THE KNOWLEDGE AND ATTITUDE TOWARDS DEMENTIA AMONG NURSES

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ABSTRACT

Dementia is the overall term for a group of degenerative brain disorders that affect memory, reasoning, behavior and emotion. Dementia is a chronic condition that not only worsens the elderly's incapacity and dependency, but also has an impact on their caretakers' lives. In 2018, over 50 million individuals worldwide were living with dementia and this number is expected to rise to 152 million by 2050. The aim of this study was to explore the knowledge of and attitude towards dementia among nurses in selected hospitals. A quantitative approach with survey method was used among 80 nurses. The tools include demographic information, Alzheimer's Disease Knowledge Scale (ADKS) to assess the knowledge and Dementia Care Attitude Scale (DCAS) for attitude. The overall mean level of knowledge of the nurses was 10.86±4.16 which show that the nurses have moderate level of knowledge on dementia. The overall mean score of attitude was 27.94±8.97 with the maximum possible score of 50. The study concludes that the level of knowledge and attitude of nurses towards dementia was not adequate. Hence, the nurses need to be given frequent, need based continuing education to improve their level of knowledge and attitude towards care of elderly, especially those with dementia.

KEYWORDS

Dementia, Elderly, Nurses, Knowledge, Attitude, Alzheimer's Disease Knowledge Scale (ADKS) and Dementia Care Attitude Scale (DCAS).

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INTRODUCTION

There are an estimated 900 million people in the world who are 60 years or older and this figure is expected to rise. The vast bulk of this expansion will take place in low-income (239 percent) and middle-income (185 percent) countries. The number of senior persons in India is constantly increasing, making India one of the countries with the biggest

number of senior people in the world. Improved life expectancies will lead to an amplified need for care and support of older people[1]. Furthermore, because the number of elderly in need of care is rising exponentially, there is a limited amount of time to develop services to meet the demands of the aging population[2].

Dementia is not a physiological part of growing older, although it is more common among the elderly since brain aging is a primary risk factor. According to statistics, 46.8 million individuals worldwide suffer from dementia in 2015, with the number nearly doubling every 20 years to 74.7 million by 2030 and 131.5 million by 2050[1].

After the age of 60, the incidence grows exponentially, doubling every 6.3 years, from 3.9 per 1,000 person-years at age 60-64 to 104.8 per 1,000 person-years at age 90+ years[1-5]. In 2015, around 6% of all dementia patients lived in low- or middle-income nations; however, by 2050, this percentage is anticipated to rise to 68 percent. In 2010, it was estimated that nearly 3.7 million Indians had dementia. This number is predicted to rise by 300% by 2040[1]. Despite this massive increase, dementia as a disease is still not commonly recognized in India unless it is fairly advanced. Furthermore, the illness is rarely recognized as a medical or organic brain ailment. Early signals of dementia are frequently misinterpreted by families as a normal aspect of aging or depressive symptoms and they are often over looked by both families and health policymakers[6].

According to the World Alzheimer Report, 23.4 percent of Indians with dementia try to hide their dementia when they meet with others and 7.4 percent of healthcare workers do the same. People with dementia are regarded as "dangerous" by 24.3 percent of the general public. A systematic review by Evripidou *et al*[6] investigating nurses' knowledge of and attitudes toward dementia stated a lack of knowledge, communication skills, management strategies and confidence in provision of care among nurses. However, intervention researches have recommended that both knowledge of and attitudes toward dementia progress after attending training programs.

Brodaty *et al*[7] explored into nursing home staff attitudes toward residents, dementia-related strain and job satisfaction, as well as their links to demographic, occupational and behavioral abnormalities. The nursing home staff's most common opinions of dementia patients were that they were "anxious, have little control over their unpleasant conduct, are unpredictable, lonely and frightened/vulnerable," according to the researchers. The difficulty of caring for persons with dementia may be one of the reasons they have a negative attitude toward them[8], and nurses have had unpleasant encounters with these patients in clinical practice. Another reason that students may have a negative experience caring for persons with dementia is that nursing teachers may be unfamiliar with the condition[9].

According to studies, Indian nursing students know very little about how to care for this population of patients. These findings are concerning because nearly all nursing students will be required to work with elderly persons with dementia after graduation[10]. Hence, the aim of this study was to explore the knowledge of and attitude among nurses towards dementia in selected hospitals.

MATERIAL AND METHODS

A quantitative approach with survey method was used to assess the knowledge of and attitude towards dementia among 80 nurses in two selected hospitals. The tools include demographic information on gender, age, educational qualification, work experience and professional title, caring experience on dementia patients; dementia related training experience, etc.

Alzheimer's Disease Knowledge Scale (ADKS), was used which has 30 true/false items, were conceptually divided into seven domains: life impact (3 items), assessment and diagnosis (4 items), symptoms (4 items), disease progression (4 items), treatment and management (4 items), care giving (5 items), risk factors (6 items). The score was calculated by summing the correct items together, ranging from 0 to 30. A higher total score indicated better knowledge. Dementia Care Attitude Scale (DCAS) included 10 items graded on a 5-point

Likert scale with responses varying from "strongly disagree" to "strongly agree". When calculating the total score, 1 indicated the most negative attitude while 5 indicated the most positive. Four of ten items were negatively worded and were reversed in a definite order. The total score was ranged from 10 to 50. Higher score indicated more positive attitude. The participants filled the questionnaires through internet like emails and WhatsApp. The link of the questionnaire was first distributed to the nurses and the Google sheets were filled by the nurses. The collected data was analyzed using descriptive and inferential statistics.

RESULTS AND DISCUSSION

According to the findings of the study, the nurses demographic data revels that most of the nurses (61.3%) aged between 21 - 25 years, had (76.3%) work experience of 3- 5 years and 85% were female nurses. A few nurses (23.8%) had the previous experience of working with the patients with dementia and 13.8% had previous training on dementia in the past 2 years.

The Table No.1 shows the level of knowledge of nurses on dementia. It reveals that the best part answered by the nurses was the signs and symptoms of dementia followed by its' impact on day to day life. The mean level of knowledge of nurses on signs and symptoms of dementia was 2.89±0.87 followed by 2.39±0.71 on its impact on day to day life. The least scored topic by nurses was risk factors of dementia (1.42±0.68) followed by the assessment (2.01±0.78). The overall mean level of knowledge of the nurses was 10.86±4.16 which show that the nurses had moderate level of knowledge on dementia and they need to be given education often on these topics to improve their knowledge and attitude. The similar findings were reported in few studies that concluded that the health care professionals were having moderate level of knowledge and attitude and recommended for in-service education[11,12].

Table No.2 shows the distribution of the nurses' attitude to dementia. The overall mean score of attitude was 27.94±8.97 with the maximum possible score of 50. "Dementia is best diagnosed by specialist services", with the lowest mean score,

while the highest mean score for the items was "There is little point in referring families to services as they do not want to use them". The overall attitude of nurses towards dementia was poor which shows that they need to be educated to develop better attitude towards dementia and care of patients with dementia. The similar findings were reported by Strom B *et al*, (2021) which revealed that a wide range of differences in attitude towards dementia and inadequate knowledge of dementia among nursing staff. But in contrast, it reported that their overall attitude toward people with dementia was positive[11-14].

Table No.1: The level of knowledge of nurses on Dementia

S.No	Subtopics	Mean± SD
1	Assessment of dementia	2.01±0.78
2	Risk factors	1.42±0.68
3	Signs and Symptoms	2.89±0.87
4	Treatment and Nursing Management	2.15±1.12
5	Impact on day to day life	2.39±0.71

Table No.2: The level of attitude of the nurses towards dementia

Much can be done to improve the quality of life of caregivers of people with dementia.	2.43 ± 0.98
Families would rather be told about their relative's dementia as soon as possible.	3.51 ± 0.87
Much can be done to improve the quality of life of people with dementia.	2.34 ± 1.01
Providing diagnosis is usually more helpful than harmful.	3.03 ± 0.70
Dementia is best diagnosed by specialist services	2.32 ± 0.82
Patients with dementia can be a drain on resources with little positive outcome.	2.90 ± 0.59
It is better to talk to the patient in euphemistic terms.	2.80 ± 0.91
Managing dementia is more often frustrating than rewarding.	2.51 ± 1.09
There is little point in referring families to services as they do not want to use them.	3.73 ± 1.03
The primary care team has a very limited role to play in the care of people with dementia.	2.37 ± 0.97

CONCLUSION

The study findings reveal that the level of knowledge and attitude of nurses towards dementia was not adequate. Hence, the nurses need to be given frequent, need based continuing education to improve their level of knowledge and attitude towards the care of elderly especially those with dementia.

DECLARATION OF CONFLICTING INTEREST

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

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