

Hennah, Molly and Miller, Paul K. ORCID: <https://orcid.org/0000-0002-5611-1354> (2023) Early career physiotherapists' experiences of working with patients with dementia: an exploratory study. In: Chartered Society of Physiotherapy (CSP) Annual Conference 2023: Physiotherapy: Transforming Population Health, 1 November 2023, Birmingham, UK. (Unpublished)

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Early career physiotherapists' experiences of working with patients with dementia:

An exploratory study

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Purpose: Most studies in the allied healthcare professions addressing the interaction between practitioners and individuals with dementia have, to date, investigated domains where the practitioner is actively trained in the management of such encounters in their tertiary education, not least social work and hospital and residential nursing. Individuals with particular types and degrees of dementia are, however, highly prone to falls and a range of other health concerns that might also bring them within the remit of a physiotherapist. It is therefore, perhaps, surprising that comparatively little research has addressed the dynamics of practical, interpersonal work between physiotherapists and patients with dementia. Moreover, it remains unambiguous that contemporary physiotherapy education, in UK higher education at least, has seldom provided any substantial content on the diversified character of dementia syndromes, nor how a physiotherapist might constructively handle difficult emergent interpersonal contexts. Consequently, early career graduates are ostensibly expected to learn about these issues *ad-hoc*. Aggregating the concerns articulated above, this paper reports findings from an exploratory phenomenological qualitative study of early-career UK physiotherapists' experiences of working with patients with dementia.

Methods: Interpretative phenomenological analysis (IPA) was adopted as the investigative framework, given its established utility in exploratory healthcare

research. With institutional ethical approval (ref: 2511/MHPM/2021), N=5 early career hospital-based physiotherapists (mean post-qualification experience of 1.8 years) were purposively recruited. Extended online semi-structured interviews were conducted, and the fully-transcribed corpus then analysed using the core conventions of IPA.

Results: Fourteen major subordinate themes emerged from the analysis, which condensed into three superordinate themes. (1) *Confidence, communication and experience*: All participants reported strong trepidation when first working with patients with dementia, and a sense of feeling unprepared and/or 'thrown-in'. There was a persistent concern about an ability to read patients' signals, and the broad ineffectiveness of the established model of 'direct instruction' about exercises. However, participants reported having learned quickly and transferrably where relationships developed, building confidence. (2) *Significant others*: The presence of patients' loved ones was reported to be a universal benefit for the treatment context. Not only did it routinely calm the patient, but also often provided the practitioner with an affirmative experience, boosting their confidence and sense of engagement. (3) *The learning journey*: Participants universally reflected upon how it was only once they were in practice that they realised how little they had been taught about dementia at university, and how unready they really were. However, they were also clear that there was only so much that direct teaching could have done to prepare them for the realities of 'being there' with a patient.

Conclusions: While the experiences of the participants detailed above would certainly imply that physiotherapy curricula in tertiary education need to foreground the realities of working with dementia to a much greater degree, the participants were clear that just providing more 'raw information' would have limited utility.

Impacts: Educators should consider creative and targeted approaches to teaching, learning and professional placement that enhance technical knowledge around dementia while explicitly connecting it to the pragmatic business of caring for real people.