



KEY POINT SUMMARY

OBJECTIVES

The study sought to identify and understand factors, including environmental elements, that influence a successful bathing experience for people with dementia in a residential care facility. It is hoped that this knowledge can be used to understand the barriers to best practices implementation.

Bathing People With Dementia: When Education Is Not Enough

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*2012 | Journal of Gerontological Nursing
Volume 38, Issue 9, Pages 43-51*

Key Concepts/Context

Dementia is increasing at the rate of one case every 7 seconds. As such, the need for methods for caring for these patients with dignity also increases. Current research indicates that many people with dementia respond negatively to bathing, in part because they don't feel comfortable being naked in front of other people or with unfamiliar bathing equipment, and may develop resistant behaviors. This study explored two research questions: (1) what are the perspectives of healthcare aids (HCA) regarding successful and unsuccessful experiences bathing people with dementia, and (2) what strategies can HCAs provide to improve unsuccessful bathing experiences for people with dementia.

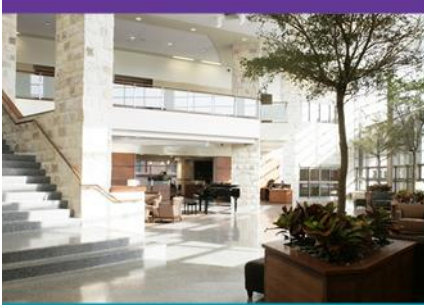
Methods

Researchers collected data from three focus groups with 18 HCA participants from 12 different residential care facilities.

They asked the following four open-ended questions:

1. Tell us about an experience you have had bathing an individual with dementia.
2. How do you know the person with dementia has enjoyed the bath?
3. How would you describe the "best possible bathing experience" for the staff member and for the resident?
4. What would help make every bathing experience for people with dementia a positive experience for both the resident and the staff member?

For each focus group, the researchers entered a record of impressions and nonverbal communication into a journal by the two recorders to develop an audit trail of the interactions. They audio recorded and then transcribed the interviews



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verbatim, de-identified, and retained in one principal investigator's locked office to be shredded after 5 years. The audio recordings were destroyed.

Researchers used the HCAs' perspectives to identify data themes and patterns. They used a grounded theory approach to identify themes and a theoretical framework for nursing implications. All members of the team agreed to content validity of the analysis.

Findings

HCAs developed two definitions of a successful bath, which helped them decide on bathing strategies. The data analysis revealed three themes: (1) I know you, (2) I am all alone, and (3) I am not prepared. These data informed the development of a framework to guide gerontological nurses in creating and supporting the opportunity for successful bathing.

The study findings also revealed some issues with equipment and bathing rooms. HCAs said that the right equipment was often not available and that the equipment that was available, in some cases, contributed to the resident's physical and emotional discomfort. When the HCAs realized this, they sometimes created inventive but potentially unsafe alternatives. HCAs also identified challenges in modifying the environment to be suitable for each resident. Further, the data showed conflicts between meeting the needs of the HCA versus the needs of the resident. For example, when the bathing environments were made warm enough for the resident, they became uncomfortable for the bath team.

Limitations

Given the limited sample of 18 HCAs from 12 facilities, it is not possible to generalize the results to all bathing experiences in residential care facilities.

Design Implications

The authors summed up the design implications: "Consequently, it is well understood that the bathing room—more than other resident spaces—contributes to fear and anxiety in residents. Not only can the equipment be frightening for people with dementia, it also needs to be appropriate for their physical abilities. The ability to modify the environment to meet the unique needs of each resident was identified as a key element for HCAs."