

# Formal Caregivers' Attitudes towards Older People with Dementia

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**Summary:** Staff positive attitudes towards people with dementia are seen as a facilitator to personalised care and job satisfaction. This study aimed to analyse formal caregivers' attitudes towards older people with dementia and to explore the relationship between socio-demographics data and caregivers' attitudes. A cross-sectional study with 180 formal caregivers who provided direct care to people with dementia was conducted. Socio-demographics data were collected using a structured questionnaire based on ICF-checklist. The Portuguese version of Dementia Attitudes Scale (DAS) was used to assess the caregivers' attitudes towards dementia. Descriptive statistics, parametric and non-parametric tests were performed for data analysis. Formal caregivers tend to present positive attitudes towards dementia. Caregivers who had undertaken specific training on dementia and self-reported better perception of physical and mental health had more positive attitudes.

## Introduction

Dementia affects 24.3 million people worldwide and 7.3 million people in Europe [1]. This health condition contributes to 11.2% of years lived with disability in people aged 60 years old and older, i.e., more than stroke (9.5%), musculoskeletal disorders (8.9%), cardiovascular disease (5.0%), and all forms of cancer (2.4%) [2]. With the progression of dementia, people become increasingly dependent for the performance of activities of daily living (ADLs) [3], which increases the risk of institutionalization [4]. Therefore, in advanced stages, formal caregivers assume a preponderant role as they have the most direct contact with residents with dementia and are considered to be primarily responsible for their well-being and comfort [5]. Formal caregiver's interpersonal skills and technical abilities have great influence on the quality of care [6].

Person-centered care is increasingly regarded as being synonymous of best quality care [7]. Approximation to this philosophy of care can occur if attitudes of staff's became more positive [8, 9]. Beyond the potential impact on residents with dementia, the negative attitudes may also affect staff's motivation, perception of stress and strain, job satisfaction and decision making [10, 11]. In addition, formal caregivers' attitudes toward people with dementia are influenced by age, educational level, work experience, care unit size, training and knowledge about dementia [11, 12].

This study aimed to analyse formal caregivers' attitudes towards older people with dementia. Specifically, it aimed to explore the relationship between caregivers' socio-demographic data and their attitudes.

## Methods

A cross-sectional study was conducted in the central region of Portugal, with a convenience sample of 180 formal caregivers, who provided direct care to people with dementia in care homes and/or day centres. From a total of 83 institutions, 58 were contacted and 42 agreed to participate (10 care homes, 1 day centre and 31 with both facilities). Formal caregivers were eligible if: aged  $\geq 18$  years old; were able to express opinions; provided direct care services to older people with dementia, such as personal care activities (e.g., bathing, dressing, toileting and eating), supervision, and basic

health care (e.g., administering medication, measuring vital signs); were working in the care home/day centre for at least 6 months in a steady regime. Trainees, temporary workers or those who worked only at night or were only responsible for cleaning, transportation or meal preparation; specialized professionals (e.g., nurses, occupational therapists, physiotherapists and social workers), were excluded. Informed consents were obtained from participants. The study was approved by the Ethics Committee of Research Unit of Health Sciences at the Health School of Nursing in Coimbra.

Data on caregivers' age, education level, time of working experience, formal training in dementia and subjective health were collected using a structured questionnaire based on ICF-checklist. The Portuguese version of DAS, a 20 item scale, was used to assess caregivers' attitudes in two specific domains: "social comfort" and "knowledge" (each one scoring from 10 to 70). DAS global score ranges from 20 to 140 (higher scores indicate more positive attitudes). This scale was based upon the tripartite model of attitude and has two-factor structure (social comfort and knowledge). DAS reliability (*Cronbach's* alpha) ranges between 0.83-0.85 and the correlation with other scales for construct validity ranges between 0.44-0.55.

Statistical analyses were performed using the PASW Statistics 18.0 for Windows. Descriptive statistics were applied to characterise the sample. Parametric (One-way ANOVA and Independent T-Test) and non-parametric tests (Man-Whitney and Kruskal-Wallis) were used for data analysis. Different statistical tests were used according to the assumptions of parametric or nonparametric tests. The level of confidence considered was 0.05.

## Results

### Sample characterisation

Table 1 summarises caregivers' socio-demographics and work characteristics. Formal caregivers were mainly female (99.4%), with a mean age of 45 years old (SD=10.2), married (68.3%) and had 7 or more years of formal education (62.2%): 7 to 9 years (42.2%) and 10 to 12 years (20.0%). Formal caregivers have been working at the institution for 8.6 years (SD=6.5).

Formal training in dementia was reported by 30.0% of the sample. Most of the caregivers considered their physical health as moderate (41.7%), poor (8.3%) or very poor (1.7%). The majority had a positive perception of their mental health: 47.2% classified it as "good" and 6.7% as "very good".

**Table 1.** Description of caregivers' socio-demographics data, work conditions and health perception (n=180).

### Caregivers' attitudes toward older people with dementia

Formal caregivers tend to present positive attitudes ( $111.70 \pm 10.83$ ), as they feel comfortable with people with dementia ( $56.09 \pm 6.33$ ) and consider having knowledge about this neurological condition ( $55.31 \pm 6.74$ ).

Table 2 summarises the relationship between DAS scores (global, social comfort or knowledge) and staff characteristics. Statistical significant differences were found between the DAS scores (global and "social comfort") and the perception of physical and mental health; caregivers who scored higher on DAS tend to present a better perception of their health. It was also observed that caregivers who had undertaken specific training on dementia scored higher on the "social comfort" domain. No statistical significant differences were found between DAS scores and caregivers' age, education level and work time at the institution.

**Table2:** Differences in the DAS scores (global, social comfort and knowledge) according to staff's characterisation variables (n=180).

### **Conclusion**

The main findings suggested that formal caregivers tend to present positive attitudes toward people with dementia. These positive attitudes may be justified by the proximity and frequency of contact of the caregivers with people with dementia. Previous studies have shown that the regular contact with a population that is normally stigmatized and stereotyped reduces the discrimination towards these people [13]. Specific training in dementia was also related with more positive attitudes, especially in the domain of "social comfort". The association between specialised training and positive attitudes highlights the need of long-term care settings to invest on staff training and education [9, 12]. Training is fundamental to improve a more person-centred approach to the care of people with dementia, as this is increasingly being seen as synonymous of best quality of care [9, 12]. Finally, a better health perception was related with more positive attitudes. Caring for people with dementia was previously considered as a stressful and demanding job [14] that could influence health perception. As underlined by Zimmerman et al. (2005) caregivers who feel better physically and mentally have a more helpful attitude towards residents which, in turn, might positively influence their performance and well-being.

This study highlights the importance of psycho-educational approaches, which combine education (related to knowledge and care routines) and supportive components (improved well-being of formal caregivers, e.g., problem solving, social support, relaxation techniques) [15, 16].

The results are limited by the use of a scale (DAS) that has not yet been validated for the Portuguese population. Furthermore, the social desirability, item transparency and the few reverse scored items (6 items) of the scale might have inflated the results positively. Further research aiming to contribute to the validation of DAS is required.

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