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The Impact of a Memory Box Activity on Relationships Between Residents of a Long Term Care Facility and the Staff

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The Impact of a Memory Box Activity on Relationships Between Residents of a Long Term Care Facility and the Staff

Abstract

When working in a residential facility it is difficult for staff to take the time to really get to know whom they are helping due to time constraints. This study conducted a pre and post test to determine the impact that a Memory Box Activity has on staff attitudes about the residents. The Memory Box is a box put together by residents (with staff help) that includes items that have meaning to them. The presumption was that by participating in this activity with the residents the staff attitudes would be positively impacted. This study was conducted at two local long-term care facilities. The goal of this project was to assess whether knowledge of a dementia patient's life and likes and dislikes affects staff attitudes and therefore quality of care provided by staff.

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THE IMPACT OF A MEMORY BOX ACTIVITY ON RELATIONSHIPS BETWEEN
RESIDENTS OF A LONG TERM CARE FACILITY AND THE STAFF

By

Camilla Reynolds

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The Impact of a Memory Box Activity
on Relationships Between Residents of
a Long Term Care Facility and the Staff
Camilla Reynolds

Table of Contents

Literature Review	3
Dementia and Alzheimer’s Disease	4
Staff-Resident Relations	5
Reminiscence Therapy and the Memory Box Activity.....	5
Methodology	7
Participants	7
Data Collection	7
The Memory Box Activity and Data Analysis.....	8
Ethical Considerations	9
Findings	9
Discussion	12
Staff Attitudes.....	13
Creativity and Involvement	14
Implications	16
References	18

Abstract

When working in a residential facility it is difficult for staff to take the time to really get to know whom they are helping due to time constraints. This study conducted a pre and post test to determine the impact that a Memory Box Activity has on staff attitudes about the residents. The Memory Box is a box put together by residents (with staff help) that includes items that have meaning to them. The presumption was that by participating in this activity with the residents the staff attitudes would be positively impacted. This study was conducted at two local long-term care facilities. The goal of this project was to assess whether knowledge of a dementia patient's life and likes and dislikes affects staff attitudes and therefore quality of care provided by staff.

Keywords: dementia, elderly, staff-resident relations, long-term care facilities

Literature Review

Working with dementia residents often involves varying activities to keep residents' mind and body active. An activity that has been recently developed is called the Memory Box Activity. This activity involves making boxes filled with items residents find meaningful, such as photographs, letters, or pictures they have drawn. This study sought to determine if participation in the Memory Box Activity improved staff-resident relations. When staff-resident relations are improved upon, it may be assumed that the quality of care residents receive also improves. This literature review will address a number of topics important to this study, including a description of dementia and

Alzheimer's disease, staff-resident relations, and using reminiscence therapy with dementia residents.

Dementia and Alzheimer's Disease

As the population ages, there is a corresponding increase in the number of people who are diagnosed with dementia. Dementia may take many forms, with the most common being Alzheimer's disease. To be diagnosed with dementia, a person must show "an impairment of memory and at least one other cognitive domain [and] represent a decline from [a] previous level of functioning [while being] severe enough to interfere with daily function and independence" (Watson & Shadowens, 2011, p. 9). Instead of dementia being a specific disease, it is seen more as "a group of symptoms that can be caused by a variety of diseases," (Gililand, 2010, p. 9). There is no cure for dementia, so the quality of care that a resident receives is highly important.

There are three stages that occur with Alzheimer's disease – mild, moderate, or severe. Alzheimer's disease is considered mild when there is only slight confusion and poor judgment. In moderate Alzheimer's disease there is more difficulty with thinking logically and recognizing people, words or numbers. When Alzheimer's becomes severe there is an inability to get out of bed, walk, or talk and an increase in sleep (Cayton, Graham, & Warner, 2004; Shulman, Silverman, Golden, 2009). Only residents with mild or moderate Alzheimer's participated in this study.

Staff-Resident Relations

Multiple studies have shown that having a positive attitude about a resident's abilities ensures a higher quality of care for the residents (Alfredson & Annerstedt, 1994; Kada, Nygaard, Mukesh, & Geitung, 2009; Norbergh, Helin, Dahl, Hellzen, & Asplund, 2006). This can be hard to do, as working with dementia residents can cause a stressful work environment. Finding staff who can handle the stressors and still provide high quality care to the residents can be difficult, although having this type of staff is important (Stockwell-Smith, Jones, & Moyle, 2011).

One study shows a correlation between staff training in dementia care and the amount of resident satisfaction (Zimmerman, et al., 2005). Also, if staff uses a more person-centered approach, they are more likely to recognize dementia in residents who have yet to be diagnosed (Macdonald & Woods, 2004). Therefore, staff with more training and who are using person-centered approaches are more likely to be able to provide a higher quality of care for residents with dementia.

Reminiscence Therapy and the Memory Box Activity

Reminiscence therapy, a common tool for work with dementia residents, involves discussion of a resident's past. Reminiscence therapy is used both to help residents with depression and to stimulate cognition by encouraging the resident to share her or his memories. Dementia residents find it easier to recall memories from the past than to recall memories from the present day. Reviewing memories from the past has been found to be very beneficial for dementia residents both cognitively and emotionally. It was also

found that staff knowledge of residents and their past increased greatly after using reminiscence therapy (Woods, Spector, Jones, Orrell, & Davies, 2009).

A more specific type of reminiscence therapy, activity reminiscence therapy, uses items to help dementia residents recall memories. Using this therapy, dementia residents can even experience role-reversal when they are given an item that they can teach the staff about. This therapy has shown to increase resident communication, interaction and behavior. When staff participate in this therapy with the residents they become more perceptive and supportive (Yamagami, Oosawa, Ito, & Yamaguchi, 2007).

It has also been found that doing activities will help dementia residents in terms of improving cognition, especially the type of activities that involve previous or meaningful occupations (Atwal, Owen, & Davies, 2003). Residents also greatly benefit from participation in activities where they are listened to and that reinforce their identity (Harmer & Orrell, 2008). The Memory Box Activity has yet to be studied, but a few non-scientific articles discuss the value of this activity to both the residents and the staff. Memory Boxes have been referred to as “anchors,” or “way-finding boxes.” They are also seen as a way for staff to see another side of the resident (Pigg, 2010). One staff member said, “Memory boxes have brought us all together – they are a great talking point,” (Hopkins, 2007, p. 1).

Dementia is a complicated disease to treat effectively. Quality of care should be maintained when working with residents with dementia. This can be challenging for staff who are often dealing with a significant amount of work related stress. By using reminiscence therapy, specifically Memory Boxes, staff are given the opportunity to get

to know and to interact with the residents in a meaningful way, which may result in improved quality of care. There is no cure for dementia, so quality of care and quality of life are two of the only things we can maintain as the disease progresses.

Methodology

Participants

Nine staff members at two different long-term care facilities were recruited for the study. The recruitment process began with the researcher contacting two activity directors at two facilities. The activity directors were excited about the opportunity. The directors informed the staff about the study and asked them to participate. They were then given a consent form to participate in the study. Only the staff who wanted to participate completed the evaluations. The sample was a purposeful same, as the study required staff members who were in direct contact with the residents in the dementia units.

In terms of sample demographics, eight of the staff identified as female and one as male. This was a diverse sample, as five of the staff were Caucasian and four were African American. Staff occupations included: resident assistant (3), social work (2), medical technician (1), nursing assistant (1), speech therapist (1) and occupational therapist (1). Ages ranged from 23-45, with a mean age of 32.8.

Data Collection

A pre test was conducted with staff prior to conducting the Memory Box Activity with a resident. The purpose of the test was to determine how well the staff knew the residents. The first question asked whether or not the staff felt they had knowledge of the

residents' past. The second question determined whether or not staff had knowledge of the residents' likes and dislikes. The third questions asked whether or not the staff believed that participation in the Memory Box Activity would be beneficial for the staff and whether or not it would be beneficial for the residents. Finally, the test asked if they thought it was beneficial for the staff to know the residents' likes and dislikes and their past. There was also a section for additional comments. The test used a likert rating scale of one to five with one being strongly disagree and five being strongly agree.

The Memory Box Activity & Data Analysis

After conducting the pre test with staff, the researcher spent the first and second weeks of the study with each of the residents talking with them. This provided the opportunity to build a level of rapport with the staff and residents and to conceptualize strategies for building the memory boxes. On the third week, the residents, staff and the researcher painted the memory boxes together. Some of the residents were unable to paint the box themselves. In these cases, the staff assisted the resident. The resident would let the staff know which color they liked and which portion of the box they wanted colored. This part of the process involved some encouragement from staff. The forth and fifth week were spent filling the boxes with items the residents provided. Staff and the researcher visited a resident's room and assisted in selecting meaningful items for the memory box. As the resident chose the items, she or he would explain what the items were and why they were meaningful. After the Memory Box Activity was completed, the staff completed a post-test which was identical to the pre-test. Data was compiled and

analyzed to determine if there was any positive movement in terms of staff knowledge of the resident's past and likes and dislikes.

Ethical Considerations

Participation in this study was voluntary. All responses to the tests were anonymous and were kept in a locked cabinet. This study was approved by the Eastern Michigan University College of Health and Human Services Human Subject Review IRB (#1084).

Findings

The goal of this project was to assess whether knowledge of a dementia patient's life and likes and dislikes affects staff attitudes and therefore quality of care provided by staff. The presumption that staff attitudes would be positively impacted by participating in the Memory Box activity with the residents was disproven. However, the presumption that knowledge of a dementia patient's life and likes and dislikes affects staff attitudes was proven to be true.

The Impact of a Memory Box Activity on Relationships Between Residents of a Long 10
Term Care Facility and the Staff

Table 1: Pre Test Findings

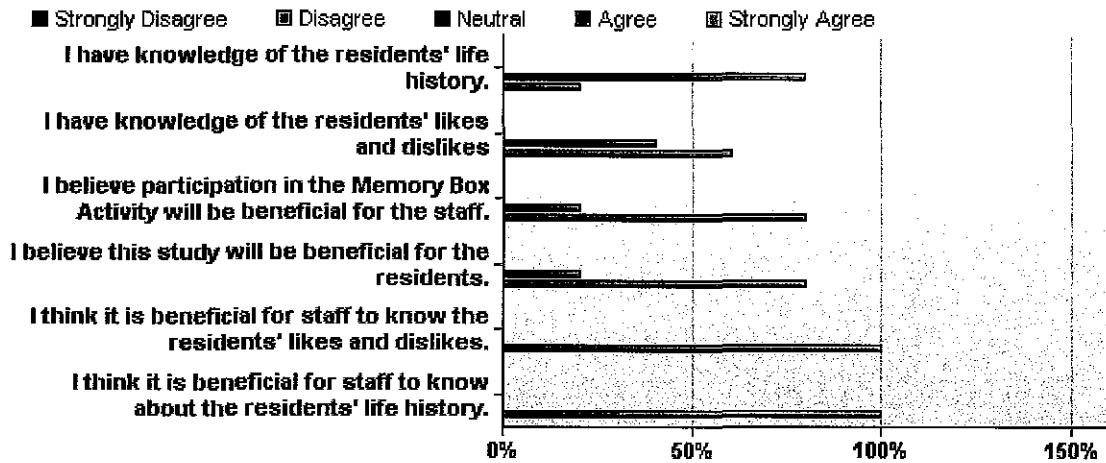
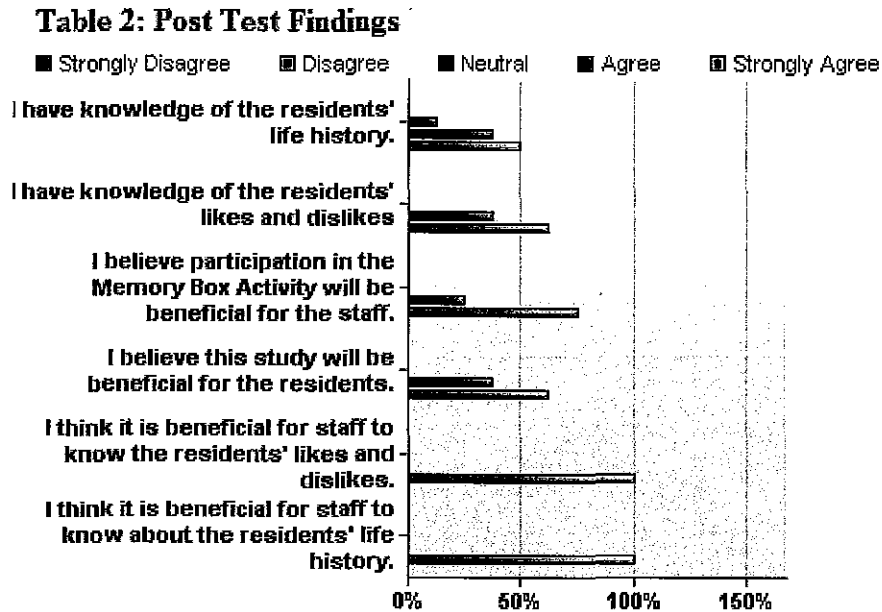


Table 1 illustrates the pre test findings. The findings indicate that the research participants either agreed or strongly agreed that they have knowledge of the resident’s life history and likes and dislikes. A majority of the participants strongly agreed that the Memory Box Activity and staff having knowledge of residents’ past and likes and dislikes was beneficial to the residents. There is also strong agreement with the statement “I think it is beneficial for staff to know about the residents’ life story.”

Table 2 (shown below), which illustrates the post test findings, indicates similar results when compared with the pre test findings. The participants reported agreement with the statement regarding knowing their residents’ life and likes and dislikes. They also agreed with the statement that it was beneficial for staff to have a knowledge of the residents’ preferences. The staff agreed that participation in the activity would be

beneficial for the both the staff and residents. However, Table 2 also shows a lack of strong agreement with the statement “I have knowledge of the residents’ life history.”



It is not clear why this decline in agreement between the pre test and the post test occurred. Perhaps the staff felt that the activity did not increase their knowledge of the residents’ past as they already knew this information. However, the participants were unanimous in agreement that the Memory Box Activity was beneficial, so there was agreement that the activity was a positive experience despite the decline in ratings.

Although the presumption that participating in the Memory Box Activity would increase staff knowledge about a resident was disproven by the findings, there were some positive findings from this activity. First, this was a positive activity for the research participants: the residents and their families and staff. In the open ended comment section

The Impact of a Memory Box Activity on Relationships Between Residents of a Long Term Care Facility and the Staff 12

on the survey, one participant commented, “The residents seemed to enjoy the activity. It gave them pride to decorate and work with their boxes.” Second, this activity improved the quality of life for residents, by involving them in an activity and giving them something they can share with pride. A staff member reported, “It’s a new and interactive idea, which I liked. The residents were able to participate in their own unique way. It made me happy to see their quality of life can be improved with such a fun activity.” One of the activity directors reported that a few weeks later the residents were still showing their boxes to staff and family.

Discussion

The Memory Box Activity was presumed to increase staff-resident relations by increasing the staff knowledge of the residents’ life history and likes and dislikes. This theory was disproven, however the activity had many positive outcomes. The activity promoted quality of life for the residents both by increasing staff knowledge, and using creativity and involvement with the residents.

Quality of life is important to dementia residents of a long term care facility. Staff who interact with a resident on a daily basis are known to influence this quality of life (Stockwell-Smith, Jones, & Moyle, 2011; Phillips, Reid-Arndt, & Pak, 2010). The Memory Box study hypothesized that staff attitudes could be shaped by knowledge of a resident’s life history and likes and dislikes. Positive staff attitudes towards residents affect their interactions with the residents, and therefore the quality of the care the residents are receiving. The Memory Box Activity encouraged the residents to become involved with their creative sides as they constructed the boxes.

Staff Attitudes

Staff, in particular, nurses' aides are the people that residents at a long term care facility interact with the most. The quality of care the staff provides directly affects the residents' quality of the life. Staff attitudes toward residents influence the quality of care they will give to the residents. Further, staff are more likely to provide quality care to residents that they know as an individual (Kada, Nygaard, Mukesh & Geitung, 2009).

The Memory Box Activity was hypothesized to increase staff knowledge of residents. However, the activity did not increase staff knowledge of the residents' likes and dislikes and life history as it was shown that the staff felt that they already knew these aspects of the residents' lives. In fact, during this activity the researcher noted that the staff at both facilities already had a very in-depth knowledge of the residents they worked with. The staff was able to tell the researcher about the residents' likes and dislikes and their life histories before the onset of the Activity.

It may be assumed that if a staff member did not know about a resident's life history or his or her likes and dislikes that the Memory Box would be a good tool for learning about these aspects of their lives. The Memory Box included items from a residents' past, as well as items that reflected their interests. Pulling these items out of the box and discussing them with the resident allowed for a learning experience about the resident, especially of their life history and likes and dislikes. The building process allowed for time spent before the activity to discuss life history and likes and dislikes with the resident. This allowed for the person assisting in the box building process to understand what the resident would want on or in the box.

The Impact of a Memory Box Activity on Relationships Between Residents of a Long 14 Term Care Facility and the Staff

Creativity and Involvement

Creativity has been found to be very beneficial for residents with dementia. Not only does it improve their communication, attention, and pleasure, it also has been shown to improve symptoms of dementia, (Phillips, Reid-Arndt, & Pak, 2010). During the Memory Box Activity, the residents were given the opportunity to choose what color to make the box and what to put outside or inside the box. The freedom of choice is something dementia residents often have taken away from them. Giving them back the power of choice gives them a chance to express themselves and their feelings (Hannemann, 2005).

The Memory Box Activity also involved the residents both physically and emotionally. Involving residents with dementia in this type of activity is important because there are many factors in their life that they can no longer control. Any “activity in which the patient feels emotionally involved could be his/her meaningful activity at that precise moment,” (Gori, Pientini, & Vespa, 2001, p. 211). Getting the residents physically and mentally involved can also lower aggressive behaviors. “Aggression is not only evoked by cerebral changes, but also by environmental factors, including the level of stimulation and provided involvement,” (Gori, G., Pientini, S. & Vespa, A. 2001, p. 212).

The Memory Box Activity encourages creativity and staff involvement with dementia residents. This type of involvement has been proven to improve quality of life (Gori, G., Pientini, S. & Vespa, A. 2001; Phillips, Reid-Arndt, & Pak, 2010). The boxes were also full of meaningful items for the residents, which made them meaningful for the

The Impact of a Memory Box Activity on Relationships Between Residents of a Long 15 Term Care Facility and the Staff

residents. According to a report from the facility staff, the residents with boxes showed off their boxes to others. They were able to create their boxes for themselves, which gave them a sense of pride.

Image 1: The Boxes

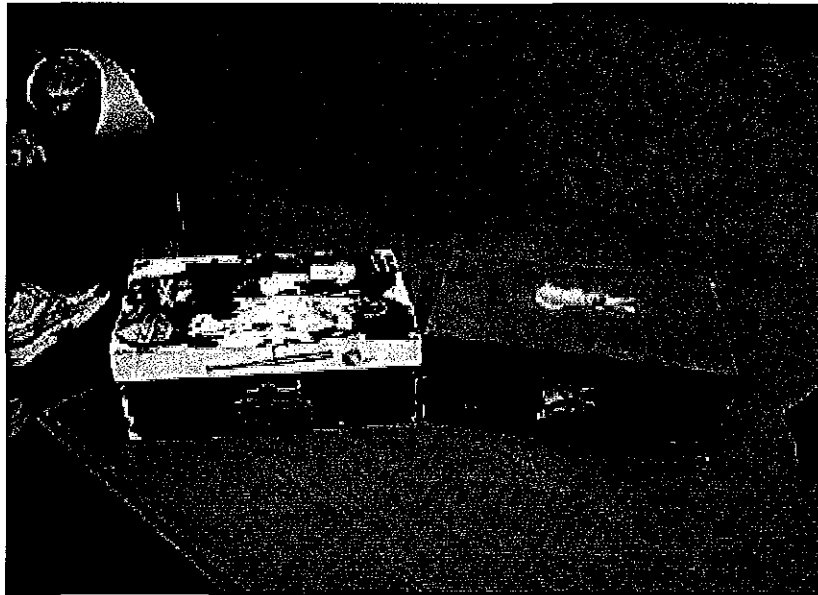
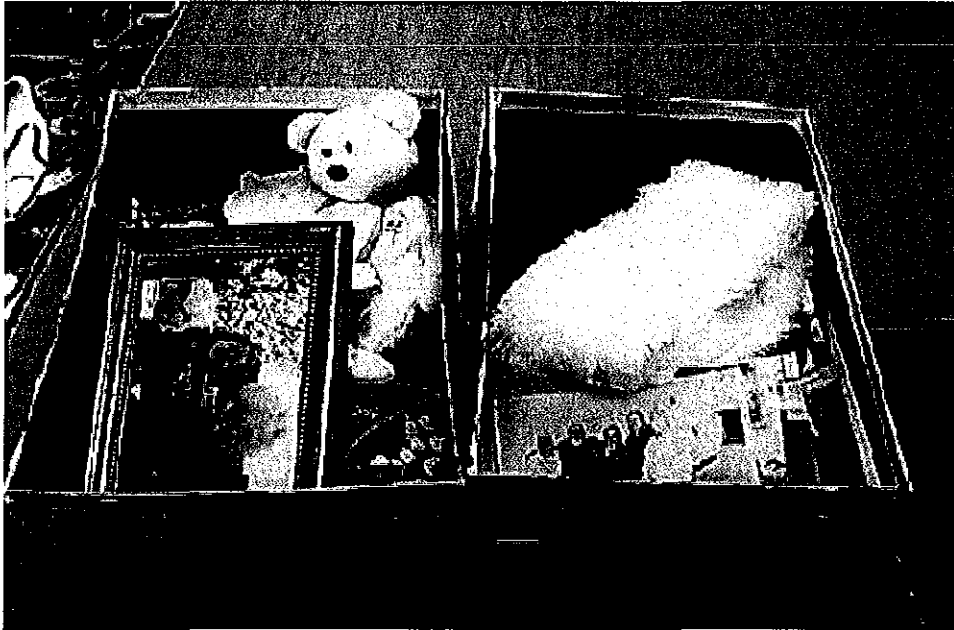


Image 2: Inside the Boxes



Implications

Dementia is a very difficult illness not only for the person going through it, but also for their family and staff members. Much more research is needed - not only for a cure, but also for improvement of the quality of life for all involved. Implications for future research would include studying the relationship between staff one on one time with the residents with improved staff-resident relationships. This could test to see whether more time spent with a resident would positively impact the relationship. Having a positive relationship with the staff a resident spends every day with can be very impactful. Additional research on the Memory Box Activity and the impact it may have on staff relationships with residents who are diagnosed with dementia would also be

The Impact of a Memory Box Activity on Relationships Between Residents of a Long 17 Term Care Facility and the Staff

useful. The Memory Box Activity was shown to have a positive impact, despite the lack of results. A more in-depth study could show any additional impact the Activity had on staff. Finally, it would be beneficial to conduct further studies as to whether or not residents with dementia experience an increase in their quality of life after completing either a Memory Box Activity or any one on one activity.

The Impact of a Memory Box Activity on Relationships Between Residents of a Long Term Care Facility and the Staff

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