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Dementia Caregive Module and Pamphlet

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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2016

Abstract

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MSN, Walden University, 2013

AAS, Chattanooga State Community College, 2003

DNP Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Dementia care is an immediate and growing issue that affects everyone. People are living longer increasing the likelihood that they may be diagnosed with dementia. Friends and family are become caregivers but are often unprepared for the role. The purpose of this project was to develop a 15-minute dementia care module to assist caregivers with the home care of dementia patients. A pamphlet was created to reinforce the module information and to provide a quick reference for dementia support. The self-efficacy theory, along with the review of best practice guidelines and evidence from literature, informed the development of the module. The Simple Measure of Gobbledygook (SMOG) and the Flesch Reading Ease scales were used to ensure that the written materials were at an appropriate reading level for the targeted group. A single group evaluation was used to determine whether caregivers would be able to understand and use the information. A total of 5 lay dementia caregivers volunteered to evaluate the dementia module and related pamphlet. They volunteered to provide feedback using Appraisal of Guidelines for Research and Evaluation (AGREE) tool. Four out of the 5 caregivers strongly agreed or agreed that the module met the designated criteria. All participants stated that the information presented in the module/pamphlet was applicable to their circumstance as dementia caregivers, that the information would assist to provide better care for their loved one, and that they would recommend the dementia module to other caregivers. This project will have a positive impact on social change by providing dementia caregivers with strategies and information to deliver quality dementia care for their loved ones.

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Dedication

This is dedicated to everyone who has ever felt paralyzed with doubt in hopes that this will help them to realize they are not alone and perseverance is the key.

Acknowledgments

I would like to thank God first and far most for allowing me to complete this paper. Without him, nothing is possible. I would like to thank my spouse Christopher for his never wavering support. Thank you for all of the pep talks and being the sounding board whenever I felt discouraged. I would like to thank my daughter Kenyeta for inspiring me to push through even when I did not feel like it and my daughter Ebony for tolerating me being a less than part-time mom due to the demands and dedications required to get to this point thus far. I give thanks to my son who continues to tell me how proud he is of his mom every chance he gets. I thank my mom for her admiration, love and support as well as my brothers and sisters. Academically speaking, my most challenging instructor can't be omitted. Dr. Lewis consistently challenged me to rise above minimum standards while providing support and encouragement. Dr. Walters provided me with honest, constructive feedback, which encouraged me to think outside the box and for that I am truly grateful. Last but in no way least, I wish to thank Dr. Nixon who has provided me with crucial, ongoing support. In times of doubt, this support was often the anchor that helped me to push through all of the self-doubt that had so often paralyzed me with fear in the past.

Table of Contents

Section 1: Nature of the Project

Introduction

Dementia caregivers often endure a high level high level of stress. The mortality rate is 63% higher for dementia caregivers compared to other individuals other individuals of the same age (Shagam, 2009, p.153). Due to the demands placed upon dementia caregivers, there is little to no time left for anything else. There are resources to assist dementia caregivers however they differ according to caregiver circumstances (Gallagher et al., 2010). Location, personal beliefs, health literacy, and financial status health literacy, and financial status are only a few of the barriers which often factor into a caregiver's ability to obtain assistance with care of a loved one with dementia. While there have been promising studies supporting different evidence-based strategies to help lessen the burden of caring for someone with dementia, there is still much room for improvement. A program can only be useful to an individual if the individual is able to obtain and use it. Fifteen-minute DVD modules can be mailed to individuals with transportation issues, thereby illuminating the need to travel. Modules that are constructed with the needs of the dementia caregiver can address can address unique needs of dementia caregivers.

The 15-minute module, created for this project, was designed for dementia caregivers. Family support, respite care, and training seminars have been successful in reducing the stress of dementia caregivers (McLennon, 2008, p. 522). The purpose of this 15-minute module was to educate dementia caregivers. My goal was My goal was to reveal common obstacles faced by dementia caregivers and strategies proven to be effective when dealing with them. The module was also meant to provide dementia caregivers with resources, support, and information in a manner that is mindful of the time constraints placed upon them. The module includes organizational strategies and stress relief exercises for the caregiver and has tips and techniques intended to help reduce the anxiety of the dementia patient. The module is inpatient and outpatient friendly, meaning the information caters to professional and nonprofessional caregivers. Dementia patients occupy a large number of acute stay hospital beds and require highly complex care (Bezzant, 2008, p. 142). This project includes a dementia caregiver pamphlet containing information presented in the module as well as contact information for respite care and other outpatient resources.

Problem Statement

The stress and anxiety dementia caregivers experience can be detrimental to their health. Due to advancements in advancements in modern medicine, life expectancy has greatly increased. As life expectancy increases so does the number of dementia diagnosed patients (Schofield, 2012, p.166). Dementia caregivers are at great risk for health issues associated with anxiety and stress. Caregivers of dementia and Alzheimer's patients are 63% more likely to die than other individuals other individuals of the same age. The increased risk associated with the stress of caring for dementia and Alzheimer's patients are work schedule, chronic illnesses, and depression (Shagam, 2009, p.153). This increased risk may indicate the may indicate the tendency of caregivers to inadvertently sacrifice themselves when caring for dementia patients. The risk associated with being a caregiver can often be decreased through education and the need for dementia education is great. The need is even greater for the education to include a focus on the health of dementia caregivers. Due to time constraints often placed upon dementia caregivers the information must be effective yet concise. This project provides dementia caregivers with educational strategies intended to decrease anxiety and stress while providing support and helping to increase organizational skills. The information, while comprehensive, is presented in the form of a 15-minute module and includes a dementia education and support pamphlet as a means of information reinforcement.

Purpose Statement and Project Objectives

The purpose of this project was to increase dementia caregiver knowledge regarding evidence based techniques and procedures. The evidence based procedures and techniques discussed in this module have proven to increase the caregiver's ability to provide safe, quality care. Although it was not part of the goal of this module, it is hoped that the caregivers and patients might experience less stress and anxiety, thereby decreasing the negative effects caregiving has proven to have on the health of caregivers. The following is a list of module and pamphlet objectives:

- Provide short, simple stress relief techniques.
- Simple tips to assist with dementia care organization throughout the day.
- Outreach information for dementia care.
- Helpful items to pack should the patient need to stay overnight at a hospital or other facility.
- Helpful tips for calming anxious dementia patients.

The project was reviewed by 5 to 7 lay dementia caregivers. The participants each received a dementia caregiver module for their viewing along with an assessment tool known as the Appraisal of Guidelines for Research and Evaluation in Europe (AGREE) tool. Appraisal of Guidelines for Research and Evaluation in Europe (AGREE) tool. The AGREE tool was used by the participants as a way to rate the dementia caregiver module. They each received instructions for completing the tool once they had viewed the dementia caregiver module. Once the participants had completed the assessment tool, they mailed the completed tool back to the provided email or returned the completed tool in person. Once I received the feedback from the participants, I made corrections according to the feedback and redistribute the tool and module. After receiving their approval which indicated that the participants found the module acceptable, I then shared the results with my instructor. Once my instructor found the outcome acceptable, I presented the module and the AGREE Tool to IRB requesting permission to move forward to the next step of my project. The input of the advisory panel is crucial for a successful project. They provide insight into needs and can be the difference between success and failure for a program (Hodges & Videto, 2011, p.109). My paper was submitted until the approval of the dementia caregivers had been met. Other forms used for module evaluation were formative and impact. These forms of evaluation were used to evaluate the objectives of the module. The formative approach helped to ensure that the module and pamphlets were constructed and written at the appropriate level for the target audience. The target reading level was that of sixth grade or less. This was tested by using the Simple Measure of Gobbledygook (SMOG) reading level test and the Flesch

Reading Ease Scale. The SMOG is a reading test that is performed manually by counting the number of words with three or more syllables and then comparing that number with a scale that corresponds to a particular grade. The Flesch Reading Scale was performed by computer and rendered a number with a decimal. The number that follows the decimal corresponds to the grade level of the paper (McLaughlin, 1969, p.639). It would have been necessary to make adjustments to my paper before using this method if I had intended to use the Word version or my personal computer's version of this method. Without proper adjustments, the Flesh Reading Ease Scale can submit an invalid score (Swanson & Bennett, 2005, p.20).

The AGREE tool is an evaluation method used to assess the quality of clinical practice circumstances. It has a total of six domain scores, which are very helpful when it comes to identifying weaknesses and strengths within a guideline. (Gethin, 2009, p.40). Although the AGREE tool is useful in addition to pre and post evaluation, it served as the main source of appraisal in this instance.

Significance of the Project

The information contained in the dementia module along with a pamphlet served as a solid support foundation of stress and anxiety decreasing education for dementia caregivers. The information provided dementia caregivers with evidence-based tools, strategies and techniques for safe, quality care. It served as an additional resource to help alleviate a growing concern of health risk associated with dementia caregiving. The ability to decrease anxiety and stress amongst dementia patients and their caregivers helps to alleviate and or lessen many of the negative outcomes attributed to stress and anxiety.

Understanding expectations for dementia caregivers decreased the negative impacts of stress and anxiety from feeling out of control or unprepared (Contador, Fernandez, Palenzuela, Migueis, & Ramos, 2012, p.279). As the dementia population continues to increase, it is imperative to understand not only what is required to ensure safe quality care for dementia patients but also what resources are in place to assist dementia caregivers.

Project Question

Was the dementia caregiver module and pamphlet viewed as an effective resource for combating the stress and anxiety associated with dementia caregiving by dementia caregivers?

Evidence Based Significance

Caregivers of dementia and Alzheimer's patients are 63% more likely to die as a result of stress related illness over those of the same age who are not caregivers. The increase is associated with the stress and anxiety related to caring for dementia and Alzheimer's patients such as work schedule, chronic illnesses, and depression (Shagam, 2009, p.153). Advancements in modern medicine have increased the human lifespan inadvertently increasing the number of individuals who are diagnosed with dementia. The dementia population for the world in the year 2010 was 35 million but is estimated to be 115 million by the year 2050 (Contador et al., 2012, p. 675). In the United Kingdom there are currently about 800,000 people who are diagnosed with dementia and researchers have estimated the number will grow to 1million by the year 2021 (Elliot, Williams, & Meyer, 2014). Researchers have estimated by the year 2050, there will be approximately 13.2 million Americans diagnosed with dementia. This is a number that will have almost tripled from that of 2000 when it was estimated that there were approximately 4.5 million Americans diagnosed with dementia (Tehrani, Darki, Erande, & Malik, 2013).

Implications for Social Change

Caregivers of dementia and Alzheimer's patients are 63% more likely to die over those of the same age who are not caregivers. The increase is associated with the stress and anxiety associated with caring for dementia and Alzheimer's patients such as work schedule, chronic illnesses, and depression (Shagam, 2009, p.153). Modern medicine has increased the human lifespan inadvertently increasing the number of individuals who are being diagnosed with dementia. According to the World Alzheimer's Report and Wimo and Prince (2010), the dementia population for the world in the year 2010 was 35 million but is estimated to be 115 million by the year 2050 (Contador et al., 2012, p. 675). The UK reports that they currently have about 800,000 people who are diagnosed with dementia and suspect the number will grow to one million by the year 2021 (Elliot et al., 2014). It is estimated by the year 2050, there will be approximately 13.2 million American diagnosed with dementia. This is a number that will have almost tripled from that of 2000 when it was estimated that there were approximately 4.5 million Americans diagnosed with dementia (Tehrani et al., 2013).

Definitions of Terms

Dementia: A person whose thinking and judgment is primarily affected. They lack or are impaired by the absence of intellectual faculties. A person with dementia displays symptoms of memory impairment and lacks the ability to display abstract thinking, often with other disturbances of cognitive function and with personality changes. It is a syndrome resulting from primary degenerative disease of the brain

Caregiver: A person who is typically either a professional or relative, who looks after a disabled or elderly person or an invalid.

Efficacy: Power or capacity to produce effects; power to affect the object intended**.**

Evaluation: Appraising or valuing.

Assumptions and Limitations

It is assumed that the information presented in the dementia caregiver module will be welcomed and viewed as timely, pertinent, and applicable knowledge. It is assumed that the information will help alleviate anxiety and stress while increasing dementia caregiver knowledge. The long-term expectations are better health for dementia caregivers and better care for dementia patients.

The limitations of this project were the small number of participants.

Summary

Dementia caregivers and product line managers recognize the growing population of dementia patients and realize the need to provide evidence-based timely information in an easily accessible manner. The dementia caregiver module and its accompanying pamphlet were designed to educate dementia caregivers and thereby combating anxiety and other negative effects associated with being a dementia caregiver.

Section 2: Review of the Literature and Conceptual Framework

Introduction

Scholarly, academic, peer reviewed, and evidence-based are all synonymous when discussing research. Evidence-based information is not based on opinion but on sound information. The topic of this review is dementia. Dementia is a complex challenging diagnosis (Murray, 2014, p.31). Databases used during the literature review were: PubMed, Medline, CINHL, ProQuest and EBSCO. Keywords used during the search were: *dementia*, *dementia rates*, *population*, *Alzheimer's*, *dementia caregiver*, *health*, *American dementia*, *strategies*, *coping*, *stress*, *anxiety*, *self-efficacy*, and *behavior theory*.

Specific Literature

There are resources to assist dementia caregivers with the stress and anxiety they endure. DVD dementia skills training have proven effective although further research is needed to determine the exact extent (Gallagher-Thompson, 2010, p. 264). One such training DVD would be the In Home Behavioral Management Program (IHBMP). The IHBMP consist of six parts. These parts are as follows: stress and coping education, troublesome and or disruptive behavior education, coping skills regarding their personal negative feelings as caregivers, communication skills education, and behavioral activation techniques meant to help increase pleasurable events in both caregivers and patients. Many of the resources are in the form of lengthy training seminars, which might require the caregiver to either attend the seminar in person or mail order or await the arrival of a seminar that has been pre- recorded. While these options are helpful, the information is limited at best and often lacks true consideration for the immediate needs of dementia caregivers. Researchers have revealed growing support for dementia patients, but is limited when it comes to the support and education of the caregivers of dementia patients. There is little known about potential health risk imposed upon caregivers of dementia patients due to the increased anxiety and stress they experience (Cooper, Katona, Orrell, & Livingston, 2008, p.929).

General Literature

Researchers have found that the immediate need of support for the caregivers of people with dementia. Researchers have acknowledged the growing population and thus have focused on the need to be patient centered. There has been very little information or support for dementia caregivers until recently. In Home Behavioral Management Program (IHBMP) has proven to be more effective when compared to other support sources such as that offered by way of telephone (Gallagher-Thompson, 2010 et al., 2010, p.264).

Conceptual Model and Theoretical Frameworks

I used the self-efficacy theory to develop the 15-minute dementia care module. This theory was built around the premises that people are more willing to use a method or skill if they feel they will be able to perform it correctly. It builds self-confidence for the family member who is able to do so, thereby decreasing anxiety. Self-efficacy originates from four primary sources. The sources are verbal persuasion in which an individual is encouraged that they can perform a task that they truly are capable of performing, vicarious experience which entails having someone who acts as somewhat of a positive role model, and somatic or emotional. One is encouraged to design activities, which foster optimism, as this tends to help individuals feel capable of completing the task at hand. The fourth and final source tends to be the most influential. Mastery helps to build self-confidence and supports the idea that the individual has experience in overcoming challenges (Jordan & Church, 2013, p.175).

Section 3: Methodology

Introduction

The approach used during the module is as follows and was constructed while considering the average 6th grader.

The information was given in small amounts making the information easy to comprehend (Swanson & Bennett, 2005, p.4). Specific module information conveyed in the module is as follows:

1. Short, simple stress relief techniques.
2. Simple tips to assist with dementia care organization throughout the day.
3. Outreach information for respite care.
4. Helpful items to pack should the patient need to stay overnight at a hospital or any other facility.
5. Helpful tips for calming anxious dementia patients.
6. Safety tips for the patient and the caregiver.
7. The module is on DVD and therefore available by U.S. mail.

A pamphlet, which highlights module information, accompanies the module. There was initially a request for a review. Those asked to participate acted as an advisory panel. A designated time was set aside to allow the participants time to view the pamphlet and module in the comfort of their own home. The participants also received the assessment tool along with instructions for rating the material. They were asked to provide feedback within one week. They were given the option of providing feedback by way of email or in person. They each chose to return the assessment tools in person. The involvement of key stakeholders is crucial. They provide insight into the needs and can be the difference between success and failure for a program (Hodges & Videto, 2011, p.109).

Project Design and/or Methods

The SMOG reading level test and the Flesch Reading Scale were used to ensure that the module and pamphlet were constructed and written at the appropriate level for the target audience. The target reading level were that of sixth grade or less. The SMOG is a reading test that is performed manually by counting the number of words with three or more syllables and then comparing that number with a scale that corresponds to a particular grade. The Flesch Reading Scale can be performed by computer and renders a number with a decimal. The number that follows the decimal corresponds to the grade level of the paper (McLaughlin, 1969, p. 639). It would have been necessary to make adjustments to my paper before using this method if I intend to use the Word version or my personal computer’s version of this method. Without proper adjustments, the Flesh Reading Ease Scale can submit an invalid score (Swanson & Bennett, 2005, p. 20).

The AGREE tool is an evaluation method often used when developing or assessing clinical guidelines. I chose to use this tool because it has proven to be a very reliable method. It is made up of six categories.

The categories are scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence. The scope and purpose category contained items regarding, the clinical question and the target population. It enquired about caregiver needs and the ability of the module to assist with those needs. The stakeholder involvement category consisted of information pertaining to the expertise and or experience of the stakeholders and their representation. This question enquired about the benefits of the module based on each individual's experience and or expertise. The rigor of development was the category that evaluated the process used to collect and develop the evidence of the project and updated recommendations. Literature and the strategy used in gathering the information are examined in order to ensure that the information was sound and based on evidence-based information. Clarity of presentation was used to address language and format.

The qualification of the SMOG and Flesch Reading Scale were examined in order to ensure that the method was appropriate and used correctly. Applicability addressed the project's organizational and behavioural cost associated with project implementation. This question weighed the benefits of the module against cost and possible risk should the module be implemented. Items that might have presented a conflict of interest would have been listed in the final category known as the editorial independence. This question helped to ensure that no one involved had a personal conflict with the topic or strategies shared in the module.

Each category of the AGREE tool was given a rating by the participants. The rating ranged from seven, in which the participants strongly agreed, to one in which the participants strongly disagreed. A two indicated disagree and a three indicated that the participants somewhat disagreed. A four indicated that the participants neither agreed nor disagreed and five was indicative of somewhat agreed and six indicated agree. The very end of the AGREE Tool enquired about the advisory board's recommendation of the dementia caregiver module. The questions asked if the advisory board members strongly recommended the dementia program, with or without changes, recommended the module, strongly did not recommend or simply did not recommend the module.

Although the participants participated in person, they were given the option of participation by email,

Population and Sampling

The focus of this project was for both professional and nonprofessional dementia caregivers although all of the participants were nonprofessional. The caregivers sample group consisted of a son who provides care for his mother on a fulltime basis a daughter who assists with the care of her mother. Her mother resides in a long-term care facility. The third participant is a daughter who provides long-term care for her mother on a fulltime basis and two more participants who are assisting siblings with the care of a parent diagnosed with dementia. The total number of participants in the study was 5.

The Institution for Patient and Family Centered Care recommend small groups ranging from 10 to 20 in order to encourage participation form every member of the advisory board (Willis, Krichten, Eldredge, & Carney, 2013, p. 86). The introduction and recruiting of participants took place in a church located in Tennessee however the viewing of the module and pamphlet took place in each participant's private setting or home. They each received the pamphlet, module, AGREE tool, and its instructions at the church but then were allowed to take everything home and either email the completed assessment tool or meet back at the church to return the information. All of the participants completed the tool and turned them in within one week of receiving them.

Data Collection

Data were collected using questions thought to be of importance to someone caring for a person diagnosed with dementia. This was the main strategy used to develop the manual. The questions allowed the participant to answer the questions from a self-report stance. Self-reports allow each participant to answer the questions asked by the interviewer themselves (Polit & Beck, 2010, p.339). Although the questions were not asked of the participant in person, the AGREE tool accommodated the participant's ability to answer each question from the self -report stance. The AGREE tool contained both open end and closed-ended questions. The open ended questions allow participants to answer questions in a manner that allows them to clarify individual thoughts (Polit & Beck. 2010, p.343).

The AGREE tool was used to evaluate the usefulness of the module and the pamphlet. It considered such issues, such as whether the questions, and the population covered in the module were made evident; whether the module advisory panel or participants were representative of those who would be using the module. The AGREE tool was an effective tool for analyzing the preliminary work.

Data Analysis

In order to ensure that the presented information was comprehensive to its targeted audience, formative methods such as the Flesch Reading Scale FLESCH Reading Scale along with the SMOG reading level test were used. Tools such as the Flesch Reading Scale and the SMOG reading level test have proven reliable when attempting to determine reading levels. The SMOG reading level is performed by counting the number of words with three or more syllables and then comparing that number with a scale that corresponds to a particular grade. The Flesch Reading Scale is performed by computer and renders a number with a decimal. The number that follows the decimal corresponds to the grade level of the paper (McLaughlin, 1969, p. 639). The target reading level will be that of sixth grade or less.

The AGREE tool was used throughout the development of the project in order to assist me in developing a sound, evidence based dementia caregiver module. Changes and revisions were made based on advisory feedback. The AGREE tool is an evaluation method used to assess the quality of clinical practice circumstances. It has a total of six domain scores, which are very helpful when it comes to identifying weaknesses and strengths within a guideline. (Gethin, 2009, p.40). The AGREE tool served as main sources of information appraisal.

The following questions were presented to the participants with instructions to rate the module and pamphlet information using a scale of 1(low) through 7(high).

- The purpose for the module is clear.
- It is clear that the information in the module is for dementia caregivers.
- Does the module contain useful information for dementia caregivers?
- The module was made with the needs of dementia caregivers in mind.
    - It is clear that the information in the module is accurate.
    - It is easy to see that the information is reliable.
- The information is clear and easy to understand.

- The module clearly explains how a caregiver would use the information when caring for a dementia caregiver.
    - Key points made in the education module are easy to identify.
    - I could use this information when caring for my loved one who has dementia.
- This education module has recommendations for care that I could use when caring for my loved one with dementia.
- I have resources available to use the recommendations that are described in the dementia caregiver's education module.
- If you answer disagree or strongly disagree. Please describe what resources you would need to be able to use the recommendation presented in the dementia caregiver module.
    - Please rate the overall quality of this Dementia Education Module.
    - Would you recommend the use of the module to other dementia caregivers?
    - If you answered, "Yes, with Changes" what changes would you recommend to the Dementia Education Module? (Please write your response in the space below.)

To analyze the results, I used the quantitative and quantitative methods of data analysis. Quantitative data collection is the method of data analysis applied to generalize the data received. I used the data analysis to evaluate whether my module and pamphlet were helpful to caregivers. The questions were presented using the AGREE tool which helped me evaluate the quality of the module and the pamphlet. The qualitative method of data analysis is opposite to the quantitative. This method requires the researcher take a deeper look onto the results of questionnaires. The quantitative method of data analysis is used to analyze the results of an evaluation and allows participants the opportunity to determine if the project or study has added to their existing knowledge.

Project Evaluation Plan

The more self-efficacy an individual has, the higher the goals they will set for themselves (Robb, 2012, p.167). The *Self Efficacy Theory* was used during this project. Self-efficacy is a middle range nursing theory often used to assist people to become as independent as possible when it comes to their health (McEwen & Wills, 2011, p. 231). Evaluation methods implemented throughout the project, range from those previously mentioned such as the Flesch and SMOG to those utilized to evaluate feasibility and applicability such as the AGREE tool, formative evaluation and impact evaluations. Formative evaluations were used to determine if the written and video materials developed at the appropriate compression and reading level for the targeted users. Impact evaluations was implemented in order to determine if the project met its short-term objectives and or goals (Hodges & Videto, 2011, p.216). The AGREE tool is an evaluation tool that has a total of six domain scores. All of these domains are given a score that helps to identify strengths and weaknesses pertaining to each category rather than adding up to one total score (Gethin, 2009, p.40). Although this tool is useful for final project evaluation, it is not a tool that is only used during final presentation. The AGREE tool is used throughout the development of the project. Sometimes changes and revisions are necessary in order to ensure that the participants are receiving the most up to date evidence based information in a form that they are able to comprehend and use.

Summary

Dementia caregiver tools must be constructed in a manner that will allow the caregiver to receive and use the information being conveyed. The targeted audience were able to read and comprehend the information without difficulty and visual material that should be presented in a straightforward noncomplex manner. Dementia caregivers face many risks. Many of the risk may be minimalized with education. Although dementia education has begun to center around the dementia patient, there is still great need for education and support of the dementia caregiver. The dementia module and pamphlet focused on the needs of the caregiver. This pamphlet and module used evidence based strategies as a means to help increase dementia caregiver knowledge. The module and pamphlet were evaluated throughout its development and once completed.

Section 4: Findings, Discussions and Implications

Once IRB approval was obtained from Walden University, the implementation phase of the study began. The test group consisted of five lay dementia caregivers.

Summary of Findings

There was a meeting with the members of Shepherd's Voice Christian Fellowship Church on Sunday June 12, 2016. During this time, it was explained that I was a Walden University DNP student. It was explained that the intent of the meeting was to obtain willing participants to view a dementia caregiver module and provide feedback using an enclosed assessment tool. It was explained that participants would need to meet certain requirements. After the project and its purpose was thoroughly explained to the members, signed consents were received from those who wished to participate. Questions were answered and the modules, pamphlet and AGREE tools were handed out. The participants collected contact information and each were given my contact information. There was a total of 5 participants and all 5 viewed the information and answered the questions of the AGREE Tool. The completed AGREE Tools were collected from all participants within 7 days.

Presentation of Data

Table 1
Results From the Agree Tool

Outcomes	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
Purpose is clear						xxxxx	
Information is for dementia caregivers							xxxxx
Was information useful						xx	xxx
Needs of dementia caregivers in mind						x	xxxx
Information is accurate							xxxxx
Information is reliable							xxxxx
Information is clear and understandable						xxxxx	
Explains how information would be used.						xxx	xx
Key points are easy to identify						xx	xxx
I can use this information to provide care for loved one.							xxxxx
Has recommendations for care that I can use with my loved one.							xxxxx
I have resources available to use recommendations provided							xxxxx

Table 2
Agree Tool Overall Module Assessment

Overall Quality of Dementia Education Module	Lowest Possible Quality	No Opinion on Quality	Highest Possible Quality
		x	xxxx

Would you recommend to other dementia caregivers	No	Yes, with changes	Yes
			xxxxx

Discussion of Findings in Context of Literature and Framework

Dementia caregivers endure a large amount of stress and as result, risk their own health and even those they are caring for. While modern medicine continues to increase the lifespan of humans, it inadvertently increases the rate of individuals diagnosed with dementia. According to the World Alzheimer's Report and Wimo and Prince (2010), the dementia population for the world in the year 2010 was 35 million and is estimated to increase to 115 million by the year 2050 (Contador et al., 2012, p.675). It is estimated by the year 2050, there will be approximately 13.2 million American diagnosed with dementia. This is a number that will have almost tripled from that of 2000 when it was estimated that there were approximately 4.5 million Americans diagnosed with dementia (Tehrani et al., 2013). Education modules structured with caregivers in mind can significantly improve upon the care delivered while decreasing the negative effects providing care often has on caregivers. Family members are often the primary caregiver for dementia patients. Many times family members are not highly educated and thus it is crucial to construct education material with this in mind. Education modules have proven to be a very useful tool for dementia education. One study revealed that the less formally educated caregivers scored higher in certain areas after receiving dementia education than those with more formal education. Baseline participants with less education exhibited poorer quality dementia care in the areas of Education and Treatments than those with higher education but exhibited significantly more improvement than their more educated counterparts after the educational intervention in the areas of assessment, treatment and safety dimensions. (Brown, Vassar, Connor, & Vickrey, 2013, p.243)

Education can help decrease the stress and risk associated with caring for a dementia patient. The mortality rate is 63% more likely for dementia caregivers when compared to people of the same age who are not dementia caregivers. (Shagam, 2009, p.153) Many caregivers continue to work outside the home and have other responsibilities along with caring for their loved ones. Time and organization are very important factors in their daily lives. Family support, respite care and training seminars have been successful in reducing the stress of dementia caregivers (McLennon, 2008, p. 522).

Implications for Practice

The self-efficacy theory was used to develop my 15-minute dementia care module. The theory is based the premises that people are more willing to use a method or skill if they feel they will be successful in when using it. The theory builds self-confidence and decreases anxiety.

Project Strengths

The strength of this project lies within its overall construction. It was developed using evidence based information with the sole intent of equipping dementia caregivers with education that will lessen the negative effects they experience while increasing the quality of care dementia patients receive.

Project Limitations

Project limitations are the small number of participants used during the study. The second project limitation is that there are no actual plans to implement the module at any given facility at this time.

Analysis of Self

In conclusion, I am an example of self-efficacy. I now have more confidence in my own abilities to accomplish goals than ever before. Self-efficacy originates from four primary sources. The sources are verbal persuasion in which an individual is encouraged that they can perform a task that they truly are capable of performing, vicarious experience which entails having someone who acts as somewhat of a positive role model and somatic or emotional. One who is encouraged to design activities, which foster optimism, as this tends to help individuals feel capable of completing the task at hand. My professors, Dr. Deb in particular has been the ongoing voice of encouragement throughout this course and thus has played a significant portion of the self-efficacy theory. The fourth and final source tends to be the most influential. Mastery helps to build self-confidence and supports the idea that the individual has experience in overcoming challenges (Jordan, 2013, p.175). The DNP program has been one of the most challenging ordeals of my life. The experience I have gained has equipped me to overcome any challenge I am faced with in the future.

Summary and Conclusion

This project is a 15-minute module designed for dementia caregivers. It was constructed with dementia caregivers in mind. The purpose of this 15-minute module was to educate dementia caregivers. It was meant to reveal common obstacles faced by dementia caregivers and strategies proven to be effective when dealing with them. The module was also meant to provide dementia caregivers with resources, support and information in a manner that is mindful of the time constraints placed upon them. The module includes organizational strategies and stress relief exercises for the caregiver and has tips and techniques intended to help reduce the anxiety of the dementia patient. The module is inpatient & outpatient friendly, meaning the information caters to professional and non-professional caregivers. Dementia patients occupy a large number of acute stay hospital beds and require highly complex care (Bezzant, 2008, p.142). This project includes a dementia caregiver pamphlet containing information presented in the module as well as contact information for respite care and other outpatient resources.

General literature reveals the immediate need of support for the caregivers of people with dementia. The increase in the number of people being diagnosed with dementia is evident. Research and literature acknowledges the growing population and thus focuses on the need being patient centered. There has been very little information or avenues of support for dementia caregivers, until recently. In Home Behavioral Management Program (IHBMP) have proven to be more effective when compared to other support sources such as that offered by way of telephone. (Gallagher-Thompson, 2010 et al., p.264). The dementia module proved to be an asset in this study.

This project has developed me in many ways. It has improved my ability to determine if a topic is research worthy and given me some insight regarding the steps needed to conduct the research. I have witnessed individuals struggle with the different obstacles that plague dementia caregivers and attempted to help relieve them through education. The research I have poured over regarding dementia care is very in-depth but remains very limited in the areas of dementia caregiver support. Though I am mentally drained, this tends to be a topic dear to my heart and I will continue to research and look for help on this topic. I dedication is more focused than every ad I have learned through this program what true dedication and determination means. The results of the study were positive though limited and with this positive reinforcement, I am empowered to continue trying to improve upon the care of dementia patients while decreasing the negative outcomes experienced by the caregivers.

Section 5: Scholarly Product

I have chosen to submit a manuscript for publication to the Journal of Professional Nurses once it has been approved. The journal displays educational articles and thus this manuscript would be appropriate. The audience consists of healthcare leaders ranging from scholars to nurse practitioners.

Dementia Care Module Manuscript

Purpose

The purpose of the project was to provide dementia caregivers with information to assist them with dementia caregiving. There are resources to assist dementia caregivers however they differ according to caregiver circumstance (Gallagher et al., 2010). Location, personal beliefs, health literacy, and financial status are only a few of the barriers which often factor into a caregiver's ability to obtain assistance with care of a love one with dementia. While there have been promising studies supporting different evidence based strategies to help lessen the burden of caring for someone with dementia, there is still much room for improvement. A program can only be useful to an individual if the individual is able to obtain and use it. 15-minute DVD modules can be mailed to individuals with transportation issue thereby illuminating the need to travel. Modules that are constructed with the needs of the dementia caregiver at their core consider the unique needs of dementia caregivers.

Focus

To increase the quality of care delivered to dementia patients by securing caregivers with strategies which have to be successful in past.

Method

The SMOG reading level test and the Flesch Reading Scale were used to ensure that the module and pamphlet were constructed and written at the appropriate level for the target audience. The target reading level were that of sixth grade or less. The SMOG is a reading test that is performed manually by counting the number of words with three or more syllables and then comparing that number with a scale that corresponds to a particular grade. The Flesch Reading Scale can be performed by computer and renders a number with a decimal. The number that follows the decimal corresponds to the grade level of the paper (McLaughlin, 1969, p.639). It would have been necessary to make adjustments to my paper before using this method if I intend to use the Word version or my personal computer's version of this method. Without proper adjustments, the Flesh Reading Ease Scale can submit an invalid score (Swanson & Bennett, 2005, p.20).).

Formative and impact evaluations were used to determine the effectiveness of the project. Pre evaluations compared with post evaluations reveal if there was knowledge gained after the module information has been viewed. The AGREE tool is an evaluation method often used when developing or assessing clinical guidelines. It is made up of six categories. The categories are scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence. The scope and purpose category contained items regarding, the clinical question and the target population. It enquired about caregiver needs and the ability of the module to assist with those needs. The stakeholder involvement category consisted of information pertaining to the expertise and or experience of the stakeholders and their representation. This question enquired about the benefits of the module based on each individual's experience and or expertise. The rigor of development was the category that evaluated the process used to collect and develop the evidence of the project and updated recommendations. Literature and the strategy used in gathering the information are examined in order to ensure that the information was sound and based on evidence-based information. Clarity of presentation was used to address language and format.

The SMOG and Flesch Reading Scale were used to ensure that the written materials were at the appropriate reading level for the targeted group. examined in order to ensure that the method was appropriate and used correctly. Applicability addressed the project's organizational and behavioural cost associated with project implementation. This question weighed the benefits of the module against cost and possible risk should the module be implemented. Items that might have presented a conflict of interest would have been listed in the final category known as the editorial independence. This question helped to ensure that no one involved had a personal conflict with the topic or strategies shared in the module.

The AGREE tool was used to determine if the users found the information useful. Each category of the AGREE tool was given a rating by the participants. The rating ranged from seven, in which the participants strongly agreed, to one in which the participants strongly disagreed. A two indicated disagree and a three indicated that the participants somewhat disagreed. A four indicated that the participants neither agreed nor disagreed and five was indicative of somewhat agreed and six indicated agree. The very end of the AGREE tool enquired about the advisory board's recommendation of the dementia caregiver module. The questions asked if the advisory board members strongly recommended the dementia program, with or without changes, recommended the module, strongly did not recommend or simply did not recommend the module. Although the participants participated in person, they were given the option of participation by email.

Participants

There were a total of 5 lay dementia caregivers used in the study. I was able to meet with the members of Shepherd's Voice Christian Fellowship on Sunday June 12, 2016. During this time, I explained that I was a Walden University DNP student. I explained that I needed willing participants to view my dementia caregiver module and provide me with feedback using an assessment tool which I would provide should they meet the requirements and choose to participate. After I had explained what my project was, I explained what the requirements were and received signed consent forms from the participants. I answered questions and then handed out the module, pamphlet and AGREE Tools. I also collected contact information and distributed mine. There were a total of 5 participants and all 5 viewed the information and answered the questions of the AGREE Tool. I was able to gather the completed AGREE Tools from all participants within 7 days.

Results

The results are as follows: Five out of five participants placed an X in the box that indicated that the scope and purpose were clear, indicating that the module and pamphlet information's purpose were clear. All participants also strongly agreed that the information was clearly for dementia caregivers. I received three strongly agrees and two agrees when asked if the information was useful information for dementia caregivers. I received four strongly agrees and one agree for the question that asked if the information was developed with the needs of dementia caregivers in mind. All participants indicated that they strongly agreed with the information being accurate and reliable which were questions of numbers five and six. Question number seven asked the participants if the information was clear and easy to understand. All five participants marked the box indicating agree. There were three agrees and two strongly agrees when asked if the module indicated how a caregiver would use the information and three participants marked strongly agreed while two marked agree for question number nine which asked if the key points were evident in the module. Number ten asked if the participant could use the information of the module while number eleven asked if the participant would use the information of the module in the future. All participants marked the strongly agree box for both questions. The following question is number twelve of the AGREE Tool. I have the resources available to use the recommendations that are described in the dementia caregiver's education module. I received a strongly agree from all participants The final two questions of the AGREE Tool requested that the participants give a rating of the module and also asked if they would recommend the module to other caregivers. The module received one mark indicating no rating on quality while the other four participants indicated highest possible rating. The individual who chose to give no rating did clarify why they had chosen this rating. They used the space available to indicate that they had never viewed an educational module regarding care of any kind and therefor had nothing to compare the quality of the module to, however all participants indicated they would recommend the module to other dementia caregivers. The overall response of the participants was positive and encouraging.

Conclusion

The conclusion of this study indicates that the dementia module would be a useful tool for dementia education. Although it would require additional studies to indicate a more realistic assessment of its usefulness, it thus far indicates a positive acceptance by the dementia caregivers of this study.

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Appendix A: AGREE Tool Permission

To: esransby@att.net
Aug 24 at 10:04 AM
Dear Shawen Ransby,

Thank you for contacting the AGREE Scientific Research Office.

The AGREE II Instrument is a tool available for public use and we simply ask that you reference the tool properly.
Please feel free to use the AGREE II Instrument in your project proposal and any future work.

If you have any additional questions, please do not hesitate to contact us.

Kind regards,
Kate Kerkvliet

Research Assistant
AGREE Scientific Research Office
Department of Oncology, Faculty of Health Sciences
McMaster University, Juravinski Site
Hamilton, ON, L8V 1C3
Website: www.agreetrust.org
Twitter feed: @AGREEScientific

Appendix B: AGREE Tool Questions with Scoring Scheme

Response Scale

Each item is rated on a 7-point scale ranging from 7 'Strongly Agree' to 1 'Strongly Disagree', with one mid points: Neither Agree or Disagree. The scale measures the extent to which a criterion (item) has been fulfilled.

You will select your response by placing an X in the box that corresponds to your understanding of the information on the Dementia Module.

- If you are confident that the criterion or standard has been fully met, then you should answer 'Strongly Agree'.
- If you are confident that the criterion or standard has not been met at all or if there is no information available, then you should answer 'Strongly Disagree'.
- You may also choose different levels of Agree or Disagree if you believe the criteria have been partially met. A score between 2 and 6 is assigned when the item does not meet the full criteria or considerations.
- If you are unsure that a criterion or standard has been fulfilled, for example because the information is unclear or because only some of the recommendations fulfil the criterion or standard, then you should answer 'Neither Agree or Disagree.

  Here is an example of the scale you will be using. If you have any questions about how to use the scale, please ask before you begin. Remember, you place an X in the box that corresponds to your agreement with each question.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree

Scope and Purpose

1. The purpose for the module is clear.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

2. It is clear that the information in the module is for dementia caregivers.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Stakeholder Involvement

3. Does the module contain useful information for dementia caregivers?

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

4. The module was made with the needs of dementia caregivers in mind.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Rigor of Development

5. It is clear that the information in the module is accurate.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

6. It is easy to see that the information is reliable.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Clarity and Presentation

7. The information is clear and easy to understand.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

8. The module clearly explains how a caregiver would use the information when caring for a dementia patient.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

9. Key points made in the education module are easy to identify.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

Applicability

10. I could use this information when caring for my loved one who has dementia.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

11. This education module has recommendations for care that I could use when caring for my loved one with dementia.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

12. I have the resources available to use the recommendations that are described in the dementia caregiver's education module. If you answer disagree or strongly disagree, please describe what resources you would need to be able to use the recommendation presented in the dementia caregiver module.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree or Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree

(You can write in the space provided here)

Overall Guideline Assessment

Please rate the overall quality of this Dementia Education Module

1 Lowest Possible Quality	2 No Opinion on Quality	3 Highest Possible Quality

Would you recommend the use of the module to other dementia caregivers?

1 No	2 Yes, with Changes	3 Yes

If you answered, “Yes, with Changes” what changes would you recommend to improve the Dementia Education Module? (Please write your response in the space below)

Thank you for participating in the development of this Dementia Caregivers Module.

Appendix C: PowerPoint Presentation

- Dementia Caregiver Module
- By: Shawen Ransby RN,MSN
- NURS-8510-3
- 5/04/15

Medicine has increased the human lifespan which has increased the likely hood of our loved ones being diagnosed with dementia. This is because the longer a person lives, the more likely they are to develop dementia. According to the World Alzheimer's Report and Wimo and Prince (2010), the dementia population for the world in the year 2010 was 35 million but is estimated to be 115 million by the year 2050 (Contador et al., 2012, p.675.) Loved ones of dementia patients make up the largest population of dementia caregivers. One out of 8 older adults are living with Alzheimer disease (Easton, Alma, Coleman, 2013). The continued advances of modern medicine suggest that this population will continue to increase as the population of dementia patients increase.

- Effects of Dementia

Increases the length of hospital stay and cost

Increased fall risk

Increased risk of malnutrition and skin break down

Decreases the chances of obtaining desired outcomes

It is estimated by the year 2050, there will be approximately 13.2 million American diagnosed with dementia. This is a number that will have almost tripled from that of 2000 when it was estimated that there were approximately 4.5 million Americans diagnosed with dementia (Tehrani, Darki, Erande, & Malik, 2013).

Dementia patients are at a much greater risk for falls, skin breakdown and poor eating habits. Falls, loss of ability to care for yourself, longer hospital stays and increased death rates are all linked to dementia. Dementia patients occupy a large number of acute stay hospital beds and require special care (Bezzant, 2008, p.142). While these are tragic circumstances, other factors must also be factored into the care of dementia patients. Caregivers also pay a price. The stress associated with caring for dementia patients is great and places the health of the caregiver at risk for mortality. This module hopes to help decrease some of the risk associated with being a dementia caregiver.

- Objectives
- Reveal intervention to increase safe, quality care for dementia patients while decreasing caregiver stress
- Reveal possible barriers to the intervention
- Share possible solutions for barriers identified

The mortality rate is 63% more likely for dementia caregivers when compared to people of the same age who are not. (Shagam, 2009, p.153).). Due to the demands placed upon dementia caregivers, there is little to no time left for anything else. Resources that offer support are available to assist these caregivers with the unsurmountable stress they endure, but the caregivers may not be aware or the devices may not be user friendly. Resources may be in the form of training seminars which might require the caregiver to either attend the seminar in person or await the arrival of a seminar that has been recorded. While these options may be helpful to some, they may lack what other caregivers need. Modules that are constructed with the needs of the dementia caregiver at its core consider the unique needs of dementia caregivers. The caregiver module I have constructed utilized evidence based research to determine effective measures proven to decrease caregiver stress while increasing the quality of care the dementia patient receives.

- Conceptual Model & Theoretical Framework

I used the self efficacy theory in order to develop the 15-minute dementia care module. This theory was built around the premises that people are more willing to use a method or skill if they feel they will be able to perform it correctly. It builds self-confidence for the family member who is able to do so, thereby decreasing anxiety.

This dementia project was constructed using the Conceptual Model. The ‘Potentially Better Practice’ is a model of collaborative quality improvement. It has been shown to work successfully in a context when adapted to suit local needs. This is similar to ‘Havelock’s Theory of Planned Change which points out the importance of having the support of key stakeholders, however the Self-Efficacy theory was the actual theory of choice. It ensured the key elements of the dementia caregiver module would be addressed.

Self-efficacy originates from four primary sources.

Verbal Persuasion

Vicarious Experience

Emotional

Mastery

Self –Efficacy originates from four primary sources. The sources are verbal persuasion in which an individual is encouraged that they can perform a task that they truly are capable of performing, vicarious experience which entails having someone who acts as somewhat of a positive role model and somatic or emotional. One is encouraged to design activities, which foster optimism, as this tends to help individuals feel capable of completing the task at hand. The fourth and final source tends to be the most influential. Mastery helps to build self-confidence and supports the idea that the individual has experience in overcoming challenges (Jordan, 2013, p.175)

- Barriers & Solutions
- **Barriers**

Resistance to Dementia Caregiver Change

Failure to Obtain Key Stakeholder Support (Dementia Caregivers)

Time Restraints & Lack of Knowledge Regarding Resource Availability

- **Solutions:**

Dissemination/ Education for

Dementia Caregivers Constructed with Caregiver Needs as the Focus

: Time Friendly

: Easily Applicable

Key Stakeholder Support

Although the Behavioral change theory was not one of the main two theories followed for this project it must always be in one's mind when attempting to alter or change behavior. Behavioral Change takes into account the resistance of people in regards to change but also considers that organizations and their employees are usually goal oriented, purpose focused and problem driven. There are routines and patterns they normally follow as long as they work but once they are no longer feasible they seek change (White & Brown, 2012, p. 50).

- Interventions to Lessen Stress

Pack Familiar Items for Planned Overnight Stays.

Staff note: Attempt to disturb dementia patients as little as possible

ex: awakening the patient for meds and vitals throughout the night)

Pre-arranged visits to facilities may help to calm the patient and the caregiver.

Respite Care (Facility)

Respite Care (In the Home)

Caregiver Yoga

Dementia patients are less stressed when their daily activates remain as routine as possible, as cited in Tabloski,2010 (Easom, Alston, & Coleman, 2013). When circumstances warrant a change, attempt to work the change into their daily activity. Examples might be respite stays or planned hospital stays. If possible, arrange to bring the patient in for visits to the ward where the patient will be staying before the day they are to check in. Familiar items such as bed spreads, favorite gowns and pictures are also items which may serve to calm anxious patients. This also allows the patient to become familiar with the room layout thereby decreasing fall risk.

- **Ongoing Support**
  VA Support Line 1-855-260-3274
  Caregiveraction.org/resources/ten-tips/

Respite care within the home is less strenuous than taking the patient out of their home but would still benefit if the respite caregiver could make visits prior to the actual respite day. Family support, respite care and training seminars have been successful in reducing the stress of dementia caregivers (McLennon, 2008, p. 522). This would allow the respite caregiver to become familiar with the patient and their routine. It will also permit the patient to accept the additional caregiver as part of their routine.

- Routine
  is Key

By using multiple avenues, the stress associated with caring for dementia patients can be decreased. The ability to decrease anxiety and stress amongst dementia patients and their caregivers will help to alleviate and or lessen many of the negative outcomes attributed to stress and anxiety. A study by Campbell et al. (2008), suggested that the negative impacts of stress could be lessened by understanding what is to be expected of one as a dementia caregiver, thereby decreasing anxiety which might arise when one feels as though they are out of control or not properly prepared (Contador, Fernandez, Palenzuela, Migueis, & Ramos, 2012, p. 279).

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Family support, respite care and training seminars have been successful in reducing the

stress of dementia caregivers (McLennon, 2008, p. 522

- Reference

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Appendix D: Dementia Caregiver Pamphlet

DEMENTIA CAREGIVING

Key Concepts: Familiarity is important

Ex: If you know there will be a change in the patient's daily routine ahead of time, try to work the change in with the normal routine.

Ex: Pack familiar items for overnight stays such as blankets, pictures etc.…

Calming Techniques:

EX: Attempt to note signs and symptoms that warn that a patient is becoming anxious so that you might then provide a calming activity to decrease the loved one's anxiety. It might be singing or listening to a certain song or reading to them in a particular character's voice, or allowing them to perform a certain activity It may take some time to begin to recognize when the loved one is becoming anxious and may also take time to determine what it takes to calm them but be patient because it is a learning experience for both of you.

Helpful Numbers:

Alzheimer. Org 1800-272-3900 (24 hours) Provides additional video resources. Provides guidance and resources for those caring for someone with dementia and or Alzheimer.