to stand in the shoes of a person with dementia and empathise with their everyday struggles.”*** The staff then developed each resident's individual care treatment pathways to suit the person's unmet needs. By working closely with staff and supporting those over the 12 week period, staff began to feel more empowered to act and respond to the training. This occurred over time, but involved:

- Building a relationship with each individual through conversations and one-to-one sessions to help tackle specific issues
- Delivering information in a simple and easy to understand manner
- Encouraging staff and giving them the confidence to apply clinical interventions to suit the person
- Passing on expertise and personal examples.

By giving staff ownership and responsibility, they felt empowered to make better treatment choices for the resident and were more likely to implement the intervention. Staff have said:

“by taking only a few minutes out of their day to get to know the residents, the training has allowed them to take the time and building up a rapport with them; they have begun to feel more empowered and confident that they can make a better treatment decisions that significantly affects the lives of the person, family, carers and other staff.”

Staff who completed the training felt empowered to put their knowledge into practice, around the care home. By leading by example they have begun to influence other staff members' behaviour and have drawn on each case to learn and improve on the service they provide.

To share information and learnings between sites the three nurses often met to discuss particular cases and share clinical practice ideas during the course of the study. The journey to getting staff engaged and confident in applying the model has been a result of a few key individuals seeing the model succeed and helping drive it forward.

Conclusion

By teaching care home staff the essential basics, knowledge and skills to apply the 'Newcastle Model' it has encouraged and empowered them to make better choices for the resident and given them the strength to question other clinical practice within the home. Most care homes have continued to successfully apply the 'Newcastle Model' to their way of working and started to adopt it across all sections of the care home.

“There has been a big cultural change across those care homes that have had the study training.... a few years down the track I re-visited the care homes and saw the 'Newcastle Model' working very successfully across the entire care home.... staff have influenced each other, changed clinical practise and very much appreciate the extra expertise and skill the behaviour nurses can and continue to provide for them.” Ann Scott, Researcher

References

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