Supporting meaningful activity in hospital

Meaningful activity is known to be beneficial for older people in hospital, but health care staff may not feel confident about encouraging engagement, particularly with people living with dementia. **Susan Gee** (pictured) and **Tracey Hawkes** introduce a hospital project which trialled the use of an activity resources trolley and education sessions to increase staff confidence in providing activities for patients

It is well known that people living with dementia do badly in hospital, with a greater risk of falls, delirium and loss of function during their stay (George *et al* 2013). Older people are admitted to hospital more often and for longer periods than younger people, and the hospital environment can lead to a downward spiral in functioning, particularly for people living with dementia (Lakey 2009). In addition to their illness, the older patient is dislocated from their familiar settings, activities and routines (Lourida *et al* 2020).

Across studies, older people in hospital report feeling fearful, worthless, and without control (Bridges *et al* 2010). Boredom and a lack of meaningful activity is common (Steele & Linsley 2015; Clark *et al* 2018).

Benefits of activities

Clinically, engagement in meaningful activities can reduce the negative impact of stress on the immune system (Wheeler & Houston 2005), and may help prevent delirium (National Institute for Health and Clinical Excellence 2010; Kolanowski *et al* 2018). Indeed, enabling meaningful activity has been identified as an essential area of quality of hospital care for older people with cognitive impairment (Naef *et al* 2018) and for older people in general (Nolan *et al* 1995).

Alison Phinney and her colleagues provide a useful summary of three main ways activities can be meaningful for people living with dementia (Phinney *et al* 2007), which can be applied to hospital settings as well. Firstly, meaningful activities provide pleasure (Phinney *et al* 2007). This potential for relaxation and enjoyment can be very important in a hospital environment, as activities can help reduce anxiety and stress (Stuckey & Noble 2010). This enjoyable engagement can also act as distraction from worry and discomfort.

The activity resources are housed in a sturdy metal trolley

Secondly, meaningful activities foster a sense of connection (Phinney *et al* 2007). Meaningful activities can provide a mechanism for friendly interactions and social stimulation in an unfamiliar hospital setting (Charalambous 2014). This feeling of connection to staff is very important to the hospital experience. Older people often take it for granted that technical care will be adequate during their hospital stay, and it is the relationships that determine their perception of the quality of care (Bridges *et al* 2010).

Thirdly, meaningful activities help maintain a sense of autonomy and personal identity (Phinney *et al* 2007). In a hospital setting, the opportunity to choose and engage in meaningful activities may help patients to experience a sense of control (Steele & Linsley 2015; Charalambous 2014) and help people feel more like themselves (Cohen-Mansfield *et al* 2010). This involves knowing the person in order to know what to offer. Activities are more likely to be accepted and to be successful if they are a good fit for the individual (Cohen-Mansfield *et al* 2010).

Our project

While the importance of activities is clear, there can be subtle barriers that discourage staff from offering fulfilling activities for older patients. There may be a lack of resources (Charalambous 2014), mixed messages about the importance of non-task interactions (Nolan *et al* 1995) and a lack of confidence in how to best engage people in activities, especially people living with dementia (Galvin *et al* 2010).

Our project, at Burwood Hospital in Christchurch, New Zealand, trialled the use of an activity resources trolley, combined with brief education sessions, as a way to help ward staff feel more able to support personalised meaningful activities for older people, including those living with dementia.

Method

Setting

Burwood Hospital is a specialist rehabilitation facility with 310 inpatient beds, 230 of which are new beds following a refit and extension in 2016. The inpatient wards include older persons' assessment and treatment wards, as well as a specialist stroke ward, adult rehabilitation wards catering for people with brain injury and spinal cord injury, and two psychogeriatric wards. While an informal estimate from clinicians is that perhaps 20% of our older inpatients have a cognitive impairment, the proportion of patients with a formal diagnosis in hospital records is much lower.

In a previous quality improvement project, which involved engaging with staff and their vision for the hospital, it was highlighted that staff wanted more resources to help engage with older patients – particularly when supporting people living with dementia, to help maintain cognitive conditioning during their stay.

With the support of the hospital's dementia and delirium committee we then embarked on a pilot,

introducing an initial version of the activity trolley and education to two wards (involving 28 staff in total). This pilot highlighted the positive impact the activity trolley project had for staff and their interactions with patients.

We followed this up with a formal trial involving three other wards, led by the authors, from February to June 2018. Two were general older persons' wards and one was a post-surgical orthopaedic rehabilitation ward. Each ward has a 24-bed capacity, but is kept at 20 admissions. Around half the rooms are single bed and the other half are two-bed rooms. A ward is divided into three 'pods' of eight beds, each with its own lounge-like communal space. The average length of stay for older people on these wards is two to three weeks.

Staff participants

- Ward A: five nurses, one health care assistant, and one allied health staff member took part.
- Ward B: one nurse and five health care assistants.
- Ward C: three nurses and four health care assistants.

The activity trolleys

The first component of the project was providing activity resources in an activity trolley. An experienced occupational therapist led the selection of items, taking into account feedback from the pilot. Each activity trolley, one per ward, included a range of different resources for people with and without cognitive impairment. These included:

- Cognitively stimulating resources – for example, large-print puzzles, letter tiles, and large-piece jigsaws.
- Relaxation/creativity resources – for example, simple and complex pictures for colouring with pencils, picture books and magazines (including local history, animals, gardening), and manicure supplies.
- Reminiscence resources – for example, photo discussion cards, a 'toss and talk' ball with reminiscence questions, and paua shells (a shellfish unique to New Zealand).
- 'Usefulness' resources, such as wool and knitting needles to contribute to a blanket for children in an overseas orphanage, mixed nuts and bolts or buttons to sort, and a screwdriver and small coat rack with hooks to tighten.
- Sensory resources to be manipulated by hand, such as a rubbery-tassled band, tangle therapy, and therapeutic putty.
- Māori (indigenous) themed items including te reo (Māori language) puzzles and reading, and Māori and Pacifica-themed colouring books.

A Nurse Manager and hospital aides from Burwood Hospital with some of the activity resources used to engage patients

An information folder was also provided in each trolley with tips for staff on things to check before getting started, maximising engagement and thinking flexibly about different ways to use the specific resources on the trolley, and correct infection control procedures. A pump bottle of hand sanitiser was also attached.

Education sessions

The second component of the trial was two brief education sessions for staff, developed and presented by the authors. The first 30-minute interactive education session focused on raising awareness of the benefits of activities, familiarisation with the trolley, and encouraging staff to think flexibly and use what they know about each patient to match activities to the individual.

After at least two weeks' experience using the resources with their patients, the staff took part in a second 30-60 minute education session. This session enabled participants to discuss, reflect, and learn from their experiences and reinforced the key messages.

The trial

We conducted the trial on three wards. We introduced the trolley package to each of the three wards one at a time during a five-month period. The 'waiting' ward that was next in line acted as the control group.

Staff completed a baseline questionnaire to rate their comfort, confidence and experience in engaging in activities with patients.

In the control group, participants then had no further contact with the research team until the follow-up survey. No activity trolley was available on the ward.

In the intervention group, an activity trolley was available on the ward throughout the intervention period. Participating staff received two education sessions at least a fortnight apart. Staff participants were then given a follow-up survey within two to four weeks post-intervention. The trolley stayed on the ward after this study period.

The follow-up questionnaire for the participants who had the activity trolley and education also asked them to rate whether the project had an impact for themselves (eight questions) and for the patients (six questions), along with opened-ended questions about their experience and suggestions. This study received ethics approval from the University of Otago Human Ethics Committee (Health).

Results

When staff received the activity trolley and education, there was a significant improvement in self-efficacy from baseline to follow-up. In contrast when staff were waiting, there was no change in self-efficacy between baseline and follow-up.

All of the staff (100%) agreed or strongly agreed that they were more aware of how important activities were, that the activity trolley was useful, and they felt more confident about offering activities; 93% felt that the educations sessions were worthwhile; and 78% agreed or strongly agreed that they felt that their work environment was less boring, that it was easier to relate to patients, and that they got more work satisfaction.

All of the staff (100%) felt that the activity trolley helped them worry less about how to help keep patients occupied and to have friendly interactions with patients; 93% felt that the activity trolley helped reduce boredom and that the patients benefited from the trolley; 71% felt that there was something to interest most patients on the trolley; and 64% felt that the patients had been calmer and

A Burwood Hospital staff member on the ward with one of the activity trolleys

less anxious using the activity resources.

Discussion

The activity trolley project was a way to help staff to value their own potential to make a positive difference to older people's experience of being in hospital. Initiatives like the activity trolley can be a way to let patients know that they are seen as individuals and not just someone with a physical condition. Part of this is knowing the person in order to know what might be useful to offer.

Our experience with the trolleys reinforced that it is important to offer patients, particularly those living with dementia, just one or two appealing possibilities. Simply offering the trolley with all the resources at once can be overwhelming.

Having physical objects to stimulate engagement was seen as being particularly helpful for people living with dementia. Stories from staff included a staff member being amazed at one lady's extended engagement with colouring, using relaxing activities for a patient who could not sleep during a night shift, and using a DIY task to distract a gentleman who was dismantling his wheelchair.

The education sessions were an integral part of this project. Recognising the importance of engagement and having the skills and confidence to initiate that engagement cannot be assumed to be instinctive (Rybacka *et al* 2017). In particular the pre-trial pilot study highlighted the importance of a follow-up session after the initial training and provision of resources.

Embedding a change in practice requires real-world experience and the opportunity to reflect on this experience and receive feedback, and to discuss good news stories and more challenging situations (Loveday 2010). Providing the initial education and resources is akin to planting a seed, and that seed will need to be nurtured.

As with any culture change, the probability of success is strengthened by an integrated approach that includes clear processes, staff skills, knowledge, and attitudes, interdisciplinary teamwork, and leadership support (George *et al* 2012). Ongoing support is vital to sustain confidence and momentum (Loveday 2010). In particular, the support of ward managers was essential during our trial to enable staff to be released for the education, and to reinforce and lead the change. The wards involved in this trial specialised in older persons' health and rehabilitation, making the project particularly salient.

There can be times when the combination of a patient's cognitive abilities and the ward environment limit their access to appropriate levels of stimulation. An important part of the activity trolley project was giving staff permission to take the initiative in offering engagement.

Project sustainability

The activity trolley project has led on to a further two-day education initiative for the hospital's health care assistants involved in close observation of at-risk patients (previously known as 'sitting' or 'watching'). We adopted the slogan 'be an engager not a sitter', to encourage hospital aides to see this as an opportunity to engage actively.

The activity trolleys are still in use and are now found on nine wards across the hospital. During the COVID-19 lockdown they were incredibly appreciated and were supplemented by individual activity packs.

Conclusion

Staff were overwhelmingly positive about the usefulness of the activity trolley project and its positive impact on patients. The project reinforced that, with appropriate support, activities can be a useful tool in helping to humanise the hospital experience for older people, including those living with dementia.

At the end of the day it is the staff that make change happen. Maybe as the label on the activity trolley urges, in both Māori and English, it is now time for staff in public hospitals to recognise the importance of meaningful activities for people living with a dementia and to 'karawhiua' ('go for it').

We welcome any feedback or questions that would help you with your own journey of fostering meaningful activities for all people living with dementia, wherever they may be. ■

Acknowledgments

We would like to thank Megan Thurlow for her invaluable help with the pilot study, and the Burwood Hospital and Christchurch Hospital volunteer groups for financially supporting the activity trolleys.

References

Bridges J, Flatley M, Meyer J (2010) Older People's And Relatives' Experiences In Acute Care Settings: Systematic Review And Synthesis Of Qualitative Studies. *International Journal of Nursing Studies* 47(1) 89-107.

Charalambous L (2014) The Value Of Volunteers On Older People's Acute Wards. *Nursing Times* 110(43) 12-14.

Cohen-Mansfield J, Thein K, Dakheel-Ali M, Marx MS (2010) The Underlying Meaning Of Stimuli: Impact On Engagement Of Persons With Dementia. *Psychiatry Research* 177 216-222.

Galvin JE, Kuntemeier B, Al-Hammadi N, Germino J, Murphy-White M, McGillick J (2010) 'Dementia-Friendly Hospitals: Care Not Crisis' An Educational Program Designed To Improve The Care Of The Hospitalized Patient With Dementia. *Alzheimer Disease and Associated Disorders* 24(4) 372–379

George J, Long S, Vincent C (2013) How Can We Keep Patients With Dementia Safe In Our Acute Hospitals? A Review of Challenges and Solutions. *Journal of The Royal Society of Medicine* 106(9) 355-361.

Kolanowski AM, Fick DM, Clare L, Therrien B, Gill DJ (2010) An Intervention For Delirium Superimposed On Dementia Based On Cognitive Reserve Theory. *Aging and Mental Health* 14(2) 232-242.

Lakey L (2009) *Counting The Cost: Caring For People With Dementia On Hospital Wards*. London: Alzheimer's Society.

Loveday B (2010) Leadership In Dementia Care: What Does It Take? *Journal of Dementia Care* 18(6) 24-26.

Lourida I, Gwernan-Jones R, Abbott R, Rogers M, Green C, Ball S, Hemsley A, Cheeseman D, Clare L, Moore D, Hussey C (2020) Activity Interventions To Improve The Experience Of Care In Hospital For People Living With Dementia: A Systematic Review. *BMC Geriatrics* D20 1-4.

Naef R, Ernst J, Bürgi C, Petry H (2018) Quality of Acute Care For Persons With Cognitive Impairment and Their Families: A Scoping Review. *International Journal of Nursing Studies* 85 80-89.

National Institute for Health and Clinical Excellence (NICE) (2010) *Delirium: Diagnosis, Prevention and Management (Clinical Guidelines 103)*. London: NICE.

Nolan M, Grant G, Nolan J (1995) Busy Doing Nothing: Activity and Interaction Levels Amongst Differing Populations of Elderly Patients. *Journal of Advanced Nursing* 22 528-538.

Phinney A, Chaundhury H, O'Connor DL (2007) Doing As Much As I Can: The Meaning of Activity For People With Dementia. *Aging and Mental Health* 11(4) 383-393.

Rybacka M, Brooke J, Wright L (2017) *The Impact of Meaningful Activities For People With Cognitive Impairment or Dementia in Acute Hospitals: A Literature Review.* In: Angela Boskin Faculty of Health Care (Eds) 10th International Scientific Conference: Continuous Development of Nursing In Society and Its Contribution To Health Promotion. Bled Slovenia: Angela Boskin Faculty of Health Care 36-46.

Steele R, Linsley K (2015) Relieving In-Patient Boredom in General Hospitals: The Evidence for Intervention and Practical Ideas. *BJPsych Advances* 21 63-70.

Stuckey HL, Nobel J (2010). The Connection Between Art, Healing, and Public Health: A Review of Current Literature. *American Journal of Public Health* 100(2) 254-263.

Wheeler SL, Houston K (2005) The Role of Diversional Activities in the General Medical Hospital Setting. *Holistic Nursing Practice* 19(2) 87-89.

■ Susan Gee is the lead researcher of the Psychiatry of Older Academic Unit for the Canterbury District Health Board, New Zealand. She has leadership and support roles in relation to dementia education, delirium prevention, and person-centred care; Tracey Hawkes is an occupational therapist and a dementia educator for the Walking in Another Shoes program for home-based support staff with the Canterbury District Health Board. To follow up on this article, contact Susan at susan.gee@cdhb.health.nz