



Media Release

Aged care staff impact the quality of care and lives of residents with dementia

For Immediate Release

A new study examining how aged care staff affect the quality of long-term dementia care for residents may improve the way the aged care sector understands what training, education and skills are required to enhance care of their residents with dementia, according to reviews recently published in *International Psychogeriatrics*.

Two systematic reviews based on the published scientific literature over the last 20 years looked at the relationships between staff characteristics, quality of care, and broadly-defined quality of life for residents in long term facilities and, subsequently, which training programs actually produce enhanced quality of care/quality of life for residents, and with effects sustained post-training.

Unfortunately, despite claims that quality of care or residents' lives will automatically improve following these programs, few studies actually measure whether this is the case.

Meredith Gresham, HammondCare Project Investigator commented: "Across Australia enormous amounts of money are spent on staff training in an effort to improve care delivered to people with cognitive impairment. However, this research demonstrates that we really don't know what training works, especially over the long term, to improve the lives of people with dementia," "It is essential that we intelligently target our educational efforts not only for efficient use of the training dollar, but to improve lives of residents and staff," said Ms Gresham.

There were a small number of useable findings. There have been high quality programs that improve the way staff interact with residents, including during personal care, with effects maintained over the long term. Reduced use of sedating medications (with well-known adverse side-effects) for aggression was found with well trained staff, while empathetic and humane treatment of residents was linked to maintaining as much independence as possible and better food intake. On the other hand, strong empathy and knowledge tended to increase use of restraint in one excellent study; staff needed to be educated about the dangers – including increased pain and substantial de-conditioning.

With training programs, the level of education tended to depend on what you were trying to change. Lecture-type training was ineffective; even the most apparently simple training program aimed to successfully reduce restraint use required additional support either on-site or via group mentoring. For programs to reduce pain, even more support was required. For complicated issues, such as reducing aggression, or bathing residents humanely, detailed, long-term, supportive on-site training programs were required.

Alzheimer's Australia consumer representative, Jennifer Henderson, believes this study will help aged care providers focus their staff training. "As a carer, it's encouraging to see programs that lead to the reduction in the use of restraint, the improvements in pain relief



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and the effect of improved communication between staff and residents.” “Now that this research has indicated the gaps in this area, I hope that future longitudinal studies will provide information to change the way care is delivered in Australia,” said Jennifer.

The reviews were conducted within the \$25 Million NHMRC Partnership Centre: Dealing with Cognitive and Related Functional Decline in Older People (CDPC). The CDPC aims to improve the lives of people with dementia by developing, communicating, and implementing research that improves care

Do interventions with staff in long-term residential facilities improve quality of care or quality of life for people with dementia? A systematic review of the evidence. [Int Psychogeriatr](#). 2016 Jul 21:1-27.

How do staff influence the quality of long-term dementia care and the lives of residents? A systematic review of the evidence. [Int Psychogeriatr](#). 2016 Aug;28(8):1263-81.

The statements or opinions expressed in International Psychogeriatrics reflect the views of the authors and do not represent the NHMRC, industry funding partners or Alzheimer's Australia.

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