

Fostering Compassionate Care for Persons with Alzheimer's Disease Living in Nursing Facilities

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The aim of this study was to examine the impact of the implementation of a new Compassionate Care curriculum on the quality of care provided by Certified Nursing Assistants (CNAs) to residents with Alzheimer's Disease (AD). More specifically, the study used Kirkpatrick's model of evaluation to assess the reactions, learning, and behavior change of the CNAs exposed to the curriculum, and ultimately the impact of the curriculum on the stress levels of residents with AD. The study included an experimental and control nursing facility with the experimental group being exposed to the new curriculum and the control group being exposed to the current standard curriculum required by law. Forty-eight CNAs from the experimental group and 51 from the control group were part of the study. A convenient sample of 25 residents with AD from the experimental group and 27 from the control group participated. Two hypotheses were tested, namely H1: After completion of the compassionate care curriculum by the CNA experimental group, CNAs will show a significantly higher increase in knowledge, caregiving self-efficacy, caregiving satisfaction and a significantly higher reduction in feelings of affiliate stigma than the CNAs who completed the current standard curriculum (control group); H2: Differences in change in CNAs knowledge, confidence, satisfaction and affiliate stigma will have a differential effect on the 12-week agitation and salivary cortisol trajectories of residents with Alzheimer's Disease in the experimental and control nursing facilities. A two-way mixed method MANOVA analysis was used to test Hypothesis 1, and multilevel modeling, specifically a cross-classified hybrid model, was used to test Hypothesis 2. Hypothesis 1 were proven with significant higher scores on all indicators for the experimental group. Hypothesis 2 also showed that agitation and salivary cortisol levels were reduced significantly more for the residents in the experimental group as compared to those in the control group. CNA knowledge increases, and self-efficacy increases contributed the most to these changes.

For Study #1, the analysis of the compassionate care info (Kirkpatrick Levels One, Two, and Three), the subsequent hypotheses guided the study: Hypothesis 1: when completion of the compassionate care info by the CNA experimental cluster, CNAs can show a

Considerably higher increase in information, caregiving self-efficacy, caregiving satisfaction and a considerably higher reduction in feelings of affiliate stigma than the CNAs WHO completed this normal info (control group). For Study #2, analysis of the Compassionate Care info (Kirkpatrick Level Four), the subsequent hypotheses were accustomed guide the study: Hypothesis 1a: Residents with AD from the experimental nursing facility can have a unique 12-week agitation modification flight from the residents with AD from the management nursing facility. Hypothesis 1b: Residents with AD from the experimental nursing facility can have a unique 12-week secretion hydrocortisone modification flight from the residents with AD from the management nursing facility. Hypothesis 2a: variations in modification in CNAs information, confidence, satisfaction and affiliate stigma can have a differential result on the 12-week agitation trajectories of residents with AD within the experimental and management nursing facilities. Hypothesis 2b: variations in modification in CNAs information, confidence, satisfaction and stigma and variations in residents with AD agitation can have a differential result on the 12-week secretion hydrocortisone trajectories of residents with AD within the experimental and management nursing facilities. Methods: The study enclosed associate degree experimental and management nursing facility. The sample of residents with AD from the 2 facilities, as well as a convenient sample of twenty five residents from the experimental cluster and twenty seven from the management cluster. All the CNAs WHO took care of the residents with AD that took half within the study were additionally enclosed within the study for a complete of ninety nine CNAs, forty eight within the experimental cluster and fifty one within the management cluster. At baseline, before the implementation of the info, knowledge were collected on the demographics of the CNAs along side their pre-test on AD information, self-efficacy, caregiving satisfaction, and affiliate stigma for each the experimental and management teams. At the 12-week amount, when the info and care teams were enforced, knowledge on AD information, self-efficacy, caregiving satisfaction, and affiliate stigma were collected once more for each teams. when equivalency between the 2 teams was tested, a two-way mixed methodology MANOVA was utilised to look at however scores

modified for all of the dependent variables. For this study, the main focus of the analysis was to look at whether or not there was a major distinction over time (within-subjects), whether or not there have been variations between the management and experimental teams (between-subjects), associate degree whether or not there was an interaction result between time and cluster, indicating if the teams modification otherwise over time. The second study examined the ultimate component of the Kirkpatrick model, specifically stress levels of residents with AD. This study was conducted by testing a hybrid construction growth model. Results: CNAs changes in terms of their information of AD, self-efficacy, caregiving satisfaction and affiliate stigma were analyzed to grasp the impact the compassionate care info had on the CNAs, exploitation levels one, a pair of and three of the Kirkpatrick analysis Model.

This study targeted on the strain outcomes of the residents with AD, specifically agitation and secretion hydrocortisone levels. All models engineered showed that the experimental cluster performed higher in reducing agitation and reducing secretion hydrocortisone levels. the ultimate models were ready to show however the changes within the CNAs specifically affected these positive outcomes. CNA information and self-efficacy had the foremost impact on ever-changing agitation levels, and CNA information and agitation levels had the foremost impact on secretion hydrocortisone levels. Conclusions: The results of this study showed that integration a compassionate care info into the work that CNAs perform with persons with AD will result in positive outcomes on CNAs information, self-efficacy, caregiving satisfaction, affiliate stigma and a discount of agitation and hydrocortisone levels in persons with AD. This has implications for the approach we tend to create mentally the sort of care that's provided by CNAs to persons with AD in nursing facilities. Currently, CNAs ar trained to solely offer ancient basic medical care focuses totally on the essential desires of the person like progressing to activities of daily living. whereas ancient basic medical care is vital, it ought to be supplemented with compassionate look after persons with AD. Compassionate care (CC) emphasizes the bond between the caregiver (the CNA) and also the care receiver (the person with AD) and their journey along. CC may offer CNAs with skills to retort to the changes that the person with AD experiences as they refuse.