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Preprint

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Acute hospital admission can be disruptive for people with cognitive impairment, and professionals need the skills and resilience to meet their needs.

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Category: Nursing issues

Study type: Qualitative study - other

Commentary on: Clissett P, Porock D, Harwood H R, Gladman RFJ.

The responses of healthcare professionals to the admission of people with cognitive impairment to acute hospital settings: an observational and interview study *J Clin Nurs*; 2014; 23: 1820-9.

Commentary

Implications for practice and research

- Healthcare professionals in acute care need to be aware of the importance of supporting personhood for older people with cognitive impairment
- There is a need for targeted interventions preventing moral decline and burnout among healthcare professionals in acute care
- Could a person-centred care philosophy support healthcare professionals to preserve the personhood of older patients with cognitive impairment in acute care settings?

Context

Older people with cognitive impairment represent a large group of patients in acute care settings. Providing care for this population is time intensive, and it is a challenge for healthcare professionals to meet the specific needs of this patient group. Nurses find it difficult to establish a bond with older patients as lengths of stay tend to be short and time pressures significant. For healthcare professionals, the presence of cognitive impairment is often seen as secondary to the main reason for admission, and it has been reported that there is a tendency for nurses to prioritize the ward routine over the needs of individual patients. It is also reported that many people with dementia are also dissatisfied by acute service providers.

Methods

The purpose of the study was to explore the responses of healthcare professionals to the admission of people with cognitive impairment to the acute hospital setting. Thirty-four consenting older patients with unplanned admission to acute medical care were included in the study. Cognitive screening was used to identify possible cognitive impairment or mental health problems. The study utilised ethnographic methodology, consisting of 72 hours of non-participant ward-based observations, focusing on the interaction between the participating patients and healthcare professionals involved in their care. Approximately 6 to 8 weeks after discharge in-depth interviews with 35 family carers took place at the homes of the participants. Data were analysed in accordance with the principles of grounded theory.

Findings

While the admission of an older patient with cognitive impairment tended to cause significant disruption to healthcare professionals' way of working, a number of strategies were identified that helped them to feel in control. The strategies were clustered into three broad categories that represented healthcare professionals' different ways of coping with the disruption and its influence on the content of the meeting with the older patients. The three categories were: 1) 'embracing personhood of the individual', 2) 'protecting self without jeopardizing personhood of the individual', and 3) 'suspending personhood of the older patient with cognitive impairment'.

Commentary

This study focused on healthcare professionals' responses to older people with cognitive impairment in acute hospital settings as interpreted by researchers, patients and family carers. Suitable staff responses to people with cognitive impairment are crucial for the patient's dignity and sense of security in a new care situation.¹ Clissett and colleagues demonstrate that health care professionals can relate to patients with cognitive impairment in various ways. Despite staff feelings of disruption and loss of control, it is possible to provide care that does not harm the sense of personhood of the older and confused patient. Increased staff awareness of different ways of interacting with cognitive impaired people may contribute to reflection and more conscious care. Care of people with cognitive impairment needs to be personalized, respectful, and compensatory to be of high quality.² By implementing these fundamental aspects of care the personhood of older people can be supported.

Clissett and colleagues however also saw signs of burnout among healthcare personnel when they suspended the personhood of the older patient to gain a sense of control. In a recently submitted paper we found that the greater the perceived gap to ideal care was, the more staff perceived the care they provided was meaningless, and the more serious their personal-professional integrity was threatened.³ This then led to traces of a deadened conscience and an increased likelihood of burnout.

Although this paper is somewhat vague regarding which framework of grounded theory was used that guided the analysis, the result is an important contribution to the development of care for older people with cognitive impairment in acute care settings.

Commentator details

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3. Nilsson A, Rasmussen H B, Edvardsson D. A threat to our integrity - Meanings of providing nursing care for older patients with cognitive impairment in acute care settings *Submitted*.

Competing interests

None