Staff Attitudes toward Care of People with Dementia in Australian Residential Aged Care Facilities

Lynn Chenoweth (UTS)
Elaine Fielding (QUT)
Elizabeth Beattie (QUT)
Maria O’Reilly (QUT)
Wendy Moyle (GU)
Andrew Robinson (UTAS)

& The AusQoL Group
The AusQoL project: Quality of life for people with dementia in Australian residential aged care facilities.

- **Aims**
  - Investigate quality of life for people with dementia in Australian residential aged care facilities from **multiple perspectives**
  - Explore the **relationship between resident, staff, care, and facility characteristics and QoL** for people with dementia in Australian RACFs
Factors underlying resident qualify of life for which data were collected

- **Today’s Focus:**
  - the attitudes of residential aged care staff as one of the elements contributing to the QoL of people with dementia.
Staff attitudes

- Quality care for people with dementia relies on staff experience and attitudes – **more favourable attitudes are related to better care.**
- Positive attitudes among staff are **beneficial also to the facility** (lower staff turnover) **and the individual** (higher job satisfaction and enhanced self-efficacy).
Aim of this presentation

- Offer insight into staff attitudes towards people with dementia within Australian residential aged care facilities (RACFs).
- Explore the relationships between staff demographic, experience and educational characteristics and attitudes.
Methods: Sampling Design

- Goal: recruit all staff members having care-related activities in a *nationally generalisable* sample of Australian RACFs.

- Starting from a list of all Australian RACFs, very small (< 25 bed) and remote facilities (N=250) were eliminated for *practical* reasons.

- A *stratified random sample* of all other facilities (N=2,524) ensured representation by *geographic area* (major city, inner regional, outer regional) and *organisational type* (charitable/religious, private, public).

Translating dementia research into practice
Methods: Survey Measures

• Paper cross-sectional survey administered to staff
• Measures related to staff experience:
  – Demographics (e.g. Gender, age, highest level of education, working hours, dementia-specific education etc.)
  – Strains in Dementia Care Scale (SDCS)
  – Staff Experience Working with Demented Residents (SEWDR)
  – Approaches to Dementia Questionnaire (ADQ)
Approaches to Dementia Questionnaire (ADQ)

• Developed by Lintern & Woods (1996)

• **Subscale 1 – Hope** (8 items)
  – Level of hope for people with dementia and their life
    (higher scores indicating higher levels of hope)

• **Subscale 2 – Recognition of Personhood** (11 items)
  – Recognition that people with dementia are sentient human beings
    (where higher scores indicate greater recognition of personhood)

• Each item scored as follows on 5-point Likert scale from Strongly Agree (1) to Strongly Disagree (5)

• We present mean score within subscale for ease of understanding
Examples of ADQ Items

- **Subscale 1 - Hope:**
  “There is no hope for people with dementia”

- **Subscale 2 – Recognition of Personhood:** “People with dementia need to feel respected, just like anybody else”
Results

• From a sample of 53 facilities, a total of nearly 1000 staff (n=978) were surveyed

• Majority female (n = 851, 90.5%)
• More than half aged 41-60 years (n = 545, 55%)
• Most common level of education was TAFE or other diploma
• Most common professions:
  • Personal Care Assistant (38%)
  • Assistant in Nursing (26%)
  • Registered Nurse (11%)
Employment Characteristics

• Most staff reported that their role always involved communicating with people with dementia (66%)

• Majority worked permanent part-time hours (over 70%)

• Almost half had worked in aged care between 3-10 years (46%)

• Majority (87%) had some dementia-specific training, mainly (multiple possible):
  – Facility in-service course
  – Self-directed learning
  – Dementia specific conferences
ADQ-Hope Mean Scores

$M = 26.1$
$SD = 5.10$
$N = 961$

McDonald & Woods (2005)
$M = 28.5$
ADQ-Personhood Mean Scores

\[ M = 48.0 \]
\[ SD = 4.5 \]
\[ N = 963 \]

McDonald & Woods (2005)
\[ M = 47.3 \]

Translating dementia research into practice
Predicting ADQ

• In a regression model, the following staff characteristics showed a significant relationship with the *Hope* subscale:
  – **Professional group** (see later table)
  – Length of **time in aged care** work (**more time working → higher hope**)
  – **Frequency of communication** with people with dementia in daily job (**more communication → higher hope**)
  – **Night duty** (**Day staff → higher hope**)
Predicting ADQ

- In a regression model, the following staff characteristics showed a significant relationship with the Personhood subscale:
  - **Professional group** (see next page)
  - **Frequency of communication** with people with dementia in daily job (*more communication → higher Personhood*)
  - **Night duty** (*Day staff → higher Personhood*)
  - **Dementia-Specific Education** (*Yes → higher Personhood*)
## ADQ Subscales
### Mean Scores by Profession Group

<table>
<thead>
<tr>
<th>Profession Group</th>
<th>Hope mean (s.d.)</th>
<th>Personhood mean (s.d.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care (PCA, AIN) (n=607)</td>
<td>25.2 (5.15)</td>
<td>47.4 (4.65)</td>
</tr>
<tr>
<td>Enrolled Nurse (n=113)</td>
<td>27.0 (4.20)</td>
<td>48.0 (4.13)</td>
</tr>
<tr>
<td>Registered Nurse (n=127)</td>
<td>27.9 (4.36)</td>
<td>48.5 (4.20)</td>
</tr>
<tr>
<td>Allied Health (n=94)</td>
<td>28.2 (5.00)</td>
<td>49.5 (4.06)</td>
</tr>
<tr>
<td>Management (n=11)</td>
<td>30.7 (7.32)</td>
<td>51.3 (3.66)</td>
</tr>
<tr>
<td><strong>Total (n=952)</strong></td>
<td><strong>26.2 (5.11)</strong></td>
<td><strong>47.9 (4.53)</strong></td>
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</tbody>
</table>
## Dementia-Specific Education

<table>
<thead>
<tr>
<th>Type of dementia education</th>
<th>Hope Means (s.d.)</th>
<th>Personhood Means (s.d.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Any</td>
<td>25.0 (4.15)</td>
<td>26.4 (5.18)*</td>
</tr>
<tr>
<td>Self-directed</td>
<td>25.8 (5.14)</td>
<td>26.6 (5.06)*</td>
</tr>
<tr>
<td>Facility inservice</td>
<td>25.7 (5.11)</td>
<td>26.5 (5.10)*</td>
</tr>
<tr>
<td>Online course</td>
<td>26.0 (5.15)</td>
<td>27.5 (4.63)*</td>
</tr>
<tr>
<td>Dementia conference</td>
<td>25.5 (4.95)</td>
<td>27.5 (5.20)*</td>
</tr>
<tr>
<td>Undergraduate course</td>
<td>26.1 (5.17)</td>
<td>26.7 (4.84)</td>
</tr>
<tr>
<td>Postgraduate course</td>
<td>26.1 (5.09)</td>
<td>27.9 (5.77)</td>
</tr>
</tbody>
</table>

*No/Yes Difference is statistically significant*
Conclusions

• The relationship between dementia-specific education and attitudes is important for optimum care provision.

• Perhaps person-centered dementia care principles are more readily understood and applied after dementia-specific training.

• Findings suggest that additional ongoing dementia-specific education and supervision in enacting person-centered care is required for direct care staff who scored lower on both subscales compared with managers, allied health, RNs and ENs.

Translating dementia research into practice.
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- Prof Andrew Robinson (University of Tasmania)
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- Dr Elaine Fielding (QUT)

Contact: elaine.fielding@qut.edu.au
"The very act of inquiring about the quality of life of persons with dementia recognizes them as individuals rather than merely care recipients"

(Edelman, 2005, p. 27)