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Citation for published version

Mikelyte, Rasa (2015) The importance of micro-cultures: Preliminary findings from an action research study on improving mealtimes in dementia care. In: 14th National Conference of Emerging Researchers in Ageing, Newcastle-upon-Tyne, UK. (Unpublished)

DOI

Link to record in KAR

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Document Version

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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

<i>Problem</i>	<i>Intervention</i>
Unhelpful meal serving routine	Routine amended
Lack of food outside meantimes	Extra snacks purchased
Few opportunities to socialise	Furniture allowing communal dining
Few cues at mealtim	Changing table set-up
Staff unsure about patient weight-change over time	Clearer and more frequent monitoring

SITE 2

<i>Problem</i>	<i>Intervention</i>
Stressful teatimes	Dividing up the meal
Not enough staff at teatimes	Rota changes
A couple of patients not managing portion size	Food provided in small portions throughout the day
High proportion of people who need physical promoting, but not full assistance	Hanging mealtime set-up from individual to communal
Some disagreement between staff and relatives about mealtime approaches	Group meetings

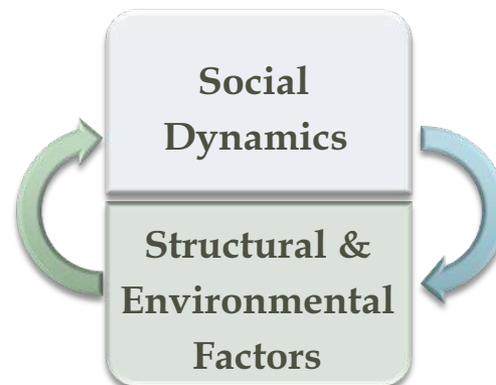


FINDINGS

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

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



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



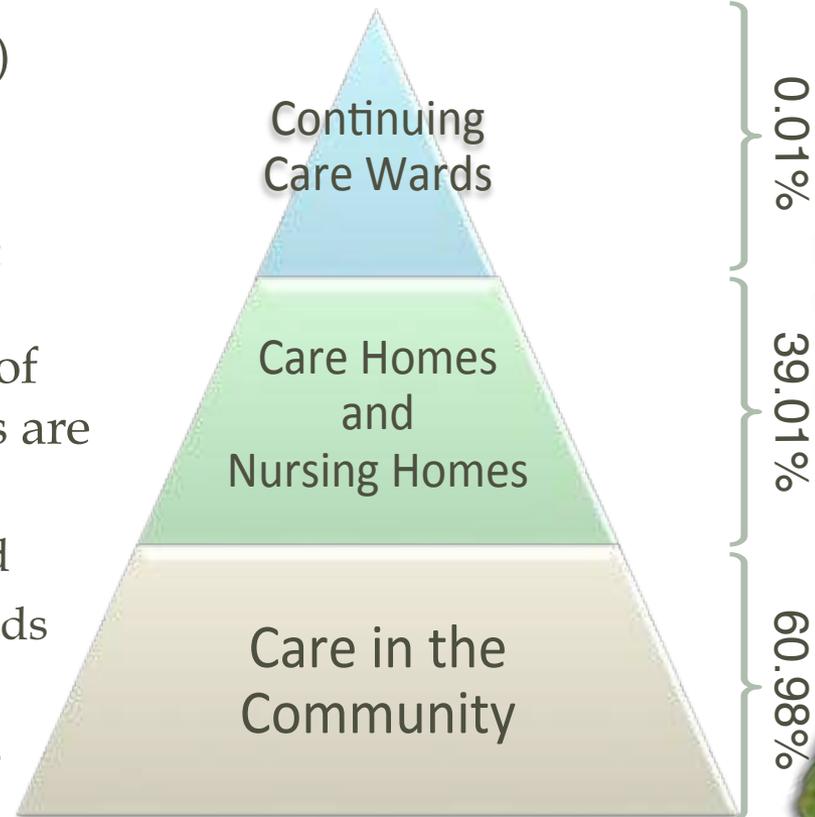
THE SETTING: NHS CONTINUING CARE UNITS

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

Care Culture

**Social
Climate**

**Care/Social/
Environmental
Context**

**Organisational/
Institutional
Culture**