



An investigation of nursing students' knowledge of dementia: A questionnaire study



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SUMMARY

Background: Globally, rising rates of dementia indicate the need for more nurses skilled in caring for people with this condition. However nursing students may not acquire the requisite knowledge from existing undergraduate curricula.

Objectives: To investigate the dementia knowledge of second-year nursing students before and after a supported placement in a residential aged care facility. Assessment of the level of knowledge of dementia is important to provide evidence of the need to enhance dementia learning in the nursing curriculum.

Design: A pre-post control-intervention questionnaire study.

Settings: 16 Tasmanian residential aged care facilities (RACFs).

Participants: 99 Tasmanian second-year nursing undergraduate students (52 intervention, 47 control).

Methods: Second year nursing students were engaged in a three week RACF clinical placement at one of the 14 control facilities or one of the 2 involved in the development of teaching aged care facilities. Pre/post data were collected using the 21-item 'Dementia Knowledge Assessment Tool 2.0' and demographic survey questions, and analysed using descriptive analyses and nonparametric significance tests.

Results: The data showed that these nursing students had a poor knowledge of dementia, with limited understanding of key items relevant to their clinical practice. Knowledge of dementia was significantly improved after students' participation in supported clinical placements at an intervention residential aged care facility. This knowledge improvement was significantly higher than that of students who attended clinical placements at control facilities.

Conclusions: A well-supported clinical placement at a residential aged care facility can improve nursing students' knowledge of dementia, in particular in relation to aspects directly relevant to their clinical practice.

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Introduction

The provision of health care for people with dementia is a growing challenge in Australia and internationally. Globally, the numbers of dependent older people (requiring care outside family and

social networks) is projected to increase nearly threefold from 101 million in 2010 to 277 million by 2050 (Prince et al., 2013). Nearly half of these people are likely to be living with dementia, and in high income countries such as the UK and Australia, people with dementia are thought to comprise 50–80% of those who live in residential aged care facilities (Alzheimer's Society, 2013; Australian Institute of Health and Welfare, 2012). The rapid increase in the prevalence of dementia has implications for the workforce across acute, community and aged care health care sectors, and is associated with the need for an increase in the number of skilled professionals capable of providing quality care (Doyle and Ward, 1998; Gould and Reed, 2009).

In order to identify the level of dementia knowledge of the future nursing workforce, and how this may be influenced by participating in supported clinical placements in a residential aged care facility

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(RACF), this paper assesses the knowledge of dementia in Australian undergraduate nurses both at baseline and as result of undertaking a clinical placement in a RACF.

Background/Literature

A key strategy to enable development of a workforce capable of providing care for people with dementia is the education of health professionals to improve their understanding of this complex condition (Chang et al., 2009; Hussein and Manthorpe, 2011). Preparing nurses with appropriate levels of dementia-related knowledge and skills is an important part of this strategy (Australian Government Productivity Commission, 2005; Griffiths et al., 2012). Yet evidence suggests that this aim is not being met, as people with dementia are receiving suboptimal care in acute care wards (Baillie, 2012; Dewing and Dijk, 2014; Gandesha et al., 2012); findings linked to a range of factors including deficiencies in nurses' knowledge of dementia.

Similar deficits in knowledge of dementia and confidence in identifying and meeting the needs of people with dementia have been identified in nurses working in the residential aged care environment. Aberdeen et al. (2009) reported lower than expected knowledge of dementia-related competencies, and Furniaux and Mitchell (2004) found low levels of dementia-related knowledge and confidence in nurses and other RACF staff. Others have described inadequate knowledge and skills amongst nurses in key aspects of dementia care, such as the management of pain (Zwakhalen et al., 2007) and behavioural and psychological symptoms of dementia (Ervin et al., 2012).

Arguably, the antecedents to such problems may lie in the way dementia is addressed in undergraduate nursing curricula. Pulsford et al. (2007) found the existing coverage of dementia content across pre-registration healthcare education programmes (including nursing) in the UK to be both variable and at times insufficient. Studies in Australia and elsewhere describe how nursing students possess deficiencies in the requisite knowledge and skills to care for patients with dementia (Baillie, 2012; Kwok et al., 2011; Robinson and Cubit, 2007; Scerri and Scerri, 2013). However, beyond this general research there is sparse literature around the specific deficits and strengths of nursing students' dementia knowledge as it may relate to their clinical practice.

Research suggests that clinical placements in RACFs may be able to provide students with a practical experience of caring for people with dementia that widens and deepens students' understandings (Abbey et al., 2006a; Lea et al., 2014a). Field experience placements in clinical settings (referred to here as clinical placements) are important in developing the clinical, problem solving and interpersonal skills required by nurses, as well as enabling them to become familiar with protocols and norms of the nursing profession (Dunn et al., 2000; Edwards et al., 2004). However, to be effective, residential aged care placements must provide a well-supported experience in order to engage nursing students and enrich their understandings of dementia (Abbey et al., 2006a; Robinson and Cubit, 2007). Important components may include a comprehensive orientation, mentors to supervise students, and the opportunity for students to engage in facilitated debriefing sessions (Abbey et al., 2006b; Warne et al., 2010).

Existing research suggests that improved dementia education at an undergraduate level is required to improve nurses' capacity to provide evidence-based care for people with dementia, and that there is an imperative for undergraduate nursing curricula to incorporate content that addresses the complex care needs of this group (Downs et al., 2009; Robinson and Cubit, 2007). This paper addresses a study that investigates the dementia knowledge of nursing students and considers the effectiveness of an innovative, mentor-based clinical placement programme in enhancing students' understandings of dementia.

Method

Design

This paper reports a study forming part of the Wicking Teaching Aged Care Facilities Program (TACFP), which instituted large scale inter-professional student placements in RACFs (Robinson et al., 2013). This study first involved examining second-year nursing students' baseline knowledge of dementia using a validated dementia knowledge questionnaire (Toye et al., 2014). It then investigated whether a well-supported clinical placement was more effective in increasing dementia knowledge than a standard placement. To this end, a non-random pre-post, control-intervention design was used.

Setting and Participants

The intervention group comprised a convenience sample of second-year nursing students ($n = 52$), who participated in three week clinical placements in two Tasmanian RACFs involved in the Wicking TACFP, between 2011 and 2012. The control group included second-year nursing students on three week placements in 14 Tasmanian RACFs ($n = 47$). No students had yet experienced dementia-specific curricula in their degree course, and the dementia-related content in this unit, other than that provided by the RACF placement, was given after placement completion. All students were allocated to a placement according to previous placement history and preference for regional location. Intervention students were assigned to placements in groups of 10 consistent with the TACFP protocol (Robinson et al., 2008). Control students were allocated on a basis deemed acceptable by the involved RACFs, based on their usual historical allocation of students, which ranged between one and six students per facility, most commonly one ($M = 2.3$, $SD = 1.61$).

The two intervention RACFs had a mix of high and low care residents and ranged in size from 141 to 178 beds. Control facilities providing standard clinical placements (SCPs) also had a mix of high and low care residents, but were generally smaller with sizes ranging from 53 to 148 beds with an average of 84 beds. The percentage of high care beds in intervention facilities was 57%, with 59% in controls. Intervention facilities were located in the two main regional Tasmanian cities, as were all control facilities, with the exception of two, which were located within a 30 minute drive of these cities. As stated previously, it can be expected that between 50 and 80% of residents in these RACFs will have dementia at any one time (AIHW, 2012).

Ethics approval was granted by the Human Research Ethics Committee (Tasmania) Network before commencement (No. H11576).

Intervention

Intervention students participated in a supported three-week clinical placement, as articulated in the Evidence-Based Best Practice Model (EBBPM) of quality clinical placements in aged care (Robinson et al., 2008), and consistent with the TACFP protocol (Robinson et al., 2013). This model outlines a formal process related to preparation for placement, which is consistent across RACFs yet flexible enough to be adapted to local conditions. The programme delivers a formal process for preparation for placement, which includes key structural steps such as confirming placement via designated personnel, pre-site visits by students, clarification of training and mentorship expectations, and provision of a toolkit with information for mentors about the students' course and liaison arrangements. Mentors are identified and organised into a functional group and have responsibility for managing rosters, student/staff assignments, education sessions, information packages and the orientation programme. These steps were all conducted at intervention RACFs.

Prior to the students' arrival the mentor group engaged in a range of capacity building activities as outlined in the TACFP protocol (Robinson

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