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Literature review: understanding nursing competence in dementia care

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Literature review: understanding nursing competence in dementia care

Abstract

Aims and objectives. The aim of this study was to review dementia nursing competencies. The objectives were to explain the relevancy of dementia competencies across care settings and levels of practice.

Background. Dementia is strongly associated with increasing age and as the world population ages there is an imperative to ensure the healthcare workforce is fully equipped to meet the needs of people with dementia and their carers. **Design.** A literature review study addressed the research aim and objectives.

Method. Literature sources were (i) academic databases, (ii) the internet and (iii) snowballing. Search terms were 'dementia', 'care standards', 'training and education' and 'competency'. **Results.** The sample consisted of 59 reviewed publications. A synthesis of the findings generated 10 dementia competencies: (i) Understanding Dementia; (ii) Recognising Dementia; (iii) Effective Communication; (iv) Assisting with Daily Living Activities; (v) Promoting a Positive Environment; (vi) Ethical and Person-Centred Care; (vii) Therapeutic Work (Interventions); (viii) Responding the needs of Family Carers; (ix) Preventative Work and Health Promotion and (x) Special Needs Groups. There were also five levels of practice: (i) Novice; (ii) Beginner; (iii) Competent; (iv) Proficient and (v) Expert and no care setting specific competencies were generated. **Conclusion.** Government initiatives demonstrate commitments to dementia, such as Australia's adoption of dementia as a National Health Priority and the UK National Dementia Strategy. Registration boards for the nursing workforce in Japan and the UK included dementia competencies in generalist frameworks to emphasise the importance of dementia as a healthcare issue. This study demonstrated that there is no dementia competency framework relevant across care settings or levels of practice. **Relevance to clinical practice.** An empirical study will develop a multi-disciplinary dementia competency framework relevant across care settings and levels of practice to ensure the healthcare workforce can effectively deliver services to people with dementia and their carers.

Keywords

competency, dementia, gerontology, literature review, mental health

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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**Understanding Nursing Competencies in Dementia Care:
A literature review**

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ABSTRACT

AIMS AND OBJECTIVES

The aim of this study was to review dementia nursing competencies. The objectives were to explain the relevancy of dementia competencies across care settings and levels of practice.

BACKGROUND

Dementia is strongly associated with increasing age and as the world population ages there is an imperative to ensure the healthcare workforce is fully equipped to meet the needs of people with dementia and their carers.

DESIGN

A literature review study addressed the research aim and objectives.

METHOD

Literature sources were (i) academic databases, (ii) the internet and (iii) snowballing. Search terms were 'dementia', 'care standards', 'training and education' and 'competency'.

RESULTS

The sample consisted of 59 reviewed publications. A synthesis of the findings generated ten dementia competencies: (i) Understanding Dementia; (ii) Recognising Dementia; (iii) Effective Communication; (iv) Assisting with Daily Living Activities; (v) Promoting a Positive Environment; (vi) Ethical and Person-Centred Care; (vii) Therapeutic Work (Interventions); (viii) Responding the needs of Family Carers; (ix) Preventative Work and Health Promotion; and (x) Special Needs Groups. There were also five levels of practice: (i) Novice; (ii) Beginner; (iii) Competent; (iv) Proficient; and (v) Expert and no care setting specific competencies were generated.

CONCLUSION

Government initiatives demonstrate commitments to dementia, such as Australia's adoption of dementia as a National Health Priority and the UK National Dementia Strategy. Registration boards for the nursing workforce in Japan and the UK included dementia competencies in generalist frameworks to emphasise the importance of dementia as a healthcare issue. This study demonstrated that there is no dementia competency framework relevant across care settings or levels of practice.

RELEVANCE TO CLINICAL PRACTICE

An empirical study will develop a multi-disciplinary dementia competency framework relevant across care settings and levels of practice to ensure the healthcare workforce can effectively deliver services to people with dementia and their carers.

KEY WORDS

Dementia; Competency; Literature review; Mental health; Gerontology

INTRODUCTION

In Australia, the recognition that dementia is strongly associated with increasing age (Australian Institute of Health and Welfare 2007, Access Economics Pty Limited 2006) and the imperative that contemporary societies, with their ageing populations, be fully equipped to meet the needs of people with dementia have been acknowledged with the adoption of dementia as a National Health Priority (Department of Health and Ageing 2005). Dementia is 'the most likely condition to be associated with a profound or severe core activity limitation among older people' (Australian Government Department of Health and Ageing 2006, p. 45) and one of the main reasons older people access healthcare services. It is therefore important that healthcare workers develop a thorough understanding of dementia and are competent to deliver dementia care services. The term 'competent' is used purposefully to describe practitioners capable of effectively delivering dementia care (Cowan *et al.* 2005, Eraut 1994, Gonczi *et al.* 1993, Redfern *et al.* 2002, Watson 2002, Watson *et al.* 2002).

As the epidemiological data demonstrate, dementia is relevant to most healthcare settings. People with dementia and their carers receive services from a range of healthcare workers, particularly nurses, who work across community, acute and residential care settings and at the level of registered nurses, enrolled nurses and support care workers. It is important to consider how registered nurses ensure they meet the needs of people with dementia and their carers and work within a model of care in which support care workers deliver the care.

This study aimed to explore these issues through a literature review of dementia nursing competencies across care settings and levels of practice. There were few dementia specific resources to draw on; thus, the sources accessed included competencies, care standards and education in generalist, mental health and gerontological nursing.

These resources were potentially useful to inform the development a dementia competency framework relevant across care settings and levels of practice. It is important to develop a competency framework in this way because practitioners and support workers require distinctive knowledge, skills and attitudes in different settings. The needs of people with dementia and their carers in different settings are also distinctive and the roles of practitioners and support workers need to be articulated clearly to ensure the effective delivery of services.

BACKGROUND

It is important to define terms used to describe dementia nursing competencies across care settings and levels of practice.

Competence and competencies

The definitions informing this study drew on the work of the Australian academic Andrew Gonczi, who has influenced the role of competence and competencies in teaching and healthcare (Eraut 1994). Gonczi *et al.* (1993) suggest competencies are derived from professions possessing a certain set of relevant attributes defined by a combination of 'knowledge, skills and attitudes'. No one attribute is sufficient to describe an individual or profession as competent. Rather, a combination of knowledge, skills and attitudes is necessary for an individual or profession to be regarded as competent.

METHOD

There is a description of the literature search and critical analysis of the sources accessed (Cochrane Collaboration 2006, Hart 2001).

Search strategy

A prerequisite key word 'dementia' and 'Alzheimer's' to ensure USA sources accessed, was included in all search combinations (**Error! Reference source not found.**).

Three search strategies were adopted:

Search strategy 1:

- Academic databases, including CINAHL, Medline, the Australasian Digital Thesis Program and the USA Virginia Henderson Library for nursing.

Search strategy 2:

- Grey literature using a 'Google' search, resulting in the identification of publications from peak bodies, regulatory organisations, charitable and non-government organisations and policy documents.

Search strategy 3:

- Snowballing technique to search secondary sourced references.

In this way, a sufficiently broad and systematic approach ensured access to up-to-date sources was achieved.

Inclusion criteria

The review included guidelines for care standards, education programmes and competency frameworks and generalist, mental health and gerontological sources. The term 'nurse' included registered nurses, enrolled nurses and support care workers. The differences between registered nurses (second-level nurses in the UK), enrolled nurses (certified nurses in the USA or first-level nurses in the UK) and support care workers (assistants in nursing or 'unregistered' practitioners) are determined through registration or regulation, training requirements and delegated levels of responsibility.

Exclusion criteria

Sources which excluded were those focusing on rare forms of dementia occurring in children. Sources describing medical or social models of dementia care were also excluded, for example, models of care or services managed by medics or social workers. These exclusion criteria were set post-searching during when selecting publications to review. The outcome is that 'nursing' and 'adults' are the focus of the publications accessed and reviewed.

Quality reviewing of publications accessed and reviewed

Most publications identified came from grey literature sources. These included local, state and national policy directives; frameworks from 'peak bodies' responsible for regulating healthcare practitioners and the aged care industry; non-government and charitable organisations; and unpublished reports. Too few of the publications identified were derived from high-quality research methods; rejection on grounds of poor quality research was inappropriate. A broad definition of 'academic' publications was adopted to describe the non-grey literature sources identified. This was appropriate because of the limited number of peer review publications. Thus, we included clinical, practice and opinion-based publications (Cochrane Collaboration 2006, Hart 2001).

FINDINGS

Of the 164 publications identified, a total of 59 publications were accessed and reviewed. Most publications (86 per cent) were from grey literature sources; only 14 per cent were from academic sources (**Error! Reference source not found.**). The findings had an international perspective, with sources from Australia, Canada, Japan, the USA and the UK.

The findings from a critical analysis of the content of the 59 publications informed the creation of a framework to explain dementia nursing competence and competencies (**Error! Reference source not found.**). Throughout the literature review, special needs groups were considered and ideas about how to include their needs in a competency framework were sought. None of the publications, from Australia and beyond, included reference to the needs of Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse or Rural and Remote communities.

Theme 1. Generalist: Competency frameworks

Although regulatory bodies involve specialist organisations in the development of its guidelines outlining the expectations of registered practitioners across specific

clinical specialities (for example the John A. Hartford Foundation Institute for Geriatric Nursing) few specifically describe specialist expectations. An exception from the UK (Department of Health 2006) addressed competencies and capabilities for mental health practitioners with specifics about dementia competencies to be included at a pre-registration level. There was a similar document from Australia outlining a multi-disciplinary competency framework for mental health workers (The National Mental Health Workforce Development Co-ordinating Committee 1999, National Mental Health Education and Training Advisory Group *et al.* 2002) but lacks articulation of clinical specialisation at a pre-registration level.

In 2005, the Japanese Nursing Association (Japanese Nursing Association 2005) adopted a similar approach to the UK Department of Health (2006) mental health model. The Japanese nursing standards addressed the specifics of dementia care by adding gerontological competencies. It was important to review generalist competency frameworks in this study to understand how regulatory bodies addressed clinical specialisation. It was also useful to understand how regulatory organisations addressed important areas of healthcare need. The UK and Japanese regulatory bodies understand the need to ensure that practitioners' competencies are contemporaneous by including dementia competencies to reflect the needs of an evolving society.

Theme 2. Gerontological: Educational frameworks

As the search became more specific, gerontological nurse education publications were discovered. The John A. Hartford Foundation Institute for Geriatric Nursing (2004) in the USA offers a range of professional development and academic modules in 'gerontological nursing care'. Its specialist curriculum includes what gerontological nurses learn, for example, one module focused on depression, delirium and dementia and guidance for the specialist nursing roles in dementia using these assessment tools and treatment strategies.

Curriculum standards for a Japanese clinical specialist course in gerontology also addressed dementia care in three essential areas (Noguchi 1996):

1. Gerontology in hospital and care facilities
2. Gerontology in homes
3. Dementia care

Thus, dementia is included as a core activity for gerontological nurses in Japan. Experts defined the content of these publications and described the essential elements of dementia as a clinical specialty. This content now needs translated into dementia competencies.

A partnership between the American Association of Colleges of Nursing and the John A. Hartford Foundation Institute for Geriatric Nursing (2000) has outlined essential competencies for degree-prepared nurses specialising in aged care. In this way, they usefully integrated education programmes within their competency frameworks. Two other USA publications (John A. Hartford Foundation and American Association of Colleges of Nursing 2004, Crabtree *et al.* 2002) also include dementia in a gerontological nursing context but their detail is insufficient to provide insight into dementia-specific content for a competency framework.

A 'principles' paper outlining core components of the aged care undergraduate nursing curriculum and an accompanying web-based resource with supporting educational activities (Queensland University of Technology 2004, 2007) are potentially important initiatives in Australia. Neither resource includes sufficient detail about dementia care to inform a competency framework but they provide building blocks from which to develop undergraduate dementia curriculum. The Eastern Australia Dementia Training and Study Centre (2007) used these resources as a launch pad for further undergraduate content development (see below).

Theme 3. Gerontological: Competency frameworks

In the USA, a core set of hospital nursing competencies, developed by the John A. Hartford Foundation Institute for Geriatric Nursing (2002), explicitly addressed dementia. They emphasised the importance of assessment, including the use of scales differentiating dementia from delirium or depression. This framework clearly reflected the content of the institute's gerontological education programme, as discussed (John A. Hartford Foundation Institute for Geriatric Nursing 2004). This example illustrates a useful specialist competency framework addressing the specific dementia knowledge and skills required by gerontological nurses but more detail was required about how their use contributed to the delivery of effective nursing care to people with dementia and their carers.

By contrast, the gerontological standards developed in Australia for advanced gerontological nurses (Geriaction 2000) did not deviate sufficiently from generalist competencies (Australian Nursing and Midwifery Council 2006a, b) to be useful (Traynor 2005). There is a need for further development of this work in Australia. In Scotland, a specialist gerontological portfolio included useful guidance on working towards 'Enhanced competence in caring for older people' (NHS Scotland 2003). A distinguishing feature of this competency framework was that higher-level concepts were described using six 'domains' of practice necessary for enhanced gerontological competence (**Error! Reference source not found.**). Another distinguishing feature was the inclusion of details about how to work towards achieving gerontological nursing competence across five levels of practice (Table 4).

These authors also developed guidance on developing a portfolio and gathering evidence to achieve the competencies (NHS Scotland 2003). Practitioners used this documentation to inform the type of evidence they generated from an

ongoing evaluation of their dementia care and demonstrate externally the level of competence at which they were practising.

Another report from Scotland, 'Older people with long term conditions competency framework' (Marshall *et al.* 2006), demonstrates ten competencies, with five competency levels ranging from novice to expert. The framework is a succinct assessment tool, but distinguishing between dementia competencies is not straightforward. This framework included useful information about how to establish different levels of competence in a dementia nursing competency framework relevant across levels of practice.

A UK report from the Royal College of Psychiatrists (2005) outlining the core competencies required for mental health nurses liaising with older people was surprising in its superficial reference to specific dementia competencies. Dementia is an important health issue for older people. A gap remains within these core competencies for mental health nurses. The addition of dementia competencies would be useful.

Theme 4. Dementia: Standards of care

Resources were also available describing standards for dementia care. GeroNurseOnline, a USA resource, includes information and resources for geriatric nursing; dementia is one of twenty-four areas of essential geriatric care. The resource consists of a range of assessment and screening tools, including nine dementia tools. The Australian 'Dementia Care Kit' (Department of Health and Ageing 2006b) is a similar dementia-specific resource. These were useful resources but guidelines for their use were not included. There is an opportunity for competency frameworks to fill these gaps and articulate how care can be effectively delivered.

The Registered Nurses Association of Ontario (2003, 2004) in Canada developed a best practice 'delirium, dementia and depression' guideline. Nurses were encouraged to use the guideline to improve screening assessment and differential

diagnosis of delirium, dementia and depression. The level of evidence attached to each of the recommendations and the guideline enabled registered nurses to be aware of the supporting evidence for each clinical practice. However, the authors explained that the guideline focuses on assessment and lacks an explanation of nursing practice (Registered Nurses' Association of Ontario 2003, Registered Nurses' Association of Ontario 2004).

The recommendations on care-giving strategies for older adults with delirium, dementia and depression, found in the brief summary from the National Guideline Clearinghouse (2007) from the USA, were similar in that they articulated the level of supporting evidence for each recommendation. Thirty-five recommendations were gathered and the degree and type of evidence for each was included. This resource contained useful information for gerontological nursing generally and, to some extent, dementia care specifically. It emphasised clinical issues, rather than issues relevant to assisting with daily living (National Guideline Clearinghouse 2007). This made it difficult to determine specific dementia nursing competencies from this source.

Alzheimer's Australia (2007a, b) published detailed guides on delivering quality residential dementia care. They included a description of dementia care from management and practical/ clinical perspectives. Evidence of healthcare workers' and families' experiences informed the content, enhancing its validity. The publication was designed to meet the needs of all residential care healthcare workers, including nurses, domestic and kitchen staff and gardeners. It is therefore difficult to extract relevant information for dementia nursing.

The Alzheimer's Association (Alzheimer's Association 2005, Alzheimer's Association 2006) in the USA also provided dementia care practice recommendations, which were developed from a comprehensive literature review and interventions evaluated by expert panels. Similarly, the UK Alzheimer's Society (2007) provided standards in dementia care, such as home care and

person-centred care. The usefulness of these documents is limited because the qualifications, responsibilities and duties of nurses were not articulated. Therefore, these resources cannot be used readily to inform the content of a dementia nursing competency framework.

There were also resources outlining best practice for the care of people with dementia in acute care settings (Willick & Willick 2001, Archibald 2003, Greater Metropolitan Transition Taskforce 2003, Nay *et al.* 2003, Norman 2003, Royal College of Psychiatrists 2005, Health and Social Care Change Agent Team 2006, Royal College of Psychiatrists 2006, Silverstein & Maslow 2006). These resources are useful to inform the content of acute care dementia nursing competencies and ensure a dementia nursing competency framework is relevant across care settings.

Theme 5. Dementia: Educational frameworks

Dementia education frameworks were also potentially useful resources. As discussed, dementia can be described as a gerontological, psychiatric or psychogeriatric speciality. Regardless of the arena where dementia is classified, topics surrounding dementia are necessarily broad because of its impact on many aspects of health. Dementia education programmes reflect this broad scope and the potentially wide-ranging audiences to reflect the different qualification levels of staff work when caring for people with dementia and their carers, including undergraduate and postgraduate degrees, vocational training and professional development activities.

Alzheimer's Australia (2007c) provides competency-based accredited dementia training for support care workers using a model of Vocational Educational Training. The content focuses on three areas:

1. Effective communication
2. Meaningful activities

3. Strategies to minimise behavioural responses

The programme aims to meet the needs of support care workers from care settings including family homes, community day care and residential homes (Alzheimer's Australia 2006).

Organisations adopting competency terminology to articulate the duties and tasks of dementia care personnel structure their education programme differently from Alzheimer's Australia (2007c). For example, the Oregon State Board of Nursing (2006) emphasises the number of curriculum hours to be completed, the work required within eleven domains of care and detail about the learning needed by support workers aiming for certification as dementia specialists.

Other organisations addressed the broad issue of aged care training in residential facilities (Booth *et al.* 2005, ODCTE 2003). Internationally, many aged care providers adopt 'Dementia Care Mapping' to structure the content and delivery of dementia education (Brooker 2005). In Australia, the Aged Care Standards and Accreditation Agency (2004) addressed the issue of dementia training through a course, 'Demystifying Dementia', consisting of six specialist modules. This development demonstrates a commitment to acknowledging the importance of dementia education in aged care facilities. In the USA, the Wayne State University (2006) has a long established dementia education programme with a 'Train the Trainer' focus, consisting of five specialist modules.

This material was useful to inform practitioner education regardless of practitioner level. The level of detail provided was insufficient to inform an in-depth model of dementia education for nurses working with people with dementia and their carers across settings and levels of practice.

In the tertiary and higher education sector, there was a paucity of dementia education. In Australia and the UK, mapping exercises of nursing curricula content revealed an ad hoc and sparse inclusion of dementia education in

undergraduate courses (Department of Health and Ageing 2006c, Pulsford, Hope & Thompson 2007). The Eastern Australia Dementia Training and Study Centre (2007) addressed this by building on the work of the Queensland University of Technology (2004, 2007) to develop three fully online multi-disciplinary modules for undergraduate healthcare students:

1. 'What is Dementia'
2. 'Recognising Dementia'
3. 'Communication in Dementia Care'

Postgraduate dementia care education now exists. These include Master of Sciences and professional development programmes in the UK (University of Bradford 2010, University of Manchester 2010, University of Stirling 2010, Age Concern 2010) and Master of Science and a postgraduate Graduate Certificate in Australia (University of Wollongong 2010). In Japan, the certified expert nurse accreditation standards in dementia care were revised (Japanese Nursing Association 2004) but without accompanying dementia-specific education.

Overall, these education programmes lack formal evaluations (Kuske *et al.* 2006). Thus, we cannot be sure which approach to dementia education works most effectively. The Eastern Australia Dementia Training and Study Centre (2007) undergraduate dementia education resource included an online evaluation but without published findings. Other studies demonstrated how to implement dementia education programmes effectively to improve practice (McCallion *et al.* 1999, Bryans *et al.* 2003, Foreman & Gardner 2005, Traynor, Dirkse Van Schalykwyk & McGarry 2005).

Theme 6: Dementia: Competency standards

Seven dementia nursing competency frameworks were accessed and reviewed for support care workers, enrolled nurses, specialist dementia nurses, registered practitioners from the multi-disciplinary team and organisational dementia

competencies. Gaps identified from a review of these competency frameworks will inform the future development of dementia nursing competencies relevant across care settings and levels of practice.

The Michigan Dementia Coalition (2006) in the USA provided a guide for support care workers, including seven competencies representing the knowledge and skills for the role. Twenty-nine subsidiary objectives precede each competence and explain what the support care workers need to achieve to demonstrate their competence in delivering dementia care. The well-organised content includes essential knowledge and skills for dementia care workers but does not differentiate between levels of competency for different roles of healthcare workers and their qualifications.

In Canada, the Calgary Regional Health Authority Dementia Network developed a dementia healthcare worker competency profile (Collins *et al.* 2000). The competency framework includes seven domains of competence and five attitudes workers require. The report's purpose is two-fold: (i) administration by management and (ii) self-assessment and insight into a holistic approach to nursing competencies by addressing individual and organisational needs.

Williams *et al.* (2005) reported the development of dementia competency standards for enrolled nurses in the USA. They adapted an existing nursing competency framework for dementia care by adding four new domains within six of its relevant competencies (**Error! Reference source not found.**).

With further development, these enrolled nurse competencies have the potential for relevancy to registered nurses and support care workers.

Iliffe and Wilcock (2005) reported on a study used to develop generic skills in dementia care for the multi-disciplinary team. They identified twelve shared competencies in dementia care for medics, nurses and social workers. The competencies, also called 'tasks', were designed to describe the pathways of

identification of dementia care needs, rather than explain competencies for all care. These competencies were relevant to the role practitioners fulfil when undertaking diagnosis and assessment of dementia care. This was a preliminary report and further work is required to understand the full potential of a multi-disciplinary dementia competency framework.

Another study explored a competency framework for specialist dementia community practitioners, known as 'Admiral Nurses' (Traynor & Dewing 2003). The content of the competencies reflects the role of nurses working as specialists and its applicability to non-specialists requires reviewing. This specialist competency framework includes eight core competencies (**Error! Reference source not found.**).

Similar to two UK approaches (NHS Scotland 2003, Marshall *et al.* 2006) outlined earlier, this framework includes details about nurses working in specialty roles progressing through levels of competence. The levels identified were:

1. Intermediate
2. Advanced
3. Expert

This competency framework has the potential for relevancy across levels of practice.

The Mississippi Department of Mental Health (Cleave & Jackson 2006) has added a unique dimension to dementia competency by operationalising it using a systems perspective, including an organisational dementia competence. The main components of the Mississippi state plan for dementia are:

1. Family support
2. Dementia competency

3. Public awareness
4. Best practices

These dementia competencies focused not on care itself but on an organisation's attitudes towards dementia care. The publication described a dementia competent organisation. This perspective could be usefully combined with those drawn from the dementia standards and educational programmes, with guidance for an organisational dementia competency framework.

Synthesis: Ten dementia care competencies across five levels of practice

A synthesis of the findings from this literature review was undertaken and a proposal is made to create a competency framework of ten dementia competencies: (i) Understanding Dementia; (ii) Recognising Dementia; (iii) Effective Communication; (iv) Assisting with Daily Living Activities; (v) Promoting a Positive Environment; (vi) Ethical and Person-Centred Care; (vii) Therapeutic Work (Interventions); (viii) Responding to the needs of Family Carers; (ix) Preventative Work and Health Promotion; and (x) Special Needs Groups and five levels of practice at which to evaluate competence: (i) Novice; (ii) Beginner; (iii) Competent; (iv) Proficient; and (v) Expert. An empirical study is required to test the relevancy of these competencies across care settings, disciplines and levels of practice.

DISCUSSION

Of the 164 resources accessed for this review, 59 were relevant to dementia nursing competencies across care settings and levels of practice. These ranged from generalist and mental health competency frameworks to gerontological education and competency frameworks and dementia education, standards and competencies. The review demonstrated the lack of clinical specificity in many generalist competency frameworks published by regulatory bodies and a lack of conviction to address the key health issue of dementia within the context and role

expectations of enrolled and registered nurses (Australian Nurses' and Midwifery Council 2006a, b, Nursing Midwifery Council 2004). By contrast, regulatory bodies for healthcare workers across the world have identified dementia as an important healthcare issue among their client group and are working towards ensuring dementia training is mandatory. An example of this was the Aged Care Standards and Accreditation Agency (2004), which produced its 'Demystifying Dementia' training resource.

No sources addressed the need to develop a competency framework across levels of practice. Some articulated a range of competencies within one level of practice (NHS Scotland 2003, Traynor & Dewing 2003) but none described competencies across different levels of practice, that is, for support care workers, enrolled nurses or registered nurses. Each competency framework addressed specific groups of practitioners. Thus, existing competencies need further development to ensure their relevancy across levels of practice. The content of these competencies is similar but more detail is required to articulate differences in competence between groups of practitioners. Three frameworks articulated levels of practice to demonstrate how practitioners with increasing expertise care differently for people with dementia and their carers (Traynor & Dewing 2003, NHS Scotland 2003, Dewing & Traynor 2005, Marshall *et al.* 2006). These models will inform the content of future competency frameworks across levels of practice. All these frameworks included Benner's (1984) 'novice to expert' continuum (Benner 1984) to articulate different levels of competence.

The content of the competency frameworks varied. Some reflected a broader understanding of the needs of people with dementia and their carers than others did. Importantly, two frameworks explicitly addressed the role of practitioners in considering how to meet potentially competing needs of people with dementia and their carers (Traynor & Dewing 2003, NHS Scotland 2003, Dewing & Traynor 2005, Williams *et al.* 2005). Some frameworks reflected a functional model of

dementia care, with the competencies merely focusing on activities of daily living, such as nutrition and personal hygiene needs (Wayne State University 2006).

By contrast, two frameworks articulated the need for practitioners to demonstrate how to address effectively the ethical issues that people with people dementia and their carers face (Traynor & Dewing 2003, Dewing & Traynor 2005, Williams *et al.* 2005). This draws an important distinction between the different competency frameworks, since those that were more useful reflected the complex nature of dementia care. No competency specifically mentioned how practitioners work with people with dementia to assess and provide intervention for the behavioural and psychological symptoms of dementia (BPSD) or unmet need. This is particularly relevant when developing competencies for specialist practitioners working in dementia care. Another area of deficiency, in Australia and internationally, was the specific competencies to address the special needs group and an explicit acknowledgement of the complex knowledge, skills and attitudes required to deliver services effectively to these groups of people with dementia and their carers.

Some competency frameworks included insight into multi-disciplinary competency frameworks (Department of Health 2006, National Education and Training Advisory Group, National Education and Training Initiative & National Mental Health Strategy 2002). Precise definitions of specific dementia competencies will enhance this work. These sources came mainly from the field of mental health, where the most effective explanation of competency frameworks relevant across care settings, levels of practice and disciplines occurred. The next phase of this study is to undertake empirical research to clearly articulate competencies across care settings and the different roles of healthcare practitioners and support workers in providing dementia care services.

Potential limitations of the review

The current state of knowledge in the dementia care field inevitably results in a literature review such as this relying on grey literature sources. Much of the published work in allied health fields remains limited to clinical articles and focuses on reflections of best practice rather than rigorous evaluation studies. It is therefore difficult to know what quality mechanisms were used to develop the content of the competency frameworks and to have certainty about the validity of their content. This lack of rigour leads to the conclusion that further empirical work is required to generate a competency framework for nurses which has relevancy across care settings and levels of practice.

CONCLUSIONS AND RELEVANCE FOR CLINICAL PRACTICE

The findings of this review demonstrated that Australia is one of the few countries to address the health issue of dementia by adopting it as a National Health Priority (Department of Health and Ageing 2005). The UK has followed with the launch of its Dementia Strategy (Department of Health 2009). Japan (Japanese Nursing Association 2005) and the UK (NHS Scotland 2003, Department of Health 2006, Marshall *et al.* 2006) were the only two countries to integrate dementia competencies in generalist frameworks as minimum standards for practitioners. These countries were trying to ensure their healthcare systems are contemporaneous and address the needs of people with dementia and carers across care settings by staff working at different levels of practice.

A review of the resources accessed demonstrated the potential to develop dementia competent organisations (Cleave & Jackson 2006) and a multi-disciplinary dementia competency framework (Iliffe & Wilcock 2005). These two approaches show the potential to address dementia competency from a systems perspective and ensure a holistic approach to meet the needs of people with dementia and their carers. These approaches acknowledge the social disability model of dementia and the importance of the multi-disciplinary health and social

care team in meeting the needs of people with dementia and their carers. Ignoring the interconnectedness of organisational culture and the multi-disciplinary team on quality-of-life issues is one reason the needs of people with dementia and their carers often remain unmet.

These studies were in their infancy and conclusions at this stage were only tentative. It is the intention of the authors of this paper to lead an empirical study and develop a dementia competency framework, based on inductively derived research evidence, to reflect the role of organisational culture and multi-disciplinary working.

This will provide the foundation from which practitioners, working across care settings and levels of practice, can demonstrate their capability in working with people with dementia and their carers (Eraut 1994, Watson *et al.* 2002). Frameworks that successfully reflected the complex nature of dementia care were the most useful in informing the future development of a dementia competency framework across levels of practice and care settings (Traynor & Dewing 2003, Dewing & Traynor 2005, Williams *et al.* 2005). The model of care approach adopted by a gerontological nursing competency framework will be used to inform the dementia competency framework (NHS Scotland 2003). As such, the competency framework we will develop will more accurately respond to the public's need to be assured that the capability of practitioners, in our example dementia specialists, is defined by what their clients ask of them (Eraut 1994).

CONTRIBUTORS

- Study Design (VT and PC)
- Data Collection and Analysis (KI and VT)
- Manuscript Preparation (VT, KI and PC)

Conflict of interest: None

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Table 1: Summary of search terms used in combination with 'dementia' or 'alzheimer's'

Search terms used
• 'dementia' OR 'alzheimer's'
AND
• 'competenc*' or 'competenc* standard*'
OR
• 'competenc*' or 'competenc* statement*'
OR
• 'education*'
OR
• 'care standard*'
OR
• 'geront*' or 'geriatric*'
OR
• 'mental health' or 'psychogeriatric*'

Table 2: Summary of themes discovered from the literature review and the number of sources identified

Theme No.	Title of Theme	No. of publications sourced		
		Grey literature	Academic publication	Total
Theme 1	Generalist: Competency standards	11	0	11
Theme 2	Gerontological: Educational frameworks	9	0	9
Theme 3	Gerontological: Competency frameworks	3	0	3
Theme 4	Dementia: Standards of care	13	0	13
Theme 5	Dementia: Educational frameworks	9	6	15
Theme 6	Dementia: Competency frameworks	6	2	8
Total		51	8	59

Table 3: Summary of the 6 domains for 'enhanced competence in caring for older people'

Summary of 6 domains of enhanced gerontological nursing

1. Respecting and valuing older people as individuals

2. Maximising the capability of older people

3. Providing holistic and individualistic care and treatment for older people

4. Delivering person-centred care within a multi-professional and multi-agency context

5. Maximising older people's capacity to communicate effectively

6. Develops effective partnerships with family members and carers

Table 4: Summary of the 5 levels of competency for 'enhanced competence in caring for older people'

Summary of 5 levels of competency

1. Novice

2. Beginner

3. Competent

4. Proficient

5. Expert

Adapted from NHS Scotland (2003)

Table 5: Summary of 4 levels of Competence in Dementia Nursing

Summary of Dementia Nursing Competency Levels

1. Basic core competencies

2. Advanced competencies

3. Specialist competencies

4. Strategic directions

Adapted from Marshall *et al.* 2006

Table 6: Summary of the 5 key modules in the 'train the trainer' dementia education programme

Summary of 5 key dementia modules

1. Putting the person first in dementia care

2. Environment

3. Assisting a person with dementia with activities of daily living

4. Mealtime and the person with dementia

5. Enhancing the bathing experience

Adapted from Wayne State University (2006)

Table 7: Summary of 7 levels of Direct Care Worker Competencies

Summary of Direct Care Worker Competencies

1. Knowledge of dementia disorders

2. Person-centred care

3. Care interactions

4. Enriching the person's life

5. Understanding behaviours

6. Interacting with families

7. Direct care worker self-care

Adapted from Michigan Dementia Coalition (2006)

Table 8: Summary of 7 Dementia Care Support Worker competencies

Summary of Dementia Care Support Worker Competencies

1. Nature of dementia

2. Altered behaviour

3. Communication strategies

4. Person in the environment

5. Activities of daily living

6. Partnership with families

7. Palliative care

Summary of Dementia Care Support Worker Attitudes

1. Respect towards the individual and family

2. Respect for the personhood (the unique individual)

3. Patience combined with gentleness

4. Flexibility and resourcefulness

5. Compassion for the whole person

6. Optimism for the present

Adapted from (Collins *et al.* 2000)

Table 9: Summary of Enrolled Nurses' dementia nursing competencies and six domains

Enrolled Nurses' dementia competencies: Dementia-specific domains

1. Demonstrates a working knowledge of dementia

2. Recognises, prevents and manages distress behaviours

3. Understands special needs of family and friends of persons with dementia

4. Promote independence in activities of daily living

5. Promotes an optimal environment

6. Recognises ethical issues that arise in dementia care and incorporates these in care approaches

Enrolled Nurses' dementia competencies: General domains

1. Interpersonal

2. Intellectual

3. Technical

4. Moral

Adapted from Williams *et al.* (2005)

Table 10: Summary of Twelve Multi-Disciplinary Dementia Competencies

Multi-Disciplinary Dementia Competencies

1. Pattern recognition

2. Deductive synthesis of clinical findings

3. Dealing with uncertainty

4. Risk assessment

5. Dialogue with person with dementia and carer

6. Communicating bad news

7. Forward planning

8. Integrating

9. Decision making needs assessment capabilities

10. Networked into local services

11. Case management

12. Disability perspective

Table 11: Summary of the Admiral Nurses' dementia competencies

Admiral Nurses' dementia competencies

1. Therapeutic work (intervention)

2. Sharing information about dementia and carer issues

3. Advanced assessment skills

4. Prioritising work

5. Preventative work and health promotion

6. Ethical and person-centred care

7. Balancing the needs of the carer and the person with dementia

8. Promoting best practice.