Exploring how the spiritual needs of patients living with dementia are addressed within Care and Treatment Plans (CTPs) in three Health Boards in Wales

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Research study completed: from January 2016 – December 2016

Research Centres: Aneurin Bevan University Health Board (ABUHB), Cwm Taf University Health Board (CTUHB) and Abertawe Bro Morgannwg University Health Board (ABMULHB)

Background

In Wales the Mental Health Measure outlines the care that Mental Health Service Users (MHSU) are legally entitled to. Part 2 requires MHSUs in secondary care to have a Care and Treatment Plan (CTP) (WG 2010). The CTP sets out 8 domains that the nurse/assessor should complete. Domain 7 refers to social, cultural, spiritual needs.

Research Project’s Aim:

To ascertain how the spiritual needs of patients living with Dementia are addressed within the Care and Treatment Plans (CTPs)

Objectives:

1. To analyse dementia patients’ CTPs, from community mental health teams (CMHT) and in-patient wards.
2. To compare Domain 7 with the other domains of the CTP.
3. To conduct focus groups with staff to explore their views on completing Domain 7; this will be compared with the written CTP.

Methods

Phase 1: Literature review of spiritual care in dementia.
Phase 2: Thematic analysis of Domain 7 of a purposive sample of 150 CTPs (with Domain 7 completed) collected from older persons CMHTs and wards in 3 Health Boards to identify how spiritual needs are addressed, how often CTPs are updated (if they are) and by whom. The content of Domain 7 was compared with the other domains (for content, volume, and frequency/method of evaluation).
Phase 3: Focus groups with health care professionals to explore emerging themes identified in Phase 2.

Results/Outcomes: Phase 2 CTPs

Collected 150 CTPs: 50 from each Health Board.
CTUHB 25 Community, 25 Hospital
ABMULHB 25 Community, 25 Hospital
ABUHB 11 Community, 39 Hospital

All CTPs retrieved had Domain 7 completed. Table 1 shows frequency of completion of the other domains. Analysis primarily conducted on Domain 7 (Social, Cultural, Spiritual). Social aspects of care were well documented staff encouraged patients to engage in meaningful activities and maintain social connections with family and friends. Spiritual needs were documented with reference to patients’ religious affiliation and associated religious rituals/practices.

Person centred care was also well documented throughout the whole CTP rather than being specific to one of the domains.

Eight themes emerged (see Table 2 in order of frequency). These were: 1. Religion/Religious beliefs; 2. Social connections with family, friends and neighbours; 3. Social connections with staff/paid workers and volunteers; 4. Meaningful activities (e.g. photos, memory books, watching TV, hobbies, and work-related activities); 5. Support for family and carers; 6. Culture; 7. Person centred care and 8. Considered but not detailed given (e.g. to have social, cultural, spiritual needs met).

Table 1: Frequency of Completion of Other Domains (1-6 & 8)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>148 (98.7%)</td>
</tr>
<tr>
<td>2</td>
<td>142 (94.7%)</td>
</tr>
<tr>
<td>3</td>
<td>140 (93.3%)</td>
</tr>
<tr>
<td>4</td>
<td>123 (82%)</td>
</tr>
<tr>
<td>5</td>
<td>62 (41.3%)</td>
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<tr>
<td>6</td>
<td>59 (39.3%)</td>
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<tr>
<td>7</td>
<td>42 (28%)</td>
</tr>
</tbody>
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Table 2: Shows the 8 themes that emerged from the CTPs

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These have been ordered from the most frequently occurring to the least occurring. In some CTPs needs were considered, but then no needs were identified and thus, were not documented on the CTP.

Results/Outcomes: Phase 3 Focus Groups (x2)

CTP general:

- All domains seen as important, but not all are completed.
- Different interpretations of the domains.
- Differences in the community and hospital and across the health boards.
- Not always useful as it is a tick box and does not help with relationship building.
- Who completes i.e. nurse, MDT, only care coordinator?
- Who owns the CTP? Few written in 1st person and few signed by the person with dementia.
- Legal requirement and for audit. Thus, high completion. Content and quality vs quantity.
- Multiple copies: hard and copies, which is one is most up-to-date.

Domain 7:

- Of the 8 domains on the CTP, Domain 7 (Social, Cultural, Spiritual) was the least completed.
- Supports outcomes from the written CTP.
- Spiritual needs seen as more than the person’s religious affiliation/beliefs. It’s about the essence of who they are. Engaging patients in relaxation, nature, walks i.e. any activity that gives them peace, contentment, and enjoyment. Some patients, even if not religious, enjoy listening to hymns and singing.
- Not all staff receive training. Staff training needs identified, especially to complete Domain 7.

Community:

- Need to complete CTP and usually more input from the family.

Hospitals:

- Time consuming – due to “firefighting.” Thus, mental health crisis/patient’s condition takes priority.
- Family often not available to help complete the CTP/ staff do not always have the information.
- Frequent reviews. Intervention plan used (one of the HBs) to supplement the CTP as more up-to-date used when there are lots of clinical changes. Thus, CTP not seen as a live document.

Conclusion

Staff recognised that spirituality was broader than a person’s religious affiliation, but capturing this on the CTP was difficult. Staff agreed that training in completing the CTP would be beneficial, but especially to complete domain 7 as this was the least completed of all the 8 domains. The entire CTP needs to be analysed because this documented what person centred care was and was not specific to one domain.

From the Literature:

- Spiritual care was considered by Health Care Professionals (HCP) as important to Person with Dementia (PwD). However, a basic difficulty with providing spiritual care is knowing what is involved in providing it (Bursell & Mayers 2010)
- “If a religious and spiritual domain was not documented on the CTP as more up-to-date used when there are lots of clinical changes. Thus, CTP not seen as a live document.”

References:


Acknowledgements

We would like to acknowledge the support funding from our 3 participating Health Boards and USW. We would like to thank the Research Assistants for their role in collecting the CTPs. This presentation is based on research supported by the Wales Institute of Social & Economic Research, Data & Methods (WISERD). WISERD is a collaborative venture between the Universities of Aberystwyth, Bangor, Cardiff, South Wales and Swansea.

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