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Namaste Care: the benefits and the challenges

Amanda Thompsell, Min Stacpoole and Jo Hockley report on their experience of implementing the Namaste Care programme in south London care homes



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How can a care home improve the quality of life for people with advanced dementia? This is not easy and the evidence is that usually it is not being done well. People with advanced dementia generally cannot engage in conventional group activities and often become marginalised. An Alzheimer's Society survey (2007) found that care home residents typically spent only two minutes interacting with care staff or other residents over a six-hour period, not including interaction with staff during care.

The Namaste Care programme, pioneered by Professor Joyce Simard in the USA in 2003, offers a possible solution. Namaste Care is a seven-days-a-week care programme integrating compassionate nursing care with individualised, meaningful activities for people with advanced dementia at the end of their lives (Simard 2013). 'Namaste' is the Indian greeting meaning 'to honour the spirit within'.

The programme is founded on the principles of person-centred care and involves activities to meet the individual's needs for attachment, comfort, identity, occupation and inclusion. At the end of their lives, people with advanced dementia benefit from a palliative care approach (Hughes *et al* 2006): they are physically frail, many experience pain, and planning for end of life care becomes a priority. Namaste Care has the potential to combine best practice dementia care with best practice end-of-life care, and deliver quality of life to the end of life.

Recognising the importance of this issue and the apparent potential of the programme, South London and Maudsley NHS Foundation Trust and St Christopher's Hospice have studied the effect of the Namaste Care programme on the quality of life of people with advanced dementia and those who care for them in six care homes in south London (six care homes with nursing were recruited but one dropped out before the programme started). This article describes the Namaste Care programme in more detail and outlines what we learned about the benefits and challenges of the programme.

The Namaste Care programme

The Namaste Care programme does not require extra staff or space or expensive equipment, but it does mean changing the way that the care home works. To make the change happen there must be willingness to change and this requires leadership and teamwork.

Staffing has to be re-organised. Usually, on any particular day, care workers are assigned to care for a number of people at different stages of dementia

with different needs and levels of dependency. A care worker's allocation may range from four to eight residents. With the Namaste Care programme, a Namaste-trained care worker is assigned to run the programme, and looks after a group of as many residents as the average allocation, but with the difference being that the residents they are caring for are all in the later stages of dementia. The other care workers look after the other residents, so no extra staff are needed.

Residents with dementia are assessed for their appropriateness for Namaste Care. Usually the people who benefit most from Namaste Care are those with advanced dementia. In terms of activities, this means those who can no longer join in a quiz or a sing-a-long.

The Namaste environment

Each morning, after residents have been helped with their activities of daily living and have had breakfast, the Namaste care worker sets up the Namaste space. She/he gathers supplies for the morning including face cloths, towels, beverages, snack supplies and so on and creates the Namaste environment. Ideally, Namaste Care has a designated room, where supplies can be locked away and it is safe to leave green plants. If there is no separate room, then the Namaste space can be a screened off area in a lounge or the dining room after a swift 'makeover'. The environment must be made special – welcoming and homely, with natural or slightly dimmed lighting; scented attractively, perhaps with lavender in an aromatherapy diffuser, and with soft music playing.

Namaste morning

When the space is ready, the Namaste care worker asks staff to bring the Namaste residents for the care programme. On arrival each resident is greeted by name, with a touch or a hug, and welcomed to the group. Before the escort leaves, the resident is positioned comfortably in the chair and a quilt or blanket is tucked round them with extra pillows used to ensure they are comfortable. If an individual seems uncomfortable, the Namaste care worker will assess the pain and involve the nurse in ensuring that pain is managed appropriately.

The Namaste care worker will start engaging with individuals using personal care as a meaningful activity. Sensory interventions, and especially therapeutic touch, are a key element of the programme. Activities such as washing hands and faces, applying moisturising lotion, and

brushing hair are taken at a slow, gentle pace and treated as an opportunity for the Namaste care worker to engage one to one with the resident, making eye contact and talking affirmatively. The aim is not cleanliness, but relaxation, comfort and pleasure; after all, many of us go to spas for such treatments. Activities are chosen according to the person's preferences – for example some people enjoy foot massage and others strongly dislike it. Throughout the morning participants are offered drinks and food treats: water, juice, yoghurt smoothies, pureed fruit, chocolate ice-cream and so on. There may be time for one-to-one activities, such as exploring different textures in a rummage box. Again, the care programme is flexible and adapted to individuals' preferences and other considerations, such as risk assessment for swallowing difficulties.

About 20 minutes before lunch the lights are turned up, more lively music is put on and fun activities such as blowing bubbles or tossing a balloon can be tried. The Namaste care worker running the group may use bird sounds or the sense of smell to remind people of the seasons; fresh flowers or freshly mown grass bring the outside world into the room. At the end of the session the staff who have not been involved come and help ensure that the individual is helped to go to the toilet if necessary and is ready for lunch. As residents leave, the Namaste care worker says goodbye and thanks them individually for attending the session

Afternoon Namaste Care

In the afternoon another Namaste session follows the same patterns but with different activities, such as individual reminiscence, foot soaking, fancy hair arrangements, nail care, reading aloud or perhaps an appropriate DVD. At the close of the session residents are thanked for attending. The room is tidied and prepared for next day and paperwork is completed, recording attendance and the impact on individuals of the session and particular activities.

The Namaste care worker spends more time observing residents in the group, and therefore is more aware of changes and notices when a person is uncomfortable or more sleepy than usual. As a result, they can respond more quickly to ensure that the residents' needs are met.

Family involvement

When care staff judge that someone would benefit from Namaste Care, they set up a family meeting to explain the change in care and seek the help of family and friends to find meaningful activities and sources of comfort and pleasure for the resident. Families are encouraged to work with care staff to connect in this way with the person they love. The discussion focuses on quality of life, perhaps asking what music is associated with pleasurable events in their lives or what perfumes or aftershave they may have liked. These meetings create an opportunity to acknowledge the progression of the dementia in a positive context and to open up conversations about planning end of life care.



Our study of the programme

The aim of our study was to evaluate the effects of the Namaste Care programme on people with advanced dementia and the impact of the care programme on family and friends and also on the care staff. We wanted to learn whether the programme could be successfully implemented in UK care homes and to explore the claim that Namaste Care does not require additional staff or space or significant expense. From the outset our study was informed by the philosophy and methodology of action research, which has been defined as research that is conducted 'with' and 'for' people, not 'on' them (Reason & Bradbury 2000). This allowed us to collaborate with the care homes and be involved in supporting each of them to find the best way to implement the programme.

The first step was to invite nurse managers to attend a workshop with the care staff they had chosen to lead the programme in their care home. At the workshop Joyce Simard explained the Namaste philosophy of 'honouring the spirit within', and the care programme as set out above. Each nurse manager was given a book (Simard 2007) about the programme and a folder containing information about the Namaste Care day.

Following the workshop Joyce Simard and Min Stacpoole (one of the authors) visited each care home in order to spread the learning to as many care home staff as possible, repeating 20-30 minute sessions through the day for small numbers of staff (including maintenance, kitchen and laundry staff) and to help choose a space in the care home for Namaste Care. A further half-day visit was organised, when Joyce and Min role-modelled being the Namaste Care worker for the morning and residents with advanced dementia were brought to the room to experience Namaste Care. Family members were invited and encouraged to join with staff on both days.

After the workshops (held during 2012), the care homes began to put Namaste Care into practice. We collected baseline quantitative data from 37 residents before Namaste started and then a further three sets of measures were collected at monthly intervals. For two care homes, 'real life' events disrupted the time frame and the evaluation period was extended. We held focus groups with care staff before Namaste started, and after the evaluation period we held focus ➤

The Namaste care worker engages with the individual using personal care as a meaningful activity

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➤ groups with relatives as well as staff, and interviewed the care home managers.

The experience of residents

We found evidence that residents experienced an overall reduction in their distress and withdrawal. Structured one-to-one time gave opportunities to communicate and express emotion. Some people who were lethargic became more alert and responsive, making eye contact and trying to talk more. Some who were agitated became more relaxed and engaged more actively with others. Family and staff noticed an overall improvement in general well-being.

One relative said, "I don't know why but she is different, she is more alive even though she can't do anything for herself at all."

A nurse observed, "When you see their eyes, by touching and the five senses, they are lighting up. And they look well, to look at them, they really look well. Even very ill patients are looking much better."

The qualitative evidence from the research suggested that touch was the most powerful element of the programme, which reflects Cohen-Mansfield *et al*'s (2010) findings describing the potency of one-to-one interaction. Similar findings are reported from a Namaste Care programme in Australia on the power of touch to reach people with advanced dementia and help them to connect with others (Nichols *et al* 2013).

The experience of care staff

Care staff found the programme enjoyable and rewarding; they felt refreshed by Namaste and they too found the atmosphere relaxing. Care staff felt they were meeting their residents' emotional needs better and this gave them increased confidence and self-esteem:

You look forward to that hour to go when you are going to have a nice calm atmosphere. You relax. You do things with the residents, you enjoy the way they look, the happiness on their face, the smile when they get their one-to-one [time]. So in a way it gives you satisfaction knowing that you're doing something they enjoy as well. [Care worker]

Managers appreciated the changes they saw in residents and staff:

Seeing the physical evidence myself on how residents are normally so restless and agitated but when they are put in the Namaste room and given the programme they are so calm. I mean it really touches my heart, so in one way yes it has changed my way of working. [Manager]

Managers found that Namaste Care improved teamwork: they were aware of positive changes in staff morale and the enhanced quality of the care they were delivering. Another manager said:

I think it has completely changed the way we approach care here now. I think it has made my job easier because I had a vision of what I want in a home [and] what you want for your residents [and] Namaste has packaged that in to a programme which allows me to get things across to the staff in a way they can understand.

This manager felt the Namaste programme gave practical guidance on providing person-centred care.

The experience of relatives

Relatives reported benefits from their interaction with their family members and felt that care homes appeared calmer:

The biggest thing the Namaste [programme] has given me is a different focus when visiting mum. I know now to do other things as well as talking to my mum – show her old photos, brush her hair, feed her treats, moisturise her hands and face. This makes spending time with her easier and I feel I am making more of a connection with her and a difference in her life.

Overall the programme fostered closer relationships and improved communication between care home staff and relatives.

Challenges

Inevitably there were challenges in implementing the programme. The greatest of these was the instability of the care homes' management: every care home we worked with experienced a change of management or significant disruption during the study. The Namaste Care programme cannot work where there is significant organisational disruption.

Everyone in the care team must understand the philosophy behind the care programme and know that it has management support. Unless each member of the wider care home team pulls their weight, the Namaste Care workers will struggle: for example, the kitchens provide daily drinks and food treats, and the other care staff cooperate with bringing residents to and from the Namaste sessions.

Where there were difficulties with clinical care, Namaste was less effective. Music and massage are not a substitute for good pain management or effective eczema treatment.

Staff sometimes felt too busy to engage with the programme, but when they did engage, they found Namaste Care contributed to their satisfaction in their roles.

Some habits are deeply embedded and initially some staff found taking off their gloves was difficult, but this was an important milestone in breaking down barriers between people with advanced dementia and the people who care for them. Therapeutic touch is a mutual experience.

Conclusion

This work underlines the importance of engagement for people with advanced dementia in care homes. The Namaste Care programme supported staff to give compassionate care and find ways to meet the psychosocial and spiritual needs of people with advanced dementia. The care programme was acceptable, practical and enjoyable for residents, families and care staff. It did not require extra staff and the outlay on lotions, music and repainting a room was around about £150 pounds.

Now, ten months after the study, only four care homes remain because one of the NHS specialist care units has merged with the other. Of the remaining four care homes, three still run the Namaste Care programme. ■