

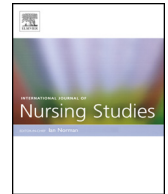


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# Impact of a person-centred dementia care training programme on hospital staff attitudes, role efficacy and perceptions of caring for people with dementia: A repeated measures study

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### ABSTRACT

**Background:** People with dementia occupy up to one quarter of acute hospital beds. However, the quality of care delivered to this patient group is of national concern. Staff working in acute hospitals report lack of knowledge, skills and confidence in caring for people with dementia. There is limited evidence about the most effective approaches to supporting acute hospital staff to deliver more person-centred care.

**Objectives:** This study aimed to evaluate the efficacy of a specialist training programme for acute hospital staff regarding improving attitudes, satisfaction and feelings of caring efficacy, in provision of care to people with dementia.

**Design:** A repeated measures design, with measures completed immediately prior to commencing training (T1), after completion of Foundation level training (T2: 4–6 weeks post-baseline), and following Intermediate level training (T3: 3–4 months post-baseline).

**Setting:** One NHS Trust in the North of England, UK.

**Participants:** 40 acute hospital staff working in clinical roles, the majority of whom (90%) were nurses.

**Methods:** All participants received the 3.5 day *Person-centred Care Training for Acute Hospitals* (PCTAH) programme, comprised of two levels, Foundation (0.5 day) and Intermediate (3 days), delivered over a 3–4 months period. Staff demographics and previous exposure to dementia training were collected via a questionnaire. Staff attitudes were measured using the Approaches to Dementia Questionnaire (ADQ), satisfaction in caring for people with dementia was captured using the Staff Experiences of Working with Demented Residents questionnaire (SEWDR) and perceived caring efficacy was measured using the Caring Efficacy Scale (CES).

**Results:** The training programme was effective in producing a significant positive change on all three outcome measures following intermediate training compared to baseline. A significant positive effect was found on the ADQ between baseline and after completion of Foundation level training, but not for either of the other measures.

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**Conclusions:** Training acute hospital staff in Intermediate level person-centred dementia care is effective in producing significant improvements in attitudes towards and satisfaction in caring for people with dementia and feelings of caring efficacy. Foundation level training is effective in changing attitudes but does not seem to be sufficient to bring about change in satisfaction or caring efficacy.

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### What is already known about the topic?

- Care for people with dementia has often been found to be of poor quality in acute general hospitals and deficiencies in staff knowledge, skills and confidence to deliver dementia care is a contributory factor.
- Person-centred dementia care can improve quality of life for people with dementia in specialist settings but there remains limited knowledge and understanding about its application in acute hospitals.
- There is limited research about the effects of person-centred dementia care training on acute hospital staff knowledge, skills and confidence in delivering dementia care.

### What this paper adds

- Half-day person-centred dementia care training is effective in producing a significant positive change in attitudes towards people with dementia.
- Basic half-day person-centred care training does not, however, lead to significant positive changes in staff satisfaction in caring for people with dementia or greater feelings of caring efficacy.
- A more in-depth person-centred training programme leads to further significant improvements in staff attitude towards people with dementia, as well as increased satisfaction and feelings of caring efficacy.

### 1. Introduction

Care of people with dementia is a global issue (Alzheimer's Disease International, 2010; WHO/Alzheimer's Disease International, 2012), which has huge associated economic and social costs. Around 70% of the global expenditure on dementia occurs within North America and Western Europe, largely on hospital and social care services (WHO/Alzheimer's Disease International, 2012). In the UK people with dementia occupy up to one quarter of acute hospital beds at any one time (Alzheimer's Society, 2009) and internationally quality of dementia care in these settings is of concern (Department of Health, 2009; US Department of Health and Human Services, 2013). Studies from the US (Zhao et al., 2008), Australia (Draper et al., 2011; King et al., 2006), the UK (Alzheimer's Society, 2009; Johnston et al., 2011) and Europe (Guijarro et al., 2010; Lang et al., 2006) show that the average length of stay of a person with dementia in an acute hospital is longer than for someone without the condition. In the UK, the estimated cost savings if people with dementia were discharged from an acute hospital one week sooner is at least £80 million per year (Alzheimer's

Society, 2009). In addition to increased costs, extended hospital stays result in worse outcomes for the person, such as loss of independence and skills and reduced likelihood of being able to return home.

Person-centred care (PCC), also sometimes referred to as patient or client-centred care has become an internationally recognised term for holistic, best-practice care of people with dementia (Bolster and Manias, 2010; Kontos and Naglie, 2007; McCormack and McCance, 2006). PCC is a value base that views each person with dementia as an individual with a unique life history, attempts to understand the world from the person's perspective and to provide a social and physical environment that is supportive of their needs (Brooker, 2004). PCC is the underpinning ethos for dementia care within many countries. However, there remain limited examples of the application of PCC within acute hospital settings (Edvardsson and Nay, 2010; McCarthy, 2006; Peek et al., 2007). For example, a national audit of dementia care in general hospitals in England (Royal College of Psychiatrists, 2011) found that care was largely task focussed and delivered in an impersonal manner. This can lead to additional and unnecessary distress for a person with dementia (Coddell, 2009) and longer hospital stays.

Studies highlight four main reasons for poor reported outcomes for people with dementia being cared for in acute hospitals:

- (1) an unsupportive physical environment including issues with safety, orientation, way finding and availability of space to walk around (Heath et al., 2010; Nolan, 2007; Royal College of Psychiatrists, 2011);
- (2) a negative organisational and ward culture, including inflexible, strict routines, weak clinical leadership (National Audit Office, 2010; Webster, 2011) and a culture of care that labels people with dementia as 'difficult' (Coddell, 2009);
- (3) stigma and negative staff attitudes towards people with dementia, including seeing them as demanding too much nursing time, being disruptive to ward routines and threatening to other patients (Eriksson and Saveman, 2002; Moyle et al., 2010);
- (4) poor staff skills and knowledge (Eriksson and Saveman, 2002; Thompson and Heath, 2011) including failure to meet basic dignity and care needs (Care Quality Commission, 2011).

Identified knowledge and skills gaps within the acute care workforce include: recognising and understanding dementia and how it differs from delirium (Hare et al., 2008; Moyle et al., 2008); effective communication (Moyle et al., 2008); nutrition, hydration and supported eating and

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