

**An evaluation of a person-centred approach to
care of older people with cognitive impairment
and disturbed behaviour in the acute care setting
using action research.**

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CERTIFICATE OF AUTHORSHIP ORIGINALITY

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that this thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition I certify that all the information sources and literature used are indicated in the thesis.

Signature of candidate

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LIST OF ABBREVIATIONS

ACF	Aged Care Facility
ACR	Aged Care & Rehabilitation
AR-DRG	Australian Refined - Diagnosis Related Group
CAM	Confusion Assessment Method
CCC	Communication and Care Cues
DRAT	Delirium Risk Assessment Tool
GMCT	Greater Metropolitan Clinical Taskforce
ICD –10AM	International Classification of Diseases V10 Australian Modification
IPS	Independent Patient Special
NG1	Nurse Group 1 = before-intervention group
NG2	Nurse Group 2 = after-intervention group
PCC	Person-Centred Care
PCCRG	Person-Centred Care Research Group
PG1	Patient Group 1 = before-intervention group
PG2	Patient Group 2 = after-intervention group

ABSTRACT

Increasing numbers of older patients with cognitive impairment and disturbed behaviour are likely to present to acute care hospitals in the future. Nurses are not well disposed towards care due to safety and morale issues caused by knowledge deficits, job stress, oppressed group behaviours and ageist attitudes. Patient outcomes are often poor with multiple adverse events, long lengths of stay and levels of mortality. Disturbed behaviour may be caused by delirium, depression or other mental disorders and dementia or all.

The research question addressed was “Can the instigation of a person-centred approach to care of patients with cognitive impairment and disturbed behaviour result in decreased nursing stress, improved patient care practices, outcomes and relatives’ satisfaction?” A conceptual framework incorporating the constructs of Person-Centred Care, the Integrated Structural Model of Human Behaviour and Practice Development informed the action research methods utilised.

The processes of facilitation were used to undertake four action research cycles incorporating plans, actions, observations and reflections in one 25-bed acute aged care ward in a large tertiary referral hospital. The first cycle involved setting up the study, recruitment of nurses and patients, gathering of baseline data and application of non-participant observational studies of the quality of nurse-patient interactions which served to inform the plan for interventions. The following three cycles demonstrated efforts to undertake those interventions through strategies to increase nursing empowerment and knowledge in the context of constant staff turnover and diversions that compromised support and participation.

During the study there were few apparent adverse patient outcomes with significant improvements in patient analgesic administration, relatives’ satisfaction with care, nursing care practices involving the completion of a Communication and Care Cues form and nurses’ interactions with the patients. New care planning tools were developed that will enable ongoing activities for practice improvement. Conversely, there was a significant increase in the nurses’ stress levels when caring for hypoactive delirious patients, a trend towards more emotional exhaustion, high nursing turnover

and increased sick leave rates. Nursing care practices were unchanged and the new care planning tools were not well utilised.

Reflection on the implications and limitations of action research methods supported by practice development strategies in the dynamic, often chaotic environment experienced during the study, suggested that if there is an absence of hierarchical managerial sponsorship for such activities, then sustainable change is difficult. Therefore, it was shown that a person-centred approach to care of patients with cognitive impairment and disturbed behaviour using action research methods in this environment, can result in some enhanced nurse-patient interactions, patient care practices, outcomes and relatives' satisfaction. However, progress is likely to be slow and time consuming. Further improvements require attention to the well-being status of the nurses through actions that generate feelings of empowerment through individual recognition, knowledge enhancement, adequate access to patient information and sufficient time to undertake their duties as equal members of the multidisciplinary team.