



# Understanding the role of an educational model in developing knowledge of caring for older persons with dementia



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## ABSTRACT

**Background:** Statistics show that the number of older people in need of care is increasing worldwide, especially those with dementia. This implies demands on knowledge and competence among health care staff to care for them. In Sweden, Silviahemmet offers dementia care units the opportunity to become certified according to a special certification educational model. Silviahemmet provides educational programs for staff in dementia care and day care for person with dementia. All staff undergoes a systematic training course in dementia care. The aim of the study was to gain an understanding of how an educational model developed the perceived knowledge of staff caring for older persons with dementia in a nursing home.

**Method:** A phenomenographical approach was used and qualitative interviews were carried out with 13 staff members in a nursing home.

**Findings:** The main results show that staff perceives the importance of knowledge, working together and creating a sense of fellowship. The care of persons with dementia requires a special approach and adherence. Participating in the educational program made the staff realize and acknowledge their tacit knowledge and the importance of reflection-in-action together in the team.

**Conclusion:** The results indicate the need for a common theoretical knowledge base and value system to achieve coherence in daily work.

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## Background

Statistics show that the number of older people in Sweden and in the rest of the world is increasing. One in nine of the world's population is 60 years or older, and this number is expected to increase to one in five before 2050 (United Nations Population Fund and Help Age International, 2012). The need for health personnel to care for the growing number of older people will increase worldwide (European Economic and Social Committee, 2013). Today, there are approximately 150,000 persons living with dementia in Sweden and it is estimated that about 25,000 persons develop dementia each year. The risk of developing dementia increases with

age and about half of those aged 90 years or older will get the disease (Socialstyrelsen, 2013).

For the person with dementia the need for health care will increase as the disease progresses and it may become necessary to move to a nursing home. This can result in severe change as well as transforming the person's life situation (Falk et al., 2012; Sury et al., 2013). Later on in the disease, the person may have behavioral illness manifestations such as resistance, aggression, anxiety, and wandering behavior (Vasse et al., 2010; Cohen- Mansfield et al., 2010). The person may also encounter great difficulties communicating his/her experiences and needs, and in that way become dependent on the health care staff's ability to understand her/his needs (Graneheim et al., 2005; Zingmark et al., 2002). The staff gained a lot from the educational program and encountering these behavioral manifestations could experience negative stress when caring for persons with dementia (Gates et al., 2003). Studies show that in nursing homes there is a connection between behavioral symptoms among the old and psychological pressure on the staff (Edvardsson et al., 2008). This in turn implies that care puts demands on knowledge and competence among health care staff

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caring for the old in their housing/accommodation (Prah, 2010). Health care staff may experience both uncertainty and loneliness in their work, but competence development and clinical guidance may act as a support in understanding the situation the old are experiencing (Breitholtz et al., 2013; Persson and Wästerfors, 2009). Education and supervision for staff have been shown to be important aspects in terms of their desire to want to continue working with older people, and participation in educational programs has been appreciated (Fläckman et al., 2007; Coogle et al., 2006). Ellström and Ekholm (2001) argue that theoretical knowledge communicated through various educational activities is an important source of knowledge for the individual. Board et al. (2012) describe in a study about a training program for the staff caring for persons with dementia, that the staff felt that reflective exercises were an important part of the education. Participants stated that this was the first time they had thought about how residents might feel.

The proficiencies needed for health care staff to care for persons with dementia are many, including warmth, patience, problem-solving skills and humor. To achieve these proficiencies theoretical knowledge is needed about dementia and the symptoms these diseases may reveal. Boettcher et al. (2004) report an educational program for staff in dementia care focusing on person-centered care, which was successful in terms of changed interactions between staff and the old. Furthermore, Brown Wilson et al. (2012) found that when staff, the old and their family members participated in workshops the quality of care for the old improved.

In 1996 after an initiative by Queen Silvia the Silviahemmet Foundation was established in Stockholm, with financing by donation. The purpose of Silviahemmet was to provide an education for nurses to become advisors and to encourage careers in the field of dementia care, but also to provide day care for both younger and older persons with dementia. The education is currently conducted at Sophiahemmet University. Nursing at the day care unit is carried out with a focus on palliative care, aiming to provide quality of life for persons with dementia (Skog, 2000). The education offers certification for dementia units in accordance with the Silviahemmet certification model (Skog, 2008). This means that all staff; health care staff, cleaning staff and leaders undergo a coherent and systematic training in dementia care involving three steps: Living with dementia I (three full days), Staff management II (two full days) and Reflection advice training III (two days + one day follow up). Certification requires all steps to be completed and passed. An individual knowledge test is carried out in Step I along with maintaining a control of participation, and 70% of the employees need to pass the test. For Step II, completion of Step I is required as well as 100% participation for all unit supervisors. Finally, for Step III, two employees from each care unit have to participate in the education days and complete the required study assignments. The education comprises three steps consisting of lectures and group discussions based on cases from the participants' daily work. A follow-up examination is carried out after certification and re-certification is performed every third year to ascertain that the requirements for certification remain fulfilled. The educational model is workplace located and involves a management organization to maintain continuous competence development through reoccurring checks on knowledge over time. To the best of our knowledge there are few studies of a comprehensive education involving all staff at a nursing home with the same education in order to provide care. It was therefore deemed of interest to study the experiences of the educational model in one nursing home that had undergone the program for certification. The aim of the study was to gain an understanding of how an educational model developed the perceived knowledge of staff caring for older persons with dementia in a nursing home.

## Research design

A qualitative method using a phenomenographic approach was used in the study, and was based on interviews with staff working in a nursing home for older persons with dementia. Interviews provided an understanding of how staff perceived their knowledge of dementia care obtained through this educational model, as well as how that knowledge was applied within the organization where they worked. Marton (1986) suggests that within phenomenography, there is a distinction between “what something is” and “how it is perceived”. What “something is” is referred to as the first order of perspective where focus is directed towards the phenomena itself, what is observed and what are the facts. “How something is perceived” is called the second order of perspective. Here, focus is on how staff perceive phenomenon in their individual reality, studying the relationship between the person and the phenomena perceived.

## Data collection

The study took place at a nursing home in a metropolitan area in Sweden. The selection criteria were based on respondents having completed Step 1 of the Silviahemmet certification model. 150 persons were employed at the nursing home, and from the list of names of those who had completed the education, every tenth was selected, resulting in 15 persons, all assistant nurses, who were then asked to participate in the study. Out of these 15, three declined to participate. The respondents worked as assistant nurses and Silvia sisters on both day and night shifts. Moreover, they had varying lengths of experience of working in health care; two persons were Silvia Sisters and two were men. Skog (2000) suggests that Silvia Sisters are assistant nurses that have completed a 60 ECTS education thus gaining a specialty qualification in dementia care.

The individual interviews were carried out as a dialogue consisting of five open questions followed by specific questions focusing on how the respondents perceived the knowledge they had obtained. Thereafter, the respondents were requested to describe how they perceived the content of the education, and how obtained knowledge could be applied in their daily work. Kvale and Brinkmann (2009) suggest that through a dialogue we learn about the other person's experiences, feelings and thoughts of the world they live in. The interviews were between 40 and 55 min long, took place in accordance with the respondents' wishes at the nursing home, and were digitally recorded and transcribed verbatim.

## Data analysis

The analysis was performed with the support of Dahlgren and Fallsberg's (1991) description of phenomenographic analysis consisting of sequential steps where the transcribed interview constitutes the material for analysis. The first step involved *familiarisation*, where the authors were introduced to the material by reading the text several times. The second step involved *condensation* of the answers from all respondents in order to identify the most significant examples of the respondents' perception of the content of the education as well as of the knowledge gained. In the third step a *comparison* of the opinions was carried out to identify variations of qualitative similarities and differences among the respondents' perception. The fourth step was a preliminary *grouping* of similarities of perception. The fifth step comprised *articulating*, that is, a preliminary description of the essential similarities within the different groups. The sixth step, *labeling*, involved naming the groups to make the most significant content visible, in order to capture how this was perceived by the

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