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**Overcoming the COVID-19 constraints on person-centred dementia care: a narrative inquiry of experiences of residential care staff in Belgium**

**Martin, A. and Hatzidimitriadou, E.**

# Overcoming the COVID-19 constraints on person-centred dementia care: a narrative inquiry of experiences of residential care staff in Belgium

Authors: Anne Martin<sup>1</sup>, Eleni Hatzidimitriadou<sup>1</sup>

<sup>1</sup>Faculty of Medicine, Health and Social care, Canterbury Christ Church University

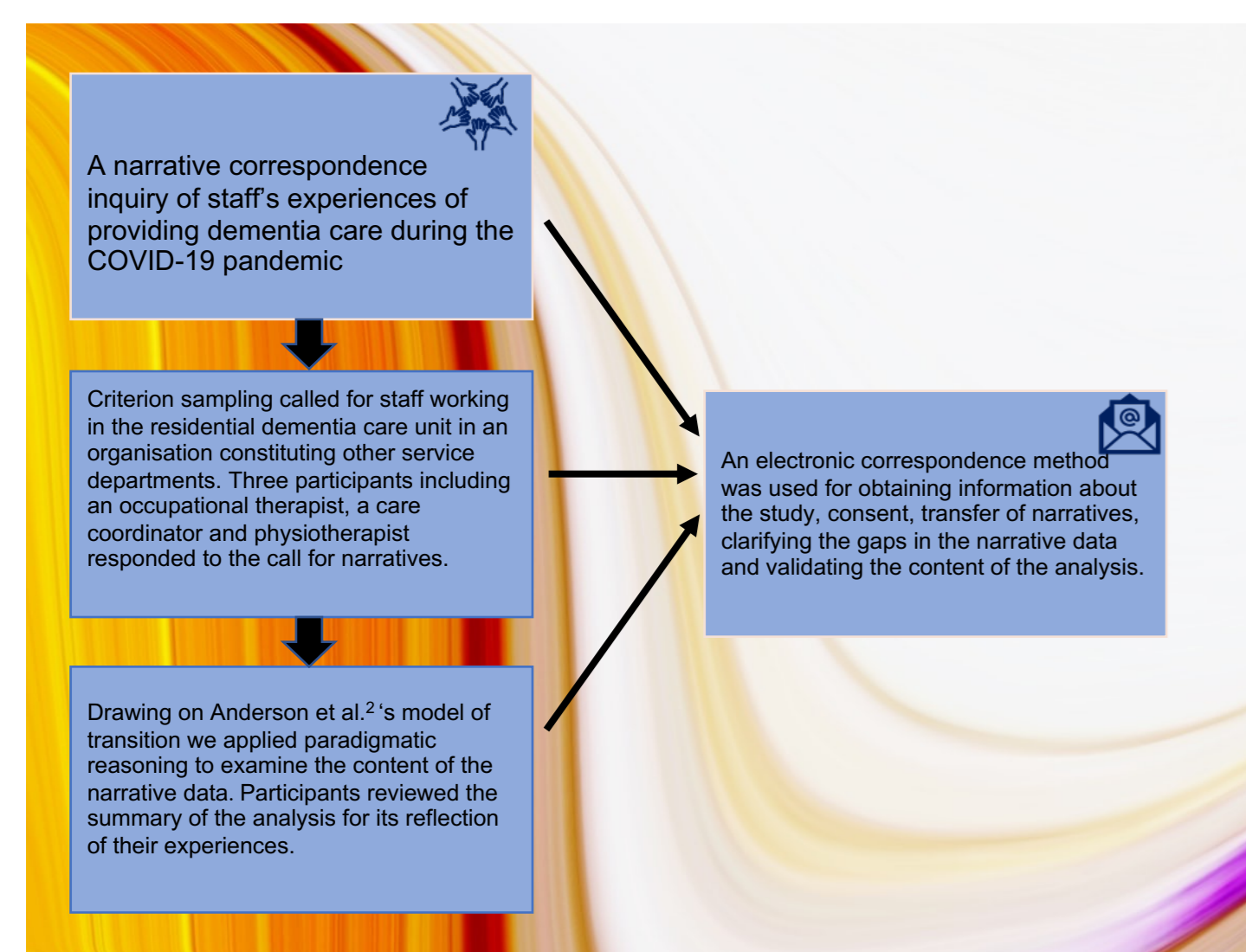
## Abstract

The COVID-19 pandemic rattled global systems of health and social care to the detriment of person-centred dementia care. A narrative inquiry engaged residential care staff to explore their perspectives on how dementia care amidst the COVID-19 pandemic evolved over time. Three participants gave in depth accounts of the transition of overcoming the COVID-19 constraints on person centredness. Measures applied to minimise risks of COVID-19 cross infections contravened the core values of person centredness in dementia care. However, restructuring the service to contain the effects of COVID-19 engendered new ways of getting to know people with dementia and collaborative passions for reorienting person centredness in care processes.

## Introduction

Person centredness is a non-negotiable basis for good standards of dementia care. The COVID-19 pandemic however rattled global systems of health and social care to the detriment of person-centred dementia care. Caught up in the crisis of treating and preventing further COVID-19 causalities, the world ceased to see much else through the perspectives of people with dementia. Our study aimed to explore residential care staff's experiences of overcoming the constraints on person centred dementia care during the COVID-19 pandemic.

## Methods



**Ethics:** The study obtained clearance from the ethics governance board of the participating residential care organisation and the University's Faculty of Medicine, Health & Social Care research ethics committee.

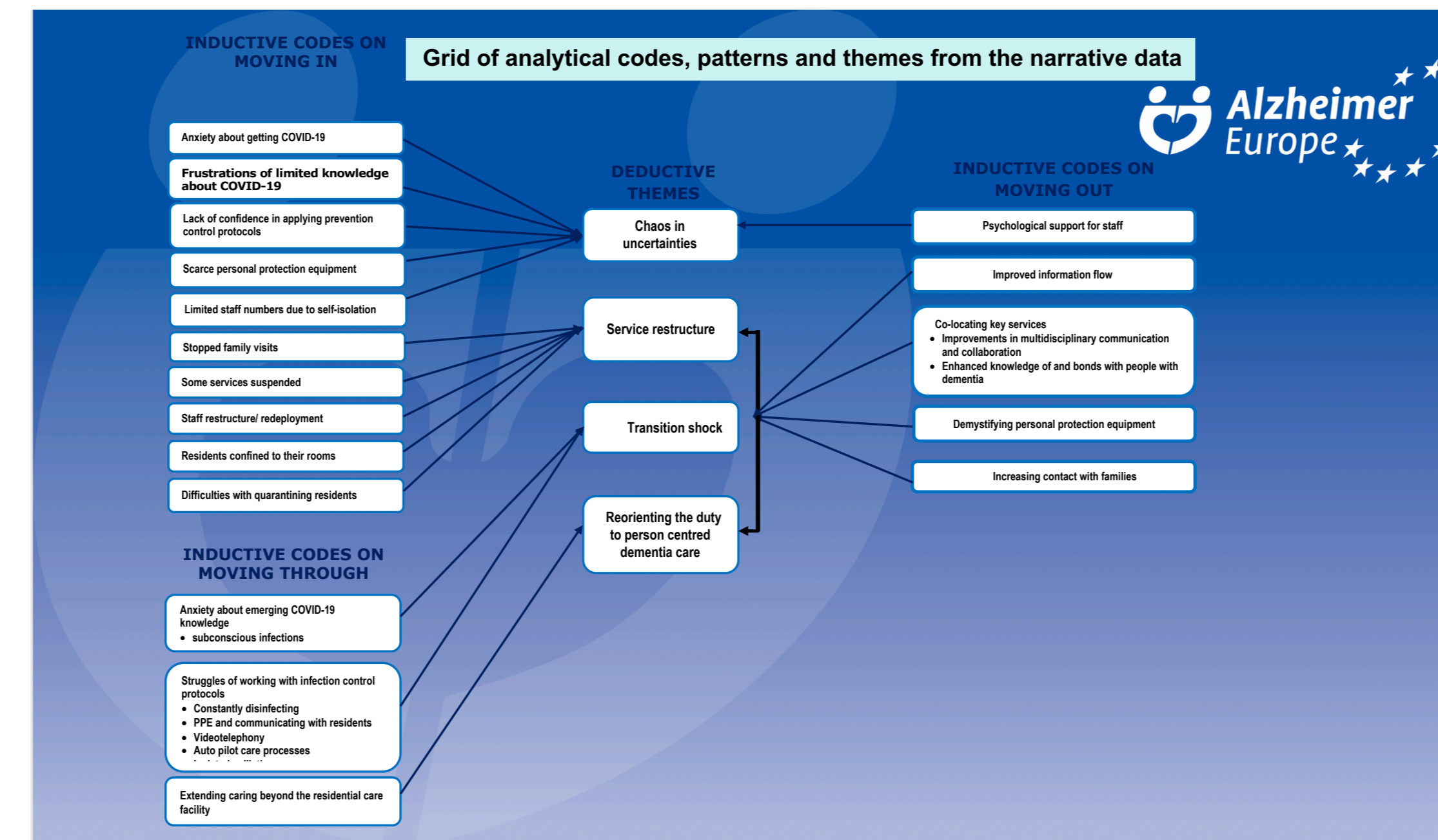
## Results

Four overarching themes generated from analysis the narratives comprised: the chaos in uncertainties; restructuring the service; transition shock; and reorienting the duty to person centred dementia care. Themes were structured around the transition model of moving in, moving through and moving out<sup>2</sup> as shown in the analysis grid.

### Moving in

The anxiety surrounding the risk of COVID-19 infections, challenges of confining residents to their rooms, unfamiliar infection spread control procedures and task-oriented care processes destabilised the residential care environment.

Staff shortages, limited knowledge about the coronavirus, scarce protective gear, the service restructure, and residents' increased need for stimulation spelt chaos in the care environment.



<https://www.alzheimer-europe.org/Conferences/2021-Online/Practical-information>

### Moving through

Transition shock identified residential care staff's states of role confusion, doubt and disorientation when working with unfamiliar procedures and the emerging knowledge about COVID-19 within numerous interactional challenges. The intense focus on applying all measures as strictly and correctly as possible shifted the care environment from a community to a clinical feel



### Moving out- OVERCOMING

- Co-locating staff from different specialisms on the dementia care unit to contain the ripple effects of COVID-19 enhanced staff's holistic knowledge of residents to nurture existing skills, promote independence and prevent the decline in mobility.
- Continuous psychological support enhanced the resilience of staff.
- Playfully explained, personal protective equipment (PPE) was well received and branded 'the new fashion'.
- Residential care staff used art and role play to empathetically convey their awareness of the challenges of communicating effectively through face masks with people with dementia.



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## Conclusion

Successful transitions are featured in mutual processes and outcomes.<sup>3</sup> The unpredictable trends of the COVID-19 pandemic and related guidance for individual and social circumstances compromised standards of residential dementia care. Nevertheless, the awareness of benefits of person-centeredness in dementia care empowered residential care staff to persevere and creatively remodel care processes and social interactions to optimize the wellbeing of people with dementia. The study identifies opportunities to rethink the usual structure of residential dementia care and the need to establish values and priorities that enable continuous person centredness in predicaments such as pandemics.

## References

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**Correspondence:** [anne.martin@canterbury.ac.uk](mailto:anne.martin@canterbury.ac.uk)