

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **4 July 2016**

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: Dr Susan Gee

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Co-Supervisors Name and Title(s): Tracey Hawkes, Matthew Croucher

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Laboratory

Community

Project Title (20 words MAXIMUM):

Being an engager not just a sitter: Helping health care assistants engage with older inpatients through activity trolleys

Project Description:

INTRODUCTION

Older people are admitted to acute hospitals more often and for longer than younger people. Older people admitted to acute hospital care face considerable physical and psychological stressors, and are at an increased risk of adverse events including delirium and functional decline. In addition, a third or more of older people receiving hospital care have cognitive impairment and this poses additional challenges for hospitals as people living with dementia have increased needs for their environments (Edvardsson et al., 2009). A number of studies have reported that boredom and lack of occupation is common in acute hospital settings and may contribute to poorer outcomes (Steele & Linsley, 2015). Although the benefits of activity and interaction are well known, older inpatients are typically inactive for the majority of time (Nolan, Grant, & Nolan, 1995). For example one study of older people in a New Zealand AT&R ward found that only 11% of the day was spent in therapeutic activities (Thompson & McKinstry, 2009).

Activities help to provide pleasure and enjoyment, a sense of belonging to the world, autonomy, and identity and to maintain health and well-being amongst people with and without dementia (Phinney, Chaudhury, & O'Connor, 2007), and can help reduce anxiety and stress in hospital environments (Stuckey & Noble, 2010). They can provide a mechanism for friendly interactions and social stimulation (Charalambous, 2014). The opportunity to choose and engage in individualised activities rather than generic group activities may help patients to experience a sense of control and empowerment (Steele & Linsley, 2015; Charalambous, 2014). Some activities may also help to maintain people's cognitive reserve capacity and resilience, decreasing the risk of delirium (Kolanowski et al, 2010; McFadden & Basting, 2010). Researchers have suggested that the provision of activity must be seen as an integral part of quality care for older people (Nolan et al., 1995).

The ability of volunteers or staff to engage in meaningful activities may be hampered by a lack of props or resources (Charalambous, 2014), mixed messages about the importance of non-task interactions and the scope of roles (Nolan et al., 1995) and confidence in how to best engage with older patients, especially those living with dementia (Galvin et al, 2010).

The health care assistant (HCA) role in particular has been highlighted as an underutilised resource. It has been noted that at times health care assistants undertaking close observation will see the role as one of observing rather than engaging with patients (Gee, Bergman, Hawkes & Croucher, 2016). There is therefore interest in providing resources and education to enable health care assistants and other relevant staff to ‘talk with individuals and do activities with them’ (Wanganui DHB, 2016 p.12; CDHB 2009). The provision of a distraction trolley or activity trolley, a mobile set of drawers with resources for a wide variety of activities, is one way to inspire and support such activities.

Aim: The aim of the present study is to trial the introduction of an activity trolley and supporting staff- education package to enable staff to better engage older inpatients in meaningful activities.

METHOD

Intervention: An activity trolley will be provided with physical resources and tip cards to help health care assistants, ward staff and whanau/friends to offer and share with their patients or loved ones whilst on the ward. The props are designed to help stimulate a wide range of activities involving conversation, exercise, calming, personal meaning, and/or cognitive stimulation. Health care assistants and other relevant staff will take part in an education session to understand the importance of activities, familiarise themselves with the resources and how they can be effectively used, and gather tips and strategies for successful engagement including with cognitive impairment.

Methodology: The study will take place in the Older Persons Health and Rehabilitation and ORU (Orthopedic Rehabilitation Unit) wards at Burwood Hospital. Baseline data will be collected for all participating wards.

Half of the wards will then receive the intervention of the provision of activity trolleys with an education session for health care assistants and other relevant staff. The remaining wards will receive the intervention after the study period and will thus provide a wait list control.

Post test data will be collected from all the participating wards after the programme has been operating for a minimum of two weeks in activity intervention wards.

The primary outcome measures will be questionnaires for staff about their attitude towards their role, reported frequency of engaging in activities with patients, and confidence in encouraging suitable activities. Analysis with mixed model repeated measure ANOVA will assess whether a greater improvement in these measures is found in the intervention group.

The researcher will also involve interviews with a small group of patients / families about the hospital experience including Likert scale questions as well as open ended questions. The analysis for this will primarily be descriptive.

STUDENT ROLE

A self-contained pilot study of activity trolleys will be conducted within the studentship time frame to investigate changes in staff's attitudes, self-reported behaviour and confidence, and the perception of older patients and their families. The student will have the opportunity to gain supported experience in structured interview data collection, data entry and management, analysis, and interpretation. The student will also gain practical experience in conducting research in a health care setting including issues such as understanding privacy and maintaining confidentiality. The student's role will include:

1. Familiarisation with key work in the area
2. Structured interviewing and questionnaire administration pre and post intervention
3. Involvement in educational sessions
4. Data input and management
5. Participation in the analysis and interpretation of results
6. Literature review
7. Contributing to the dissemination of results.

IMPACT / SIGNIFICANCE

In a previous research project staff working within the areas involved in the present study were asked about their vision for their service. Part of the vision that emerged was for a care environment that provides individualised and person-centred care and understands patients' needs, where staff are actively engaged in making an environment that is calm, comfortable, and safe, maximising independence and enabling activities that are meaningful and individualised, and encouraging whanau, family and friends to have a positive impact on patients' cognitive care (Gee et al., 2016). The activity trolley resource and education package was raised by staff within the service as one creative step towards furthering this goal. This evaluation seeks to provide an evidence base for the use of the trolleys within the CDHB and more broadly adds to the relatively sparse research investigating trials of interventions to reduce boredom during hospital stays (Steele & Linsley, 2015).