

LEVEL OF KNOWLEDGE AND ATTITUDE ON DEMENTIA CARE AMONG NURSES

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ABSTRACT

Background: It is a concern in meeting patients' needs with a high prevalence of dementia across the world. However, dementia care has always been neglected. Nurses are expected to be capable of being able to care for people with dementia. **Aim:** This study aims to determine the level of knowledge and attitude on dementia care and their association among nurses at a private hospital. **Methods:** This is a quantitative cross-sectional study. A self-administered questionnaire using Dementia Knowledge Assessment Scale (DKAS) and Dementia Attitude Scale (DAS) were adopted in the study. In this study, a simple random sampling method was used to recruit 102 nurses. **Results:** Findings show that nurses have poor knowledge (M=23.59, SD=6.79) but with a positive attitude (M=98.99, SD=12.08) on dementia care. There is no association between level of knowledge and attitude in dementia care ($p > .05$) among nurses. **Conclusion:** The educators, policy makers and administrators in healthcare settings are recommended to provide a support system and training strategy for nurses to improve their knowledge in caring for patients with dementia. Future study may be considered to examine the influencing factors and barriers related to dementia care.

Keywords: Nurse; Dementia; Knowledge; Attitude

INTRODUCTION

Dementia is defined as an acquired loss of cognition functions in thinking, memory and communication due to disorders of the brain (Arvanitakis, Shah, & Bennett, 2019). Patients with dementia are classified as vulnerable due to cognitive decline for not being able to perform self-care. They are highly potential for danger, being abused or neglected as they have lost their independent abilities to perform daily living activities (Alzheimer's Association, 2019). Impairment in communication, orientation, and behavioral have increased the demand of care among patients living with dementia. Based on Alzheimer's Disease International (2016), in every three seconds, a person in the world is diagnosed with dementia. In Malaysia, there are approximately 123,000 people with dementia in 2015, and the prevalence is predicted to increase to double by the year 2030 and triple by 2050 (Mat Nuri *et al.*, 2017). The growing number believes to be related to a rapidly increased aging population all over the world. Accordingly, patients with dementia are expected to occupy 25% hospitalisation in near future. The WHO (2019), therefore, emphasises the importance in developing dementia care-related policy in targeted countries that aims to improve the quality of life for the

patients and their families.

In a study by Lin *et al.*, (2017), the researchers reported that nurses' knowledge on quality of care for dementia patients is insufficient in Taiwan. In their findings, the level of dementia care knowledge is significantly influenced by age factors, nursing experience, education level, working environment, type of courses and personal learning behavior. Similar findings are supported by Chen *et al.*, (2017) in which long years of working experience is correlated to greater knowledge and attitude on dementia care among nurses. In addition, Keuning-Plantinga *et al.*, (2020) reported that the majority of the nurses have positive attitudes in providing nursing care for dementia patients. The findings of the study also found significant relationships among working hours, place of work and level of education with attitude in dementia care. On the other hand, Strøm, Engedal & Andreassen (2019) revealed that nurses in India have limited knowledge on dementia care, but they show a positive attitude towards the patients. In a recent study Mat, & Ibrahim (2019) found a good level of knowledge (M=16.97, SD=3.104) and attitude towards dementia care among students in a Malaysian university. Further in their study, the researchers found no association ($p > 0.05$) on dementia

care knowledge between non-healthcare related and healthcare-related undergraduate students.

Purpose of the Study

The purpose of this study was to identify the level of knowledge and attitude towards dementia care and their association among nurses at a private hospital in Perak, Malaysia.

Research Questions

Below are the specific research questions of the study:

- 1) What is the level of knowledge on dementia care among nurses at a private hospital, Perak?
- 2) What is the attitude on dementia care among nurses at a private hospital, Perak?
- 3) Is there a significant relationship between the level of knowledge and attitude on dementia care among nurses at a private hospital, Perak?

METHODOLOGY

A cross-sectional descriptive quantitative study was employed in this study. The targeted population was 137 nurses in a private hospital, Perak. Based on a simple random technique, a total of 102 nurses participated in the study.

A self-administered questionnaire, Dementia Knowledge Assessment Scale (DKAS) was adopted with permission from Annear *et al.*, (2017). The DKAS scale consists of 25 items across four domains, namely causes and characteristics (7 items), communication and behavior (6 items), care consideration (6 items), and risk and health promotion (6 items). The questionnaire uses five response options: false, probably false, probably true, true, and don't know ranged from a minimum score of 0 to a maximum score of 50. Correct responses from the respondents will be awarded 2 points for each statement. The higher the scores indicate a better knowledge level on dementia care.

Besides, Dementia Care Attitude (DAS) scale was used to assess nurses' attitudes towards dementia care. The instrument was adapted from O'Connor & McFadden (2010) with permission. The DAS scale consists of two sub-domains namely social comfort (10 items) and dementia knowledge (10 items). It consists of 20 items using 7-Likert scale ranging from 1, strongly disagrees to 7, strongly agree. The score is ranging from a minimum of 20 to a maximum of 140. The higher the scores obtained by the respondents indicate greater

positive attitudes toward dementia care.

The content validity of DKAS and DAS scales was validated by a panel of three experts. Cronbach's Alpha scores of 0.842 for DKAS and 0.905 for DAS confirmed good reliability and internal consistency of the instruments for the study. All items have remained no change for data collection.

Data Analysis

Data were analysed using SPSS Statistics Version 26.0. Descriptive statistics including frequency, percentage, mean, and standard deviation were used to describe the demographic factors, DKAS and DAS. The relationship between the level of knowledge and attitude on dementia care was analysed using the Pearson correlation test.

RESULTS AND DISCUSSION

Table 1 shows that a majority of the participants aged between 20 to 29 years (n=60, 58.8%) with a mean age of nearly 30-year-old. The majority of the nurses who participated in the study are female (92.2%), single/divorce (67.6%) and are qualified in diploma of nursing (87.3%). Most of the participants do not have post basic in gerontology (96.1%, n=98) but are experienced in caring for patients with dementia (n=94, 92.2%).

Table 1: Social Demographic Data of Nurses (n=102)

Characteristics	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
Age			29.81	6.93
20-29 years	60	58.8		
30-39 years	35	34.3		
40-49 years	4	3.9		
>50 years	3	2.0		
Gender				
Female	94	92.2		
Male	8	7.8		
Marital status				
Married	33	32.4		
Single/Divorce	69	67.6		
Highest Education				
Diploma in Nursing	89	87.3		
Bachelor's degree and higher	13	12.7		
Post basic in Gerontology				
Yes	4	3.9		
No	98	96.1		
Experience in caring for people with dementia				
Yes	94	92.2		
No	8	7.8		

In Table 2, the data demonstrates the overall findings on the level of dementia care knowledge among nurses. Of all the four subscales in dementia care knowledge, Risk and Health Promotion (M=8.35, SD=2.82) was the highest followed by Causes and Characteristics (M=5.89, SD=2.25), Communication and Behaviour (M=5.27, SD=2.73) and the least was Care and Consideration (M=4.07, SD=2.18). The overall score for level of dementia care knowledge was poor (M=23.59, SD=6.79) among nurses. The findings of the study are consistent with Yao *et al.*, (2018) who reported that healthcare professionals have lack of knowledge in caring for patients with dementia. As a result, they are not capable of identifying early diagnosis or providing appropriate medical interventions and support to the patients.

According to a past literature review, the level of understanding and awareness of dementia care is limited among healthcare providers in Malaysia. The possible justification could be due to inadequate training about dementia particularly in nurses (Griffiths *et al.*, 2020). Curriculum on dementia courses should be incorporated in nursing undergraduate programmes in ensuring nurses develop their knowledge and skills in caring for patients with dementia. Demented patients in the acute hospital settings are at higher risk for falls and infections that may have a likelihood for longer hospitalisation and a high mortality rate (Butcher, 2018). Administrators and educators in the clinical settings may consider for conducting in-house training sessions and workshops to raise the level of knowledge and awareness on the importance of dementia care among nurses.

Table 2: Level of Knowledge on Dementia Care among Nurses (n=102)

Subscales	Mean ± SD
Causes and Characteristics	5.89±2.25
Communication and Behaviour	5.27±2.73
Care and Consideration	4.07±2.18
Risk and Health Promotion	8.35±2.82
Overall Knowledge on Dementia Care	23.59±6.79

Next, Table 3 shows the level of attitude towards dementia patients in nurses. The highest score reported was comfort (M=44.9, SD=9.37) followed by knowledge (M=54.06, SD=8.65). The overall attitude score obtained was at the mean value of 98.99 (SD=12.08) indicating nurses have a highly positive attitude towards dementia care. Based on the findings, 45.1% of participants agreed it is rewarding to work with people who have dementia;

and 56.9% of them felt comfortable touching people with dementia. However, 44.1% of participants self-reported that they are not familiar about dementia care; while 37.3% felt frustrated as they do not know how to help people with the disorder. The majority of the nurses (82.4%) agreed difficult behaviours demonstrated by the patients form a barrier for effective communication between nurses and patients. As such, nurses become frustrated and exhausted from obstacles faced in caring for patients with dementia (Monthaisong, 2018). Similarly, for physicians, they appear frustrated in managing dementia patients in comparison to those servicing in the primary care that does not involve dementia care (Wang *et al.*, 2018).

Nikmat *et al.*, (2011) highlighted that there are negative attitudes and stigma among society in Malaysia. Interestingly, Tullo & Young (2014) found that local students based in the United Kingdom (UK) universities have higher positive attitudes compared to those who are based in Malaysian universities. This may be due to the different teaching methodology implemented in higher education in the UK that emphasises on person-centered approach. Kim & Park (2017) explain person-centered care interventions can reduce neuropsychiatric symptoms such as agitation and depression; and improve quality of life. Hence, it is crucial to prepare nurses to apply person-centered care approach in meeting individualised care and complex needs of patients living with dementia.

Table 3: Level of Attitude on Dementia among Nurses (n=102)

Subscales	Mean±SD
Comfort	44.93±9.37
Knowledge	54.06±8.65
Overall Attitude on Dementia Care	98.99±12.08

Finally, Table 4 depicted that there was no statistically significant relationship between the level of knowledge and attitude on dementia care among nurses ($p > 0.05$). This finding is in line with Strøm, Engedal & Andreassen (2019) who reported that nurses in India have lack of knowledge in dementia care but their attitudes toward patients with dementia tend to be positive. Although nurses in the current study have a positive attitude towards dementia care, the poor knowledge reported may negatively influence the quality of care to be delivered. It is possible that in the study the nurses may not be applying nursing care effectively using person-

centered care approach. The researchers in the current study recommend nursing institutions to redesign the nursing curriculum to incorporate dementia care courses that focusing on person-centered approach. Improving nurses' knowledge and competencies in caring for people with dementia is paramount to upgrade patients' well-being and quality of care.

Table 4: Association between Level of Knowledge and Attitude on Dementia Care among Nurses (n=102)

Variable		Attitude on Dementia Care
Knowledge on Dementia Care	Pearson correlation	0.154
	Sig. (2-tailed)	0.122

*P < 0.05

CONCLUSION

The findings of this study reveal that nurses have lack of knowledge in caring for people with dementia but their attitude towards dementia is somehow

positive. There was no relationship found between the level of knowledge and attitude in dementia care. Nevertheless, it is important to improve nurses' knowledge while sustaining their positive attitude for the high quality of care for people living with dementia. This is in line with World Health Organization's (WHO) initiatives that stress on prevention, early identification, and interventions in dementia across the world.

Conflict of Interests

The authors declare no conflict of interest for the study.

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