Creating a vision for change: Process evaluation of an appreciative inquiry approach to develop person-centred dementia care strategies in hospital wards

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Objectives

- Method
- Description of intervention
- Context
- Implementation
- Impact
- Conclusion
Method

- **Process evaluation** - a study which aims to understand the functioning of an intervention, by examining implementation, mechanisms of impact, and contextual factors.

(Medical Research Council guidance, 2014)

- Process evaluation can be achieved through examining components such as:
  - **Context**: how external factors influence the delivery and functioning of interventions.
  - **Implementation**: the structures, resources and processes through which delivery is achieved, and the quantity and quality of what is delivered.
  - **Mechanisms of impact**: how intervention activities, and participants’ interactions with them, trigger change.

- Investigation of these components is shaped by a clear intervention description.
Key functions of process evaluation and relations among them (MRC, 2014)

- **Context**
  - Contextual factors that shape theories of how the intervention works
  - Contextual factors that affect (and may be affected by) implementation, intervention mechanisms and outcomes
  - Causal mechanisms present within the context which act to sustain the status quo, or potentiate effects

- **Description of intervention and its causal assumptions**
  - Implementation process (How delivery is achieved; training, resources etc)
  - What is delivered
  - Fidelity
  - Dose
  - Adaptations
  - Reach

- **Mechanisms of impact**
  - Participant responses to and interactions with the intervention
  - Mediators
  - Unexpected pathways and consequences

- **Outcomes**
Description of intervention: Appreciative Inquiry (AI)

- A form of action research that attempts to create new theories, ideas or images that aide in the developmental change of a system. (Cooperrider & Srivastva, 1987)

- AI process uses a 4-D cycle of discovery, dreaming, designing, and destiny (Cooperrider et al. 2008; Reed 2007)
4-D Process Model of AI

- **Discovery**: Appreciate "the best of what is"
- **Destiny**: Create "what will be"
- **Affirmative Topic**: Imagine "what could be"
- **Design**: Determine "what should be"
Context

- Two geriatric rehabilitation wards in a Maltese rehabilitation hospital

- Hospital vision:
  A centre of excellence entrusted with the delivery of person focused specialised care and rehabilitation.

- Hospital Mission Statement:
  Staff will work with persons and their carers to deliver sustainable, interdisciplinary care and comprehensive rehabilitation at the point of need in synergy with other providers, maximizing individual potential and optimizing outcomes, embracing a philosophy of dignity, respect, trust and lifelong learning.
Understanding the context through appreciative interviews

- A purposive sample of all full time caring staff (including nurses, nursing aids, paramedics and their aids) working on day duty in the two geriatric rehabilitation wards was taken.
- Interviews were carried out with 33 care workers and 10 family members.
- Miles et al. (2014) three phases of data condensing, data display and drawing conclusions was followed.
- Data condensation was achieved following the reviewing of staff and relatives’ experiences, coding sections of the narratives into initial themes and eventually generating categories to group these themes into nodes.
Understanding the context: Discovery phase

**ORGANISATIONAL FACTORS**
- Adequate human resources
- Adequate physical environment
- Effective management of resources

**OTHER FACTORS**
- Contextual factors
- Staff personal attributes

Diagram:
- Building a relationship between the dementia care triad
- Providing ‘quality time’ and ‘care in time’
- Meeting psycho-social needs
- Meeting physical needs with a ‘human touch’
- Going the ‘extra mile’
- Person-centred dementia care outcomes
Implementation

- Six workshops with a repeat were held between July-August 2014 in Ward 1, and six identical workshops were held in Ward 2 between February-March 2015.

- Various methods of learning including deductive teaching, discussion, reflection and brainstorming were used, whilst different media including a narrative story, video clips, songs and group activities were organised.

- An ‘ideal’ narrative story written from the perspective of a patient with dementia in the hospital ward and partly derived from the staff own stories as obtained from the interviews.
## Implementation (cont)

<table>
<thead>
<tr>
<th>Title of meeting</th>
<th>No of meetings</th>
<th>Method of delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction: Appreciating your work with patients with dementia</td>
<td>1</td>
<td>Didactic</td>
</tr>
<tr>
<td>A morning with Maria</td>
<td>2</td>
<td>Reflection and discussion</td>
</tr>
<tr>
<td>Creating a ‘vision’ for the future</td>
<td>2</td>
<td>Brainstorming and discussion</td>
</tr>
<tr>
<td>From ‘dreaming’ to ‘delivering’</td>
<td>1</td>
<td>Brainstorming and discussion</td>
</tr>
</tbody>
</table>
Implementation (cont)

- In line with the ‘Dream’ phase of AI, group work sessions were then organized to identify the participants’ aspirations for the future so as to make the psychosocial environment a better place for themselves, for the patients and their relatives/informal carers.

- Following an analysis of these themes and together with the findings obtained from the interviews, a number of possibility statements were derived by the author for each ward. These were then proposed for consultation and approval during the next workshop.

- Eventually, each statement was discussed, changed and agreed upon by all participants.
Example of possibility statements in Ward 1:

- At (Ward 1) we work together with the patients, their relatives and the multidisciplinary team, to create an environment where everyone is appreciated and feels welcome.

- We value and respect each other’s opinions, acknowledge each other’s abilities and limitations and work to build an environment that is flexible and person centred.

- We believe that by joining available resources and thinking creatively we can ‘go the extra mile’ and provide ‘quality time’ and ‘care in time’ to our patients.
## Reach: Attendance to AI sessions

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Number of participants in both sessions in Ward 1 (% of all ward staff N=36)</th>
<th>Number of participants in both sessions in Ward 2 (% of all ward staff N=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19 (52)</td>
<td>15 (47)</td>
</tr>
<tr>
<td>2</td>
<td>20 (56)</td>
<td>13 (41)</td>
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<tr>
<td>3</td>
<td>19 (52)</td>
<td>13 (41)</td>
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<td>4</td>
<td>19 (52)</td>
<td>12 (38)</td>
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<td>5</td>
<td>22 (61)</td>
<td>17 (53)</td>
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<tr>
<td>6</td>
<td>21 (58)</td>
<td>12 (38)</td>
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<tr>
<td>Average</td>
<td>20 (55)</td>
<td>14 (44)</td>
</tr>
<tr>
<td>All workshops</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Impact: Participants’ responses to the AI process

- Following the workshops, a questionnaire was distributed to all staff.
- Two sections of this questionnaire was to evaluate the staff reactions to the approach of using Appreciative Inquiry (AI) in the development of person-centred dementia care.
- One section asking open-ended questions to the participants with regards to the staff interviews and the other section consisting of a Likert scale that sought to identify the participants’ views of the AI workshops.
- Out of 41 questionnaires collected (response rate of 52%), 36 respondents filled in these two sections in view of the fact that they had participated in the appreciative interviews and the workshops.
Impact: Respondents’ experiences of the AI interviews

- An opportunity during which staff could openly express their feelings and experiences in a non-judgemental way.
  - “Was put at ease to speak out the feelings I have about patients with dementia. The interviewer had an open mind and heard (acknowledged) my opinions even if he might have not agreed with the interviewee.
- A focus on positive care experiences.
  - “Focusing on the positive aspects, rather than the negative”.
- A learning opportunity to reflect about how to care for patients with dementia.
  - “You reflect about how to deal with people with dementia”
Impact: Respondents’ experience of the AI workshops

Open ended questions

- “Such workshops are to be recommended as the action plan would be a plan brought up by the staff themselves”

- “(The AI process) created awareness and the sharing of stories developed mutual understanding to ensure that patients get the best care we are able to provide.”
Impact: Respondents’ experience of the AI workshops

Likert scale results

- 92% of the participants in both wards slightly agreed, agreed or strongly agreed that the workshops helped them to see persons with dementia in a more positive way.

- 89% of the participants agreed that the workshops helped them to think about how they can work in a more person-centred way with patients with dementia and their relatives and helped them to develop one or more action plans in order to improve the quality of care of patients with dementia in their ward.
Conclusion & recommendations

- An appreciative inquiry approach (AI) has been positively accepted by hospital staff.

- An AI approach has increased awareness and interdisciplinary collaboration to develop practical strategies for organisational change in person-centred dementia care.

- An understanding of the context, description of the intervention, implementation process and mechanism of impact, can guide other action researchers in the implementation of person-centred dementia care strategies in formal care settings.
Thank you for your attention!