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

Food & Mealtime Environment

Nutrition & Hydration;

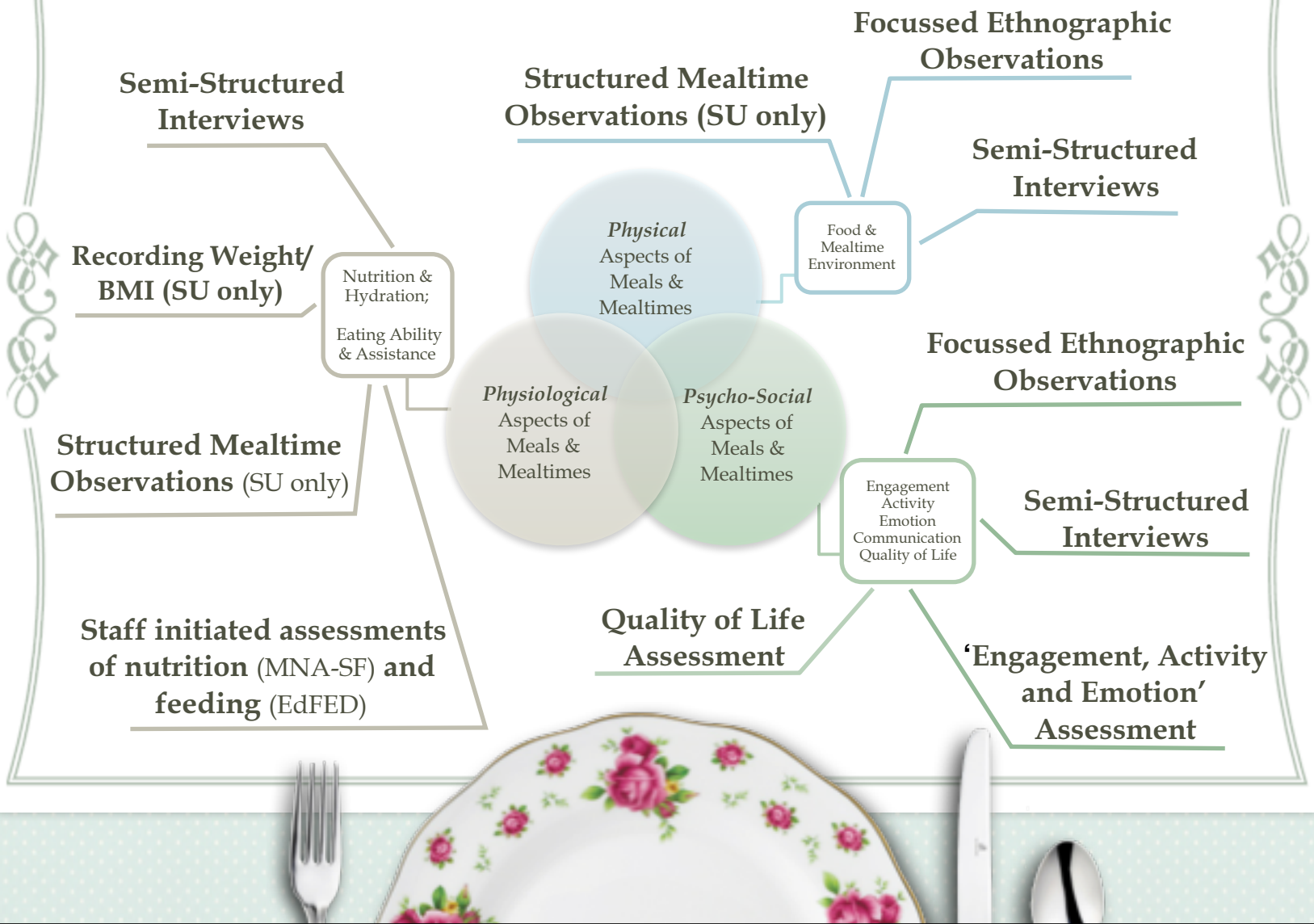
Eating Ability & Assistance

Physiological Aspects of Meals & Mealtimes

Psycho-Social Aspects of Meals & Mealtimes

Engagement
Activity
Emotion
Communication
Quality of Life

Operationalisation



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

What Hindered in Creating Change?

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.
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Kent and Medway NHS
NHS and Social Care Partnership Trust

University of Kent | School of Social Policy, Sociology and Social Research

KentHealth

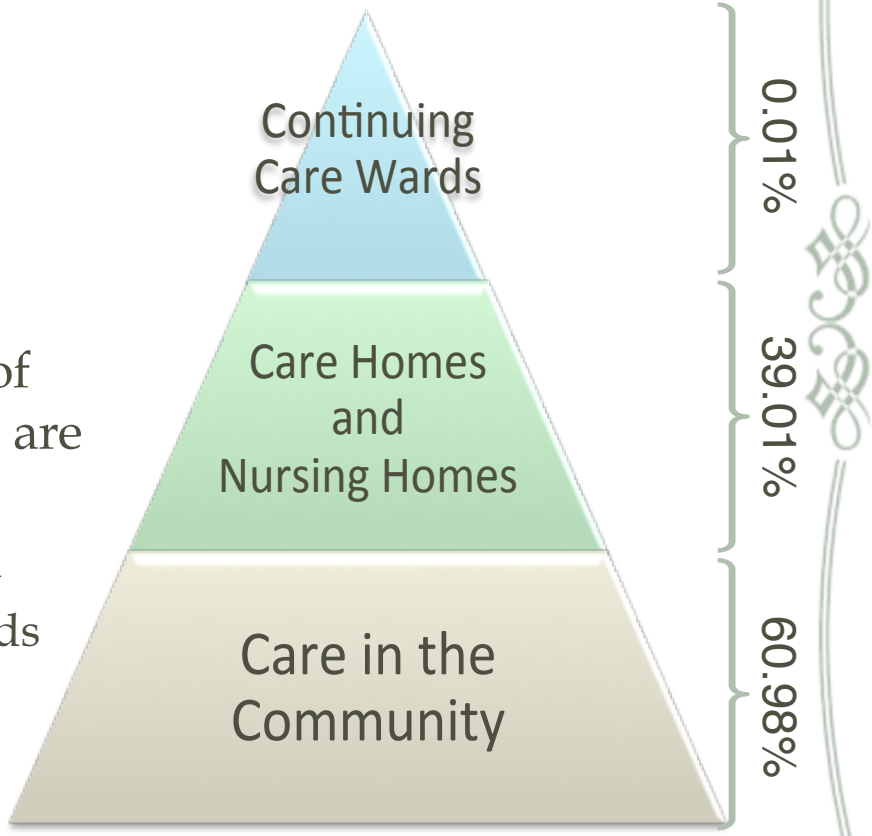
The Setting:
NHS Continuing Care Units

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)