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Discussion

Chapter Five – Discussion

This chapter summarises the main findings from the survey and provides a critical examination of these findings in relation to previous research and literature. An attempt to explain the findings is presented along with the methodological strengths and limitations of the study.

5.1 Dementia awareness

A wide range of dementia awareness was found within the sample with overall scores ranging from eight (the least knowledgeable) to 23 (the most knowledgeable) out of a possible 24. A mean total score of 14.2 indicated an average achievement of 60%. A number of aspects of dementia were assessed and there was variability in the proportion of correct responses across individual questions.

Public health issues such as prevalence, cost and mortality rates were all substantially underestimated. With regards to prevalence, over half of student nurses thought that the prevalence rate was less than the correct answer. Previous studies into dementia prevalence suggest that the true level is grossly underestimated worldwide (Henderson, 2008; Prince, 2007). Prince studied the prevalence rates of dementia and found they were underestimated in countries such as Latin America, India and China. Underestimated prevalence is therefore not exclusive to this study. Another explanation for possible underestimation is the fact that respondents did not know the true population of England and therefore found it difficult to state the percentage of people with dementia.

Cost is another factor that was underestimated. 84% of respondents thought that the cost was less than its actual cost. Again, these findings are perhaps not surprising. The cost of dementia is constantly increasing and different

organisations quote different estimates of costs as it is very difficult to put an exact cost on dementia to society. For the purpose of this study, the scale of cost was based around estimations from the Alzheimer's Society (Alzheimer's Society, 2007). A research study from the London School of Economics concluded that the cost of long-term dementia care will increase to £16.7 billion by 2031, although a 2003 projection estimated the cost to be £10.9 billion (LSE Press, 2007). Therefore the cost estimations are always changing and hard to predict.

Just a quarter of respondents correctly identified that dementia is directly attributed to 60,000 deaths each year. Interestingly, over a third of student nurses thought that only 15,000 deaths each year were directly attributed to dementia and a similar amount thought that dementia is not a deadly disease. The majority of research into dementia and morbidity is current and ongoing and this may explain why a large percentage of the sample used in this study were not aware that dementia is a deadly disease. There are a number of treatments that claim to slow down the disease's progression and drugs that can alleviate the symptoms (Alzheimer's Society, 2010) and this also may explain why some people thought that dementia was not deadly. Furthermore, it is a common misperception that dementia just increases your chance of dying from different causes (Wolfson, 2001). A final explanation for these findings is that of survival rates following diagnosis of dementia. Dementia takes longer to kill you than other prevalent diseases. A study into survival rates found a population based estimated median survival of 4.5 years following diagnosis (Xie et al, 2008). This is much greater than survival rates following stroke and heart disease. A study into these prevalent diseases found that 18.8% of people who have a stroke and 11.1% who have a myocardial infarction die within 30 days (Kermode-Scott, 2006). The prolonged survival rate of dementia could also explain why over a third of respondents thought that dementia was not a deadly disease.

With regards to demographics, no significant variance was found between the different groups. Findings would suggest however unexpectedly that final year and MNursSci students are not as knowledgeable of dementia as non final years and other branch students. Final year and adult branch students are likely to have had the most training and most practical experience with people with dementia and therefore it would be expected that they knew considerably more about the disease. One explanation for this finding may be that these students felt pressure to do well and therefore over thought the questions or read them in a different way to other students.

5.1.1 Is dementia part of the normal ageing process?

Over a quarter of the total sample thought that dementia is part of the normal ageing process. When analysed, there was minimal difference found between the demographics of respondents who incorrectly suggested this. Therefore final years and adult branch students who are likely to have had more experience and training with regards to the care of people with dementia were no more knowledgeable than other years and branches. Although dementia is more common in older individuals, it is not part of the normal ageing process (Schoenstadt, 2005). Normal or healthy ageing is a term that is widely used to describe the natural changes that occur in our body as we grow older in the absence of any disease (Gazzaley, 2009). Research has suggested that as part of this normal ageing process, healthy older adults experience a decline in some areas of cognition (Gazzaley, 2009). This may explain why over a quarter of respondents thought that dementia is part of the normal ageing process. Regardless of explanation, this finding poses a potential risk for future practice.

5.1.2 The age of people affected by dementia

Over a third of all respondents incorrectly thought that dementia affects people of all ages equally compared to a quarter who thought (also incorrectly) that

dementia only affects people over the age of 65. Again, when analysing the data in terms of demographics, there were no significant differences in answer between the different groups. These results were unexpected as dementia is often associated with older people (Thomas et al, 2001) and there is a clear link between prevalence and greater age (Hatcher, 1999). One explanation for such a large percentage of respondents thinking that dementia affects people of all ages equally could be as a result of the recent attention that dementia has received with regards to age. There has been a great deal of research and media attention recently with regards to younger people and dementia with influential organisations such as the Alzheimer's society highlighting the fact that although age is a risk factor for dementia, the disease is not exclusive to older people. Therefore, all this recent attention may be responsible for the findings of my own study. Again, regardless of explanation, this lack of knowledge poses a potential risk for future practice and the care of people with dementia. However, despite a third of the sample suggesting that dementia affects people of all ages equally, there was some contradictions within the results in that 87.7% of the sample recognised age as a significant risk factor suggesting that student nurses are aware that dementia is related to age. Furthermore, associated factors associated with dementia in younger people such as HIV and mercury poisoning were missed by the majority of the sample. Therefore these findings would suggest that student nurses are aware that dementia is linked with age and the wording of the questions and statements may partially explain these apparently contradictory findings.

5.2 Attitudes towards ageing

The majority of AGED inventory individual item scores were fairly neutral with the highest percentage of answers given as number three; the neutral box. There are many possible explanations for these findings. Firstly, people may have been hesitant to put answers to one side of the scale and therefore answered neutrally

in order to not come across as ageist or not ageist. Neutral answers within questionnaires are often over-utilised due to ease and also so that the respondent is not seen as too opinionated (Fink, 2003). Although it was explained to all respondents that the questionnaires were completely confidential, people may still not have wanted to come across as ageist and therefore ticked neutral boxes even if this was not their true opinion. The most negative answer given was with regards to sexiness. 16% of respondents selected number six, the most negative option, and thus described older people as sexless rather than sexy. However, research suggests that this is not the case. A survey carried out in 2000 found that although the numbers of sexually active people do drop with advancing years, 29% of men and 25% of women over the age of 80 are still sexually active (Bloom, 2000). As a result of findings like these, the NHS recognises sexuality in older age (NHS Choices, 2008). However, sex being the most negative answer within my study is not a surprising finding. Many people find it difficult to imagine the sexual lives of others, especially their elders. Furthermore, we live in a youth orientated society, and because of this, the idea of expressing sexuality is shown predominately in younger people, and has therefore led to a discomfort with regards to older people and sexuality (Greenberg, 2009). The most positively rated item related to dignity. An average score of 2.09 suggests that older people are viewed as more dignified than undignified. Furthermore, 12% of respondents answered zero, the most positive rating. Over the last decade, there has been a great deal of research with regards to dignity and older people and the concept of dignity is key within the NHS. Therefore, it is understandable that student nurses within the NHS think that older people are dignified. Key policies that are in place to protect older people such as the National Service Framework for Older People (DoH, 2001) constantly promote the dignity of older people and comment on its importance. However, in a study in 2005 into dignity, it was suggested that older people are being denied a dignified death as a results of age discrimination (Dobson, 2005).

With regards to demographics, again no statistical significant differences were found between groups. In a similar study in 2001, Kalavar aimed to examine ageism among a group of 200 students. Using the Fraboni scale of ageism, Kalavar aimed in particular to study the difference in ageism between male and female participants. Kalavar concluded that males are generally more ageist than females. There are a number of possible explanations for this. The main explanation suggests that males can generally handle more severe labels and therefore use them more in their own descriptions (Schmitt et al, 2002). With regards to age, the most ageist score was given by the under 21's and the least ageist score was given by the over 36's. This would imply that the younger you are the more ageist you are. It has been suggested that people become less ageist with age due to an increasing relationship and involvement with people of old age (Nelson et al, 2009). Furthermore, increased interaction with older people resulting in a less ageist attitude could also explain why final years were less ageist than non-final years. With regards to course type, minimal difference in average ageism scores suggests that there is no significant difference in ageism between diploma, degree and masters nursing students.

5.3 The relationship between attitudes towards ageing and dementia awareness

No direct relationship was found between knowledge and awareness of dementia and ageist attitudes. Although there has been little previous research into the relationship between dementia awareness and attitudes towards ageing, research into similar topic areas suggests that health care staff are not sufficiently trained to deal with dementia (Alzheimers Society, 2007) and that ageism causes complacency in healthcare and thus has a negative effect of the quality of care given (Dobbs, 2008; Kane & Kane; 2005). One early study into the effect of no or little education on the prevalence of dementia suggested that education would provide protection against dementia (Katzman, 1993). Research into other

common stereotypes also suggests that a lack of awareness has an effect on care provision with regards to race and ethnicity (Lillie-Blanton et al, 2000) and homosexuality (Makadon, 2006). Although no direct relationship was found between the two variables, results showed that (1) ageist attitudes are held amongst student nurses and (2) student nurses are not fully aware of many different and important aspects of dementia.

5.4 Strengths and limitations of the study

5.4.1 Limitations

A number of limitations within this study are acknowledged, mainly with regards to sample imbalances and potential for bias. Due to absenteeism, only 72.5% of the total possible sample was accessed. This may have introduced bias into the sample as those students who were absent during sessions may vary in attitude from those students who were present during completion.

Size and group imbalances are another limitation that are acknowledged within this study. The demographics of the sample also have an effect on the ability to generalise the results. Due to the nature of my sample, the majority of respondents were female with only a small minority of males taking part. It is therefore difficult to analyse the effect of gender on the study. This also may have had an effect on results especially with regards to ageist attitudes in that males tend to be more strong in their descriptions than females (Kalavar, 2001) and women tend to be more positive in their attitudes than males (Misra, 1996). However, this group imbalance is likely to be typical of the wider population of student nurses within the UK.

The study lacked a validated measure in order to assess the dementia awareness variable and this is acknowledged as a limitation of the study. Furthermore,

carrying out a questionnaire research study on this scale is something that I have not carried out before and therefore my inexperience in conducting research is acknowledged. However, through liaison and support from my dissertation supervisor, the research was conducted professionally. A final limitation with the study is that of limited time and resources. With regards to time, respondents may have also felt rushed to complete the questionnaire due to the nature of completion process. All questionnaires were completed with the researcher present during lecture time which may have lead to a rushed completion time. However, completing the questionnaires in this manner is likely to have led to the relatively high response rate achieved.

5.4.2 Strengths

Despite the outlined limitations, there are a number of strengths acknowledged mainly with regards to sample size and response rate. The study had an overall response rate of 93% and was therefore much higher than anticipated. This response rate was generally higher than that of postal surveys. The overall sample size was also much larger than originally anticipated with 454 questionnaires being successfully completed. The sample size was considerably larger than a number of other studies into the ageist attitudes of younger people (Duthie, 2009, n=175; Polizzi, 2002, n=142; Giles et al, 2002, n=175). This may be as a result of the measures put in place in order to ensure maximum response rates such as information sheets, arranging suitable times for completion and being present during completion. Even with a larger sample than expected, within quantitative research a large sample is necessary in order to represent the general population (Polit and Beck, 2004). Measures were however put in place in order to ease generalisation including achieving a large and comprehensive (of course, year and branch) sample that is representative of the University of Nottingham. Furthermore there is no reason to suggest that Nottingham University is largely different to any other school of nursing in the UK. A final

strength of the study is that it used a validated tool (AGED Inventory) in order to assess attitudes towards ageing.



Conclusions

Chapter Six –Conclusions

This chapter set out the conclusions from the main findings of the study. The aim of this study was to examine the association between knowledge of dementia and attitudes towards ageing among a sample of student nurses. Although no direct relationship was found between these two variables, a number of interesting findings were made, especially with regards to dementia awareness. As a result of these findings, recommendations for future research, practice and training are made.

6.1 Conclusions

The findings of this study contribute to the two topic areas under examination. From analysing the questionnaire responses, there is evidence that (1) student nurses are not fully aware of dementia and what it involves and (2) ageist attitudes exist among student nurses, which both have implications on the future care of people with dementia.

With regards to dementia, results showed a varying level of awareness amongst the sample, although generally questions were answered relatively poorly with an average score of just over half of the available marks. Areas that were answered poorly were regarding the age of those affected, whether dementia is normal ageing and mortality. All of which are public health issues. As a result of an ageing population, the increase in the relative and absolute number of people with dementia is likely to have a large increasing effect on the burden dementia presents. As a result, it is crucial that current student nurses are prepared during their training to deal with this challenge once qualified. Results from this study however would suggest that this is not the case. As a result it is felt that pre-registration nurses would benefit greatly from increased dementia training during their course. The premise of this study was based around the National Dementia

Strategy (DoH, 2009) and in particular the 'improved awareness' section of the strategy. This section focuses on two main objectives, (1) increased public and professional awareness of dementia and (2) an informed and effective workforce for people with dementia, both of which are key in relation to the findings of this study.

With regards to attitudes towards ageing, the existence of negative attitudes was found amongst student nurses with more of the questions answered negatively than positively. The most positively answered questions suggest that student nurses find older ages people dignified and modest. The areas that were answered most negatively were with relation to sexuality and adventurousness in older age. It is felt that pre-registration nurses would benefit from education during their training into the needs and desires of older people and into challenging stereotypes.

6.2 Recommendations for future research

There are a number of interesting findings from this study that would benefit from future research. As this study was only carried out within one university, further research into different universities would help to establish whether my findings are true for a wider population.

Interesting findings that were highlighted from this study would benefit from further research. Firstly, ageist attitudes have been shown to exist within pre-registration nurses and it would be interesting to explore these attitudes further using qualitative research such as interviews. Interviews would allow the researcher to explore and observe the respondents attitudes towards ageing for a more in depth understanding (Maxwell, 2004). By carrying out qualitative research how best to improve ageist attitudes could also be explored. With regards to dementia awareness, this study only aimed to find out how much

students knew about dementia. As a follow on from this study it would therefore be interesting to explore how confident student nurses felt about dementia awareness and whether or not they thought they had received sufficient training during their course. It would also be of interest to assess dementia awareness using a validation tool.

Although a need for increased education with regards to both raising dementia awareness and challenging stereotypes has been recognised from this study, it is not known how best to achieve this is. Therefore how to raise awareness and challenge stereotypes could usefully be addressed by research.

As this study only focused on the attitudes and awareness of pre-registration nurses, it would be of interest to see how the results vary with post-registration nurses. Again it would also be interesting to explore not only levels of awareness amongst post-registration nurses but also whether they feel they have had sufficient training since qualification.

6.3 Recommendations for future practice and training

In light of the study's findings a number of recommendations for future practice and training can be made. The study has highlighted the importance of increased dementia training in pre-registration nurses and there is a great deal of evidence to suggest that there needs to be greater focus on dementia knowledge and awareness during nursing training. This training and education should aim to increase dementia awareness and be taught in both the educational and clinical setting. The work of Tom Kitwood and person-centred care forms a cornerstone value for the care of people with dementia and all nurses involved in the care of people with dementia should be aware of Kitwood's important view on this field (Dewing, 2008). It would be recommended that the theoretical work of Kitwood should therefore be incorporated into education and training.

Findings with regards to dementia suggested that public knowledge was poor. It is therefore recommended that education should not just involve dementia as a disease but should also focus on public awareness issues such as prevalence, cost and mortality. In one study, carers were asked about their knowledge and awareness of dementia and results showed that they were more aware than previous research had found (Moriarty and Webb, 2000). This suggests that public awareness of dementia is on the increase. However, the results from my study would suggest that knowledge amongst student nurses is poor and increased education in this area is required.

With regards to post-registration nurses, there is a duty to keep up to date with current practice and this should be encouraged to NHS staff members. The NHS state that all qualified nurses must maintain their registration through post-registration education and practice (PREP) (NHS, 2010). Therefore it is felt that education into dementia should be part of the PREP. The RCN is also calling for better dementia training for post—registration nurses in order to ensure dementia patients receive good quality care (RCN, 2009). With a rising prevalence, people with dementia are likely to be nursed increasingly in areas beyond health care of the elderly and for this reason it is important that all nurses from all areas are trained. Furthermore, registered nurses are role models for student nurses and therefore intervention at this level would benefit beyond registered nurses to student nurses. Practice learning through qualified nurses accounts for 50% of the student nurses curriculum and it is therefore crucial that qualified nurses are educated in order for this teaching to occur (Andrews & Roberts, 2003).

With regards to attitudes towards ageing, this study found the existence of negative attitudes towards ageing and stereotypical views amongst student nurses. It is therefore felt that student nurses would benefit from education into challenging stereotypes and tackling negative attitudes. Ageism has been referred

to as the third 'ism' of our society and needs to be taken as seriously as racism and sexism within the NHS. There is evidence to suggest that racism and sexism has decreased within our health system (Clapham et al, 2007) and through education there is hope that ageist attitudes can follow this trend.

6.4 The study's wider context

There are a number of papers and policies in place that aim to (1) improve dementia care services across the United Kingdom (NAO, 2002; Alzheimer's society, 2007; DOH, 2009) and (2) abolish ageist attitudes within the NHS (NHS, 2000; DoH; 2001). However, with these policies in place, the findings from this research would suggest that needs are not being met. With the launch of the National Dementia Strategy so recently, there is little research into its effectiveness. From initial reviews it appears that bodies are working to deliver on the aims of the National Dementia Strategy and a strong start has been made in scaling a large problem (Hope, 2010). In terms of raising awareness, it has been suggested that there has been a positive response towards school-based educational activities (Marley, 2009). However, my research findings would suggest this is not the case and much more still needs to be done with regards to awareness amongst student nurses who are likely to be at the front line of the care of people with dementia.

6.5 Critical reflection on the dissertation process

The dissertation process has allowed me to implement a number of skills that have been learnt throughout the duration of my nursing degree. These include written assignment skills such as research, writing and evaluation as well as general skills including time management and communication.

The dissertation process has also given me the opportunity to explore and evaluate an area of nursing that is of interest to me and something that I would

like to pursue in my future career. I personally feel that carrying out this dissertation will provide useful when on clinical placement in that I now have an increased knowledge and awareness of dementia and am more aware of negative attitudes and stereotypes that exist towards older people within healthcare.



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Appendices



Appendix One

- Letter to course director

Dear (Course Director),

My name is Laura Brown and I am a third year MNursSci student at the University of Nottingham conducting a study for my dissertation entitled:

Are the attitudes of students towards older people associated with their knowledge and awareness of dementia care?

I have attached a shortened version of my research proposal that I have worked on with my supervisor Dr Tony Arthur. In brief, in order to understand the attitudes of student nurses towards older people as well as their awareness of dementia, I will be using a questionnaire. The questionnaire will comprise of three sections (1) Demographic information, (2) Attitudes towards ageing and (3) Knowledge of dementia. The questionnaire should take approximately five minutes to complete.

In order to gain a useably large sample, I would like to collect completed questionnaires from CFP, Adult Branch and Mental Health Branch diploma and masters students.

As course director, I was wondering if you would agree for me to contact individual lecturers in order to see if it would be possible to ask your students if they could complete my questionnaire either at the beginning or end of lectures at a time to suit them.

Dementia and caring for an ageing population are big challenges for society, the NHS and nurses. The results from the completed questionnaire will enable me to determine the levels of ageism among student nurses and how this affects knowledge and awareness of dementia. The more we understand about how the next generation of nurses view these issues, the better placed we will be to meet this challenge.

Thank you in advance for your help,

Laura Brown
Yr3 MNursSci
ntyalab@nottingham.ac.uk



Appendix Two

- Questionnaire



Appendix Three

- Ethical Approval

Direct line/email
0115 8230877
stacy.johnson@nottingham.ac.uk

Miss Laura Brown
33 Park Road
Lenton
Nottingham
NG7 1JF

25th June 2009

Dear Laura

Re: Ageing and Dementia: A Survey of Student Nurses.

The School Of Nursing Internal Ethics Review Panel has considered the amendments to your application for ethics approval. The panel is satisfied that you have met the conditions laid out in the provision approval and are happy to approve this study as set out in the protocol.

Now that you have Ethics approval, you will have to approach the Head of School, Professor Mark Avis to gain permission to access the participants. You must also contact the Course Directors of the students you wish to access. You have my permission to access MNursSci students.

We wish you all the best with your study.

Yours sincerely

Stacy Johnson

cc: Professor Spiller