What’s nursing got to do with it?
The role of nurses in dementia care

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Overview

1. Roles across the journey
2. Education and training
3. Nurse leaders
4. Political context
1. Key role across the journey
Role of nurses

All nurses contribute to the stages of the dementia pathway to achieve, improve, sustain better outcomes so that all people with dementia at all ages are able to lead quality lives for longer.

Making a difference in dementia, 2013

Nurses’ roles in dementia care...

…..will become ever more important

Dreier et al., 2016, p310
Refreshed Vision & Strategy

1. Memory concerns
2. It’s dementia
3. Self management, care, support
4. Right help, right time
5. Help to stay at home or move
6. Compassionate care at end of life
Pre diagnostic support

Clinical nurse consultant with a specialty in dementia to provide person-centred pre diagnosis support

Duane et al., 2015, Dementia

Post diagnostic support

Limited post diagnostic support

Bunn et al., 2012, PLoS Medicine
People live with dementia and co morbidities

Diabetes
Cardiovascular condition
Hypertension
Arthritis
Depression

International Longevity Centre, 2016
People live with dementia and co morbidities

High prevalence
Poor quality of care

Bunn et al., 2014, *BMC Medicine*
Nurses in the community

Most people with dementia live in their own homes

Provide family support – relational support

Psycho education

Case management - coordinate

Bunn et al., 2016, *Health and Social Care in the Community*; Harrison- Dening & Hibberd, 2016, *British Journal of Community Nursing*
Nurses’ role in hospital settings

25% of beds occupied by people living with dementia

Have longer length of stay
(Alzheimer’s Society, 2009)
Acute hospital care

Health care professionals were not grasping all opportunities to sustain personhood for people with dementia – the concept of person-centred care needs to be valued by the individual and the team and organisation

Clissett et al., 2013, *International Journal of Nursing Studies*
Acute hospital care

*Nurses need to work in partnership with families*

Clissett et al., 2013, *Journal of Advanced Nursing*
Nurses in care homes

• Lack professional support and collaboration
• Lack education and further development for role
• Valued by clients devalued by system

Dwyer, 2011, *International Journal of Evidence-based Health Care*
Nurses in care homes

NIHR programme grant

Nurse champions lead culture change to reduce rate of admissions from care homes.
Nurses’ role at end of life

• Physical comfort
  – Pain
  – Nutrition & hydration
  – Positioning
• Emotional well being
  – Dignity
  – personhood
• Family support
Compatible with definition of nursing

- Promote health
- Minimise distress
- Empower
- Inform
- Advocate
- The whole person
- The human response
- Value base
- Partnership with patients
Not fulfilling these roles

77% of carers were dissatisfied with overall quality of hospital dementia care

‘Nurses not recognising or understanding dementia; a lack of person-centred care’

Alzheimer’s Society, 2009, Counting the cost
Care homes:

Lack of high quality, personalised care

Family not satisfied with quality

Too many going into hospital for avoidable conditions
2. Need education/training
Almost every health professional comes into contact with patients who have dementia, yet there is no required basic training in how to understand and support them.
Need pre and post registration education

Curricula for undergraduate professional qualifications and CPD should contain modules on dementia care.

Department of Health, 2009
Feel unprepared - hospital

97% of nurses report caring for people with dementia

Only 12% of nursing staff felt prepared to meet needs and challenges

Alzheimer’s Society, 2009, *Counting the cost*
Need training

- Dementia specialist nurses in hospital
- Need more support
- More funding
- More training

Royal College of Nursing, 2013
Health Education England
Core Skills Framework

Since 2015

Improve capacity of workforce to provide quality care for people living with dementia
Levels of training needed

Levels of nursing involvement

- Specialist dementia nurses, Admiral Nurses, palliative care nurses (Tier 3)
- Active involvement, anticipate, understand and respond (Tier 2)
- Aware, alert and dementia friendly (Tier 1)

The role of nurses in dementia care
Person-centred Dementia Care

E-learning

Free; high quality videos of personal experiences; self reflection

Case Study: Dementia E-Learning Resources

E-Learning for Health (e-LfH) is a Health Education England Programme which provides high quality content free of charge for training the NHS workforce across the UK. In October 2015 e-LfH successfully launched an updated Dementia e-learning programme. This programme, developed by the University of Bradford in conjunction with ‘experts by experience’ consists of 11 sessions (with a twelfth being added in March 2016) that offer a rich learning experience through use of high-quality videos of personal experiences, interactive quizzes and opportunities for self-reflection.
Person-centred care

The person’s experience
Multiple influences
Supporting the person, their family and care staff
The Queens Anniversary Prize

for world leading work in person-centred care
to improve the lives of people living with dementia
Dementia Care Mapping: a process for change
University of Bradford Degrees in dementia studies: Leaders in health and social care

The role of nurses in dementia care
Working with people affected by dementia
Embedding person-centred care across health faculty programmes

Dementia Awareness

Making Bradton a Dementia-friendly community

Currently there’s a lot of emphasis on making local communities dementia-friendly. You may have seen the following signs in shops, libraries, and GP surgeries:

On this area of Bradton we will be looking at what it really means for a community to be dementia-friendly? In many ways it would just be a people-friendly community, because people who are living with dementia are people first and foremost. Just like everyone else, they have the same right to be treated with respect and consideration.
Role of clinical placements: Attitudes

Positive towards older people

Until students go on placement

Impoverished environments

Poor standards of care

Key role for clinical placements

Brown et al., 2008, *International Journal of Nursing Studies*
Dementia specific qualification

Nationally and internationally nurses are taking over important tasks in dementia care…requirement for a specific qualification for nurses to assure a need-oriented care for people with dementia is recognised

Dreier et al., 2016, p315
The Prime Minister’s Challenge

Specialist dementia nurses
Nurse retention

- **Intrinsic**
  - Care giving
  - Work relations
  - Colleague support

- **Extrinsic**
  - Professional opportunities
  - Organisational support

Chenoweth et al., 2014, *Journal of Nursing Management*
Quality of care and job satisfaction

Training linked to job satisfaction and perceived quality of care provided

Vernooij-Dassen et al., 2009
3. Need nurse leaders
Nurse leaders

1. Set direction

2. Ignite passion, pace, drive

3. Take responsibility for delivery and change

Leadership essential to delivering transformational change
The Prime Minister’s Challenge

Academic leaders

Increase number of nurses in dementia care research
4. Political context
NHS cuts

• District nurse cuts

• Potential cuts to bursaries to support training

• Trusts with an average of $\leq 6$ patients per RN in medical wards had a 20% lower mortality rate compared to trusts with $>10$ patients per nurse

Griffiths et al., 2016; Rafferty et al., 2015
Implications

- Nurses play a key role
- Yet only recently recognised
- Dementia care needs to be a core part of nurse training
- Need research re effective education, training, support and retention of nurses who care for people affected by dementia
Thank you

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