A socially interactive model of care in hospital

Many people with dementia spend their time in hospital with little or no social interaction. **Jo James** and **Nicole Bevan** explain the importance of a socially interactive model of care, as part of our series on dementia care in hospitals

It is well established that patients in hospital can experience a significant degree of social isolation, which can lead to feelings of alienation and distress (Attree 2001). Anyone familiar with the routines and rhythms of hospital care will recognise this, but for most patients leaving hospital and resuming normal life will counteract this experience. For the person living with dementia, however, the consequences of being in what has been described as "an impersonal or institutional environment" can have a long-term negative impact (NICE 2018, Holwerda *et al* 2014).

The experience of John Gerrard demonstrates the human cost of such isolation. Nicci Gerrard, John's daughter, explained that staff were "unable to keep him connected to the world" during his five-week hospital admission and this resulted in severe deterioration from which he never recovered (Age UK 2015). It was this experience that led her to found "John's Campaign," which argues that families should be allowed to spend more time with dementia patients in hospital.

A longitudinal study by Fratiglioni *et al* (2000) found that individuals who lived alone or had no perceived meaningful social contact were at significant risk of cognitive decline. Conversely, an extensive network of meaningful social contacts seemed to protect against the development and progression of dementia symptoms.

In the Dementia Action Alliance's (DAA) Dementia Friendly Hospital Charter, we advocate creating an environment which promotes activity and social interaction in hospitals. But, in spite of all that is happening, we still find it a challenge to move towards a truly socially interactive model of care in acute hospitals, particularly in wards that do not specialise in older people's care (NICE 2018).

Much of the activity in hospitals is heavily regulated and staff are required to follow strict protocols, which sometimes become so much of a focus that simple human interaction can get lost along the way. Given the pressures of a busy shift, it is hard to get staff to prioritise social interaction with patients or other means of making them feel less isolated. Yet a randomised controlled trial by Mohler *et al* (2018) found that not only did "behavioural and psychological symptoms of dementia" improve following socialisation, it also reduced staff burnout. So is it not in everyone's interests to encourage meaningful social interactions?

What can help?

In their review of social interventions, Gardiner *et al* concluded: "The majority of interventions reported some success in reducing social isolation and loneliness, but there was significant heterogeneity between interventions. Common features of successful interventions include adaptability, community participation and activities involving productive engagement" (2018). These findings suggest that various approaches can be effective.

Some NHS trusts are investing in staff who can deliver group activity for inpatients, while others are using volunteers or linking with external organisations. Kingston Hospitals NHS Trust, for example, runs a successful memory café with social care providers Home Instead. At Imperial College Healthcare NHS Trust, we have partnered with local schools to provide an intergenerational programme of group activity.

One of the problems with groups in the inpatient setting is that the person may not be well enough to participate or may need to attend various medical investigations. This can lead to loneliness, isolation and subsequent cognitive decline during their admission (Holwerda *et al* 2014). The challenge for staff working with inpatients is to grasp any opportunity to create meaningful social interaction for patients every day.

Quick fixes

The first step is to understand what is important to the person (Strout & Howard 2015). NICE (2018) suggests that knowing something of a person's life history, including social needs and culture, is an essential part of dementia care. Completing a "this is me" or "what matters to me" profile is recommended in the Hospital Charter and can be a very quick and effective way to better understand the person in front of you.

NHS England (2018) also advocates meaningful social activity, which may be anything from a simple sensory interaction such as holding a person's hand to attending a musical tea party. Tea parties might take place in a day room or around a table in the ward itself; even just two people sharing a cantilever table can be beneficial.

When Alzheimer's Society (2017) completed a study asking people with dementia what was important to them, one explained that she and her husband made "a lot of friends through a dinner club". The report goes on to explain how the power of social eating enhanced quality of life for many of those responding and that is certainly our experience too, given that our regular tea parties have successfully provided a range of flexible social activities in this way.

Other meaningful social activities include watching a sporting event, film evenings and listening to music. Strout and Howard (2015) reiterate that staff must continue to be person-centred and choose activities that are appropriate and at the right level for the person, but this is not something that hospital staff can always do alone and what happens when the person leaves the hospital? NHS England (2018) strongly recommends

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Imperial College Healthcare Trust has partnered with local schools to provide an intergenerational programme of group activity

hospital staff work with the voluntary sector as a way to support socialisation throughout a person's lifespan.

Working in partnership

Opportunities for social engagement in the acute setting can be greatly increased if NHS trusts open their doors to external organisations, particularly in the voluntary sector, which offers a potentially cost-neutral solution if a mutually beneficial relationship can be developed.

Currently, for instance, there is a real appetite in arts organisations for providing support to people living with dementia. David Cutler, director of the Baring Foundation, has highlighted this fact: "Creativity is a fundamental human right whoever you are and whatever diagnosis you have. But this does not blind us to the increasing body of evidence of the positive health effects of the arts when it comes to dementia" (Cutler 2018).

At the same time, we have seen a growing number of higher education institutions and charities reaching out to the NHS. Just as the NHS has learned skills from industry, such as the collaboration between Great Ormond Street Hospital and Ferrari's Formula 1 racing team to improve patient handoffs, we can gain an enormous amount through nurturing partnerships with organisations not traditionally associated with the delivery of care.

An example of this is Imperial's partnership with the Royal Central School of Speech and Drama, in London, which is in its third year and has included collaborative projects, student placements, and training for students on living with dementia and for NHS staff on communication and engagement skills. The students (all of whom are studying applied theatre) gain invaluable experience working in an acute hospital, while patients gain company and the opportunity to rediscover their own creativity as well.

The programmes have supported patients with dementia in a variety of acute settings, including medicine for the elderly, trauma and orthopaedics, stroke, and our high dependency renal dialysis unit. Staff generally appreciate the change in atmosphere and the chance to join in with activities which have ranged from storytelling and animation to writing and filming a crime drama.

Conclusion

Person-centred care is a central tenet of good dementia care and is recommended both by the Hospitals Charter and NICE (2018). While everyone says that they follow Kitwood and Bredin's (1992) model of affirming personhood through good interpersonal care, we know that organisations like hospitals with a strongly medical model of care struggle to reconcile the pressures of delivery with the social and emotional needs of patients.

We need a paradigm shift in acute care in which it is understood that everyone's social and emotional needs matter, however unwell they are. As Fazio *et al* (2018) say: "Every experience and interaction can be seen as an opportunity for engagement. Engagement should be meaningful to, and purposeful for, the individual living with dementia. It should support interests and preferences, allow for choice and success."

Changing the way we support social interaction in hospitals does not require large grants or special funding; it requires a willingness to challenge the status quo and to be creative in grasping opportunity when it presents itself. We have encountered unexpected talent, kindness and enthusiasm in our community and it has changed the fabric of our service, as well as given our patients the chance to forge real friendships with new people.

For the DAA Dementia Friendly Hospitals Charter, go to www.dementiaaction.org.uk. ■

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