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Presentation

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# MANAGING CHANGE:

*Reflections on an Action Research  
Study for Enhancing Mealtimes in  
NHS Dementia Care*





# RESEARCH SUMMARY

The research project aims to collaboratively develop small-scale interventions that will improve meals and mealtime experiences for people with dementia, their relatives, and ward staff in two NHS Continuing Care facilities.

- ❖ Example interventions involve:
  - ❖ Changes to when and what type of food is available
  - ❖ Mealtime environment (e.g. table layout)
  - ❖ Opportunities to share and interact during mealtimes

**All changes decided by the stakeholders**



# CONCEPTUALISATION

*Physical*  
Aspects of  
Meals &  
Mealtimes

Food &  
Mealtime  
Environment

Nutrition &  
Hydration;

Eating Ability  
& Assistance

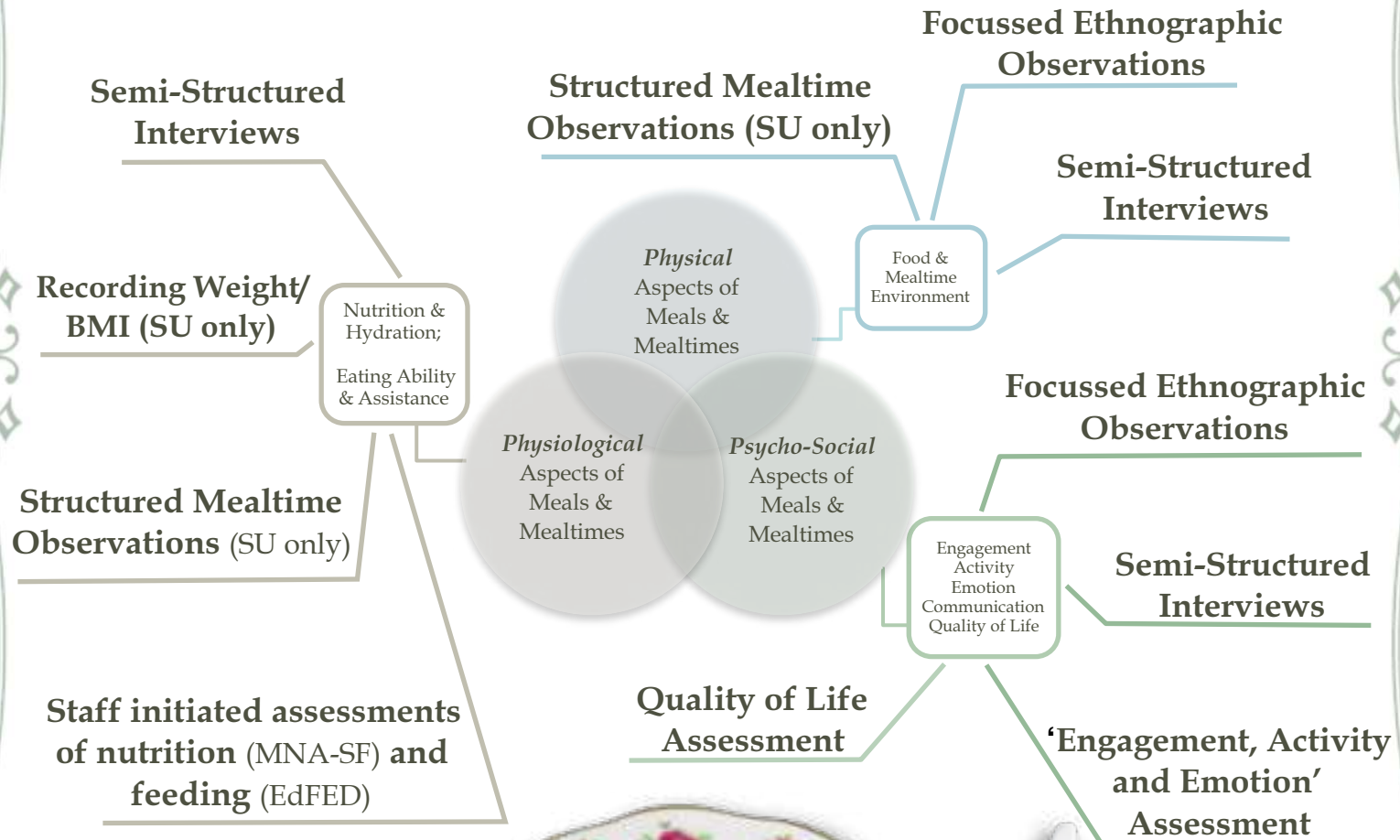
*Physiological*  
Aspects of  
Meals &  
Mealtimes

*Psycho-Social*  
Aspects of  
Meals &  
Mealtimes

Engagement  
Activity  
Emotion  
Communication  
Quality of Life



# OPERATIONALISATION



# WHY ACTION RESEARCH?

## Potential for immediate Impact:

- ❖ Justifies doing research
- ❖ Encourages cooperation
- ❖ Ensures findings are applied in practice (Bate, 2000)

## Relevance to the '*Here & Now*':

- ❖ Accounts for the micro-cultures within and across settings
- ❖ Specific settings allow for a broad *and* in-depth research investigations and evaluations of intervention impact

## Collaboration and Ownership:

- ❖ Brings patients, staff and relatives together
- ❖ Is led and owned by the above groups
  - ❖ Researcher as informant and facilitator





# WHAT HELPED IN CREATING CHANGE?

- ❖ Being consulted was appreciated by the stakeholders and generated a lot of suggestions and opinions
- ❖ Spending long hours on the units, socialising with patients and actively assisting during mealtimes (when structured observations were not taking place), helped to gain trust
  - ❖ both in terms of honest contributions
  - ❖ and in terms of regard for research findings and reflections
- ❖ Dividing responsibilities & capitalising on people keen to implement their own suggestions (although this depended on hierarchical factors)
- ❖ Due to units' hierarchical structure, support from managers and effective management of the ward were crucial

# WHAT HINDERED IN CREATING CHANGE?

## 1. Institutional micro-cultures

- ❖ Hierarchical and authority structures
- ❖ Roles and role dynamics
- ❖ Decision-making patterns and restrictions
- ❖ Closed and *invisible* settings
- ❖ Culture / Status Quo maintenance
  - ❖ Nursing / clinical emphasis
  - ❖ Self-serving beliefs





# WHAT HINDERED IN CREATING CHANGE?

## 2. Practical aspects

- ❖ NHS Trust policies relating to mealtimes **and their interpretation**
  - ❖ *Although these could also serve as a catalyst for change*
- ❖ Staffing levels
- ❖ Unit architecture
- ❖ Mealtime provision (*external providers*)
- ❖ Health & Safety regulations





# WHAT HINDERED IN CREATING CHANGE?

## 3. Relationship & Interaction Patterns

- ❖ Asymmetrical relationship between staff & patients
- ❖ Tensions between staff & relatives
- ❖ Opportunities to meet stakeholders in large (and mixed) groups to arrive at a consensus
- ❖ The liminal 'outsider-insider' status of the researcher
- ❖ The dual role of the researcher



# WHAT HINDERED IN CREATING CHANGE?

## 4. Nature of Interventions

The least successful were changes that:

- ❖ required more input / work from staff
- ❖ required co-ordination of multiple staff members (i.e.: changed the routine)
- ❖ required long-term input rather than offering a 'quick fix'
- ❖ challenged impermeability of the setting
- ❖ gave more autonomy to patients



# PRACTICAL SUGGESTIONS & PREREQUISITES

## for Conducting Action Research in Institutional Settings

### Setting

- ❖ Choosing a research site with adequate staffing
- ❖ Securing research feedback meetings with all stakeholder groups
- ❖ Effective management is essential to facilitate action research
- ❖ Initial commitment to change should be investigated beyond face value

### Researcher

- ❖ Transparency and effective sharing of information is paramount
- ❖ Flexible timelines should be available
- ❖ Flexibility in the researcher's role is needed
- ❖ Conflict resolution skills are necessary along with
- ❖ Skilful managing of modes of engagement

Action Research within the NHS & with people living with dementia is likely to be:

- ❖ Time-consuming
- ❖ Resource-consuming
- ❖ and at times challenging

But it is also:

**HIGHLY REWARDING  
&  
MUCH NEEDED!**



# RESEARCH DETAILS



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Social Research, University of Kent

The study has been approved by the  
Social Care Research Ethics  
Committee.

REC reference: 13/IEC08/0018

This research project is hosted by  
KMPT and University of Kent, and  
sponsored by Kent Health





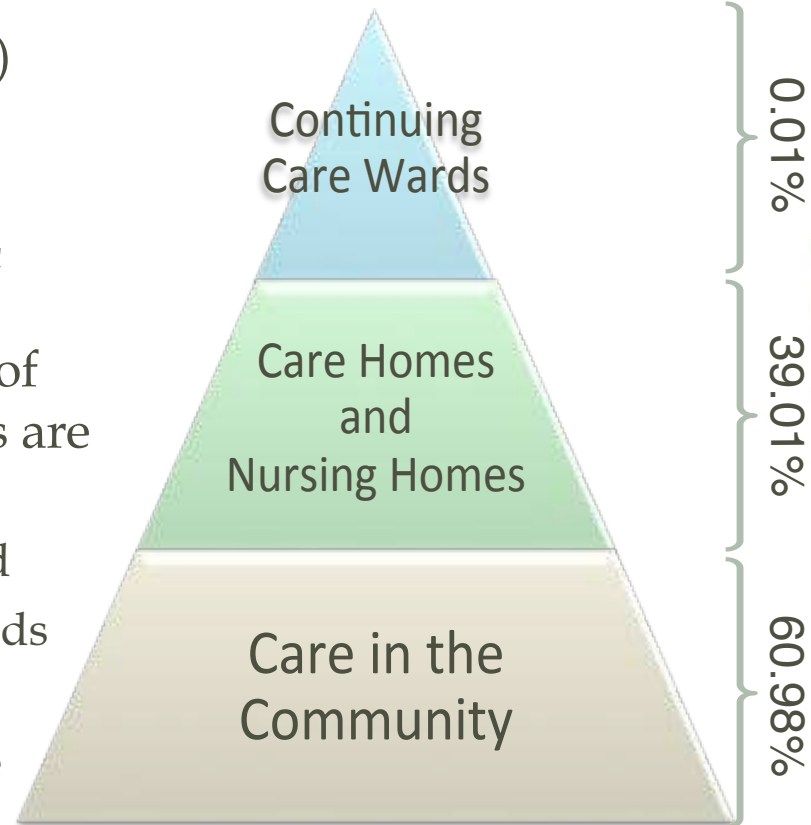
# THE SETTING: NHS CONTINUING CARE UNITS

Few Continuing Care (CC)  
Settings across the UK:

- ❖ Under-researched
- ❖ Invisible to the public

Compared to other forms of  
dementia care, CC settings are  
characterised by:

- ❖ (highest) level of need
- ❖ complex multiple needs
- ❖ hospital environment
- ❖ institutional structure  
and goals



# PARTICIPANTS

Patients, relatives/friends  
and staff (ward based and visiting)

# SETTING

2 NHS Continuing Care  
Units (part of the same NHS trust)

# PROCEDURE

Stage 1: *Pre-Intervention*

Stage 2: *Intervention*

Stage 3: *Post-Intervention*

Divided across 9-12 months

# MEASURES

- ❖ Focused Ethnographic Observations of the setting
- ❖ Structured Mealtime Observations (Service Users only)
- ❖ Semi-Structured Interviews (where possible including people with dementia)
- ❖ Recording Weight/BMI (SUs only)
- ❖ Measuring Quality of Life, Mood and Engagement (SUs only; including one staff initiated assessment)
- ❖ Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)

# DESIGN

**Action Research** with participatory elements (stakeholders co-creating and implementing changes)

