



What works in delivering dementia education or training to hospital staff? A critical synthesis of the evidence



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ABSTRACT

Background: The quality of care delivered to people with dementia in hospital settings is of international concern. People with dementia occupy up to one quarter of acute hospital beds, however, staff working in hospitals report lack of knowledge and skills in caring for this group. There is limited evidence about the most effective approaches to training hospital staff on dementia.

Objective: The purpose of this literature review was to examine published evidence on the most effective approaches to dementia training and education for hospital staff.

Design and review methods: The review was conducted using critical synthesis and included qualitative, quantitative and mixed/multi- methods studies. Kirkpatrick's four level model for the evaluation of training interventions was adopted to structure the review.

Data sources: The following databases were searched: MEDLINE, PsycINFO, CINAHL, AMED, British Education Index, Education Abstracts, ERIC (EbscoHost), The Cochrane Library-Cochrane reviews, Economic evaluations, CENTRAL (Wiley), HMIIC (Ovid), ASSIA, IBSS (Proquest), Conference Proceedings Citation Indexes (Web of Science), using a combination of keyword for the following themes: Dementia/Alzheimer's, training/education, staff knowledge and patient outcomes.

Results: A total of 20 papers were included in the review, the majority of which were low or medium quality, impacting on generalisability. The 16 different training programmes evaluated in the studies varied in terms of duration and mode of delivery, although most employed face-to-face didactic techniques. Studies predominantly reported on reactions to training and knowledge, only one study evaluated outcomes across all of the levels of the Kirkpatrick model. Key features of training that appeared to be more acceptable and effective were identified related to training content, delivery methods, practicalities, duration and support for implementation.

Conclusions: The review methodology enabled inclusion of a broad range of studies and permitted common features of successful programmes to be identified. Such features may be used in the design of future dementia training programmes, to increase their potential for effectiveness. Further research on the features of effective dementia training for hospital staff is required.

What is already known about this topic?

- Provision of staff training on dementia has been identified as an approach to improving the quality of care delivered to people in hospital settings.
- Authors of a number of studies have evaluated dementia training with regard to staff reactions to training and its efficacy in improving knowledge, changing staff behaviours and delivering improved outcomes for people with dementia.
- In the systematic reviews published to date dementia training has largely been considered as a standard/homogenous intervention with little or no consideration given to the elements associated with

training content and delivery that may contribute to its efficacy.

What this paper adds

- There are some common features of successful dementia training for hospital staff that lead to more positive staff reactions to the training, increased staff knowledge, staff behaviour change and improved outcomes for people with dementia and hospital staff.
- Poor follow-up of outcomes over the longer term (3+ months) post-training means sustainability of any effects is largely unknown.
- Nurses form a majority of hospital staff receiving dementia training so less is known about how successful existing training programmes

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are at meeting the needs of other staff groups who work in hospital settings.

1. Introduction

There is widespread global concern around the quality of care given to people with dementia (Alzheimer's Disease International, 2010; WHO/Alzheimer's Disease International, 2012). Around one quarter of UK hospital beds are occupied by people with dementia (Alzheimer's Society, 2009) and in the US people with the condition have more hospital stays than the general older population (Alzheimer's Association, 2015). In a recent review of evidence Dewing and Dijk (2016) concluded that there are many negative impacts simply from being admitted to a general hospital for a person with dementia including falls, malnutrition and dehydration, delirium and functional decline. These are compounded by a negative culture of care and poor staff attitudes that label people with dementia as 'difficult', staff shortages and lack of time to adequately meet the often complex care needs of this group. The adequacy of workforce skills and knowledge to provide effective care to people with dementia have been questioned (Department of Health, 2009; US Department of Health and Human Services, 2013). Poor staff skills, knowledge (Eriksson and Saveman, 2002; Thompson and Heath, 2011) and attitudes (Eriksson and Saveman, 2002; Moyle et al., 2010) and a negative culture of care (Cowdell, 2009; National Audit Office, 2010; Webster, 2011) are all reported to contribute to the often poor care quality for people with dementia seen in hospital settings. In the UK there have been a number of longstanding policy initiatives (Department of Health, 2009, 2012, 2014, 2015) to address this skills gap leading to increased dementia training activity. However, limited consideration has been given to the most effective approaches to training the hospital workforce.

2. Background

Understanding the components of effective education and training is an ongoing challenge within educational research. The range of knowledge, skills, competencies and qualities required of healthcare professionals and the need to prepare health professionals to be accomplished and responsible practitioners, makes provision of high quality education and training both complex and important. The way in which education and training is provided has a significant role in shaping how health professionals behave in practice (Schulman, 2005). A model widely adopted in the evaluation of training and education provision (Bates, 2004) is Kirkpatrick's (1984, 1979) four level 'Return on Investment' model.

- Level 1: Examines the learners' *reaction* to and satisfaction with, the programme;
- Level 2: Assesses the extent of *learning* and includes knowledge, skills, confidence and attitudes;
- Level 3: Explores the extent to which completion of the training leads to staff *behaviour* or practice change;
- Level 4: Assesses the *results* or outcomes of training, for example in terms of quality of patient care.

The four levels of the model are all deemed important to gather in an evaluation of a training programme. Kirkpatrick's model has received critique for providing an over simplified or incomplete understanding of the processes for the transfer of learning into practice, for implying associations between each level and its previous or following level, for suggesting a hierarchy of evidence where behavioural or outcome change are deemed more important than reaction, and for its lack of empirical testing (Giangreco et al., 2008; Holton, 1996; Tamkin et al., 2002). However, it remains a widely applied approach that is recognised as beneficial for structuring the evaluation of training in order to understand potential return on investment. Therefore, the

model was used as a structure for this review, with 'effectiveness' being defined as the production of positive outcomes at any of the levels. This may include pedagogical effectiveness at levels one and two and practice/clinical effectiveness at levels three and four.

A range of factors associated with training content, delivery methods and implementation mechanisms, barriers and facilitators are likely to impact effectiveness of training at each of the Kirkpatrick levels. To date systematic reviews on dementia education and training have been conducted, which have focussed on the workforce in care homes/long-term care settings (Beeber et al., 2010; Fossey et al., 2014; Kuske et al., 2007), primary care (Perry et al., 2011), on pre-registration and inter-professional education (Alushi et al., 2015; Brody and Galvin, 2013) or specific aspects of dementia care such as palliative care (Raymond et al., 2014), communication skills (Eggenberger et al., 2013; Zientz et al., 2007) facilitation of practice change (Elliott et al., 2012), and management of behavioural and psychological symptoms of dementia (McCabe et al., 2007; Spector et al., 2013). These published reviews largely provide a description of the existing evidence-base with a focus on quality of the research, training aims, content, format, delivery methods, learner characteristics, outcomes/how effectiveness is evaluated and draw generic conclusions regarding training effectiveness in dementia associated with different outcomes (e.g. knowledge gains, attitude change etc). To date only one narrative review of 14 studies has been published on training in dementia for hospital staff (Scerri et al., 2016). It summarised the quality of the selected studies, the characteristics of the training programmes reported, the outcomes evaluated and effectiveness and the challenges and solutions associated with developing and evaluating training programmes on dementia in hospital settings. It concluded that further high quality research is needed, in particular studies that focus on staff behaviours and patient outcomes.

Given the complex interplay of factors that are likely to contribute to whether training is effective at each Kirkpatrick level, to draw conclusions about whether 'training' as a general intervention is, or is not effective, fails to recognise this complexity. However, across all of the systematic reviews to date, the specific elements of training programmes that appear to be most, or least effective have not consistently been considered. Only four of the reviews have considered the impact of any specific features of training on its effectiveness. Elliott et al. (2012) compared the findings of training with and without additional staff support/supervision, they found mixed results across the training interventions and concluded that there were no evident patterns for interventions with or without staff support. Conversely, Spector et al. (2013), in their review of training to help staff support common behaviours that may be exhibited by people with dementia, concluded that including supervision sessions in addition to a formal training programme improves overall effectiveness, and may maximise the transfer of learning, particularly for programmes run over a relatively short period. This is echoed in the review by Fossey et al. (2014), which examined evidence for effectiveness of person-centred intervention and training manuals. They concluded that the training and related interventions that demonstrated benefit were delivered over a period of at least four-months, and included ongoing clinical supervision or support to assist with embedding implementation into practice. They conclude commissioning of one-off training is likely to be ineffective. Perry et al. (2011) found programmes that were the most effective for the primary care workforce, required participants to engage in active learning. All of the reviews conclude further research is required into effective approaches to dementia training and education. However, given reviews to date have generally failed to examine the specific features of training programmes concluded to be effective, there potentially remains much to be learnt for the design of future training programmes from conducting a review of this type of the existing evidence base.

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