The feeling of ‘mattering’: the positioning of emotions in dementia care

David Sheard introduces the concept of ‘mattering’ and argues that to achieve positive culture change in dementia care the primary emphasis of workforce development must be on developing emotional intelligence.

On first seeing the word ‘mattering’ many people’s reaction is to wonder ‘is it a word?’ The dictionary confirms it is – the present participle of the verb ‘to matter’.

Mattering has many meanings – the key meaning is to be of importance and to be influential. Mattering has other meanings – having consequence, carrying weight, making a difference and counting. These meanings go to the very core of everyone’s work in dementia care.

Mattering and social psychology

Over the last ten years a number of social psychologists have been developing mattering as a therapeutic model. Peterson (2009) notes: “Mattering is highly contagious. Mattering needs to be local and it needs to be reciprocal. If you depend on people, if you miss them when they are gone then you are likely to matter to them.” Curry & Blackmore (2012) define this concept as: “Mattering to others involves individual perceptions that are important and are valued by other people in interpersonal relationships and within systems.”

Mattering is already documented as being highly effective as a therapeutic tool when used in school counselling. Tucker et al (2010) states, “If school counsellors show students that they have high expectations of them, and that the students are important, make a difference in the school, and matter, the possibilities for academic success may be limitless.”

Similarly in the area of family violence, exploring this concept of mattering has been strongly emphasised as being an essential component in its reduction: “Mattering is the prime mover in a chain reaction involving self-esteem and attitudes towards violence. If you don’t matter, it sets up a chain of unfortunate feelings and events that make it difficult to get along” (Elliott 2011). Elliott et al (2005) confirmed also in the field of mental health: “Our analysis reveals that those who matter more are significantly less likely to consider suicide.”

These quotes are very transferable to all of us trying to ensure people living with a dementia matter. It has led over the last year to Dementia Care Matters researching this concept, exploring its relevance to dementia care and to our philosophy that Feelings Matter Most.

Defining ‘mattering’

We examined a range of social psychologists’ definitions of ‘mattering’. All the definitions confirmed that mattering involves feeling:

- important
- attached
- missed
- interesting
- depended upon.

These five areas parallel many current approaches within dementia care. The feeling of mattering proved to be easily compatible with Dementia Care Matters’ philosophy and model of Feelings Matter Most, which centres on a wide range of care components – being person centred, nurturing emotions at work, fostering quality of leadership, measuring people’s lived experience, developing emotional intelligence and coaching, alongside achieving real quality of service and quality of life outcomes.

The concept of mattering is very closely linked to feelings and well-being, Dr Maya Angelou, one of the great voices

“Mattering is feeling deep inside that to someone, or something, and somewhere you really count. Mattering is about knowing that just being who you are really matters. Mattering is having evidence you can see, hear and feel that you make a difference and are needed.”

David Sheard

Feelings Matter Most: essential elements

BEING person centred involves helping staff to shift their focus from only doing ‘tasks’ to being able to reach people on the inside (see Sheard 2007).

ENABLING quality of life starts with really seeing, hearing, feeling and measuring the minute-by-minute experiences of people and being determined to improve the moment (see Sheard 2008).

INSPIRING leadership means guiding people away from detached management to a new professionalism of attached leadership where people lead from the heart and not just by the hand (see Sheard 2008).

NURTURING staff members’ emotions in dementia care, supporting their emotional labour and fostering positive team relationships is key and requires the development of an emotion-led organisational strategy (see Sheard 2008).

GROWING training that works, moving learning away from tick-box courses and away from awareness level competency training, means focusing on the development of people’s emotional intelligence through reflection, modelling and coaching (see Sheard 2008).

ACHIEVING real outcomes is all about not focusing on policies, procedures and systems but balancing and measuring quality of service and quality of life (see Sheard 2011).

SUPPORTING nurses in dementia care to modernise and to restore compassionate cultures of care involves nurses being developed to merge clinical best practice with the new focus of nurses knowing how to lead and personally model person-centred care and relationship-focused support (see Sheard 2013).
of contemporary literature, certainly confirmed that to her feelings matter most when she noted: “I’ve learned that people will forget what you said, people forget what you did but people will never forget how you made them feel.”

In our desire to get across a strong message that dementia care is primarily all about providing high quality emotional care, there are dangers that people can misinterpret the singularity of the Dementia Care Matters message. However, the Feelings Matter Most model, although built on a foundation of establishing first strong emotional care, covers many other essential care elements, set out in the box, left.

A hierarchy of mattering

Most current assessment approaches in dementia care focus on a person’s life history, emphasising the importance of a person’s individuality and valuing a person’s strengths. Applying the generic concept of mattering to Dementia Care Matters’ body of work led to the identification of an additional assessment approach: establishing a person’s sense of mattering in life. This assessment approach links Dementia Care Matters’ work, which already draws significantly on Neuro-Linguistic Programming (NLP), with the concept of mattering.

In NLP the functioning of individuals is seen as coming in priority order from:

- identity
- beliefs
- capability
- behaviour
- environment.

This model, known as The 5 Logical Levels (Bates 2002), centres on the proposition that human beings’ functioning and future development comes primarily from a person’s identity and beliefs and not initially from capability, behaviour and environment. It is this model that strongly influences Dementia Care Matters’ emphasis on feelings mattering most and on the need to prioritise the development of emotional intelligence over competency models of learning and development.

Competency models of training focus on achieving the right capabilities and skill sets so that workforce behaviours fit the workplace. Emotional intelligence models of learning emphasise that first it is a person’s identity and beliefs that will determine whether competencies can ever be practised and that therefore learning approaches need to explore the first two logical levels – identity and beliefs – before attempting to layer on an individual competencies and skill sets.

Therefore this new assessment approach, merging Logical Levels with the concept of mattering, establishes the same prioritisation in assessments of people living with a dementia – this we have called: ‘A hierarchy of mattering’ (see box, left). This tool aims to establish in priority order the level which a person is really feeling they matter. The tool also focuses a care setting, in terms of their culture of care, on which level of mattering they are particularly focused on – is it Feelings, Identity, Today or Place?

The concept of mattering brings together the core elements of emotional care, skills, quality of life and environment with the culture of a shared, relaxed community, thereby evidencing that individuals matter.

Mattering and other models of dementia care

Now providers of care services are increasingly faced with what can appear a bewildering range of dementia care models. The very exercise of identifying, comparing and contrasting dementia care models reveals uncertainty as to what constitutes a model, lack of clarity on the existence of specific models, difficulty in assessing the difference between models, approaches and tools and puzzling differences in language use.

Some examples of the most commonly known models are set out in the table below. Many common principles are apparent across these models when they are set side by side. However, providers of care services often feel there exists a competitive emphasis where one model pitches its primary principle as more important than others. Perhaps the concept of mattering has the potential to be a conjoining force. Personhood, VIPs, Feelings Matter Most, the Senses Framework and relationship-centred approaches alongside Eden’s Model of creating human habitats would surely all have in common the concept that people being seen as individuals and mattering counts – and that this is central to each model even if the methods and emphasis in achieving this differs between the authors of different dementia care models.

### Dementia care models and their main focus

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<thead>
<tr>
<th>Dementia care models and their main focus</th>
<th>Person-centred care (Kitwood 1997)</th>
<th>Personhood • Well-being and ill-being • Enriched model • Malignant social psychology</th>
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<tr>
<td>VIPs (Brooker 2006)</td>
<td>Valuing people • Individuals treated as such • Perspective of the person • Social environments</td>
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<td>Feelings Matter Most (Sheard 2008)</td>
<td>Being person centred • Enabling quality of care • Inspiring leadership • Nurturing emotions</td>
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<td>The Senses Framework (Nolan et al 2006)</td>
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<td>The Eden Alternative (Thomas 1999)</td>
<td>Maintaining identity • Creating community • Sharing decision-making • Managing transitions</td>
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<td>Eliminating loneliness, helplessness and boredom • Fostering close relationships and companionship</td>
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<td>Emphasising wise leadership and devolopment • Maintaining shared lives and communities</td>
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Acceptance that feelings matter most?
Mattering may offer the potential for acceptance of core values and the identification of common positive care elements across dementia care models however the divergence appears to raise its head on the matter of emphasis. In the Sep/Oct 2012 issue of JDC, Jackie Pool questioned the ‘accepted wisdom’ of placing a priority emphasis on feelings mattering ‘most’, arguing that:
• Fostering emotional well-being needed to be balanced with the duty of care to protect individuals from harm.
• Feelings do matter but the exercising of emotional control was also necessary.
• The emotional qualities of care staff do not matter more than competencies and qualifications.
• The combination of emotional qualities, knowledge, skills and commitment to deliver leads to the very best care.

In summary she agreed that feelings do matter…but not ‘most’. This argument seems to me to go against the very essence of what it is to be a person. Surely our emotions and spirit matter more than our thinking and doing in life?

Emotional intelligence
In the field of emotional intelligence it is completely accepted that in human beings feelings matter most. The pioneer of the concept of emotional intelligence Daniel Goleman (1999) defined emotional intelligence as: “...managing feelings so that they are expressed appropriately and effectively, an intelligence to do with discovering and understanding emotional information redefining what it means to be smart”, and he stressed: “...it does not mean giving free rein to feelings. Rather it means enabling people to work together smoothly towards their common goal.”

Somehow the idea that feelings matter most creates anxiety about the emphasis and a subconscious fear that acknowledging this reality will lead to a torrent of unmanageable emotions at work. However, not believing feelings matter most is an intricate form of denial going against the very basis of human experience in an artificial desire to ‘manage’ human beings through silent control. This is the stuff of detached professionalism which has no place set against the beliefs of being person centred. The fact is that emotions are occurring at work anyway and are more dangerous if suppressed.

As human beings, we are informed by emotions which are a part of every communication and action at work, at home, with family, friends and colleagues. We live in a world that emphasises logic, rationality, competencies and ‘hard’ intelligence over emotions, feelings and spirit. Yet it is our degree of emotional intelligence, our understanding and self-awareness of emotions and relationships that steer us successfully throughout life.

For dementia care to progress, a new comfortableness with attached professionalism has to be found. In a world of dementia care where people as they progress through the experience become more feeling beings than thinking beings it is a curious notion, steeped in the old culture of detached professionalism, to advocate for an equal parity of feelings with knowledge and skills.

As Professor Karen Bryan at the University of Surrey discussed this debate with me between feelings and competencies she highlighted a way forward by seeing emotional intelligence as the ‘primary competency’ in dementia care. Dementia Care Matters’ philosophy and model Feelings Matter Most certainly emphasises that the word ‘most’ matters.

Many staff have seen this new emphasis on a feelings-based approach in dementia care as totally liberating and would concur that it is the word ‘most’ that powerfully frees up staff and care cultures. Lyanne Raven is Clinical Team Leader with the Alternative Future Group and she says: “As a nurse in the past I was taught to keep a professional distance, not to show emotions and most definitely not to show physical affection. This new way of working has enabled me to be a person at work and inspire the team to show emotions, be themselves and be truly person centred whilst still maintaining their clinical responsibilities.”

Dementia Care Matters believes that only when staff have reached an ‘emotional competency’ in relation to themselves can they be person centred and relationship focused with other people.

The ‘feelings movement’
It is encouraging to note that the emphasis on feelings mattering is increasing and extending across the health and social care sector: “There is increased recognition that the concept of ‘Emotional Intelligence’ (EI) is becoming ever more vital for social workers. Recognising and understanding our own emotions and those of others and being able to respond appropriately is key to the work we undertake” (Adams & Sheard 2013).

It was also heartening to see in the Care Quality Commission’s State of Care report 2012 an emphasis on emotional care: “Information from CQC’s inspections shows that those services that maintain people’s dignity and treat them with respect all have a number of things in common: they recognise the individuality of each person in their care, and help them to retain their sense of identity and self-worth; take time to listen to what people say; are alert to people’s emotional needs as much as their physical needs and give them control over their care and the environment around them.”

Equally a return to the emphasis on compassion and ‘intelligent kindness’ in nursing is a welcome step forward: “Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceived their care” (DH 2012).

A strong focus on emotions, kindness and compassion is being widely explored and advocated as a way to strengthen the development of all professions and organisations and many organisations are basing their future success on a ‘feelings matter most emphasis: “The manner in which service is delivered becomes important for the survival and success of organisations. In this regard organisational focus has gradually shifted from performance of physical labour to skilled performance of emotional labour” (Erickson & Ritter 2001).

Similarly Simpson & Smith (2008) have described how the development of professions has moved from emancipation of staff in terms of maximum working hours (ie protecting their bodies) to focusing on staff intellect through the creation of licensed professions, to acknowledging the need to address emotions in staff through provision of staff counseling on to finally centring on the most profound
understanding of what work means and emotionally involves for individuals.

The positioning of emotions

No doubt many of these debates – the commonality versus differences in dementia care models, the hierarchy of importance of care elements versus the parity of all elements, the value of an emphasis most on emotional intelligence versus the development of competencies – will continue.

It is our view that the debate on what matters most in dementia care training is a critical one. We believe the emphasis in many dementia care training courses will have to change. Most notably the Skills for Care Qualifications and Credit Framework will need to alter. Skills for Care is a highly influential national organisation very committed to improving workforce development, but its emphasis on competencies in knowledge and skills without centring first on the emotional intelligence of staff as a primary competency is deeply flawed.

Many dementia care trainers undertaking our university recognised courses have endorsed this emphasis on emotional intelligence and feelings approach to training, learning and development of staff and the prioritisation of emotional competency before applying training on knowledge and skills. Mark Bailey is the Managing Director of Fairway Care Ltd and he says: “You can’t lead a person-centred approach if you are not attuned to who and what you are as an individual. Only with that kind of congruence will the message resonate convincingly enough to be adopted by the rest of the team.”

Dementia Care Matters’ model of care is far from being only a feelings approach. Putting together the pieces of the jigsaw in terms of achieving quality of life and quality of service outcomes is complex. However, our belief remains firm that developing emotional competency in staff is the only foundation on which progress in dementia care will be sustained and on which dementia care training will finally deliver effectiveness. If people really matter in dementia care then it will come from people demonstrating to others the feeling of mattering, not the doing of mattering.

References


Mattering in a dementia care home®

While the concept of mattering has the potential to point out commonality across dementia care models and to explain the emphasis on feelings, emotional care and emotional labour in dementia care, Dementia Care Matters saw mattering as an opportunity to create a new training DVD.

This DVD brings together all our previous work from the Feelings Matter Most model but sets this material in the context of how applying the concepts of mattering can be the way to achieve real, positive culture change in care homes. The DVD demonstrates the real essence of how nurses, care workers and managers can be person centred and relationship focused in a dementia care home. We filmed this live and unscripted in four leading care homes. As a result, the DVD shows how people working in care homes can themselves demonstrate that people living in care homes really count and matter in dementia care.

The DVD in Part One focuses on how people working in dementia care can prove that people really matter through the way they feel towards people, through the impression they give to people by how they look, through the skills they have to connect with other people and through the spontaneous and creative ways they know how to occupy people.

The DVD in Part Two identifies how, even with the positive development of these skills and approaches in individual staff, a whole team approach to positively changing cultures needs to be given equal importance. In Part Two care teams demonstrate what is involved in really creating a shared, family like community, how a team reaches and rescues people from their ‘behaviours’, what is needed to successfully remove task orientation and how all these themes come together in evidencing that people really matter.

From our research on mattering we identified eight key themes before filming. The filming then sought to capture real moments with real people who would in their own words prove that mattering in a dementia care home really matters. At the end of the year-long filming we identified eight overall learning messages in the DVD ‘Mattering in a dementia care home®, presented below:

Mattering: Key learning messages

FEEL: Feelings matter most in dementia care, becoming more feeling based ourselves and focusing on people as feeling beings helps us all to connect with each other.

LOOK: Looking like ‘home’ means feeling like home inside ourselves. Appearing formal and work-like isn’t person centred, creating rooms that look like home helps feelings to be expressed.

CONNECT: Connecting with someone involves accepting a person’s own sense of truth, being in the moment with someone and looking to the meaning behind people’s words.

OCCUPY: Keeping people occupied is different from providing activities. It involves knowing someone’s life, giving people purpose and through the creation of opportunities encouraging spontaneous moments.

SHARE: Sharing our lives, thoughts and feelings as people living and working together in a family-like community is how we all learn what really matters.

REACH: Reaching and connecting to someone on the inside sometimes involves rescuing people from their expressions of behaviour – this demonstrates to someone they matter.

RELAX: Relaxing the atmosphere and freeing people up from task orientation gives everyone permission to have more emotional connection.

MATTER: Mattering in dementia care matters. Feeling you matter is at the core of being a person. Knowing you matter is at the heart of being alive. Seeing you matter is at the centre of carrying on in life.

The Hope Group

We naturally thought it really important in a DVD on mattering to include the perspectives of people living with a dementia. In particular we wanted to film people living with a dementia watching, reacting and being subsequently consulted on the feelings and ideas expressed in the real filming within the four care homes.

Dementia Care Matters has close links with The Hope Group, a group of people with a dementia and their partners living in West Sussex. Some members of The Hope Group were therefore filmed watching excerpts of each theme within the DVD. Discussion was then facilitated and filmed on what people had just viewed within the DVD.

This filming is then included within the DVD at the end of each theme. The DVD provides a very valuable range of perspectives of how people living with a dementia view care homes and their support for the concepts within the film. However, the DVD also highlights the lack of preparation which people living with a dementia experience in considering a potential move to a care home in the future and demonstrates people’s unfamiliarity with general dementia care approaches in care homes and what constitutes good care.

“Creating a sense of Mattering has to be at the heart of any care home. Barchester Healthcare includes these DVDs in all programmes of care. They are practical and show how to build a person centred culture of care with ways to develop real staff skills in dementia care.”

Sheena Wyllie, Director of Dementia Care, Barchester Healthcare.

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