Designing a training programme to improve staff attitudes towards people with dementia

A training needs analysis identified a more positive approach to dementia patients was needed. This was addressed with interactive dementia awareness sessions.

**INTRODUCTION**

Dementia is a complex condition that poses considerable challenges for nurses. It progressively destroys brain cells, can affect every aspect of human thinking, feeling and behaviour, and can last for many years (Murphy, 2000). Hospital wards can be frightening and stressful for people with dementia, adversely affecting their behaviour (Cunningham and Christie, 2009). A number of studies have shown that general ward staff lack dementia knowledge. Tolson et al (1999) found the care of patients with dementia on acute wards was “suboptimal” due to a lack of knowledge and understanding of the condition among nursing staff.

More recently, the Scottish Parliament Cross Party Group on Alzheimer’s (2008) found that all staff in accident and emergency departments and non-acute wards, including non-clinical staff, needed dementia training. They identified a lack of leadership and ownership of dementia in NHS hospitals, as well as significant deficits in the knowledge and skills of staff to deal with it.

**DEMENTIA TRAINING**

For several years, there has been concern that dementia care has been inadequate in pre and post-registration training (Fessey, 2007; Kitwood, 1997). Hospitals often fail to address the psychosocial aspects of care of people with dementia that can improve their quality of life and aid rehabilitation. This leaves ward nurses ill equipped to provide best practice to a client group they are increasingly required to nurse (Scottish Government, 2010).

Dementia was declared a national clinical priority by the Scottish Government in 2009 and it is now accepted that people with dementia should be recognised as individuals who have a wealth of life experience and values that can inform care (Cunningham and Archibald, 2006). This new culture of care seeks to challenge negative perceptions and attitudes towards people with dementia.

**PRACTICE POINTS**

Benefits of a multidisciplinary approach to dementia care:

- Dementia awareness is raised among all staff groups;
- Relationships within staff groups are more supportive;
- The patient journey and carer satisfaction is improved;
- Staff are able to change how they view people with dementia and see them as individuals.

**BACKGROUND**

- Mental disorder affecting older people is poorly detected and managed in general hospitals.
- Around 30%-40% of older people admitted to a general hospital will have a dementia type illness.
- A 500 bed general hospital will have at least four times as many people with a mental disorder than the local mental health services.
- Older people with dementia are particularly vulnerable in acute settings. They are highly susceptible to environmental change and quickly suffer loss of independent function.
- Dementia should be identified and admission to hospital. Care plan need to take account of the impact this will have for the older person’s management and discharge.

Source: Royal College of Psychiatrists (2005)

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**ABSTRACT**

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Nurses in acute settings often lack the knowledge and experience to provide appropriate care for patients with dementia.

Two specialist nurses at the Biggart Hospital in South Ayrshire, Scotland, used a questionnaire to determine staff attitudes to patients with dementia and designed a multidisciplinary training programme to improve practice in dementia care.

This article describes the development, implementation and evaluation of the first stage of the programme.
Scotland’s new dementia strategy is the need for improved training to support hospital staff in meeting the needs of patients with dementia (The Scottish Government, 2010).

The questionnaire
Biggart Hospital is a small general community hospital in South Ayrshire, Scotland, predominantly for patients aged 65 and over. It consists of a day hospital and 164 inpatient beds across six wards. There are two continuing care wards and four rehabilitation and assessment wards.

A training needs analysis was undertaken at Biggart Hospital in September 2009 using the Approaches to Dementia Questionnaire (Lintern et al, 2000). The 19-point questionnaire – which measures the attitudes of caregivers towards patients with dementia – was circulated to all staff groups.

A total of 102 questionnaires were returned (52%). Of the respondents, 52 were clinical staff, 21 were non-clinical staff and 29 questionnaires were unspecified.

While many of the responses were positive, the questionnaire revealed that a more positive approach to dementia patients would be beneficial in some areas (Table 1).

The traditional culture of care regarded dementia as an illness and assumed that nothing could be done for the person with dementia. This view was echoed by more than one third of respondents. They agreed with the statement that “it is inevitable that they will go downhill”.

However, it is now recognised that, with the focus put on the strengths and individuality rather than their deficits of the person with dementia, they can live a positive life for a prolonged time with intervention and support (Burgess and Page, 2003).

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important to have a very strict routine when working with dementia sufferers</td>
<td>54</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>People with dementia are very much like children</td>
<td>25</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td>Dementia sufferers are sick and need to be looked after</td>
<td>38</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Once dementia develops in a person, it is inevitable that they will go downhill</td>
<td>30</td>
<td>32</td>
<td>43</td>
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DEMENTIA EDUCATION AND TRAINING MODEL
The Dementia Manifesto (Alzheimer Scotland, 2007b) says it is best practice for people with dementia to be treated with dignity throughout their healthcare journey. To make this a reality in clinical settings, it is necessary to ensure all frontline staff, such as nurses, healthcare assistants, porters, housekeepers and administration staff have some knowledge and understanding of dementia (NHS Confederation, 2010; Cheston and Bender, 1999).

The Biggart Initiative dementia subgroup used the questionnaire results to design and implement a “tiered approach” training programme to improve staff attitudes and values towards patients with dementia (Fig 1). The Alzheimer Scotland leaflet What is Dementia? was distributed to all staff and the first tier of the programme was piloted between November 2009 and June 2010.

Staff awareness sessions
A key message from Rights, Relationships, Recovery (Scottish Executive, 2006) is the importance of promoting rights and values based care across healthcare settings. Borbasi et al (2006) have shown that acute care can negatively influence health outcomes, such as functional independence and quality of life, for people with dementia.

All hospital staff who may come into contact with a person with dementia, from porters and domestic staff to advanced nurse practitioners, were invited to attend training. A one-hour interactive dementia awareness session was designed by the authors. This aimed to raise awareness of the experiences of someone with dementia in hospital and to improve the patient journey. The sessions focused on fostering a patient-centred approach while highlighting the valuable contribution of family carers. A multidisciplinary approach was encouraged so that all staff could recognise the part they play in caring for patients with dementia.

Between 24 November 2009 and 7 June 2010, 18 one-hour sessions were held, attended by 112 people (Fig 2). Attendees were given a booklet called What Everyone in Our Hospital Needs to Know about Dementia.

Evaluation
All staff who attended dementia awareness sessions were asked to complete an adapted version of the Harvard one minute paper (Queen’s University, 2010). This enabled the authors to receive instant feedback and address any issues before the next session.

The sessions helped open up discussion between the staff groups attending, and increased understanding of their diverse roles and contribution to patient care.

The following themes emerged from the 110 returned evaluations: the patient experience; how a person with dementia feels; what staff can do in practice; and recognising people with dementia as individuals.

Comments included the following:
“Good quick overview. It highlights everyday situations on wards where patients often have dementia. Happy to hear it’s getting priority and changes are afoot.”

“Opened my eyes to how these patients are feeling. Learnt a lot.”

“Being more aware of how I deal with dementia patients, such as the way I approach and speak to them.”

“Reminded me everyone is an individual.”

“Simple things that make a huge change to someone’s stay in hospital. Great.”

“Very interesting and could help a lot with my job as a housekeeper.”

CHALLENGES

Although dementia care is considered a priority by the Scottish Government and a dementia strategy was launched in June 2010, there are many obstacles to overcome when trying to implement a new initiative to change practice.

These include competing demands on staff time, releasing staff from patient care and duties, lack of resources, coordinating various staff groups and support from managers.

An additional challenge for the authors was to coordinate their workload to free up time to design, implement, deliver and evaluate the training programme.

To address these challenges, the authors had to be flexible in the delivery of the sessions in order to target the various staff groups. Support from managers was instrumental in ensuring attendance. We found that anecdotal dialogue between staff resulted in others being keen to attend.

Purpose built teaching accommodation is freely available in our hospital but we were unable to accept the offer of participation from university colleagues because of the cost of delivering the teaching sessions.

CONCLUSION

General nurses looking after people with dementia need more training and education. Ideally, this should be provided by RMNs who are experienced in caring for people with other psychiatric symptoms that coexist with their dementia illness.

This hospital has recognised that addressing the needs of a person with dementia is imperative within a general hospital. As a result of this initiative, dementia awareness has been raised among all staff groups – from identification of the condition to positive strategies on how best to improve the experience of the person with dementia in the acute setting.

To address tier two of the initiative, dementia champions have been identified. In partnership with mental health services, the dementia champions undertook a more comprehensive development programme. This ran for 12 weeks from March 2010 and included clinical placements and support from RMN mentors within elderly mental health services. The awareness sessions will be delivered in other community hospitals throughout NHS Ayrshire and Arran.

REFERENCES


Queen’s University (2010) The one-minute paper. Canada Centre for Teaching and Learning, Queen’s University. tinyurl.com/one-minute-paper


