The Contribution of Complementary Therapy within the Care of Nursing Home Residents Experiencing Later Stage Dementia

An Action Research Study

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• Dementia is a global concern and rising challenge for nursing homes due to projected increase in figures

• The international policy imperative is to improve healthcare and promote person centred approaches to support

• Scottish policy additionally calls for development of broader range of therapeutic interventions
Primary Aim

To collaboratively introduce and explore the contribution of complementary therapy within the care of nursing home residents experiencing later stages of dementia.

Overview

• 5 Individual Participatory Objectives
• 2 Action Cycles (Cycle 1 and Cycle 2)
• 2 Nursing Homes (Care home A and care home B)
• 3 Specific Complementary Therapies (Body massage, Aromatherapy, and Reflexology)
Action Research

“Action research is a strategy for conducting research that engages researchers and participants within a community or organisation into a co-generative process of knowledge creation, action design, and evaluation of outcomes” (Greenwood, 2007).

Cycle 1 conducted in care home A was the preparatory cycle that builds the evidence base for implementation Cycle 2 in care home B.
Permissions

- Gained management permissions from both participating study sites.
- Ethical approval from the UWS HNM school committee.
- Ethical approval from Scotland’s external research ethics committee for adults that lack capacity (AREC).

Participants

- Care Home Staff  Total = 30
- Visiting Family and Friends  Total = 14
- Residents in the Later Stages of Dementia  Total = 15
Individual Objectives

**Objective 1:** To elicit staff and relatives perceptions on use of complementary therapy in care home A for residents experiencing later stages of dementia
*(Questionnaires Delivered Face to Face During Interview)*

**Objective 2:** To collaboratively prepare case studies exploring selected complementary therapies in weekly care plans of residents experiencing later stages of dementia
*(Case Studies – NPI-NH, Staff and Relative Feedback, Complementary Therapist Notes)*

**Objective 3:** To reflect with staff and relatives on the experience and practicalities of introducing complementary therapy
*(Focus Groups / Telephone Interviews)*
Individual Objectives

**Objective 4:** To co-construct an implementation plan with care staff of care home B to embed the optional use of complementary therapy within dementia care in care home B based on cycle 1 evidence *(Focus Groups, Questionnaires, Experiential Learning Days)*

**Objective 5:** To implement complementary therapies into dementia care within care home B using a person centred approach and explore with care home staff and visiting family and friends its contribution to the care experience *(Implementation Phase / Methods Mirror Objective 2)*
Loneliness and Companionship
Care home staff and families experience of stress in this study was seen as a manifestation of loneliness where the terms were used when identifying and selecting residents.

“I think it would be good for Mrs A to have the complementary therapy because she doesn’t have a lot of visitors”

“Mrs C is quite lonely”

“The one to one time would be good for them”

“It would be nice for Mr B to engage with another man as we are all female in here, he might really enjoy the company of another man”.

Indication that Complementary Therapy Plays a Role in Reducing Neuropsychiatric Behaviours

The data collected from the NPI-NH in both action cycles, showed a reduction from when the complementary therapy was introduced into residents weekly plans.
The Need for Touch in Nursing Homes
From the choice of therapies selected by residents, staff, and family, would suggest there is a need for touch in nursing homes.

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Resident Pseudonym</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Variations of Body Massage</td>
<td>13</td>
</tr>
<tr>
<td>Reflexology</td>
<td>1</td>
</tr>
<tr>
<td>Aromatherapy solo</td>
<td>0</td>
</tr>
<tr>
<td>Aromatherapy as an Accompaniment</td>
<td>✓</td>
</tr>
<tr>
<td>Total Number of Therapies</td>
<td>14</td>
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</tbody>
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How Complementary Therapy is Defined
Rather than viewing complementary therapy as an intervention or treatment, it could potentially be viewed as an activity.

**Treatment** – a need to ‘treat’

**Intervention** – a need to ‘intervene’

**Activity** – an activity to ‘engage’ with
Thank you for Listening