



THE NERKEN CENTER FOR RESEARCH AND GRANTS

Special Report • June 2008



**Dementia Training Program
Improves Certified Nurse Assistant
Knowledge, Job Satisfaction &
Resident Outcomes**

HIGHLIGHTS

CNA knowledge of Alzheimer's disease increased.

CNA job perception changed.

CNA job satisfaction improved.

Residents exhibited less persistent anger, negative and recurrent statements.

Resident withdrawal from activities of interest decreased.

Resident mood alterability increased.

Antipsychotic medication use decreased among residents.



IMPORTANCE

The quality of nursing home care has often given rise to concern from many interested stakeholders. It is estimated that 70% of nursing home residents have a dementia-related illness.¹ Dementia patients typically suffer from a variety of psychological symptoms, including delusions, hallucinations, depression, agitation, aggression, wandering and disinhibition.² One study found dementia patients to be four times more likely to display disturbances such as apathy, depression, agitation and aggression than their non-demented counterparts. Research shows that 90% of hostile behaviors are directed toward Certified Nurse Assistants (CNAs).³ These behaviors negatively impact quality of life by increasing the level of stress experienced by both residents and nursing home staff. They are also associated with increased falls and resident injury; increased costs to the nursing home, including staff burnout absenteeism and turnover, as well as property damage and psychological damage to the resident, through isolation and the use of restraints or psychopharmacological medications.⁴

The psychological, physical, non-physical and catastrophic behaviors often exhibited by persons with dementia present "challenges to personal and professional caregivers by making their task of providing care more difficult, interfering with effective communication and decreasing quality of life."⁵ Furthermore, research suggests that individuals exposed to catastrophic reactions should undergo illness-specific training to understand how to identify and care for such behaviors.⁶

At the same time, CNA turnover and retention have often been cited as a significant impediment to the delivery of quality health care. The CNA turnover rate is reported to be as high as 30-40% (AAHSA). The literature suggests that a major predictor of CNA job satisfaction is training. The standard training for CNAs does not include training on how to respond to the individual needs of elders with dementia or behavioral problems. Understanding how to address needs is essential to providing excellent care. Enhancing the relationship among residents and CNAs is critical to meeting the growing demands of older adults.

THE CURRICULUM

The program consists of a train-the-trainer series developed by the Wayne State University Institute of Gerontology, in partnership with Hospice of Michigan and Lutheran Social Services of Michigan. The development of this series was funded by the Michigan Department of Community Health, and is considered a "best practice" by the New York State Department of Health (DOH). The Effectively Managing Difficult Behaviors training modules were designed to summarize key concepts. This six-module curriculum includes:

- **Putting the Person First in Dementia Care**
- **The Environment**
- **Enhancing the Bathing Experience**
- **Assisting a Person with Dementia with ADLs**
- **Mealtimes and the Person with Dementia**
- **Meeting the Challenges of Catastrophic Reactions**

Training was provided by a single instructor to a class size of 10 to 12 CNAs. The curriculum was divided into three full-shift training sessions. The sessions were scheduled once a week for three consecutive weeks, during CNAs' regular work shifts. Participants were released from their shifts during training hours, with replacement workers assuming the participants' responsibilities during training.

We selected this curriculum because it could be easily integrated into existing nursing home in-service programs. In addition, the training modules are intended for use specifically by long term care professionals. This training program, therefore, can be adopted by a large number of nursing homes throughout the state, since specialized training of instructors is not required. The curriculum can be easily generalized to all nursing home settings and does not promote use of a particular intervention. The focus, instead, is on teaching a basic understanding of the changes in memory, communication, function, and behaviors that occur as a result of Alzheimer's disease and other dementia-related disorders, and developing appropriate tools and intervention strategies to enhance the care provided to individuals with dementia, by preventing and decreasing the frequency of catastrophic reactions.

A BEST PRACTICE TRAINING PROGRAM

The Wayne State University Institute of Gerontology has developed a series of training modules for CNAs on managing difficult behaviors in dementia patients. The program teaches CNAs ways to effectively manage disruptive behaviors in patients with dementia, and enhance the care they provide while supporting a new culture of caregiving. The curriculum is replete with ways to alter caregiver methods when dealing with dementia patients who exhibit difficult-to-manage behaviors. The training program is available at no charge by contacting the program authors. Those interested in obtaining the Managing Difficult Behaviors training modules may fill out and submit an on-line application (<http://www2.iog.wayne.edu/frm/diffbehavreq.html>) to request copies, which will be sent free of charge via e-mail to educators. The training modules consist of: (1) Microsoft PowerPoint slide shows for presentation and Microsoft Word documents for printing, (2) handouts that address program content, (3) notes for the instructor which provide an overview of the goals of each module, along with suggestions to personalize the content and individualize training to the audience, (4) guidelines for use of the training materials, and (5) a bibliography.



We disseminated this best practice training program on-site at four nursing homes in the New York City metropolitan area. The nursing homes varied in size and included diverse populations of staff and residents. The primary goals were to:

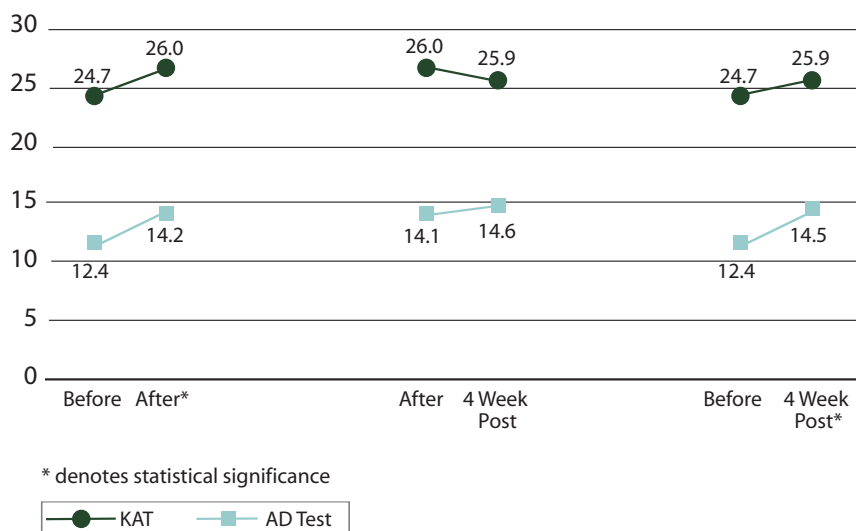
- **expand CNAs’ knowledge of dementia;**
- **augment their behavior management skills through classroom training;**
- **provide participants with the training necessary to increase job satisfaction; and, most importantly,**
- **improve quality of life or health outcomes for nursing home residents with dementia by decreasing catastrophic reactions.**

RESULTS

Increased CNA Knowledge of Dementia and Alzheimer’s Disease

Scores on tests measuring CNAs’ knowledge of Alzheimer’s disease were compared before, immediately after, and four weeks after training. From the first day of training (baseline) to the last day of training (post), there was improvement in scores on the knowledge-based tests. On the Knowledge of Alzheimer's Tests (KAT), scores increase from 25 out of 33 to 26 out of 33. Similarly, on the second AD Test, scores rose from 12 out of 22 to 14 out of 22. From the first day of training to one month later, there was a significant change in knowledge-based scores on both assessments. This indicates retention of knowledge.

Knowledge Acquisition Test Scores

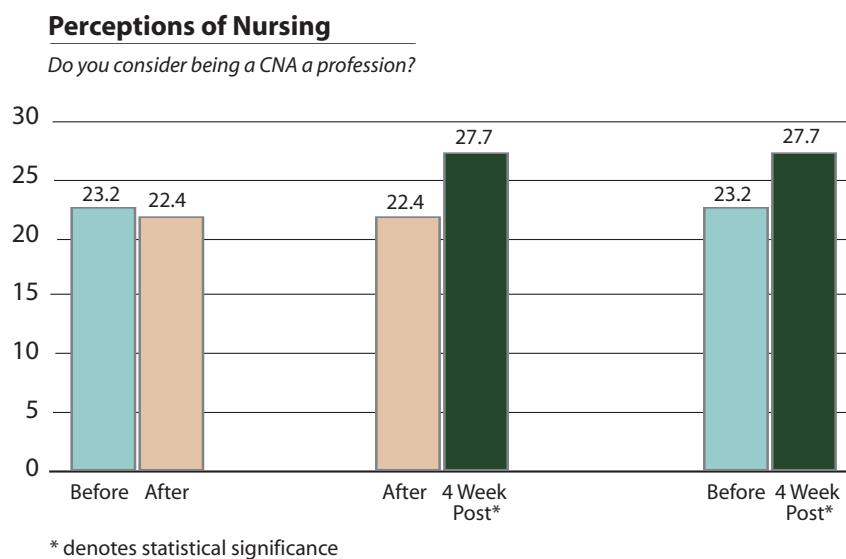


* denotes statistical significance



CNA Job Perception Changed

We asked participants, "Do you consider being a nurse's aide a job or a profession?". From baseline to the post-training follow-up, the percent of CNAs that perceived their occupation as a profession increased significantly from 23 to 28 percent. Increased knowledge about dementia helps caregivers to think about care in a different way. Understanding the meaning of behavior leads to a deeper consideration of why residents are subject to catastrophic reactions and improves CNAs' ability to interact with behaviorally disturbed nursing home residents. The image exercises, which place the participant in the position of an individual with dementia, teach about the experience of the affliction, and promote empathy, which enhances understanding.



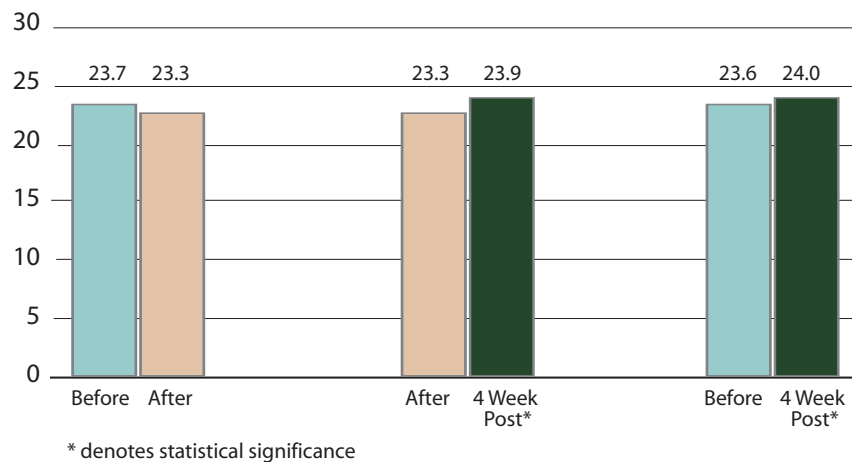
Improved CNA Job Satisfaction

To measure job satisfaction, we selected and modified questions from pre-existing, published tools that were relevant to the job skills of nursing home CNAs. We found that overall job satisfaction increased. From baseline to the end of training, satisfaction remained relatively constant, but then increased when measured four weeks later, a difference that was statistically significant.

On subscale measures of the job satisfaction survey, there were statistically significant increases in communication and supervision. The supervisor subscale includes rating the fairness, competency, and likeability of supervisors. The communication subscale includes rating the organization's communication of goals and work assignments with the CNA. There was little change in nature of work, co-workers, contingent rewards, and promotion subscales.

A key element to the training is the introduction of a new patient-centered model of dementia care. The purpose of the patient-centered care model is to train staff to draw upon an individual's needs, values, and expectations to guide the day-to-day provision of care. Given the intimate and personal nature of long term care, and the extended period of time over which it is provided, the process of caregiving—who provides the care and how that caregiver relates to the patient/client—takes on added importance.⁷

Job Satisfaction



Resident Outcomes Improved

In order to assess the impact on the nursing home residents, Minimum Data Set (MDS) information was collected and compared. Although MDS data are limited, at the time of this study it was the most complete source available for information on resident behaviors. Mood and behavior patterns, mood persistence and medications were examined for outcome changes in residents, after they were cared for by more highly trained CNAs.

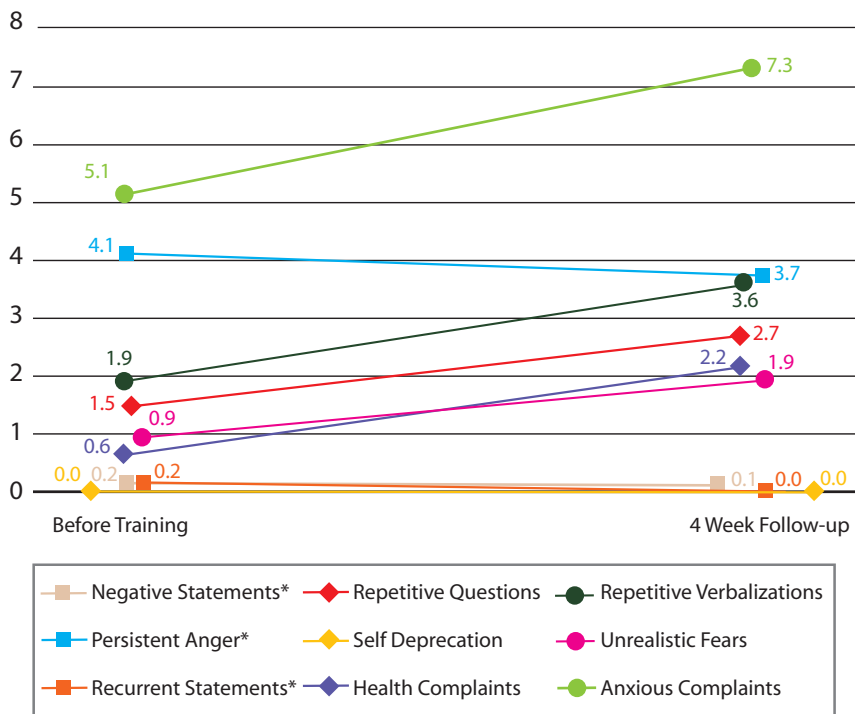
Mood and Behavior Patterns – Verbal Expressions of Distress

Among nursing home residents, the number of persistent anger, negative and recurrent statements decreased significantly. Over the same time period, there was an increase in the number of residents with repetitive questions, repetitive verbalizations, health complaints, unrealistic fears and anxious complaints. These findings may indicate that, through training, CNAs became more sensitive to the complaints of their residents, and therefore recorded more complaints. Throughout the training, the CNAs learn how

dementia is manifested, and gain an understanding of what individuals with dementia may be thinking or feeling as they perform their activities of daily living. Increases in recorded complaints may be evidence of the acquired knowledge and enhanced understanding of CNAs.

Mood and Behavior Patterns

Verbal Expressions of Distress



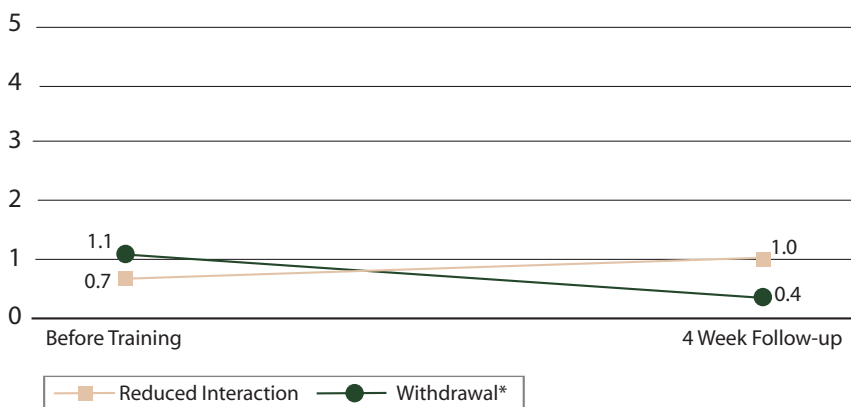
* denotes statistical significance

Mood and Behavior Patterns – Loss of Interest

As measured by the MDS, the proportion of residents who experienced a withdrawal from activities of interest declined significantly from 1.1% to 0.4%. The proportion of individuals who experienced reduced social interaction increased marginally during the same period.

Mood and Behavior Patterns

Loss of Interest

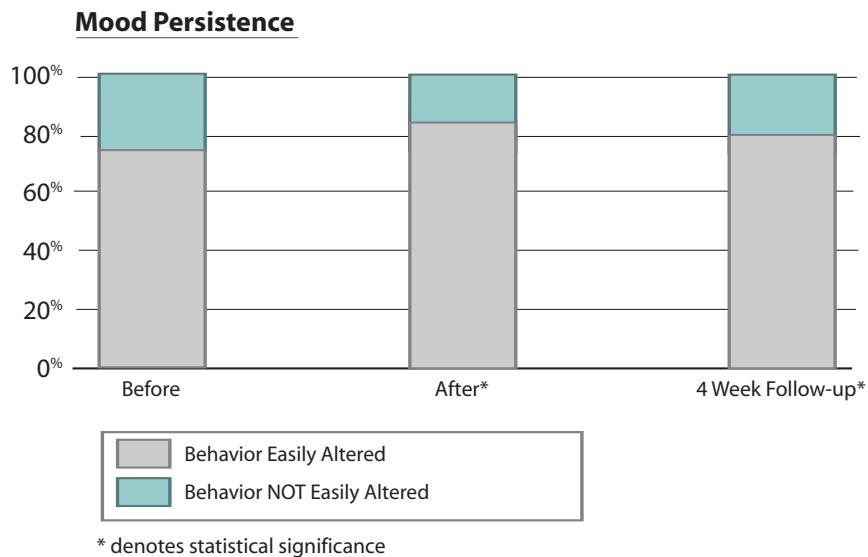


* denotes statistical significance



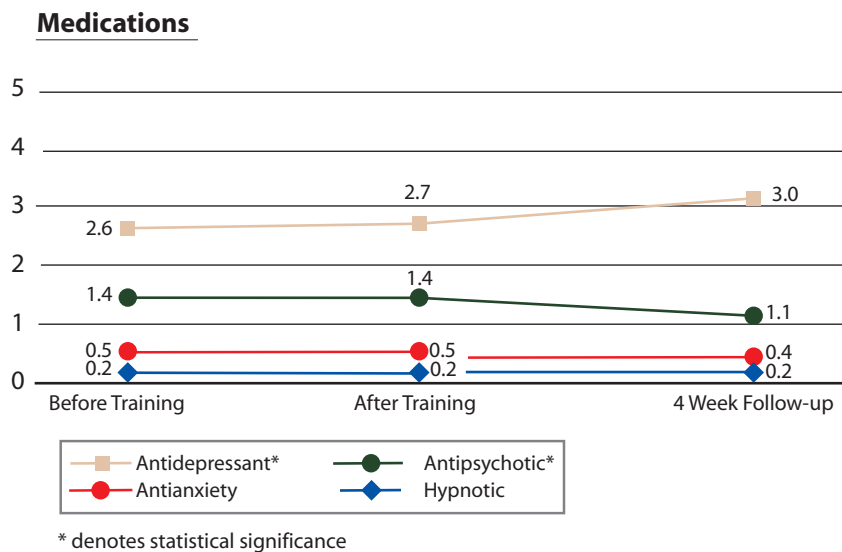
Mood Persistence

Overall, the proportion of residents with mood problems increased. This difference may be related to increased recognition of behaviors by CNAs. It is important to note that mood patterns were more easily altered after training, a difference that was statistically significant. At baseline, 17% of depressed, sad, or anxious behaviors were categorized as easily altered by attempts to cheer up, console, or reassure the resident. Approximately four weeks after training, the number of easily altered depressed, sad, or anxious behaviors increased to 26%. This difference reflects an increase in CNAs' use of appropriate behavior management techniques.



Medications

Antipsychotic use decreased significantly over time, whereas antidepressant use increased. These findings may indicate that, due to training, CNAs became more attuned to resident needs, symptoms and complaints, and better able to report aberrant behaviors.





SUMMARY

The Managing Difficult Behaviors Program implemented as part of this initiative had significant beneficial outcomes for both CNAs and residents. Our evaluation shows that CNAs learned a considerable amount about Alzheimer's disease throughout the training program, and retained this knowledge at follow-up four weeks after training. This is a positive

finding, particularly since previous studies found no difference in knowledge acquisition.⁸ One of the primary goals of the program was to increase CNA job satisfaction. As a result of the program, job satisfaction did increase over time. Being able to elevate job satisfaction levels is beneficial to both the CNAs and the nursing homes in which they work. Increasing job satisfaction may increase work motivation as well as enjoyment of the job. In turn, these improvements may lead to diminished turnover.

With increased learning about the problems that afflict their residents, staff learned how important a role they played in resident care. They were able to see the value of a CNA to the entire care process. This improved their general impression of work, and empowered them to provide a better level of care. New knowledge equipped CNAs to provide more meaningful, insightful care to their residents and to appreciate the roles of everyone involved in the care and delivery of services within the nursing home. Specifically, job satisfaction with supervision also significantly increased for the CNAs. Moreover, CNAs became aware of exclusive information they received about their residents. This encouraged them to participate more in the supervision process, as they saw an opportunity to contribute information about residents, i.e., life stories, likes, dislikes, etc., that would ordinarily go unexpressed. The expression of this information helped transform resident outcomes.

The most notable result was resident outcomes. As the CNAs' knowledge increased, benefits to the residents increased as well. For example, the frequency of socially inappropriate/ disturbing behaviors decreased significantly. Consistent with the hypothesis; as CNAs learn more about the prognosis of Alzheimer's disease, the common symptoms, how they are manifested, and how best to assist and work with the individual, catastrophic-type behaviors and outbursts are reduced. The resident is less likely to yell or scream in fear or when in need, since more of their needs are being met. CNAs, with training, can anticipate problematic situations and prevent catastrophic reactions from occurring.

There were increases in the occurrence of some behaviors, such as health complaints, insomnia, physical movements and facial expressions. Also, there was an increased use of antidepressant medication. While, at first glance, these increases may



appear counter to what was expected, they may be evidence that the CNAs learned more about the manifestations of dementia, including its symptoms and common behaviors. Trained CNAs may be more sensitive to residents' activities, and better equipped to classify the outburst or behavior as a 'health complaint' or 'repetitive physical movement' rather than an outburst, or a resident simply being difficult.

This model includes a shared program of staff training and education that involves staff from the same nursing homes and then brings the lessons directly to everyday care in the nursing homes. What makes this program so unique is the promotion of team-based, person-centered care and consistency in the delivery of care. This program is powerful and practical as a plausible solution to the issues of the delivery of quality care for nursing home residents, because it seeks to change the clinical quality of care and organizational culture. By integrating training and education on dementia care with person-centered care, it creates a more collaborative workforce in which the contributions of all staff, most notably those of Certified Nursing Assistants, are continuously and meaningfully recognized.

While many pre-existing training programs aimed at improving satisfaction or decreasing undesirable behaviors are successful in achieving one of these objectives, this dementia training program made important strides in both areas. Job satisfaction increased significantly over time, and residents exhibited disturbing behaviors less frequently. Once Certified Nursing Assistants understand why dementia residents are behaving inappropriately, and better understand the course of the illness, they can react in a more empathic manner; they now understand the resident's outburst may not signify "acting out" but instead that he/ she is hungry, scared or in pain.

LESSONS LEARNED

The completion rates of the post-training evaluations were lower than expected. It is important for participants and senior management to understand the importance of completing all of the program evaluation instruments.

Feedback from staff is generally very positive, however, there have been some reports from CNAs about resistance from management when they try to utilize newly learned techniques. To ensure the sustainability of the new techniques, supervisors must understand the program's goals and curriculum, so that they can support the new skills learned. Inclusion of nurse managers, supervisors and head nurses in training will help support the new skills learned and the sustainability of improvements resulting from the training program.

DATA/ DEMOGRAPHIC INFORMATION

The sample consisted of 301 CNA participants, working in four local nursing homes. The majority of CNAs were female (84%), black (63%) and between the ages of 25 and 34 years (17.6%). The majority of the sample (28.9%) has been employed as a CNA between one and four years.

ACKNOWLEDGEMENTS

The Parker Jewish Institute for Health Care & Rehabilitation gratefully acknowledges the Wayne State University Institute of Gerontology, the Hospice of Michigan and Lutheran Social Services of Michigan, for allowing the use of their curriculum.

The original project to develop this curriculum was supported by funds from the Michigan Department of Community Health Long Term Care Initiative, and developed by the Wayne State University Institute of Gerontology, in partnership with Hospice of Michigan and Lutheran Social Services of Michigan.

This program was funded by the New York State Department of Health.

References

1. McCallion, P., R.W. Toseland, et al. (1999). Educating nursing assistants to communicate more effectively with nursing home residents with dementia. *Gerontologist*, 39(5), 546-58.
2. Lyketos, Steinberg, Tschanz, Nortin, Steffans, & Breutner (2000). Mental and behavioral disturbances in dementia: Findings from the Cache County study on memory in aging. *American Journal of Psychiatry*, 157, 708-714.
3. Soreff, S. & Siddle, D. (2004) What CNAs taught us: Lessons learned while teaching CNAs how to handle resident aggression. *Director*, 12, 210-212.
4. Beck, C.K., Vogelpohl, T.S., Rasin, J.H., Uriri, J.T., O'Sullivan, P., Walls, R., Phillips, R. & Baldwin, B. (2002). Effects of behavioral interventions on disruptive behavior and affect in demented nursing home residents. *Nursing Research*, 51, 219-228.
5. Allen-Burge R., Stevens, A.B., Burgio, L.D. (1999). Effective behavioral interventions for decreasing dementia-related challenging behavior in nursing homes. *International Journal of Geriatric Psychiatry* 14, 213-232.
6. Pennington K, Scott J, Magilvy K. (2003). The role of certified nursing assistants in nursing homes. *Journal of Nursing Administration*, 33(11), 578-84.
7. Kane, R.A., Kane, R.L., Illston, L.H. and Eustis, N.N.: Perspectives on Home Care Quality. *Health Care Financing Review* 16(1):69-89, 1994.
8. Maas M., Buckwalter KC, Swanson E., Mobily PR Training key to job satisfaction. *Journal of Long-Term Care Administration* 1994;22: 23-26.



PARKER JEWISH INSTITUTE FOR HEALTH CARE & REHABILITATION

—Adding Quality Time to Life

From its beginnings in 1907 as a shelter for homeless elderly, Parker Jewish Institute has evolved into an internationally recognized center of health care and rehabilitation for adults. Parker provides sub-acute care, short term rehabilitation, long term care, and a network of community health programs to more than 7,000 adults each year. The Institute is also among the region's leaders in the training of geriatric health care professionals as well as geriatric and gerontological research.

An independent 527-bed, not-for-profit institution, Parker offers the most compassionate long term care, distinguished by the highest levels of skilled nursing, comprehensive on-site medical services, and excellence in social work services.

Thirty years ago, Parker was the pioneer in restorative therapy for older adults. Today's Parker is New York's leading sub-acute care center for older adults. Its specialized rehabilitation programs serve adults recovering from the broad range of surgical procedures, stroke, injuries and illness. Some 1,500 men and women are discharged to home, family and community annually from the Institute's short term rehabilitation programs.

An integral part of its comprehensive continuum of care, Parker's community health programs include adult day health care, an Alzheimer's day care center, long term home health care, and community hospice.

In 1975, Parker established the first Geriatric Fellowship Program in the nation, and continues to be one of the leaders in the training of geriatric health care professionals and research.

THE NERKEN CENTER FOR RESEARCH & GRANTS

The Nerken Center for Research and Grants at Parker Jewish Institute provides clinical, health services research, and demonstration projects in geriatric medicine, designed to improve health and reduce disease among the frail elderly population. These studies are primarily supported through grant funding of investigator-initiated research and pharmaceutical-sponsored clinical trials.

The Nerken Center for Research and Grants at Parker conducts research seminars, supervises an internship program in research, provides support and technical assistance to Parker's staff, and organizes educational seminars for health care professionals, pharmaceutical executives and community groups. The Center is engaged in a broad range of research investigations dedicated to the study of emerging issues of aging.

Parker Jewish Institute for Health Care & Rehabilitation | The Nerken Center for Research & Grants

271-11 76th Avenue, New Hyde Park, NY 11040-1433
www.parkerinstitute.org
718-289-2100 | 516-247-6500