

**Why you should read this article:**

- To be aware that people with dementia are often admitted to acute hospitals
- To understand why people with dementia often receive suboptimal care in acute hospitals
- To know how to improve the knowledge base of acute hospital nurses with regards to people with dementia

# Nurses' attitudes towards caring for people with dementia in acute hospital settings: a literature review

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**Abstract**

People with dementia are often admitted to acute hospital settings and it is essential that nurses recognise their complex needs. However, research shows that this patient group often experiences suboptimal care in acute hospital settings as well as increased mortality rates.

This article reports the findings of a literature review into the attitudes of nurses who care for patients with dementia in acute hospital settings. It sets out the findings under four themes: the unworthy patient, safety before care, breaking routines and knowledge in dementia care. These themes detail nurses' negative attitudes towards these patients, but also identify that a person-centred approach can support more positive attitudes. The review concludes that acute hospital nurses require education about caring for people with dementia to foster more positive attitudes. Also, there is a need for further research into why nurses hold various attitudes to people with dementia and the association between these attitudes and care outcomes.

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**Keywords**

clinical, dementia, dementia awareness, neurology, older people, patients, person-centred care, professional, professional issues, staff attitudes

**Background**

Dementia is a major global concern that affects more than 50 million people worldwide (World Health Organization (WHO) 2019). Although often used to refer to a condition, the term dementia describes the signs and symptoms of disease, most commonly Alzheimer's disease and vascular dementia (Department of Health (DH) 2016). In the UK, approximately 850,000 people live with dementia and this figure is expected to double by 2040 (Parker and Baker 2018). Dementia is progressive and can affect people's attention, memory, reasoning, executive functioning and language. Cognitive difficulties affecting the individual's concentration and orientation are often the first signs and symptoms (WHO 2019), but it is important to recognise that people with

dementia have varying stages of progression and needs (DH 2016).

People with dementia are often admitted to acute hospitals and it is essential that nurses recognise their complex needs (Digby et al 2017). Alzheimer's Research UK (2018) estimates that more than 25% of hospital beds at any one time are occupied by patients with dementia and suggests that they endure longer hospital stays than other patients. Furthermore, people with dementia experience suboptimal care when admitted to acute hospitals (Clissett et al 2013, Dewing and Dijk 2016, Digby et al 2017), as well as increased mortality rates (Fogg et al 2017).

The Fix Dementia Care: Hospitals campaign (Boaden 2016), which sets out the Alzheimer's Society recommendations for the NHS and

health regulators to improve the experiences of people affected by dementia in hospitals, showed that more than £260 million was wasted because of suboptimal dementia care in hospitals between 2013 and 2014. For

example, people with dementia are six times more likely to be admitted to hospital with delirium (Whittamore et al 2014), which is associated with increased hospital readmission and death (Briggs et al 2017). It is known that delirium is under-assessed and under-diagnosed in people with dementia in acute hospitals and affects around 15% of older people in medical inpatient settings (Feast et al 2018).

The DH (2016) Making a Difference in Dementia strategy states that nurses have a responsibility to understand and respond compassionately to the needs of patients with dementia when they are admitted to hospital, while the Nursing and Midwifery Council (2018) advocates that registered nurses should show respect and care for all patients in a kind and compassionate manner. Patients with dementia can find hospital experiences overwhelming (Cowdell 2010), and nurses' attitudes, whether positive or negative, can have a significant effect on patients' health and well-being and on how they and their families reflect on the delivery of care (Kang et al 2011).

This article reports the findings of a literature review that explored the attitudes of nurses towards caring for patients with dementia in acute hospital settings.

**Aim**

The aim of the literature review was to provide a synthesis of the evidence concerning nurses' attitudes to caring for patients with dementia while in acute hospital settings.

**Method**

**Search strategy**

A systematic search of the databases CINAHL Plus, Medline Ovid and the ProQuest Health & Medical Collection was undertaken to retrieve relevant literature ranging from January 2010 to February 2019. The inclusion and exclusion criteria are listed in Table 1. The search terms were 'dementia care', 'acute hospital or ward' and 'staff or nurses' attitudes'. A manual search of the internet and the Grey Literature Report website (www.greylit.org) was also undertaken to identify grey literature, which is material produced by government, academics and industry, but which is not controlled by commercial publishers.

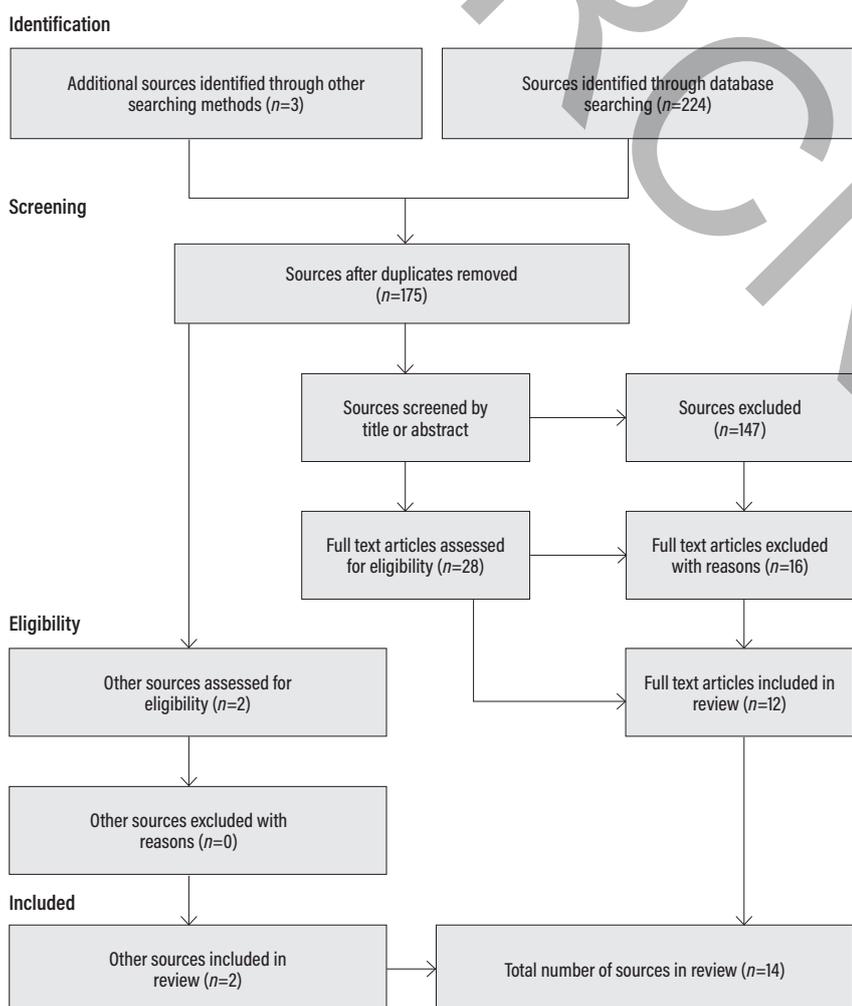
**Study selection**

A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram was used to select appropriate studies (Moher et al 2009) (Figure 1).

**Table 1. Inclusion and exclusion criteria**

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>» Published in English</li> <li>» Adults with dementia</li> <li>» Acute hospital setting or ward</li> <li>» Peer-reviewed studies, academic journals and full text</li> <li>» Qualitative, quantitative and mixed-methods studies</li> <li>» Nurses' attitudes from their point of view; patients' and family members'/carers' perceptions of nurses' attitudes; and the researchers' observation of nurses' attitudes</li> </ul>	<ul style="list-style-type: none"> <li>» Abstract information insufficient</li> <li>» Community settings, residential care</li> <li>» Editorials</li> <li>» Literature reviews or integrated reviews</li> <li>» Attitudes of nursing assistants; healthcare assistants; doctors and other healthcare professionals</li> </ul>

**Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram showing how the appropriate studies were selected**



(Adapted from Moher et al 2009)

A total of 224 papers were retrieved from the database search and three from the grey literature. Duplicates were removed and the remaining 175 papers were examined by title and/or abstract for eligibility in terms of study aim, sample and methods, following which 147 papers were removed. The remaining 28 full-text papers were examined for eligibility and 16 were removed because they were undertaken in the community or reflected the attitudes of professionals other than nurses. The 12 remaining studies were included in the literature review. Two further studies were deemed appropriate and also included in the literature review. The total number of studies included in the review was 14.

#### Data extraction, synthesis and analysis

Data extraction was undertaken using a standardised format that included aim/purpose, sample/population, method, main findings and strengths/limitations. An inductive approach was adopted for data analysis and synthesis. Coding of the direct accounts from each study that related to nurses' attitudes when caring for patients with dementia in acute care settings was applied. The coded statements were manually assembled into related categories and organised into sub-themes using the inductive process. These were reviewed and grouped into the main themes.

### Findings

#### Description of the studies reviewed

The review included 10 qualitative studies (Cowdell 2010, Moyle et al 2011, Baillie et al 2012, Fukuda et al 2015, Hynninen et al 2015, Porock et al 2015, Ross et al 2015, Digby et al 2018, Pinkert et al 2018, Scerri et al 2019), three quantitative studies (Kang et al 2011, Lin et al 2012, Surr et al 2016) and one mixed-methods study (Innes et al 2016).

This literature review provided an international perspective with studies conducted in the UK ( $n=5$ ), Australia ( $n=2$ ), Malta ( $n=2$ ) and one study in each of the following countries, Austria/Germany, Finland, Japan, South Korea and Taiwan. Table 2 summarises the studies used in this literature review.

In addition to the 14 articles included in the literature review, an ethnographic study, Featherstone et al (2019), which was not generated by the literature search because it was published after the search period, is also discussed below because it focuses on an important but poorly explored and understood aspect of caring for people with dementia, namely resistance and refusal of care.

The Featherstone et al (2019) study, which used non-participant observation and interviews with registered and non-registered members of nursing teams, medical and other allied health professionals, support staff, people with dementia, and family members/carers, explored how resistance to care manifests on acute medical units and trauma and orthopaedic units in five NHS hospitals in England and Wales.

Similarly, the fourth national audit of dementia care in general hospitals report by the Royal College of Psychiatrists (RCPsych 2019) was also published after the search period but is discussed below because it offered important updates about the quality of care for people with dementia in hospital.

Following data analysis, the four emergent themes were: the unworthy patient; safety before care; breaking routines; and knowledge in dementia care.

#### Unworthy patient

The studies reviewed outlined stereotypical attitudes and labelling of patients with dementia in acute hospital settings. For example, Cowdell (2010), who undertook 125 hours of observation and semi-structured interviews with 25 registered nurses on three wards providing specialist care for older people in an acute UK hospital, reported that nurses often viewed patients with dementia differently from other patients and assigned them negative labels such as 'difficult', 'aggressive' or 'confused'.

In Australia, Digby et al (2018) found that registered nurses ( $n=29$ ), who took part in qualitative interviews in two geriatric rehabilitation hospitals, expressed resentful attitudes when providing care for patients with dementia, particularly those considered 'aggressive'. Patients were labelled as such for the duration of their stay, even when this behaviour was only displayed once, and were considered uncooperative, while many of the participants believed acute hospitals were not suitable for such patients. In another Australian descriptive qualitative study, Moyle et al (2011) interviewed a cross-section of 13 healthcare staff, mainly nurses working on medical or surgical wards in an acute hospital. The researchers outlined that hospitals focused more on caring for patients with acute medical issues and suggested that patients with dementia were often viewed negatively and regarded as a low priority.

Conversely, in a descriptive survey undertaken in two hospitals in South Korea, Kang et al (2011) found that nurses ( $n=100$ )

### Key points

- Nurses' negative attitudes towards caring for patients with dementia in acute hospitals are underpinned by limited knowledge of person-centred dementia care
- Nurses must develop greater awareness of their attitudes towards this patient group and how these attitudes might affect care provision
- Comprehensive assessment is integral to person-centred care because not all behaviours displayed by patients are signs and symptoms of dementia
- Further research is needed to examine the significance of educational programmes and how they change nurses' attitudes and improve their knowledge of person-centred care for people with dementia admitted to acute hospitals

Table 2. Summary of selected articles

Author(s)/location	Title	Aim/purpose	Sample/population	Methodology
Baillie et al (2012) UK	Caring for older people with dementia in hospital Part one: challenges	Exploring adult nursing students' experiences of caring for older people with dementia in hospital	» Volunteer sampling, self-selected » 20 second- and third-year nursing students	» Qualitative design » Four focus groups of four to six students » Audio recorded
Cowdell (2010) UK	The care of older people with dementia in acute hospitals	Exploring nursing staff and patients' experiences of care delivered and received in acute hospitals	» 25 registered nurses » 33 nursing assistants » 11 patients with dementia	» Qualitative approach » Observation, field notes » 18 semi-structured interviews » Direct conversations with patients
Digby et al (2018) Australia	The 'unworthy' patient with dementia in geriatric rehabilitation hospitals	Exploring the perspectives of nurses caring for people with dementia in hospital	» Volunteer sampling self-selected » 29 nurses	» Qualitative, descriptive design » 120 hours of non-participant observation » 29 face-to-face, audio-recorded, conversational interviews
Fukuda et al (2015) Japan	Issues experienced while administering care to patients with dementia in acute care hospitals: study based on focus group interviews	Exploring the challenges faced by nurses caring for patients with dementia in acute hospitals	» Criterion sampling » 50 nurses	» Qualitative study » Eight focus group interviews recorded
Hynninen et al (2015) Finland	The care of older people with dementia in surgical wards from the point of view of the nursing staff and physicians	To describe care experiences of patients with dementia in surgical wards from the perspective of nursing staff and physicians	» Purposive sampling » 19 nurses and nine physicians	» Qualitative, descriptive design » Unstructured interviews tape recorded
Innes et al (2016) Malta	Living with dementia in hospital wards: a comparative study of staff perceptions of practice and observed patient experience	To establish the experiences, knowledge and attitudes of staff on acute hospital wards caring for patients with dementia and the observed experiences of patients	» Purposive sampling » 69 healthcare staff » 16 patients with dementia	» Mixed methods: — Questionnaires — Dementia care-mapping observation tool — Environmental audit tool
Kang et al (2011) South Korea	Korean nurses' attitudes towards older people with dementia in acute care settings	Describing Korean nurses' attitudes toward people with dementia in acute hospitals	» Convenience sampling » 100 nurses	» A descriptive, quantitative survey design
Lin et al (2012) Taiwan	Hospital nurse knowledge of and approach to dementia care	Evaluating hospital nurses' knowledge of and approach toward dementia care and the relationship between nurse demographic characteristics	» Convenience sampling » 124 nurses	» Quantitative study » A cross-sectional survey design
Moyle et al (2011) Australia	Acute care management of older people with dementia: a qualitative perspective	Exploring the management of older people with dementia in an acute hospital in Australia	» Convenience sampling » 13 healthcare professionals (nine nurses)	» Descriptive, qualitative approach » Semi-structured, in-depth, face-to-face, audio-taped interviews
Pinkert et al (2018) Austria and Germany	Experiences of nurses with the care of patients with dementia in acute hospitals: a secondary analysis	Describing nurses' experiences of caring for patients with dementia in acute hospital settings	» Purposive sampling » 68 nurses	» Qualitative secondary analysis » Audio-recorded focus groups » Seven focus groups with 46 nurses from Austrian wards » Five focus groups with 22 nurses from German wards
Porock et al (2015) UK	Disruption, control and coping: responses of and to the person with dementia in hospital	Experiences of older patients with dementia, their family caregivers and other patients sharing a ward during hospitalisation	» Purposive sampling » 35 caregivers and four co-patients	» Descriptive, exploratory, qualitative study » 72 hours of non-participant observation, field notes » 39 audio-recorded, in-depth, semi-structured interviews
Ross et al (2015) UK	Understanding and achieving person-centred care: the nurse perspective	Findings from the first stage of an exploratory study investigating nurses' understanding and support of person-centred care on an acute ward	» Purposive sampling » 14 nurses	» Qualitative design » An action research approach » Digitally recorded, semi-structured interviews
Scerri et al (2019) Malta	Using appreciative inquiry to implement person-centred dementia care in hospital wards	To assess how person-centred dementia care can be implemented on two hospital wards using an appreciative inquiry approach.	» Purposive sampling » 68 nursing staff participated in six workshops » 38 completed questionnaires	» Qualitative study » An appreciative inquiry approach » Six workshops and questionnaires
Surr et al (2016) UK	Impact of a person-centred dementia care training programme on hospital staff attitudes, role efficacy and perceptions of caring for people with dementia: a repeated measures study	Evaluating the effectiveness of a specialist training programme for acute hospital staff on improving attitudes, satisfaction and feelings of caring efficacy when providing care to people with dementia	» Convenience sampling » 40 acute hospital nurses working in clinical roles	» Quantitative study » Repeated measures » Person-Centred Care Training for Acute Hospitals (PCTAH) programme » Two levels, foundation and intermediate » Questionnaires

Main findings	Strengths	Limitations
<ul style="list-style-type: none"> <li>» The physical environment was inappropriate for caring for people with dementia</li> <li>» Spending time with patients 'clashed' with the ward culture that valued speed</li> <li>» Some staff lacked the necessary knowledge, skills, and attitudes to provide person-centred care for patients with dementia</li> </ul>	<ul style="list-style-type: none"> <li>» Ethical approval</li> <li>» Written consent</li> <li>» Effective use of quotes from participants offering insight into their experiences</li> <li>» Data obtained from participants' experiences of several NHS trust hospitals</li> </ul>	<ul style="list-style-type: none"> <li>» Participants' gender not provided</li> <li>» Limited discussion on data analysis</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses delivered care in an automated way</li> <li>» Staff did not view patients as unique</li> <li>» The habit was deeply ingrained in the ward</li> <li>» New staff were quickly socialised into the cultural norms, including labelling patients</li> </ul>	<ul style="list-style-type: none"> <li>» Ethical approval</li> <li>» Good sample size</li> <li>» Verbatim data transcribed from interviews and field notes</li> </ul>	<ul style="list-style-type: none"> <li>» Conducted in one acute hospital</li> <li>» One researcher collected data through observations</li> <li>» Possible bias</li> </ul>
<ul style="list-style-type: none"> <li>» The 'unworthy' patient reflected the attitude of nurses towards patients who disrupted ward routines</li> <li>» The ward culture meant that nurses concentrated on patients with acute health issues ahead of those with dementia</li> </ul>	<ul style="list-style-type: none"> <li>» Recorded interviews and verbatim data transcribed</li> <li>» Direct quotes give an insight into experiences and attitudes</li> <li>» Data from five wards in two hospitals</li> </ul>	<ul style="list-style-type: none"> <li>» No limitations identified</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses lacked knowledge and skills to care for patients with dementia</li> <li>» Nurses found it difficult to provide care even for patients without dementia</li> <li>» Nurses depended on family cooperation</li> </ul>	<ul style="list-style-type: none"> <li>» Interviews recorded and field notes written</li> <li>» Data from six hospitals</li> </ul>	<ul style="list-style-type: none"> <li>» The head nurse nominated the nurses for participation in the study, therefore participants may have been influenced to take part</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses lacked knowledge and skills to care for patients with dementia</li> <li>» Nurses had good relationships with patients' families</li> <li>» Positive ward culture</li> </ul>	<ul style="list-style-type: none"> <li>» Interviews tape recorded</li> <li>» Good discussion on data analysis</li> <li>» Good discussion on ethics</li> </ul>	<ul style="list-style-type: none"> <li>» Conducted on one ward</li> </ul>
<ul style="list-style-type: none"> <li>» Staff believed they had a positive attitude towards patients and provided person-centred care, while observation data suggested otherwise</li> <li>» Staff lacked the experience and skills to deliver quality care to patients with dementia</li> </ul>	<ul style="list-style-type: none"> <li>» Three validated and established methods of data collection applied</li> <li>» Good discussion on design and analysis</li> <li>» Good discussion on the validity and reliability of data</li> </ul>	<ul style="list-style-type: none"> <li>» Only generated descriptive statistics, therefore findings may not be generalisable</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses expressed positive attitudes towards people with dementia</li> <li>» The environment and work pressures may influence negative attitudes</li> <li>» Nurses with better understanding and training showed more positive feelings towards patients with dementia</li> </ul>	<ul style="list-style-type: none"> <li>» Good sample size and response rate</li> <li>» Good discussion on data collection</li> </ul>	<ul style="list-style-type: none"> <li>» Conducted in one hospital in South Korea so may not be generalisable</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses with more years' experience strongly correlated with knowledge in dementia and person-centred care attitudes</li> <li>» Education for nurses needed in dementia knowledge</li> </ul>	<ul style="list-style-type: none"> <li>» Validated questionnaires used</li> </ul>	<ul style="list-style-type: none"> <li>» The convenience sample method limits generalisation of results</li> </ul>
<ul style="list-style-type: none"> <li>» Patients with dementia were often not provided with care that took their individual needs into account</li> <li>» Staff often did not include family in patients' care</li> <li>» The culture devalued patients with dementia because they disrupted routine</li> </ul>	<ul style="list-style-type: none"> <li>» Effective use of quotes in the discussion giving an insight into participants' experiences</li> </ul>	<ul style="list-style-type: none"> <li>» Conducted in one acute hospital</li> </ul>
<ul style="list-style-type: none"> <li>» Nurses' actions and reactions could be completely different from one another</li> <li>» Some nurses broke from routines while others adhered to them when caring for patients with dementia</li> <li>» Some nurses considered hospitals as an inappropriate setting to treat patients with dementia</li> </ul>	<ul style="list-style-type: none"> <li>» Excellent discussion with effective use of direct participant quotes to offer insight into attitudes and experiences</li> <li>» Good discussion explaining rigour of the study</li> </ul>	<ul style="list-style-type: none"> <li>» No limitations identified</li> </ul>
<ul style="list-style-type: none"> <li>» Patients with dementia found hospital environments overwhelming</li> <li>» Hospitals break normal routine therefore patients may express emotions through behaviours</li> <li>» Some nurses struggled with behaviours they found challenging, which could contribute to attitudes of frustration</li> </ul>	<ul style="list-style-type: none"> <li>» Interview recordings were transcribed verbatim</li> <li>» In-depth discussion from observation and field notes, data on patients' family and co-patients' points of view</li> </ul>	<ul style="list-style-type: none"> <li>» Limited information on ethics. Two-part study</li> </ul>
<ul style="list-style-type: none"> <li>» Importance of person-centred care in relation to ward culture</li> <li>» Ward manager promoted confidence in the nursing team</li> <li>» Positive ward culture can affect nurses' attitudes</li> </ul>	<ul style="list-style-type: none"> <li>» Good discussion</li> <li>» Effective use of participants' quotes from interviews</li> </ul>	<ul style="list-style-type: none"> <li>» Small sample in one hospital</li> </ul>
<ul style="list-style-type: none"> <li>» Nursing staff expressed more positive attitudes and a greater understanding of dementia on completion of the workshops</li> <li>» A confident attitude when caring for patients with dementia was observed after the workshops</li> </ul>	<ul style="list-style-type: none"> <li>» Good discussion</li> <li>» Effective use of feedback from nursing managers giving insight into the attitudes of nursing staff after the workshops</li> </ul>	<ul style="list-style-type: none"> <li>» Nurses were only asked to discuss positive experiences</li> </ul>
<ul style="list-style-type: none"> <li>» Foundation and intermediate training levels improved staff attitudes towards caring for patients with dementia</li> <li>» Intermediate level training provided a greater depth of knowledge and proved vital for nurses to feel confident in caring for patients with dementia in acute settings</li> </ul>	<ul style="list-style-type: none"> <li>» Validated tools used to measure comparisons and differences pre-training, during training and post-training</li> <li>» Good discussion</li> </ul>	<ul style="list-style-type: none"> <li>» Small number of participants</li> <li>» Results may not be representative of the wider acute hospital staff</li> </ul>

expressed positive attitudes towards caring for patients with dementia in acute settings, resulting in improved health outcomes and experiences. For example, nurses spent more time providing direct patient care and encouraged family participation in care. Innes et al (2016) undertook a mixed-methods study of 69 nurses working in acute hospital wards in Malta. The authors found that although participants expressed positive attitudes towards caring for patients with dementia, and discussed the value of person-centred care, this was inconsistent with the results of the environmental audit tool and dementia care-mapping tool, which showed that care delivery was routine and 'rushed'.

A qualitative analysis of focus group discussions with 20 nursing students working in different NHS hospitals in the UK outlined that stereotypical attitudes can have negative outcomes for patients with dementia when nurses fail to see 'the person behind the condition' (Baillie et al 2012). Some of the participants adopted the view that there was nothing medically 'wrong' with some patients and that they 'just suffer from dementia'. Conversely, Moyle et al (2011) emphasised that nurses needed to first establish if there may be an acute cause of patients' expressions of confusion or agitation. For example, delirium can cause people to become withdrawn or hyperalert, disorientated, tachycardic and tachypnoeic, as well as experiencing hallucinations (Dixon 2018).

#### **Safety before care**

Findings from Porock et al's (2015) descriptive, exploratory, qualitative study in two major NHS trusts, which included observation, field notes and 39 audio-recorded interviews with caregivers of patients with dementia, suggested that hospital environments, which tend to have constant noises such as ringing phones, can adversely affect patients with dementia. The researchers found that the environment itself exacerbated patients' behaviours, for example resisting care, becoming distressed and compromising personal dignity, and that participants could respond with an 'irate attitude' when trying to regain a sense of control. Moyle et al (2011) suggested that the fast-paced and unsuitable environment of acute hospitals influenced nurses' attitudes, as they tended to prioritise patient safety over person-centred nursing care. Indeed, Featherstone et al (2019) reported that staff ignored patients who were shouting and continued with other tasks once they established the patients were not at risk.

Nurses ( $n=50$ ) on medical and surgical wards in six acute hospitals in Japan who took part in focus group interviews reported feeling increased pressure when caring for patients with dementia (Fukuda et al 2015). For example, when patients were identified as 'at risk of falls' or showed signs of confusion, nurses were required to monitor them constantly to ensure their safety, which left little time for other acutely ill patients and resulted in frustration.

Digby et al (2018) outlined how acute hospitals focus on the swift movement of patients from wards once acute medical issues are resolved, but that patients with dementia moved through healthcare systems at a much slower pace which contributed to nurses' negative attitudes as more time was needed to ensure patient safety during this process. Nurse participants ( $n=68$ ) in Pinkert et al's (2018) focus group study on acute wards in Austria and Germany expressed 'hopeless' attitudes when caring for patients with dementia, suggesting that time was an issue and that acute hospitals were not appropriate settings for this patient group. Participants struggled to manage the psychosocial needs of patients with dementia and felt more comfortable delivering care for physical needs.

Moyle et al (2011) found that the focus on maintaining safety for patients with dementia in an acute hospital created a culture among nurses that these patients did not belong because the environment was not safe and suitable for their needs. However, Fukuda et al (2015) and Digby et al (2018) outlined that safety measures for patients with dementia in acute hospitals must be a high priority.

#### **Breaking routines**

Ward culture can affect nurses' attitudes to caring for patients with dementia and the inclusion of families and carers in person-centred care. For example, Cowdell (2010) identified that while nurses generally developed their own philosophies on how to provide care for patients with dementia, newly registered nurses tended to fall quickly into 'cultural norms' and their attitudes were influenced by the team around them. Ward routine dictated that personal hygiene and dressing needs were attended to as a priority every morning regardless of patients' preferences, which can lead to patient dissatisfaction.

This is supported by Featherstone et al (2019), who reported that established timetables of bedside care, for example mealtimes, medicine rounds, personal care and clinical observations, were prioritised

by nurses, which resulted in a focus on the delivery of planned care over patients' needs or moods. Importantly, the prioritisation of established routines predisposed patients with dementia to resist care, which was often misinterpreted by nurses as a lack of decision-making capacity among patients. By responding to their assumptions about dementia, rather than the cause of patients' behaviours, nurses' actions such as raised voices, repeated instructions, containment of patients in bed or continued attempts to complete a care task that patients had refused, inadvertently exacerbated patients' resistance (Featherstone et al 2019).

Nursing students in Baillie et al's (2012) study regarded spending time talking to patients with dementia or assisting to relieve their distress as taking up valuable time in the fast-paced culture of acute hospital wards, while Featherstone et al (2019) observed that nurses never felt able to sit with, spend time with, or listen to patients with dementia. Conversation with patients only occurred when nurses worked with them to complete scheduled care tasks.

Conversely, nurses ( $n=19$ ) caring for patients with dementia on an acute surgical ward in Finland reported that the ward culture promoted quality care and had a positive effect on nurse attitudes (Hynninen et al 2015). The nurses often shared responsibilities and workload when patients with dementia were admitted, which allowed them to spend more time with the patients and reduced pressure and stress. Similarly, Pinkert et al (2018) found that some nurses broke with ward routines to support individual patients' preferences, which assisted nurses to establish therapeutic rather than didactic relationships. Shifting ward culture from disease-centred to person-centred could also result in more positive experiences for patients and nurses.

Lin et al's (2012) cross-sectional survey of 124 nurses in a Taiwanese hospital found that longer nursing experience significantly correlated with increased knowledge of dementia and more positive person-centred care attitudes. However, a UK-based action research study by Ross et al (2015) found that having an experienced ward manager who embedded person-centred care practices into ward culture enhanced the confidence of the nursing team and promoted positive attitudes. As a result, newly registered and experienced nurses were able to positively influence the delivery of care to patients with dementia.

Family involvement is an integral component of person-centred care. Hynninen et al (2015)

found that participants regarded family inclusion as an important part of the care process and a valuable resource for collecting essential information and assisting with preferred care. This was particularly pertinent when patients struggled with decisions about their care needs and resulted in positive interactions between nurses, patients and their families.

Family involvement can also be beneficial for nurses. Ross et al (2015) showed that family members understood patients' needs and could support the recovery process by providing comfort and a sense of normality, while Fukuda et al (2015) reported that nurses relied heavily on family involvement when patients with dementia were admitted. The researchers found that family members were expected to assist with caring responsibilities and when they failed to comply, the nurses expressed negativity. Expectations of family support when patients are admitted to hospital is a societal norm in Japanese culture (Fukuda et al 2015).

Conversely, Moyle et al (2011) found that nurses often failed to include patients' families in care delivery even when family members showed an active interest in being included, while Digby et al (2018) identified that nurses could experience negative attitudes from family members due to conflicting opinions about care processes.

#### Knowledge in dementia care

Understanding the care needs of patients with dementia and providing person-centred care must be underpinned by knowledge. Several studies outline how nurses can feel underprepared and lack the knowledge required to care for patients with dementia in acute hospitals. For example, Hynninen et al (2015) reported that some nurses believed they did not have the competence or education to manage the care of patients with dementia, while Surr et al (2016), who conducted a quantitative, repeated measures study in one NHS trust, found that nurses ( $n=40$ ) often lacked the skills and confidence to deliver high-quality care to this patient group and consequently experienced feelings of guilt. Participants in Fukuda et al's (2015) study expressed concern about access to training to gain knowledge about dementia.

In England and Wales, however, a national audit of dementia care in general hospitals reported that 89% ( $n=11,968$ ) of 13,407 qualified and unqualified clinical staff, ward administrators/ward clerks and managers who were surveyed had received some dementia

training (RCPsych 2019), although this could not be compared across hospitals because only half retained consistent records on staff training.

Controversially, Cowdell (2010) revealed a belief among some nurses that caring for patients with dementia was not prestigious and that no skills were required, while Pinkert et al (2018) noted that some nurses believed that training and education in dementia was unnecessary because the condition could not be 'cured' and attempting this would therefore be a waste of time and effort. Surr et al (2016) identified significant improvements in participants' attitudes towards caring for patients with dementia after completion of a bespoke, intermediate-level, dementia care training programme. The programme provided participants with a greater depth of knowledge, which increased their confidence when caring for patients with dementia in acute care. The study was conducted in one acute UK hospital therefore the results may not be generalisable. However, they are supported by Scerri et al (2019) who delivered six person-centred dementia care workshops to 68 nurses in two hospitals in Malta and found that participants expressed more positive attitudes, and had a greater understanding of dementia care, on completion of the workshops. Charge nurses from the two hospitals also claimed that nurses displayed a calmer presence, and a more tolerant and confident attitude towards patients.

Finally, Kang et al (2011) and Moyle et al (2011) identified that education and training in dementia care decreased nurses' job-related stress and enhanced job satisfaction.

### Discussion

This literature review suggests that nurses can display negative attitudes to caring for patients with dementia in acute hospitals and that this is underpinned by limited knowledge about management, recognition and the communication strategies required to care for this group, alongside a lack of understanding of person-centred care. These negative attitudes are compounded by stereotypical views, ward culture and organisational priorities. Nurses also expressed negative attitudes toward patients who displayed behaviours they found troublesome and challenging to understand. Maintaining the safety of these patients is regarded by nurses as a significant responsibility and, combined with other pressures such as established organisational timetables of care, contributed to their negative attitudes. Indeed, organisational constraints

significantly influence the type of care nurses can deliver.

It is vital that patients with dementia are not overlooked during hospitalisation because they are vulnerable to physical, psychological, social and spiritual issues (Bail et al 2013). They are also at greater risk of admission to care homes after discharge or dying in hospital compared with patients who do not have dementia (Fogg et al 2017), while nurses' negative attitudes to their care can result in inadequate assessment and extended hospital admissions.

To address these issues, nurses must engage in evidence-based and person-centred care practices and this literature review details how some nurses 'break away' from the cultural norms of acute hospitals to provide these and develop therapeutic relationships with patients, their families and carers. These relationships, in turn, contribute to more positive experiences and attitudes towards people with dementia. Greene et al (2012) outlined that a person-centred approach is an integral part of care, particularly for patients with dementia who may not be able to communicate their needs and are more dependent and vulnerable than others.

Educational interventions may enhance nurses' knowledge and encourage positive attitudes about dementia care. Education and training are essential to enable nurses to deliver quality care and range from basic awareness of dementia to specialist comprehensive programmes (Griffiths et al 2015). An important factor associated with nurses' knowledge and attitudes, and one reason for the unpopularity of caring for patients with dementia, is a lack of understanding of behaviours as a form of communication and the challenges of managing the issues associated with these behaviours. Training must focus on this aspect of dementia care and on communication issues that can reverse the tendency among nurses to avoid patients with dementia.

Although educational interventions may enhance nurses' knowledge and develop positive attitudes, more research is required to understand how organisational structures can be more aligned with the person-centred needs of people with dementia.

### Limitations

Only studies published in English were included in this literature review and those in other languages or based in different contexts or cultures may have confirmed or contradicted the findings. Furthermore, nurses' attitudes in countries in which research has not

been conducted may vary from those in the studies reviewed here.

The studies reviewed focused on nurses' self-assessment of their attitudes and more objective measures may have provided different findings. Finally, the review does not provide an in-depth understanding of how nurses' negative attitudes affect the health outcomes of patients with dementia.

## Conclusion

In view of an increasing ageing population and the prevalence of age-related conditions, growing numbers of patients with dementia

will require acute hospital care. Nurses' negative attitudes may have an adverse effect on care, patient safety, symptom management and many other issues associated with caring for patients with dementia. The WHO (2017) has described the education of nurses in providing person-centred care for patients with dementia as a crucial element of the public health response to dementia. A person-centred approach to nursing care could challenge negative attitudes and support nurses to respond to the individual and multi-dimensional needs of patients with dementia in care settings.

## References

- Alzheimer's Research UK (2018) Hospitals. [dementiastatistics.org/statistics/hospitals](https://dementiastatistics.org/statistics/hospitals) (Last accessed: 31 May 2020.)
- Bail K, Berry H, Grealish L et al (2013) Potentially preventable complications of urinary tract infections, pressure areas, pneumonia, and delirium in hospitalised dementia patients: retrospective cohort study. *BMJ Open*. 3, 6, e002770. doi: 10.1136/bmjopen-2013-002770
- Baillie L, Cox J, Merritt J (2012) Caring for older people with dementia in hospital Part one: challenges. *Nursing Older People*. 24, 8, 33-37. doi: 10.7748/nop2012.10.24.8.33.c9312
- Boaden A (2016) *Fix Dementia Care: Hospitals*. Alzheimer's Society, London.
- Briggs R, Dyer A, Nabeel S et al (2017) Dementia in the acute hospital: the prevalence and clinical outcomes of acutely unwell patients with dementia. *QJM: An International Journal of Medicine*. 110, 1, 33-37. doi: 10.1093/qjmed/hcw114
- Clissett P, Porock D, Harwood RH et al (2013) The challenges of achieving person-centred care in acute hospitals: a qualitative study of people with dementia and their families. *International Journal of Nursing Studies*. 50, 11, 1495-1503. doi: 10.1016/j.ijnurstu.2013.03.001
- Cowdell F (2010) The care of older people with dementia in acute hospitals. *International Journal of Older People Nursing*. 5, 2, 83-92. doi: 10.1111/j.1748-3743.2010.00208.x
- Department of Health (2016) *Making a Difference in Dementia, Nursing Vision and Strategy*. DH, London.
- Dewing J, Dijk S (2016) What is the current state of care for older people with dementia in general hospitals? A literature review. *Dementia*. 15, 1, 106-124. doi: 10.1177/1471301213520172
- Digby R, Lee S, Williams A (2017) The experience of people with dementia and nurses in hospital: an integrative review. *Journal of Clinical Nursing*. 26, 9-10, 1152-1171. doi: 10.1111/jocn.13429
- Digby R, Lee S, Williams A (2018) The 'unworthy' patient with dementia in geriatric rehabilitation hospitals. *Collegian*. 25, 4, 377-383. doi: 10.1016/j.colegn.2017.0.002
- Dixon M (2018) Assessment and management of older patients with delirium in acute settings. *Nursing Older People*. 30, 4, 35-42. doi: 10.7748/nop.2018.e969
- Feast AR, White N, Lord K et al (2018) Pain and delirium in people with dementia in the acute general hospital setting. *Age and Ageing*. 47, 6, 841-846. doi: 10.1093/ageing/afy112
- Featherstone K, Northcott A, Bridges J (2019) Routines of resistance: an ethnography of the care of people living with dementia in acute hospital wards and its consequences. *International Journal of Nursing Studies*. 96, 53-60. doi: 10.1016/j.ijnurstu.2018.12.009
- Fogg C, Meredith P, Bridges J et al (2017) The relationship between cognitive impairment, mortality and discharge characteristics in a large cohort of older adults with unscheduled admissions to an acute hospital: a retrospective observational study. *Age and Ageing*. 46, 5, 794-801. doi: 10.1093/ageing/afx022
- Fukuda R, Shimizu Y, Seto N (2015) Issues experienced while administering care to patients with dementia in acute care hospitals: study based on focus group interviews. *International Journal of Qualitative Studies on Health and Well-Being*. 10, 1, 25828-25813. doi: 10.3402/qhw.v10.25828
- Greene SM, Tuzzio L, Cherkin D (2012) A framework for making patient-centered care front and center. *The Permanente Journal*. 16, 3, 49-53.
- Griffiths P, Bridges J, Sheldon H et al (2015) The role of the dementia specialist nurse in acute care: a scoping review. *Journal of Clinical Nursing*. 24, 9-10, 1394-1405. doi: 10.1111/jocn.12717
- Hynninen N, Saarnio R, Isola A (2015) The care of older people with dementia in surgical wards from the point of view of the nursing staff and physicians. *Journal of Clinical Nursing*. 24, 1-2, 192-201. doi: 10.1111/jocn.12669
- Innes A, Kelly F, Scerri C et al (2016) Living with dementia in hospital wards: a comparative study of staff perceptions of practice and observed patient experience. *International Journal of Older People Nursing*. 11, 2, 94-106. doi: 10.1111/ohn.12102
- Kang Y, Moyle W, Venturato L (2011) Korean nurses' attitudes towards older people with dementia in acute care settings. *International Journal of Older People Nursing*. 6, 2, 143-152. doi: 10.1111/j.1748-3743.2010.00254.x
- Lin PC, Hsieh MH, Lin LC (2012) Hospital nurse knowledge of and approach to dementia care. *Journal of Nursing Research*. 20, 3, 197-207. doi: 10.1097/jnr.0b013e318263d82e
- Moher D, Liberati A, Tetzlaff J et al (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*. 339, b2535. doi: 10.1136/bmj.b2535
- Moyle W, Borbasi S, Wallis M et al (2011) Acute care management of older people with dementia: a qualitative perspective. *Journal of Clinical Nursing*. 20, 3-4, 420-428. doi: 10.1111/j.1365-2702.2010.03521.x
- Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. NMC, London.
- Parker E, Baker C (2018) *Dementia: Policy, Services and Statistics Overview*. commonslibrary.parliament.uk/research-briefings/sn07007 (Last accessed: 31 May 2020.)
- Pinkert C, Faul E, Saxer S et al (2018) Experiences of nurses with the care of patients with dementia in acute hospitals: a secondary analysis. *Journal of Clinical Nursing*. 27, 1-2, 162-172. doi: 10.1111/jocn.13864
- Porock D, Clissett P, Harwood RH et al (2015) Disruption, control and coping: responses of and to the person with dementia in hospital. *Ageing and Society*. 35, 1, 37-63. doi: 10.1017/S0144686X13000561
- Ross H, Tod AM, Clarke A (2015) Understanding and achieving person-centred care: the nurse perspective. *Journal of Clinical Nursing*. 24, 9-10, 1223-1233. doi: 10.1111/jocn.12662
- Royal College of Psychiatrists (2019) *National Audit of Dementia Care in General Hospitals 2018-2019*. Round Four Audit Report. RCPsych, London.
- Scerri A, Innes A, Scerri C (2019) Using appreciative inquiry to implement person-centred dementia care in hospital wards. *Dementia*. 18, 1, 190-209. doi: 10.1177/1471301216663953
- Surr CA, Smith SJ, Crossland J et al (2016) Impact of a person-centred dementia care training programme on hospital staff attitudes, role efficacy and perceptions of caring for people with dementia: a repeated measures study. *International Journal of Nursing Studies*. 53, 144-151. doi: 10.1016/j.ijnurstu.2015.09.009
- Whitmore KH, Goldberg SE, Gladman JRF et al (2014) The diagnosis, prevalence and outcome of delirium in a cohort of older people with mental health problems on general hospital wards. *International Journal of Geriatric Psychiatry*. 29, 1, 32-40. doi: 10.1002/gps.3961
- World Health Organization (2017) *Global Action Plan on the Public Health Response to Dementia 2017-2025*. WHO, Geneva.
- World Health Organization (2019) *Dementia: Key Facts*. [who.int/en/news-room/fact-sheets/detail/dementia](https://www.who.int/en/news-room/fact-sheets/detail/dementia) (Last accessed: 31 May 2020.)