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Evaluating Nurses' Self-Efficacy in Caring for Patients with Dementia

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Wendy Hopkins

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Abstract

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MS, Seton Hall University, 2006

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Project Submitted in Partial Fulfillment

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Abstract

In 2011, 5 million Americans had dementia and this number is predicted to increase. As the number of people with dementia increases, the need for quality nursing care, education, and treatment for patients with dementia increases. To address the need, nurses not only must be prepared with the knowledge, skills, and abilities to care for patients with dementia, but they must also have the self-efficacy to provide quality care. The practice focused question guiding the project was to determine the level of self-efficacy for caring for dementia patients among long-term care nursing staff. Using Bandura's social cognitive theory, the purpose of this project was to gain information about the self-efficacy of nurses caring for dementia patients at one long-term care facility. Forty nurse participants completed a 25-item, 5-point Likert scale Self-Efficacy in Dementia Care Survey. The quantitative data were descriptively analyzed to identify nursing training needed for tasks related to dementia patient care. Administrating medications, providing early management information, educating patient families, maneuvering the environment, and influencing the emotional response of patients were areas of knowledge and skill deficit for nurse participants. Findings from the project will be used to guide education and training to improve nurse self-efficacy in working with dementia patients. When nurses in long-term care facilities enhance their skills and knowledge, they may be able to provide better care to dementia patients therefore promoting social change.

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Section 1: Nature of the Project

The number of U.S. citizens with dementia is on the rise (Abbott, 2011). As dementia becomes more prominent in the community, it is important for nurses to enhance their skills when caring for those with the disease (Traynor, Inoue, & Crookes, 2010). The more nurses learn about the disease, the better equipped they will be at providing the services needed for dementia patients. Enhancing nurses' self-efficacy includes improving skills and knowledge to better communicate symptoms, treatments, and possible solutions to patients and families. Because dementia affects a person's memory and language, family involvement is pertinent along with enhanced nursing care (Siberski, 2014).

Dementia is a neurocognitive disorder that causes memory loss (Siberski, 2014). The most common signs of dementia include the decline in mental abilities such as memory, language, problem-solving, and attention. The word *dementia* derives from the Latin words meaning "apart" and "mind" (WebMD, 2016). According to experts, there are two major categories of dementia: cortical and subcortical (Siberski, 2014). Cortical dementia affects the cerebral cortex whereas subcortical dementia affects the part of the brain beneath the cortex (WebMD, 2016). When medical professionals diagnose patients with dementia, the disease is identified at the minor or major stage (Siberski, 2014).

A variety of factors serve as a catalyst for dementia, including age, heredity, and family history (Gaugler, James, Johnson, Scholz, & Weuve, 2014). Each year medical professionals estimate that 10% to 15% of the U.S. population will experience some form

of mild cognitive impairment (Simmons, Hartmann, & Dejoseph, 2011). As the elderly population increases, there will be a corresponding rise in the number of older people suffering from dementia (Yu et al., 2012). The 65 and older population is projected to grow from 12% to more than 20% in the next 20 years (Simmons et al., 2011). Given that growth in population, medical professionals estimate that there will be a corresponding increase in incidence and prevalence of dementia (Simmons et al., 2011).

Dementia is increasing at a rapid rate in people 65 years of age and older (Simmons et al., 2011). Alzheimer's disease (AD) is the most common form of dementia Gaugler et al., (2014) . The prevalence of dementia is expected to increase dramatically over the next decade. The Gaugler et al., (2014) Alzheimer's Association (2014b) suggests that by the year 2025, the increase will reach 40% over the 2013 levels of prevalence. Because AD is the most common form of dementia, the number of individuals with AD is likely to increase. Key factors in the disease include the loss of cognitive functioning such as thinking, remembering, and reasoning. Such factors interfere deeply with an individual's daily lifestyle and are detrimental to his or her health, longevity, and well-being. Simmons et al., (2011) reported that five million Americans have Alzheimer's disease and that number may increase to an estimated 13 million by 2050. Health care for people with Alzheimer's disease will surpass 1.1 trillion dollars by 2050 (Simmons et al., 2011). The late stages of this disease will be a significant societal burden because some dementia patients lose their mobility, become incontinent, and have problems communicating (Mitchell et al., 2012).

"Dementia…describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases (Gaugler et al., 2014). Alzheimer's disease and dementia are irreversible and are associated with aging. Because these diseases affect a person's cognitive ability, assistance to conduct tasks is needed. Dementia reduces quality of life and the ability to live independently. Also, life may be shortened for those affected by dementia. According to Simmons et al. (2011), after Alzheimer's is diagnosed the survival period is approximately 4.5 years. Risk factors for dementia include alcohol abuse in adolescence, depression, family history, strokes, use of antipsychotics, consumption of illegal drugs, and age (National Institute of Neurological Disorders and Stroke, 2014). The greatest risk factor noted by medical professionals regarding dementia is age (WebMD, 2016). As dementia progresses, the need for quality health care, education, and treatment increases. Nurses need to become more knowledgeable and skilled in how to care for dementia patients (Hodges & Videto, 2011). Nursing administrators and other experts need to receive and provide training and resources for nurses who work directly with dementia patients to enhance their overall quality of care. As nurses enhance their self-efficacy in dementia care by becoming more skilled, they will be able to care for patients more effectively (Siberski, 2014).

Early diagnosis of dementia is critical for quality of life. According to Stone and Jones (2009), it is easier to diagnose individuals with dementia at younger ages.

Sometimes dementia can be misdiagnosed during the later years. In some cases, individuals may be tested for dementia, but the memory loss could be due to advancing age. Diagnosing the disease early helps preserve the quality of life, minimizes the number of medications, and helps the patient and family find other ways to compensate for the disability (Stone & Jones 2009). Planning for the future is a critical factor in early diagnosis.

Problem Statement

There is an increasing number of aging people diagnosed with dementia in the United States, which means nurses who care for patients with dementia not only need to be prepared with the knowledge, skills, and abilities but also must have the belief that they have the abilities and skills to provide quality care (Jablonski, 2013). Self-efficacy is defined as person's confidence level in providing care, and nurses who care for dementia patients must have self-efficacy in dementia patient care. Dementia is a worldwide concern especially for those 65 years and older (Mavrodaris, Powell, & Thorogood, 2013). Due to the increased prevalence of dementia, it is important for nurses to become more knowledgeable in how to care for people with the disease. Until nurses are better educated in the care of patients with dementia, some patients may not receive optimal treatment.

The lack of knowledge in caring for dementia patients places a strain on medical officials trying to help patients enhance their quality of life by reducing the risk of falls, providing home-based care, and decreasing the amount of health resources needed

(Casey, 2012). With the U.S. population aging and statistics suggesting an increased risk for dementia, independence and quality of life in the older population is threatened. Early recognition of cognitive impairment can assist patients in having an enhanced quality of life. Additionally, early recognition can help nurses provide quality services in advancing care, planning, identifying comorbidities, and identifying secondary causes of cognitive dysfunction (Mavrodaris et al., 2013). Cognitive assessment is recommended if cognitive impairment is suspected.

Purpose Statement and Project Outcomes

The purpose of this project was to evaluate the self-efficacy of nurses caring for dementia patients. The project was conducted to identify areas of knowledge deficit and skills and to increase nurses' competence and self-efficacy in caring for dementia patients. The project was designed using the Perceived Self-Efficacy Survey in providing care for residents with dementia. Nurses must be equipped to meet the needs of those diagnosed with dementia in long-term care facilities. It is especially important for nursing professionals to increase their knowledge and skills related to dementia (Traynor et al., 2010). When nurses enhance their skills and knowledge, they may be able to provide better care to dementia patients.

Significance and Relevance to Practice

There is a large amount of uncertainty displayed by nurses regarding dementia care (Stone & Jones, 2009). Health care providers are struggling with diagnosing dementia accurately and finding adequate time to conduct proper screenings. Most

medical providers stated they were not confident in diagnosing, managing, or treating dementing illnesses (Stone & Jones, 2009). It is important for nurses to become more confident in treating dementia patients.

Research indicated that dementia is the sixth leading cause of death in the U.S. (Thies, 2011). Research also suggested there wass an opportunity for improvement in treatment through better identification, enhanced quality, and lower costs (Mitchell et al., 2012). According to research findings, medical professionals should employ interventions that will enhance the quality, goals, and cost effectiveness of dementia care (Mitchell et al., 2012). Care should consist of evidence-based practices that lead to further improvement of disease-specific outcomes to enhance the patient's overall quality of life. With a focus on these components, health care professionals will be able to improve the quality of care for individuals with dementia (Mitchell et al., 2012).

Research has shown that at the time of diagnosis many dementia patients have significant changes and some possible irreversible cognitive damage (Britton & Roa, 2011). The evidence also suggested that the most effective clinical treatment strategy is to identify and begin treating dementia in the early stages of the disease (Santacruz & Swagerty, 2001).

According to Robinson (2009), the prevalence of dementia is expected to rise dramatically with significant challenges in health and aging services. Nurses experience many frustrations related to accessibility, trustworthiness, and community resources for dementia care (Cheng, 2008). Primary care nurses play a vital role in the diagnosis and

management of the dementia population. Gathering baseline information during initial assessments of cognition, basic functioning, behavior status, medication history, and support systems will be an effective starting point for providers (Britton & Roa, 2011). Ample opportunities are currently available in nursing home facilities to conduct research that promotes quality and efficiency in caring for dementia patients. These projects will support early education interventions to increase nurses' knowledge of dementia and its treatment.

Project Question

It is imperative for nurses to have self-efficacy in caring for dementia patients. As the diagnosis of dementia increases in the elderly U.S. population, nurses who care for affected patients should educate themselves about the disease and new advances in treatment. In the project, I examined the current level of self-efficacy among nurses caring for dementia patients in one long-term care facility. I hoped that once the nurses were aware of their level of self-efficacy, they would seek continuing education to improve personal self-efficacy in the care of dementia patients. The following question guided the study: What is the self-efficacy of dementia care for nurses?

Methodology

I used a quantitative descriptive survey design to examine nurses' self-efficacy in dementia care within one long-term health facility. Gay and Airasian (2003) defined quantitative research as the collection of numerical data to explain, predict, and control

the phenomenon of interest. Creswell (2012) stated quantitative research has three elements: research design, test and measurement procedures, and statistical analysis.

For the current study, nurses provided information regarding knowledge and skills by completing a survey titled Perceived Self-Efficacy in Dementia Care. The Statistical Package for the Social Sciences (SPSS) for Windows was used to examine data on the nurses' current knowledge and skill level relating to dementia care in long-term facilities. Percentages and frequency distributions were generated from the demographic information on the questionnaire as well as the self-efficacy survey. Descriptive statistics and frequencies were used to analyze dementia care nurses' level of knowledge and skill regarding their self-efficacy.

Definition of Terms

Alzheimer's disease: A degenerative disease of the brain that causes dementia, which is a gradual loss of memory, judgment, and the ability to function in individuals 65 and older (Abbott, 2011).

Cognitive impairment: Problems with thought processes including loss of higher reasoning, forgetfulness, learning disabilities, concentration difficulties, decreased intelligence, and other reductions in mental functions (Britton & Roa, 2011).

Dementia: A general term for the decline in mental ability severe enough to interfere with daily life (WebMD, 2016).

Evidence-based practice: The practice of nursing in which the nurse makes clinical decisions based on the best available research evidence to support the needs and preference of the patient (Mitchell et al., 2012).

Health care: To maintain and restore health by the treatment and prevention of disease, especially by trained and licensed professionals (Abbott, 2011).

Practitioner: A medical practitioner whose practice is not limited to any specific branch of medicine or class of diseases (Abbott, 2011).

Primary care: Health care intended to address the majority of personal health care needs and to develop a long-term partnership with patients. Primary care provides the first point of access and connects patients to the rest of the health care system (Abbott, 2011).

Primary care providers (PCPs): Physicians who provide both the first contact for a person with undiagnosed health concerns as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Self-efficacy: A person's confidence level in providing care to dementia patients (Bandura, 1986).

Assumptions and Limitations

The assumptions for this project were as follows. Some nurses may not participate because they do not take research seriously. Other nurses may not have time to participate due to the increasing workload in the long-term care facility. Another assumption was that some of the nurses may not understand self-efficacy and may not

want to participate. Others may understand the concept but may fear that their self-efficacy scores might be shared and might have a negative impact on their employment.

There were several limitations in this study. One limitation was that the participants all worked in the same long-term care facility. Another limitation was that the long-term dementia care nurses work various shifts, so the nurse administrator may not have encouraged nurses working opposing shifts to participate if she was not at the facility.

Summary

Caring for dementia patients requires nurses to apply practice-centered knowledge to enhance the quality of life for patients. The study findings may improve the understanding of nurses' self-efficacy in caring for dementia patients. It is imperative that nurses are knowledgeable and aware of their skills in dementia care to enhance the overall quality of life for dementia patients (Hodges & Videto, 2011). Educating nurses about dementia care may help them provide better care to dementia patients. In the next section of this paper, I present a review of literature regarding knowledge, confidence, educational interventions, memory loss of dementia patients, and nurses' self-efficacy.

Section 2: Review of Scholarly Literature

In Section 2, I review the literature from primary care providers and nurses who care for dementia patients. The purpose of the study was to gain information about nurses' self-efficacy in dementia care with patients in a long-term care facility. This section is divided into five parts: primary care providers, specific literature, nurses' knowledge, self-efficacy, and quality of life. I also provide a summary of the findings.

In the aging population, Alzheimer's disease is known as one of the most common forms of dementia. Plassman et al. (2007) conducted a health and retirement study that included 856 individuals age 71 years and older and it was found that an evaluation of dementia care management intervention must be conducted to assist patients better.

There are 44 million people worldwide with dementia, and the number is expected to nearly double every 20 years (The Lancet, 2014). A person is diagnosed with dementia every 4 seconds, which costs the U.S. an estimated $604 billion per year, placing a burden on the economy (The Lancet, 2014). Even though the number of individuals with dementia is increasing, there are only three known medications to help manage the disease, and no cure is in sight. Only 13 countries have a national plan to care for people with dementia, and 60% of the dementia population lives in low-income and middle-income countries (The Lancet, 2014). By 2040, the percentage of individuals 65 years and older with dementia is expected to rise to 71.2%, with the largest case growth located in China and South Asia (Wang, Huang, Liu, Zhuo, & Prince, 2010).

When patients are diagnosed with dementia, there are four different types that are considered: vascular dementia, front temporal dementia, Lewy body dementia, and Parkinson disease dementia (Jablonski, 2013). In the various phases of dementia, there is permanent cognitive loss. The nurses who are knowledgeable about the different types can provide better quality care to patients (Hodges & Videto, 2011). Alzheimer's disease is the most common type of dementia in which a person is able to remember information from the past but have a difficult time remembering new information (Jablonski, 2013). Individuals with vascular dementia may have problems with speech, may experience difficulty following directions, and may become lost in a familiar environment. However, these individuals can learn and retain new information. Front temporal dementia is also referred to as Pick's disease. Some of the difficulties people experience with Pick's disease are problems with speech, aphasia, personality changes, and lack of social awareness. Individuals with Lewy body and Parkinson disease dementia may experience a shaking motion within the limbs and hands as well have visual hallucinations (Jablonski, 2013).

Primary Care Providers

Harris, Chodosh, Vassar, Vickery, and Shapiro (2009) compared primary care providers' views of challenges and rewards of dementia care relative to other conditions. The objective of the study was to compare the views of primary care providers (PCPs) regarding dementia and its care within their health care organization. Harris et al. used was a cross-sectional survey design with 164 primary care providers in three California

health care organizations. Participants' views about primary care for dementia were analyzed and compared with views about heart disease, diabetes mellitus, and other selected conditions. Differences in views about conditions according to PCP type (internists, family physicians) were assessed. Harris et al. used multivariate analysis to examine relationships between provider and practice characteristics and beliefs about dementia care. PCPs strongly agreed that older patients with dementia are difficult to manage (Harris et al., 2009). Findings indicated that PCPs can improve the quality of life for heart disease (58.9%) and diabetes mellitus (67.7%) more than dementia (55.5%). Internists' views regarding dementia care were less optimistic than those of family physicians, but PCP type was unrelated to views on diabetes mellitus or heart disease. Harris et al. concluded that primary care management of dementia should directly address PCPs' concerns about expertise, referral resources, difficulty of care, and views about prospects for patient improvement.

Another study showed that a comprehensive dementia care management model resulted in few differences in provider knowledge regarding dementia (Chodosh et al., 2006). The objective was to appraise the effect of a multicomponent dementia care management program on primary care provider knowledge, attitudes, and perceptions of quality of dementia care (Chodosh et al., 2006). The design was a clinic-level randomized, controlled trial of comprehensive care management for patients with dementia and their nonprofessional caregivers. The study included provider education and protocols for care managers to communicate with patients' medical providers. The

setting 16 clinics (8 interventions and 8 usual care) in three health care systems in San Diego, California. A total of 232 medical providers participated in the study; 129 participants were from eight intervention clinics and 103 were from eight usual-care clinics. Providers were surveyed 9 months after intervention onset regarding knowledge (five items on four topics), attitudes about dementia (three items), and perception of quality of care in their practice setting (three items). Multivariable linear and logistic regression models were used to evaluate the differences between intervention and usual care providers, displaying effects across groups and clustering by clinics. A total of 166 of 232 providers responded. The intervention providers had better knowledge about assessing decision-making capacity than usual-care providers. Intervention providers viewed dementia patients as harder to manage in primary care than usual-care providers.

It is important for nurses to gain the training and knowledge needed to care for dementia patients. Learning how to create relationships with patients through enhanced communication skills is imperative when caring for dementia patients (Söderlund, Norberg, & Hansebo, 2011). Learning how to accept the person's reality and to understand his or her feelings with the use of verbal and nonverbal communication can help to build a relationship between the nurse and patient (Söderlund et al., 2011). Söderlund et al. (2011) noticed a significant difference between nurses who used emotion-oriented care skills when communicating with patients compared to those who rarely used emotion-oriented care skills. The study included dementia patients in a long-term care facility with nurses who had extensive training in validation methods to

communicate with patients, and it also included nursing homes that did not have nurses with extensive training or skill level in using these validation methods.

Barca, Engedal, Laks, and Selbæk (2011) evaluated the quality of life for dementia patients above the age of 65 who were in the late stages of dementia in nursing homes and departments of geriatric psychiatry. The data collected during interviews included gender, medical history, and psychiatric history. The participants included patients and their caregivers. Barca et al. found that elderly patients living in institutions were diagnosed with major depression, had a limited ability to perform daily tasks, and had worse cognitive function than those living in the community.

Specific Literature

In a primary health care setting, dementia is one of the most misdiagnosed diseases (Lliffe et al., 2010). Several studies addressed the effect of educational interventions on dementia care. Perry, Lucassen, Vernooij-Dasen, and Rikkert (2010) conducted a systemic review to examine the impact of educational interventions on primary dementia care. The objective of the study was to determine the effects of education interventions for dementia, directed at primary care providers (PCPs). The study included a review of randomized controlled trials and controlled clinical trials (Perry et al., 2010). Out of 3953 citations identified in the literature, a systematic review of 63 articles indicated at least some effect of educational interventions on the treatment of dementia. Perry et al. concluded that diagnosis and treatment of dementia improved only when educational interventions were accompanied by dementia care managers.

Borbasi, Emmanuel, Farrelly, and Ashcroft (2011) studied a service-led dementia care model implemented by nurse practitioners. The project was implemented due to lack of effective data in dementia care. The study included qualitative and quantitative data collection over 12 months. Borbasi et al. found that implementing a program for nurses to engage them in dementia care decreased the amount of stress when caring for patients, reduced the number of referrals for acute concerns, and enhanced the level of nurse satisfaction.

Knowledge of Nurses

Chung and Lai (2003) conducted an exploratory study to address the informational needs of health care professionals in dementia care. Chung and Lai explored the level of knowledge about dementia that health care professionals perceived themselves as having and their informational needs regarding dementia. The participants included 320 respondents who were primarily nurses. The design was quantitative consisting of participants completing a questionnaire. Chung and Lai found that 65% of participants reported having sufficient knowledge of dementia; only 40% expressed having sufficient knowledge of dementia-related services. Participants who had relevant clinical experience showed a significantly higher self-perceived knowledge of dementia and community-related sources. Respondents ranked informational pamphlets at 68%, mass media at 65%, and workshops at 53% as the three top resources for securing dementia-related information. Chung and Lai concluded that to enhance the knowledge of healthcare professionals about dementia care, health care professionals should be

encouraged to participate in continuing education seminars, and educational resources should be developed to address the learning needs of local PCPs.

In another review of the literature, Turner et al. (2004) assessed general practitioners' knowledge, confidence, and attitudes in the diagnosis and management of dementia. . The study took place in 20 central Scotland general practices of various population sizes and 16 similarly varied practices in North London. A total of 127 general practitioners volunteered to join a randomized controlled trial of educational interventions for dementia diagnosis and management. Self-completion questionnaires covering knowledge, confidence, and attitudes were retrieved from practitioners before the educational interventions (Turner et al., 2004). The results indicated that knowledge of local diagnostic and support services was lacking, one third of general practitioners expressed limited confidence in their diagnostic skills, and two thirds lacked confidence in the management of behavior and other problems in dementia. The main difficulties identified by general practitioners were talking with patients about the diagnosis, responding to behavior problems, and coordinating support services. General practitioners perceived the lack of time and lack of social services support as major obstacles for providing quality care. More experienced and male general practitioners were pessimistic about dementia care, as were general PCPs.

PCPs have acknowledged different obstacles such as lack of time, minimal support, and inadequate access to the proper medications to treat dementia (Hogan et al., 2008). Research indicated that health care providers having adequate knowledge of

dementia can have an effect on the timing of diagnosis, implementation of interventions, and quality of care that dementia patients receive. An understanding of dementia helped to establish the early diagnosis, of efficient medical advice, and provided a better opportunity to manage the disease. When health care providers are not knowledgeable regarding dementia, there can be a delay in diagnosis that hinders the start of treatment (Santacruz & Swagerty, 2001). The delayed start of treatments leads to poor outcomes in the clinical setting. This delay affects the utilization of support systems and treatment services, which are more beneficial if started during the early stage of the disease (Smyth et al., 2013).

According to Chung and Lai (2003), equipping health care practitioners with adequate knowledge about dementia promoted the deliverance of quality services and had a positive impact on their attitudes. Research also indicated medical professionals have a better understanding of dementia after actively participating in continuing education activities (Chung & Lai, 2003). Therefore, continuous education can be a useful mechanism to encourage and reinforce active participation within primary health care.

More people are entering nursing homes due to the increasing need for dementia care in the elderly. Caring for dementia patients is best done in a calming or soothing environment to meet the patient needs (Robinson et al., 2014). It is most important for nurses and family to understand the progression of dementia, its management, and the care required to enhance the quality of life for the patient. The study was conducted to evaluate the knowledge of 279 nurses and 164 family members related to dementia care.

The study found knowledge deficits in the staff and families in several areas. Two areas in which both groups lacked experience were progression surrogacy and ongoing cognitive decline when it came to proper planning (Robinson et al., 2014). These elements are necessary for the caregiver and family member to understand how to give the proper care needed to the patient. When caregivers and family members did not understand the progression of cognitive decline, the outcome for the patient can be tragic regarding advance care planning and toward treating and managing the symptoms as well as misusing the treatments. The study also found that dementia was best treated using a palliative approach. Three premises were found: dementia is a life-limiting neurodegenerative disorder, care planning is needed as dementia takes its course, and planning dementia care for patients must include sharing of information (Robinson et al., 2014).

In a study conducted among hospital nurses, knowledge and approach were assessed in caring for dementia patients in facilities (Lin, Hsieh, & Lin, 2012). There were 180 nurses employed in the hospital and, of these nurses, 128 participated in the study (Lin et al., 2012). When dementia patients enter the hospital, it is important for nurses and other medical staff to know how to treat them. Patients with dementia enter the hospital for treatments of stroke, fracture, and pneumonia, for example, and the hospital staff nurses become their short-term caregivers (Lin et al., 2012). The study found that most nurses had a basic knowledge of dementia. However, there was a small percentage of nurses who had problems distinguishing symptoms of dementia from those

of delirium. The two approaches assessed were reality-oriented and person-centered approaches to patient care. The most common method used by nurses at the hospital was the reality-oriented approach. Reality-oriented approaches help to improve a patient's cognitive ability (Lin et al., 2012). For instance, the reality-oriented approach help individuals understand their ability and to live an enhanced quality of life by accomplishing task within their capabilities.

Self-Efficacy in Dementia Care

In a study conducted by Kekkonen, Cheston, Dallas, and Smart (2014), researchers learned about the self-efficacy of nurses in dementia care. Caregivers with high self-efficacy tended to be more efficient and confident than caregivers with lower self-efficacy. Burnout and emotional exhaustion are related to low self-efficacy as well as the decreased attachment to the patient. Self-efficacy, as defined by Bandura (1997), is a person's confidence and ability to complete a task with regard to effort and length of experience.

Improve Quality of Life

Gatling and Ear land (2010) conducted a study on improving the quality of life in patients with dementia. The research found that several therapeutic approaches can be taken to enhance the care of the dementia patient. The therapeutic approaches are focused on cognitive rehabilitation, caregiver training, environmental redesign, activity engagement, memory boards, and cognitive behavioral therapy to address anxiety. Cognitive rehabilitation aids in helping dementia patients with the ability to carry out the

everyday tasks and learning strategies to work out difficult situations relating to memory and other cognitive domains. Caregiving training programs teach individuals in direct care with dementia patients the knowledge, strategies, and communication techniques in accomplishing the daily task. Environmental redesign teaches caregivers how to design an environment that decreases stress and enhances function. Some of the redesign methods are to change the color, visual cueing, and object placement. Activity engagement includes tasks that are pleasing to the patient such attending events, crafts, and exercise. Memory boards aid to help with cueing and orientation. Cognitive behavioral therapy teaches anxiety reduction methods with such components of treatment as breathing, behavioral activities, and sleep skills.

There are five approaches used to care for dementia patients, and they are person-centered care, communication, valued activities, palliative care, and medication (McCallion, 2014). Person-centered care focuses on the personal strengths and abilities to meet the individual's goals. Communication focuses on how to speak to patients and remain in their view, so they can see the person talking. Using the valued activities approach allows individuals with dementia to enjoy the activities that the person enjoyed before dementia or new activities. The palliative care approach should be used during the late stage of the disease to make sure the dementia patient has the support needed from the support of family or long-term care facility (McCallion, 2014). Medication is also used to help manage the disease.

A research study was conducted that provided training for nurses who cared for dementia patients. The nurses were taught to understand the etiology and progression of the disease and to view the whole person as more than someone who has dementia (Serf, 2010). Nurses were encouraged to view the person as someone with dreams, hopes, love, and aspirations. Fifteen of the 16 nurses who participated in the study believed that participation improved their personalized care for the patient and themselves (Serf, 2010).

In a study that was conducted by Avalon, Gum, Feliciano, and Arena (2006), the researchers found that treating patients medically was not as effective as caregivers treating patients using non-pharmacological interventions in managing dementia patients. These researchers found that caring for dementia patients using non-pharmacological methods fall into three categories: caring for needs not being met, learning and behavioral interventions, and changing environmental vulnerability to reduce stress. Treating dementia patients using non-pharmacologic interventions has been shown to be efficacious (Avalon et al., 2006).

The quality of life for dementia caregivers and their family is also a concern. A 20-question survey was given to nurses caring for dementia patients and measured caregivers' quality of life in regard to sociodemographic data of both the patient and caregiver. According to the World Health Organization, quality of life is defined as the individual perception regarding life that goes beyond the illness (Thomas et al., 2006). The 100 patients were cared for in their homes by a primary caregiver. All of the

dementia patients were over the age of 80 years and the caregiver was over the age of 65 years. The researchers found that the quality of life provided to the patient correlated with the quality of life of the caregiver (Robinson et al., 2014; Thomas et al., 2006).

Literature Review Summary

During recent years, dementia has become a major health problem for the U.S. population as the prevalence increases. The elderly are living longer than expected in all cultures. Dementia research has provided medical professionals with the education to recognize the signs of early onset of dementia. After providers have assessed the signs of dementia, they can assist patients by providing the proper medical treatment. Educational interventions can help to increase the knowledge base of nurses related to dementia care. These studies have increased knowledge, skills, and awareness of dementia care obtained by nurses.

Theoretical Framework

The Bandura social cognitive theory (SCT) was used to support the project aimed at learning about the self-efficacy of nurses in long-term care facilities (Bandura, 1986). The SCT can be viewed as the self-efficacy, confidence, and expectation of the completion of a task and its management. According to the SCT, two assumptions can be made: 1) nurses with high levels of self-efficacy will have a greater ability to care for dementia patients, and 2) implementation of the model will help provide the knowledge needed to improve the efficacy of dementia care nurses. The causal model below provides structural pathways of how perceived self-efficacy affects enthusiasm and

performance. The model helps to understand how perceived self-efficacy can affect accomplishments of completing the goals, outcome expectations, and perceptions (see Figure 1).

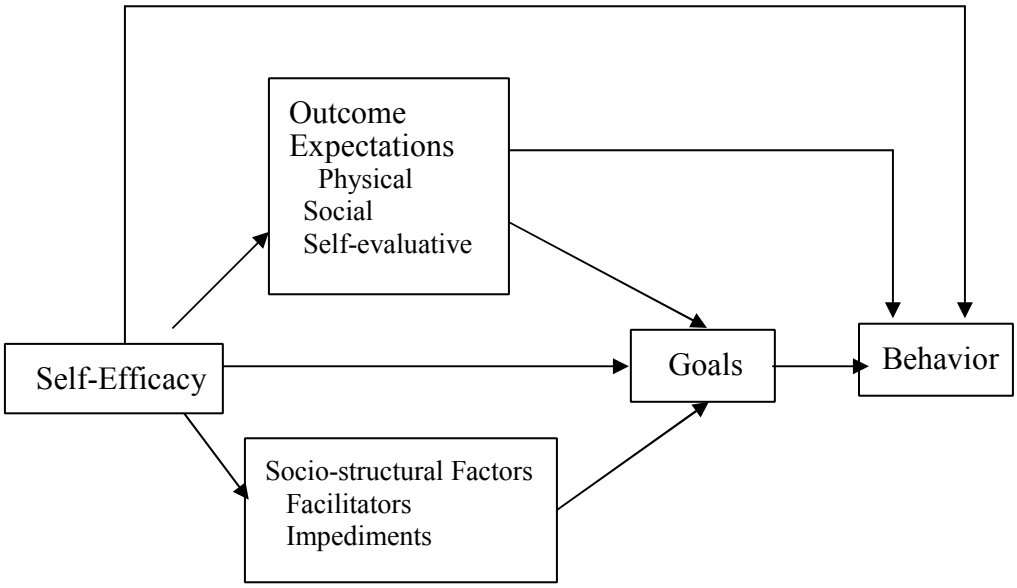

Figure 1. The pathway to obtaining self-efficacy and other social cognitive factors (Locke, 2009, p. 180).

The ability to accomplish an activity with confidence and without stress can be view as perceived self-efficacy (Bandura, 1986). In Bandura's theory (2000, Figure 1) a person's ability to complete an activity with confidence is more important than completing the task. The level of confidence predicts self-efficacy.

A research study was conducted in a long-term care facility in Taiwan that used this model for understanding the perceived self-efficacy of nurses' care for dementia patients before and after training (Cheng, 2008). The perceived self-efficacy before training among nurses was 86% and after training in dementia care the self-efficacy scores increased to 93% (Cheng,

2008). After the nurses had received training, they became more confident in accomplishing the goals of the job.

Another research study was also conducted using Bandura's theory. The focus of the study was to learn about the perceived self-efficacy and why nurses continue their education (Hogan, et al., 2008). The graduate students' experience in higher education was rewarding, which help to maintain the attendance among students. Perceived self-efficacy healthcare model is associated with behavior and change. The belief that actions and goals can be accomplished at a greater level of confidence is self-efficacy. Using this model helps nurses to understand the pattern of self-efficacy as it relates to confidence in caring for dementia patients in long-term care facilities. The more that nurses learn regarding the care of patients with dementia in the more likely they will have the self-efficacy to creating a plan of action that can be implemented to enhance their confidence and the quality of care provided to dementia patients.

Summary

The study explores nurses' self-efficacy when caring for dementia patients and the importance of having advanced knowledge and skills. The review of literature has identified that enhanced knowledge and skill level when caring for elderly with dementia helps to improve the quality of life for

patients. The upcoming section will discuss the collection of data and analysis that will be used in the study.

Section 3: Collection of Data and Analysis of Evidence: Project Design and Method

The purpose of this quantitative descriptive study was to understand nurses' levels of self-efficacy in providing dementia care. Results may inform future professional development trainings for nurses who care for dementia patients. I administered two quantitative surveys. I then statistically analyzed responses. Quantitative researchers use numerical data to reduce bias (Creswell, 2012). Quantitative data help the researcher avoid the inclusion of personal interpretation of the participants' responses. This section contains an overview of my project design, instrumentation, data analysis, and protection of human rights. It ends with a summary of the section.

Data Collection

To reach prospective participants, I asked the nurse administrator at the study site to place the participation letters, consent forms, and surveys at the nurses' station. Each participant used a pencil and questionnaire to complete the survey. Participants completed the surveys within 15 minutes. The participants completed the consent form before starting the surveys. The survey packet included three documents: the consent form, the Perceived Self-Efficacy in Dementia Care Survey, and the demographic survey.

Sample

The target sample groups were nurses, nurse's aides, nurse administrators, and licensed nurse practitioners at a long-term health facility. All of the participants had various levels of education, experience, and ethnic background. In addition, all participants who completed the surveys had direct experience working with dementia

patients. The data collection forms, the organization for approval for the project, and the signed consent forms were properly filed in a locked file cabinet.

Data Analysis

The Perceived Self-Efficacy in Dementia Care Survey consisted of 25 questions, and the demographic survey had five questions. I entered both surveys into one statistical file. All data were quantitatively analyzed using the Statistical Package for Social Sciences (SPSS). I commenced data analysis after collecting all survey responses. After checking the surveys for completeness of responses, I calculated the frequencies and percentages.

Protection of Human Subjects

Research participants were informed that participation in the project was voluntary. The participants were informed of the right to withdraw from the project at any time. The withdrawal procedures were included in the informed consent form. Signed consent forms were kept separate from the completed surveys to ensure confidentiality of the data. No identifying information such as names, e-mail addresses, or phone numbers were collected. The withdrawal procedures were included in the informed consent form. The Walden University Institutional Review Board (IRB) provided approval to collect the project data. The IRB approval number was 07-31-15-0327113.

Project Evaluation Plan

A 25-question survey was used to assist with learning about participants' knowledge, skill level, alternative approaches, personal impacts, self-preparation, and

self-efficacy in dementia care. After data were collected and entered into SPSS, a report was written. The report included results regarding participants' knowledge, skills, strengths, and weaknesses. It also included recommendations for improving the self-efficacy of nurses working in dementia care at the long-term care facility. The final report was provided to the facility to use as a guide for future dementia professional development workshops.

Summary

Dementia is continuing to increase in prevalence. In the next 10 to 20 years, there will be an increase in the population of older patients diagnosed with dementia (Gaugler et al., 2014). The economic strength of the health care system of the United States may be profoundly affected by the demand for resources required to treat dementia (Perry et al., 2010). Health care providers need to be better prepared to care for patients with dementia. They also need to be able to find ways for early detection and proper screenings (Stone & Jones, 2009).

It is important for health care providers to detect and diagnose dementia early. Providers should focus on identifying symptoms of early cognitive impairment and providing proper diagnoses and evidence-based medications, treatments, and family support. Doing these things may result in more efficient and effective ways to manage dementia and delay the progression of this disease (Robinson et al., 2014). Using innovative ways to detect dementia may lead to a better understanding of cognitive

impairment and improve the quality of life of the population living with or at risk for dementia.

Section 4: Findings and Recommendations

The purpose of this project was to evaluate the self-efficacy of nurses caring for dementia patients. A 25-question Perceived Self-Efficacy Survey and a five-question demographic survey were given to nurses to learn about confidence in care of dementia patients in a long-term care facility. The results may have allowed nurses to become more aware of the overall self-efficacy of caregivers related to dementia patients in the long-term care facility, which may encourage ongoing education in dementia care.

Ninety percent of the 45 surveys ($N = 40$) left at the long-term care facility were completed by the nursing staff. The survey response rate was high because the nurse manager informed all of the dementia care nurses about the survey. Table 1 and Table 2 present data from both surveys. Table 1 presents participants' demographic information. Table 2 presents nurses' self-efficacy responses in dementia care.

Table 1

Demographic Information

Characteristic of Participants		*N*	*%*
Race/Ethnicity	African American	36	90
	Caucasian	3	7.5
	Native American	0	0
	Asian	0	0
	Hispanic	0	0
	Other	0	0
	Missing	1	2.5
Gender	Male	9	22.5
	Female	31	77.5
Occupation	Nurse Aid	19	47.5
	Nurse	14	35
	Registered Nurse	5	12.5
	Nurse Manager	2	5
	Nurse Director	0	0
Highest Degree Earned			
	High School	19	47.5
	Associate	14	35
	Bachelor	2	5
	Masters	1	2.5
	Missing	4	10
Years in Dementia Care	1 year or less	2	5
	1-3 years	3	7.5
	3-5 years	8	20
	5+ years	27	67.5

Table 2

Participants' Responses to the Perceived Self-Efficacy Survey

Questions	*Disagree Very Much*	*Disagree*	*Neutral*	*Agree*	*Agree very much*
1) You can distinguish the stages of AD.	5%	7.5%	42.5%	32.5%	12.5%
2) You can provide relevant education for family members of persons with AD.	10%	25%	25%	25%	15%
3) You can judge the clinical symptoms of AD.	7.5%	22.5%	27.5%	35%	7.5%
4) You can administer medications to persons with AD.	45%	7.5%	22.5%	12.5%	12.5%
5) You can provide information about the early management of AD for the high risk population.	12.5%	27.5%	25%	25%	10%
6) You can empathize with and assist families to adjust to the burden of caring for persons with AD.	2.5%	0%	32.5%	32.5%	32.5%
7) You can respect the autonomy of persons with AD and offer them the right to make some decision.	0%	0%	35%	32.5%	32.5%
8) You can help persons with AD avoid the defeated feeling in their daily life.	5%	17.5%	40%	32.5%	5%
9) You can observe the feeling of being hard to express in persons with AD.	0%	0%	40%	35%	25%
10) You can actively arrange the daily living for persons with AD.	5%	20%	37.5%	27.5%	10%

11) You can be patient to treat the repetition and mal-communication for persons with AD.	0%	15%	40%	22.5%	22.5%
12) You can treat persons with AD with a non-child communication pattern by simplifying the wording.	2.5%	12.5%	32.5%	32.5%	20%
13) You can comprehend the non-verbal communication of persons with AD.	2.5%	17.5%	50%	22.5%	7.5%
14) You can properly respond to the non-verbal communication of persons with AD.	2.5%	17.5%	45%	20%	15%
15) You can be aware of the individual needs of persons with AD.	5%	10%	45%	27.5%	12.5%
16) You can realize the environmental factors for Behavioral and Psychological Symptoms of persons with AD.	2.5%	7.5%	52.5%	30%	7.5%
17) You can maneuver the needs of persons with AD and diminish their Behavioral and Psychological Symptoms of Dementia (BPSD).	15%	22.5%	37.5%	20%	55%
18) You can maneuver the environmental factors for Behavioral and Psychological Symptoms of Dementia.	5%	15%	50%	27.5%	2.5%
19) You can assist persons with AD to take care of their daily life, instead of completely doing things for them.	2.5%	5%	42.5%	40%	10%
20) You can provide care with sensory stimulation to reduce the Behavioral and Psychological	2.5%	10%	45%	40%	2.5%

Symptoms of Dementia.					
21) You can make persons with AD feel safe and comfortable.	5%	30%	27.5%	27.5%	10%
22) You can influence the emotional response of persons with AD effectively.	7.5%	25%	30%	30%	7.5%
23) You can arrange social activities and encourage persons with AD to participate.	2.5%	17.5%	40%	27.5%	12.5%
24) You can design the necessity of supportive environment for persons with AD.	2.5%	12.5%	45%	30%	7.5%
25) You can influence needs of daily living in persons with AD effectively.	5%	20%	32.5%	30%	10%

Discussion of Findings in the Context of Literature and Frameworks

In this section, I interpret the findings for all 25 survey questions to assess the knowledge and skill level of nurses working at the long-term care facility. Many of the nurses reported having neutral knowledge in dementia care. According to the data, 45% of the nurses were not comfortable providing information about caring for dementia patients to family members, which means more training is needed. Even though 42.5% of the nurses were able to judge the clinical symptoms of dementia, 25% were not comfortable administering medication, so nursing leadership should address clinical strategies and methods to administrator medicine to those with dementia in a workshop. Twenty-seven percent of nurses reported having a difficult time providing information about early management of dementia to patients. However, 65% could sympathize with

families about caring for someone with dementia, 65% reported having the skill to allow dementia patients to make decisions, and 37.5% could help patients overcome the feeling of being defeated. Also, 40% of the nurses were confident in their ability to observe the feelings of dementia patients, 20% could arrange the daily living activities of dementia patients, 15% reported having the skill to be patient with dementia patients with repetitive communication, and 52.5% reported having the ability to not treat them as though they were children. Sixty-five percent of nurses reported having a difficult time understanding dementia patients when they communicated verbally or nonverbally. Fifty percent of the nurses felt neutral about their ability to recognize the environmental factors for behavioral and psychological symptoms as well as provide care with sensory stimulation. At the same time, 55% of nurses could maneuver the environment to diminish some of the behavioral and psychological symptoms of dementia patients. However, 40% of the nurses lacked confidence in the awareness of dementia patients' individual needs. Nurses felt neutral about allowing dementia patients to care for themselves and to influence their emotional response. Forty percent of nurses were confident in arranging activities, 37.5% could design a friendly environment that is supportive, and 37.5% reported having the ability to determine daily living needs to enhance behaviors. Only 35% of nurses disagreed with having the skills to make dementia patients feel comfortable and safe.

Enhancing nurses' self-efficacy in dementia care within a long-term facility by providing education is necessary in several areas. The areas include nurses' ability to provide individual care needs, to design a friendly environment, to arrange activities, and

to make dementia patients comfortable. Providing nurses with professional development to enhance patients' quality of life may give dementia patients a sense of independence and a reason for living. Because there are different levels of dementia, it is imperative for nurses to enhance their skills by educating themselves to better help patients who are able to talk and express their concerns, patients who are able to use gestures and facial expressions, and patients who are not able to provide any type of response. As nurses gain training and experience, their self-efficacy will increase and their patients' quality of life may be enhanced.

The findings of this project were similar to results reported in the literature review. Söderlund et al. (2011) conducted a study that had similar objectives related to the significance of communication skills. Söderlund et al. found that extensive training in communicating with dementia patients reduced stress for the patient and caregiver. Barca et al. (2011) found that elderly individuals in nursing homes were more prone to depression because caregivers were not allowing patients to perform any of their daily tasks. Perry et al. (2010) found that an educational intervention regarding dementia improved nurses' dementia care. Chung and Lai (2003) also conducted a study with health care professionals working with dementia patients, and found that caregivers should be encouraged to continue education to address the ongoing needs of patients. Finally, Cheng (2008) conducted a study in a long-term care facility in Taiwan using the Perceived Self-Efficacy in Dementia Care Survey to understand the perceived self-efficacy of nurses caring for dementia patients before and after training. The perceived

self-efficacy before training was 86%, and after training the scores improved to 93% (Cheng, 2008). After the nurses received training, they became more confident in accomplishing the goals of the job in providing enhanced dementia care to patients.

Implications

This study addressed the self-efficacy of nurses caring for dementia patients at a long-term health care facility. Several implications can be identified regarding long-term dementia care from the nurses' responses at the facility. Because the number of people with dementia is increasing, families are making the decision to place elderly family members in long-term care facilities. Therefore, it is necessary for nurses to equip themselves with the skills and knowledge to care for dementia patients. After identifying nurses' needs to enhance their self-efficacy in caring for dementia patients, I designed a project to help nurses obtain professional development in caring for those with the disease. The primary concern was for nurses at all levels to enhance their self-efficacy as it relates to dementia care in long-term care facilities. According to the social cognitive theory, nurses with a high level of self-efficacy can provide better care to patients (Locke, 2009). Providing nurses with training resources to enhance their self-efficacy in dementia care may give them the tools needed to improve care for patients.

Implications for Future Research

Replication of this project may reflect the need for more training and resources among nurses caring for dementia patients. Repeating the project in a similar setting and with similar nurse demographics at another long-term care facility may help researchers

gain more input from other nurses working with dementia patients. For example, additional research regarding nurses' self-efficacy in dementia care may be needed to enhance the health care strategies for this population of patients. As researchers report information about caring for dementia patients, it may be used to enhance nurses' skills in dementia care.

Implications for Social Change

Providing professional development training in dementia care may encourage nurses to discuss the best practices they are using when caring for dementia patients. As nurses continue to communicate best practices, they may create different strategies for caregivers to use and discuss their best practices and outcomes with peers to help enhance the care of the dementia population. Classroom and online training are other means of education that can be utilized in long-term care facilities to establish ongoing communication among nurses and different organizations within the community to help increase the knowledge base for those who provide care for these patients.

Recommendations for Remediation of Limitations

After assessing the results of this project, it is necessary for nurses in leadership roles to provide annual education to their staff to enhance their knowledge and skill level regarding dementia health care needs. Using education manuals and videos can improve knowledge regarding dementia care. The different means of education may help ensure that nurses caring for patients have some accountability based on best practices to enhance their skills.

Because nurses are on the forefront of patient care, it is imperative for them to build a relationship with dementia patients so they can accommodate their specific needs. For instance, if nurses spend more quality time with patients, they may become better at identifying needs of patients and make adjustments as needed. Nurses should also attend dementia care professional development workshops outside of the facility to learn from other nurses working in long-term care facilities with dementia patients. After each workshop, the nursing staff attendees should be required to propose ideas, strategies, and methods that can be implemented while caring for dementia patients in the facility. Communicating the information learned may help nurses within the facility understand the needs of dementia patients.

Recommendations for Further Study

In the current study, only quantitative data were used to assess the nurses' knowledge and skill level in dementia care. Nevertheless, the data obtained from the nurses was useful, but the sample size of 40 participants was small because only one facility was used and all of the nurses did not participate. In the future, the sample size should be larger. As dementia care nurses are involved in research at various locations, this will give nurses an opportunity to learn best practices that can be used to enhance the care of dementia patients. As leaders enhance their self-efficacy by attending dementia professional development workshops, they will also become aware of the changes and best practices being utilized in different facilities caring for the dementia patients.

The use of quantitative and qualitative data may provide a better understanding of the nurses' knowledge and skill level through findings from the data collected in the study. Giving nurses the opportunity to express their current situation regarding their strengths and limitations to other dementia care nurses will help leadership understand the training that is needed. A qualitative questionnaire will also allow participants to answer open-ended questions after each quantitative question as needed for more details related to the knowledge base of nurses' self-efficacy related to dementia care.

Recommendations from the Study for Dementia Care Nurses

As nurses understand their self-efficacy in dementia care, it may be necessary to provide the specific education needed to help enhance the care of dementia patients at long-term care facilities. Providing professional development training for dementia care nurses can help to improve care and may also be beneficial for stakeholders such as patients, family members, nurses, and other medical staff working with dementia patients as well as the community. For example, giving nurses the opportunity to participate in workshops, watch videos, and complete computer modules on dementia care will help caregivers to increase their knowledge base while providing care in long-term care facilities.

Project Strengths and Limitations

Strengths

A major strength of this evidence-based project was the determination of the self-efficacy of nurses from various career levels and academic levels working in a long-term

care facility caring for dementia patients. This project was able to indicate the percentage of nurses in the facility who needed more education related to the identification and early management of dementia, the ability to empathize with families, the skills to allow dementia patients to make decisions, the ways to help patients overcome the feeling of being defeated, and the enhancement of confidence and skills to observe the feelings of dementia patients.

Limitations

The survey only asked quantitative questions, which limited the information gained. The majority of the participants were African American females without advance degrees, which limited the opportunity to conduct correlations and differences among other ethnic groups and degree levels. The small sample size ($n = 40$) was also a significant limitation.

Summary

In summary, this study focused on nurses' self-efficacy in caring for dementia patients in a long-term care facility. Forty people participated in a two-part quantitative questionnaire. All of the data were analyzed using SPSS. The quantitative method used in this study was discussed in Section 3. The findings of this project may help to bridge gaps between caregivers and patients. Also, nurses may encourage others to conduct research to enhance care for dementia patients. Finally, social change may be supported by the general populations and medical professionals due to the increase of individuals diagnosed with dementia.

Section 5: Dissemination Plan

The purpose of this project was to evaluate the self-efficacy of dementia care nurses working in a long-term care facility. Because many long-term care facilities are caring for dementia patients, it is important for nurses to be aware of their knowledge and skill to assist those with dementia (Traynor et al., 2010). Communication skills and relationship building are necessary to help dementia patients (Söderlund et al., 2011). Understanding the knowledge of the nurses within a facility will also help nurses in leadership positions provide facility workshops based on demonstrated nursing staff needs (Chung & Lai, 2003).

Analysis of Self

Scholar

The project gave me an opportunity to conduct a real-world study, which will help in conducting future studies. Having the opportunity to conduct this project has enhanced my analytical skills when it comes to finding practice gaps as well as strengths within organizations. Most importantly, I am now more skilled in finding practice strengths and weaknesses through evaluation of survey data. Because nurses' self-efficacy in dementia care is a concern for me, I plan to conduct more studies in dementia care in long-term care facilities.

Practitioner

The DNP academic processes have brought together many aspects of project management such as developing, conducting, and implementing evidence-based

organizational changes. Attaining the DNP competencies is a major step in becoming a nurse practitioner/scholar. According to the Nurse Practitioner Healthcare Foundation (2016), the strategic focus of advanced practice nurses on an international and national level should be to engage in research opportunities, foster innovative interdisciplinary collaboration, enhance quality care, and facilitate professional and patient educational opportunities.

Project Developer

Implementing a quantitative project step by step has increased my awareness of the skills needed to conduct such a task. Completing the evaluation section of the project was most rewarding because it allowed me the opportunity to review the results of data collected and analyzed and write a report. I am very enthusiastic about having the skill level to analyze data. The knowledge gained through completing this project helped me become more confident in using various types of statistical analysis when conducting research. Completing this project has motivated me to continue to conduct research to enhance patient care.

Summary

I used a quantitative descriptive design to understand the knowledge and skill level of nurses working in a long-term care facility with dementia patients. Forty nurses participated in the survey. All of the data were analyzed using the statistical package SPSS. One research question guided the study: What is the self-efficacy of dementia care for nurses?

After reviewing the data, it was evident that nurses needed professional development training when caring for dementia patients. Because the number of individuals with dementia will continue to increase as people live longer, it is important for nurses to promote patient education as it relates to dementia. When nurses are taught the necessary skills and knowledge to care for dementia patients, the residents will have a better outcome regarding their behavioral, psychological, and other needs.

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Appendix A: Self-Efficacy in Dementia Care Demographic Survey

Self-Efficacy in Dementia Care Demographic Survey

Purpose: This survey is designed to gain valuable information on the dementia care nurses in long term care facilities to improve dementia care. There are two parts to this survey self-efficacy in dementia care demographics and Perceived Self Efficacy in Dementia Care. Please answer all questions to the best of your knowledge. All answers are confidential and you make opt out at anytime. If there are any questions that you feel, uncomfortable answering you have the option not to answer.

1. Gender
   A. Male

   B. Female

2. Ethnicity
   A. African American B. Caucasian C. Native American

   D. Asian E. Hispanic F. Other

3. Occupation

   A. Nurse Aid B. Nurse C. Registered Nurse D. Nurse Manager

   E. Nurse Director

4. Highest Degree Earned

   A. High School B. Associate C. Bachelor

   D. Masters E. Specialist F. PhD

5. Years working in Dementia Care

   A. 1 year or less B. 1-3 years C. 3-5 years D. 5+ years

Appendix B: Perceived Self-Efficacy in Dementia Care

Perceived Self-Efficacy in Dementia Care

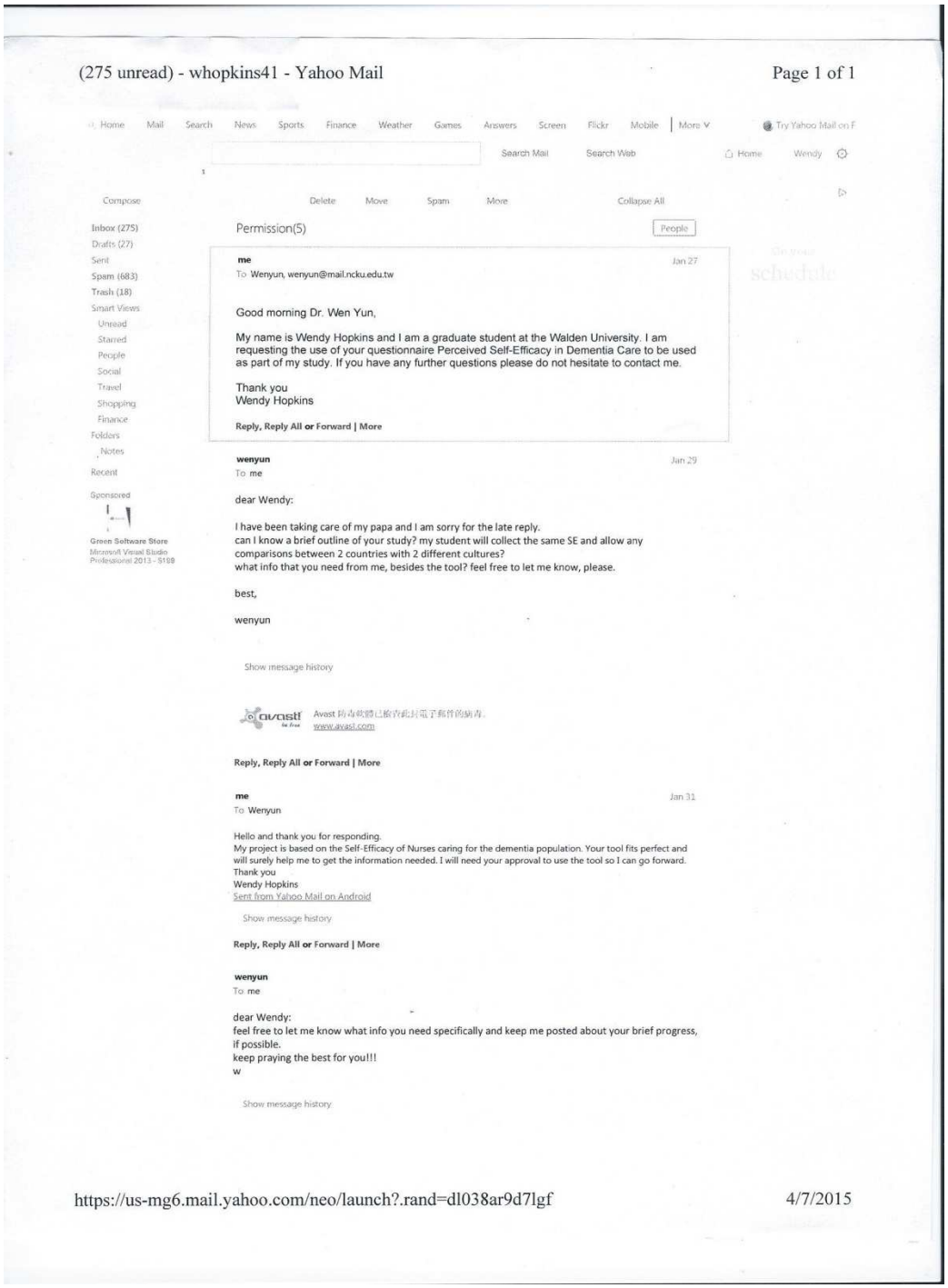
"Self-efficacy is the belief in one's capabilities to organize and execute the sources of action required to manage prospective situations." (Bandura, 1986) For each question, choose from the following alternatives: The higher score indicates higher agreement. "5" indicates "agree very much" → "1" indicates "disagree very much".

Disagree very much 1 Disagree 2 Neutral 3 Agree 4 Agree very much 5

1) You can distinguish the stages of AD.	5	4	3	2	1
2) You can provide relevant education for family members of persons with AD.	5	4	3	2	1
3) You can judge the clinical symptoms of AD.	5	4	3	2	1
4) You can administer medications to persons with AD.	5	4	3	2	1
5) You can provide information about the early management of AD for the high risk population.	5	4	3	2	1
6) You can empathize with and assist families to adjust to the burden of caring for persons with AD.	5	4	3	2	1
7) You can respect the autonomy of persons with AD and offer them the right to make some decision.	5	4	3	2	1
8) You can help persons with AD avoid the defeated feeling in their daily life.	5	4	3	2	1
9) You can observe the feeling of being hard to express in persons with AD.	5	4	3	2	1
10) You can actively arrange the daily living for persons with AD.	5	4	3	2	1
11) You can be patient to treat the repetition and mal-communication for persons with AD.	5	4	3	2	1
12) You can treat persons with AD with a non-child communication pattern by simplifying the wording.	5	4	3	2	1
13) You can comprehend the non-verbal communication of persons with AD.	5	4	3	2	1

14) You can properly respond to the non-verbal communication of persons with AD.	5	4	3	2	1
15) You can be aware of the individual needs of persons with AD.	5	4	3	2	1
16) You can realize the environmental factors for Behavioral and Psychological Symptoms of persons with AD.	5	4	3	2	1
17) You can maneuver the needs of persons with AD and diminish their Behavioral and Psychological Symptoms of Dementia (BPSD).	5	4	3	2	1
18) You can maneuver the environmental factors for Behavioral and Psychological Symptoms of Dementia.	5	4	3	2	1
19) You can assist persons with AD to take care of their daily life, instead of completely doing things for them.	5	4	3	2	1
20) You can provide care with sensory stimulation to reduce the Behavioral and Psychological Symptoms of Dementia.	5	4	3	2	1
21) You can make persons with AD feel safe and comfortable.	5	4	3	2	1
22) You can influence the emotional response of persons with AD effectively.	5	4	3	2	1
23) You can arrange social activities and encourage persons with AD to participate.	5	4	3	2	1
24) You can design the necessity of supportive environment for persons with AD.	5	4	3	2	1
25) You can influence needs of daily living in persons with AD effectively.	5	4	3	2	1

Appendix C: Survey Permission Letter



(275 unread) - whopkins41 - Yahoo Mail

Page 1 of 1

Home Mail Search News Sports Finance Weather Games Answers Screen Flickr Mobile More

Search Mail Search Web Home Wendy

Compose Delete Move Spam More Collapse All

Inbox (275)
Drafts (27)
Sent
Spam (683)
Trash (18)
Smart Views
Unread
Starred
People
Social
Travel
Shopping
Finance
Folders
Notes
Recent
Sponsored

Green Software Store
Microsoft Visual Studio Professional 2013 - $199

Permission(5) People

me Jan 27
To: Wenyun, wenyun@mail.ncku.edu.tw

Good morning Dr. Wen Yun,

My name is Wendy Hopkins and I am a graduate student at the Walden University. I am requesting the use of your questionnaire Perceived Self-Efficacy in Dementia Care to be used as part of my study. If you have any further questions please do not hesitate to contact me.

Thank you
Wendy Hopkins

Reply, Reply All or Forward | More

wenyun Jan 29
To: me

dear Wendy:

I have been taking care of my papa and I am sorry for the late reply.
can I know a brief outline of your study? my student will collect the same SE and allow any comparisons between 2 countries with 2 different cultures?
what info that you need from me, besides the tool? feel free to let me know, please.

best,

wenyun

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me Jan 31
To: Wenyun

Hello and thank you for responding.
My project is based on the Self-Efficacy of Nurses caring for the dementia population. Your tool fits perfect and will surely help me to get the information needed. I will need your approval to use the tool so I can go forward.
Thank you
Wendy Hopkins
Sent from Yahoo Mail on Android

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Reply, Reply All or Forward | More

wenyun
To: me

dear Wendy:
feel free to let me know what info you need specifically and keep me posted about your brief progress, if possible.
keep praying the best for you!!!
w

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