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MANAGING CHANGE:
Reflections on an Action Research Study for Enhancing Mealtimes in NHS 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
CONCEPTUALISATION

Physical Aspects of Meals & Mealtimes

Physiological Aspects of Meals & Mealtimes

Psycho-Social Aspects of Meals & Mealtimes

Nutrition & Hydration; Eating Ability & Assistance

Food & Mealtime Environment

Engagement Activity Emotion Communication Quality of Life
OPERATIONALISATION

Semi-Structured Interviews

Structured Mealtime Observations (SU only)

Recording Weight/ BMI (SU only)

Nutrition & Hydration; Eating Ability & Assistance

Physiological Aspects of Meals & Mealtimes

Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)

Engagement, Activity, Emotion, Communication, Quality of Life

Psycho-Social Aspects of Meals & Mealtimes

Focussed Ethnographic Observations

Food & Mealtime Environment

Quality of Life Assessment

‘Engagement, Activity and Emotion’ Assessment

Semi-Structured Interviews
Why 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 board 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
What Helped in Creating Change?

❖ Being consulted was appreciated by the stakeholders and generated a lot of suggestions and opinions

❖ Spending long hours on the units, socialising with patients and actively assisting during mealtimes (when structured observations were not taking place), helped to gain trust
  ❖ both in terms of honest contributions
  ❖ and in terms of regard for research findings and reflections

❖ Dividing responsibilities & capitalising on people keen to implement their own suggestions (although this depended on hierarchical factors)

❖ Due to units’ hierarchical structure, support from managers and effective management of the ward were crucial
What Hindered in Creating Change?

1. Institutional micro-cultures
   - Hierarchical and authority structures
   - Roles and role dynamics
   - Decision-making patterns and restrictions
   - Closed and *invisible* settings
   - Culture / Status Quo maintenance
     - Nursing / clinical emphasis
     - Self-serving beliefs
2. Practical aspects

- NHS Trust policies relating to mealtimes and their interpretation
  - Although these could also serve as a catalyst for change
- Staffing levels
- Unit architecture
- Mealtime provision (*external providers*)
- Health & Safety regulations
What Hindered in Creating Change?

3. Relationship & Interaction Patterns

- Asymmetrical relationship between staff & patients
- Tensions between staff & relatives
- Opportunities to meet stakeholders in large (and mixed) groups to arrive at a consensus
- The liminal ‘outsider-insider’ status of the researcher
- The dual role of the researcher

Observer

Facilitator
What Hindered in Creating Change?

4. Nature of Interventions

The least successful were changes that:

❖ required more input / work from staff
❖ required co-ordination of multiple staff members (i.e.: changed the routine)
❖ required long-term input rather than offering a ‘quick fix’
❖ challenged impermeability of the setting
❖ gave more autonomy to patients
# Practical Suggestions & Prerequisites for Conducting Action Research in Institutional Settings

**Setting**
- Choosing a research site with adequate staffing
- Securing research feedback meetings with all stakeholder groups
- Effective management is essential to facilitate action research
- Initial commitment to change should be investigated beyond face value

**Researcher**
- Transparency and effective sharing of information is paramount
- Flexible timelines should be available
- Flexibility in the researcher’s role is needed
- Conflict resolution skills are necessary along with
- Skilful managing of modes of engagement
Action Research within the NHS & with people living with dementia is likely to be:

- Time-consuming
- Resource-consuming
- and at times challenging

But it is also:

**HIGHLY REWARDING**

&

**MUCH NEEDED!**
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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This research project is hosted by KMPT and University of Kent, and sponsored by Kent Health
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
Participants

Patients, relatives/friends and staff (ward based and visiting)

Setting

2 NHS Continuing Care Units (part of the same NHS trust)

Procedure

Stage 1: Pre-Intervention
Stage 2: Intervention
Stage 3: Post-Intervention

Divided across 9-12 months

Measures

❖ Focused Ethnographic Observations of the setting
❖ Structured Mealtime Observations (Service Users only)
❖ Semi-Structured Interviews (where possible including people with dementia)
❖ Recording Weight/BMI (SUs only)
❖ Measuring Quality of Life, Mood and Engagement (SUs only; including one staff initiated assessment)
❖ Staff initiated assessments of nutrition (MNA-SF) and feeding (EdFED)

Design

Action Research with participatory elements (stakeholders co-creating and implementing changes)