

# Professor Lynn CHENOWETH and Professor Jane Stein-Parbury

L Chenoweth<sup>1</sup>, Y Jeon<sup>2</sup>, J Stein-Parbury<sup>1</sup>.

<sup>1</sup>Faculty of Nursing, Midwifery & Health - University of Technology Sydney and South Eastern Sydney & Illawarra Area Health Service. <sup>2</sup> Australian Primary Health Care Research Institute, College of Medicine and Health, Australia National University.

## Can We Improve Well-Being and Quality of Care for People with Dementia by Providing Person-Centred Nursing Care?

### **Abstract:**

*Aim:* To test the effectiveness and cost-effectiveness of two models of nursing care, person-centred care (PCC) and dementia care mapping (DCM), relative to usual care (UC), in improving well-being and quality of care, and reducing agitation and other behavioural disturbances, for people with dementia in residential care facilities.

*Methods:* Fifteen dementia care units were randomized to PCC, DCM or UC. Outcome measures included: Quality of Life in Late-Stage Dementia (QUALID); Cohen-Mansfield Agitation Index (CMAI); Neuropsychiatric Inventory (NPI); Quality of Interactions Schedule (QUIS); and costs. Data were collected before (PRE) and immediately after (POST) 4 months of active intervention, and after a further 4 months of passive follow-up (FU). Random coefficient models were used to estimate the effect of the interventions, adjusting for baseline covariates and accounting for within-site and within-person correlation in the outcome measures.

*Results:* 289 residents were recruited and completed PRE assessments, 260 (90%) completed POST assessment, and 237 (82%) completed FU assessment. Residents in PCC sites experienced clinically significant reductions in agitation at POST and their levels of agitation continued to decline up to FU, while those in DCM sites experienced much smaller reductions in agitation at POST and FU, and those in usual care sites experienced increases in agitation at POST which persisted at FU. The statistical significant of these temporal differences in outcomes due to treatment was apparent in a significant treatment by time interaction ( $p=0.0013$ ). The patterns in the QUALID and NPI data were similar but did not achieve statistical significance. In PCC sites positive care delivery and social interaction with residents was higher and negative care lower in PCC sites, compared with DCM and UC sites at FU.

*Conclusions:* Person-centred care achieved greater reductions in resident agitation and improvements in care quality than did the more resource intensive dementia care mapping approach. Floor effects in the NPI and QUALID instruments may have contributed to their lack of sensitivity to these effects.