Why is training not enough to make a difference in dementia care?

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What is quality care?

Key principles (King’s Fund, 1986)

- Every person with dementia is an individual
- People with dementia have:
  - the same human value as anyone else
  - the same rights as other citizens
  - the same varied human needs
  - the right to support not exploiting family & friends

Staff attitudes need to encourage:

- Individuality as an adult
- Dignity
- Respect
- Choice
- Independence

(Holden & Woods, 1995)

Person-centred care

(Kitwood, 1997)

- Promotes well-being
- Avoids:
  - Diminishing
  - Dehumanising
  - Devaluing
  - Disempowering
- Sustains personhood

Person-centred care: 4 main elements (Brooker, 2004)

- Valuing people with dementia and those who care for them (V)
- Treating people as individuals (I)
- Looking at the world from the perspective of the person with dementia (P)
- A positive social environment in which the person living with dementia can experience relative well-being (S)
- PCC = V + I + P + S
The dementia care triangle

- The person with dementia
- Family caregiver
- Paid caregiver

Why do lapses in quality occur?

- Staff attitudes
- Burn-out
- Inadequate training
- Culture of care - management & organisational issues

Staff factors

- 20% - 25% may show ‘burn-out’ or be over threshold for psychological distress on GHQ (e.g. Macpherson et al, 1994; Margallo-Lana et al, 2001)
- Variation from home to home - is 25% high?
- Job satisfaction related to quality of care (Robertson et al, 1995)
- Burn-out relates to low empathy (Astrom et al, 1990)

Meeting staff needs

- Regular systematic clinical supervision and individual care-planning reduced burn-out, improved nurse-patient relationships (Hallberg & Norberg, 1993)
- Improved staff morale and job satisfaction in domus schemes (e.g. Dean et al, 1993)
- Improved job satisfaction and motivation in group-living schemes (Alfredson & Ammentorp, 1994)

Training in Dementia Care

- Why do we need/do it?
- Does it impact upon quality of care?
- How can its effectiveness be assessed?
- Focus on attitude, skills or knowledge?

Purpose of Training

- To change attitudes (Beliefs-Knowledge-Understanding)
- To improve quality of care
- To improve quality of life
### Dementia Care Practitioner Assessment (Lintern & Woods)
- Approaches to dementia questionnaire
- Video vignettes
- Care style questionnaire
- Dementia Knowledge Quiz
- Behavioural observations

### Approaches to Dementia Questionnaire (ADQ)
- 19 Likert style statements
- Factor Analysis (N=124)
  - Hope
  - Recognition of Personhood
- 40.4% of variance explained
- Factors confirmed in two other samples

### Hope - sample items
- Unable to make decisions for themselves
- Very much like children
- Nothing can be done except keep them clean & tidy
- There is no hope for people with dementia
- They are sick and need to be looked after

### Recognition of personhood - sample items
- Important to respond with empathy / understanding
- Need to feel respected just like anybody else
- Important to care for psychological and physical needs
- Spending time with them can be very enjoyable

### Approaches to dementia questionnaire - Reliability data
- Good internal consistency of total score and sub-scales (N=124)
- Re-test reliability (N=29) moderate

### Approaches to dementia questionnaire - Validity
- With Dementia Care Styles (N=70)
  - Total r= .55*** with Person Centred
  - Total r= .35** with behavioural
- With Dementia Knowledge Quiz (N=70)
  - Total r=.35**
- Video Vignettes (N=37)
  - Hope relates to recognition of Needs for understanding, self-worth, privacy & dignity
  - Hope with use of diversion r=.46**
  - Hope with no. of immediate responses r=.46**
### Staff Observations

- **Physical Care**
  - Key qualities relating to physical care
    - e.g. choice, offering independence, speed, social interaction
- **Provision of Activities/Stimulation**
- **Level of Social Engagement**
- **Non-resident contact activities**
- **Number of personal detractions (PDs)**

### Relationship between Attitudes & Behaviour

**More positive attitudes associated with:**

- Engaging in more activities with residents
- Engaging in more social interaction with residents
- Key qualities in physical care

### Training & Development - nursing home study

- Induction in person-centred care (Tom Kitwood)
- Dementia Care Mapping (6 monthly)
- Organisational developments

### Outline of Research Project

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### Dementia Care Mapping

- Used both to bring about and to assess change
- In moderate / severe dementia quality of life and quality of care converge
- Timely feedback only given after T3 assessment – fed into action plans for individual residents and for the unit as a whole

### Changes in Attitudes over Time
Changes in Behaviour over Time

- **Significant Increases in:**
  - engagement in activities with residents
  - social interaction with residents
  - # key qualities used during physical care

- **Decreases in:**
  - # personal detractions used

Changes in Resident Well-being indicated by DCM

Other approaches are possible e.g. Skills training (USA - Bourgeois, 2000)

- Approach - from front, eye contact, smile, greet with resident’s and staff names
- Announce activities
- Use 1 step specific instructions
- Use positive statements
- Avoid repeating, arguing, negative remarks, questioning
- Use communication cards

Skills training: results

- In an average of 8 hands-on training sessions (range 3-15) NA’s reached criterion of showing 80% of skills in each interaction
- 4/55 NA’s never reached criterion - difficulty using positive statements
- Reduced ineffective interactions
- Big increase in positive statements - “good”, “thank you”, “well-done” etc.

The STAR programme
Teri et al., 2005: Gerontologist, 45, 686-693

- Reinforce values of dignity and respect for residents
- Improve staff responsiveness to resident needs
- Build specific staff skills to enhance resident care and improve job skill and satisfaction

STAR Programme continued

- Assisted living residences in the USA
- Two half-day group workshops
- Four individualized sessions - on the job practice of training skills
- Three separate meetings for leaders looking at issues that might hinder implementation
STAR Programme evaluation

- Randomised controlled trial:
  - 25 staff, 31 residents in 4 residences
  - Compared with ‘training as usual’
  - STAR residents showed reduced levels of affective and behavioural disturbance
  - STAR staff reported less adverse impact and reaction to residents’ problems and more job satisfaction

Summary

- Staff development has the potential to positively effect:
  - staff attitudes
  - delivery of care
  - resident well-being
- Hopefulness regarding dementia an important component of staff attitudes related to quality care

Summary (continued)

- Staff training in isolation usually not enough - need management / organisational change & support
- DCM, with timely feedback and action planning, can be an effective tool in improving quality of care

Summary (continued)

- Sensitivity in relation to observation and feedback is required - staff group need to be involved from the outset
- A balance between a skills-based and an attitude-based approach may be required