Residential aged care staff awareness of and engagement with dementia-specific support services and education

Abstract

Objective: Examine residential aged care (RAC) staff awareness of and engagement with dementia-specific support services and education.

Methods: Cross-sectional survey of staff (n=179) from 36 Victorian RAC facilities.

Results: 60% (n=107) of respondents were aware of dementia-specific support services, but only 22% (n=48) accessed services in the previous two years. Approximately 77% (n=137) were aware of dementia-specific education, with 66% (n=115) completing education in the previous two years. A significantly higher proportion of registered nurses had accessed dementia-specific support services in the past two years compared with enrolled nurses and personal care assistants ($p < .001$).

Conclusion: A relatively large proportion of RAC staff were unaware of available dementia-specific support services and education. While approximately two thirds accessed such education, only one in four accessed dementia-specific support services. To optimise the quality of care for people with dementia, strategies to increase awareness of and access to these resources are warranted.

Keywords: Dementia, Education, Residential Aged Care, Health Services for the Aged

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Introduction

In 2015, authors of the World Alzheimer Report[1] estimated that 46.8 million people were living with dementia worldwide and forecasted an increase to approximately 74.7 million by 2030. The trend is similar in Australia. In 2018, there was an estimated 436,366 Australians living with dementia[2], and dementia was reported to be the single greatest cause of disability in older Australians (aged 65+ years) and the third leading cause of disability burden overall[3].

Given these statistics, it is no surprise that dementia has been nominated as an Australian National Health Priority Area. Because 52% of people living in Australian Residential Aged Care Facilities (RACFs) have dementia[4], staff require dementia-specific support and education to assist them in optimising the wellbeing of residents with dementia. However, quality of clinical practice in dementia care in Australia is variable, with inconsistency in availability of services to support workforce training, diagnosis, ongoing care, advance care planning, and support for families[5].

A similar situation exists internationally. For example, in 2015 England released a nationally agreed sector framework for dementia educational content and learning outcomes[6]. Despite the existence of this national framework, it was later reported that among the dementia care workforce "*there is no requirement for continuing professional development education or training to be accredited*"[7; p.967]. Similarly, a competency in dementia education and training framework was released in Wales[8]. However, in Wales, like England, there appears to be limited provision for regulation or quality monitoring of dementia education. As a result, the content and quality of dementia education in these countries is variable and low levels of dementia knowledge among the aged care workforce are commonplace[9].

As Australia's ageing population grows, the need increases for a skilled and adaptable aged care workforce. It is estimated that by 2025, the healthcare and social assistance sectors will be among the top employing industries[10]. However, increasing numbers of workers will not address skills gaps; employment growth needs to be scaffolded by high quality and consistent training and qualifications. Innovation in education and professional development can help address skills currency, but employers must take a lead role in supporting staff to advance their knowledge and skills.

Investment in education is becoming increasingly important due to rapid advances in knowledge and best practice, as well as the continuing evolution of technology and digital equipment that is transforming skill requirements and how organisations operate. Work-related education improves workplace performance and productivity[11] and is vital to ensuring best practice care for end-users. Forecasts by the Australian Workforce and Productivity Agency[10] predict a growing need for skills to be deepened (that is, acquisition of additional qualifications at higher levels than previously)[10]. In the RAC sector, research shows knowledge of dementia care was higher among staff who underwent dementia-specific training[12] and targeted practice-based dementia education resulted in greater dementia care competency[13]. Following dementia-specific education, staff have also reported significantly higher levels of confidence in providing dementia care[13]. These findings have implications for practice in the aged care sector and highlight the value of comprehensive dementia-specific training for RAC staff.

In addition to education, dementia support services are available for RAC staff, both nationally (e.g. Dementia Support Australia, National Dementia Hotline), and state based (e.g. Dementia Australia – Victoria and Aged Persons Mental Health services). These services provide advice and support for staff regarding management and care of people with dementia, with information available online, via telephone, or face-to-face. It has been shown that the degree of perceived support among RAC staff when caring for older adults with behavioural and psychological symptoms of dementia, has been positively correlated with staff psychological

wellbeing[14]. Additionally, RAC staff who access dementia support services and education can expect an increase in confidence levels[13], psychological wellbeing[14] and proficiency in dementia care[13]. However, it is unclear whether staff working in RACFs are aware of the range and scope of dementia-specific services and education opportunities available to them and, if so, the extent to which they engage with such resources. To address this gap, the Victorian public sector RAC workforce was surveyed. Results from the survey provide a benchmark reference for future measurement of change in level of awareness of and engagement with dementia support services and dementia education.

The aim of this study was to explore RAC staff awareness of, and engagement with, dementia-specific support services and education. The research questions were:
1) To what extent are health professionals and care workers in RACFs aware of dementia-specific support services and education opportunities?
2) To what extent do health professionals and care workers in RACFs engage with dementia-specific support services and education?

The results of the survey have direct relevance to and implications for a wide audience, including RACF managers, staff, residents with dementia and their families.

Methods

Design

This study involved a purpose-designed, cross-sectional survey.

Participants

Leaders from 177 public sector RACFs across rural, regional, and metropolitan Victoria, Australia were contacted to seek approval to invite their staff to participate in the research. Thirty-six (20%) of the 177 RACF leaders consented to their staff being invited to participate and 179 survey responses were received from participating RACF staff, including health

professionals (e.g., registered nurses, enrolled nurses) and care workers (e.g., personal care assistants, lifestyle staff).

Survey

A survey was purpose-designed to contain a combination of items informed by research in this area[15-18] and expertise of the research team. Open and closed questions elicited information about respondents': a) awareness of dementia-specific support services; b) engagement with dementia-specific support services; c) experiences in engaging with dementia-specific support services; d) awareness of dementia-specific education opportunities; e) participation in dementia-specific education; f) experiences of participating in dementia-specific education; and g) demographics.

The survey was developed in both a paper-based and online format, with the latter created using Research Electronic Data Capture (REDCap) software. Both versions were pre-tested with approximately 10 nurses and personal care assistants (PCAs) who work in RAC. Feedback from the pre-testing phase informed minor revisions to the final survey, which was completed anonymously, taking approximately 10 to 15 minutes to complete. Participation was anonymous and voluntary. Consent was implied when respondents participated in completion of the survey.

Data collection and analysis

An email was sent to a senior staff member (e.g., Director of Nursing, Facility Manager) at all Victorian RACFs (177), informing them of the research and inviting them to participate. A follow-up email included a link to the online version of the survey. Upon request, paper-based surveys were hand-delivered to 14 RACFs and completed surveys were either collected in-person or returned via post. Data were collected between March and June 2019.

Data from paper-based surveys were manually entered into REDCap and data exported into IBM SPSS statistics version 25. Data were analysed using descriptive statistics, with inferential

statistics (e.g., Chi-square, independent samples t-test, one-way ANOVA) used for analyses of key variables. Where the Levene's statistic indicated a violation of homogeneity of variance assumption (< .05), the Welch test was used as an alternative to the standard ANOVA, with Games-Howell test used for post hoc comparisons; Tukey's HSD was used for post hoc tests for standard ANOVA. For categorical variables where the minimum expected cell count was less than five, the Fisher exact test was used as an alternative to the Pearson Chi-square test, with p values reported (i.e., no statistic is calculated for the Fisher exact test). Free text responses were classified into common categories and analysed quantitatively.

Ethical considerations

Ethics approval for this project was granted by the Deakin University Faculty of Health Human Ethics Advisory Group (HEAG) – Ethics ID: HEAG-H 187_2018. Ethics was also granted by Monash Health [HREC/51461/MonH-2019-165845(v1)], Barwon Health [19/23], Ballarat Health [authorised via email by the Manager, Research Ethics and Governance], and Bass Coast Health [2019-08 SSA Bass Coast Health].

Results

A total of 179 surveys were returned, with 58% (n=103) completed on paper and 43% (n=76) online.

Characteristics of respondents

Respondents identified their geographic location as metropolitan (n=37, 20%), regional (n=80, 45%) or rural (n=50, 28%); 12 (7%) participants did not indicate their location. The median age of respondents was 49 years (IQR=18, Range: 22–67 years). Over one quarter of respondents (n=48, 27%) were born overseas, representing 20 countries; however, 84% of respondents spoke English at home. Respondents worked in their current position for a median of five years (IQR=7.9, Range: 1 week to 35 years) and worked in the RAC sector for a median of 10 years (IQR=12.3, Range: 1 week – 41 years). Table 1 outlines other demographic characteristics of respondents.

The highest proportion of respondents were Enrolled Nurses (ENs) qualified to administer medication (n=63, 35%), followed by Personal Care Workers/Assistants (PCWs/PCAs) (n=33, 18%). This varies from the 2016 Australian RAC workforce profile comprising mostly of PCAs (70%) followed by ENs (10%) and RNs (15%)[15]. The highest level of education completed by respondents ranged from secondary school to Masters and PhD level postgraduate education, reflecting the range of work roles represented in the sample. Over 80% of respondents (n=149) completed their highest level of education in Australia. Most respondents (n=143, 80%) were employed on a permanent basis but there was substantial variation in the hours they worked per week, with 32% (n=57) of respondents working less than 25 hours per week.

*** Insert Table 1 here ***

Dementia support services

Only sixty per cent of respondents (n=107) were aware of dementia support services available to them. Of these respondents, only 48 (27% of the total sample), typically Registered Nurses (RNs) and lifestyle staff, had accessed such a service in the past two years. Dementia Australia was the most frequently cited service, including Dementia Victoria and the National Dementia Helpline, which operates under the auspices of Dementia Australia. Dementia Support Australia (DSA) was also commonly listed, with some respondents identifying specific DSA services provided, such as the Dementia Behaviour Management Advisory Service.

Of the respondents who were aware of the dementia support services available to them, 45% had accessed these in the past two years. The number of services accessed ranged from one to five with a mean of 1.6 (SD=0.9). Collectively, 78 individual services were accessed (Table 2), predominantly via telephone and online with 16 respondents using more than one method to contact services (e.g., telephone call and in-person). Approximately 38% of respondents contacted support services outside work hours, with 35% contacting support services six times or more.

*** Insert Table 2 here ***

Dementia education

Seventy-seven per cent of respondents (n=137) reported knowledge of available dementia education. The most frequently cited education was the Massive Open Online Course (MOOC) delivered by the Wicking Dementia Research and Education Centre at the University of Tasmania (n=44, 32%) (see Table 3). Dementia Australia and Dementia Training Australia were the next most frequently cited organisations, and almost 14% of respondents (n=19) reported dementia education was provided within their organisation.

Of the 137 respondents, 115 (84%) had completed dementia education within the past two years. Most of these respondents had completed between 1 – 7 courses, with the mean number of courses completed per respondent being 2 (SD=1.5). Collectively, all respondents had completed 228 individual courses in the past two years (Table 3).

*** Insert Table 3 here ***

Approximately 15% of the 115 respondents (n=35) who completed dementia-specific education, had completed the MOOC delivered by the Wicking Dementia Research and Education Centre at the University of Tasmania (see Table 3). Approximately 54% (n=123) of the 228 individual courses completed in the past two years were delivered online, 32% (n=72) of respondents completed education involving 10+ hours of study, but only 60% (n=136) completed education involving assessment of learning outcomes. Seventy-two per cent (n=82) of these respondents reported using new knowledge or skills in their work 'a great deal' or 'quite a bit'. Small proportions of respondents indicated they paid for some (n=13, 11%) or all (n=4, 4%) of the dementia-specific education they completed in the past two years; for the remaining 85% who did not pay for any education, it is unclear if this is because the course was

free, provided in-house by their employer, or the cost of external education was met by their employer.

Characteristics of staff who most often engage with services and education

Of the 85 respondents who were aware of dementia-specific support services, RNs (n=24, 80%) were more likely to have used dementia-specific support services in the past two years than both ENs (n=10, 26%) and PCAs (n = 5, 31%), p<.001 (Fisher exact test). In contrast, the proportions of respondents who had completed dementia education and training in the past two years were similar across the three groups, ranging from 73% of RNs to 85% of PCAs. No other analyses that compared responses based on demographic characteristics identified any significant findings. Length of time working in aged care and current role, country of birth, type of RACF (e.g., dementia-specific vs general aged care), and geographic location (e.g., metropolitan, regional, or rural) did not significantly impact engagement with services and education.

Discussion

While just over half of all people living in Australian RACFs have a diagnosis of dementia[4], our study to explore staff awareness of and engagement with dementia-specific support services and education found less than a quarter (22%) of staff had accessed dementia-specific services, and only two-thirds (66%) had accessed dementia-specific education in the previous two years. These findings prompt concerns about currency of staff knowledge and skills needed to promote wellbeing of older people living with dementia in RAC. This finding should be considered in the context of previous reports regarding variable quality of care, and inconsistent availability of services to support workforce training[5-9] . It should also be considered in the context of low staffing levels across the sector[19], as it may be difficult for individuals to engage with dementia support services and undertake education because many RACFs are under-resourced and cannot provide replacement staff to backfill positions when individuals are on study leave[20,21] .

In addition to capturing the extent of use of dementia-specific services and education by RACF staff, this study also identified how staff engage with these services when they do use them, which provides some insights into how future use may be increased.

A promising finding was that most respondents from Victorian RACFs were aware of available dementia-specific education opportunities. Despite this positive finding, nearly one quarter of respondents were unaware of any dementia-specific education available to them. This is consistent with previous research[16,17] and highlights the need to promote dementia-specific education among RAC staff. Contrary to research suggesting participation in work-related training tends to increase in accordance with individuals' level of education qualification[22], the current study found a similar level of awareness and engagement with dementia-specific education across PCA, EN and RN participants. This is particularly important given the key role of PCAs, who typically have a lower level of initial educational preparation in the day-to-day care of RACF residents.

Approximately 60% of dementia-specific education completed by respondents in the past two years was delivered online, a small proportion also included an element of in-person delivery. This is markedly higher than the latest data for work-related learning in Australia, where approximately 19% of work-related learning across diverse industries was completed online[22]. As the aged care sector has an older workforce compared with other industries (median age of 46 years)[15], this finding assists in dispelling stereotypes that older workers are less tech-savvy, unlikely to engage in online learning, and have more difficulty learning new things and complex tasks[23, 24, 25] . The increasing availability of online education may also account for relative equity in participation rates among staff working in metropolitan, regional and rural facilities, with no statistical differences identified between these sites in the current study. The duration of individual education activities varied, but 18% of respondents completed courses requiring 20+ hours of study, suggesting comprehensive content and high levels of commitment to professional development, specifically in dementia. Conversely, 40% of respondents completed education that had no assessment, which is a key strategy for evaluating achievement of learning outcomes[26].

Although most respondents were aware of dementia-specific support services, just over a quarter accessed such services in the past two years. There were clear differences in service access based on work role, with RNs significantly more likely than both ENs and PCAs to access dementia support services. This finding is consistent with the hierarchical nature of the RAC workforce, with RNs responsible for supervision of staff, undertaking higher level resident assessment and care planning and, consequently, taking overall responsibility for managing residents' symptoms of dementia[27]. Nonetheless, the findings indicate there is scope to raise awareness of available services to support staff working at all levels of RAC, and encourage utilisation of these services whenever necessary. As discussed in the Introduction, implications for RAC staff who access dementia support services and education include benefitting from increased dementia knowledge[12], confidence levels[13], psychological wellbeing[14] and dementia care competency[13], which in turn can lead to better outcomes for RAC residents with dementia[7]
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Limitations and recommendations for future research

This study was conducted with participants from public sector RACFs in Victoria, who may have different demographic and/or workforce profile characteristics to those from not-for-profit and private sectors. In addition, the RAC workforce in Victoria is large (in 2016, the direct care workforce was estimated to be 42,309)[15] compared to the relatively small sample size recruited for this study, thereby limiting the generalisability of results. This is also the case for some occupational roles, including low response rates from allied health professionals. The overall population size was unknown; hence a response rate could not be calculated and there were missing responses for many individual survey items. These are clearly outlined in Tables 1-3 and we acknowledge this has potential to impact the accuracy of the findings. Further, the self-report method used to collect data has potential for response bias, with individuals who are interested in dementia care being more likely to complete the survey. Hence the findings may be more favourable than reality in the broader aged care workforce. In addition, while the purpose-designed survey was pre-tested, it was not psychometrically validated and was only available in English, which may have presented difficulties for participants with poor written

English language and/or comprehension skills. This is important given reports indicating cultural diversity of the workforce within the RAC sector[15].

Recommendations for future research include exploring barriers to and enablers of dementia services use and education uptake by RAC staff. For example, preferred modes of access might be explored for dementia services such as telephone and online platforms; similarly, for dementia education such as onsite, online, and offsite learning where geographic distance may impact attendance. In addition, costs of education and infrastructure issues may play a part in participation, for example, availability of computers and internet. Organisational level influences may have a role in education uptake through management support and provision of paid leave to access services and participate in education opportunities. Research into potential barriers to and enablers of access to dementia support services and uptake of education opportunities would provide useful knowledge about potentially modifiable factors to optimise use of services and workforce education.

Conclusion

Over half of older Australians living in RAC have a clinical diagnosis of dementia and require care from staff with specific knowledge of dementia care practices to promote wellbeing. The results from this study highlight a need amongst RAC staff for greater awareness of and engagement with dementia-specific support services and education. There is an undeniable need for dementia-specific education across all staff levels in the RAC sector. While several high-quality dementia-specific education resources and support services are freely available to RAC staff, increasing awareness and promoting uptake of opportunities can be facilitated by employers. Further research to explore enablers and barriers associated with access to and engagement with dementia-specific support services and education could inform strategies to promote use of these resources.

Impact Statement

This study demonstrates that awareness of and engagement with dementia-specific support services and education amongst residential aged care staff could be improved. Further research exploring enablers and barriers to awareness and engagement may uncover how greater uptake of these important resources and services may be achieved.

Acknowledgements

The authors would like to gratefully acknowledge funding from the Public Sector Residential Aged Care Leadership Committee for funding this work.

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