



Lifelong Learning through Art and Music for Older Persons on Intermediate Care Wards in an Acute Hospital Trust

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Summary of project

This report presents the findings from a project aimed at incorporating creative activities in to the daily care of older adults in rehabilitation and intermediate care wards in a large acute university hospital.

Health care support workers (HCSWs) were trained in the theory of person centred care and in initiating 1:1 creative activities. Two activity coordinators (ACs), already in post prior to the launch of the project, supported the HCSWs whilst also redefining and extending their own role.

An increase in uptake in patient activities was observed during the project and qualitative data suggested that patients enjoyed participating and did show changes in their mood and contact with staff and other patients. The HCSWs also reported an increase in personal self esteem and job satisfaction. The AC role was used to focus on group activities which reflected patients' interests and the importance of creative activity was introduced into the HCSWs induction training programme.

Initial evaluation tools proved to be inappropriate and these were changed during the life of the project. The project was successful in raising awareness among

HCSWs, trained staff and managers of the importance of creative activities in health and patient care.

Background

The benefits of activity and social interaction to the health of older patients has been recognised for sometime (Cosin et al., 1958), however recent studies have suggested that elderly patients are inactive for most of the time (Nolan et al., 1995) and this may be especially true when they are in hospital.

During the acute phase of a patient's illness, the focus tends to be on disease management and physical care with the treatment and care delivery tending to be rigidly defined and task orientated (Ebbott, 1996). However for those older patients who are rehabilitating or receiving care on dedicated rehabilitation wards and whose stay is likely to be longer, keeping mentally active and doing things which are of interest, may be a key part of recovery and regaining their mental and social well being.

Whilst the use of creative therapy and activities is not new within psychiatric care, hospices and day care (Kennett, 2000), within acute hospital care, Kennett (2000) suggests that it may be 'passed off as frills'.

Older people define themselves as being in good health despite figures stating that 70% of older men and women (≥ 65 yrs) live with some form of chronic longstanding illness or disability (Department of Health et al., 2002). Older individuals often describe health as a 'state of mind', emphasizing psychological attributes, social relationships and attitudes towards life, rather than physical state alone (International Council of Nurses, 2004). Therefore for older people health is much broader than simply treating illness.

Healthy ageing aims to maintain the physical, emotional and mental wellbeing of older people (Andrews, 2001) and older people identify that 'healthy ageing' includes important aspects involving 'relationships', 'learning in later life', 'contact', 'feeling good', 'being happy', 'not being stressed' and 'being able to cope' (Carter and Beresford, 2000; Cordingley et al., 2001).

Being healthy is about health preservation, achieving optimal levels of functioning (Bernard, 2000), maintaining a positive outlook, continuing to grow personally and to contribute socially. It would seem appropriate and important that those aspects rated as important for 'healthy ageing' should feature prominently when providing care.

The benefits to older patients of exposure to creative therapies and activities means that they should be accessible to more people. However to make this a

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realistic goal, carers must be equipped with the necessary skills to support and provide these types of activities.

Aims of the project

The aims of the project were to:

- Develop and deliver a programme of opportunities for learning and socialising on rehabilitation wards for older people and their partners/carers which would be sustainable within the hospital environment
- Raise the profile of the activities work in rehabilitation and provide evidence of users, carers and healthcare professionals views of the value of social activities in illness recovery and mental health

These aims were to be achieved by redefining the role of the current ACs and increasing the number of HCSWs able to provide activities on a 1:1 basis with patients. It was anticipated that ownership of the project would be inclusive and project development would be built on the views and experiences of those HCSWs who were involved.

Methods and approaches

The project was designed to have two phases running concurrently.

Phase 1

HCSWs working on two wards would receive training to increase their understanding of the importance of providing older people with activities and to develop their skills in the delivery of different art forms and social activity. It was hoped that this training would enable them to recognise the value of getting to know their patients in more depth in relation to their hobbies and interests, and to engage with them in activities which they found interesting and enjoyable. This would serve two purposes – patients would benefit from 1:1 activities with their own HCSW and records kept on each patient's interests would provide the ACs with data which could be used to map the variety and diversity of interests within and across the participating wards. In this way any common interest among patients could be used to structure/develop a weekly programme of group activities.

'Getting to Know You' booklets (patient bibliographies) were already part of the ward admission documentation and were in theory completed with each patient by a registered nurse. They provided older people with the opportunity to talk about their life experiences, family, friends, work history and hobbies, to enable healthcare practitioners to gain a better understanding of the older person and to potentially provide greater insight into their needs and aspirations. Drawing on life experiences have been shown to be a useful way of attracting people to learning opportunities (Clarke et al, 2003). With training, it was anticipated that each HCSW would be able to complete these booklets and so utilise the information when giving care to their patients.

Phase 2

Phase 2 would involve making links with the community in an attempt to provide continuity of activity(s) following discharge from hospital. Any activities available to older people in the community would be collated in a directory and made available to patients and their relatives/carers at discharge. Links were also to be made with residential and nursing homes so that on discharge patient

information regarding activities the patient had been involved in whilst in hospital could be continued in their new residence. It was hoped that this work would be undertaken by the ACs, however, very early on in the project, it became obvious that Phase 2 was too ambitious, due to changes taking place in the hospital and the project time span. The project team decided instead to direct all their energies to Phase 1 and put Phase 2 on hold.

Evaluation

In order to assess the progress and collect evidence of the effectiveness of the project, the following qualitative and quantitative data collection methods were planned:

- Use of a patient activity log book – to be completed by the HCSWs
- Maintenance of a reflective diary by HCSWs
- Measurement of patients well being utilising the wellbeing tool – to be completed by the HCSW
- Patient qualitative feedback – to be collected by HCSWs, ACs and research facilitator (RF)
- HCSWs and ward based staff qualitative feedback – to be collected by RF

New build

At the time of the project proposal, University Hospitals Coventry and Warwickshire NHS Trust was undergoing a complete new build. This impacted quite significantly on the rehabilitation unit during the time of the project as all of the wards involved were moved to temporary accommodation in February 2006 and a further final move to the new hospital was scheduled for July 2006.

The moves impacted on the project in the following ways:

- The initial move resulted in a change in facilities including:
 - a reduction in the size of the day room which impacted on the range of activities and size of groups that could be accommodated
 - a change in the lay out of the wards resulting in separate activities having to be planned for each ward
- There was a change in the ward provider service from a nurse led ward providing care for patients classified as 'delayed transfers of care' to a consultant led intermediate care/rehabilitation ward. This meant that patients required increased medical and nursing care and the turnover of patients also increased. These changes had a direct impact on the workload of the HCSWs

Launch of the project

Two presentations were given by the project team to all the HCSWs and staff on the participating wards in March 2005. The aims and objectives of the study, rationale and staff involvement were all highlighted. Information relating to the training days was also disseminated.

Four training days were held in May 2005. Twenty one HCSWs from the two intermediate care wards attended. The training covered topics such as communication skills, understanding person centred care, wellbeing/illbeing scoring, portfolio building/reflective record keeping, discussing 'Getting to Know You' booklets with patients and practical demonstrations of activities.

The training was evaluated positively by the majority of HCSWs that attended.

Support meetings

Initially, two weekly support group meetings were planned for the participating HCSWs to provide support, share ideas, identify challenges and find ways of overcoming them. It was envisaged that these meetings would last approximately one hour and be held on the ward. However, service needs meant that meeting as a group proved to be impossible. The format was therefore changed to 1:1 meetings with each HCSW, the ACs and RF.

Eleven HCSWs undertook activities with their patients but these tended to be in the early days of the project and prior to the ward changes. In total only five HCSWs met the ACs and RF during the project. Of the remaining HCSWs, one went on maternity leave, three failed to find a patient to undertake activities with and two were never free to meet.

The support meetings tended to be accessed by those HCSWs who enjoyed undertaking activities with their patients. For many of the other HCSWs, working with patients in this way was not something they found easy or particularly enjoyable. Rather than voice their feelings they did not attend the meetings citing 'too much work' or 'no free time'. Only two HCSWs specifically came to a support meeting to withdraw from the project. One of these HCSWs explained why she found working in this way difficult. She explained that whilst she enjoyed looking after each of her patients and felt that she met all of their personal care needs, she did not feel at ease with creative activities. Once she had finished caring for her patients if she had any spare time she would go and sort out the linen cupboard or she would sort the kitchen rather than spend time playing cards or talking to her patient. She simply did not feel comfortable with creative therapy.

Finding time to carry out 1:1 activities was raised by all of the HCSWs who attended the support meetings. Some HCSWs wanted to have a protected time once a week in which to undertake activities as they felt that it was impossible to provide activities on a daily basis given the fluctuating level of staffing and the needs of their patients.

All HCSWs identified that there was too much paper work and that they were finding it difficult to keep up to date. One HCSW stated that it had taken two days to prepare the patient for taking part and to complete the forms. She had found it difficult to find the time to discuss the project and so she had done it slowly over several days.

These issues were discussed with the project team and a decision was made that the support sessions would be used as a chance to reflect with the HCSWs, through conversation. These conversations would either be taped or key notes be written by the facilitator contemporaneously. In this way it was hoped that the HCSWs perspectives could be captured.

It was also agreed that the 'Getting to Know You' booklet be revised with regard to its length and topics. This developed into a shorter 'About You' questionnaire.

Activity coordinator role

The AC role was key to this project and it was hoped that this role could be developed so that the ACs would:

- Take the lead and concentrate on developing weekly group activities
- Support and contribute to the training of HCSWs

- Begin to develop a resource directory of community based activities (part of Phase 2 so this was put on hold)

Key to developing a weekly activities timetable that reflected the interests of the patients was the completion of the 'About You' questionnaire. To ensure this happened, one of the ACs took responsibility for completing this with patients and used it as a way of introducing herself to each new patient. She was then able to collate the information and use it to create the weekly timetables. It also was a good source of information for the HCSWs who were able to use the information to identify suitable 1:1 activities and if possible to pair patients up if they shared similar interests, for example patients interested in cards and dominoes etc. The findings from this, clearly showed commonalities between patients and provided a rich resource on which to develop 1:1 and group activities and to identify training needs.

The Unit was busy throughout the year which impacted on the ACs and this sometimes meant that they had to help out by undertaking more HCSW activities or by escorting patients.

End of year interviews with HCSWs

In March 2006 as the project completed its first year all the participating HCSWs were contacted and invited to talk about their experiences and perspectives of the overall aim, successes and challenges to implementing this project. Originally it had been envisaged that this would be completed in focus groups but it was felt important that 1:1 taped interviews would offer the opportunity to obtain more in depth information of individual experience in the project and also an opportunity to share personal perspectives on the challenges of changing practice to improve patient experience.

Six interviews were completed by the RF with HCSWs who had undertaken creative activities with their patients. The interviews occurred on the ward, at a time convenient to each HCSW. Each interview was tape recorded and the tapes were transcribed and then analysed for common themes. Seven key themes were identified.

The importance of getting to know your patient

Whilst all the HCSWs felt that it was important to get to know their patients, most of the HCSWs had not achieved this by completing the 'Getting to Know You' booklet with their patients as the project had intended. When this was explored, it seemed that those HCSWs who embraced the project and its aims, felt that they did not need to ask their patients questions formally. By caring for the same patients at each shift they felt that they were able to get to know their patients as people and discover their interests and hobbies while delivering physical care. However, this method of finding out about patients was reliant on the HCSWs wanting to encourage and maintain this type of relationship. Some HCSWs clearly recognised that if they did not want to 'find out' about their patient then it was very easy to avoid doing so.

Time was also a key factor in getting to know patients. HCSWs felt that exploring patient's interests took time and some saw it as being a separate activity not an integral aspect of patient care. When the ward was busy HCSWs would revert back to pre project working where they felt that it was the AC's responsibility to ask each

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patient if they would like to participate in group or even 1:1 activities.

Choosing patients

At the beginning of the project, each HCSW was encouraged to select just one of their patients to participate in creative activities. The information suggested that HCSWs used different criteria for selecting these patients. Some chose patients that they felt were a 'challenge', others selected patients that they felt comfortable with.

Perceived benefits to patients

Initially it had been intended that the HCSWs would complete the wellbeing/illbeing tool, but it became apparent that even with training they did not feel confident to do this. During the interviews however, all the HCSWs stated that they felt that their patients had benefited from taking part. This was expressed in terms of changes in body posture and facial expression as well as hearing spontaneous comments from other members of staff.

Type of activities

It became apparent that there was a greater chance of activities taking place if the patient and HCSW shared similar interests and beliefs, for example, valuing having their hair washed.

Perceived benefits to HCSWs

The HCSWs suggested that working in this way added to their job satisfaction and improved the relationship between carer and patient.

Challenges to implementing project

Many contextual factors seemed to impact on whether HCSWs felt that there would be time to do creative activities. These included the number of staff on a shift, the amount of care needed by patients and factors associated with the moves including merging of wards and new staff.

Training needs identified by HCSWs

At the end of the project the desire for further training was made explicit by several HCSWs.

Conclusion

Staffing levels, patient acuity and dependency will always have an impact when trying to change practice. The willingness of individuals to change their roles and work differently will impact on undertaking creative activities that may always be seen as a luxury and not a necessity in patient care. However where a patient's stay in hospital is likely to be several weeks it is likely that creative activities are an important aspect of wellbeing and do help in lifting spirits, raising self esteem and increasing social companionship. The role of the AC is important and key to raising the profile of activities and working in groups and 1:1. The use of a simple 'About You' questionnaire provides a quick and simple method of collecting information of the interests and hobbies of patients on award which allows the creation of group activities specific to the war population at any given time and also informs HCSWs of 1:1 type activities their patients are interested in. It also allows matching of patients with similar interests.

This project may have been fraught with challenges and failed to achieve many of its initial aims and objectives. However it did succeed in raising awareness of the importance of activities in patient care, it still continues and there is evidence that a small number of HCSWs

continue to include activities in their daily care of patients. There is every chance that it will begin to be seen as an integral aspect of patient care and it is important that we explore ways of developing activities whilst in hospital, perhaps volunteers may be able to help here.

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Further reading

A copy of the final report can be downloaded from the FoNS website: www.fons.org/healthy_ageing/projects/coventry.asp

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