

# Dementia specific communication skills training for community aged care staff: Examining the influence of motivation on training outcomes

Erin Conway & Helen Chenery

[Erin.Conway@acu.edu.au](mailto:Erin.Conway@acu.edu.au)

School of Allied Health, Australian Catholic University; UQ Centre for Clinical Research, The University of Queensland; Faculty of Health Sciences & Medicine, Bond University

Corporate partnerships • Translating evidence • Research partnerships



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# Communication and Dementia Care

- Social interaction is key to wellbeing and personhood
- Difficulties with every-day communication is a prominent and distressing feature of dementia
  - Contribute to stress and frustration for the person
  - Impedes expression of personhood
  - Contribute to caregiver stress
- Conversation partner needs to accommodate to the individual with dementia

# Communication skills training

- Community aged care staff play key role in facilitating social engagement
- Important to provide specific training for aged care staff in communication strategies for working with people with dementia

# MESSAGE Training

- Training DVD content
  - Introduction to communication changes in dementia
  - MESSAGE Strategies for Care Staff
  - Teaching Examples for discussion
- Individual Feedback
- Previously research suggests MESSAGE Training has a significant positive impact on care staff knowledge (e.g., Broughton et al., 2011)



## MESSAGE

- M** – **MAXIMISE** attention
- E** – **EXPRESSION** and body language
- S** – Keep it **SIMPLE**
- S** – **SUPPORT** their conversation
- A** – **ASSIST** with visual AIDS
- G** – **GET** their message
- E** – **ENCOURAGE** and **ENGAGE** in communication

# The current investigation

- Part of a larger randomized controlled investigation to examine outcomes of communication skill training (*MESSAGE Communication Strategies in Dementia* Training) for community-based aged care staff
- Exploratory analysis of the impact of staff self-rated motivation on outcomes of a communication skills training program for care staff

# Maximizing Training Success in Aged Care

- Training of aged care staff is considered one way to improve quality of care and reduce staff turnover (e.g., McCabe et al., 2007)
- Factors for success of training to increase skills and generate changes in care include:
  - Staff receptiveness to learning (Burgio et al., 2000)
  - Staff motivation (Burgio et al., 2000; McCabe, Davison, & George, 2007; Nolan et al., 2008)
  - Staff confidence (Nolan et al., 2008)
  - Organizational/Management level support (Nolan et al., 2008)
- Limited direct measurement of staff motivation in communication training studies and its influence on outcomes

# Participants and Design

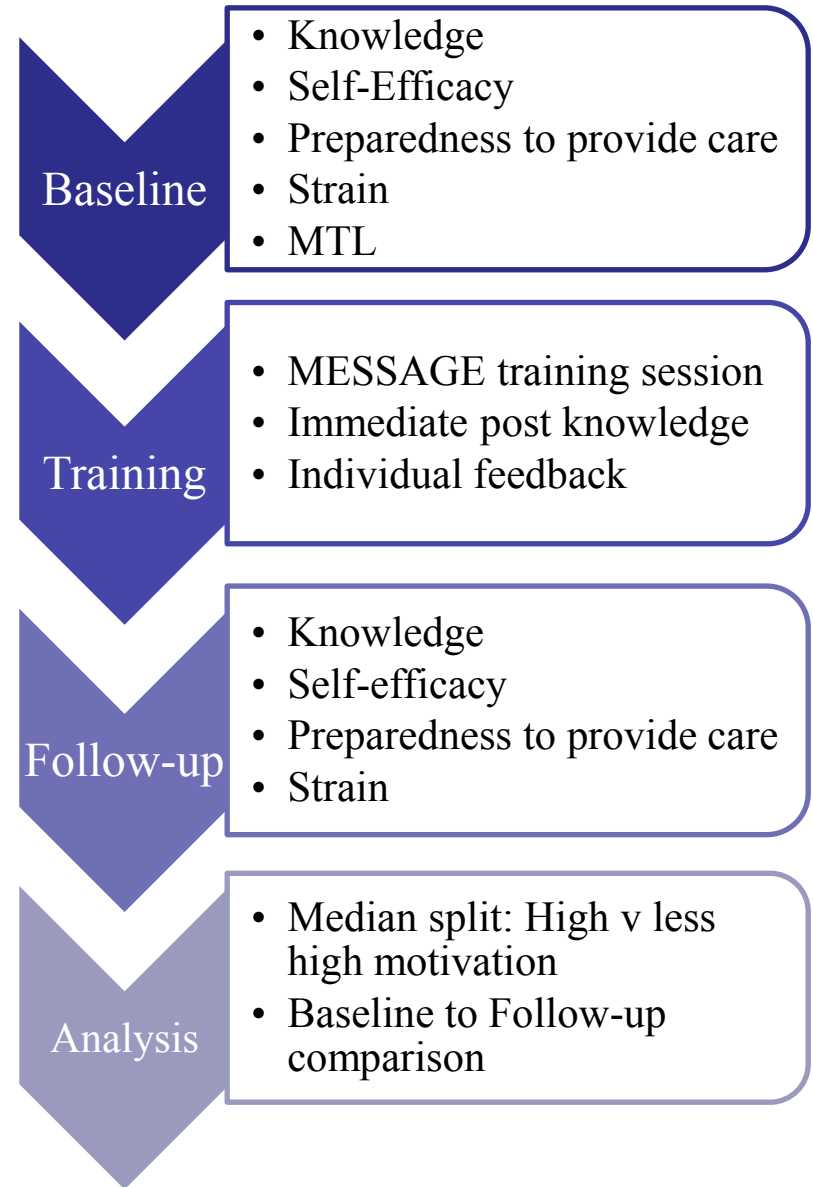
- Pre-test – post-test study
- Current analysis focus on Training Group
- N= 22 community-based aged care staff

Age	54 years (range: 38-66)
Gender	82% Female
Years Dementia Care experience	6.5 years (range: <1-18)
Role:	
RN or EN	4.5%
In home Care worker	72.7%
Day center Care worker	22.7%



# Procedure

- Outcome Measures
  - Communication Support Strategies in Dementia Knowledge test (CSSD)
  - Self Efficacy
  - Preparedness to provide care
  - Modified Nursing Care Assessment Scale (Strain) (Kleinman, et al. 2004)
  - Motivation to learn (MTL) (adapted from Tharenou, 2001)



# Analysis

- Staff separated into subgroups ‘higher’ and ‘lower’ motivation for the current cohort
  - Median split on motivation scale
  - Median = 36
  - Higher group n = 11
  - Lower group n = 10
- Within group comparison (Wilcoxon) between baseline and follow-up outcome measure scores:
  - Knowledge
  - Self-efficacy
  - Preparedness to provide care
  - Strain in Nursing Care

# Results

- Higher motivation subgroup analysis:

Measure	Baseline (BL)	Follow-up (FU)	Comparison BL to FU
<b>Communication Support Strategies in Dementia</b>	7.82 (3.22)	11.68 (2.10)	Z=-2.938, p=0.003*
<b>Self-Efficacy</b>	45.60 (9.29)	53.14 (4.75)	Z=-2.092, p=.036*
<b>Strain in Nursing Care</b>	63.35 (14.06)	55.12 (14.59)	Z = -1.684, p=.092
<b>Preparedness to provide care</b>	28.89 (4.94)	33.50 (4.01)	Z=-1.965, p=.049*

*Note.* Mean score and standard deviation in parentheses. \*Significant difference ( $p$  value  $<.05$ )

# Results

- Lower motivation subgroup analysis:

Measure	Baseline	Follow-up	Comparison BL to FU
<b>Communication Support Strategies in Dementia</b>	8.75 (2.52)	9.30 (2.14)	Z= -.535, p=.592
<b>Self-Efficacy</b>	43.56 (7.35)	44.22 (3.07)	Z=-0.938, p=.348
<b>Strain in Nursing Care</b>	64.13 (12.70)	56.39 (13.86)	Z = -2.207, p=.027*
<b>Preparedness to provide care</b>	28.83 (1.06)	30.61 (2.62)	Z=-1.550, p=.121

*Note.* Mean score and standard deviation in parentheses. \*Significant difference ( $p$  value  $<.05$ )

# Discussion & Conclusions

- Supports suggestion that staff motivation to learn from training can impact success of training outcomes:
  - Positive influence on direct outcome of training (knowledge)
  - Positive outcomes for factors that contribute to staff satisfaction
- Reduction in strain in nursing care for ‘lower’ group
  - Reflect staff comments that training provides reassurance for current practice
  - Reflects control group outcome of significant reduction in strain

# Discussion & Conclusions

- Consideration of staff motivation before delivering training in order to optimize outcomes
  - Link training to certification or career progression
  - Positive learning culture (support, feedback, supervision)
  - Influence of organizational or management supports
- Acknowledge the preliminary nature of this analysis with limitations

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