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Published in:
Australasian Journal on Ageing

DOI:
[10.1111/j.1741-6612.2012.00640.x](https://doi.org/10.1111/j.1741-6612.2012.00640.x)

Published: 01/03/2013

Document Version:
Peer reviewed version

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Recommended citation(APA):

Jones, C., Moyle, W., & Stockwell-Smith, G. (2013). Caring for older people with dementia: An exploratory study of staff knowledge and perception of training in three Australian dementia care facilities. *Australasian Journal on Ageing*, 32(1), 52-55. <https://doi.org/10.1111/j.1741-6612.2012.00640.x>

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**CARING FOR OLDER PEOPLE WITH DEMENTIA: AN EXPLORATORY STUDY OF STAFF
KNOWLEDGE AND PERCEPTION OF TRAINING IN THREE AUSTRALIAN DEMENTIA CARE
FACILITIES**

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ABSTRACT

Objectives: To ascertain care staff knowledge of dementia relating to aetiology and/or pathology, symptoms and care/treatment; and explore their perceptions of the importance and adequacy of dementia education and training opportunities.

Method: Thirty-five care staff working in three secure dementia care facilities were recruited. Dementia knowledge was surveyed using Staff Knowledge of Dementia Test (SKDT). Perceptions of dementia education and training were examined via semi-structured individual interviews.

Results: An average 21 out of 33 SKDT questions ($SD = 3.98$) were correctly answered. Knowledge discrepancy was attributed to participants' cultural and ethnic origin and the length of residency in Australia of migrant care staff. Participants acknowledged the importance of dementia education and training but were critical of the content relevancy to direct care practices.

Conclusion: There is a need to improve care staff knowledge of dementia and dementia education and training should include direct practical competencies required for effective care delivery.

Key Words: dementia, education, knowledge, nursing staff

INTRODUCTION

The burden of care for people with dementia is expected to intensify with the prevalence of people in Australia with dementia predicted to increase over four-fold from 245,400 in 2010, to over 1.13 million in 2050 (1). The Australian Institute of Health and Welfare (2) estimated that nearly 50% of residents in long-term care facilities have dementia. With the declining number of registered nurses within the aged care workforce, the greater part of direct dementia care is largely provided by personal care workers (i.e. an estimated 57.8%) (3) whose education and training in dementia are often inadequate to prepare them in providing the desired type and standard of care services required in Australia (4).

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Caring for people with dementia can be challenging. Negative attitudes of care staff, which is influenced by a lack of skills and knowledge (5, 6), may result in a lower tolerance to aggressive and agitated behaviours common in this population (7). Furthermore limitations in knowledge and skills are seen as influencing factors on care outcomes for people with dementia who are often kept out of the decision-making in relation to their care (8).

Training specific to the needs of people with dementia has long been considered to be essential for both qualified nurses and care staff working in long term care (LTC) environments (9). In Australia, while there are a number of dementia-related tertiary, vocational and professional development activities, these courses are often criticised for their lack of formal evaluation and the difficulty in determining their effect on practice (10).

The primary aim of this exploratory study was to ascertain care staff knowledge of dementia relating to aetiology and/or pathology, symptoms and care/treatment; and explore care staff perceptions of the importance and adequacy of dementia education and training opportunities. A secondary aim was to use such information to develop an education intervention that would improve quality of care provision for older people with dementia.

METHOD

The study involved the completion of a short questionnaire and a semi-structured individual interview. An information sheet, outlining the research, and a copy of the questionnaire were distributed to all care staff working across three secure dementia care units owned and operated by one care provider in Queensland, Australia. To participate, care staff must have been working a minimum of 2 shifts per week. Participants' informed consent was indicated via the return of a completed or partially completed questionnaire. Individual, semi-structured interviews were then conducted with consenting participants by the researchers. Ethical approvals were obtained from both the care provider and University Human Research Ethics Committees.

The questionnaire collected information on demographic, cultural and ethnic as well as professional practice data. Participants' knowledge of dementia was assessed using the

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modified for Australian terminology version of the Staff Knowledge of Dementia Test (SKDT) (11). The SKDT is a 33-item true/false instrument that examines the level of knowledge care staff possess regarding dementia in three areas of knowledge: 1) the aetiology and/or pathology of dementia; 2) signs and symptoms of dementia; and 3) the treatment and care of residents with dementia. The total score of SKDT is determined by the number of correct answers. Reliability of the modified SKDT was established in an unpublished PhD study that recorded a coefficient alpha of 0.82 (11). However, further testing is required in particular in the Australian context. During interviews, participants were asked to comment on their perceived importance and adequacy of dementia education and training opportunities. Audio-taped recordings of the interviews were deleted once verbatim transcription of all interviews was completed. As outlined in the original published paper (12), interview data were analysed using an interpretive approach.

RESULTS

Of the thirty-five care staff (24 females and 11 males) who participated in the study, the overall age span of participants was evenly distributed between 20 to 59 years of age (*refer to Table 1*). A large proportion of participants had attained a tertiary level certificate or diploma or higher (85.3%; $n = 28$). Less than half the participants were born in Australia (37.1%; $n = 13$). The majority of participants were born overseas (*refer to Figure 1*): 72.7% ($n = 16$) resided in Australia for more than five years, 18.2% ($n = 4$) between one to five years; and the remaining 9.1% ($n = 2$) for less than a year.

INSERT TABLE 1 & FIGURE 1

The mean total SKDT score was 20.6 ($SD = 3.98$) with scores ranging from 11 to 27 out of 33. On average, participants correctly answered 62.5% of SKDT questions. Analyses of variance indicated that participants from Southern and Central Asia (i.e. India and Nepal) ($F(5,31) = 3.33, p = .019$) and recent overseas migrants ($F(1,19) = 15.40, p = .001$) scored significantly lower for questions relating to the understanding of the appropriate care approaches for people with dementia than participants from other cultural and ethnic group and migrants who resided in Australia for an extended period of time.

The full findings of the interviews are reported in the original published paper that examined care staff perceived ability to manage and care for older people living in dementia specific facilities (12). The findings reported within the published paper identified that the majority of the care staff not only acknowledged but were firmly committed to the importance of dementia education and training, particularly in the management of common challenging behaviours. However, some participants felt that dementia education and training should be focused only on new staff. They were also critical of the nature of dementia education and training received to date and specifically uncertain how it would translate into care practice. Furthermore, the timing of training sessions was also an area of frustration for casual and night staff as they were often unable to attend scheduled training sessions.

DISCUSSION

Overall, care staff displayed relatively mediocre knowledge of dementia. Knowledge level was found to be influenced by cultural and ethnic origin and the length of residency in Australia of migrant care staff. Although, care staff acknowledged the importance of dementia education and training, they were however critical of the content relevancy to direct care practices. The findings are discussed in more detail below however, generalisability of the research findings should be considered within the context of the study limitations that include small sample size, geographical location of participants and potential sampling bias. While questions associated with the validity of self-administered surveys have been raised, there is compelling evidence that self-administered surveys can serve as a useful measure of knowledge (13).

The low level of dementia knowledge of care staff is consistent with the findings of earlier studies (14, 15) and suggests that staff in LTC facilities continue to have inadequate knowledge of dementia. This is particularly concerning given the predicted increase in the number of people with dementia who will be requiring long-term care. Some care staff also believed that dementia education and training should be targeted at new staff. This is perhaps a reflection of either prior personal experience of working with new staff who are not adequately skilled to provide dementia care or a sense of complacency regarding their knowledge and skill capacity to care for older people with dementia.

In Australia, the percentage of migrant staff has increased by 7.3% from 2003 to 2007 (16) and relative to all workers; there is a higher representation of migrants from the main English speaking countries. Although there is a lower proportion of migrants from non-English speaking countries (e.g. Southeast Europe, Southeast Asia and Southern and Central Asia etc), there may be a need for resources to be directed towards up-skilling these individuals who are predominantly employed as personal care workers and often have limited skills and qualifications (3, 4).

Participants recognised the importance of dementia education and training, particularly in the area of behaviour management. Nonetheless, reservations regarding the relevance of content of education and training programs to direct care practices raise questions about the conventional didactic mode of dementia education and training. A recent meta-analysis demonstrated that didactic training alone is unlikely to have any impact on professional practice in health care settings (17). Indeed there is growing evidence to support the combination of didactic training and interactive workshops to induce changes in professional practice (18). For example, LTC staff knowledge and attitudes on working with people with dementia were improved when an integrative approach to training was applied (i.e. incorporating both cognitive behavioural and experiential learning methods) (19). Furthermore, using both didactic training and follow-up meetings, where opportunities were provided for care staff to discuss real life experiences, better management of and a reduction in disruptive behaviour (i.e. agitation) amongst older people living in LTC facilities were reported (20). Lastly, as the working schedule of care staff generally involves shift-work, both management of LTC facilities and training providers need to ensure that dementia-related education and training are readily accessible by all care staff.

KEY POINTS

- There exists a need to improve and reinforce care staff knowledge of dementia.
- Dedicated dementia education and training for migrant care staff from the Southern & Central Asia region should be provided.
- The adoption of an integrative approach to dementia education and training which addresses direct practical competencies is required.

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- Accessible dementia-related education and training should be provided to all LTC staff.

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TABLE

Table 1. Demographic & Professional Characteristics of Participants ($n = 35$)

Demographic characteristics	Facility A (%)	Facility B (%)	Facility C (%)	Total (%)
Age:				
20 – 29	39	9	9	20
30 – 39	30	46	-	25
40 – 49	8	18	36	20
50 – 59	15	27	46	29
> 60	8	-	9	6
Gender				
Female	62	64	82	69
Male	38	36	18	31
Level of education				
Year 10	8	10	9	9
Year 12	8	-	9	6
TAFE Certificate	39	30	64	44
Diploma	15	30	18	21
Degree or Higher	30	30	-	20
Profession:				
Divisional Therapist	8	-	9	6
Registered Nurse	-	9	-	3
Personal Care Worker	85	91	82	86
Workplace Health & Safety Officer	7	-	-	2
Enrolled Nurse	-	-	9	3
Employment Type:				
Permanent	33	70	86	70
Fixed Term	33	-	-	5
Casual	34	30	14	25
Employment Status:				
Part-Time	100	100	100	100
Full-Time	-	-	-	-
Employment Roster:				
Day Shift	69	46	64	60
Night Shift	16	36	18	23
Weekend Shift	15	18	18	17
Years Working in Aged Care:				
<3 years	54	36	27	40
3 – 10 years	23	37	55	37
> 10 years	23	27	18	23
Years Working in Dementia Facility:				
<3 years	62	64	82	69
3 – 10 years	38	36	9	28
> 10 years	-	-	9	3

FIGURE

PARTICIPANTS BY ASCCEG* CLASSIFICATION

**Australian Standard Classification of Cultural & Ethnic Groups*

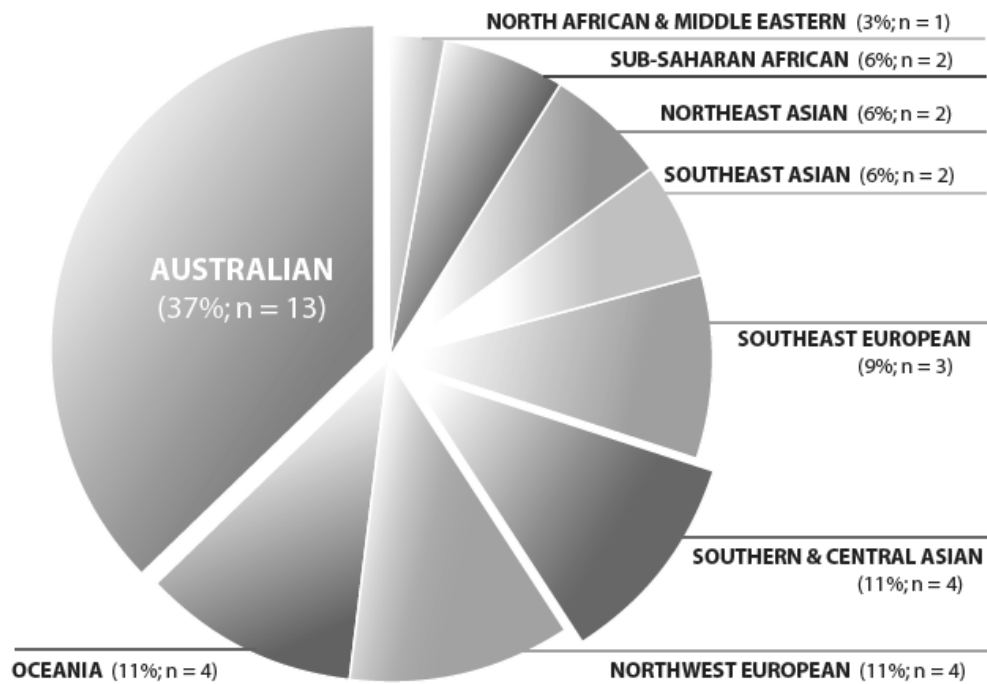


Figure 1. Participants by ASCCEG Classification