

Understanding approaches to continence care for people living with dementia in acute hospital settings: an ethnographic study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

Continence care for people with dementia in hospital

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Plain English summary

At any one time, up to half of all acute UK hospital beds are occupied by a person living with dementia, typically being seen for a condition unrelated to their dementia. However, such people are highly vulnerable in the hospital setting as their health can significantly and suddenly worsen during an admission. Change is needed to improve the care for people living with dementia during an acute hospital admission.

This study focused on examining a common, but poorly understood, aspect of everyday care for people living with dementia during a hospital admission, that is their continence care. For 180 days, across 12 months, we observed care in six wards in three hospitals (i.e. two wards in each hospital) across England and Wales. We use the term 'pad cultures' to describe the observed everyday and routine use of continence pads as a precautionary strategy in the care of people living with dementia (regardless of their continence and independence), a strategy viewed by staff as essential to providing safeguards, ensuring containment and preventing 'accidents' or incontinence episodes, but with an expectation that patients living with dementia will not only wear pads, but use them.

These approaches meant that ward staff could limit the unscheduled interruptions to wider ward care. In addition, the approaches meant that continence care could be reduced to keeping people in bed and at the bedside, and to the 'checking' and replacing of soiled or wet continence pads as part of other scheduled task-based organisation and delivery of bedside, care. These 'pad cultures' had significant impacts on the individuals and their identities. Ward staff described feeling abandoned with the responsibility of caring for large numbers of people living with dementia, believing that it was not possible to work in other ways to support their patient's continence.

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