

Home-care workers' experiences of caring for people living with dementia

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Home-care workers:

- are increasingly caring for clients living with dementia [1]
- receive limited dementia training, viewed as low skilled [2]
- often lowly paid [3]
- spend extra time with clients [4]
- are expected to meet physical and psychosocial needs of clients [4,5]

Little is known about home-care workers' experiences of assisting people with dementia with their personal care.

Aim



to explore the experiences of home-care workers and the knowledge and skills they rely on when providing assistance with personal care to people with dementia

Method

Semi-structured, face-to-face interviews with home-care workers

Data collection between January-March 2020 in the East of England

Explored experiences of assisting people with dementia with their personal care – routines, practicalities

Ethical approval – participant consent

Participants were given a £10 voucher as a thank you for taking part

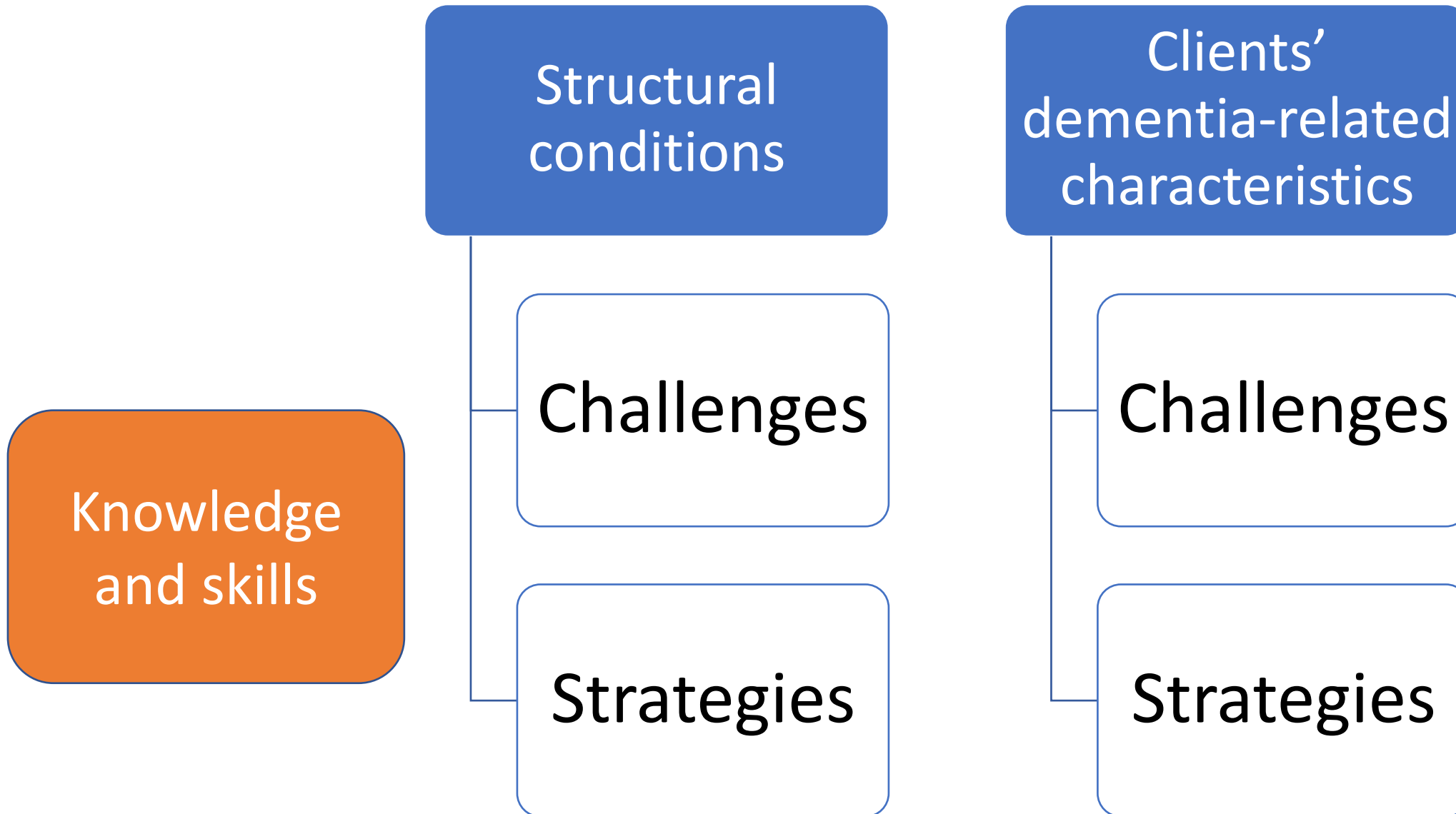
Analysis was inductive using qualitative content analysis [6]

Participants

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- 24 home-care services contacted
 - 17 home-care workers from 7 home-care services took part

	n (%)	Average (range)
Gender (female)	16 (94)	
Ethnicity (White British)	16 (94)	
Age - years		38 (21-65)
Caring experience - years		9.2 (1-43)
Length of interviews - minutes		46 (25.39-108.47)

Findings



Structural conditions

Challenges

Time allocation for visits

Completing care plan tasks

Lone working

Strategies

Time management

Drawing on training/experience

Using the system



Source: Unsplash: Aron Visuals

Structural conditions: challenges

Time allocation for visits

"You need time for people with dementia. They're not going to go as quickly as you want them to because you've got half an hour"
(Ben, 9 years' experience)

- Should not be rushed
- Not understand time limits

Completing care plan tasks

"We obviously have a care plan, so we have to do everything that we're told to do"
(Kate, 19 years' experience)

- Duty to complete all tasks

Lone working

"It is a lot of responsibility. When I first started, my mind was like 'oh my goodness, how am I going to cope with this?'"
(Beth, 1-year experience)

- Individual responsibility
- Isolation
- Assessing condition changes

Structural conditions: strategies

Time management

“...then when you go to the next one, if you’re supposed to be there for half an hour and you only took 15 minutes, you’ve then made some time up. So, it’s robbing Peter to pay Paul all the while”
(Kate, 19 years’ experience)

- Prioritise key tasks
- Go over time allocation
- Negotiate extra time

Drawing on training/experience

“You learn so much more from being on the job than being sat in a room and someone’s telling you”
(Lucy, 6 years’ experience)

- Training useful
- Experience better
- Shadowing others

Using the system

“One of my colleagues was really stuck at this particularly [sic] lady’s and so she rang up and somebody else went and helped her, even though that client is a single, it took two of them”
(Emily, 4 years’ experience)

- Call for help
- Do outstanding work at next call
- Pass task on to next carer/office

Clients' dementia-related characteristics

Challenges

Communication and understanding

Refusals of care

Client behaviours

Strategies

Enacting the caring relationship

Distraction techniques

Becoming inoffensive and familiar

Communication techniques



Clients' dementia-related characteristics: challenges

Communication and understanding

"You can't ask a dementia client how they like to do things, whereas you can ask anybody else... they might get angry with you because you're doing it wrong but you don't know you're doing it wrong"

(Emily, 4 years' experience).

- Difficult to find out about the person – less confident
- Not easy to make clients' understand

Refusals of care

"There are times when you have people that just won't accept any personal care whatsoever, which is really difficult because ...you know that they're soiled and you know that they need to be clean and they're neglecting themselves but you can't, you can't force them"

(Lauren, 8 years' experience)

- Tension between completing care and clients' wishes
- Not force person – document and pass on

Client behaviours

"she can get very agitated... And she kind of, she'd flap her arms about ...she was flapping her arms at me ...And it's quite scary."

(Julie, 4 years' Experience)

- Awareness that client did not mean it
- Feeling vulnerable

Clients' dementia-related characteristics: strategies

Enacting the caring relationship

“To recognise those small wincings of pain or when they're upset or the thigh rubbing if they're anxious...You know picking up on those little signs are so much more important than anything else”
(Lorraine, 10 years' experience)

- Knowing the person
- Building a connection
- Noticing cues

Distraction techniques

“Her personal care is done on the bed ... she's so scared that she's going to fall that she lashes out ...so we gave her ...a blanket, and it's got dangly bits that they can play with so we take her mind off it by giving her something, the blanket to hold...”
(Kate, 19 years' experience)

- Start with a different aspect of care
- Cup of tea
- Involve the person in the care activity

Becoming inoffensive and familiar

“We've got a little thing with the talcum powder. So once I've washed her, I'll be like ‘ray of sunshine coming on now’ and she'll be like ‘you always say that’... I think if you keep to that routine, they remember it”
(Mary, 5 years' experience)

- Quiet, calm approach
- Get down to the person's level
- Give space

Communication techniques

- Humour
- Coaxing
- Explaining
- Tone of voice
- Be firm
- Praise
- Talk the activity up
- Minimise the sound of the activity
- Offer limited choice
- Offer choice rather than yes/no questions

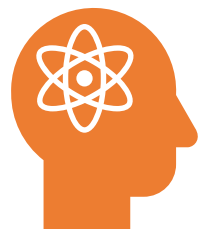
“This lady was bed care only so we would just erm explain what we were doing... Erm probably **explain** it a bit more like step by step what we were doing, just to reassure the person”

(Anna, 6 years' experience)

“Instead of ‘would you like to go for a wash?’ How about ‘let’s go have a wash before we have our breakfast.’ ... But if you, if you ask the question when you can give an answer no, you always get answer no”

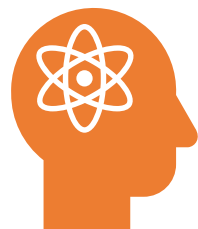
(Fay, 9 years' experience)

Skills and knowledge



Managing	Skills demonstrated	Knowledge demonstrated
Structural conditions	Observation	Job role and responsibilities
	Decision making	Company policies and procedures
	Team working	
Clients' dementia-related characteristics	Relationship building	Person
	Interpersonal sensitivity	Person's routine
	Communication	Own ability
		Impact of own actions

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Conclusions and Implications

Workers had more scope to mitigate client-based challenges by adapting care within interactions, than to manage structural challenges.

Home-care workers reported the use of multiple skills.

Interactions key - Home-care workers used interaction as a way to bring the person with dementia along and complete care activities.

Reliance on workers' personal attributes. A need to support workers to develop interpersonal sensitivity.

A need to support home-care workers to manage structural challenges. For example, linking with other professions.

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Thank you for listening
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