

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

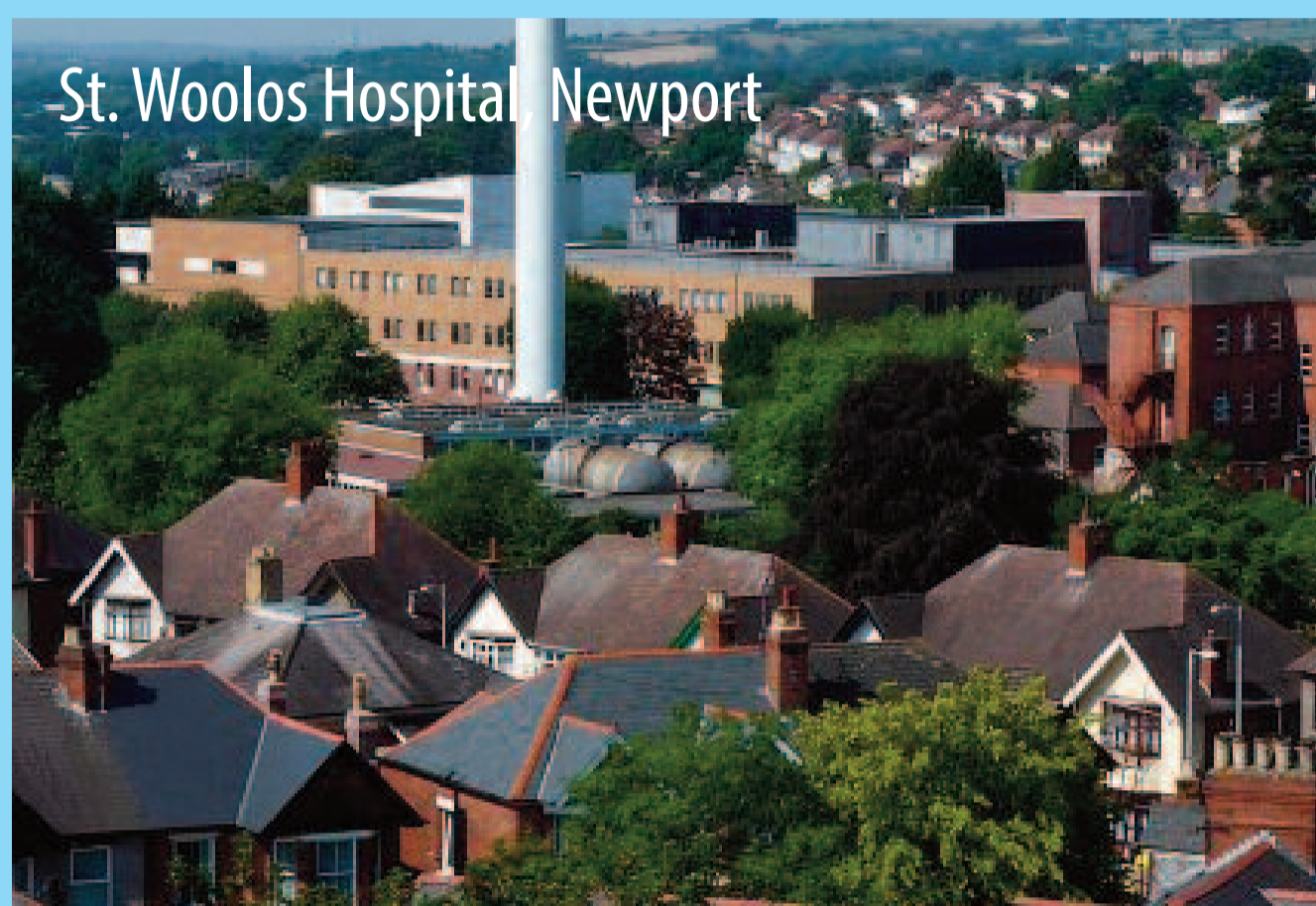
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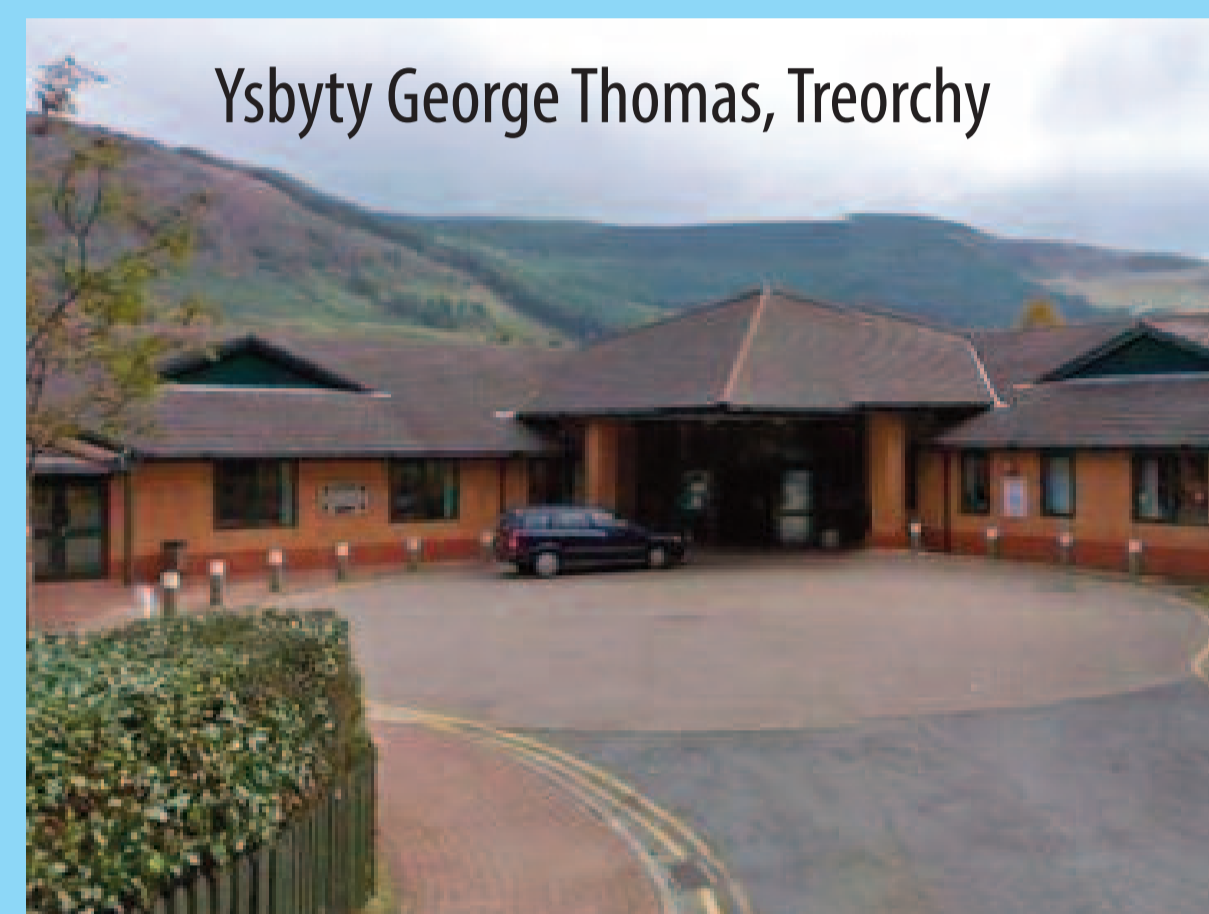
Research study completed from: January 2016 – December 2016

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



## Examples of religious quotes

"Mr A (CTP) requires support to maintain his faith (not specified), which is very important to him. To be supported to pursue his faith and attend any spiritual meetings he wishes to within his capabilities."



## Sample quote from Focus Group

"It's about what brings a smile to their face, what makes it a meaningful day. Its not just about praying."



Tonna Hospital, Neath

## 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:

- To analyse dementia patients' CTPs, from community mental health teams (CMHT) and in-patient wards.
- To compare Domain 7 with the other domains of the CTP.
- 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 staff. 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 no detail given (e.g. to have social, cultural, spiritual needs met).

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

	Number (N=)	Percentage (%)
Domain 7: Social, cultural, spiritual	150	100%
Domain 4: Medical and other forms of treatments	148	98.7%
Domain 6: Personal care & physical wellbeing	142	94.7%
Domain 1: Accommodation	140	93.3%
Domain 3: Finance/money	123	82%
Domain 2: Education and training	62	41.3%
Domain 5: Parenting or caring responsibilities	59	39.3%
Domain 8: Work & occupation	42	28%

Table 2. Shows the 8 themes that emerged from the CTPs.

	Number (N=)	Percentage (%)
Meaningful Activities	85	56.7%
Social connections family, friend, neighbours	73	48.7%
Social connections staff	59	39.3%
Religion	44	29.3%
Supporting family and carers	19	39.3%
Person centred care	13	8.7%
Considered	13	8.7%
Culture	11	7.3%

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 it 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 e copies, which 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 CTPs.
- 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

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

### Hospital

- 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 (in 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 is and was not specific to one domain.

### From the literature:

- Spiritual care was considered by Health Care Professionals (HCPs) to be of importance to Persons with Dementia (PwD). However, a basic difficulty with providing spiritual care is knowing what is involved in providing it (Bursell & Mayers 2010)
- Many definitions of spirituality in the literature. Definition that fits with our study/themes "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al. 2009, p. 887).
- Association between strong religious affiliation and importance of spiritual care. (Powers & Watson 2011). Fits with our theme on religion.
- Persons with Dementia (PwD) have a need for spiritual connectedness with others through various rituals such as bedtime prayers/religious practices; and listening to classical music, fishing, holidays, and bridge, as ways to obtain spiritual fulfilment (Powers & Watson 2011, Gardiner 2009)
- Connectedness with others (family, staff etc.) and engagement in activities were strong themes within our study. The social in the domain was more dominant as staff encourage social interaction and activities around the PwD's personal likes and dislikes such as contact with nature (walks, gardening etc) and creative activities (art, craft work, music etc.) (Powers & Watson 2011, Gardiner 2009).

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