

Early career physiotherapists' experiences of working with patients with dementia: An exploratory study

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Theme: Workforce Transformation

Background

- Most allied healthcare research on interaction between practitioners and individuals with dementia has explored areas where the practitioner is actively trained to handle such encounters (Manthorpe, 2016; Oppikofer and Geschwindner, 2014; Veselinova, 2014).
- Many individuals with dementia are highly prone to falls and a range of other health concerns that might also require physiotherapy.
- Comparatively little research has addressed the practical, interpersonal work between physiotherapists and patients with dementia.
- It is also the case that current physiotherapy curricula in UK higher education have seldom provided substantial content on the diversified character of dementia syndromes, nor how a physiotherapist might 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; Miller, Booth and Spacey, 2019)) was adopted as the investigative framework, given its established utility in exploratory healthcare research,
- N=5 early career hospital-based physiotherapists (mean age = 25.6 years; mean post-qualification experience of 1.8 years; f=4, m=1) were purposively recruited.
- Extended online semi-structured interviews were conducted, and the fully-transcribed corpus then analysed using the established conventions of IPA.

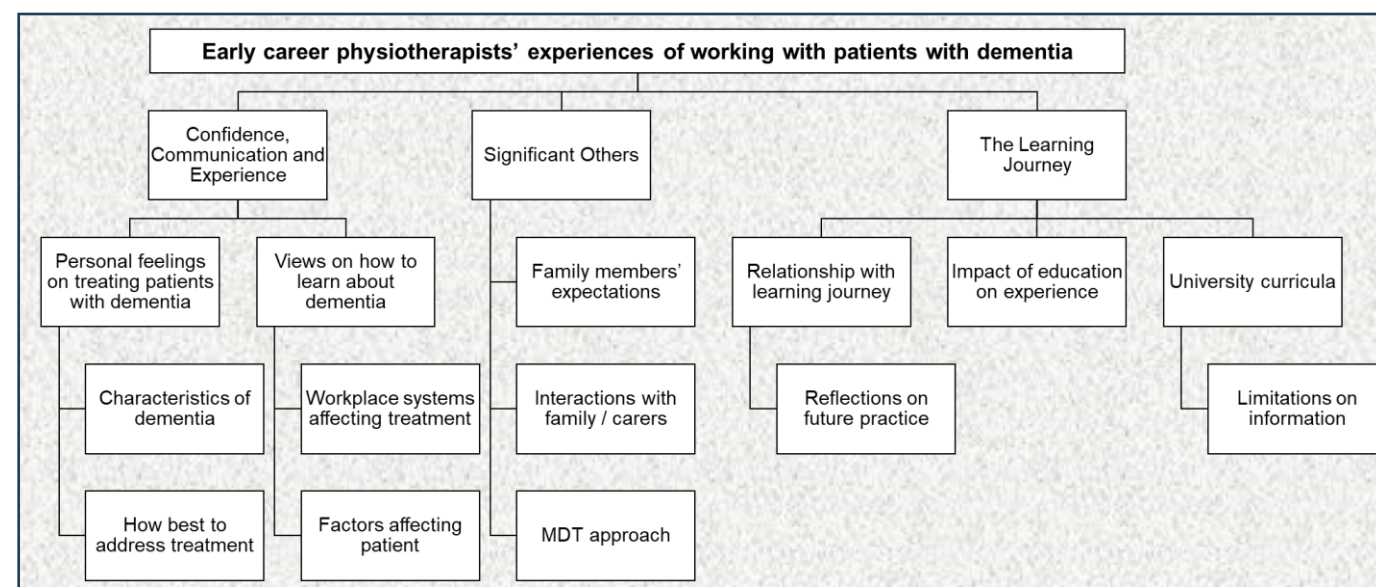


Figure 1: Thematic analysis

Table 1: Sample Direct Evidence

Theme 1	Theme 2	Theme 3
P1: "I have definitely become more confident...seeing more people it just got a bit easier...the more exposure you get to it, the more you learn and pick up different skills."	P3: "[F]amilies think 'Why is my relative not getting physio regularly?...She was walking before [and] now she can't even get out of bed.'....Expectations of the family put quite a lot of pressure on physiotherapists."	P4: "University does not really prepare people enough for dementia...it is a huge part of our job. Most of the patients you see are elderly, on Inpatients...a bit more training would have helped early on in my career."

Results

- As shown in Figure 1, 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.