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### **Evaluation of a staff training programme using positive psychology coaching with film and theatre elements in care homes**

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## **Abstract**

**Background:** There is a recognised need to improve staff training in care homes. The aim of this study was to conduct a qualitative evaluation of the Ladder to the Moon Culture Change Studio Engagement Programme (CCSEP); a staff training programme aimed at enhancing staff-resident communication.

**Method:** Focus groups were conducted with residents able to provide consent, staff and relatives; and managers were interviewed in two care homes. A theoretical framework was developed to interpret the impact of CCSEP using Framework Analysis.

**Results:** Residents noted that the programme appeared to result in staff interacting more with them, as well as enjoying working together as a team. Staff reported an improved sense of teamwork; developing more positive attitudes towards residents; as well as their concerns about using theatrical techniques in the care setting. Relatives identified care home organisational aspects as being barriers to implementation, and some regarded CCSEP simply as 'entertainment' rather than 'creative-care'.

**Discussion:** This study provides an insight into the potential of this staff training programme to improve staff-resident interactions. However, participants' varying views of CCSEP highlight the need to brief staff, residents and relatives before implementation so as to enable full understanding of the aim.

**Key words:** care home, evaluation; nursing home, positive psychology, psychosocial, staff training.

## **Implications for Practice**

What does this research add to existing knowledge in gerontology?

- Staff training interventions are needed to translate evidence-based interventions into widespread practice in care homes.
- A cross-theme analysis with residents' views, suggest that residential and nursing staff also found CCSEP an inclusive activity to have in the care home. Views and attitudes from staff were found to be congruent with elements from Positive Psychology.

What are the implications of this new knowledge for nursing care with older people?

- The in-house training helped residential and nursing home staff to enjoy the positive side of caring and develop engagement activities with residents.

How could the findings be used to influence policy or practice or research or education?

- Relatives identified care home organisational aspects as being barriers to implementation, and some regarded CCSEP simply as 'entertainment'. This study encourages trainer providers to involve relatives and inform care home clients key elements of the 'creative' training beforehand. This consultation requires careful consideration to implement a cultural shift so that creativity is embedded in everyday talk, care, and encounter and is part of overall care home workforce development.

## **Introduction**

Around 400,000 older people live in UK care homes (British Geriatrics Society, 2013). The UK National Dementia Strategy, in particular, objectives 11 and 13 seeks to improve staff training in long-term care facilities. Psychosocial interventions have the potential to promote resident well-being; as well as reduce staff stress and improve job satisfaction (Featherstone et al., 2004). Activity-based interventions have been found to be useful for people with dementia. (NICE, 2006) but few studies have been conducted (Magai et al., 2002; Kuske et al., 2009; Goyder et al., 2012); although

some have shown positive and sustained impact on staff training and care practice (Moniz-Cook et al., 1998; Lintern et al., 2001).

Lepp et al. (2003) introduced a drama programme in care homes providing a weekly half hour session for two months. Staff described how drama improved interaction with residents and enabled their professional growth. In the Netherlands, van Haeften-van Dijk et al. (2012; 2014) compared effect of theatre activity 'Veder Theatre' in Group 1) delivered by trained care staff; Group 2) provided by professional actors; Group 3) a control group receiving a usual reminiscence group activity provided by staff. Group 2 achieved statistically significant results during the intervention on recalling memories ( $p= 0.001$ ), mood elements such as laughing ( $p= 0.01$ ) and less socially isolated behaviour at post-test ( $p= 0.04$ ) compared to the control group. Wilkinson et al. (1998) compared the provision of 12 weekly sessions of drama therapy to treatment as usual with 16 people with dementia attending a day hospital. The quantitative results showed no significant differences between groups, but highlighted several positive effects for participants such as: contact, laughter and friendliness, building communal spirit and facilitating reminiscence.

In the UK, Ladder to the Moon (LttM) started in 2001 as an interactive theatre company (Gage, 2007), involving staff and older people (including those living with dementia within care homes) in a theatrical experience. The evaluation of a two week Interactive Theatre Residency using 'The Grand Hotel play' (Parsons, 2009) in a 20-bed care home conducted one Focus Group with staff members ( $n=6$ ); interviews with two relatives, and a manager; structured observation of residents and the Zeisel Stigma Scale (2005) pre and post the residency to measure staff attitudes. Focus group themes were related to the importance of creative expression and social connections in the care home. Despite the methodological limitations, the impressions suggested the Interactive Theatre Residency helped to 'unlock' the potential of residents through interaction. This early evaluation recommended further developing the training using drama techniques to shift attitudes within the care home. Hence, Ladder to the Moon devised The Culture Change Studio Engagement Programme (CCSEP) which utilises theatrical techniques and film themes.

This mixed method study aimed to evaluate the effectiveness of CCSEP in two care homes, one residential and one nursing. This paper reports the qualitative findings that complement the quantitative methods [published separately] to understand the potential impact of this staff training on the culture of long-term care. LttM are champions of the arts in innovative staff training involving all roles to improve human experience and practice in dementia care. This study is vital piece of the foundation on which we build the evidence-based practice of psychosocial interventions applying theatre of film elements combined with theoretical foundations such as Positive Psychology.

## **Method**

The study was conducted in one 80-bed nursing home and one 45-bed residential care home both of which had already contracted LttM to provide the CCSEP training. Focus groups were conducted in each home after three cohorts of staff had completed the CCSEP training. Topic guides were developed with support from the Ladder to the Moon team and used semi-structured questions to explore participants' opinions and attitudes (See Table 1).

The Culture Change Studio Engagement Programme (CCSEP) is delivered by a coach, with up to two actors assisting at any one point. The programme incorporates the Goals-Reality-Options & Wrap-up (GROW) coaching model (Alexander, 2010). Firstly, the coach telephones the manager and senior team members to identify goals for the home. The home then selects a film theme and a cohort of 12 to 15 staff to participate. Three days are spent in the care home, Day 1 introduces Positive Psychology as the theoretical foundation of the programme (Seligman, 2011), the 'PERMA' [Positive Emotion; Engagement; Relationships; Meaning and Accomplishment], 'Making Someone's Day' and 'Savouring' [enjoying the moment using objects to reminisce], concepts using small and large group discussions and practical activities. The film topic (e.g. Sound of Music; South Pacific; Robin Hood) is discussed with staff to generate ideas for activities that can involve residents and relatives in preparation for Day 2. During Day 2, the coach recaps on Day 1 and staff put their communication skills into practice with residents. The afternoon is then spent in the 'Big Shoot',

when, residents and staff adopt the main film characters and studio crew roles (e.g. make-up artist, clapper-board operator), and family members are also invited to participate. There is singing and dancing along to music and 'Oscar' awards are given to residents and staff at the end of the performance. The CCSEP team video records the interaction, (having previously arranged the consent to film with the home), and produces a DVD. Afterwards, the coach debriefs with the staff group, who each set personal goals for changes they will make in their practice before the last training day. At Day 3, the coach facilitates discussion with the staff group, using the 'Big Shoot' DVD and to review and reflect on: learning, progress with achieving goals; and planning changes to further improve practice. Following this, the coach has a final telephone meeting with the manager to reflect on the changes achieved.

### *Participants*

Between November and January 2014, managers sent a letter of invitation to relatives who had either taken part in, or knew that CCSEP had happened in the care home. Residents who had taken part in the CCSEP activities were invited to participate. The Mental Capacity Act pathway was applied to assess capacity to consent and participate in a Focus Group. The research team liaised with the care home management to invite staff who had and had not received CCSEP training. The aim was to obtain responses from both cohorts, for an unbiased impact analysis. Participating staff were entered into a prize draw to win one of four department store vouchers, as an incentive for their time. All participants provided informed consent. Ethical approval was obtained from the London – Camden & Islington Research Ethics Committee [Reference Number: L12/LO/0961].

*-Insert Table 1 here-*

### *Data collection and analysis*

Individual semi-structured interviews were conducted with managers, and quotes were transcribed verbatim. Critical case sampling was followed as it is useful for evaluation research with limited resources. Patton (2002) argues that this technique is used to make careful 'logical generalisations'

as opposed to statistical generalisations. One researcher moderated all the Focus Groups, with an observer to capture non-verbal interactions between participants and to make field notes. Residents were prompted by photographs and the topic guide questions to provide their views on the impact of the training. Focus Groups data were analysed using the 'Framework Method (Ritchie & Spencer, 1994; Furber, 2010; Gale et al., 2013). This method has seven phases that interlink to form a methodological and rigorous framework:

- Transcription: Data were audio recorded, transcribed verbatim.
- Familiarisation: The lead researcher listened to each recording, and read the transcripts and observers' written notes.
- Coding: Notes were written in the transcript margins to code concepts to build a framework structure for each in relation to the research questions.
- Developing the framework: The transcript codes were entered into a matrix spread sheet. Sections of text were highlighted to produce a conceptual explanation for what had happened before, during and after CCSEP. Coded data were compared within and between Focus Groups.
- Summarising data in analytical framework: Highlighted quotes were arranged and re-arranged under the appropriate conceptual heading.
- Charting and Mapping: Quotes were reviewed by the research team to understand the impact of CCSEP on participants; analyse contradictions; compare and interpret ideas and opinions; to develop themes and sub-themes for a merged theoretical framework.
- Interpreting the data: The moderator's reflections and observer's notes were considered in parallel to a richer interpretation of the transcripts. The emerging themes and sub-themes were discussed and validated by the research team.

A researcher not otherwise involved in the study, validated the proposed resident model. Respondent validation was also requested from staff participants who were still contactable.

## **Results**

Ten Focus Groups were conducted. Residents' Focus Groups were carried out only in Residential Care Home, as those who had taken part in CCSEP in Nursing Home had either died or did not have the communication skills required to participate. Two Focus Groups lasting 60 minutes each were conducted with ten residents with capacity to consent (8F/2M), aged 80 to 90 years. Four Focus Groups lasting 90 minutes each were conducted with 28 staff (24F/4M) of whom, 22 had attended the CCSEP training and 6 had not. Focus Groups consisted of 8 to 12 members of the care team. Staff roles varied from nurses, care assistants, kitchen staff, housekeeping, management, gardener to activity co-ordinators. Staff were aged between 31 and 50 years: 26 were white British, one was Asian and one was black African. Four Focus Groups lasting 60 minutes each were conducted with a total of 12 family carers. Of these, 4 had not taken part in the CCSEP activities, one had helped in setting up the film studio scenario, and the other seven had observed the 'Big Shoot'. Groups included 4 to 6 members (8F/4M), aged 41 to 90 years. Relationship to residents included: spouse, sibling and son/daughter in law.

Data are presented to illustrate themes from: residents, staff and relatives to represent the theoretical framework; followed by the managers' opinions obtained from interviews. Anonymised staff quotes are used to illustrate each theme, with only gender and job role to protect their identity.

### *Residents' Views*

#### *Theme 1 – Emotional Experience of Participation*

Residents described taking part in CCSEP as something joyful and relaxing. The 'Big Shoot' and some preparatory activities with staff were remembered. Two subthemes were noted: *Enjoyable and Inclusive*. Many participants felt that the filming day evoked positive emotions, had felt joyful, and resulted in a different atmosphere. Some recalled their participation as 'actors' and others as interactive observers, commenting that these interactions were relaxing, fun to watch and inclusive, even of people in wheelchairs.



*"We even had a sick man in amongst the group for Robin Hood and he even had the hat on, although he was not very well he really enjoyed it, and when he had the money in his hand you would of thought he had real money the way he reacted to it. He knew it was pretence but he really warmed up to the actual action of it"*

*(Female Resident)*

*"Everybody was very happy with good participation. It was something different"*

*(Male Resident)*

#### *Theme 2 – Inclusive training for new staff*

Residents remembered the staff and CCSEP team visiting their rooms and talking about the meaning of personal objects. Respondents acknowledged the aims of CCSEP, suggesting that it was a lively training that brought benefits to staff. Participants discussed that this training could be shared with new staff to help them be more outgoing. One participant, an ex-nurse reflected on how different and fun this training was in comparison to how she had been taught during her career.

*"I think some of the quieter ones have come out of their shell a bit more now. They see the fun in things instead of just the everyday things"*

*(Female Resident)*

*"If the girls can teach new staff by their example on how to overcome these things [see the fun in the job] sometimes it just needs you to politely remove yourself, just until the moment has passed"*

*(Female Resident)*

### *Theme 3 – Resident-Staff Interaction*

Participants mentioned the importance of their relationship with staff, emphasising the value of taking time to know staff better. It was felt that staff had developed skills to spend more time in conversation with residents.

*“We can appreciate them [staff] better now as we know them more as people and not just as office workers, shall we say”*

*(Male Resident)*

*“One time if you were in your room and they brought you a tray with your food on and they [staff] would put it on our table, they were very polite, but they just said ‘there is your food’ and some of them would quickly slide away, but now they all come in and they all have something cheerful to say before they disappear and it is good”*

*(Female Resident)*

### *Staff Views*

Staff views and attitudes on CCSEP training varied, with three themes emerging.

#### *Theme 1: Staff Integration and Interaction*

Staff thought that the CCSEP training had improved their team working skills. Participants mentioned that despite knowing other staff for some years, the training had facilitated them working together. It was seen as a ‘bridge’ to connect staff from different departments. Many staff commented on how the CCSEP teams were currently working together to achieve a goal, for example producing a resident’s life story book. This led to a sense of team working during and after the training with a more open-minded attitude to supporting each other regardless of their role in the home. In contrast, some thought that once the CCSEP had finished, the staff reverted to their previous roles with no further cross-departmental interaction and support.

*“That was one of the plus things of doing the Ladder to the Moon – because we were mixed up, we worked with the housekeeping staff and the gardening and the maintenance and the kitchen staff” (Female Nurse)*

*“[...] we were drawing on personal experiences [...] I felt I had a better understanding of the people you work with” (Male Carer)*

### *Theme 2: Attitudes to the training*

Participants considered the CCSEP to be a different type and style of training compared to previous mandatory or external training. Two subthemes were noted: *‘Fun and inclusive’* and *‘Compromising and intimidating participation’*. Some participants mentioned that the professional actors had a contagious motivation that encouraged them to engage in and learn from the training. Management had nominated staff to attend CCSEP, hence, some staff felt compromised into doing it with some feeling very anxious at the prospect of having to do drama. Some staff had to attend the training during their days off, a cause of discontent.

*“There were smiley faces around the building, people enjoyed it and that is something we don’t have here very much, big smiley faces and it did bring a sense of community really to the area”*

*(Female Senior Carer)*

*“I did have a look on the internet because I was in the second group and after the first group done their bit [...] I had a look at what it was all about, and they had some little films and stuff on there. That’s what they were all about and it was quite scary to be honest”*

*(Female Junior Carer)*

*“As one staff member stated: “I was adamant I weren’t doing it. even though I had done drama in school [...]”. (Female Junior Carer)*

### *Theme 3: Memorable Interactions*

CCSEP principles were explored and some participants recalled ‘PERMA’ (see Intervention section). Participants indicated that CCSEP practice, such as using residents’ personal objects to trigger memories was something they had heard about in previous training. Staff emphasised that through CCSEP they had learnt the importance of bringing fun into their jobs. For some staff, preparing props for the ‘Big Shoot’ had created conversations and been a recurrent discussion topic. In contrast, some staff commented that lack of quality time owing to staff shortages, diminished this opportunity, with only a few minutes for interacting with residents. Staff commented that residents from across the home should have been involved and not only from the dementia unit. Some staff had not liked being video recorded during the ‘Big Shoot’, but did feel that it had been a memorable event for families who took part. Staff also discussed the need for: a supportive meeting several months after finishing the training; and acknowledgement from the CCSEP coach of the time and effort that had gone into producing props and scenery.

*“It doesn’t have to be a big film shoot thing, it can be a little thing can’t it, so this is the whole point that [coach’s name] was making [...] there were lots of little things that could be happening all the time, in hand-over and just when you walk past someone in the corridor, take five minutes aside, it doesn’t have to be all big”*

*(Male Junior Carer)*

*“And the little things, when new residents come now, before I used to welcome them in, but now you think of the little things, their possessions, what their possessions mean to them and what their life*

*was like and keeping that going, using the little activities and keeping their connection” (Female Nurse)*

### *Relatives’ Views*

Relatives’ thoughts generated two themes.

#### *Theme 1: Potential for Changing the Care Culture*

Relatives who had supported staff during CCSEP mentioned that the activities facilitated creative work between residents and staff and staff unity. In one home, family members thought that CCSEP facilitated the discovery of staff skills and finding ways of improving their caring role whilst interacting with residents. Some relatives reiterated the need for other training, such as behaviours that challenge, communication skills. This led to a contrasting discussion about what is needed within staff training in order to change and improve the culture of care. One relative mentioned that more activities were taking place and staff were involved with taking residents out, although it was unclear whether the changes were all to do with CCSEP.

*“I think Ladder to the Moon was good for the staff because it got them together and also it was good for the residents because they could see the staff doing something other than caring [...].”*

#### *Theme 2: Barriers to Implementation*

Two subthemes emerged: ‘Management and Funding difficulties’ and ‘Sensory overloading’. Participants noted that CCSEP aims to provide good training, however it will depend on the Manager to keep the staff organised to provide a positive outcome. Family members questioned how CCSEP type activities could be provided in a person-centred way owing to residents’ different: stages of dementia, sensory abilities and film preference. Participants felt that the management needs to strike a balance between providing care and entertainment and that whilst CCSEP is valuable, meaningful activities should come after ensuring a standard level of basic care. Participants also commented that if staff are trained and then leave the care home, it is not cost-effective to invest in their training

as staff will not put into practice what they learnt. Participants varied in their views as to whether the barrier to implementation is staff shortages or management turnover.

*“You are training a group of people and then four weeks later [...] half have left”*

*“Yes somebody in control who makes sure those things [activities] are done [...] This is encouraging for me, that I am not just being nit picking, but it is lack of direction at the top”*

*“Is this [CCSEP] being paid for in our fees as well? Is this something that we are actually funding? [...] has that been incorporated into our fees?”*

Overall, relatives saw CCSEP as an ‘entertainment’ as they had not been informed about the training content or perceived benefits for residents; and so they could not see the application of using film themes to providing day-to-day care to their relative. Some relatives felt that the use of films was interesting and different, and some questioned if perhaps including the residents in choosing the theme could have brought more benefits.

*“How does that work after the show is over? How does that work every day? [...] I think Ladder to the Moon is more on the entertainment side, and we have really addressed all our physical etc., problems [concerns over residents’ health]”*

The sensory overloading subtheme which emerged from relatives’ views about the ‘Big Shoot’; as some relatives suggested that residents with severe dementia cannot be ‘fully present’, or indeed could find the level of noise and stimulation intrusive or even distressing. Relatives questioned how taking part in the CCSEP could benefit their family members, or develop staff’s creative relationships.

*"[...] we did the Ladder to the Moon it was very confusing, very kind of, I should imagine my mum was overwhelmed with it [...]"*

*"It was too much and confusing. He had [resident's name] to dress up as this person. My mother lost her brother in the war and it is very poignant and for somebody to put the cap on and I think it was not thought about"*

### *Managers' views*

Managers identified the need for clearer information about CCSEP to be provided before setting up the training programme, including how theatrical techniques would be used to support staff development, clarifying that staff did not need to have drama skills as such, as many had found this prospect very daunting. Managers mentioned that by addressing the latter, staff may have been less anxious and indeed more enthusiastic about joining the Programme. Some comments addressed positive changes like developing relationships with residents:

*"...Some staff are a bit reluctant to take the Ladder training. They have been put off by the fact that they have to 'act' some of them don't feel they have the skill to act" (Manager, Nursing Home)*

*"I think it has opened a lot of staff's eyes as to what they can do and what they can achieve and perhaps ones that were less confident almost given them more permission, they had permission before but didn't feel they had. The work could actually be quite fun, which is what we have always wanted"*  
*(Manager, Residential Home)*

Managers also commented that CCSEP was challenging to implement owing to staff shortages and the severity of some residents' dementia:

*"It is a shame you cannot do this all the time, as you need to double the staff on the day to look after the residents". (Manager, Residential Home)*

*"Some residents in Memory Lane did not enjoy as it demands certain attention span and some were not very engaged" (Manager, Nursing Home)*

## **Discussion**

A theoretical model emerged following analysis of Focus Group data on the impact of CCSEP on residents, staff and relatives within the care home setting. The emergent themes in this study, such as being inclusive, or having emotional positive attitudes, suggest that the CCSEP can strengthen relationships in residential and nursing care. This is similar to the Positive Psychology approach that aims to enable people to flourish (Seligman, 2011). In the care context, staff had the insight to believe in residents' abilities to interact in film and theatre activities.

### *The residents*

We found that residents had enjoyable and emotional experiences during CCSEP. This reflects results from previous studies that have used drama therapy activities and demonstrated improved social interaction and opportunity for reminiscence (Wilkinson et al., 1998) and staff training using theatre stimuli, which found positive reactions in residents and more reciprocity in caregiver-resident contact in hospital wards (van Dijk et al., 2012; van Haeften-van Dijk et al., 2014). CCSEP used materials and activities to recreate scenes from the chosen film theme brought residents and staff a sense of playfulness. Drama techniques such as role playing and improvisation have been shown to encourage people's creativity and expression (Janniste, 2011). Residents particularly enjoyed the 'Big Shoot' activity and mentioned how staff became more cheerful during conversations afterwards. This suggests that residents' memories of staff interacting during a film studio activity facilitated meaningful relationships.



### *The staff*

Many staff valued CCSEP, whilst some found it intimidating, as they were uncertain of what skills would be required. A cross-theme analysis with residents' views, suggest that staff also found CCSEP an inclusive activity to have in the care home. Views and attitudes from staff were found to be congruent with elements from the Positive Psychology (Seligman, 2011) PERMA concept: *Positive Emotion, Engagement; Relationships; Meaning, and Accomplishment*. Particularly, the view of staff-resident meaningful interactions, using 'Savouring' or 'Making Someone's Day' strategies to experience the 'fun side' of the job. According to Seligman's theory by improving these elements, human beings also increase happiness, hope, creativity and wisdom (Carr, 2007). Staff provided recommendations to improve CCSEP, such as a follow-up coaching visit after the training. This is consistent with previous research on training staff in dementia care (Kuske et al., 2009; Goyder et al., 2012; Guzmán-García et al., 2012). Care and Nursing Homes require the input of experts or specialists to sustain psychosocial interventions by staff. CCSEP encouraged some staff to develop relationships with the residents, as well as outlining the importance of team working between staff in different departments (e.g. housekeeper and kitchen staff collecting a resident's life story book). And, if managers leave and staff turnover, the 'film-studio' activity will vanish without continued supervision from CCSEP coach.

### *The relatives*

Relatives were not clear about the CCSEP aims, with some identifying it as 'entertainment' rather than a staff training programme enabling 'creative care'. This could be because not many relatives attended the 'Big Shoot' and some who attended the Focus Groups, were not satisfied with the level of 'personalisation' of the activities observed during the training process. Some were concerned about the costs and others about the potential 'sensory overload' that could be experienced by residents. Differences were found in further recommendations, family members mentioned that the film genre selection could be improved by having a wider selection of films that staff and residents could feel more engaged with. Interestingly, family members were not very aligned with the idea of using film and drama based activities to change the culture of care. In the nursing home, family

members were more concerned with the physical care of their relatives than the quality of staff-resident relationship in terms of cheerful conversation and meaningful interaction. This perhaps challenges nurses willing to implement creative strategies during their shifts, as the demands of the job focus more on the palliative care of people with dementia.

### *Strengths and Limitations*

Although the study was conducted in only two care homes the number of participants available provided sufficient data to develop a theoretical framework; bearing in mind it was designed to be an evaluation study. Residents' Focus Groups were carried out only in residential care home thus potentially reducing the range of views from people living with dementia. Some organisational problems in the nursing home led family members to discuss primarily the needs for care improvement rather than evaluate CCSEP as a vehicle for 'culture change'. The CCSEP framework that emerged was validated by four available staff participants which strengthens the validity of the findings. It reduces bias that the intervention was provided by the CCSEP team and the evaluation was conducted independently by the research team.

### *Methodological Problems*

The nursing home had a relatively new manager at the start of the study, who had left and not been replaced by the time the Focus Groups ran which made their organisation difficult. Previous studies have noted the impact of care home manager or ownership changes for any research study or to implement new interventions (Wild et al., 2010; Guzmán-García et al., 2012). In addition, as highlighted by Goodman et al. (2011) the process of identifying residents willing to take part in the Focus Groups was time consuming for both the research team and care home staff. In this study, considerable negotiation had to take place with management in order to organise the Focus Groups with staff, relatives and residents, with the research team needing to be very flexible about the days and times booked.

## Implications for Future Research

Previous research has looked at ways to sustain attention in people with dementia (Berardi et al., 2005) but findings suggest a decrease in this type of attention as the condition progresses. Staff noted that the CCSEP video shows how staff managed to sustain some residents' attention during the 'Big Shoot', triggering emotional arousal and maximising this cognitive element over two hours. Nevertheless, one of the managers mentioned that people with advanced dementia were not engaged. Ladder to the Moon has stated that CCSEP is not 'entertainment' for the care environment (Gage, 2014), but based on this study, it seems that all those involved, particularly relatives, require a clearer definition of the programme's aim and explanation about the use of creative activities. The training in house helped residential and nursing home staff to enjoy the positive side of caring, to laugh and have fun during their day to day work. Hence, CCSEP training has the potential to bring a 'creative care' and reduce the staff stress often experienced in care settings. This study highlights the need for training providers to clearly define the key components and processes involving 'creative techniques' and how it differs from 'traditional care'. For example, explain to potential clients that activities will involve nurses acting in addition to cover the high-standards of physical care. This could reduce confusion and the potential anxiety experienced by staff who are uncertain about what is expected of them, and so improve their motivation to participate and sustain a creative model of care.

## Conclusion

This study provides qualitative evidence about the effectiveness of CCSEP; a staff training intervention based on Positive Psychology that aims to develop meaningful staff-resident relationships, and enhance happiness and hope. It generated a theoretical framework to interpret the impact of CCSEP on improving staff-resident interaction. The critical finding is the tension between more traditional notions of care and creativity, as opposed to 'entertainment'. Residential and Nursing care staff experienced adding 'fun to the job' and shared attitudes and views on the training. Residents found it an enjoyable experience and noted the increased communication initiated by staff. There is a need to stretch resources to ensure good physical care, still not

overwhelming or confusing residents. Relatives did not understand the concept of recreating a 'film studio' in the care home to train staff. Furthermore, relatives queried the costs and suggested that training staff to improve physical care should be prioritised over improving staff-resident interactions. This study was conducted with a small sample, and the findings suggest how such programmes can be better developed and researched in the future. Training providers are encouraged to clearly define the key components and personalised experiences involved within any proposed cultural care shift.

### **Implications for practice**

This study has found how staff can be trained to improve communication with residents. However, it is important to support staff after training to sustain the changes achieved to the care environment. Training organisations need to explain in detail aims and content of the staff training to residents, staff and relatives. This will facilitate understanding of the key elements of 'creative' training in care homes for people living with dementia.

### **Conflict of interest**

None

### **Description of authors' roles:**

See 'Title page document'

### **Acknowledgements**

See 'Title page document'

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*Table 1 Summary of Focus Group topic guides*

<b>Residents</b>	<b>Staff</b>	<b>Relatives</b>
<ul style="list-style-type: none"> <li>• This home undertook CCSEP staff training using film/drama activities. How were you involved in the events organised by staff?</li> <li>• Tell me about your thoughts before and after the staff working on the film/drama activities with you?</li> <li>• Tell me about any positive or negative emotions that emerged from experience between you and the care staff?</li> <li>• What are your thoughts about making your experience in the home more pleasant, have you noticed any changes with staff?</li> </ul>	<ul style="list-style-type: none"> <li>• What kind of training have you previously taken and please describe differences (if any) with CCSEP?</li> <li>• How were the activities in the home run before, during and after CCSEP with residents with or without dementia?</li> <li>• Could you give me an estimate percentage of the residents who have benefited from CCSEP training?</li> <li>• What if any, impact has the CCSEP had on your care practice?</li> <li>• What did you find stimulating or different from CCSEP that you are likely to continue?</li> </ul>	<ul style="list-style-type: none"> <li>• Staff undertook CCSEP programme in this home. Can you describe any changes in care practice before and after this type of training?</li> <li>• From your point of view, how have residents been impacted by the use of CCSEP in this home?</li> <li>• What things in the care home setting make it easier or harder for the staff to provide good care?</li> <li>• What changes could be made to CCSEP that would benefit staff and residents when provided in the future?</li> </ul>



<ul style="list-style-type: none"><li>• Do you think you benefit or not when staff is undertaking training such as CCSEP?</li></ul>		
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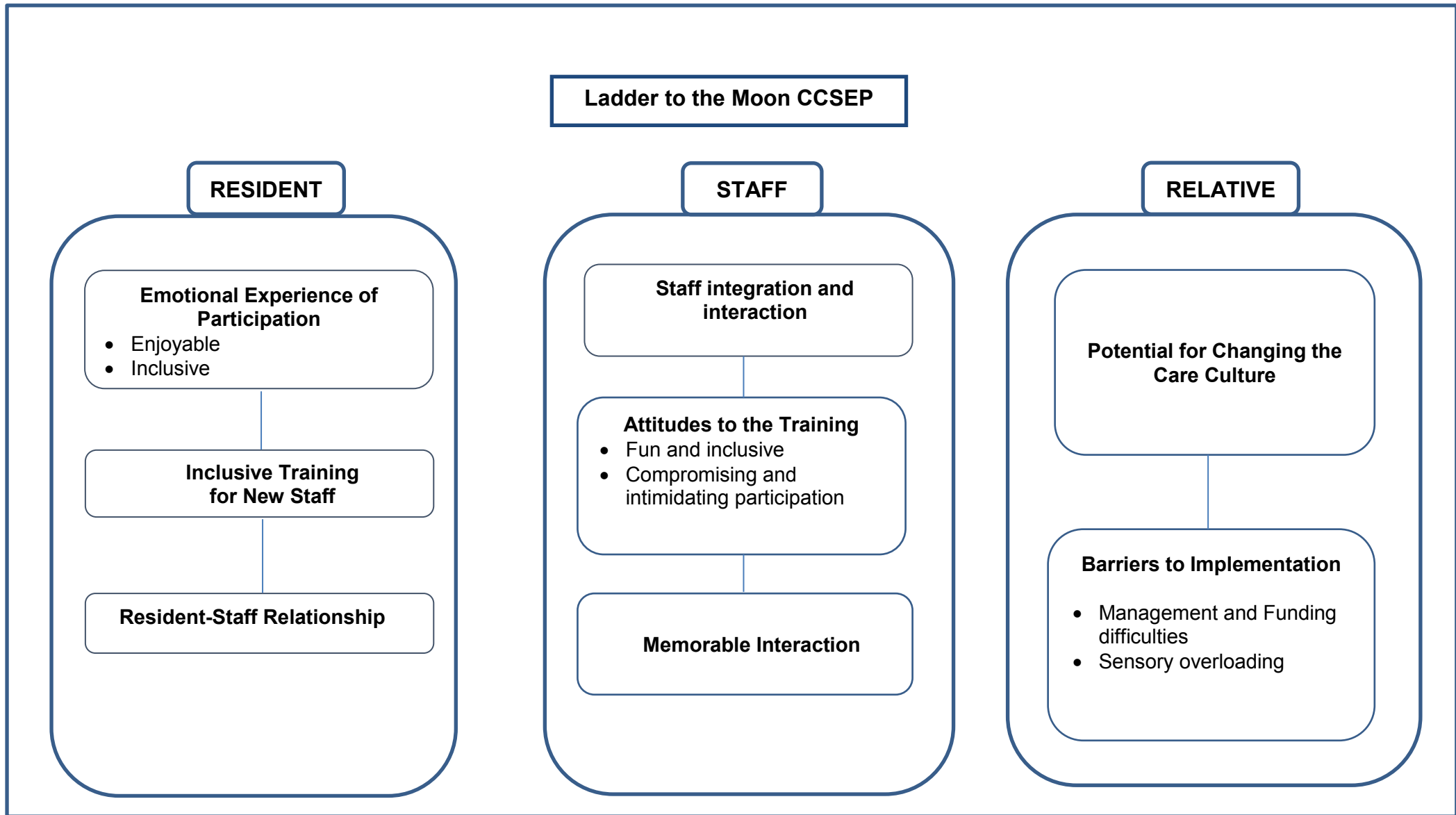


Figure 1 CCSEP Theoretical Framework in Care Homes (themes are in bold, bullet points show subthemes)