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BARRIERS AND FACILITATORS TO PERSON CENTRED DEMENTIA CARE: A MUSICAL INTERVENTION



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BACKGROUND

Recent years have seen the advocacy of a person centred approach to dementia care including the use of arts in the promotion of health and well-being. This research has explored some of the 'unspoken' challenges of the collaborative working that these approaches can involve.

AIMS

It was originally aimed to evaluate the impact of a personalised musical intervention on the well-being of the clients of a specialist dementia home care service. This would have involved the compilation, by home care staff, of a music CD for each client. However, due to the failure of this intervention to be fully implemented, it subsequently became the goal of the research to establish the reasons for this.

METHODS

Semi-structured interviews were carried out with five key staff involved in the management of the personalised musical intervention with emergent themes being identified and pursued. Respondents included a training provider, a senior manager who initiated and guided the project and a front line leadership team who were responsible for recruiting participants to this project.

FINDINGS

Emerging themes on the barriers and facilitators to implementation

BARRIERS	FACILITATORS
TRAINING <ul style="list-style-type: none"> Lack of understanding of person centred care and how to implement it leading to a prevailing task centred focus (training provider and senior manager) Lack of clarity in training in how person centred care should be implemented (training provider and front line leaders) 	<ul style="list-style-type: none"> A recognition of the intrinsic benefits of the intervention (all) Training which is preceded by awareness raising and followed by reinforcement. (training provider) More wide reaching and audience targeted training (all)
LEADERSHIP <ul style="list-style-type: none"> Lack of staff consultation in implementing the project (all) Lack of leadership by the senior manager (front line leaders) The failure of front line leaders to properly lead their care teams (senior manager) Business focussed rather than client focussed supervision (senior manager) Staff turnover leading to lack of continuity in leadership (senior manager and front line leaders) Lack of managerial consultation, communication and support in the implementation process (all) 	<ul style="list-style-type: none"> The adoption of a user centred approach to implementation which is driven by carers and clients in receipt of the service (all) Better leadership with a greater focus on clinical issues in staff supervision (all) Clearer rationale for selecting staff to be involved and the provision of more staff support and consultation (all)
CONTEXT <ul style="list-style-type: none"> Time and task focussed commissioning practices (all) The inertia and lack of flexibility of front line staff (senior manager) Organisational restructuring and cumbersome paper work which was incompatible with new client care plans (front line leaders) Time pressure and conflicting demands on this time (front line leaders) Cut backs and resource limitations in the wider community (senior manager) 	<ul style="list-style-type: none"> More flexible and responsive commissioning practices (all) The promotion of 'dementia friendly communities' through the greater availability of relevant resources (senior manager) The provision of a person centred and responsive service (senior manager and training provider) Simpler paperwork which is compatible with the services care plans (all)

Respondents tended to have conflicting views on the individual team members responsible for the failure of the intervention to be fully implemented and expressed the opposing priorities which have been found to be common between health and social care workforce hierarchies. However, there was widespread agreement on the potential value of the musical intervention and on the major barriers and facilitators to its implementation, with issues of training, leadership and contextual circumstances such as commissioning all commonly expressed.

Overview of respondent interviews:

All were in agreement on the potential value of the musical intervention:

"Music is fundamental to how we deliver person centred care because its what we are doing that's special and if we just keep people warm, fed, clean and safe then that's not specialist dementia care" (senior manager)

"We have a lady who was very closed to meeting new carers and the only way we could get through to her was through music" (front line leader)

All also agreed that the failure to fully implement the intervention was partially due to inadequacies in understanding, training and leadership:

"Care is still approached as a time and task operation. The idea of person centred care, although people probably understand what that means, they don't necessarily understand how to implement it" (training provider)

"It wasn't made clear enough. There wasn't a formal action plan set by ourselves as the people delivering music training but also there was an assumption that if you bought into the approach you would make sure that things were happening. I think that was a bad assumption to make" (training provider)

"It was never made clear to me what my role was, especially regarding the paperwork, we were a bit confused about how to implement it...it started off quite positive but it ended up with a bit of struggle" (front line leader)

Contextual issues such as time pressure and commissioning practices were another barrier:

"Our carers are under such time pressure anyway" (front line leader)

"I think commissioners have a very large part to play in the culture within care services and from my experience it is the idea of commissioning based on time-slots and pre-assessing people for what they need" (training provider)

"As providers, it's difficult to provide what we haven't been commissioned to do" (senior manager)

In order to overcome these barriers, eclectic measures were suggested including the need to be 'political' in order to address the wider 'social fabric' and the adoption of a user centred approach to implementation:

"It's your social fabric isn't it. It's not just statutory services. It's all that's going to impact on how you experience your daily life" (senior manager)

"People who are receiving a service, if you are looking at it from a person centred perspective, are the people who drive what the service looks like" (training provider).

DISCUSSION

- The use of music and of arts interventions more generally are important components of person centred approaches to dementia care.
- The process of implementing these interventions can be subject to a number of multi-levelled barriers.
- Due to the diverse nature of these barriers, measures to overcome them should adopt a similarly eclectic approach.

CONCLUSION

Innovative interventions are increasingly common within mental health practice. However, the multi-disciplinary and collaborative working that these interventions often entail can be subject to many challenges which must be addressed if they are to be effective.



Argyle, E. (2012) Person centred dementia care: problems and possibilities, *Working with Older People*, 16 (2): 69-77

Argyle, E. and Kelly, T. (2015) Implementing person centred dementia care: a musical intervention, *Working with Older People*, 19 (2): 77-84