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Original research article

Naomi Feil validation[®] in geriatric care



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ABSTRACT

Available expert findings in the field of gerontology demonstrate the increasing number of seniors suffering from dementia symptoms. The disease is associated among other characteristics with a communication barrier, requiring carers to think about the ideal conditions for treating the elderly with dementia.

The concept *Validation by Naomi Feil[®]* seems to be a convenient communication tool for those who are caring for the disoriented senior. This is a communication method claiming to lessen stress, nervousness, crying and aggression, and to positively affect the relationship between caregivers and seniors.

Methods: A questionnaire survey was carried out among professional caregivers working in four social care institutions in Lower Austria to verify the knowledge, approach, and further education interests of carers in the field of *Validation*. The sample of respondents consisted of 100 professional caregivers in direct care working at varying levels in the organization hierarchy. The results were statistically analyzed using SPSS v19 at a significance level $\alpha = 0.05$.

Objectives: The survey establishes the knowledge of professional caregivers in relation to the concept of *Validation*, their position and opinions on the possibility of using the method in practice, its use in the prevention of burn-out and their interest in gaining new information on the *Validation* method.

Results: A statistically significant correlation between the level of knowledge achieved about the *Validation* concept of Naomi Feil and the type of educational activities claimed by respondents has been proved. Respondents with a higher level of education in *Validation* declared much more interest in obtaining further information about the concept of *Validation* using these methods of learning: a seminar with practical demonstrations in their own workplace ($P = 0.014$); self-study in obtaining professional theoretical knowledge ($P = 0.001$); use of an interactive e-learning course ($P = 0.003$), and an online counselling or internet advisory centre ($P = 0.031$). No correlation was found ($P = 0.779$) between the average age of the respondents and the declared knowledge of the correct definition of *Validation by Naomi Feil[®]*. Furthermore, it was verified that there is no statistically significant correlation between the duration of the application of the *Validation* methods by professional caregivers and their views on the prevention of the burn-out syndrome ($P = 0.815$).

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Conclusion: Knowledge of *Validation* in the form of educational attainment in the concept of *Validation* significantly affects the ability to use concept techniques. *Validation by Naomi Feil®* is perceived by respondents as an important and effective tool in improving the quality of care for elderly patients.

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Introduction

Dementia occurs in varying degrees with disruption of certain cognitive functions and thus nonspecific deficits at the level of language and speech. Sufferers exhibit a number of behavioural and psychological problems in dementia (BPSD) associated with the deterioration of memory and thinking, which in turn undermine their self-sufficiency in their daily activities [1]. Memory is impaired in all components, which integrally includes failure in behaviour and thinking [2]. The short-term memory rapidly disappears, vocabulary narrows and he is unable to reason logically. He is unhappy about his situation; he can cry, become desperate and exhibit verbal or even brachial aggression. To mitigate these negative symptoms, carers can use a communication method called *Validation by Naomi Feil®* [3,4]. Clients with dementia using the methods of “animated” memories can return to the past, where they were still “needed, loved, and productive people”. They relive their memories of this time in order to restore their own dignity [3]. The role of *Validation* is not to deny the disoriented state of the elderly person, but to confirm to him that his feelings and emotions are real and that the caregiver acknowledges them [5]. The long-term objectives of *Validation* include: a renewal of a sense of self-worth, stress reduction, justification/purge lived life, reduction in the use of chemical and physical resources, improvement of verbal and nonverbal communication, prevention of a withdrawal from life to a vegetative state, improvement in the ability to walk and in general physical health, and a resolution of outstanding conflicts from the past [6]. *Validation* is considered in the field of geriatrics as a highly moral support and a form of help to disoriented elderly people with symptoms of BPSD. The willingness of social workers to take a completely different view on the issue of dementia is a springboard for the implementation of *Validation*. They must also understand the correct interpretation of the root causes of the behaviour and must be active and consistent in the use of new forms of access to clients with dementia [7]. The concept of validation was developed over the years 1963–1980 by American social worker, Naomi Feil. Tens of thousands of elderly people and their guardians in thousands of installations in the USA, Canada, Europe and Australia have been benefiting of this method since 1963 [3]. With regard to the routine use of *Validation* in Austria, we in our survey have focused on assessing the knowledge, subjective opinions and the willingness to learn more by professional caregivers in direct care in social care institutions in Lower Austria.

Materials and methods

The research was conducted in four social care institutions in Lower Austria with regard to the aforementioned routine use of *Validation* in Austria (Korneuburg, Laa an der Thaya, Hollabrunn, Mistelbach). The basic criterion for the selection of the monitored sites was the provision of social services (*Pflegeheim*) by organizations with headquarters in the region of Lower Austria (Niederösterreich). Of the eight sites contacted, consent was obtained from only four. The target population consisted of direct care workers in daily close contact with clients/seniors and having an immediate impact on the application of the method of *Validation*. Data were obtained using a prepared questionnaire of our own original design in the German language – the native language of the respondents (19 items). Three areas (three different battery items) were examined: a basic understanding of the concept of *Validation*; opinions on the effectiveness and experience with the concept; and interest in further study in the field of *Validation*. The questionnaire, in a printed form, was filled in anonymously by respondents. In order to avoid the mutual influence of individual respondents and to ensure the highest possible return, the procedure took place under the supervision of the researcher. It was a deliberate quota sampling. There were two criteria for inclusion and implementation of the survey. Firstly it was management agreement with the survey, and secondly it was the provision by management of a list of selected caregivers who were in daily interaction with elderly people with symptoms of BPSD at the level of common communication. The survey was conducted in the Autumn of 2012. In each of the four institutions 25 forms were distributed. Statistical processing was performed in SPSS v19 at a significance level $\alpha = 0.05$, using conventional tests for the evaluation of statistical significance (Pearson Chi-square test, Mann–Whitney *U*-test, Kruskal–Wallis). The survey and analysis of the data included 98 forms from respondents who despite declared knowledge of the concept of *Validation by Naomi Feil®* do not always demonstrate this knowledge by choice of the correct definition as discussed below. The average age of the examined group was 38 years (min 18, max 57 years). The absolute majority of respondents were female (89%, $n = 87$), which indicates that in foreign countries also the medical profession is still the domain of women. An important element in the demographic finding was the total number of years of the respondents' clinical practice. In considering length of clinical practice we took into account the length of careers in healthcare, but excluding working with seniors in nursing home care. The shortest indicated

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