Dementia Education
Does it Change Nursing Practice?

Although gerontological nurses are well positioned to care for older adults with dementia, barriers to implementing quality client care remain, including: limited knowledge (Brown, Wielandt, Wilson, Jones, & Crick, 2014; Wang, Xiao, Ullah, He, & De Bellis, 2017), poor morale among care staff (Kupeli et al., 2016), lack of professional development opportunities (Fossey et al., 2014), and unsuitability of acute care hospitals for this client group (Dewing & Dijk, 2016).

The solution most commonly offered is education. Many academic institutions, health care facilities, and even professional associations offer educational activities. The literature is rich with descriptions of activity formats, from workshops of <1 hour in duration to courses provided over 12 months or longer, offered in face-to-face format, print, or via online learning. Exceptional educational activities might be described as having a high degree of transferance, meaning that the information learned in these activities can be easily applied to gerontological nursing practice.

Yet, I question whether these activities actually change nursing practice. Based on my review of the literature, most educational activities are evaluated in terms of attitude shifts, knowledge gained, and/or satisfaction with course content—few speak to changes in the quality of care provided to older adults with dementia. One reason may be that a large proportion of the published literature on the topic of dementia workforce education describes research studies, which are often by definition initiated by individuals external to a facility, time-limited, and not always sustainable. If we are to face the challenge of demographic aging and the projected increase it will bring in the number of older adults living with dementia, academic and health and human service organizations will need to ensure that their nursing workforce has the knowledge and, more importantly, the skills required to perform their work. However, the value of educational activities in determining clinical interventions and subsequently evaluating the direct effects of these interventions on outcomes for older adults with dementia has been limited.

Does an educational activity actually change practice? Does it promote quality care for older adults with dementia? How do we promote the transfer of educational activities into direct gerontological nursing practice? I offer the following five suggestions for consideration.
#1: Design an education framework for the nursing workforce using three categories: basic dementia awareness, intermediate dementia skills practice training, and advanced dementia skills practice training. How: develop a model similar to the one designed by the National Health Service (2015) in the United Kingdom or the Dementia Training Study Centre initiative of the Australian government (National Health Service, 2015).

#2: Work settings where nurses are employed specifically to work with older adults with dementia be classified as those where staff require basic dementia awareness training prior to employment. This training should extend beyond dementia education that is provided within a generic nursing program. How: develop a “dementia-friendly stamp of approval” for facilities in which pre-employment dementia training is required.

#3: Management staff of a facility in which dementia care is provided assess the environment to identify if it is one in which education flourishes. How: conduct an assessment of the organizational culture of the facility. Does the management support exceptional educational activities?

In addition, the management of the organizational culture is a necessary part of educational reform. How: nursing leaders directly work with staff on long-term care units to provide care to older adults with dementia for two full shifts.

#4: Education activities provided for gerontological nurses should encourage reflective practice. How: initiate a journal club to provide opportunities for self-awareness of one’s actions and the potential outcomes of these actions.

#5: Some researchers have advocated that culture influences the effectiveness of a variety of educational activities, including those designed for dementia care workers (Dupuis, McAiney, Fortune, Ploeg, & Witt, 2016; Teodorczuk, Mukaetova-Ladinska, Corbett, & Welfare, 2015). How: initiate partnerships with key stakeholders (e.g., Dementia Action Alliance [access http://www.dementiaaction.org.uk], Dementia Training Australia [access https://www.dementiatriainingaustralia.com.au], and/or NHS Education for Scotland—Dementia Champions Programme [access http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/our-work/dementia/dementia-champions-programme.aspx]). There are, of course, other key stakeholders that would welcome the opportunity to collaborate with health care partners to promote quality of care.

For nursing care to be effective, it requires more than participating in educational activities. Effective nursing care requires a lifelong commitment by each of us, as gerontological nurses, to implement learning into direct quality care for older adults with dementia.

REFERENCES


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