

Exploring the Perceptions and development needs of Assistant Practitioners whilst supporting individuals with dementia.

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ABSTRACT

In the United Kingdom (UK), there are an estimated 850,000 people living with dementia. The disease costs the National Health Service £26 billion each year and it is believed this amount will treble over the next 30 years (Alzheimer's Society 2016). There is a need for health and social care staff to be competent to deliver care to those with dementia. The education of the staff will improve knowledge and build on staff capability and so confidence in dementia practice.

There is little evidence about the experiences and knowledge of staff. This study was conducted with Assistant Practitioners (APs), in 2014 to explore the perception of knowledge and skills in dementia care. The aim was to explore the perceptions of Assistant Practitioners working within health and social care settings and undertaking a Foundation Degree in Health and Social Care at the University of Bolton.

The research involved 44 Assistant Practitioners who shared their opinions about their preparation for practice in dementia care. Focus groups and questionnaires were used to collect data that was thematically analysed.

Two key themes emerged: *'Training, awareness and knowledge'* and *'the perceptions of the Assistant Practitioner to support individuals with dementia'*. Participant's commentary indicated they felt they were competent to support service users with dementia

The findings of the study demonstrated the positive achievement of partnership working and support to Assistant Practitioner learning and development. Although there were also a number of gaps identified in workforce knowledge.

Keywords: Dementia, Assistant Practitioner perceptions, Training and awareness, Gaps in workforce knowledge, Workforce development, Work based learning, Foundation degree Health and Social Care, Work based education facilitator

In 2013, there were 815,827 people who were diagnosed with dementia in the United Kingdom (Alzheimer's Society 2013), however this number rose to 856,700 in 2015 and is predicted to steadily increase to 1.1 million by 2025 and 2 million by 2051. The financial implication of dementia care is £26 billion per year (Alzheimer's society 2016), with social and human costs which are difficult to quantify.

There is considerable discussion about a 'dementia time bomb' within the United Kingdom which is based upon the inability to cope with the demands for dementia care with implications for service delivery and workplace development. This terminology is seen to be misleading as the Alzheimer Society (2016) claim that there will be a steady increase in the prevalence of dementia rather than a dramatic growth. This research was prompted by a wish to understand gaps in skills and knowledge required to offer high quality dementia support. This research aimed to explore Assistant Practitioner's dementia skills, knowledge, and perceptions to identify further beneficial work. Assistant Practitioners are employed across health and social care service provision and undertake

front line primary care for those with dementia. The role is aimed at crossing professional boundaries with skills and knowledge which are based upon a person-centred approach. The progression of skills and knowledge during the foundation degree was identified within this research, to consider ways in which they feel equipped for future service need (Sargent, 2003).

As health and social care needs and demand grows as a result of the population aging the prevalence of dementia will advance. The existing literature is concerned with various roles but omits that of the Assistant Practitioner probably due to the relative newness and geographical disparity across the UK. Literature concerned with the skills and knowledge of nursing staff in dementia found concerns raised during the 1990s based upon limitations in knowledge of dementia amongst health and social care staff (Tolson et al., 1999). As registered nurses were assessed upon their ability to care for service users with dementia, a study identified sub optimal care existed that could be attributed to limited understanding of dementia and poor staff skill mix. This remained a concern in 2014, with Griffiths et al., (2014) concluding that education, induction and in service training left doctors, nurses and allied healthcare professionals inadequately prepared and lacking in confidence to care for those with dementia. Also, consistent with prior research, Marx et al., (2014) found that staff members requested a better understanding of dementia care and the skills to manage differing behaviours in their patients and service users.

Cervero (1992) identified a gap between knowledge and quality of care, which required training based upon knowledge from practice which is of great value for practitioner development. Linking theory and practice to learn from practice is an important part of Kolb's (1984) experiential learning theory which is utilised in the foundation degree curriculum. Experiential learning is considered by Coogle et al (2006) to be the most effective way for care givers to experience the impact of dementia, which links well with the work based learning approach, combining theory and competence development. However, Miethinen (2000) offers the opinion that this approach to work based learning is inadequate and idealistic, seeing experience as a humanistic connection with an ideological function. Thus, reflection should be considered as part of this method of learning to provide deep individual insights which facilitate growth as part of lifelong learning.

The Foundation Degree in Health and Social Care is a two-year work based learning course based upon the concept of experiential learning, with experienced workers often becoming increasingly aware of the theory which underpins practice. The underpinning philosophy of 'work, earn and learn' is important in allowing those who might not be able to undertake university based education to do so (Sargent 2003, Selfe et al 2008). The aim is to equip the workforce and improve performance in their current and expected future roles, thus meeting the changing needs within the health and social care sector. Domain three of the Education Outcome Framework states that the workforce must be educated in response to changing service needs (DH 2013). Service needs are currently under pressure due to the increase in dementia across the United Kingdom, with challenges for service providers to understand and meet this growth. The challenge includes the importance of being person centred whilst meeting the increased complexity of need. Thus, making understanding critical to offering the correct care and support to individuals, families and carers of those with dementia.

The development of the workforce is fundamental to realising the Education Outcomes Framework. Band three health care assistants have the potential to develop their skills and knowledge whilst undertaking the Foundation Degree in Health and Social Care. The National Health Service (NHS) career framework sets out formal progression routes to enable skills escalation through workforce re-design using competence based workforce planning and development incorporated into the Foundation Degree (Skills for Health 2011). A band four is awarded on completion and additional roles and responsibilities contribute to the responsive initiative to change and improve services.

The Greater Manchester development of Assistant Practitioners began in 2002 in response to identified gaps within the health and social care provision at the time and the projected decrease in the capacity to meet population needs without modernisation of the workforce. This included demographic changes, the aging population and associated demands. The success of the pilot meant the initiative became North West wide in 2004. This coincided with a government focus on Foundation degrees to meet agendas around increasing the capability and education of the workforce (Higgins et al., 2010), whilst also offering Widening Participation through increased access of university level education. This approach required positive collaboration between partners, in terms of educational providers, strategic partners considering what the regional need is and also employing organisations. The commitment to partnership working meant there was clear mechanism for employers to influence the curriculum, with the Trainee Assistant Practitioners developing knowledge through participation in learning and competency through portfolio development. The workplace and university were joined together in a partnership with the Work based education facilitator role. The development was informed by existing and emerging need, the Assistant Practitioner role was aimed at overcoming occupational boundaries being based upon flexibility and by being responsive to needs.

BACKGROUND, METHODOLOGY AND ETHICS

This study involved 44 Assistant Practitioners and was conducted at the University of Bolton. The research followed the University Ethical guidance with the Work Based Education Facilitator role providing justifiable access to the students, also the employer being supportive of the research. The two methods used were focus groups and an online questionnaire. The specific aim was to produce evidence from this purposive group by exploring feelings and opinions during a case study approach (Stake 1995).

The questionnaire was conducted through Survey Monkey and consisted of ten questions that asked the AP where they worked, what presenting symptoms of dementia they recognised, training attended and their perceptions of their preparation for practice. Two focus groups were conducted in quiet rooms in participant's clinical areas. Each focus group lasted approximately 45 minutes. The aim of the focus group discussion was to enrich the evidence in a first-hand naturalistic way. One focus group was from learning disability services and the other from social services, which included those working predominantly with older people. The discussion within the groups gave considerable support to the questionnaire findings, which built additional richness. This methodology was chosen as it was seen to accommodate a flexible approach, with the exploration of experiences. The research was carried out from the viewpoint of being involved and 'knowing' the students through the support of them during the two-year work based learning programme. This might be seen to be an insider researcher, which facilitates greater ability to understand from the participant's perspective (Gray, 2009). This enabled a trust of the researcher and allowed a more open approach (Saks et al., 2013). It became obvious during the focus group discussions that the students did not feel inhibited and did in fact express their feelings openly. Gill et al., (2008) found that focus groups using a pre-existing group benefited from familiarity, comfort and trust, which was clearly evident here.

Findings

The research was carried out to explore the Assistant Practitioner's lived experiences. Two main themes emerged from the questionnaires and focus groups. These fell into two categories: 'training, awareness and knowledge' and 'the perceptions of AP's to support individuals with dementia'.

Training, awareness and Knowledge from the questionnaire

Participants were asked whether they had attended dementia training, which was an attempt to assess levels of knowledge gained through University and workplace training.

Results indicate that almost two thirds of respondents have received dementia training predominantly at work. 26 of 44 had encountered common dementia symptoms such as confusion, aggression and memory loss, thus reflecting that the AP's had a good base knowledge of the subject. 10 of 44 felt that they had not received any formal training, however the remaining 34 had attended training. Almost a quarter of the respondents said that their training and knowledge had been as part of a module on their Foundation degree course (See Fig 1).

Fig 1: Comments received regarding training and the source included:

"I did a module on dementia and mental health during my Assistant Practitioner degree"

"dementia was covered in the following modules: long term conditions, principles of care, working with older people modules at university"

"The module at university"

"Online training"

Other comments related to training included:

"not had any"

"unfortunately, I have not received any training on dementia"

"no training received"

"none"

The results indicate varied levels of training which seem to indicate that there are different perceptions of what constitutes specialist knowledge and in-house training. Some of the modules referred to are core. All participants would have completed these during their first year of training. Dementia is integral to first year core modules such as communication, principles of care, legal and ethical issues and using research evidence.

(1) Personal Perceptions and recognition of AP's from the questionnaire

The Assistant Practitioners were asked how well they rated their readiness to care for service users with dementia. Statistically, there were 31 responses to this question of which 21 of the respondents felt reasonably prepared but not highly confident, however it should be noted that a third of the sample scored themselves confidently at level 7 preparation or above to practice in dementia care. The AP's identified gaps in their knowledge, however they evaluated themselves as prepared to practice in dementia care. They felt that they still needed to learn more about dementia; as life-long learners they could move forward in their practice and consolidate their training in their workplace during their preceptorship period (See Fig 2).

Fig 2: Comments received included:

"I feel that if you are not completely working in depth on dementia that it is hard to say that you feel equipped to care completely; you need to get to know a person and their dementia traits and patterns, especially as all the dementias differ and each person's develops differently".

"I feel very confident in taking care of dementia patients as I have a lot of experience in the past taking care of people who suffer with dementia"

"I feel I have quite a good understanding of how to care for someone with certain types of dementia such as Alzheimer's and Vascular dementia"

The qualitative aspect of this question revealed a variety of perspectives on how well equipped the Assistant Practitioner felt when dealing with service users with dementia, whether it was personal or job related experience. The themes which emerged within the focus groups confirmed the questionnaire responses with training and preparation being the focus. When asked to illustrate their learning opportunities for their future professional development, respondents said that they wanted further dementia training, reflecting a clearly identified need for continued development in dementia

Focus group findings on training

When asked about their dementia training, focus group **one** referred to their organisational training and the theory taught during the Foundation Degree (See fig 3).

Fig 3:

When Miss L spoke of her organisation she said:

"In the first year and a half we did loads of dementia training".

Mrs P and Miss L said that they had discussed dementia during their University training; Miss L said she

*"...benefitted from putting **what she learnt during the foundation degree into a care package.**"*

Training on dementia for focus group **two** learnt towards knowledge of dementia gained at University during the Foundation Degree in Health and Social Care (AP). Conversely, all three members stated that they '**did not**' receive dementia training within their organisation of learning disability:

Perceptions within the focus groups included:

Miss T said that university had prepared her to:

"...looked into what somebody's dementia problems would be".

Mrs. S said that she felt:

"you try to support people in the way you've been taught and what you've learnt because as supervisors you want to pass that knowledge on as it's vital".

Perceptions were generally mixed in the group, one AP said that she felt *"totally prepared to deal with any situation"* whilst another felt that they *"needed refresher training"*. Two AP's claimed that following training that they felt *"calmer with it because I learnt more about the condition"* and another said that she *"looked at everything differently now"*. Overall, the focus groups positively identified skills acquired during the Foundation Degree study claiming that it had *"changed my practice and built knowledge base and confidence"* and *"built confidence and preparation"*

Although the group said they had learnt from going to University they would have liked to do more 'specific' training on dementia. Miss T commented,

"...you couldn't say we did a few weeks on dementia".

Here gaps are identified so whilst students have been taught about aspects of dementia in the University course, they found limits to their knowledge which affected their confidence. During the discussion, it was suggested that a module devoted entirely to dementia is offered.

Perceptions of professional identity from focus groups

Incidental findings reveal a sub theme of the 'assistant practitioner role', which emerged during focus group discussion whereby respondents identified a general lack of awareness of their role and some resistance from professional colleagues to accept them. The AP's perceived it as a barrier to their practice. There appeared to be some professional guarding of some roles and responsibilities that the **Assistant Practitioner** attributed to protection of 'nursing duties' with a resistance to change in team skill mix.

The AP's are not considered professionally registered which can mean that despite their knowledge they will question their abilities and responsibilities to support those with dementia. Professional colleagues may also question the AP level of skills and knowledge. Furthermore, the lack of AP registration might influence how others perceive their capability and restrict the roles that are delegated to the AP.

Comments within the focus group one regarding role identity included that they were *"treated like a support worker"* and they didn't feel *"trusted"*. In addition, they felt that their practice was *"reigned in"* by members of the multidisciplinary team. Focus group two members said that there was a lot of collaboration with other team members but they felt that *"the doctor doesn't take you seriously"*

Discussion

There are different opinions associated with levels of preparedness in terms of dementia care. The student self-perceptions are positive; they regard themselves as *"calmer with dementia because of learning about the condition"* and *"totally prepared to deal with any situation"*. Other students stated that the course had *"built my confidence, I'm quite prepared now to say what I think and*

have evidence to back up what I am saying” whilst Miss T said that the “Foundation Degree had changed my practice, it built my knowledge base and built my confidence”. Students have assessed themselves as having the skills and knowledge to support dementia care. The benefit of dementia being included in the core curriculum would mean all students would have awareness. Although specialist modules would be beneficial in building upon depth of knowledge.

Focus group one identified themselves as an ‘informed and effective’ team, whereas group two did not consider themselves part of an ‘informed and effective’ team as they felt that they lacked dementia knowledge. The discussion made them look at their practice and organisation and gave them the opportunity to identify the gaps in their service that could be improved with more dementia training. Focus group one who worked with older people, were the group who had received dementia training in their workplace and were able to link their training from their workplace to the theory around dementia within the Foundation Degree. Focus group two however, were unable to do this as they did not attend any training on dementia within their workplace as the focus of their organisation was learning disability. They were reliant on the subject being covered within the University course curriculum. The two organisations were very different in their approach to staff development around dementia. Within learning disability services, it was apparent that dementia was not the focus of treatment and diagnosis and that the learning disability was, which reflected the priority of the service. Conversely, within older people services, dementia is very prevalent and many of the service users in the community needed support during illness with dementia. Foundation Degrees that promote the link of theory with practice will mean that learning will be increased through exposure to experiences, which will facilitate the use of diverse examples. As a consequence, the staff who worked in older people services had a good base knowledge of dementia that could be built on during the course but those who worked in learning disability could not and hence requested more knowledge and skills in dementia care.

Given that the Alzheimer’s Society claimed in 2009 that 89% of 2,000 nurses surveyed felt unprepared to support patients with dementia, this Assistant Practitioner data is extremely encouraging. Overall, the Assistant Practitioner **does not** share the same trend as nurses with regard to preparation for practice in dementia (Alzheimer’s Society 2009). The role of the AP was designed originally as part of workforce development and the generic skills and knowledge that the undergraduate program supports is very relevant to dementia practice. This specialised area of practice is typical of the nature of the capability of the AP if they are developed appropriately. This could enhance the care that a service user with dementia may receive and also support the registered nurse rather than threaten their role.

It is clear that dementia care is an important part of emerging agendas within health and social care services which must be addressed. There appears to be limitations in the awareness and coverage of the issue at times with limited practice development. There is a fine balance between the idea that dementia should be treated as a specialist subject against the value of it being a core of learning which is mapped throughout the programme of study. Here, those working with the older person had more support to develop the skills, however dementia care is required across all areas of adult care. Service users routinely present with multiple and complex needs that include dementia. Dementia care should be an area that is taught throughout services to all those who are working within health and social care. These findings illustrate that the staff and student development of dementia is not consistent across health and social care.

Summary, conclusion and recommendations:

Service needs are met through the strategic and operational development of workforce, in this case the Foundation Degree in Health and Social Care. Positives can be gained through the responsiveness of a flexible curriculum which incorporates skills enhancement. Currently

development of workforce seems to be lacking in terms of dementia requirements although clearly changing.

The learning opportunities of dementia care within the Foundation Degree in Health and Social Care may be perceived as restricted. It could be argued that students would benefit from additional exposure to dementia care, perhaps in terms of working with specialist dementia teams or admiral nurses in the community. This could be considered during curriculum reviews and partnership meetings. Dementia needs to be integral and core to academic study and health and social care practice, regardless of role.

It is recommended that dementia is raised as an important development issue across health and social care services, through curriculum development and a partnership approach. Further consideration should be given to development of the health and social care workforce to this end. Thus, there will be greater understanding and ability to meet the needs of those experiencing dementia. Dementia is a growing issue and how it is managed is crucial to the quality of life for services users, cares and families. How staff are trained and supported to deliver this is critical to the success, which will depend upon the responsiveness of educational provision.

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