Dementia is an international health issue that greatly impacts healthcare delivery systems. Individuals with dementia have specific needs when it comes to healthcare, and it seems that, generally, acute care environments aren’t suitable for these individuals. Considering how previous studies have shown that as much as a quarter of individuals utilizing acute hospital services are likely to have dementia, the authors posit that there needs to be a shift in ethos, organization, and environment in which more appropriate care is provided to patients with dementia in acute care settings. A good starting point for initiating this shift, the authors suggest, would be to gather perspectives from healthcare professionals regarding this matter and incorporate these perspectives into design and managerial decisions going forward.

In this study, the authors analyze qualitative data by employing an existing conceptual framework to identify a priori themes. The framework chosen is known as VIPS, which stands for Values, Individualized, Perspective and Social. This framework allowed the authors to sift through the qualitative data in order to find elaborations on topics that were relevant to caring for patients with dementia. The data were sourced from seven different databases as well as a number of published PhD theses.

Assessments of the data through the VIPS framework revealed that healthcare professionals seem to generally agree that modern acute care settings are not ideal for individuals with dementia. Barriers to appropriate care included unsuitable environments, ineffective pathways to care, inadequate staffing levels and
resources, and a lack of staff training and education for tending to people with dementia. Several studies analyzed discuss how the environmental design of acute care facilities could be improved to better suit patients with dementia. Suggested solutions include an audit tool known as the Enhancing the Healing Environment (EHE) dementia care tool, and providing adequate staffing so as to mitigate the amount of times a patient might require restraint.

Limitations

No field observations or original forms of data were gathered for this study; all data were preexisting qualitative publications. The data used in the study were limited in scope by the search terms used while the researchers accessed different databases; it is possible that alternative perspectives could be found in papers that do not fall under the search terms used.