“Knowledge of Dementia among Health and Social Care Undergraduates in Hong Kong”

School of Public Health and Primary Care, The Chinese University of Hong Kong
Jockey Club Centre for Positive Ageing

September 2009
Objectives

• To evaluate the level of dementia knowledge among undergraduates in the health and social care professions

• To examine their competence in working with the dementia sufferers
Method

- The survey was conducted between April and June 2009.
- 221 completed questionnaires were returned (response rate = 69%)
- Participants were final year undergraduates from 4 health and social care disciplines: medicine, occupational therapy, nursing, and social work
- The mean age of the participants was 23, with an age range between 20 and 35
Method

• Questionnaire:
  • Alzheimer’s Disease Knowledge Test
  • Self-Efficacy Scales

• Class Hours
Method

• Questionnaire: Alzheimer’s Disease Knowledge test (ADK)

• To evaluate level of dementia knowledge (Dieckmann, Zarit, Zarit & Gatz, 1988)

• 20 questions
  • Prevalence, etiology, diagnosis, symptoms, cures, management of behavioral problems, community resources
Method

- Questionnaire: Self-Efficacy Scales
  - Self-efficacy is the belief that one is capable of performing in a certain manner to attain certain goals (Bandura, 1994)

- General Self-Efficacy (GSE)
  - 10 items

- Dementia-Caregiving Self-Efficacy (DSE)
  - 10 items
Findings

• Knowledge of Dementia

  • Overall ADK score = **7.52** out of 20, 38%

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean ADK score</td>
<td>5.04</td>
<td>9.67</td>
<td>9.78</td>
<td>11.74</td>
</tr>
</tbody>
</table>
Findings

• Knowledge of Dementia: Prevalence rate

• Nearly half (46%) of the students knew that it is around 10% in persons over 70

• 67% were aware that the prevalence of AD in the general population increases in proportion to the population over 65 in Hong Kong
Findings

• Knowledge of Dementia: Etiology

• 55% knew that persons with a close relative who has AD have a higher risk of being afflicted
Findings

• Knowledge of Dementia: Treatment

• More than half (65%) of the students did not know that dementia drugs cannot prevent further decline

• The majority had overestimated the therapeutic effect of pharmacological treatment for dementia.
Findings

• Knowledge of Dementia: Symptoms

• 63% of the medical students recognized that symptoms of depression, delirium and stroke sometimes resemble AD

• Over 70% of the students from the other 3 disciplines did not know that symptoms of these illnesses could be similar
Findings

• Knowledge of Dementia: Diagnosis

• 85% of the medical students knew that autopsy is required to confirm AD

• Nursing (87%), social work (77%) and occupational therapy students (69%) improperly selected mental status testing or CT scan as the required procedure
Findings

• Knowledge of Dementia: Management of behavioral problems

• 51% of the occupational therapy and 41% of the medical students recognized that wandering problem is best managed by using lockable doors

• Most of the nursing (53%) and social work (34%) students wrongly thought that expressing concerns to patients can solve the problem
Findings

• Knowledge of Dementia: Management of behavioral problems

  • Nursing (100%), medical (90%) and occupational therapy (89%) students knew that when patients have difficulty performing self-care activities, it is important to assist with the activity so that they can remain as independent as possible

  • Only one-third of social work students (33%) knew the answer
Findings

• Knowledge of Dementia: Accessing community resources

• Only 27% of the social work students knew that patients diagnosed with AD are eligible to apply for Disability Allowance, while 24% were uncertain
Findings

• Self-Efficacy

  The General Self-Efficacy score (GSE) and the Dementia-caregiving Self-Efficacy score (DSE) in nursing, occupational therapy and medicine groups were fairly close

• the social work students’ DSE (23.7) was significantly lower than their GSE (27.1).
Findings

- Self-Efficacy

Table 2: Mean Self-Efficacy Scores

<table>
<thead>
<tr>
<th></th>
<th>Social Work (N=124)</th>
<th>Nursing (N=15)</th>
<th>Occupational therapy (N=36)</th>
<th>Medicine (N=46)</th>
<th>Total (N=221)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSE (max=40)</td>
<td>23.72</td>
<td>26.6</td>
<td>29.11</td>
<td>26.2</td>
<td>25.31</td>
</tr>
<tr>
<td>GSE (max=40)</td>
<td>27.1</td>
<td>26.6</td>
<td>28.81</td>
<td>26.91</td>
<td>27.31</td>
</tr>
</tbody>
</table>
Findings

• Class Hours

  • 44% of the occupational therapy and medical students reported that the class hours covering dementia topic in their programmes were between 6-10 hours.

  • Over 50% (53%) of the nursing students said the class hours were between 1-5 hours.

  • The majority (75%) of the social work students had the class hours from 0-5 hours.
## Findings

- **Class Hours**

<table>
<thead>
<tr>
<th>Hour</th>
<th>Social Work (N = 124)</th>
<th>Nursing (N = 15)</th>
<th>Occupational therapy (N = 36)</th>
<th>Medicine (N = 46)</th>
<th>Total (N = 221)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>31%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>1-5</td>
<td>44%</td>
<td>53%</td>
<td>11%</td>
<td>44%</td>
<td>32%</td>
</tr>
<tr>
<td>6-10</td>
<td>8%</td>
<td>27%</td>
<td>44%</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>11-15</td>
<td>3%</td>
<td>0%</td>
<td>19%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>16+</td>
<td>5%</td>
<td>0%</td>
<td>14%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10%</td>
<td>20%</td>
<td>11%</td>
<td>22%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Findings

• Class Hours

  It is shown that correlations among class hours on dementia topics, students’ knowledge of dementia, and their competence in dementia care-giving are all significant.

  This suggests that more education can improve students’ knowledge and competence.
Conclusions

• The overall ADK score of undergraduates in health and social care professions was low

• Poor knowledge in treatment, symptoms and diagnosis, behavioural management, and community resources
Conclusions

• Medical students were better at symptoms and diagnosis

• Nursing and occupational therapy students were better at behavioural management
Conclusions

• Social work students attained the lowest DSE and had the least hours of dementia education

• Correlations among class hours on dementia topics, students’ knowledge of dementia, and their competence in dementia caregiving were all significant
Recommendations

• Devote more hours to teaching dementia-related content

• Provide greater exposure to relevant elderly services via placement and internship. This would help to develop the students’ competence in delivering dementia care
Recommendations

• Provide on-the-job training for fresh graduates and new staff

• This would ensure service standard, enabling dementia sufferers to receive treatment plans effectively and have early access to services