

Using the Six Senses Framework to enrich care

Mike Nolan, Professor of Gerontological Nursing at the University of Sheffield, and colleagues (2004) developed a relationship-centred model of dementia care based on what they call the Six Senses Framework. This model differs from person-centred care by adopting an approach centred on the belief that good care requires that all stakeholders involved in the care – the person living with dementia, as well as their informal

Julie Jamieson and **Leah Macaden** illustrate how to apply the Senses Framework to create an enriched care environment for a person with dementia, their family carer and professional staff

and formal carers (the relationship triad) – should experience relationships that promote a sense of security, belonging, continuity, purpose, achievement and significance (the Six Senses) (Dupuis *et al*

2012). These senses are described in more detail in the table below.

This article explores how the Six Senses can be applied within the context of community nursing. ➤

Table 1

The Six Senses

Senses	For the person living with dementia	For informal carers	For formal carers
1. Security	To feel safe and secure physically and emotionally. This also emphasises a risk-inclusive rather than a risk-averse approach in that risks are recognised, negotiated and engaged with positively rather than avoided completely and compromising the individual's quality of life.	To feel confident, supported and empowered to care for their loved one living with dementia with a sense of their own well-being.	To be able to work in a secure environment with adequate support.
2. Belonging	To feel connected and be able to contribute within one's own home and community with opportunities to build new relationships.	To be a bridge between the person with dementia and formal carers within the relationship triad.	To feel included as a valuable member within the team and dementia care networks.
3. Continuity	To feel valued and connected with the past, seamlessly inclusive of endeavours to maintain personal interests and hobbies to the best extent possible.	To be recognised as a valuable partner on the person's dementia journey and be that bridge that connects the person with dementia and formal carers within the relationship triad.	To be involved in someone's care with continuity in order to build relationships with the person with dementia and their family that makes a difference to the quality of care provided.
4. Purpose	To be meaningfully engaged with the ability to make choices and have their preferences respected.	To be able to focus on and be involved in decisions / activities that promote the well-being of the person with dementia.	To be able to find meaning and a sense of vocation in caring for people with dementia.
5. Achievement	To be able to set achievable goals and realistically contribute within the family and community, however insignificant that might seem in comparison to what the person was able to achieve in the past.	To be able to care and support in a way that adds a sense of worth, value and respect for the person with dementia, which in turn promotes a sense of fulfilment.	To focus on an assets-based (support the individual with what they are able to still achieve) rather than a loss-focused approach to dementia care. To be able to appreciate the difference their care has made to the person living with dementia and their family.
6. Significance	To feel respected, valued and included in care decisions.	To feel respected, valued and included in care decisions.	To feel respected, valued and appreciated for the care and services provided. To recognise that their contribution adds value and meaning to the quality of life of the person living with dementia and their family.

Adapted from Nolan MR, Brown J, Davies S, Nolan J, Keady J (2006) *The Senses Framework: improving care for older people through a relationship-centred approach*. Getting Research into Practice (GRiP) Report No 2. Project Report. University of Sheffield. Available at: http://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf.

The Six Senses Framework in practice

In the following case study, the relationship-centred care model using the Six Senses Framework is applied in the care of a woman, Mrs Jones, living with dementia in her own home.

Mrs Jones was 68, living with her husband and was diagnosed with Alzheimer's disease at the age of 60. The District Nursing team became involved when she developed a sacral pressure sore which required regular wound care.

Mrs Jones had global aphasia and was unable to communicate verbally. Mr Jones was her main carer and carried out all the activities of daily living for his wife. It was evident that Mrs Jones' mobility was deteriorating and very variable. She had had several falls in recent times without injury. She experienced urinary incontinence overnight despite using incontinence products and this greatly added to Mr Jones' stress and workload.

Mr Jones was hostile in his approach to care staff and reluctant to accept care or equipment from outside agencies, but was clearly struggling to cope with his wife's increasing frailty and worsening cognitive state.

Continuity

The first sense we will examine in the context of this case study is the **Sense of**

Continuity. Continuity is very important for the individual with dementia and their ability to form a trusting relationship with their carers. Continuity and co-ordination of care is essential for the delivery of safe, effective and high-quality care (Fagerstrom *et al* 2010).

After four months of regular visits by the District Nurses, Mr Jones expressed concern that there had been so many different nurses and this was not helping him or his wife as he felt he didn't trust staff who did not know his wife well. Mrs Jones appeared upset and was often agitated and uncooperative with staff she didn't know.

Mrs Jones was also in contact with a wider multidisciplinary team, with several professionals involved in her care including a physiotherapist, occupational therapist, social worker and GP. The couple also received support from Alzheimer Scotland, a charity that supports people living with dementia and their carers.

Consistent and stable staffing is important for individuals with dementia to reduce inconsistencies in care delivery (NICE 2006). In order to ensure a 'sense' of continuity for Mrs Jones, the District Nurses' day service agreed to limit the visit to two staff members who had already had a lot of input with the family.

They agreed a time that was convenient for Mr and Mrs Jones that would accommodate their routine.

Comprehensive care plans were generated for every aspect of Mrs Jones' care needs to ensure continuity of care.

Previous studies exploring the service expectations of people with dementia suggest they want to feel secure, valued, understood and personally known (Loveday & Kitwood 1998). This cannot happen if care is delivered by individuals who don't know or recognise the individual's personal biography.

Table 2 below highlights the significance of the Sense of Continuity within the relationship triad. Good continuity of care inspires trust and confidence, whereas poor continuity is viewed by those receiving care and their families as a worrying indication that the overall quality of their care may be poor.

Security

The second sense is the **Sense of Security** (see Table 3 below). It is important to pay attention to the individual's psychological needs, and for them to feel safe and free from threat, harm, pain and discomfort in order to receive complete and sensitive care (Nolan *et al* 2004). Mrs Jones was unable to verbally express pain, but her carers felt her mobility was somewhat

Table 2

Sense of Continuity

Specific interventions	Outcomes for Mrs Jones	Outcomes for the District Nurses	Outcomes for Mr Jones (Primary carer)
<ul style="list-style-type: none"> • Visits restricted to two staff members allowing intimate care to be delivered with individuals Mrs Jones knew and trusted. • Mutually agreed time to accommodate the couple's routine. • Comprehensive care plans were developed for every aspect of Mrs Jones' care to ensure continuity of care. 	<ul style="list-style-type: none"> • Less resistance to care from Mrs Jones as she had a sense of what to expect. • She communicated this by smiling and being cooperative. 	<ul style="list-style-type: none"> • Opportunities to get to know Mrs and Mr Jones to provide person-centred care. • Staff felt more positive as they were able to deliver consistent care. • Continuity of care enabling staff to see progress and promote other senses of purpose and achievement. 	<ul style="list-style-type: none"> • Mr Jones felt more secure that the nurses knew his wife's likes and dislikes. • More secure about continuity with carers to assist with personal care.

Table 3

Sense of Security

Specific interventions	Outcomes for Mrs Jones	Outcomes for the District Nurses	Outcomes for Mr Jones
<ul style="list-style-type: none"> • Analgesia prior to mobilising. • Liaising with physiotherapists and occupational therapists. • Equipment to mobilise, and transfer aids as required. 	<ul style="list-style-type: none"> • Mrs Jones' pain control was optimised and appeared to have helped her mobility. • Promoted a sense of security in receiving competent care that was sensitive to her needs. • Secure and confident with using mobility aids leading to fall prevention. 	<ul style="list-style-type: none"> • Had a sense of security in feeling autonomous but not isolated in their role. • Developed a trusting relationship with Mr and Mrs Jones which was key to providing a sense of security. • A safe and secure working environment to provide care. 	<ul style="list-style-type: none"> • Had a sense of security in Mrs Jones having the appropriate equipment to enable her to stay at home. • Felt secure to entrust his wife's care to the nurses.

worse in the morning and she appeared to grimace whilst moving. Her medical history indicated a diagnosis of osteoarthritis. The District Nurses were able to plan for Mrs Jones' future care needs by introducing mobility aids and helping her become familiar and secure with using the equipment before it became a necessity for her.

Significance

The **Sense of Significance** (see Table 4, p34) is the overarching sense as it is imperative to feel that you matter and that what you do is of some importance. Ryan *et al* (2008) concurred that engaging all the stakeholders in equal partnership enhances people's perception of "being someone who mattered".

By introducing interventions that focused on this sense of significance, Mrs Jones felt valued as a person of worth and that she mattered. She was treated with respect by those around her who still contributed to society. She was encouraged and supported to attend bowling with a friend and, although unable to participate, she was warmly greeted by her friends which added to her feeling of significance. Mr Jones made a memory folder with photographs of his wife's achievements, family and significant moments in her life.

He shared this with the staff so they would find it easier to initiate conversations with Mrs Jones.

Belonging

The **Sense of Belonging** (see Table 5, p34) is very important within the relationship triad. Although Mrs Jones was no longer able to communicate verbally, she smiled and appeared to be comfortable and at ease in her own familiar environment surrounded by family photographs and personal memorabilia. This allowed Mrs Jones to maintain her identity and encouraged staff to connect with her and better understand the influences that had shaped her life.

It had always been her wish to remain at home and Mr Jones continued to take her to church and coffee mornings. This enabled Mrs Jones to continue to feel part of the wider community, and at home she developed a trusting relationship with her key carers who recognised the importance of keeping familiar personal routines.

Staff had clear goals and worked with Mrs and Mr Jones in practical ways to ensure their care reflected Mrs Jones' individual needs. This in turn promoted a **Sense of Purpose and Achievement** for everyone in the triad, as described in Table 6 (see p34).

Conclusion

The Senses of Continuity, Security, Significance, Belonging, Purpose and Achievement as discussed in this case study highlight ways in which 'good' relationships can be created and maintained in a community setting for people living with dementia.

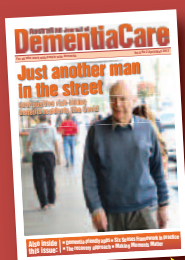
Relationship-centred services offer an important avenue to provide better and relevant forms of support for people living with dementia and their carers, addressing the needs of everyone in the dementia care triad.

Planning and delivering services for people with dementia is multi-faceted using a multi-agency approach that requires collaboration, communication and coordination, but when the Six Senses are experienced by all stakeholders, positive relationships develop and an effective service is delivered (Brown Wilson *et al* 2012).

Relationship-centred care using the Six Senses Framework takes into account the range of professionals, the person living with dementia and their family along a person's dementia journey. No two individuals or families are alike in their needs for dementia care and support and this framework enables the person with dementia to ensure *their* preferences and

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Table 4

Sense of Significance

Specific interventions	Outcomes for Mrs Jones	Outcomes for the District Nurses	Outcomes for Mr Jones (Primary carer)
<ul style="list-style-type: none"> Regular outings with friends. Creating a memory folder reflecting significant moments in Mrs Jones' life. 	<ul style="list-style-type: none"> Mrs Jones felt valued as a person of worth. Felt at ease when staff had conversations with her about significant moments in her life that had meaning and value for her. 	<ul style="list-style-type: none"> Could see how their input had a positive impact on the triad and the sense of the importance about what they did contributed to their job satisfaction and morale. 	<ul style="list-style-type: none"> Felt his caring efforts were acknowledged and valued. Felt connected within the triad. Felt valued with his input to promote the Sense of Significance for Mrs Jones.

Table 5

Sense of Belonging

Specific interventions	Outcomes for Mrs Jones	Outcomes for the District Nurses	Outcomes for Mr Jones
<ul style="list-style-type: none"> Key carers maintained and created meaningful relationships. Continued to promote activities that facilitated community connections. 	<ul style="list-style-type: none"> Mrs Jones was happy and comfortable in her own home environment surrounded by her personal possessions. 	<ul style="list-style-type: none"> Felt recognised and valued as belonging to the team, listening to each other and finding solutions together. 	<ul style="list-style-type: none"> Feeling of belonging within the triad and felt able to confide in staff when stressed and upset. No longer hostile to staff but valued their input.

Table 6

Sense of Purpose and Achievement

Specific interventions	Outcomes for Mrs Jones	Outcomes for the District Nurses	Outcomes for Mr Jones
<ul style="list-style-type: none"> Working towards co-developed goals. 	<ul style="list-style-type: none"> Mrs Jones enjoyed meaningful conversations about her life and achievements, with appropriate and sensitive care. Mrs Jones was shown respect and her care reflected her individual needs. 	<ul style="list-style-type: none"> Staff felt they were making a difference and feedback from both Mrs Jones and Mr Jones indicated that their needs and wishes were met, which promoted a sense of purpose and achievement. 	<ul style="list-style-type: none"> Felt his wife was well looked after and given the respect she deserved. Reached a point where he was able to attend a support group for carers of people with dementia.

their needs are met and creates space for more positive relationships between all stakeholders through the delivery of enhanced quality care and the individuals' experience of that care. ■

Acknowledgment

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Resources

- Read more about the Senses Framework and relationship-centred care, on the Sheffield Hallam University Research Archive (SHURA) website at: <http://shura.shu.ac.uk/280/> and http://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf.
- A Six Senses relationship-centred care poster suitable for use by care organisations is available for free download from the My Home Life website at <http://myhomelife.org.uk/wp-content/uploads/2014/11/Relationship-centred-care.pdf>.