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THE IMPORTANCE OF MICRO-CULTURES:

*Preliminary Findings from an Action Research
Study on Improving Mealtimes in 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



CONCEPTUALISING MEALTIMES

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



MEALTIMES IN CONTEXT

Wider Societal Context

Institutional Context

Nutrition &
Hydration;
Eating Ability
& Assistance

Physical
Aspects of
Meals &
Mealtimes

Food &
Mealtime
Environment

Physiological
Aspects of
Meals &
Mealtimes

Psycho-Social
Aspects of
Meals &
Mealtimes

Engagement
Activity
Emotion
Communication
Quality of Life






MICRO-CULTURES

Microculture -

“**a system of knowledge, beliefs, values and behaviours** shared by the members of an **interacting group** to which the members can refer and which **serves as the foundations for new interactions.**” (Fine, 1987, p. 125)

- ❖ members recognise that they share experiences
- ❖ there is an expectation that these shared experiences will be understood by all members
- ❖ shared understanding constructs a reality for the participants



Most micro-cultural groups are groups of individuals who have much in common with the larger macro-culture (e.g., use common verbal and nonverbal symbols), but in some way the micro-cultures vary from the larger, often dominant cultural milieu.



MICRO-CULTURES

Micro-cultures and micro-cultural groups are localised, distinctive cultures of a small group of people, which can be categorised by:

- ❖ Ethnicity (e.g.: ethnicity-based groups in South London; Hollos, 1991)
- ❖ Sexuality (e.g.: gay pubs and other meeting places; Albro, 1997)
- ❖ Interest groups (e.g.: British horse-racing enthusiasts; Fox, 2012)
- ❖ Online cultures (e.g.: Anomic internet-based micro-cultures; Rickman & Solomon, 2007)
- ❖ Institutional / organisations settings:
 - ❖ companies (Schein, 2010)
 - ❖ schools/classrooms (Lopez & Allal, 2007)
 - ❖ **...but no research specifically focussing on micro-cultures in Long-Term Care for People with Dementia**



RESEARCH EXPECTATIONS

Micro cultures can influence people's actions and motivation in micro-specific ways, so that findings from any given setting should not be generalised to other comparable settings (Smith & Mackie, 2007)

- ❖ it was therefore hypothesised that co-created interventions would differ across settings

It was expected that mealtime interventions co-created by the key stakeholders will have a **high implementation/retention rate and show positive outcomes**, as co-creation would ensure the interventions are tailored to specific social and cultural settings (micro-cultures) within which they are to be implemented (Kitwood & Benson, 1995).





FINDINGS

This hypothesis was generally confirmed:

SITE 1

Problem

Unhelpful meal serving routine

Lack of food outside meantimes

Few opportunities to socialise

Few cues at mealtim

Staff unsure about patient weight-change over time

Intervention

Routine amended

Extra snacks purchased

Furniture allowing communal dining

Changing table set-up

Clearer and more frequent monitoring

SITE 2

Problem

Stressful teatimes

Not enough staff at teatimes

A couple of patients not managing portion size

High proportion of people who need physical promoting, but not full assistance

Some disagreement between staff and relatives about mealtime approaches

Intervention

Dividing up the meal

Rota changes

Food provided in small portions throughout the day

Hanging mealtime set-up from individual to communal

Group meetings

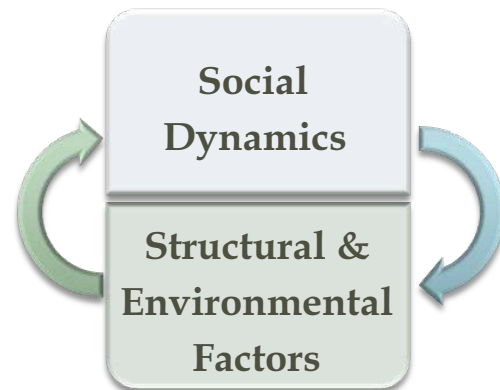


FINDINGS

However, the influence of micro-cultures on the research process transcended the static function of an 'ideas platform'.

The processes that distinguished the micro-cultures and the way they impacted on mealtimes between research sites included:

- ❖ social dynamics
 - ❖ adherence to organisational structures and power hierarchies
 - ❖ knowledge and attitudes related to dementia care
 - ❖ inhumanisation
 - ❖ identity negotiation
- ❖ structural and environmental factors
 - ❖ ward size and layout
 - ❖ shift patterns and composition
 - ❖ ward routines






FINDINGS

The dynamic way in which these processes and factors intersected to maintain micro-cultures influenced:

- ❖ research participation (especially PWD)
- ❖ willingness to implement co-created mealtime changes
- ❖ their retention
- ❖ and the overall success of the project



It also led to questioning how suitable collaborative / participatory methodologies are in institutional settings

- ❖ as stakeholder collaboration and 'empowerment' does not fit in with institutional micro-cultures
 - ❖ and is met with considerable resistance
- 





CONCLUSIONS

Due to the dynamic nature of micro-cultures, facilitating positive change in the experiences of PWD in long-term care settings is a highly complex process

- ❖ this further emphasises the need for research input
 - ❖ *especially methodologies that capture the role of micro-cultures*

It is not only the improvements, but also **research approaches and methodologies should emerge from the research process**

- ❖ Although some difficulties are anticipated (e.g. staffing), **Participatory Action Research** (PAR), where stakeholders retain full control of every research aspect, should be attempted



RESEARCH DETAILS



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

REC reference: 13/IEC08/0018

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MICRO-CULTURES & 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



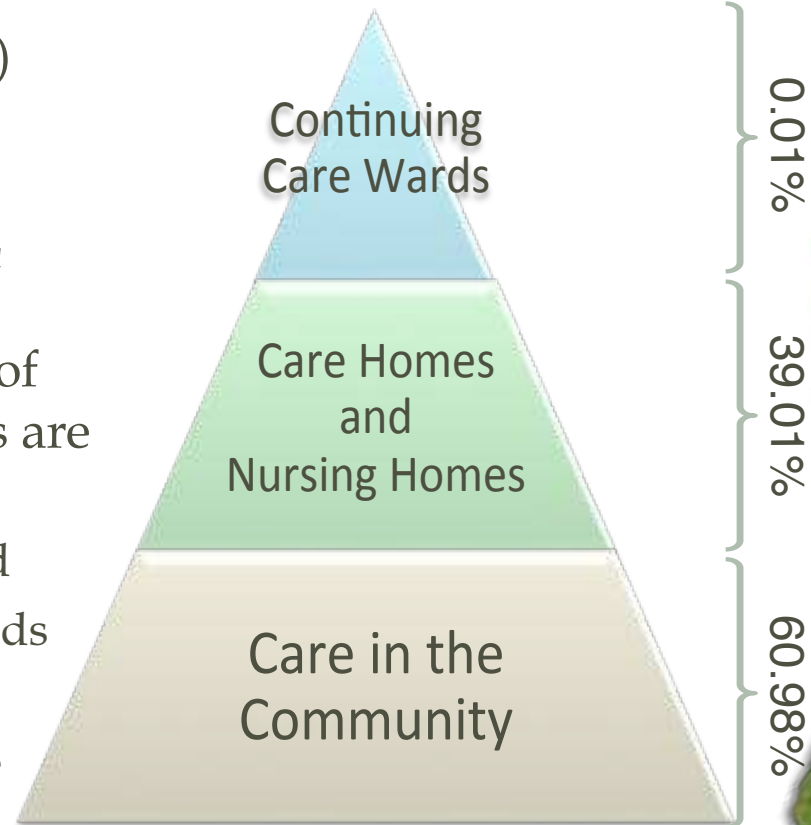
THE SETTING: NHS CONTINUING CARE UNITS

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





Micro-Culture

Macro-Culture

