



## Staff training for a better dementia care

The needs of people with dementia change over time and staging. On top of the physical care needs of care recipients, the psychological and behavioral symptoms of dementia often demand additional time and effort from staff members in elderly services. Extra work might lead to burnout; staff members with lower self-efficacy in managing the challenges at work were found to be particularly prone to burnout <sup>1</sup>, while more knowledge in handling such challenges was associated with higher self-efficacy in managing stressful situations <sup>2</sup>.

A wide range of training programs targeting formal caregivers have been developed to facilitate the care of people with dementia. According to a review <sup>3</sup>, trainings that help manage challenging behaviors and promote person-centred care were the most effective. In Visser, McCabe, Hudgson, Buchanan, Davison, George <sup>4</sup>, staff members showed significant improvement in perceived skills and knowledge after learning to monitor the antecedents and consequences of challenging behaviors. The program of Kuske, Luck, Hanns, Matschinger, Angermeyer, Behrens, Riedel-Heller <sup>5</sup> encouraged care staff to sensitize the experience of people with dementia and recommended new care skills and better communication with care recipients. They showed that training helped staff members obtain higher scores in a standardized dementia knowledge test, an overall increase in the sense of caregiving competency was also observed.

Among studies that evaluated the effectiveness of staff training in dementia care, enhanced knowledge, sense of competence, and self-efficacy were more frequently reported, with the length of a program proven not affecting the training effectiveness. However, to address more underlying staff issues, such as high levels of burnout, potent intervention in the working environment might be needed <sup>6</sup>. Spector, Revolta, Orrell <sup>3</sup> pointed out that care facilities should work on minimizing the organizational barriers to achieve long-term improvement. Likewise, Davison, McCabe, Visser, Hudgson, Buchanan, George <sup>7</sup> suggested that staff burnout depended on the challenging behaviors of people with dementia, and influencing their behaviors required a change in the overall caring practice. The increase in self-efficacy among a small group of staff, therefore, might not be effective enough to create significant impact.

While staff members might be disappointed by the barriers that prevent them from implementing innovative measures after they receive training <sup>4</sup>, profound changes on the organizational level might foster significant improvement in morale and even cost savings. The New Cross Hospital in Wolverhampton, UK <sup>8</sup>, introduced a dementia specialized care



unit that provided outreach support to other wards, and provided training on dementia awareness and care to personnel at all levels, including therapists, nurses, and healthcare assistants. Having received training and support from the dementia specialized care unit, the staff from general wards reported to experience less stress at work. On the other hand, staff members in the dementia specialized care unit were less stressful and more satisfied with work because they were able to improve the communication and build a better relationship with the patients and their families. At the one-year follow-up, the unit recorded a lower staff sickness absence compared to general wards, and the difference was translated to £11,700 to £21,700 direct annual cost savings. An organizational change of establishing a dementia specialized care unit to provide expertise support to other units and to foster learning on dementia of other staff might manifest its function in the entire system, generating positive outcomes for the entire facility.

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