

## **PhD study programme Longevity Studies at FHS UK - Kate Shiels Dissertation Report**

It has given me great pleasure to read the dissertation submitted by Kate Shiels for her PhD. I recommend that the candidate be admitted to the defense procedure.

I can confirm that:

1. The set of articles in the thesis contained at submission three published articles and a fourth has been published in July, 2020. This is the second 'results' paper. Three papers are in peer-reviewed journals with impact factors. One (the methods papers) is in the proceedings of a conference.
2. The candidate is the first author on all papers, indicating that her share of the work is the greatest of all authors. Given this leading role, I am not sure whether it is required to include the written consent of co-authors in an appendix to the final thesis, but if so this appears to be missing. The supervisor's consent is clearly implied by the fact that it was the supervisor who asked me to review the document. The papers as required cite the grant which funded the work.
3. All the articles are empirical and original. They make a significant contribution to knowledge in an important field, the long-term care of people with dementia.
4. The accompanying text explains the rationale for the work and locates it in the context of a wider literature at the start of the document. Towards the end of the dissertation, there is a summing-up that includes some guidance on best practice in technology and dementia.

General comments

### **Introduction**

The use of the term 'nursing home' is somewhat confusing for an English reader. In the UK we distinguish between 'nursing' and 'residential' care homes. Broadly, we expect a higher level of medical supervision in nursing homes, with associated higher costs. This distinction is not made on page 8, where UK 'care home' data are used, although it is clear that the dissertation relates to nursing care.

The perceived need for EPRs appears to be driven by a medical approach to dementia care, and possibly to the requirement for inputs to be specified and billable in an insurance-funded healthcare system such as the US. Nonetheless, the portrayal of a care plan on page 10 implies a holistic approach that embraces social and emotional needs as well as medical and personal care. So I think that we are clear about the context for the research presented in this dissertation – which is the purpose of this section.

I enjoyed reading about the history of EPRs and given the dramatic changes in care home systems necessitated by the Covid pandemic, I wonder whether this section of the introduction could be updated and published – it would be useful to have this material in the public domain.

It must be very satisfying for the researchers to be able to show how the seven research questions are answered in three of the four publications (the fourth being the protocol). This is certainly a good way to start a dissertation.

## **Literature Review**

Given that this has been published, there is little to add. The approach to data analysis is particularly rigorous: “Both the results and discussion sections of the 22 articles were coded inductively by hand line by line which presented emerging themes across the literature.” I commend the authors for this attention to detail. I do wonder whether any other approaches were considered.

## **Methods**

The protocol is appropriate and well presented.

## **Results (1)**

I particularly liked the first results paper. I found the overview compelling to read. I am curious about the reference to reminiscence as an activity (p71). This leads me to wonder how far the findings and inferences presented in this work may have been influenced by the researchers’ interests, as compared to residents’ expressed preferences. This is something to reflect on.

## **Results (2)**

I found this chapter relatively weak as it stands. I think it calls for a stronger rationale for the three-country comparison. That said I learned a lot from the chapter and have since read the Nielson and Landauer paper that is referenced here. Since this chapter has subsequently been published, I expect that the material has been improved, and I hope that the edited version may be included somehow in the dissertation. This is a question for the university authorities.

## **Concluding chapter**

What is called for here is summary text that reflects on the contributions to knowledge of the original research and places these in context. I hope that it may be possible to amend this chapter. At present it opens with the contributions that the candidate’s research made to the INDUCT best practice guidance. I think that the context and purpose of this guidance needs to be explained more fully. The specific contributions can then be described in summary prose. However, it is not necessary to reproduce the guidance verbatim in the chapter because this makes it unreadable. An appendix would be more appropriate, or if that is not allowed, a box that stands apart from the text.

The reader is then presented with limitations and future research. These do not do justice to the dissertation. The following assertion could be a suitable if modest starting point: “This project has provided initial evidence towards the development of guidelines for the design of EPR systems for use in dementia care planning and delivery in nursing homes, which to the author’s knowledge, is the first piece of research to do so.” This should be followed by a summary of all the findings, to include not only the best practice guidelines, but also the landmark papers. It would only take about a page to show how the original empirical studies have informed those guidelines, as well as their wider, academic contribution to knowledge.



**Professor Justine Schneider**

**September 3, 2020**