

Effectiveness of dementia care training programme among Nursing students from selected Colleges in Navi Mumbai

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Introduction

Patients in hospitals suffering from dementia have extensive medical needs, making it challenging to provide them with acute nursing care. Despite advances in care, many older individuals continue to suffer from troublesome behaviours, slow cognitive loss, and functional degradation, all of which have a detrimental impact on their quality of life. Their already low quality of life is exacerbated by substandard medical care. This substantial and quickly rising public health concern affects patients, families, health care organisations, and society as a whole. These patients are at risk of obtaining suboptimal care from their health care providers due to a lack of knowledge of the causes of cognitive impairment and a misunderstanding of the nature of the problem. The goal of this article is to describe the difficulties that arise when providing care to hospitalised patients with dementia and delirium that is superimposed on dementia; nursing assessments, problem identification, and interventions for dementia and delirium that may promote quality of life and care; and synthesised recommendations to guide clinical practise.

However, the interest, comprehension, and knowledge of dementia among nurses, who should play a key role in implementing dementia prevention and management policies, is very low. Furthermore, despite the fact that a negative attitude towards dementia increases the burden in nursing[5,] the cultivation of dementia knowledge and attitude among nursing students, who will be the future dementia nursing manpower, is insufficient. As a consequence of this, it is necessary to incorporate dementia education into the nursing curriculum so that nursing students have a better understanding of the disease and a more positive attitude towards those living with dementia. Additionally, a variety of dementia education programmes need to be developed and their usefulness needs to be validated.

The level of student dementia knowledge was found to be correlated to the duration of education, and those who had dementia elderly had a more positive

attitude towards dementia patients than those who had not had dementia elderly in their lives. This was discovered during an investigation into the influence of education on knowledge and attitude regarding dementia.

Education on dementia was shown to be both an essential component of a doctor's treatment for the condition and an advantageous component of patient care, as was established in the research. As a consequence of this, nursing education is necessary in order to produce professional nursing professionals who have a professional grasp of dementia as well as a positive attitude towards dementia. Such an understanding and attitude are needed for nursing service.

However, the researcher suggested that improving dementia knowledge and attitude is limited to teaching-oriented theoretic education, and that there is a need to implement various education programmes, volunteer work, and curriculum revision to allow students to obtain dementia knowledge and a positive dementia attitude while they are still in school.

Education on dementia is essential, as previous research has shown; not only does it raise awareness, but it also changes people's perspectives. As a result of this study, a dementia theory education programme has been developed and is now being put into practise in order to increase nursing students' awareness of dementia as well as their acceptance of the condition. In addition, the research utilised a qualitative measuring instrument to evaluate the efficacy, analysed changes in dementia knowledge and attitude, and verified the effectiveness, all of which may give substantial fundamental facts to support the need for reinforcing dementia education for nursing students. The aim of the study was to examine the influence of dementia care training programme on dementia knowledge and attitude of nursing students.

Methodology

The researcher decided to use a design that included a pre-experimental one-group pre-test and post-test. Purposive sampling was utilised in the selection process for this sample. A total of 200 samples were chosen from different nursing colleges located in the Navi Mumbai area. The demographic variables, knowledge questionnaire, and attitude scale for dementia care were the instruments that were used for the study. The study subjects' general

characteristics, dementia knowledge, and dementia attitudes were evaluated before the primary research was carried out. In this study, written agreement on research was issued to participants, along with an explanation of the study's goal and data collecting methods. Only participants who agreed to the terms of the form were invited to participate in the survey. The aim of the study as well as its specifics are included in the written permission document, which also indicates that participants are free to withdraw their participation at any time, that the data obtained is kept confidential, and that it is solely used for the purpose of the research. The nursing students participated in an intervention plan for dementia that was given to them. The post-test was used to examine the respondents' knowledge and attitudes towards dementia, and it was based on the survey to which each of the subjects replied immediately after the completion of the dementia education programme. In terms of frequency and proportion, the general features of the participants under study were evaluated. Independent sample T tests were used to investigate and evaluate the efficacy of the dementia education programme.

Results

Eighty percent of those who took part in the study were females, while twenty percent were males; sixty percent were Hindus, thirty percent were Christians, and ten percent were Muslims; and sixty-eight percent of those who took part in the study were from urban areas, while thirty-two percent were from rural areas. After verification of the assertion that "Knowledge score on dementia of nursing students would be greater after participating in dementia education programme," the average dementia knowledge score was 13.31 before to the education and increased to 18.61 after the education. Nonetheless, there was a statistically significant difference ($t = 3.88, p = .002$) between the two ratings. The dementia attitude was an average of 10.21 before the experience, but it increased to 22.02 after education, with a statistically significant difference ($t = -5.12, p = .0001$) between the two scores. The research was carried out on nursing students who took part in a dementia education curriculum. As a consequence, people in the better educated group were more optimistic about dementia.

Conclusion

This study was conducted with the intention of determining the impact of dementia education on the knowledge of dementia, attitudes about dementia, and attitudes towards elder care held by first-year nursing students. As a direct result of this, those who received training had increased understanding of dementia, as well as a more favourable attitude towards dementia and an attitude towards aged care. According to the results of the study, the following recommendation is made: there is a need to establish a curriculum that conducts both theoretical instruction and activities to build professional knowledge and a positive attitude towards dementia senior patients.

Reference

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