A STUDY OF REGISTERED NURSING STUDENTS’ PERCEPTIONS OF CONFIDENCE IN PROVIDING QUALITY NURSING CARE TO PATIENTS WITH ALZHEIMER’S DISEASE OR OTHER DEMENTIA

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By

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DEDICATION

My doctoral journey at Southeastern University have provided me with more than just an academic education. It has made me realize the importance of servant leadership and that I want to make a difference in this world, both in the lives of my students and my patients. I pray that God will bless my scholarly endeavors and equip me with the tools and resources I need to enrich the lives of others through academia and health care practices. “May your unfailing love be my comfort, according to your promise to your servant” (Psalm 119:76, New International Version). Thank you, Jesus, for being my “lean to” during stormy days.

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ABSTRACT
There are currently millions of persons living with Alzheimer’s disease or other dementia; a number that will rise as the older adult population increases. Patients with Alzheimer’s disease or other dementia who are admitted to the acute care hospital for a physical problem may not receive the same standard of care as those persons without a cognitive impairment. The purpose of this study was to explore the perceptions of students in a prelicensure registered nursing program regarding their confidence to provide patient-centered nursing care to patients with cognitive impairment, specifically Alzheimer’s disease or other dementia. This quantitative study used a research survey developed by the researcher. Results indicated that the study participants did not feel confident to deliver patient-centered care to persons with Alzheimer’s disease or other dementia. Additionally, the independent variables that were determined to be the most robust, statistically significant predictors upon the dependent variable were understanding is at a level to be an effective caregiver and working with families of patients with Alzheimer’s disease/dementia was important. The results indicated that there is an extreme urgency to integrate an evidence-based dementia curriculum globally within all nursing programs worldwide.

Keywords: Dementia, Alzheimer’s disease, Registered nursing students Dementia care, Person-centered care, Confidence, Quality nursing care
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INTRODUCTION

The United States is experiencing changes in demographics that will likely have a devastating effect on the healthcare system. The older adult population is impacting this population shift. Like a wave ready to engulf this country’s resources, this shifting of demographics has been referred to as the silver tsunami (Mitchell, 2014; “Is a geriatric,” 2011). Within the next 15 years, 20% of the U.S. population is expected to be 65 years and older (Colby & Ortman, 2014; Ortman, Velkoff, & Hogan, 2014). By the year 2050, those aged 65 years of age and older are projected to double from 48 million to 88 million (Alzheimer’s Association, 2017; “Is a geriatric,” 2011).

As individuals age, the risk of developing chronic illness increases. With the projected increase in numbers of the older adult population approaching, an increase in the number of older adults who will experience mental health problems, such as Alzheimer’s disease or other dementia, is likely. There is currently a high percentage of Americans with Alzheimer’s disease or other dementia (Alzheimer’s Association, 2017; Hazzan, Ploeg, Shannon, Raina, & Oremus, 2015; Mitchell, 2014). According to the Alzheimer’s Association (2015), there are an estimated 5.3 million individuals with Alzheimer’s disease. Of these 5.3 million individuals, 5.1 million are 65 years of age and older (Alzheimer’s Association, 2017). This number will continue to grow as the size of the older adult population in the U.S. continues to increase (Alzheimer’s Association, 2017).

Background and Review of Relevant Literature

Providing quality care to patients admitted to an acute-care hospital with both a physical problem and who also have Alzheimer’s disease or other dementia presents many challenges to
professional registered nurses (RN) (Clisett, Porock, Harwood, & Gladman, 2013; Mendes, 2017). The pace of activity in hospitals is extremely fast (Houghton, Murphy, Brooker, & Casey, 2016). Healthcare providers focus on managing the acute physical needs of individuals with a cognitive impairment admitted to a healthcare facility (Cowdell, 2010; Hynninen, Saarnio, & Isola, 2014; Turner, Eccles, Elvish, Simpson, & Keady, 2017). Disruptive or difficult behaviors displayed by cognitively impaired individuals in healthcare facilities significantly impact the unit’s routine. The healthcare providers employed by these health care facilities, who are caring for the cognitively impaired individuals with an acute physical problem, must manage behavioral issues along with their physical care (Heath, Sturdy, & Wilcock, 2010). Within the professional literature, it is reported that the care of individuals admitted to acute care facilities with a physical illness, who also have a co-existing cognitive impairment, such as Alzheimer’s disease or other dementia, remains sub-optimal (Cowdell, 2010). These patients frequently endure longer lengths of stay (LOS) in the hospital (Annear, Tierney, Vickers, & Palmer, 2016; Bradshaw, Goldberg, Schneider, & Harwood, 2013; Elvish et al., 2014; Gandesha, Souza, Chaplin, & Hood, 2012; Houghton et al., 2016.) Nilsson, Lindkvist, Rasmussen, and Edvardsson (2012) noted that the standard of care is not the same when caring for older people with cognitive impairment in the acute care hospital setting as it is for those patients without a cognitive impairment. The standard of care means all professional registered nurses provide the same level of care for every individual. However, “responding to the physical, psychological and social needs, creating a safe environment, and discretionary use of restraints” (Nilsson et al., 2012, p. 196) when caring for patients with cognitive impairment were all challenges that the nurses identified.
This researcher’s experiences with the care of cognitively impaired individuals in hospitals are that many professional caregivers caring for these populations in healthcare facilities are not qualified to do so. Many healthcare providers are often unlicensed assistive personnel (nursing assistants) with no education on how to care for these individuals. Even licensed health care providers lack specialized knowledge about caring for persons with cognitive impairment and have been observed to have great difficulty in handling behavioral problems that may arise. When behavioral problems arise, many of these older adults with a cognitive impairment may be Baker Acted and taken to an acute care mental health facility (psychiatric unit) involuntarily where there are acutely mentally ill patients who present possible harm to these vulnerable cognitively impaired older adults. The Baker Act is involuntary or voluntary and serves as a means to provide emergency services to persons who are experiencing mental health problems. This act provides for mental health evaluation and treatment for individuals who pose a threat to either themselves or others. Selsavage (2016) stated that, for persons with Alzheimer’s disease or other dementia, being Baker Acted is a very traumatic experience and these very frail, older adult individuals may be “harassed, traumatized, and left worse-off by the process” (para. 3). It is not uncommon practice for healthcare facilities to purposefully Baker Act patients with Alzheimer’s disease or other dementia because staff are untrained to care for this patient population (Selsavage, 2016). Dementia care training is needed for all staff in psychiatric centers, and law enforcement officers, who are oftentimes on the front line, as these professionals have the authority to Baker Act individuals. Individuals with Alzheimer’s disease or other dementia “should never be placed in a general population of drug addicts, psychotics, and suicidal patients” (Selsavage, 2016, para. 10).
This researcher has completed two unpublished qualitative studies exploring the lived experience of professional registered nurses and caregivers on the care of patients with Alzheimer’s disease or other dementia who are experiencing a physical illness and admitted to an acute care hospital facility. Several central themes emerged from the aforementioned studies. The results demonstrated healthcare providers’ knowledge deficit of the older adult population, inadequate staffing, and lack of education on individuals with Alzheimer’s disease or other dementia. The findings from these two research studies therefore indicated a need for increased education and training for professional registered nurses in providing quality, patient-centered care to patients with Alzheimer’s disease or other dementia in healthcare facilities (Harto, 2016; Harto, 2017). A deficiency of knowledge and training of healthcare staff in acute care hospital facilities is ostensible (Doherty & Collier, 2009; Gandesha et al., 2012; Houghton, 2016, Nolan, 2007; Turner et al., 2017). In a study on nursing staff views, Hynninen et al. (2014) reported that nursing staff did not feel they possessed the “required know how” to provide good care to patients with dementia (p. 198). Spencer, Foster, Whittamore, Goldberg, and Harwood (2014) studied staff confidence, morale, and attitudes. These authors found that staff felt underprepared and lacked skill and confidence to care for patients with dementia. Further research is needed on the impact of education on healthcare staff in the care of patients with Alzheimer’s disease or other dementia on patient outcomes (Elvish et al., 2014). Houghton et al. (2016) identified inadequate resources, staffing levels, and education as barriers to good care for persons with dementia. Nurses identified insufficient time and inappropriate staffing levels as barriers to provide for the basic care needs of patients, and these obstacles to provide basic care did not reflect the needs of patients who were more challenging (Baille, Cox, & Merritt, 2012; Nolan, 2007; Turner et al., 2017). Almeida Tavares, Silva, Boltz, and Capezuti (2015) studied nurses’
knowledge and attitudes toward older adult patients who were hospitalized. The results of 
Almeida Tavares et al.’s (2015) study exposed that registered nurses had low levels of geriatric 
knowledge and negative attitudes toward older adults in Portuguese hospitals. Enhancing 
education strategies on older adults among nurses is needed to enhance the quality of nursing 
care delivered to the older adult population. Nursing curricula needs to place greater emphasis 
on the special care needs of older adult patients as they experience different geriatric syndromes 
(Almeida Tavares et al., 2015).

Clissett et al. (2014) noted that family caregivers experienced anger as they perceived 
their loved one received poor care. In a study of family caregiver dissatisfaction, Whittamore, 
Goldberg, Bradshaw, and Harwood (2014) identified over 50% of informal caregivers were 
dissatisfied with the care their loved one received while in the hospital. Family caregivers are 
very much involved in the care of their loved one. However, hospital staff historically does not 
involve caregivers in the care of their loved one while hospitalized (Clissett et al., 2014). 
Collaboration with family members needs to be a part of providing patient-centered care. 
Clissett et al. (2014) stated, “For patients with dementia, communication must be ‘triadic’ rather 
than ‘dyadic’” (p. 2714).

Several studies in the professional literature regarding nursing students’ confidence and 
competence about caring for patients with dementia have been completed. Baille, Merritt, Cox, 
and Crichton (2015) found a link between student nurses’ perceptions regarding the care of 
patients with dementia and healthcare staff knowledge in the clinical area. The lack of staff 
knowledge and compassion when caring for patients with a dementia were obvious from the 
students’ perceptions (Baille et al., 2015). It is important that nursing students are provided with 
positive learning experiences. Improving nursing staff knowledge and attitudes when caring for
patients with dementia need to positively affect nursing students’ experiences of their clinical practice proficiencies (Baille et al., 2015). Further research from Baille et al. (2012) identified the importance of adequate education of nursing students in preparation to provide quality patient-centered care to patients with dementia, as the numbers of this population is anticipated to grow substantially over the next few decades. McKenzie and Brown (2014) conducted a study on factors that may influence nursing students’ intentions to work in dementia care. Results from this study revealed that students who were older had greater levels of positive ageism and lower levels of negative ageism and were more likely to work in dementia care. Positive ageism in the younger students had no impact on the likelihood of working in dementia care (McKenzie & Brown, 2014). Thus, other factors may be involved in determining younger students’ work intentions. Perceived barriers to working in dementia care were identified. The younger participants identified emotional demands as a barrier, whereas older participants cited salary and nurse-to-patient ratios as barriers to working in dementia care (McKenzie & Brown, 2014). The authors suggested that perhaps training in self-care practices to enhance younger nursing students’ ability to manage the emotional demands when caring for the older adult population who have dementia would increase the probability that these students will work in dementia care. McKenzie and Brown (2014) stated that dementia care training and education should be included in all undergraduate nursing programs.

A wealth of information exists in the professional literature concerning the care of patients with Alzheimer’s disease or other dementia. There is also a vast amount of literature on different care models and education on dementia in different care facilities. Because of these models, care practices improved for patients with Alzheimer’s disease or other dementia after implementation. The majority of research available referred to licensed professional registered
nurses that do not possess adequate knowledge and skill to deliver quality, patient-centered care to patients with Alzheimer’s disease or other dementia. Should training on caring for patients with Alzheimer’s disease or other dementia begin after nurses obtain licensure and begin working in acute care health facilities? Or, is it time for nurse educators to “step up to the plate” to fill this gap? It is this researcher’s intent that this current study will shed light upon care practices of patients with Alzheimer’s disease or other dementia. The results of this study provide a beginning point for nurse educators to develop and provide evidence-based education for nursing students to prepare these students to provide quality, patient-centered nursing care for this vulnerable population. The older adult population deserves no less.

**Purpose Statement**

The purpose of this study was to explore perceptions of students in a prelicensure registered nursing program related to their confidence to provide quality patient-centered nursing care to patients with cognitive impairment, specifically Alzheimer’s disease or other dementia. Several care domains have been identified from the relevant literature on this topic. The domains include attitude, recreational therapy techniques, communication, validation therapy, redirection, spiritual care, psychosocial/emotional care needs, behavior management, maintaining safety, adequate nutrition, end of life care, informal caregiver needs, and patient-centered care. Identification of registered nursing student perceptions to provide quality nursing care to patients with Alzheimer’s disease or other dementia is key to bridge the gap in knowledge between nursing curricula and registered nurse practice areas.

**Research Questions**

To address that stated research problem of this study, the following research questions were posed:
1. To what degree do students in nursing preparatory programs feel confident in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

2. To what degree have students in nursing preparatory programs received quality course work in the care of patients with Alzheimer’s disease or dementia?

3. Considering nursing student confidence in their ability to address the spiritual, psychosocial/emotional, behavioral, nutritional, and physical safety dimensions of Alzheimer/Dementia patient care, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

4. Considering nursing student attitude toward older adult patients, understanding of Alzheimer’s Disease/Dementia, and knowledge-base of Alzheimer’s Disease/Dementia, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

5. Considering nursing student confidence in their ability to effectively communicate with patients with Alzheimer’s Disease/Dementia, implementing specialized care techniques, such as validation therapy and re-direction, and confidence in working with families of patients with Alzheimer’s Disease/Dementia, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s Disease or dementia?

6. Considering study participant gender, age, and ethnicity, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia?
7. Considering program type, program level, participant experience with older adults and participant experience with older adults with Alzheimer’s disease or other dementia, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia?

**Research Methods**

The research design and methodology for this current study was broadly quantitative, non-experimental, and, more specifically, survey research. The study’s sample was non-probability in nature and convenient/purposive by definition. The sample of study participants was identified through access to a master list of nursing students of a large college within the State of Florida’s higher education system located in Central Florida. Nursing students eligible for participation in this current study were enrolled in Levels One, Two, Three, and Four of the college’s nursing program. Level One students included those students who were in their first nursing course. Level Two students were in their second nursing course. Level Three students were in their third nursing course and Level Four students were in their fourth and final nursing course. The different nursing course levels followed a sequence of basic to more complex care. Moreover, eligible participant nursing students were enrolled in either the Associate of Science (AS) or the RN to BSN completion programs at the college selected for study purposes.

The proposed timeline for survey administration (electronic) and collection procedures was during the Spring Semester 2018. The desired return rate for completed surveys was at least 50%. In the event the desired return-rate was not achieved through the initial electronic administration of the survey, a follow-up electronic administration was conducted with remaining eligible study participants.
The proposed study’s research instrument represented a composite refinement of contemporary, well-established survey instruments on the topic of nursing care associated with patients identified as having Alzheimer’s disease or other dementia. As such, areas deemed essential to patient care were represented in the study’s research instrument by virtue of *a priori* subject matter expert (SME) content validity judgment. The study’s research instrument was validated *a posteriori* through formal reliability analysis (Cronbach’s alpha) and formal dimension reduction procedures (exploratory factor analysis using principal components analysis) upon completion of the data collection phase of the study.

This study’s 15-item research instrument format was comprised of a five-point Likert scale: Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2), Strongly Disagree (1). (Note Appendix for the study’s complete 15-item survey instrument).

**Delimitations**

The proposed study was limited by the researcher in the following manner: First, the sampling technique to be used in this current study was broadly non-probability in nature, and more specifically both convenient and purposive by definition. The researcher identified nursing students enrolled in the AS in nursing degree and RN to BSN completion programs at one college located in the central region of the State of Florida. The college selected for participation in the study was a two plus two program. (Two years to obtain an AS in nursing degree and one to two years to obtain a BSN degree once licensed as a registered nurse). The study was conducted during the spring semester only of the calendar year 2018.
Definition of Key Terms

Terms considered central to an understanding and interpretation of this current study were defined as follows:

*Dementia* is defined as a progressive, neurodegenerative disorder that affects memory and higher executive functioning. Dementia affects a person’s social and occupational function. It is characterized by a gradual onset (Solomons, 2014). Short-term memory loss is an initial symptom followed by long-term memory loss, inability to complete activities of daily living (ADLs), inability to complete instrumental activities of daily living (IADLs), and emotional lability. The person eventually succumbs to a vegetative state before dying.

*Alzheimer’s disease* is the most common form of dementia. Alzheimer’s disease represents about 60% of all cases of dementia (Casey, 2012). Similar to dementia, Alzheimer’s disease also affects a person’s social and occupational function, short-term memory, inability to complete ADLs and IADLs. The clinical course of the disease parallels that of those persons with dementia (Casey, 2012).

*Patient-centered care* is care that considers individual patient preferences, needs, and values. Patient-centered care ensures that patients’ values guide decisions made within the clinical setting (Maslow, 2013). The terms patient-centered and person-centered are used interchangeably, dependent on the specific care setting. Within the context of the acute care hospital setting, patient-centered is the term healthcare workers employ. Within the settings of residential care, home care, and community-based care, the term person-centered is commonly used (Maslow, 2013).

An *Associate in Science (AS)* degree is defined as a degree awarded to students who have fulfilled the requirements for registered nurse practice licensure. Most AS degrees in nursing
requires completion of 60 to 72 credits of course work including clinical experience. The AS programs often are divided by nursing course levels. (E.g., Nursing one, two, three, and four)

A Baccalaureate of Science degree in nursing (BSN) may be either a pre-licensure or post licensure degree awarded to students who have completed their AS degree, obtained licensure as a registered nurse, and are eligible to further their education with an advanced degree. Baccalaureate students are practicing professional registered nurses who may work in various care settings. The Baccalaureate education primary focus is on leadership and professional development. Baccalaureate education builds upon foundational knowledge and skills.

In the following chapter, the literature review details current research on the care of persons with Alzheimer’s disease or other dementia within healthcare settings. Professional registered nurses’ knowledge is discussed in regard to caring for the cognitively impaired individual within the acute care hospital setting. Registered nursing students’ educational preparation to provide quality, patient-centered nursing care to patients with Alzheimer’s disease or other dementia is examined. The term patient-centered care is discussed.
II. REVIEW OF LITERATURE

A demographic shift is occurring globally. This shifting of demographics has been referred to as the *silver tsunami* (Mitchell, 2014; “Is a geriatric,” 2011). Within the next 15 years, 20% of the U.S. population is expected to be 65 years and older (Colby & Ortman, 2014; Ortman et al., 2014). By the year 2050, those aged 65 years of age and older are projected to double in number from 48 million to 88 million (Alzheimer’s Association, 2017; “Is a geriatric,” 2011).

Currently, there are almost 900 million people worldwide aged 60 years and older. This increase in the life expectancy has contributed to an aging population globally (Prince et al., 2015). Along with the global increase in older adults, the global prevalence of dementia is also increased. Prince et al. (2015) stated that those “individuals 60 years old and older who have dementia range from 4.6% in Central Europe, and 8.7% in North Africa and the Middle East” (p. 1). Additionally, Prince et al. (2015) reported that “there is [sic] an estimated 46.8 million people worldwide living with dementia in 2015. This number will almost double every 20 years, reaching 74.7 million in 2030 and 131.5 million in 2050” (p. 1).

Dementia is defined as a progressive, neurodegenerative disorder that affects memory and higher executive functioning. Dementia affects a person’s social and occupational function. Dementia is characterized by a gradual onset (Solomons, 2014). Classic symptoms of dementia include problems with memory, inability to problem solve, and other cognitive deficits that prevents a person from being able to carry out everyday activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (Alzheimer’s Association, 2017). The person eventually succumbs to a vegetative state before dying.
Alzheimer’s disease is the most common form of dementia representing about 60% of all cases (Casey, 2012). Similar to dementia, Alzheimer’s disease also affects a person’s social and occupational function, short-term memory, and inability to complete ADLs and IADLs. The clinical course of the disease parallels that of those persons with dementia (Casey, 2012). As individuals age, the risk of developing chronic physical illness increases. Many older adults can function independently and contribute to society even as they enter their retirement age, while others cannot. They are dependent on caregivers to provide some help. With the projected increase in numbers of the older adult population approaching, an increase in the number of older adults who will experience mental health problems, such as Alzheimer’s disease or other dementia, is likely. There is currently a high percentage of Americans with Alzheimer’s disease or other dementia (Alzheimer’s Association, 2017; Hazzan et al., 2015; Mitchell, 2014). According to the Alzheimer’s Association (2015), there are an estimated 5.3 million individuals with Alzheimer’s disease. Of these 5.3 million individuals, 5.1 million are 65 years of age and older. This number will continue to grow as the size of the older adult population in the U.S. continues to increase (Alzheimer’s Association, 2017).

Globally, dementia is a significant public health concern (Watts & Davies, 2014). The global incidence of dementia each year is an estimated 9.9 million (Prince et al., 2015). Of these 9.9 million new cases, there are 4.9 million in Asia, 2.5 million in Europe, 1.7 million in the Americas, and 0.8 million in Africa (Prince et al., 2015). The impact on the family and friends, the individual, and the wider society from dementia is enormous. The greatest impact from dementia is on the person’s quality of life. Not only does the person with dementia have a decrease in the quality of life, but family and informal caregivers also experience loss of life quality (Prince et al., 2015).
Persons with Alzheimer’s disease or other dementia require more care in their ADLs and IADLs than those diagnosed with other chronic illnesses. Several studies indicated that the costs of dementia almost match that of many chronic illnesses, such as cancer, heart disease, stroke, alcohol abuse, and depression. Rossor and Knapp (2015) reported that “the changing global demographic characteristics of dementia have led to worldwide predictions of unaffordable treatment and care costs over the coming decades” (p. 1008).

According to the Alzheimer’s Association (2017), those individuals with Alzheimer’s disease or other dementia will endure twice as many hospitals stays than those individuals without the disease. Additionally, those persons with chronic kidney disease (CKD), coronary artery disease (CAD), diabetes, chronic obstructive pulmonary disease (COPD), stroke, or cancer who also have Alzheimer’s disease or other dementia “have a higher use of healthcare services than people with these medical conditions but no coexisting dementia” (Alzheimer’s Association, 2017, p. 42). The average hospital stays for those persons ages 65 and older with Alzheimer’s disease or other dementia was 538 per 1,000 Medicare beneficiaries (Alzheimer’s Association, 2017). For the same cohort of individuals without Alzheimer’s or other dementia, the average hospital stay was 266 per 1,000 (Alzheimer’s Association, 2017). In 2012, persons with dementia who were hospitalized had an average length of stay (LOS) of 22.5 inpatient days compared with 4.6 days for the Medicare population as a whole (Alzheimer’s Association, 2017). A vast amount of the professional literature indicated that a person-centered care approach is needed as the needs of individuals with Alzheimer’s disease or other dementia is very individualized.

**Person-Centered Care**

Person-centered care first originated from Kitwood’s (1997) work (Edvardsson, Fetherstonhaugh, & Nay, 2010). The term person-centered care is not well defined, and there is
no consensus on the definition (Edvardsson et al., 2010; Edvardsson & Nay, 2009). However, the professional literature indicated that person-centered care is a multidimensional concept. The definition includes individuals’ subjective experience of illness. Kitwood (1997) as described by Hughes (2009) emphasized the importance of seeing the behaviors of persons with Alzheimer’s disease or other dementia as a form of communication “rather than as ‘dementia’ and ‘problems’ to be managed” (p. 224).

The progressive course of Alzheimer’s disease or dementia varies considerably because of the individualistic effects of the disease on each person affected. Person-centered care, therefore, encompasses individuality. Person-centered care recognizes each person as a unique human being with specific needs, strengths, and interests. Personhood comprises a status that is bestowed upon someone and implies recognition, respect, and trust (Dewing, 2008 as cited by Mitchell & Agnelli, 2015). Incorporating a person-centered care approach when caring for persons with Alzheimer’s disease or other dementia supports personhood (Fazio, 2013). Clissett et al. (2013) indicated that healthcare providers who embraced the personhood of an individual gave high-quality care. Person-centered care needs to be operationalized and integrated into hospital care (Edvardsson & Nay, 2009).

Edvardsson’s et al. (2010) qualitative study assessed person-centered care from the perspective of the person with dementia, the family, and staff who worked in aged care facilities. Five major themes emerged: “knowing the person,” “welcoming family,” “providing meaningful activities,” “being in a personalized environment,” and “experiencing flexibility and continuity” (Edvardsson et al., 2010, p. 2614).

Jacobsen et al. (2017) reported on their mixed-method research design regarding an education intervention, reducing restraint use in patients with dementia, and implementing a
person-centered care approach in nursing homes. The participants were registered nurses in 24 different nursing homes. The authors utilized the Person-Centered Care Assessment Tool (P–CAT) along with the General Nordic questionnaire for psychological and social factors at work (QPS-Nordic) to measure staff effects regarding leadership and person-centered care. Ethnographic fieldwork was used to gather the qualitative data. Qualitative data indicated leadership style and staff perceptions of their leaders were two variables found to be important to staff (Jacobsen et al., 2017). Leadership involvement was an important factor regarding the failure or success of the intervention in this study (Jacobsen et al., 2017). Jacobsen et al. (2017) found that if the supervisor of the facility attended focus sessions, more staff were likely to attend. Employment of restraint alternatives increased if the leader was actively involved within the unit functions. If the leader was not invested, then staff were not invested. Leadership, then, was determined to be a factor that hindered or promoted person-centered care. Feelings of institutional belonging of staff in the nursing home that participated in this study affected variation in the P-CAT and in the QPS-Nordic instruments. There was a positive, statistically significant correlation noted between the P-CAT and the QPS-Nordic at baseline and follow-up (Jacobsen et al., 2017). Jacobsen et al. (2017) concluded that leadership and staff culture affects person-centered care approaches.

Fazio (2013) reported on the care of people with dementia and that humans’ “sense of self” may be deeply tied to social interactions. Fazio (2013) examined two groups of persons. Half of the group had mild to moderate cognitive impairment and half of the group had no cognitive impairment. The frequency of the reduced use of language of persons with Alzheimer’s disease or other dementia depended on the level of cognitive impairment. However, the use of the pronoun “I” was used the most, regardless of cognitive impairment. Fazio (2013)
suggested that “it is not a loss of self per se that is responsible for a lower frequency of language use in persons with Alzheimer’s disease or other dementia, but more likely a decreased ability to initiate conversation” (p. 19). All sample participants identified themselves in photographs taken with an instant camera. Even the persons with cognitive impairments displayed unimpaired self-recognition. Additionally, Fazio (2013) found that the loss of memory is not uniform with loss of self. Interactions with persons with Alzheimer’s disease or other dementia have an impact on personhood. Thus, person-centered care requires ways to support the “self” (p. 20). Getting to know the person, finding ways to connect with the person in his or her world, building caring relationships and interactions that support the self, building supportive environments that are personalized according to each individual, and ensuring continuity between and among the care team are all actions that can be done to maintain the self in everyday care (Fazio, 2013).

**Care of Persons with Alzheimer’s Disease or Other Dementia**

Numerous studies have been completed on the care practices of those individuals with Alzheimer’s disease or other dementia who also have a physical problem and are being admitted and cared for in an acute care hospital setting. Many older adults with dementia will be admitted to the acute care hospital setting in need of surgery or treatment of a non-dementia related physical illness (Borbast, Jones, Lockwood, & Emden, 2006 as cited by Byers & France, 2008). Providing quality of care to this vulnerable population within the acute care hospital setting presents many challenges to healthcare staff (Moyle, Borbasi, Wallis, Olorenshaw, & Gracia, 2011). Longer length of hospital stays, organizational factors, attitudes of healthcare staff, and time constraints are but a few of the many factors that inhibit healthcare staff’s ability to provide a person-centered care approach (Annear et al., 2016; Bradshaw et al., 2013; Elvish et al., 2014; Gandesha et al., 2012; Houghton et al., 2016).
Nurses felt that they lacked knowledge regarding dementia care. The routine of the hospital unit was followed with no thought given to meeting the needs of individual patients. Malloy and Hadjistavropoulos (2004) as cited by Cowdell (2010) distinguished that staff viewed patients with dementia as individual’s incapable of forming relationships. Many of the staff did not feel well prepared to provide care for persons with dementia. Furthermore, those staff that provided the most direct care had the least amount of educational preparedness (Cowdell, 2010; Moyle, Borbasi, Wallis, Olorenshaw, & Gracia, 2011). Healthcare staff needed education to recognize that patients with dementia are able to communicate given sufficient time. New approaches of caring for patients with dementia that will engage the nurse with the patient are needed that will enhance the delivery of person-centered care.

Houghton et al. (2016) examined healthcare staff’s experiences of caring for patients with dementia. The fast pace in the hospital environment for patients with dementia limits a person-centered care approach by healthcare staff. Within the hospital environment, the focus of care is on acute, physical problems (Cowdell, 2010; Hynninen et al., 2014; Turner et al., 2017). Persons who were diagnosed with dementia are considered low priority (Moyle et al., 2011). Houghton et al. (2016) described care that was depersonalizing. Physical restraints were used prematurely due to staff time constraints. Restraints were also being used due to inadequate staffing levels (Hughes, 2008). The Department for Constitutional Affairs (2007) as cited by Hughes (2009) stated that restraints should not be used out of convenience; nor should they be used to make the staff’s work easier. Stereotypical attitudes of staff toward patients with dementia were evident in Houghton et al.’s (2016) study and prevented healthcare staff from seeing beyond the patient’s confusion. The ethos within a hospital unit affects care practices of patients with Alzheimer’s disease or other dementia (Nolan, 2007).
Turner et al. (2017) described a meta-analysis of the qualitative literature on staff experiences of caring for patients with dementia in a general hospital. Staff encompasses a variety of individuals working in a general hospital and could include registered nurses, certified nurse assistants (CNAs), and other ancillary staff. Overcoming uncertainty in care, environmental constraints, recognizing benefits of person-centered care, and the identification of the need for dementia care training were themes abstracted from Turner et al.’s (2017) analyses.

Edvardsson and Nay (2009) discussed how to better meet the needs of older persons with cognitive impairment. Hospitals pose a significant risk to older persons. Edvardsson and Nay (2009) presented eight dimensions of person-centered care that could promote assessment and meeting the needs of older people in the acute-care hospital setting. A large percentage of older individuals admitted to the hospital have cognitive impairment. Admission of older persons with cognitive impairment poses additional challenges. Stressors in the hospital environment negatively affect older persons with cognitive impairment (Edvardsson & Nay, 2009). These challenging behaviors are oftentimes managed with psychotropic medications or restraints. Eriksson and Saveman (2002) stated sedative or hypnotic medications were given to patients with a cognitive impairment in order to free up the nurse’s time. There is a need to provide person-centered care perspectives within acute-care hospitals (Edvardsson & Nay, 2009). Edvardsson and Nay (2009) recommended that there should be possible alternatives to the acute-care hospital setting regarding the care of older people with a physical problem and who also have a cognitive impairment. The authors also stated that core knowledge and skills regarding the care of older individuals for all staff, along with access to a gerontology expert, be available within the care setting. Nursing care for patients with dementia requires more than keeping their
bodies alive, safe, and clean. Nursing care should consider each person as a unique individual, regardless of a diagnostic label (Touhy, 2004).

Hynninen et al. (2014) described the care of older people with dementia in surgical wards from the perception of the nursing staff and physicians. Caring for people with dementia was reported by nursing staff as physically and mentally demanding. The nursing staff in this study did not have any training regarding dementia care. Furthermore, there are significant gaps of dementia care among various staff in the acute care hospital setting (Hynninen et al., 2014).

Aggressive behaviors can occur secondary to nurses not allowing sufficient time for persons with Alzheimer’s disease or other dementia to complete tasks or communicate. Analysis of the qualitative data in Hynninen et al.’s (2014) findings included (a) responding to physical, psychological, and social needs, (b) creating a safe environment of care, (c) discretionary use of restraints, and (d) relatives are part of the patient care process. More time and effort are needed to care for this patient population. The nurses in Hynninen et al.’s (2014) study tried to create a safe environment. The nursing staff and physicians felt relatives of the person with dementia played a key role in caring for the person with dementia. However, much of the professional literature on persons with Alzheimer’s disease or other dementia who are admitted to the acute care hospital for a physical problem did not address the importance of incorporating relatives help in their loved one’s care. Hynninen et al. (2014) identified variables that were thought to contribute to good care as “individual treatment planning,” “constructing a positive atmosphere for patient care,” “working in pairs,” “support for staff well-being” and “professionalism in encounters” (p. 197). Factors that hindered good care were identified as “nursing staff’s skills’ shortages lead to exhaustion” and “distributed responsibility for patient care” (Hynninen et al., 2014, p.198).
Fukuda, Shimizo, and Seto (2015) explored the challenges nurses face in providing care to patients with dementia in an acute care hospital in Japan. Patients with dementia were used in the context of this study as patients with an actual diagnosis of dementia and also based on nurses’ experiences of patients with dementia. That is, if a patient had dementia based on the nurse’s judgment and prior experience. In Japanese culture, family members are regarded as assistants to patient care when patients with dementia are hospitalized. Fukuda et al.’s (2015) results indicated insufficient education of nurses, lack of nursing experience/training, unfamiliar hospital environments added to the confusion and possibility of falls and wandering of patients with dementia as well as family added a sense of security. Other findings from Fukuda et al.’s (2015) study included patients with dementia were more likely to become angry or abusive if family is not around, family may not always be available, and family members become frustrated with and abuse patients with dementia. Nurses felt they had no opportunity to acquire knowledge. Some of the nurse participants stated they deal with problems as they occur because of no opportunity to acquire specific knowledge about dementia. Even the doctors had limited understanding according to these nurses (Fukuda et al., 2015).

Time constraints were another item that the nurses described as an added factor that prevented them from giving sufficient care to dementia patients. The nurses in this study stated they were blamed by family for patients falling. For those patients who were very old, 90 years of age, treatments were given against the dementia patient’s will. Nurses felt they did not have the time to adequately communicate to maintain cognitive function. They were also torn between asking family for help and supporting the family in a time of need. Time constraints created frustration. Fukuda et al. (2015) recommended the need for staff to work together to provide care to persons with Alzheimer’s disease or other dementia to enhance nursing practice,
and that staff be trained in observation and coping methods. Staff needed to incorporate other staff members in the care of these patients, and nurses should assess the risk of falls at appropriate times according to risk assessment guidelines.

Spencer et al. (2014) explored confidence, morale and attitudes among staff who worked in an acute care hospital in the United Kingdom. After the development and implementation of a comprehensive training in the care of persons with delirium, dementia, and person-centered care, participants were interviewed. It is important to note that the unit was a skill-mix between general nurses and mental health personnel on a medical and mental health unit (MMHU). Participants included general and mental health nurses, therapists, healthcare assistants, and activity co-coordinators. The following lists several main themes that were identified.

- **Staff Improvement:** Staff felt an increase in their level of confidence in caring for patients with delirium and dementia after the education and training. Understanding dementia and person-centered care helped staff feel and display positive attitudes toward this patient population (Spencer et al., 2014).

- **Organizational Barriers:** Health professionals felt conflicted in their ability to provide person-centered care due to the healthcare organization’s push for quantity versus quality. Time constraints were also noted. Time constraints prevented nurses from taking the time to talk with the patient’s relatives as the nurses noted “they are the experts – they are the ones who know the relative, the patient really well, you know, they need to know what is going on, they often feel that they are not communicated with” (Spencer et al., 2014, p. 1316).

- **Staffing Levels:** Staff felt that the unit was very busy, and the workload was heavy. Staff also felt that they did not have enough time and felt rushed. As one participant
stated, “You can only do so much, but it is nice, and you feel comfortable having extra staff on there that you don’t feel rushed all the while” (Spencer et al., 2014, p. 1316). The special MMHU helped to improve the delivery of care to confused older patients who were admitted to the hospital with a physical problem. The general nurses’ confidence improved when delivering care to patients with dementia when working alongside mental health professionals (Spencer et al., 2014).

Clissett et al.’s (2013) ethnographic study explored healthcare professionals’ responses to persons with cognitive impairment who are admitted to the acute care hospital setting. When persons with cognitive impairment were admitted to the hospital, it was due to a physical problem. Nurses tend to address the physical problems, not the cognitive problems (Clissett et al., 2013). The needs of the person regarding the cognitive impairment was viewed as low priority (Moyle et al., 2011) and may have taken away time that is needed to address the physical problems. Cowdell (2010) stated that there is a tendency for nurses to focus on tasks that need to be completed instead of individual patients’ needs. Clissett et al.’s (2013) study included family caregivers of a loved one with dementia and who had an unplanned admission to the hospital. Seventy-two hours of non-participant observation in the hospital setting focused on the participating patient and the healthcare professionals who were caring for them. Healthcare professionals found that patients with dementia could be more complex than with other patients without cognitive impairment. Healthcare professionals also felt they had to juggle the needs of both the patient and the relatives/family carers. Clissett et al.’s (2013) research results indicated that it was very difficult meeting the needs of the cognitively impaired due to caring for other patients who were critically ill. Patients with high acuity (i.e., critically ill) require more nursing care, as these patients have more physical care needs. Additionally, the healthcare professionals
in Clissett et al.’s (2013) study felt working with people with a cognitive impairment was less rewarding. The authors in this study identified three items that healthcare professionals used to gain a sense of control to the experience of disruption that they felt when caring for persons with dementia. These strategies included “embracing the personhood of individuals” (this is needed to give high-quality care); “protecting the self without jeopardizing personhood” (healthcare professionals placing their own needs before the needs of the patient; healthcare professionals not engaging with the patient and their family members); and “suspending the personhood of the confused older patient” (Clissett et al., 2013, p. 1823). As one healthcare professional stated, “It is sad that they were all people once…like real minds. They all get good care here, but they do have to wait for it sometimes and I hate that” (Clissett et al., 2013, p. 1823).

Personhood, as Kitwood (1997) stated and cited by Clissett et al. (2013), is “central to the discourse on care for the person with cognitive impairment” (p. 1823). The healthcare providers in this study were detached from the emotional needs of the cognitively impaired ill patient. Clissett et al. (2013) suggested that this could be a way for the healthcare providers to gain a sense of control. The results in this study indicated that healthcare professionals found the admission of persons with a cognitive impairment as disruptive (Clissett et al., 2013). Eriksson and Saveman (2002) reported that the disruption felt by nurses was due to high patient acuity in the acute care hospital setting and struggling to meet the needs of many patients. The focus in the acute care setting was on the physical needs of the patient, not the emotional or psychological needs (Clissett et al., 2013; Cowdell, 2010; Hyninnen et al., 2014; Turner et al., 2017). Additionally, fulfilling the needs of those patients who are ill and also possess a cognitive impairment are physically and mentally demanding. Drach-Zahavy (2009) as cited by Clissett et al. (2013) stated that when healthcare providers do not genuinely feel the way in which they
respond to the patient who is ill and also have a cognitive impairment in an appropriate manner, could lead to an emotional dissonance. This dissonance can lead to emotional exhaustion. Clissett et al. (2013) proposed that it was in these instances that healthcare providers may suspend the “personhood” of those individuals who are ill and have a cognitive impairment. Suspending the “personhood” of these individuals was self-protectant to the healthcare providers. Clissett et al. (2013) suggested that healthcare staff need education on person-centered care and strategies to develop an emotional intelligence in their approach to care. Healthcare organizations need to commit to care that promotes the personhood of the patient and also the needs of healthcare professionals. Attitude and person-centered care strategies were discovered as independent predictors of staffs’ sense of competence to care for persons with dementia (Mullen and Sullivan, 2016). Developing the emotional intelligence of health care professionals would help these professionals in meeting the needs of persons who were admitted in the acute care hospital, and who also have a cognitive impairment.

Reynish et al. (2017) described over 10,000 admissions of individuals ages 65 years and older to a general hospital acute care medical unit during a one-year time frame. Healthcare systems globally are increasingly becoming stressed by the numbers of older adults being admitted to acute care hospitals. This older adult population was experiencing multiple chronic physical disease conditions along with a cognitive disorder, most commonly Alzheimer’s disease or other dementia (Reynish et al., 2017). The combination of both physical problems and cognitive problems of older adults’ present specific challenges, especially when admitted to an acute care facility, because these settings were designed to manage single conditions. Additionally, delirium, another cognitive disorder characterized by acute confusion, may be present. However, due to the similar presentation of cognitive impairment and Alzheimer’s
disease or other dementia, the diagnosis of delirium may be overlooked by healthcare staff, particularly if the person already has a diagnosis of dementia. Staff may also infer that the altered cognition/acute onset of confusion was due to a pre-existing diagnosis of Alzheimer’s disease or other dementia when in reality, the person could be experiencing a delirium superimposed on a dementia. Reynish et al. (2017) referred to a person with a cognitive impairment as having cognitive spectrum disorder (CSD). Persons with CSD could therefore have dementia, delirium, or delirium superimposed on the dementia. The objective of Reynish et al.’s (2017) study was to examine the frequency and associated outcomes of persons with CSD admitted as an acute medical emergency in a National Health System (NHS) 604-bed hospital in Scotland. Three tools were used to assess all eligible older adults ages 65 years and older. The three tools consisted of the Older Persons Routine Acute Assessment (OPRAA), the Abbreviated Mental Test (AMT), and the Confusion Assessment Method (CAM). All specialist nurses who would be carrying out assessments using the three tools underwent training on the use of these tools one year in advance of Reynish et al.’s (2017) study in preparation for study implementation. All admissions from three different datasets within the NHS occurring between January 2012 and June 2013 were included. There was a total of 8,374 individuals (61% of all admissions) ages 65 years and older admitted to the acute medical unit between the study period (Reynish et al., 2017). Results indicated that one or more CSDs were present in 38.5% of the admissions (Reynish et al., 2017). Those individuals with a known diagnosis of dementia accounted for 17.3% of admissions and 24.6% of admissions were persons with delirium (Reynish et al., 2017). Almost 8% of the admissions had delirium superimposed on dementia (Reynish et al., 2017). The prevalence of CSDs in the study sample were 7,201 with a mean length of hospital stay of 14.3 days (Reynish et al., 2017). The mean length of hospital stay was
longer in patients with a CSD compared to those without a CSD, 25 days versus 11.8 days (Reynish et al., 2017). Those individuals with dementia had a mean length of hospital stay of 20.1 days and those with a delirium-only diagnosis had a mean length of hospital stay of 23 days (Reynish et al., 2017). Those individuals who had a delirium superimposed on dementia had a mean length of hospital stay of 34.3 days (Reynish et al., 2017). Mortality rates were higher for those with a CSD versus those without (Reynish et al., 2017).

The data in this study demonstrated a statistically significant difference in outcomes for those with a CSD, indicating that the mortality rate, hospital length of stay, and readmissions were higher for the CSD group (Reynish et al., 2017). Although this study has statistical clinical significance concerning cognitive impairment and outcomes, further research is needed to determine whether cognitive impairment is an independent predictor of mortality, or if there are other physical comorbidities present that may affect outcomes. Comorbidities include persons possessing several different health problems at the same time. Additionally, do those individuals with a CSD receive less effective care than those individuals without a CSD? Reynish et al. (2017) recommended care pathways for individuals with a CSD who also possess an acute or chronic physical comorbidity that focuses on a person-centered approach to care.

Byers and France (2008) completed a phenomenological study of registered nurse’s lived experience of caring for persons with dementia in the acute care hospital setting. The registered nurses who participated in Byers and France’s study felt frustrated and exhausted when providing care to this patient population. As one RN stated, “…I did not do my job good today” (Byers and France, 2008, p. 46). An overall majority of these nurses voiced feeling that they did not have time to give quality care. These registered nurse’s focus was on maintaining safety as this patient population is prone to injury due to their cognitive impairment. Time constraints
were a huge problem. One participant stated, “Patients with dementia need more than a one nurse to seven patient ratio… It needs to be one to three for safety” (Byers and France, 2008, p. 46). This same participant continued,

It is like taking care of a baby or a child. You will never see a pediatric floor or a neonatal intensive care unit (ICU) with a one to seven patient ratio. They have smaller ratios because their care is more at the bedside and patients with dementia are like patients that are babies. They have to be cared for constantly and people forget that (Byers and France, 2008, p. 46).

Many of the RNs in Byers and France’s (2008) study voiced feeling remorse and “They stay with you; they come home with you every day” (p. 47). The authors recommended a smaller nurse to patient ratio. Additionally, Byers and France (2008) suggested that nurse educators prepare nursing students to provide holistic care to patients with dementia, and that nurse administrators need to be supportive of staff and understand the intense care environment required by patients.

**Perceptions of Care by Caregivers**

Bradshaw et al. (2013) stated that a vast number of caregivers were family and friends of an older adult who is ill. Caregiver’s roles were crucial contributions to society, for without these caregivers; the burden on society to provide professional care would be significantly greater (Bradshaw et al., 2013). Hazzan et al. (2015) stated that the bulk of care and support given to a person with Alzheimer’s disease was provided by informal caregivers. These informal caregivers are usually a spouse or children. With almost 50 million persons with dementia worldwide, a large number of family caregivers provide care services to their loved ones. Family caregivers possess
intimate knowledge of their loved ones with dementia and can act as a patient advocate (Choi & Park, 2017).

Whittamore et al. (2014) studied family caregivers’ dissatisfaction with the care of his or her cognitively impaired family member. Whittamore et al. (2014) reported over 50 percent of family caregivers were dissatisfied with some aspects of their loved one’s hospital care. A survey conducted by the Alzheimer’s Society (2009) reported 77% of carers of individuals with dementia were dissatisfied with the quality of care provided (Houghton et al., 2016). Borbasi et al. (2006) as cited by Hynninen et al. (2014) in their interpretive study found that hospitals are not ideal places for the care of people with dementia. In fact, people with dementia who were cared for in a hospital experienced the delivery of care as distressing and experienced negative health outcomes. These people were often ignored (Cowdell, 2010; Dewing, 2001 as cited by Mendes, 2017). Family members perception of poor care in Clissett et al.’s (2014) study resulted in anger that was directed at staff and the health care system as a whole.

**Dementia Care Standards**

Nilsson et al. (2012) stated there were several studies indicating the standard of care is not the same when caring for older people with a cognitive impairment in the acute care hospital setting. Gandesha et al. (2012) studied hospital staff awareness of the needs of patients with dementia along with assessment of nurses’ perceived adequacy of training in dementia care. This audit was open to all general hospitals providing acute services in England and Wales. Results of this study indicated that training was perceived to be poor in dementia care/awareness and also in dealing with challenging behaviors (Gandesha et al, 2012). This perception was not only felt by nurses, but by doctors and healthcare assistants. Additional qualitative data of the participants indicated that staff felt dementia care training would be beneficial, learning about dementia care
had been primarily experiential, and that communication with patients with dementia was needed (Gandesha et al., 2012). Additionally, the Alzheimer’s Society (2009) stated that pre-registration (pre-licensure) training in dementia care was reported by some of the participants as either non-existent or not enough. Gandesha et al. (2012) recommended the development of appropriate curricula to include dementia care skill requirements for both undergraduate and post graduate medical and nursing students.

**Patient Perceptions**

The professional literature is sparse regarding patients with Alzheimer’s disease or other dementia perceptions of care. Cowdell (2010) investigated the experiences of patients and nursing staff regarding care given to and received by patients with dementia in the acute care hospital setting. One patient felt that care was “terrible.” Cowdell’s (2010) ethnographic study indicated that patients felt they were not given good care. One patient stated, “Talk about a lick and a promise, not enough soap” referring to her bath (Cowdell, 2010, p. 44). Patients felt ignored and also felt that nurses did not listen. Other patients felt the environment was noisy, staff were hostile, and medical staff did not communicate.

**Nursing Students Knowledge and Attitudes**

Student nurses must possess understanding of caring for people with dementia, as it will be central to their nursing practice once licensed (Baillie et al., 2015). There are specific skills, attitudes, and knowledge required to provide care to persons with Alzheimer’s disease (Kimzey, Mastel-Smith, & Alfred, 2016). Scerri and Scerri (2013) reported concerns of adequate educational preparedness of nursing students. There was limited research on nursing students’ knowledge and attitudes towards persons with AD or whether undergraduate curricula
adequately prepared students to care for persons with AD (Baillie et al., 2015; Kimzey et al., 2016).

Kimzey et al.’s (2016) study sought to determine the effects of an educational intervention on nursing students’ ability to care for persons with AD and to also explore nursing students’ attitudes and knowledge towards persons with AD. Kimzey et al. (2016) used the Alzheimer’s Disease Knowledge Scale (ADKS) and the Dementia Attitudes Scale (DAS) to assess students’ knowledge and attitudes toward the care of persons with AD. A demographic questionnaire was completed immediately following the intervention. Community health students were assigned to one of three groups. The control group received no prior dementia-specific training. There were two experimental groups, of which one group completed an educational module on AD online and participated in a non-dementia community health rotation. The second experimental group interacted with persons with AD at a memory care unit and dementia day center. The second group spent one, six-hour day at each location.

There was an increase in knowledge from students who had the AD clinical experience between the pretest and posttest (Kimzey et al., 2016). Interestingly, the control group’s ADKS scores decreased from the pretest to the posttest. Kimzey et al. (2016) reported a significant interaction between the AD educational experience and the DAS scores. Additionally, the student’s scores in the AD clinical experience increased over time.

Qualitative data were collected via a focus group of 11 students. One student reported knowing about AD and that this was a degenerative disorder. Another student stated, “more knowledge before experiencing people with AD” is needed so he/she would “know what to expect” (Kimzey et al., 2016, p. 60). Several students reported learning more about AD from the media than from their nursing education programs (Kimzey et al., 2016). The students also
voiced the need to be exposed to more practical experiences as they felt they possessed adequate book knowledge. Students’ reports of negative feelings included “sadness, helplessness, painful, and fear” (Kimzey et al., 2016, p. 60). Additionally, students voiced feeling “nervous” about how they would react or “encountering things that they are unsure how to deal with” or “the unknown” (Kimzey et al., 2016, p. 60). One of the student participants in Kimzey et al.’s (2016) study “described feelings about AD as an emotional roller coaster” (p. 60). These negative feelings were associated with the lack of understanding, experience, and knowledge of the behavioral psychological symptoms of persons with AD. “Statistically significant improvement on attitude and knowledge scores from students” who participated in the experiential learning intervention were observed (Kimzey et al., 2016, p. 62.) Kimzey et al. (2016) recommended that in order for students to overcome their negative feelings associated with caring for persons with AD, instructors needed to provide a supportive learning environment for students to learn.

The majority of students in Kimzey et al.’s (2016) study had no experience with people with AD. In addition, the mean score on the ADKS was 24 (out of a possible 30), which indicated that students had adequate knowledge about AD, yet only 37% felt knowledgeable about AD. Kimzey et al. (2016) reported that this variation may have been due to students’ lack of confidence as was revealed in the qualitative data. The type of education (experiential versus online) was found to impact students’ knowledge and attitudes toward persons with AD. Students’ knowledge and attitudes improved in those students assigned to the AD clinical compared with students who completed the online module. This finding aligns with Scerri and Scerri’s (2013) research findings that adequate education on caring for persons with dementia enhances nursing students’ knowledge, and Baillie et al.’s (2015) study that stated practice experience of nursing students is an influencing factor on students’ attitudes toward older adults.
Kimzey et al. (2016) concluded that the students assigned to the AD and online module groups demonstrated significant improvement in attitude compared to the control group. This finding was consistent with Scerri and Scerri’s (2013) results that students who participated in clinicals with persons with AD, had a more positive impact on attitudes towards persons with AD. Kimzey et al. (2016) concluded that lectures alone may not be sufficient to enhance nursing students’ knowledge and attitudes toward persons with AD. Providing experiential learning opportunities to nursing students regarding the care of persons with AD may improve the quality of care for this population. As Kimzey et al. (2016) stated, “Integrating quality AD clinical experiences into current nursing curricula is imperative for nursing students to gain and assimilate AD knowledge and provide person-centered care for people with AD” (p. 62).

Choi and Park (2017) assessed healthcare and social work students’ attitudes, self-efficacy, competence, and target complaints regarding interactions with people with dementia and their family caregivers. As the disease progresses, family caregivers are likely to need community support services from qualified individuals. Both quantitative and qualitative data were collected using a pretest-posttest design after healthcare and social work students participated in a community dementia care project. Scerri and Scerri (2013) stated that people with dementia present challenges for health and social work professionals due to the health-related problems they develop. Providing experiential learning opportunities for students in caring for people with dementia, and their family caregivers, could enhance students’ comfort levels so they may work independently with people with dementia. Choi and Park (2017) related that, “Internalized, positive, dementia-related attitudes and competence were important elements in assuring quality dementia care” (p. 187).
Choi and Park (2017) utilized the Self-Efficacy Scale (SES) and the Dementia Attitude Scale (DAS) to collect the data. Using a “Target-complaints” measure, students were asked to “identify their two greatest difficulties when interacting with people with dementia and their family caregivers” (Choi & Park, 2017, p. 191). The students were then asked to rate the degree of difficulty of the two greatest difficulties from a one to ten scale. One being not at all hard, to ten being extremely hard. Open-ended questions were asked before project participation of how the participant would feel if they had a loved one diagnosed with dementia and how they felt about family caregivers taking care of people with dementia. Several post-participation questions included how this experience had affected their confidence levels of working with people with dementia and their caregivers and if this experience affected their future career decisions. Prior to student participation in this community outreach program, the students attended a one-day orientation workshop. The workshop focused on communication and the care of people with dementia and included ways in which to cope with problems. The technique used was a role-playing technique. At the end of the workshop, students were given a manual they could review.

Results indicated a statistically significant increase between the pre and posttest measure of self-efficacy ($p < .001$) and the pre and posttest measure of level of competence ($p < .002$) (Choi & Park, 2017, p. 191). The students’ target-complaints were classified into three categories: a) communication problems b) deficiency of problem-solving skills associated with problematic behaviors, and c) inadequate dementia knowledge (Choi & Park, 2017). Choi and Park’s (2017) findings indicated a statistically significant decrease in the target complaints mean scores from the pre-test ($p < .001$). The responses to the open-ended questions on the pre-test were varied. However, the students’ responses on the posttest were positive. As one participant
stated, “Previously, I thought that persons with dementia and their family caregivers were always stressed and depressed. Through this experience, I learned that they also have hope and are happy, so my prejudice against dementia has decreased” (Choi & Park, 2017, p. 192).

There were many benefits for students from this experiential community-outreach research project. Self-efficacy concerning caring for people with dementia was increased. Increased self-efficacy may help students better cope and manage the challenging behaviors of people with dementia. Students’ competence levels also increased. Increased competence increases confidence in one’s ability. The target complaints on the students’ pre-test measure included communication problems, inability to problem-solve, and limited knowledge of dementia (Choi & Park, 2017). Posttest measures after participating in the community outreach program indicated a substantial positive influence from the community outreach program on the students’ competence and self-efficacy.

The one-day workshop prior to student participation in Choi and Park’s (2017) study was thought to have a huge, positive impact on these participants’ communication abilities and knowledge levels. There is much research in the professional literature detailing multiple registered nursing staff’s accounts of not feeling they had adequate knowledge to care for people with dementia. In Baillie et al.’s (2015) study, students in a practice environment noted that staff lacked knowledge, compassion, and were apathetic when caring for persons with dementia. Doherty and Collier (2009) stated that registered nurses may feel ill-equipped to care for persons with dementia because of inadequate undergraduate education. Appropriate training along with actively engaging individuals is needed to prepare the future nursing workforce to give adequate care to people with dementia and their families. Developing community-based learning strategies can have multiple positive effects not only on the students involved, but on the
The use of simulation of real-life scenarios may help students gain confidence when caring for people with dementia. Baillie et al. (2015) determined that nurse educators must be proactive in preparing students to care for persons with dementia.

Scerri and Scerri (2013) assessed Maltese nursing students’ knowledge and attitudes toward caring for persons with dementia and determine factors related to these attributes. The participants were first, second, and third year nursing students in an undergraduate nursing program. The authors used the Alzheimer’s Disease Knowledge Scale (ADKS) and the Dementia Attitude Scale (DAS) to measure students’ knowledge and attitudes. The professional literature discussed adequacy of student knowledge prior to being exposed to their clinical experience. Robinson and Cubit (2007) indicated nursing students in a residential care setting for their clinical experience had limited knowledge of dementia. This knowledge deficit of dementia along with lack of support affected students’ clinical experiences negatively (Scerri & Scerri, 2013). Additionally, stereotypical views of persons with dementia exist and are associated with ageistic attitudes. Interestingly, “nursing students reported that hospital staff could not offer adequate guidance as they lacked dementia care knowledge and skills” (Baillie et al., 2012 as cited by Scerri & Scerri, 2013, p. 963). Evaluating dementia care knowledge of Maltese nursing students may provide evidence that may improve training within this area of nursing, as the global, aging, pandemic occurs.

The authors in this study found that the first-year nursing students were exposed to persons with dementia with no previous dementia care training. (Dementia training was given to students in their second year of school.) Scerri and Scerri (2013) stated that moving the care of the older-adult unit of study up to the first year of the students’ undergraduate studies may be a
strategy to help with this disconnect/gap in the care of older adults. The data in this study indicated that there was a deficiency on dementia risk factors and care-giving issues. Interestingly, the second and third-year nursing students’ felt a greater need to learn person-centered care than the first-year nursing students.

More positive attitudes were associated with higher age and clinical experience (Scerri & Scerri, 2013). There was a positive correlation between nursing student’s perceived satisfaction of their clinical experience and attitudes. Those students who were older and had previous experience with caring for those in an aged-care facility, reported the ability to cope better. This study provided the evidence that adequate education on caring for persons with dementia enhances nursing students’ knowledge. A positive clinical learning experience positively impacts nursing students’ attitudes (Scerri & Scerri, 2013).

Morris (2014) examined the influence that first-person media products have on nursing students in their mental health rotation in their nursing program. The author used television, books, newspapers, and the internet as media sources. The participants (n = 36) in this study were exposed to personal dementia narratives via one of the above-mentioned media sources. Morris (2014) contended that, “Media sources outlining experience from a first-person perspective provide us with examples which can be impactful and enhance understanding and awareness about the lived and felt experience of dementia” (p. 437). This awareness helped students become “mindful” of the person’s world as experienced by the person with dementia. This, in turn, nurtured a person-centered care approach.

Through the first-person media accounts, students became more aware and appreciated the “person” within the condition of dementia. This awareness or mindfulness reflects Kitwood’s (1997) concept of personhood. Additionally, the media sources revealed to students
that people can cope with dementia positively. As one participant stated, “I found this documentary both humorous and sad as it showed how dementia can affect somebody positively” (Morris, 2014, p. 440). The students gained insight from the narratives about the relatives of the person who had dementia. A diagnosis of dementia impacts the whole family group. The first-person media narratives utilized in this study helped students achieve deeper levels of critical reflection as they learned about dementia (Morris, 2014). This experiential learning helped these nursing students reflect on their practice and view the personhood behind the disease. This deep understanding will help decrease inappropriate interventions such as using sedation or restraints, and instead, “promote responses which meet the internal needs and well-being” of these individuals (Morris, 2014, p. 444). First-person media narratives helped students better understand internal experiences of those persons with dementia and offered a deep level of engagement with the narrator’s thoughts (Morris, 2014).

Eccleston et al. (2015) used a pre-post control-intervention questionnaire design to investigate dementia knowledge in second-year nursing students from an undergraduate nursing curriculum in Australia. Evidence from the professional literature suggested that people with dementia receive sub-optimal care in acute care facilities (Baillie et al., 2012; Cowdell, 2010; Gandesha et al., 2012). There is also evidence that suggested nursing care of people with dementia in residential aged care facilities is also lacking (Eccleston et al., 2015). This may be due to deficient undergraduate nursing curricula. Eccleston et al. (2015) stated current research exists suggesting that improved dementia education is needed to improve nurses’ ability to provide evidence-based care for persons with dementia. Robinson and Cubit (2007) stated there is an imperative to provide adequate curricula on the complex care needs of people with dementia in undergraduate nursing programs.
Nursing curricula globally includes both class and clinical placement components. Eccleston et al. (2015) assessed second-year nursing students’ baseline knowledge on dementia care using the Dementia Knowledge Assessment Tool, 2.0 (D-KAT2). Eccleston et al. (2015) then investigated whether a structured, well-supported clinical placement was more effective at increasing students’ knowledge and confidence levels of dementia care than a standard clinical placement. Results indicated that there was a statistical significance (p < .001) for both the experimental and control groups from pre-placements to after placement using the Wilcoxin signed ranks test. The Wilcoxin signed ranks test is a non-parametric statistical test used for comparing two paired groups. The two groups are compared based on the ranking of values between the pairs (Polit, 2012). However, the Mann-Whitney U showed pre and post-intervention scores was significantly less for the control group. The Mann-Whitney U is a non-parametric statistical test used to examine differences between groups (Polit, 2012). The post-test scores on the intervention group significantly increased at the completion of their clinical placement. Additionally, at baseline, nursing students did not recognize dementia as a terminal illness, nor did they know significant aspects of the symptomatology of dementia and course of the disease (Eccleston et al., 2015). This current study highlighted that a well-planned and supported clinical experience positively affects the knowledge base of undergraduate nursing students, preparing the next generation of the nursing workforce. Doherty and Collier (2009) stated that undergraduate nursing students need practical experience in caring for persons with dementia to help link the theory to practice gap.

Alushi, Hammond, and Wood (2015) reviewed the literature of education on working with people with dementia for pre-registration healthcare students. There is a rapidly growing aging population globally that will require a skilled workforce with the knowledge, skills, and
attitudes to care for people with Alzheimer’s disease or other dementia. The professional literature discussed the importance of training for those registered nurses who currently care for persons with dementia. However, the future workforce is also in need of adequate training.

Alushi et al.’s (2015) literature review sought to examine different training methodologies currently in use in nursing curricula. All but one study used for the review took place in North America. One study took place in Australia. Out of the nine studies included in this review, three incorporated a practice-based experience only with no prior theoretical content on persons with Alzheimer’s disease or other dementia. All of the other studies included both a theoretical and practice-based component. The duration of training varied across different settings. Robinson and Cubit (2007) stated direct practice-based training with no prior theory can result in feelings of inhibition and intimidation when interacting with persons with dementia. There were no formal evaluation tools used in this review. The authors in this study concluded that to “facilitate a positive change in working with people with dementia, it is important to implement a staged approach to interventions that include both class-based sessions followed by immersion in practice” (Alushi et al., 2015, p. 997). Doherty and Collier (2009) stipulated that more research is needed in this area to identify appropriate interventions in undergraduate nursing programs to help prepare a competent nursing workforce that can provide quality care to persons with dementia.

Flood and Clark (2009) compared and evaluated nursing versus non-nursing students’ knowledge and attitudes toward the elderly. The authors utilized Bandura’s social-cognitive theory of self-efficacy framework. Self-efficacy was described as “the belief about one’s capabilities to produce the desired performance levels” (Flood & Clark, 2009, p. 589). Knowledge and experience are thought to increase self-efficacy which enhances feelings of
connectedness to tasks undertaken. Increased self-efficacy is also thought to enhance feelings of engagement during activities. Contrariwise, persons with low levels of knowledge and experience lack a sense of commitment to tasks and activities (Flood & Clark, 2009).

The results of Flood and Clark’s (2009) study indicated that the nursing students’ survey scores were higher than the non-nursing students’ scores, meaning nursing students were more knowledgeable and had favorable attitudes toward caring for the older adult population. It is important to note that the nursing students received geriatric content as part of their curriculum. Flood and Clark (2009) stipulated that it is important for all nursing programs to provide course content on older adults and also provide opportunities for students to work with older adults. Providing learning opportunities for students to work with older adults will help ensure the breakdown of generational stereotypes and also prepare the future nursing workforce as the older adult population reaches record numbers.

Kada’s (2015) survey study assessed undergraduate health and social care students’ knowledge base on dementia. Kada (2015) utilized the Alzheimer’s Disease Knowledge Scale (ADKS) to assess undergraduate’s knowledge. The 30-item scale assesses multiple domains, including life impact, risk factors, symptoms, treatment and management, assessment and diagnosis, care giving, and the course of the disease. There were 321 total participants, which included different disciplines under the umbrella of health and social care professional students. From the different disciplines who participated in this study, nursing students consisted of the majority (n = 122) (Kada, 2015). Other disciplines included physiotherapy, occupational therapy, radiography, medicine, social educator, and social worker.

Results indicated that nursing, medicine and physiotherapy students obtained the highest mean score totals on the ADKS (Kada, 2015). This may be having been due to a national
dementia plan being implemented in Norway (Norwegian Ministry of Health and Care Services, 2008, as cited by Kada, 2015). Radiography students scored the lowest on the ADKS scale, suggesting that their dementia education is not adequate among these students. Moyle, et al. (2011) as cited by Kada (2015) stated, “There is a positive relationship between dementia knowledge and the quality of care provided, and education is critical in improving care” (p. 435).

Though the participants in this study exhibited a moderate knowledge base on Alzheimer’s disease, many misconceptions on the disease were also noted. Kada (2015) reported that “It is essential that health and social care professional students working in dementia care be educated and supported in the development of their skills and knowledge” (p. 437) as the number of persons with dementia continues to increase at an exceptionally fast rate globally. Knowledge of dementia within multiple care domains is essential for the provisions of ensuring quality care to individuals with dementia (Kada, 2015).

Bradley et al. (2010) reported on incorporating a person-centered care approach as defined by Tom Kitwood (1997) when caring for patients with dementia to undergraduate nursing students using a collection of case studies. Case studies were developed by a group of healthcare professionals and based on real-life experiences (Bradley et al., 2010). Positive and negative interactions were illuminated within the case studies. Five categories/themes were developed by the analysis of the research team developing the case studies. The team then performed a critical analysis to develop the case studies and integrated the theoretical underpinning of person-centered care. Five scenarios were written and reenacted into a video docu-drama. Both positive and negative interactions between healthcare professionals and patients with dementia were demonstrated in the docu-dramas. These docu-dramas helped
generate a better understanding for students on how to interact with people with dementia (Bradley et al., 2010).

Utilizing video docu-dramas helped students develop critical thinking and decision-making skills. These videos also presented to students’ opportunities for reflecting on person-centered care, as the docu-dramas portrayed the characters’ struggles with everyday life. Students could empathize with the lived experience of the person with dementia. These provided students with strategies on how to interact with this population to maintain dignity and personhood (Bradley et al., 2010).

Watts and Davies (2014) explored final year nursing students’ experiences of caring for people with advanced dementia. Eleven (n = 11) undergraduate nursing students participated in this study. In the advanced stages of dementia, people oftentimes will require care in an acute care hospital setting or a care home. All too often, this is where these individuals die. Caring for people with advanced dementia requires the capacity to critically think, as the needs of these individuals are complex. Therefore, nurses globally need to strive for “high standards to provide safe, effective person-centered care underpinned by palliative care principles” (Watts & Davies, 2014, p. 1149).

Clinical learning strategies involved nursing students entering a healthcare facility for hands-on, experiential learning (Watts & Davies, 2014). Experiential learning activities such as clinical experiences are essential to help nursing students understand the complexities of care of persons with Alzheimer’s disease or other dementia (Watts & Davies, 2014). Themes that emerged from this study included “they (persons with dementia) can be quite challenging,” “dementia patients are seen as hazards,” and “it is not all about doing stuff” (Watts & Davies, 2014, p. 1150). At the root of the challenges were insufficient time, organizational demands,
prioritizing care, and scarce resources. As one participant stated, “People with dementia, they do need the time. When you are on a busy ward and you have got six patients and three areas to look after, you have not got the time” (Watts & Davies, 2014, p. 1151).

Recognizing pain or distress was challenging as patients with advanced dementia are oftentimes unable to communicate. The student nurses in this study felt that the registered nurses who worked on the units lacked adequate knowledge of dementia which only compounded matters. As one participant stated, “People do not understand dementia. The person with dementia cannot understand the pain scale that we give them. It is not just nurses, it is all healthcare staff, even doctors” (Watts & Davies, 2014, p. 1151). Another participant stated, “The staff would tell me it is just the dementia making her scream” (Watts & Davies, 2014, p. 1151). The participants in this study were uncertain how to respond to patients with dementia who were restless, agitated, or aggressive. All of the participants expressed concerns regarding lack of adequate theoretical content on dementia. This inadequacy was conglomerated by the practice void as nurses working on the unit lacked expert guidance and role modelling.

Dementia patients on the unit were seen as hazards, as oftentimes these patients would wander and interfere with equipment. As one participant stated, “People with advanced dementia are hazards to themselves, they pull intravenous (IV) lines out” (Watts & Davies, 2014, p. 1152). Many times, safety concerns resulted in surveillance, and this resulted in additional work for staff. The nursing student participants in this study were given these dementia patients, perceived by staff as “additional work,” to care for (Watts & Davies, 2014, p. 1152). Throughout the participants’ accounts, seeing the person with advanced dementia for who they were, connecting, and building relationships was deemed important. One participant stated, “It is not sort of all about doing stuff. It is so important to be able to and know how to speak to
people and how to give them your time” (Watts & Davies, 2014, p. 1152). Most of the participants felt that relationship building with the person with advanced dementia was difficult within the acute care facility due to time constraints and workload pressures. Supporting family who were extremely engaged in their loved one’s care was challenging. One participant stated, “They are seeing their family member distraught or stressed and they want answers…” (Watts & Davies, 2014, p. 1152). Yet, these participants felt that connecting with families was important. Another participant stated, “Communication with the family is I think a most important thing. Finding out every aspect about their loved one, what they like, what they do not like, and keeping the family informed. It is heartbreaking for the families” (Watts & Davies, 2014, p. 1152). The participants in this study valued an individualized care approach. They ensured that these patients were respected and treated them as unique individuals who mattered.

There are concerns about the suitability within the acute care hospital setting for patients with advanced dementia. Participants believed that more suitable environments may be hospice or dementia special care units. The professional literature details care practices for persons with dementia as insufficient. The participants in this study also felt that dementia knowledge was inadequate, as it was inadequately addressed within their curriculum. These participants also felt that there were no staff on the unit with which they could ask questions, because staff in general also had limited knowledge on dementia care. This study, therefore, provides further evidence of the complexities of the care of persons with advanced dementia and associated knowledge and skills gaps.

Watts and Davies (2014) previously stated that “Nursing students are tomorrow’s nurses” (p. 1153). It is essential that undergraduate nursing curricula adequately prepare general nurses who will someday be expected to provide high quality care for persons with dementia. This will
require strategically addressing hospital culture, organizational leadership, and partnerships between higher education and practice (Watts & Davies, 2014).

**Conclusion**

No more is the *silver tsunami* something to be predicted. Many countries are currently feeling the ripple effects of the older adult population. The older adult population has, and will, continue to increase. As stated previously, with the projected increase in numbers of the older adult population approaching, an increase in the number of older adults who will experience mental health problems, such as Alzheimer’s disease or other dementia, is likely. Access Economics (2005) as cited by Moyle et al. (2011) stated “It is predicted that in the future, there will be large gaps in the number of formal and informal carers available for people with dementia” (p. 420).

A plethora of information exists in the professional literature concerning the care of persons with Alzheimer’s disease or other dementia within different care domains. The majority of research available referred to inadequate knowledge and skills of professional registered nurses and other ancillary care staff working in different care facilities, inadequate educational preparation of nursing students in undergraduate nursing programs, societal views on older people, healthcare professionals and healthcare students’ attitudes on caring for people with Alzheimer’s disease or other dementia, and the ethos within healthcare facility units.

The purpose of this study was to illuminate the variables involved regarding nursing students’ confidence in delivering person-centered care to individuals with Alzheimer’s disease or other dementia. Health care providers are pivotal in assuring positive patient outcomes and prevention of complications in this vulnerable population. Uncovering the variables involved in this current study will add to the body of knowledge in which to develop a best-practice
dementia care curriculum among undergraduate nursing programs. A best-practice curriculum will help prepare a nursing workforce who is qualified to deliver a person-centered care approach to individuals with Alzheimer’s disease or other dementia.

The professional literature on caring for persons with Alzheimer’s disease or other dementia is staggering. Changes are needed with regard to providing appropriate care to this vulnerable population. This researcher used a quantitative, non-experimental, survey research design to measure nursing students’ levels of confidence on their ability to provide a patient-centered care approach when caring for patients with Alzheimer’s disease or other dementia. Identifying student confidence to deliver patient-centered care in the different care domains, is key to bridge the gap in knowledge between nursing curricula and registered nurse practice areas. The methodological approach of this current research study will be described in the following pages.
III. METHODOLOGY

Polit (2012) stated “a survey is designed to elicit information about the prevalence, distribution, and interrelations of phenomena within a population” (p. 264). The research design and methodology for this current study is broadly quantitative, non-experimental, and, more specifically, survey research. The purpose of this study was to explore perceptions of students in a prelicensure registered nursing program related to their confidence to provide quality patient-centered nursing care to patients with cognitive impairment, specifically Alzheimer’s disease or other dementia. Several care domains were identified from the relevant literature on this topic. The domains included attitude, recreational therapy techniques, communication, validation therapy, redirection, spiritual care, psychosocial/emotional care needs, behavior management, maintaining safety, adequate nutrition, end of life care, informal caregiver needs, and patient-centered care (Alzheimer’s Association, 2009a, 2009b; Scales, Zimmerman, & Miller, 2018). The researcher’s goal was to identify registered nursing students’ perceptions to provide quality nursing care to patients with Alzheimer’s disease or other dementia. Identifying student confidence to deliver patient-centered care in the aforementioned areas is key to bridge the gap in knowledge between nursing curricula and registered nurse practice areas.

Research Context

The study was conducted at a higher education institution located in Central Florida. The student population exhibits a vast array of diversity. The higher education institution serves roughly 20,000 students in a large county in Central Florida. The higher education institution where this study was conducted offers a variety of career options in both the associate and
baccalaureate degree levels. The majority of the full-time faculty possess a master’s degree or doctoral degree in their respective areas of expertise.

Participants

This study’s sample was non-probability in nature and convenient/purposive by definition. The sample of study participants was identified through access to a master list of nursing students within the higher education institution where the research was conducted. Nursing students eligible for participation in this study were those enrolled in Levels One, Two, Three, and Four of the higher education institution’s Associate of Science (AS) nursing program and all students currently enrolled in the RN to BSN completion program. All study participants were 18 years of age or older. Institutional Review Board (IRB) approval was obtained from the higher education institution of the study participants and from the higher education institution of the researcher.

The AS nursing program is comprised of four levels. Level One students included those students who are in their first nursing course. Level Two students were in their second nursing course. Level Three students were in their third nursing course, and Level Four students were in their fourth and final nursing course. The different nursing course levels follow a sequence of basic to more complex care. Moreover, eligible participant nursing students were enrolled in either the AS or the RN to BSN completion programs at the college selected for study purposes. It is important to note that students enrolled in the Level One nursing course receive two hours of lecture content on the care of persons with Alzheimer’s disease or other dementia. None of the other nursing course levels deliver content on the study topic.

There was a total of 596 eligible participants enrolled in either the AS or RN to BSN completion programs within the study’s chosen higher education institution. The institution in
this study used Qualtrics, a software program, to send and obtain the survey data from the respective participants. A total of 596 emails were sent to the participants via the institution’s electronic email system. Participants were invited to complete the survey regarding Alzheimer’s disease or other dementia by clicking on an external link within the email. A statement confirming consent to participate and verification of 18 years of age or older was included prior to accessing the survey. To confirm voluntary consent and age verification, participants were required to click “agree” before access to the survey was given.

**Survey Instrument**

The researcher created the survey instrument which is a composite refinement of contemporary, well-established survey instruments on the topic of nursing care associated with patients identified as having Alzheimer’s disease or other dementia. Several care domains have been identified from the relevant literature on this topic. The domains included attitude, recreational therapy techniques, communication, validation therapy, redirection, spiritual care, psychosocial/emotional care needs, behavior management, maintaining safety, adequate nutrition, end of life care, informal caregiver needs, and patient-centered care (Alzheimer’s Association, 2009a, 2009b; Scales et al., 2018). As such, areas deemed essential to patient care are represented in the study’s research instrument by virtue of a priori subject matter expert (SME) content validity judgment. The study’s 15-item research instrument format was comprised of a five-point Likert scale: Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2), Strongly Disagree (1). (Note Appendix A for the study’s complete 15-item survey instrument).

Considering the composite of responses of participants, the research instrument was validated *a posteriori* through formal reliability analysis and formal dimension reduction.
procedures (exploratory factor analysis using principal components analysis) upon completion of
the data collection phase of this study. There was determined to be a high degree of internal
consistency of the survey instrument ($\alpha = .96$). Furthermore, the internal consistency of
participant response across all survey items was statistically significant ($p < .001$).

**Research Questions**

To address the stated research problem of this proposed study, the following research questions
were posed:

1. To what degree do students in nursing preparatory programs feel confident in their ability
to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

2. To what degree have students in nursing preparatory programs received quality course
work in the care of patients with Alzheimer’s disease or dementia?

3. Considering nursing student confidence in their ability to address the spiritual, psycho-
social/emotional, behavioral, nutritional, and physical safety dimensions of
Alzheimer/Dementia patient care, which represents the most robust, statistically
significant correlate and predictor of overall confidence in their ability to deliver patient-
centered care to patients with Alzheimer’s disease or dementia?

4. Considering nursing student attitude toward older adult patients, understanding of
Alzheimer’s Disease/Dementia, and knowledge base of Alzheimer’s Disease/Dementia,
which represents the most robust, statistically significant correlate and predictor of
overall confidence in their ability to deliver patient-centered care to patients with
Alzheimer’s disease or dementia?

5. Considering nursing student confidence in their ability to effectively communicate with
patients with Alzheimer’s Disease/Dementia, implementing specialized care techniques,
such as validation therapy and re-direction, and confidence in working with families of patients with Alzheimer’s Disease/Dementia, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s Disease or dementia?

6. Considering study participant gender, age, and ethnicity, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia?

7. Considering program type, program level, participant experience with older adults and participant experience with older adults with Alzheimer’s disease or other dementia, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia?

Data Analysis

Preliminary Analysis

Prior to addressing the stated research questions, three preliminary analyses were conducted. These analyses included missing data, internal consistency (reliability) of participant response to the survey instrument, and demographic information. Missing data was assessed utilizing Little’s MCAR test statistic. An MCAR value of $p > .05$ was considered indicative of missing data that are sufficiently random in nature. The statistical significance of $a$ will be assessed through the $F$-test. The value of $p < .05$ was considered statistically significant.

The researcher considered the composite of participant responses to all the survey items to determine internal consistency using the Cronbach’s alpha test statistic. Statistical significance ($p$ value) for internal consistency of participant responses across all survey items was assessed. Demographic information of the participants included gender, age, and ethnicity.
The data were reported by program type (AS versus RN to BSN completion) and level (Levels One, Two, Three, and Four).

The research questions were analyzed by both descriptive and inferential statistical techniques using the SPSS version 25 software. The subsequent described the proposed plan for the data analysis regarding research questions posed.

In the first research question, the mean percentage average was calculated from the number of participants regarding agreement versus disagreement on the ability to provide patient-centered care to patients with Alzheimer’s disease or dementia. Statistical significance was analyzed using the single sample t test. The magnitude of the effect for the participants’ responses regarding the issue of student confidence to deliver patient-centered care was assessed using Cohen’s d test statistic.

The t test of independent means and the one-way analysis of variance (ANOVA) were used to evaluate the statistical significance of the study participants’ confidence to deliver patient-centered care to patients with Alzheimer’s disease or other dementia regarding the study participants’ demographic identifiers. Between-subjects’ comparisons were analyzed concerning participant gender, program type, and program level to determine the statistical significance to the dependent variable of confidence to provide patient-centered care to patients with Alzheimer’s disease or other dementia. Participants’ experiences with older adult patients and participants’ experiences with caring for older adults with Alzheimer’s disease or other dementia was assessed for statistical significance in regard to the dependent variable under study of students’ confidence to deliver patient-centered care to patients with Alzheimer’s disease or other dementia.
The second research question was addressed using both descriptive and inferential statistical techniques to evaluate the study participants’ level of perception on receiving quality course work in the care of patients with Alzheimer’s disease or other dementia. Statistical significance was analyzed using the single sample t test. The magnitude of the effect size for the study participants’ responses regarding having received quality coursework that focused on the delivery of patient-centered care to patients with Alzheimer’s disease or other dementia was assessed using Cohen’s d test statistic.

Research questions three through seven are associative and predictive in nature, employing multiple independent predictor variables. As such, the Pearson product-moment correlation coefficient (r), and multiple linear regression test statistics were employed to assess the degree of mathematical relationship and predictive robustness of the respective independent variables in each question. Predictive model fitness was assessed through the interpretation of the ANOVA table F value. An F value of p < .05 was considered indicative of a viable predictive model. Variable slope (t) values represented the means by which the statistical significance of independent variables was interpreted. Values of p < .05 were considered statistically significant. R^2 values were utilized as the basis for effect size measurement and for comparative purposes. The formula R^2 / 1 – R^2 was applied to each predictor variable for comparative purposes. Predictive effect sizes were converted to Cohen's d values for interpretive purposes. Assumptions of multiple linear regression modeling were assessed through either statistical means or visual inspection.
The results of this current study’s results are reported in the following pages. Missing data, essential demographic identifiers, and internal reliability are described. Between group comparisons are explained. The survey items are discussed with regard to the research questions posed in this current study.
IV. RESULTS

The purpose of this study was to explore registered nursing students’ perceptions of their confidence to provide quality patient-centered nursing care to patients with cognitive impairment, specifically Alzheimer’s disease or other dementia. Several care domains were identified from the relevant professional literature and highly acclaimed research instruments on the topic. Identification of registered nursing student perceptions to provide quality nursing care to patients with Alzheimer’s disease or other dementia would appear to represent an essential element in attempts to reconcile the gap in knowledge between nursing curricula and registered nurse practice areas.

Preliminary Analyses and Findings

Prior to addressing the stated research questions of the study analytically, three preliminary analyses were conducted. Missing data, internal reliability of participant response to the research instrument, and essential demographics represented the analyses conducted prior to the reporting of the study’s findings by research question posed.

Missing Data

The composite response to the research instrument in the study was evaluated using both descriptive and inferential statistical techniques. The extent of missing data in the study is considered minimal at 0.32% (n = 3). Moreover, the missing data were considered sufficiently random using the Little’s MCAR test statistic ($\chi^2(27) = 27.43; p = .61$). As a result, imputation of missing data for subsequent analytical purposes was not considered necessary.
Internal Reliability

Considering the composite of responses of participants to all items in the survey instrument, a very high degree of internal consistency of response was reflected across the 62 participants ($a = .96$) using the Cronbach’s alpha test statistic. Moreover, the finding for internal consistency of participant response across all survey items was statistically significant ($F_{(14, 826)} = 5.08; p < .001$).

Essential Demographic Identifiers

Considering gender of participant, 83.3% were female and 16.7% were male. The single greatest age grouping of participants represented in the study was the 20-25 grouping at 43.5%. Nearly three-quarters 74.1% ($n = 46$) of the participant sample identified with either the 20-25 or 26-35 age grouping. Approximately eight in ten participants 80.6% ($n = 50$) were identified as Associate in Science (AS) degree seeking students, with the remaining 19.4% ($n = 12$) identified as Bachelor of Science in Nursing (BSN) degree seeking. The participant sample was fairly evenly represented within all four AS program levels, with the greatest frequencies ($n = 14$) 27.5% manifested in both Levels II and III.

Nearly three-quarters 71% ($n = 44$) of the study’s sample identified as White (Caucasian), with 16.1% ($n = 10$) Hispanic, and 11.3% ($n = 7$) Black (African American). Nearly three-quarters, 71% ($n = 44$) indicated that they had experience in working with older adults, and 64.5% ($n = 40$) indicated a specific experience with older adults with Alzheimer’s or other dementia disorder.
Findings by Research Question

**Research Question One:** To what degree do students in nursing preparatory programs feel confident in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

Descriptive and inferential statistical techniques were used to address research question number one. A total of 95.2% (n = 59) of the participants expressed disagreement (Disagree or Strongly Disagree) with the notion of confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia. The mean score of $(M = 1.31, SD = 0.62)$ for the survey item associated with Research Question One was found to be manifested at a statistically significant level using the single sample $t$ test, $t(61) = -21.63, p < .001$. The magnitude of effect for participant response to the issue of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia is considered very large at $d = -2.72$.

**Between Groups Comparisons**

The $t$-test of independent means and one-way analysis of variance (ANOVA) statistical techniques were used to evaluate the statistical significance of study participant confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia using the study’s demographic identifiers. As a result, all between-subjects comparisons across demographic identifier variables were found to be non-statistically significant.

Regarding overall confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia by participant gender, female participants manifested a slightly higher mean ($\text{Mean}_{\text{diff}} = .02$), yet non-statistically significant degree of difference $t(58) = 0.09, p$. 

60
Participant program type (AS/BSN) exerted a non-statistically significant effect upon overall confidence in providing patient-centered care to patients with Alzheimer’s disease or other dementia $t(60) = 0.69; p = .50$. Participant program level failed to impact overall confidence in providing patient-centered care to patients with Alzheimer’s disease or other dementia at a statistically significant level $F(3, 47) = 1.26, p = .30$. The highest mean score for overall confidence of providing care was manifested within the responses of participants enrolled in Nursing IV ($M = 1.46$).

Regarding participant experience with older adult patients, a non-statistically significant impact upon overall confidence in providing patient-centered care to patients with Alzheimer’s disease or other dementia was evident $t(59) = 0.45, p = .65$. Moreover, participant experience with caring for older adults with Alzheimer’s disease or other dementia failed to exert a statistical significance upon overall confidence in providing patient-centered care to patients with Alzheimer’s disease or other dementia $t(29.50) = 1.23, p = .23$. On average, participants who expressed not having experience with older adults with Alzheimer’s disease or other dementia manifested the higher mean score in the comparison with participants expressing having experience ($M = 1.45$).

**Research Question Two:** To what degree have students in nursing preparatory programs received quality coursework in the care of patients with Alzheimer’s disease or other dementia?

Descriptive and inferential statistical techniques were used to address research question two. A total of 93.5% ($n = 58$) of participants expressed disagreement (Disagree or Strongly Disagree) with the notion of having received quality coursework focused upon patient-centered care to patients with Alzheimer’s disease or other dementia. The mean ($M = 1.53, SD = 0.88$) for
the survey item associated with Research Question Two was found to be manifest at a statistically significant level using the single sample $t$ test $t(61) = -13.11, p < .001$. The magnitude of effect for participant response to the issue of having received quality coursework focused upon patient-centered care to patients with Alzheimer’s disease or other dementia is considered very large at $d = -1.67$.

**Research Question Three:** Considering nursing student confidence in their ability to address the spiritual, psycho-social/emotional, behavioral, nutritional, and physical safety dimensions of Alzheimer’s disease/dementia patient care, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia?

Using the multiple linear regression test statistic for predictive modeling purposes, three of the five independent predictor variables exerted a statistically significant effect upon the dependent variable of participant overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia. The variable exerting the most robust predictive effect (effect size) amongst the three statistically significant variables was “Confidence in ability to fulfill the spiritual needs of patients with Alzheimer’s disease and dementia” ($d = .24$).

The predictive model utilized in Research Question Three was found to be viable, $F(5, 56) = 18.16, p < .001$). The confluent explained variance manifested in all five survey items in the model was 61.8%. Variable inflation was minimal, with all five independent predictor variables in the model exceeding the acceptable threshold tolerance value of .10 (range: .31-.59). All other major assumptions for multiple linear regression modeling (linearity, homoscedasticity,
independence of error, and normality of residuals) were all satisfied in the predictive model via either statistical analysis or visual inspection means for Research Question Three.

Table 1 contains a summary of predictive finding for Research Question Three.

Table 1

<table>
<thead>
<tr>
<th>Model</th>
<th>β</th>
<th>SE</th>
<th>Standardized β</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>0.03</td>
<td>0.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Needs</td>
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<td>0.09</td>
<td>.33*</td>
<td>.24</td>
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<td>Psychosocial/Emotional Needs</td>
<td>-0.03</td>
<td>0.10</td>
<td>-.04</td>
<td>.00</td>
</tr>
<tr>
<td>Management of Behaviors</td>
<td>0.19</td>
<td>0.09</td>
<td>.27*</td>
<td>.14</td>
</tr>
<tr>
<td>Nutritional Needs</td>
<td>0.28</td>
<td>0.14</td>
<td>.22*</td>
<td>.10</td>
</tr>
<tr>
<td>Physical Safety Needs</td>
<td>0.21</td>
<td>0.13</td>
<td>.22</td>
<td>.10</td>
</tr>
</tbody>
</table>

*p < .05

Research Question Four: Considering nursing student attitude toward older adult patients, understanding of Alzheimer’s Disease/Dementia, and knowledge base of Alzheimer’s disease/dementia, which represents the most robust, statistically significant correlate and predictor of overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia?

Using the multiple linear regression test statistic for predictive modeling purposes, one of the three independent predictor variables exerted a statistically significant effect upon the dependent variable of participant overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia. The variable exerting the most robust predictive effect (effect size) amongst the three variables was “Understanding is at a level to be an effective caregiver for patients with Alzheimer’s disease and dementia” (d = 1.58).
The predictive model utilized in research question four was found to be viable, \(F(3, 57) = 17.59, p < .001\). The confluent explained variance manifested in all five survey items in the model was 48.1%. Variable inflation was minimal, with all five independent predictor variables in the model exceeding the acceptable threshold tolerance value of .10 (range: .82-.98). All other major assumptions for multiple linear regression modeling (linearity, homoscedasticity, independence of error, and normality of residuals) were all satisfied in the predictive model via either statistical analysis or visual inspection means for Research Question Four.

Table 2 contains a summary of predictive findings for Research Question Four.

### Table 2

<table>
<thead>
<tr>
<th>Model</th>
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<th>Standardized (\beta)</th>
<th>(d)</th>
</tr>
</thead>
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<td>Intercept</td>
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<tr>
<td>Attitude</td>
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<td>-0.05</td>
<td>0.00</td>
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<td>Knowledge-Base</td>
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<td>0.09</td>
<td>0.00</td>
</tr>
<tr>
<td>Understanding</td>
<td>0.61</td>
<td>0.10</td>
<td>0.66***</td>
<td>1.58*</td>
</tr>
</tbody>
</table>

***\(p < .001\)** Very Large Effect Size \((d \geq 1.30)\)

**Research Question Five:** Considering nursing student confidence in their ability to effectively communicate with patients with Alzheimer’s disease/dementia, implementing specialized care techniques such as validation therapy and re-direction, and confidence in working work with families of patients with Alzheimer’s disease/dementia, which represents the most robust, statistically significant correlate and predictor of overall
confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia?

Using the multiple linear regression test statistic for predictive modeling purposes, two of the three independent predictor variables exerted a statistically significant effect upon the dependent variable of participant overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or dementia. The variable exerting the most robust predictive effect (effect size) amongst the three variables was participant “Confidence in working with the families of patients with Alzheimer’s disease and dementia” ($d = 1.58$).

The predictive model utilized in Research Question Five was found to be viable, $F(3, 57) = 61.81, p < .001$. The confluent explained variance manifested in all five survey items in the model was 76.5%. Variable inflation was minimal, with all five independent predictor variables in the model exceeding the acceptable threshold tolerance value of .10 (range: .53-.64). All other major assumptions for multiple linear regression modeling (linearity, homoscedasticity, independence of error, and normality of residuals) were all satisfied in the predictive model via either statistical analysis or visual inspection means for Research Question Five.
Table 3 contains a summary of predictive findings for Research Question Five.

Table 3

*Patient Communication, Specialized Care Techniques, and Family Collaboration in Predicting Confidence in Providing Patient-Centered Care to Patients with Alzheimer’s disease or Other Dementia*

<table>
<thead>
<tr>
<th>Model</th>
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<th>SE</th>
<th>Standardized $\beta$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
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<td>Intercept</td>
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<tr>
<td>Patient Communication</td>
<td>0.19</td>
<td>0.09</td>
<td>.19*</td>
<td>.00</td>
</tr>
<tr>
<td>Specialized Care</td>
<td>0.09</td>
<td>0.05</td>
<td>.16</td>
<td>.00</td>
</tr>
<tr>
<td>Family Collaboration</td>
<td>0.61</td>
<td>0.07</td>
<td>.66***</td>
<td>1.58*</td>
</tr>
</tbody>
</table>

*p = .03 ***p < .001* Very Large Effect Size ($d \geq 1.30$)

Research Question Six: Considering study participant gender, age, and ethnicity, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease or dementia?

Using the multiple linear regression test statistic for predictive modeling purposes, none of the three independent predictor variables exerted a statistically significant effect upon the dependent variable of participant overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia.

The predictive model utilized in Research Question Six was not found to be viable, $F(3, 56) = 1.31, p .28$. The confluent explained variance manifested in all five survey items in the model was 6.6%. Variable inflation was minimal, with all three independent predictor variables in the model exceeding the acceptable threshold tolerance value of .10 (range: .90 = .99). All other major assumptions for multiple linear regression modeling (linearity, homoscedasticity,
independence of error, and normality of residuals) were all satisfied in the predictive model via either statistical analysis or visual inspection means for Research Question Six.

Table 4 contains a summary of predictive finding for Research Question Six.

Table 4

*Predicting Confidence in Providing Patient-Centered Care to Patients with Alzheimer’s disease or Dementia by Participant Gender, Age, and Ethnicity*

<table>
<thead>
<tr>
<th>Model</th>
<th>$\beta$</th>
<th>SE</th>
<th>Standardized $\beta$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.14</td>
<td>0.23</td>
<td>.08</td>
<td>.00</td>
</tr>
<tr>
<td>Age</td>
<td>0.10</td>
<td>0.07</td>
<td>.17</td>
<td>.06</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>-0.11</td>
<td>0.07</td>
<td>-.20</td>
<td>.08</td>
</tr>
</tbody>
</table>

Research Question Seven: Considering program type, program level, participant experience with older adults, and participant experience with older adults with Alzheimer’s disease or other dementia, which represents the most robust, statistically significant predictor of confidence in providing patient-centered care to patients with Alzheimer’s disease other dementia?

Using the multiple linear regression test statistic for predictive modeling purposes, none of the four independent predictor variables exerted a statistically significant effect upon the dependent variable of participant overall confidence in their ability to deliver patient-centered care to patients with Alzheimer’s disease or other dementia. Although not found to be manifested at a statistically significant level $p = .13$, the variable “Experience with older adults with Alzheimer’s disease or other dementia” reflected the greatest magnitude of predictive effect (effect size) amongst the four independent predictor variables at $d = .16$. 
The predictive model utilized in Research Question Seven was not found to be viable, \( F(4, 45) = 1.31, p .28 \). The confluent explained variance manifested in all five survey items in the model was 10.4%. Variable inflation was minimal, with all three independent predictor variables in the model exceeding the acceptable threshold tolerance value of .10 (range: .65=.99). All other major assumptions for multiple linear regression modeling (linearity, homoscedasticity, independence of error, and normality of residuals) were all satisfied in the predictive model via either statistical analysis or visual inspection means for Research Question Seven.

Table 5 contains a summary of predictive finding for Research Question Seven.

Table 5

<table>
<thead>
<tr>
<th>Model</th>
<th>( \beta )</th>
<th>SE</th>
<th>Standardized ( \beta )</th>
<th>d</th>
</tr>
</thead>
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<td>Intercept</td>
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<td>Program Type</td>
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<td>Program Level</td>
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<td>.08</td>
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<tr>
<td>Experience Older Adults</td>
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<td>0.22</td>
<td>-.02</td>
<td>.00</td>
</tr>
<tr>
<td>Experience-Alzheimer’s/Dementia</td>
<td>0.33</td>
<td>0.21</td>
<td>.27</td>
<td>.16</td>
</tr>
</tbody>
</table>

A detailed discussion is described on the following pages addressing each stated research question within this current study. The current, professional literature is compared to the results of this existing study. The limitations of this present study are detailed. Implications for professional practice are presented. Recommendations for future research endeavors are highlighted.
V. DISCUSSION

The professional literature indicated that there is an increased incidence and prevalence of an older adult population (Board, Heaslip, Fuggle, Gallagher, & Wilson, 2012; Cowdell, 2010; Gandesha et al., 2012; Houghton et al., 2016; Mendes et al., 2017; Mitchell, 2014; Prince et al., 2015) and a large number of these older adults have dementia (Alzheimer’s Association, 2013 as cited by Fazio, 2013) or they have some form of cognitive impairment (Turner et al, 2017). There is currently a high percentage of Americans with Alzheimer’s disease or other dementia (Alzheimer’s Association, 2017; Hazzan et al., 2015; Mitchell, 2014). A large number of older adults accessing health services possess some type of cognitive impairment or dementia (Gandesha et al., 2012; Houghton et al., 2016; Mendes, 2017; Pitfield et al., 2011 as cited by Revolta, Orrell, & Spector, 2016).

Additionally, the professional literature reported on the care of individuals admitted to acute care hospital facilities with a physical illness who also have a co-existing cognitive impairment, such as Alzheimer’s disease or other dementia, remains sub-optimal (Cowdell, 2010). These patients frequently endure longer lengths of stay (LOS) in the hospital (Annear et al., 2016; Bradshaw et al., 2013; Elvish et al., 2014; Gandesha et al., 2012; Houghton et al., 2016). Nilsson et al. (2012) noted that the standard of care is not the same when caring for older people with cognitive impairment in the acute care hospital setting as it is for those patients without a cognitive impairment. The standard of care refers to all professional registered nurses providing the same level of care for every individual. However, “responding to the physical, psychological and social needs, creating a safe environment, and discretionary use of restraints” (Nilsson et al., 2012, p. 196) when caring for patients with cognitive impairment were all challenges that the nurses identified.
The purpose of this study was to explore registered nursing students’ perceptions of their confidence to provide quality patient-centered nursing care to patients with cognitive impairment, specifically Alzheimer’s disease or other dementia. Several care domains were identified from the relevant professional literature and research instruments of high acclaim on the topic. Identification of registered nursing student perceptions to provide quality nursing care to patients with Alzheimer’s disease or other dementia would appear to represent an essential element in attempts to reconcile the gap in knowledge between nursing curricula and registered nurse practice areas.

Discussion of Preliminary Analysis

The research design and methodology for this current study was broadly quantitative, non-experimental, and, more specifically, survey research. The researcher created the survey instrument which is a composite refinement of contemporary, well-established survey instruments on the topic of nursing care associated with patients identified as having Alzheimer’s disease or other dementia. Several care domains were identified from the relevant literature on this topic. The domains included attitude, recreational therapy techniques, communication, validation therapy, redirection, spiritual care, psychosocial/emotional care needs, behavior management, maintaining safety, adequate nutrition, end of life care, informal caregiver needs, and patient-centered care (Alzheimer’s Association, 2009a, 2009b; Scales et al., 2018). This study’s 15-item research instrument format was comprised of a five-point Likert scale: Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2), Strongly Disagree (1).

A convenience sample were identified through a master list of all eligible participants attending an AS and RN to BSN completion program within a higher education institution in
Central Florida. There was a total of 596 potential participants. From the 596 participants, 11% (n = 62) responded to the survey instrument.

Missing data, internal consistency (reliability) of participant response to the survey instrument, and demographic information were analyzed prior to addressing the stated research questions. There was determined to be a high level of internal consistency among the survey items (α = .96). Missing data were assessed utilizing Little’s MCAR test statistic. The researcher made the determination that there was very little missing data as to affect the study results.

**Essential Demographic Identifiers**

The number of participants who participated in this study was n = 62. Of those that participated, 83.3% identified themselves as female and 16.7% identified themselves as males. There were 80.6% (n = 50) who were enrolled in the AS program and 19.4% (n = 12) who were enrolled in the RN to BSN completion program within the higher education institution of this study. The majority (71%; n = 44) of the study participants identified themselves as White (Caucasian). Those students who identified themselves as enrolled in the AS nursing program and who were enrolled in Levels Two and Three represented the greatest frequency of responses. The majority of participants had experience working with older adults. There were also a large percentage (64.5%) of participants who stated they had specific experiences working with older patients with Alzheimer’s disease or other dementia.

**Discussion of the Findings by Research Questions Posed**

**Research Question One**

Research Question One explored nursing students’ confidence in their ability to provide patient-centered care to patients with Alzheimer’s disease or other dementia. In response to the
survey item addressing Research Question One, 95.2% of the study participants disagreed or strongly disagreed regarding confidence in their ability to deliver patient-centered care to persons with Alzheimer’s disease or other dementia. This survey item manifested at a statistically significant level ($p = < .001$) utilizing the single sample $t$ test.

Between group comparisons were made utilizing the $t$ test of independent means and the one-way ANOVA. Though not statistically significant, female participants displayed a slightly higher mean score in overall confidence of providing patient-centered care to persons with Alzheimer’s disease or other dementia. No differences were found between participants who were enrolled in the AS or the RN to BSN completion programs concerning student ability to provide patient-centered care to patients with Alzheimer’s disease or other dementia. This finding was surprising as the RN to BSN study participants have their license and are practicing nursing at the bedside.

Additionally, program level (Nursing One, Two, Three, or Four) failed to impact the study participants’ overall confidence in providing patient-centered care to patients with Alzheimer’s disease or other dementia at a statistically significant level. The highest mean score for overall confidence of providing patient-centered care to patients with Alzheimer’s disease or other dementia was manifested within the responses of participants enrolled in Nursing IV ($M = 1.46$). Moreover, participant experience with older adult patients or participant experience caring for older adults with Alzheimer’s disease or other dementia both failed to exert a statistical significance upon the dependent variable.

There is a surfeit of research on the inadequacy of dementia care training among registered nurses and other healthcare workers. Persons with dementia who are admitted to the acute care hospital setting are being treated for a physical illness. The presence of a cognitive
impairment such as Alzheimer’s disease or other dementia are secondary problems that nurses and other healthcare staff find challenging as the focus of care in the acute care hospital setting is on the physical illness (Cowdell, 2010; Hynninen et al., 2014; Turner et al., 2017).

The cognitively impaired person who is experiencing a physical problem and admitted to an acute care hospital facility presents substantial challenges. These individuals require additional time and support. Disruptive or difficult behaviors from these cognitively impaired individuals affect the unit’s routine. Health care providers employed by these hospital units, who are caring for the cognitively impaired individual experiencing a physical problem, must manage behavioral issues of these individuals along with managing their physical care (Heath et al., 2010).

Hynninen et al. (2014) reported that the nursing staff did not have the skilled know-how needed to care for older adults with dementia in the acute care hospital setting. The acute care hospital system is not oriented to deal with the complex needs of individuals with Alzheimer’s disease or other dementia who are physically ill (Bridges & Wilkinson, 2011). Heath et al. (2010) stated that cognitive impairments are major issues in general hospitals. The pace in hospitals is extremely fast. Health care providers focus on managing the acute physical needs of individuals with Alzheimer’s disease or other dementia who are ill (Cowdell, 2010; Houghten et al., 2016; Hynninen et al., 2014; Turner et al., 2017). Houghton et al. (2016) noted that it is imperative to provide adequate dementia care education to persons who will be caring for individuals with dementia. Skilled, knowledgeable nurses are needed to provide care to persons with Alzheimer’s disease or other dementia in the acute care hospital setting (Nolan, 2007).

Turner et al. (2017) reported on the knowledge deficit among nurses in regard to caring for persons with dementia who are ill and being cared for in the acute care hospital setting. The
nurses in Turner et al.’s (2017) study did not feel confident to provide adequate care to persons with dementia who are being cared for in an acute hospital setting due to a physical illness. This knowledge deficit could be due to inadequate education on Alzheimer’s disease or other dementia during these nurses’ training. Hynnin nen et al. (2014) reported gaps in training regarding dementia care of all staff in the acute care hospital setting. Revolta et al. (2016) related a change in staff knowledge of dementia care after a training intervention was carried out by these researchers. Revolta et al. (2016) found that staff felt that their understanding of, and approach to dementia care improved after a dementia care training intervention. The majority of participants in Revolta et al.’s (2016) study reported feeling more confident in their ability to provide holistic care to patients with dementia after a training intervention was completed.

Spencer et al. (2014) described healthcare staff feelings of increased confidence to care for patients with dementia after education and training on dementia care. The healthcare staff in Spencer et al.’s (2014) study also displayed more positive attitudes toward patients with dementia after a training intervention. Smythe, Jenkins, Galant-Miecznikowska, Bentham, and Oyebode’s (2017) qualitative study investigating training requirements of nurses working with persons with dementia in nursing homes identified a lack of knowledge of nurses regarding dementia and illness progression. Smythe et al.’s (2017) qualitative study sought to understand nurses’ knowledge and experiences of previous dementia care training to identify potential gaps in knowledge. Nurses’ lack of knowledge was identified in regard to dementia and illness progression. The participants in Smythe et al.’s (2017) study conceded that real-world, experiential training on dementia care is needed to address this gap in knowledge.

Though the previous noted research described care most frequently with regard to licensed, registered nurses and dementia care knowledge deficit, it corresponds to this current
study in that the majority of the nursing student participants (95.2%) did not feel confident in their ability to provide patient-centered care to persons with Alzheimer’s disease or other dementia. Aligned with current research, the RN to BSN student participants in this current study are licensed registered nurses who currently practice. Baillie et al. (2015) stated that nursing students need to possess understanding on the care of persons with Alzheimer’s disease or other dementia as a large number of older adults with a cognitive impairment will be accessing healthcare services for a physical problem. As in this current study, Kimzey et al. (2016) reported that nursing students lack confidence in their ability to care for persons with Alzheimer’s disease or other dementia. Kimzey et al.’s (2016) study results indicated that an experiential learning experience is an effective strategy that can be used to impact nursing students’ knowledge and attitudes toward persons with Alzheimer’s disease. The findings in Kimzey et al.’s study aligned with Scerri and Scerri’s (2013) study that indicated adequate education on caring for persons with dementia enhances nursing students’ knowledge. Providing experiential learning opportunities for students in caring for people with dementia and their family caregivers could enhance students’ comfort levels so they may work independently with people with dementia (Choi & Park, 2017).

Choi and Park (2017) found an increase in nursing students’ self-efficacy regarding caring for persons with dementia after implementation of an experiential community outreach research project focusing on nursing students’ interactions with people with dementia and their family caregivers. Increased self-efficacy may help nursing students better cope and manage the challenging behaviors of people with dementia. The student participants in Choi and Park’s (2017) study demonstrated an increased level of competence after interacting with people with...
dementia and their family caregivers. Increased competence increases confidence in one’s ability.

**Research Question Two**

Regarding the nursing student participants’ perceptions of receiving quality course work in the care of patients with Alzheimer’s disease or other dementia during their nursing program, 93.5% (n = 58) expressed disagreement. The survey item associated with Research Question Two demonstrated statistical significance ($p < .001$) with a large effect size ($d = -1.67$).

The professional literature is meager regarding measuring nursing student perceptions on receiving quality coursework regarding delivering patient-centered care to patients with Alzheimer’s disease or other dementia during their undergraduate studies. However, the professional literature on registered nurses practicing within some aspect of the healthcare arena and their lack of knowledge and training on the care of patients with Alzheimer’s disease or other dementia is vast. Gandesha et al. (2012) assessed the perceived adequacy of training among medical doctors, nurses, and healthcare assistants. Similar to this current study which assessed nursing students’ perceptions in regard to receiving quality course work on caring for patients with Alzheimer’s disease or other dementia, the doctors, nurses, and healthcare assistants in Gandesha’s study perceived training in dementia care as inadequate. Smythe et al.’s (2017) qualitative study sought to understand nurses’ knowledge and experiences of previous dementia care training to identify potential gaps in knowledge. Nurses’ lack of knowledge was identified in regard to dementia and illness progression. However, it is not known if the nurses in Smythe et al.’s study received dementia care training during their undergraduate studies. Houghton et al. (2016) described care of patients with Alzheimer’s disease or other dementia as depersonalizing.
Nurses’ time constraints impeded the ability to try to understand the reason behind the behavior of patients with Alzheimer’s disease or other dementia. Physical and chemical restraints were used prematurely. Turner et al. (2017) identified the need for dementia care training for staff who currently care for patients with Alzheimer’s disease or other dementia in the general hospital. Edvardsson and Nay’s (2009) meta-analysis indicated that core knowledge and skills regarding the care of older individuals for all staff along with access to a gerontological expert be available within care settings would be beneficial, as a large percentage of older individuals admitted to the hospital have a cognitive impairment.

This current study indicated that all but four of the nursing student participants perceived that they did not receive quality course work during their undergraduate studies regarding the care of patients with Alzheimer’s disease or other dementia. The study participants who were in enrolled in the AS program in this current study received two hours dedicated to learning about and caring for patients with Alzheimer’s disease or other dementia and did not participate in any experiential learning experience that focused explicitly on the care of persons who are physically ill and who also possess a cognitive impairment. However, it should be noted that the student participants in this current study had completed experiential learning within two different clinical settings. One of the clinical settings was in a long-term care facility. The majority of the clinical experiences had been in the acute care hospital facility. The professional literature reported that a high percentage of individuals admitted to an acute care hospital facility have some type of cognitive impairment. The RN to BSN completion students who participated in this current study may not have attended the AS program within the higher education institution selected for this study.
Registered nurses may feel ill equipped to care for persons with dementia because of inadequate undergraduate education (Doherty & Collier, 2009). The literature discussed the importance of delivering person-centered care to patients with Alzheimer’s disease or other dementia. However, nurses and other healthcare staff may not fully understand the meaning behind person-centered care due to a lack of a clear definition of this term (Edvardsson et al., 2010; Edvardsson & Nay, 2009). The use of simulated real-life experiences may help nursing students gain confidence when caring for people with dementia, as several studies within the professional literature indicated the need to develop active and engaging learning activities in the care of persons with dementia. Nurse educators must be proactive in preparing nursing students to care for persons with dementia as the older adult population increases (Baillie et al., 2015).

**Research Question Three**

In regard to Research Question Three, the researcher analyzed the spiritual, psychosocial/emotional, behavioral, nutritional, and the physical safety dimensions on the care of patients with Alzheimer’s disease or other dementia. Fulfilling the spiritual needs, management of behaviors, and providing for the nutritional needs were the three independent predictor variables that exerted a statistically significant effect upon the dependent variable of participants overall confidence to deliver patient-centered care. The independent predictor variable that demonstrated the most robust, predictive effect amongst the three statistically significant independent variables was “confidence in the ability to fulfill the spiritual needs of patients with Alzheimer’s disease or other dementia.”

The spiritual dimension regarding patients with Alzheimer’s disease or other dementia presents challenges as patients with Alzheimer’s disease or other dementia may not be able to understand or communicate their needs. The professional literature is sparse regarding fulfilling
the spiritual, nutritional, psychosocial/emotional, and behavioral needs of persons with Alzheimer’s disease or other dementia. Managing difficult behaviors is noted in the professional literature (Cowdell, 2010; Fukuda et al., 2015; Hoe & Thompson, 2010; Houghton et al., 2016; Hynninen et al., 2014; McPherson, Hiskey, & Alderson, 2016; Smythe et al., 2017; Turner et al., 2017). However, the term “difficult behaviors” is not well defined. Additionally, nurses’ concerns regarding maintaining the safety of patients with dementia is well-documented in the professional literature (Fukuda et al., 2015; Houghton et al., 2016; Hynninen et al., 2014; Nolan, 2007). However, there was no to very little research detailing evidence-based best practice strategies that healthcare staff could employ to address safety issues, manage behavior challenges that healthcare staff face when caring for patients with Alzheimer’s disease or other dementia, ensure nutritional needs are met, or meeting the psychosocial or emotional needs of these patients.

Van der Steen, Gijsberts, Hertogh, and Deliens (2014) studied spiritual care for patients with dementia at the end of life as perceived by physicians. Van der Steen et al. (2014) stated that spiritual care is a neglected area in the care and treatment of patients with dementia. Van der Steen et al. analyzed potential predictors on the provision of spiritual end-of-life care as perceived by physicians. Data were collected from the Dutch End of Life in Dementia (DEOLD) study which included 34 long-term care facilities. The authors identified family “satisfaction with care and satisfaction with physician communication as predictors of the provision of spiritual end-of-life care” (Van der Steen et al., 2014, p. 128). Physician perception of residents of long-term care facilities who had a strong religious affiliation were more likely to receive spiritual end-of-life care. Residents of physicians who viewed faith or spirituality as important or who attended religious services were more likely to receive spiritual care. Another predictor
of residents receiving spiritual end-of-life care was if the physician, as well as the resident had a spiritual background. However, the association of resident receipt of spiritual end-of-life care was not significant if the resident only had such a background and the physician did not (Van der Steen et al., 2014). Furthermore, families’ reports of satisfaction with their physicians’ communication after admission and families’ reports of the importance of spirituality or faith regardless of the importance of spirituality of their physicians were found to be independent predictors regarding the provision of spiritual end-of-life care.

Ødbehr, Kvigne, Hauge, and Danbolt’s (2015) qualitative study investigated how nurses and other healthcare workers provided spiritual care for persons with dementia who reside in nursing homes. Sawatzky and Pesut (2005 as cited by Ødbehr et al. 2015) stated that personhood is part of spiritual care. Ødbehr et al.’s (2015) study resulted in the identification of three main themes. The three themes were (a) the integration of spiritual care into general care, (b) spiritual care in relation to togetherness, and (c) spiritual care as related to meaningful activities. The nurses’ spiritual care is part of and integral to the everyday daily care provisions for residents. These care activities included physical touch (holding hands, giving a hug, making eye contact or stoking of the cheek), responsiveness to residents’ needs, and possessing an intuition regarding the resident’s needs.

Being “present” in the sense of “being with” meant that the nurses felt an authentic presence which Ødbehr et al. (2015) stated were qualities connected to spiritual care. The nurses in Ødbehr et al.’s (2015) study “considered spiritual care to be incorporated into different forms of communication” (p. 5). The nurse participants felt that good communication included both verbal and non-verbal cues. Dementia care knowledge and experience working with patients with dementia was considered an extremely important aspect by the nurses (Ødbehr et al. 2015).
In regard to spiritual care as related to meaningful activities, Ødbehr et al. (2015) reported that “spiritual care created contentment in everyday life through meaningful activities” (p. 5). A variety of activities were created that were culturally sensitive and associated with spiritual care. The nurses understanding of spiritual care embraced the residents’ religious beliefs. The nurses in Ødbehr et al.’s (2015) study were observant to religious symbols in residents’ rooms and assisted residents to attend religious activities. One nurse participant stated that, when one of the residents was worried, the nurse read the Bible to her and the resident became immediately calm (Ødbehr et al., 2015). Even with the strategy’s nurses employed to help fulfill the spiritual needs of residents with dementia, Ødbehr et al. (2015) identified that the nurses stated they still felt that they “lacked experience and theoretical and practical knowledge about spiritual care” (p. 7).

Interestingly, the nursing student participants in this current study indicated that confidence in their ability to provide spiritual care was the most significant predictor of student confidence in his or her ability to provide patient-centered care to patients with Alzheimer’s disease or other dementia. These study results could be due to the quality course content the student participants in this current study received on spirituality during their undergraduate education, as an expert faculty member delivered this content to students. An integrative experiential learning activity was also employed to all study participants enrolled in the AS program within the higher education institution utilized in this study. The study participants in this current study were required to complete a spirituality assessment on one of their patients when in the clinical setting. Perhaps the study participants in this current study felt more confident due to this engaging learning activity. As in Ødbehr et al.’s (2015) study, being authentically present fell under the theme of spiritual care in relation to togetherness. Authentic
presence was discussed and stressed to the study participants enrolled in the AS program in this current study in relation to communication and spirituality. Placing emphasis on authentic presence may be the reason that the study participants in this current study felt that as confidence increases to deliver spiritual care to patients with Alzheimer’s disease or other dementia, confidence in the ability to deliver patient-centered care also increases. However, it should be noted that the majority of students who participated in this current study were enrolled in the AS program (n = 50) within the higher education institution located in Central Florida.

The results of this current study also indicated that as confidence increases in the ability to manage difficult behaviors and provide for the nutritional care, there is an increase in confidence in the ability to provide patient-centered care. Fulfilling the nutritional needs of persons with Alzheimer’s disease or other dementia is not well addressed within the professional literature. However, Chater and Hughes (2013) reported that there are an estimated 80% of patients with dementia that have eating difficulties. The Alzheimer’s Society (2009) indicated that hospitals fail to meet the nutritional needs of this patient population. Watson (1993) as cited by Chater and Hughes (2012) stated that malnutrition and dehydration are two major causes of death in this patient population. The majority of students responding to the survey instrument used in this current study were enrolled in the AS program. The AS students enrolled in this study’s higher education institution had received content on fulfilling the nutritional needs of the older adult population. Perhaps the study participants in this current study perceived that they felt confident to provide for the nutritional needs of patients with Alzheimer’s disease or other dementia because all of the AS students who participated in this study received both class content and clinical application on fulfilling patients’ nutritional needs. The results of the student participants in this current study regarding confidence in managing difficult behaviors of
this patient population is not surprising given the reports in the professional literature of both nursing students and registered nurses who are currently practicing at the bedside found managing difficult behaviors of patients with Alzheimer’s disease or other dementia as problematic.

**Research Question Four**

Research Question Four examined students’ attitudes toward older adult patients, understanding of Alzheimer’s disease or other dementia, and knowledge base of Alzheimer’s disease or other dementia. The independent variable that was determined to be the most robust, statistically significant ($p < .001$) predictor upon the dependent variable of student confidence to deliver patient-centered care to persons with Alzheimer’s disease or other dementia was “understanding is at a level to be an effective caregiver for patients with Alzheimer’s disease or other dementia.” Therefore, the participants in this current study may have felt that they possessed enough understanding about the care of patients with Alzheimer’s disease or other dementia to provide effective care. This finding suggested that perhaps the content delivered on the care of persons with Alzheimer’s disease or other dementia to these nursing student participants may have been adequate. However, the RN to BSN nursing student participants in this current study may not have attended the AS program within this higher education institution where this study took place.

Students’ attitudes toward the older adult population and knowledge base of persons with Alzheimer’s disease or other dementia were two independent variables that the student participants rated as not affecting their ability to deliver patient-centered care. Unlike the results of studies noted in the professional literature, this current study suggests the student participant’s attitudes toward the older adult population may not affect efficacy of care. The predictive model used in this current study results indicated that attitude was not a statistically significant
predictor in the ability to deliver patient-centered care. However, stereotypical attitudes are well documented in the professional literature and these stereotypes have been noted to affect healthcare workers provision of care for patients with Alzheimer’s disease or other dementia.

Evers, Ploeg, and Kaasalainen (2011) studied fourth year Baccalaureate nursing students’ attitudes toward caring for older adults. Evers et al. (2011) reported that students who had positive relationships with grandparents or other older adults within the family were associated with “values of respect, caring, wisdom, and experience” (p. 408). However, even though the students in Evers et al.’s (2011) study associated positive attributes regarding older adults, these students disliked providing total care to this patient population. Furthermore, these students considered “gerontological nursing as lacking challenge, diversity, and skill” (Evers et al., 2011, p. 408). Additionally, Evers et al. (2011) stated that clinical experiences affect student attitudes toward older adults. Faculties’ values and attitudes towards older adults also affect nursing student attitudes (Evers et al., 2011). A nursing student in Baille et al.’s (2012) study stated that healthcare workers viewed older persons with dementia in the acute care hospital as a nuisance. In Cowdell’s (2010) ethnographic study on the care of older people with dementia in the acute care hospital, one nurse participant stated, “it was only elder care” (p. 44). The healthcare staff in this study viewed the care of older patients with dementia as “unskilled in nature” (Cowdell, 2010, p. 44). Houghton et al.’s (2016) qualitative study reported that staff employed stereotypical attitudes towards persons with dementia and these attitudes prevented staff from seeing beyond the person’s confusion. The professional literature reported that patients with dementia could also be perceived negatively (Baille et al., 2012; Borbasi et al., 2006 as cited by Turner et al., 2017; Eriksson & Saveman, 2002). Caring for patients with dementia was viewed as less prestigious (Cowdell, 2010; Moyle et al., 2011). Fazio (2013) reported on the use of
negative terms regarding persons with dementia and stated that words such as “victims,” “sufferer,” and “shell” are inappropriate and “have no place in person-centered care” (p. 17). A shift of words can cause a shift in thinking and how care is approached (Fazio, 2013). Kitwood’s (1997) work referred to a malignant social psychology that included “ignoring, stigmatizing, and disempowering people,” specifically those with dementia (Cowdell, 2010, p. 45). Alushi et al.’s (2015) review of the literature on education programs for pre-registration nursing students indicated that in all the studies reviewed, there was a significant positive change in attitude after an education intervention.

McKenzie and Brown (2014) conducted a study on factors that may influence nursing students’ intentions to work in dementia care. Results from this study revealed that students who were older had greater levels of positive ageism and lower levels of negative ageism and were more likely to work in dementia care. Positive ageism in the younger students had no impact on the likelihood of working in dementia care (McKenzie & Brown, 2014). Thus, other factors may be involved in determining younger students’ work intentions. Perceived barriers to working in dementia care were identified. The younger participants identified emotional demands as a barrier, whereas older participants cited salary and nurse-to-patient ratios as barriers to working in dementia care (McKenzie & Brown, 2014). Scerri and Scerri (2013) noted more positive attitudes were associated with an increased age and clinical experience. A positive clinical learning experience positively impacts nursing students’ attitudes (Scerri & Scerri, 2013). McKenzie and Brown (2014) stated that dementia care training and education should be included in all undergraduate nursing programs.

Adequacy of student’s knowledge base regarding Alzheimer’s disease or other dementia was not noted to be a statistically significant predictor on the dependent variable within this
current study. However, “understanding is at a level to be an effective caregiver for patients with Alzheimer’s disease or other dementia” was a statistically significant ($p < .001$) predictor on the ability to provide patient-centered care to this patient population. The AS nursing student participants in this current study received content on Alzheimer’s disease or other dementia. Perhaps these student participants felt they possessed understanding on caring for patients with Alzheimer’s disease or other dementia due to exposure to this patient population within the clinical setting, as all students enrolled in the AS program were required to complete nine to twelve days of clinical practice experience as they progress through each nursing level.

Knowledge of patients with Alzheimer’s disease or other dementia with regard to the care of this population was discussed in the professional literature. Attaining knowledge is a precursor toward a deeper understanding. Students need knowledge regarding Alzheimer’s disease or other dementia prior to any experiential, hands-on learning experiences (Scerri & Scerri, 2013). Eccleston et al.’s (2015) study indicated that a well-planned and supported clinical experience positively affects the knowledge base of undergraduate nursing students, preparing the next generation of the nursing workforce. Doherty and Collier (2009) stated that undergraduate nursing students need practical experiences in caring for persons with dementia to help link the theory to practice gap. Alushi et al. (2015) stated that there is a need for adequate education on the care of patients with Alzheimer’s disease or other dementia in undergraduate curricula. Kada (2015) noted a “positive relationship between dementia knowledge and the quality of care provided, and that education is critical in improving care” (p. 435). In Watts and Davies’ (2014) study, the nursing students felt that the registered nurses on the units in which the students completed their clinical rotations lacked adequate knowledge on caring for patients with dementia. A lack of expert guidance and role modeling from the registered nurses who were
employed in the healthcare facilities only added to students’ feelings of inadequacy to care for patients with dementia.

This current study results indicated that “understanding was at a level to be an effective caregiver” was the independent variable that had the most predictive effect on students’ ability to provide patient-centered care to patients with Alzheimer’s disease or other dementia. This researcher feels that this is a rich finding that indicated that perhaps the student participants in this current study felt that knowledge of Alzheimer’s disease or dementia is not enough to be an effective caregiver. An individual needs a higher level of cognitive function such as understanding to be an effective caregiver for patients with Alzheimer’s disease or other dementia. This researcher’s study results regarding attitudes when caring for patients with Alzheimer’s disease or other dementia was another surprising research finding. As previously discussed, the majority of the professional literature described stereotypical attitudes toward the older adult population and those persons with Alzheimer’s disease or other dementia. The independent variable of attitude toward persons with Alzheimer’s disease or other dementia” in this current study was not a significant predictor on students’ ability to provide patient-centered care. The results regarding the variable attitude is another unique finding that diverges from the professional literature. The student participants in this current study may have felt that nurses’ attitudes should not affect how care is delivered to patients.

**Research Question Five**

This research question assessed student ability to effectively communicate with patients with Alzheimer’s disease or other dementia, implement specialized care techniques, and confidence in working with families of patients with Alzheimer’s disease or other dementia. Both “ability to effectively communicate” and “confidence in working with families of patients
with Alzheimer’s disease or other dementia” were found to be statistically significant. The most robust, statistically significant ($p < .001$) predictor variable regarding student confidence to deliver patient-centered care was “working with families of patients with Alzheimer’s disease or other dementia.”

The ability to communicate therapeutically between nurses and patients is an important aspect when providing patient-centered care. It is essential for nurses to be able to effectively communicate with patients with dementia (Hoe & Thompson, 2010). However, cognitive impairments bring many challenges to nurses in regard to communicating effectively as the person with dementia may not be able to comprehend or concentrate (Hoe & Thompson, 2010). Many persons with dementia have a difficult time finding the correct words to express themselves. This current research study results indicated that communication was a statistically significant ($p < .03$) predictor of nursing students’ confidence to deliver patient-centered care to persons with Alzheimer’s disease or other dementia. Perhaps the student participants in this current study felt that they possessed the ability to adequately communicate or they perceived that being able to communicate effectively with patients with Alzheimer’s disease or other dementia would help them deliver patient-centered care as they would be able to elicit information from the patient regarding the patient’s care needs. Unlike the results of this current study, Alushi et al. (2015) suggested that communication was an area needing development and evaluation in regard to pre-registration students.

In Ødbehr et al.’s (2015) study, the nurses pulled from their knowledge and experience to communicate effectively with dementia patients. Many of the nurses in Ødbehr et al.’s (2015) study regarded themselves as possessing an intuitiveness that helped guide their thoughts and actions when caring for patients with dementia. Nursing students have not yet had the
opportunity to develop expertise nor have students had the experience that professional registered nurses have had to develop an intuitiveness that they can use to guide their actions and communications.

The patients in Cowdell’s (2010) study felt that medical staff did not communicate. Unlike this current study, Choi and Park (2017) identified communication problems and adequate knowledge as target complaints of nursing students’ interactions with people with dementia and their families prior to an experiential learning intervention that focused on caring for persons with dementia. Students received a one-day workshop focusing on communication and the care of persons with dementia. Posttest measures after student participation in the experiential learning intervention indicated a substantial positive influence on students’ competence and self-efficacy to care for patients with Alzheimer’s disease or other dementia (Choi & Park, 2017).

Beer, Hutchinson, and Skala-Cordes (2012) analyzed the results of an intervention that taught communication techniques targeting the needs of patients with advanced dementia to nurse assistant (NA) students. Beer et al.’s (2012) study results indicated that training in communication techniques may be associated with better outcomes in regard to the NAs understanding of the needs of persons with advanced dementia. Downs (2009) as cited by Beer et al. (2012) related that many caregivers are not being trained effectively regarding interacting with persons with dementia. Though the participants in Beer et al.’s (2012) study were NAs, the authors believed that their study results offer some important recommendations for educational institutions to integrate communication training to caregivers who will be caring for persons with dementia. Machiels, Metzelthin, Hamers, and Zwakhalen (2017) completed a systematic literature review on communication interventions that are applicable when providing care to
patients with dementia. Machiels et al. (2017) found no sufficient evidence regarding the improvement on communication practices during daily care of patients with dementia.

The results of this current study indicated that working with families of patients with Alzheimer’s disease or other dementia was found to be a statistically significant ($p < .001$) predictor in the care of patients with Alzheimer’s disease or other dementia. The professional literature discussed family collaboration in regard to caring for patients with Alzheimer’s disease or other dementia. Clissett et al. (2014) noted that family caregivers experienced anger as they perceived their loved one received poor care. In a study of family caregiver dissatisfaction, Whittamore et al. (2014) identified over 50% of informal caregivers were dissatisfied with the care their loved one received while in the hospital. The Alzheimer’s Association (2009) reported 77% of carers of individuals with dementia were dissatisfied with the quality of care provided (Houghton et al., 2016). In fact, people with dementia who are cared for in a hospital experience the delivery of care as distressing and also experience negative health outcomes. Family caregivers are very much involved in the care of their loved one. However, hospital staff historically does not involve caregivers in the care of their loved one with Alzheimer’s disease or other dementia while hospitalized (Clissett et al., 2014). Collaboration with family members needs to be a part of providing patient-centered care. Clissett et al. (2014) stated, “For patients with dementia, communication must be triadic rather than dyadic” (p. 2714). Families of patients with Alzheimer’s disease or other dementia who are being cared for in the acute care hospital setting become angry with the care their loved one received (Clissett et al., 2014).

Spencer et al. (2014) noted that nurses’ time constraints prevented nurses from taking the time to talk with the family of persons with Alzheimer’s disease or other dementia. As one nurse participant stated in Spencer et al.’s (2014) study, “They (family) are the experts – they are the
ones who know the relative, the patient really well, you know, they need to know what is going on, they often feel that they are not communicated with” (p. 1316). Furthermore, family members oftentimes want to be included in their loved one’s care. Nurses, however, oftentimes do not have the time to involve family members in the care of their loved one with Alzheimer’s disease or other dementia. The nursing student participants in this current study felt working with families of patients with Alzheimer’s disease or other dementia was an important aspect in order to provide patient-centered care to this patient population. Similar to this current study, the nursing students in Watts and Davies (2014) study felt that collaborating with family in the provision of care of persons with Alzheimer’s disease or other dementia was believed important. In response to the survey question regarding working with families of patients with Alzheimer’s disease or other dementia, the nursing student participants in this current study may have thought that collaborating with family would help them determine care needs of the person with Alzheimer’s disease or other dementia which in turn would help them deliver patient-centered care.

**Research Question Six**

None of the independent variables in Research Question Six regarding age, gender, or ethnicity were found to exert a statistical significance on the dependent variable in this current study. Both gender or ethnicity in regard to patient-centered care for patients with Alzheimer’s disease or other dementia was not addressed in the professional literature. As previously was discussed, age was discussed concerning attitudes toward the older adult population. Students who were older had greater levels of positive ageism and lower levels of negative ageism and were more likely to work in dementia care. Positive ageism in the younger students had no impact on the likelihood of working in dementia care (McKenzie & Brown, 2014). The younger
students in McKenzie and Brown’s (2014) study identified the emotional demands of caring for patients with Alzheimer’s disease or other dementia as a barrier to work with this patient population. Scerri and Scerri (2013) noted more positive attitudes toward persons with Alzheimer’s disease or other dementia were associated with an increased age and previous clinical experience. However, Scerri and Scerri’s (2013) study did not specify if students cared for patients with Alzheimer’s disease or other dementia during their clinical experiences.

**Research Question Seven**

Research Question Seven explored program type, program level, participant experience with older adults, or participant experience with older adults with Alzheimer’s disease or other dementia. All of the independent predictor variables in Research Question Seven were found to be non-statistically significant predictors concerning students’ confidence levels to deliver patient-centered care. However, the independent variable, “experience with older adults with Alzheimer’s disease or other dementia” had the most predictive effect size ($d = .16$) on the dependent variable.

The professional literature sparsely discussed program levels of nursing students in regard to caring for patients with Alzheimer’s disease or other dementia. However, there was a scant amount of studies concerning previous clinical experiences with patients with Alzheimer’s disease or other dementia and student’s confidence levels. Scerri and Scerri (2013) reported that more positive attitudes of nursing students were noted in those nursing students who had previous clinical experience. Corresponding to this current study results, Eccleston et al. (2015) studied second year nursing students enrolled in an undergraduate nursing program in Australia. Eccleston et al.’s (2015) study findings indicated that a well-structured clinical placement enhanced nursing student knowledge on Alzheimer’s disease or other dementia. Watts and
Davies’ (2014) exploration of final year nursing students enrolled in an undergraduate nursing program found that exposure to patients with Alzheimer’s disease or other dementia during these students’ clinical learning experiences were vital.

**Limitations**

The current research study is not without its limitations. A large portion of the professional literature was prepared in the United Kingdom and Australia. The researcher used a convenience sample consisting of 596 eligible student participants enrolled in the AS or RN to BSN completion programs of study within one higher education institution in Central Florida. The response rate was low at 11% (n = 62). The low response rate could have been low due to the very rigorous nursing program requirements students endure. Furthermore, the survey was sent out toward the end of the academic term which is a very busy time for students as they are preparing for final exams, skill evaluations, and completing written assignments. The nursing student participants in this current study may have felt overwhelmed with the end of year school requirements and decided that they did not have the time to take the survey. The response rate may have been higher if the survey was sent out earlier in the semester. Additionally, the researcher learned that the survey may have gone to many of the potential student participant’s trash email boxes. This was due to the Qualtrics software program utilized by the higher education institution of study. However, the researcher posted an announcement on all study participants online learning management system under announcements informing the prospective student participants to check their “trash” in their email accounts as the survey may have went into their “trash” box.

Gender was also not equally represented. Of those that participated, 83.3% identified themselves as female and 16.7% identified themselves as males. However, the nursing student
body is primarily female. The higher female to male ratio is the average distribution in nursing schools. There was 80.6% (n = 50) who were enrolled in the AS program and 19.4% (n = 12) who were enrolled in the RN to BSN completion program within the higher education institution of this study. Again, the RN to BSN student body was underrepresented. Another limitation is the unknown and perhaps varied education the RN to BSN participants received in their AS programs. The results of this study would be more generalizable if the researcher had used multiple nursing and allied health programs from multiple higher education institutions.

**Implications for Professional Practice**

The professional literature implied the need for education of the current registered nurse workforce presently caring for individuals with Alzheimer’s disease or other dementia (Board & Heaslip, 2012; Cowdell, 2010; Edvardsson & Nay, 2009; Houghton et al., 2016; Hynninen et al., 2014; McCauley et al., 2014; Nilsson et al., 2012; Smythe et al., 2017). There is also literature implicating the importance of involving family in the care of patients with Alzheimer’s disease or other dementia who are ill and being cared for in an acute care hospital setting (Abrahamsen, Persenius, Bååth, & Karin, 2017; Clissett et al., 2013; Heath et al., 2010; Spencer et al., 2014). Getting to know the person with Alzheimer’s disease or other dementia facilitated a patient-centered care approach. Abrahamsen et al. (2017) described the use of life stories as told by relatives as an important element that could be used to enhance nurses’ knowledge of the person with Alzheimer’s disease or other dementia. Staff were better able to handle different behaviors of persons with dementia due to these life stories. Getting to know the person with Alzheimer’s disease or other dementia, finding ways to connect with that person in his or her own world, building caring relationships and interactions that support the self, and building personalized care environments according to individuals’ needs are all items that can be done to maintain the self
(Fazio, 2013). Edvaardsson and Nay (2009) reported on the lack of adequate skills and core knowledge for all healthcare staff is needed. Edvaardsson and Nay recommended that staff working with patients with Alzheimer’s disease or other dementia have access to a gerontology expert within the care setting.

Throughout the professional literature, the acute care hospital setting was noted to be inappropriate as there are many organizational factors not conducive to a patient-centered care approach when caring for patients with a cognitive impairment who are ill. This researcher recommends a new role be developed, an Alzheimer’s disease or dementia life specialist as there are currently child life specialists who have expertise in the areas of child development and care during a child’s hospitalization. The Alzheimer’s disease or dementia life specialist would be available and serve as a resource to healthcare staff who are caring for these individuals. Implementation of this specialized role may enhance a more person-centered care approach to care. Like the child life specialist, the Alzheimer’s disease or dementia life specialist would be available to help fulfill the psychosocial and emotional needs and support to persons with Alzheimer’s disease or other dementia and their families during hospitalization.

A dementia care manager (DCM) curriculum was discussed in Dreier, Thyrian, Eichler, and Hoffman’s (2016) pilot study. The nurses in Dreier et al.’s (2016) study felt that the DCM curriculum was an important aspect when providing care for patients with dementia. Creating the DCM curriculum offers a viable option as the dementia tsunami reaches its height (Dreier et al., 2015).

The professional literature discussed nursing curricula as inadequately preparing nursing students to care for persons with Alzheimer’s disease or other dementia (Alushi et al., 2015; Alzheimer’s Society, 2009; Baillie et al., 2015; Choi & Park, 2017; Doherty & Collier, 2009;
Eccleston et al., 2015; Gandesha et al., 2012; Kimzey et al., 2016; Robinson & Cubit, 2007; Scerri & Scerri, 2013; Watts & Davies, 2014). The professional literature also noted that nursing students felt that registered nurses lacked adequate knowledge regarding Alzheimer’s disease or other dementia (Baillie et al., 2012; Watts & Davie, 2014). The importance of building a competent registered nurse workforce that can deliver quality, person-centered care to patients with Alzheimer’s disease or other dementia serves as resources and role models for nursing students during their clinical rotations. As noted in the professional literature, nursing students who are assigned to care for a patient with Alzheimer’s disease or other dementia need to be able to collaborate with the nurses working on the units to provide holistic care.

Collaborating with family in the provision of care for persons with Alzheimer’s disease or other dementia was also perceived as important by nursing students (Fukuda et al., 2015; Hynninen et al., 2014; Watts & Davies, 2014). Care planning of patients with Alzheimer’s disease or other dementia should include the family. This researcher feels that family should also be included as an active participant during basic care practices to fulfill activities of daily living (ADLs) during hospitalization, as many times these informal caregivers serve as the primary care provider at home. Activities of daily living include, but are not limited to getting dressed, bathing, preparing food, etc.

There is an urgency to integrate an evidence-based dementia curriculum globally within all nursing programs as the silver tsunami is not only consuming the United States, but all countries. Evidence-based practices as stated by Gitlin, Kales, and Lyketos (2012) and cited by Scales et al.’s (2018) study included nonpharmacological interventions such as massage therapy, aromatherapy, and validation therapy. Simplifying tasks, communicating clearly and allowing sufficient time for patients with Alzheimer’s disease or other dementia to respond, and aligning
activities with each patient’s individual patient preference were also noted to be evidence-based interventions (Gitlin, 2012, as cited in Scales et al., 2018).

Nursing education programs can be leaders in practice changes in the care and treatment of cognitively impaired individuals by implementing simulation-based scenarios and new curricula regarding the care and treatment. Nursing education programs could collaborate with the National League for Nurses (NLN) organization, the Alzheimer’s Association, and other national and local organizations to create innovative educational strategies to offer as a resource for nurse educators and for all stakeholders. A website database or open educational resource (OER) could be shared globally.

**Recommendations for Further Research**

This researcher recommends further research be completed on the educational endeavors on Alzheimer’s disease or other dementia within different nursing programs at different colleges and within different geographical areas. Research should focus on whether the nursing program include concepts on the normal physiological and psychological changes that occur with the older adult population. Different expectations that normally occur within the older adult population would be important as several studies within the professional literature indicated inconsistencies in diagnosing Alzheimer’s disease or other dementia versus delirium (Baillie et al., 2012; Reynish et al., 2017).

Further research on nursing programs regarding how mental health concepts are delivered in the curricula is needed. For example, do nursing programs have a specific mental health rotation or are mental health concepts being integrated throughout the curriculum? How much time is devoted to educating students on caring for patients with Alzheimer’s disease or other dementia? What kind of teaching and learning strategies are schools of nursing employing when
teaching nursing students about Alzheimer’s disease or other dementia? Participants in several studies within the professional literature indicated that hands-on, experiential learning activities are needed when teaching care concepts regarding Alzheimer’s disease or other dementia (Alushi et al., 2015; Flood & Clark, 2009; Smythe et al., 2017). It would be interesting to note in future research attempts whether nursing students are required to attend a healthcare facility that allows a one-on-one interaction with older adults with Alzheimer’s disease or other dementia. Future research that compares nursing students’ active participation in the care of patients with Alzheimer’s disease or other dementia versus those students with no active patient participation in regard to the ability to deliver patient-centered care and student confidence levels would add to the body of evidence-based nursing curricula development within this content area.

Examining the levels of faculty expertise regarding the delivery of content on Alzheimer’s disease or other dementia would be important as was noted in some studies within the professional literature that faculties also lack a clear understanding on providing patient-centered care to this patient population. Faculty attitude toward patients with Alzheimer’s disease or other dementia should also be examined as Evers et al. (2011) reported that faculties demonstrated stereotypical attitudes toward this patient population. Faculties’ attitudes could affect nursing students’ attitudes.

Furthermore, as stated as a limitation, many of the research studies used in the literature review in this current study were completed in the United Kingdom or Australia. This researcher recommends more research on patient-centered care for persons with Alzheimer’s disease or other dementia be completed in the United States. There is a need to establish a national dementia strategy as other countries have done to increase knowledge, understanding, and patient-centered care practices for this vulnerable population. This researcher also suggests that
future research focus on professional registered nurses and the role of informal caregivers’ in the care of patients with Alzheimer’s disease or other dementia. A collaborative effort between healthcare staff and informal caregivers could enhance a more patient-centered care approach to care. Research regarding nursing programs and teaching patient-centered care would also be a viable content area, as there was no clear definition of this term noted in the professional literature.

Another area of future research would be the development of dementia care specialty units within the acute care hospital setting. Most acute care hospital facilities are not designed and structured to provide adequate care for persons with Alzheimer’s disease or other dementia (Baillie et al., 2012; Borbasi et al., 2006 as cited by Turner et al., 2017; Eriksson & Saveman, 2002; Houghton et al., 2016; Nilsson et al., 2013; Nolan, 2007). Healthcare facilities within the United States commonly consist of specialty units that focus on the care of individuals with different health problems, with each specialty unit designed and organized according to the special care needs of individuals with the associated health problem. However, there are no to very few specialty units designated explicitly for the care of patients with Alzheimer’s disease or other dementia who are experiencing a physical illness in the United States.

**Conclusion**

“The data suggested that there will be an expanding number of people in the older adult population requiring more and more intense, sophisticated, and expensive health care during the next 20 years” (Mitchell, 2014, p. 34). From the professional literature and this current study, it is apparent that persons hospitalized who possess a cognitive impairment present challenges to both the family, nursing students, and current health care workforce. As the population ages and the silver tsunami engulfs this country within the coming years, there is an urgent imperative for
changes to occur both in nursing education programs and healthcare facilities in regard to care provision to persons with Alzheimer’s disease or other dementia and who are experiencing a physical illness. Current research indicated a lack of education of health care providers on managing the care and treatment of individuals with Alzheimer’s or other dementia. Nursing programs must employ educational initiatives to equip future health care providers for the challenge of caring for this population. Advocates of persons with Alzheimer’s disease or other dementia need to work with legislative officials to develop a national health care strategy utilizing a person-centered care approach to care. The time is now to serve and advocate for those who cannot speak up for themselves.
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Is geriatric mental health crisis threatening to overwhelm healthcare resources as our baby boomers 'come of age'? (2011). *Canadian Nursing Home, 22*(3), 20.


APPENDICES
Appendix

Survey Questions

Please answer the following questions.

1) What is your gender?
   - Male
   - Female
   - Other

2) What is your age range?
   - 17 – 25
   - 26 – 35
   - 36 – 45
   - 46 – 55
   - > 55

3) What is your ethnicity?
   - White American
   - Black and African American
   - Asian American
   - Hispanic or Latino Origin
   - Native American and Alaska Native
   - Two or more races

4) Which nursing program are you currently enrolled in?
   - Associate of science (AS) degree in Nursing
   - Bachelor of science degree in Nursing (BSN)

5) If you are in the AS Nursing program, which nursing course level are you currently attending?
   - Nursing one
   - Nursing two
   - Nursing three
   - Nursing four
6) Do you have prior experience with working or caring for older adults?
   ○ Yes
   ○ No

Please rate the following statements to the best of your ability.
5 = Strongly Agree
4 = Agree
3 = Uncertain/Unsure
2 = Disagree
1 = Strongly Disagree

8. My attitude toward the older adult population affects efficacy of care.
   5 4 3 2 1

9. I am confident in my knowledge base of the physical and psychological changes that the older adult population experience.
   5 4 3 2 1

10. I have received quality course work in the care of patients with Alzheimer’s disease or other dementia.
    5 4 3 2 1

11. My understanding of Alzheimer’s disease or other dementia is at a level to be an effective caregiver.
    5 4 3 2 1

12. I am familiar with recreational therapy techniques in the management of patients with Alzheimer’s disease or other dementia.
    5 4 3 2 1
13. I feel confident in my ability to effectively communicate with patients with Alzheimer’s disease or other dementia.

5 4 3 2 1

14. I feel confident in implementing specialized dementia care techniques such as validation therapy and re-direction.

5 4 3 2 1

15. I feel confident in my ability to fulfill the spiritual needs of patients with Alzheimer’s disease or other dementia.

5 4 3 2 1

16. I feel confident in my ability to fulfill the psychosocial/emotional needs of patients with Alzheimer’s disease or other dementia.

5 4 3 2 1

17. I feel confident in my ability to manage difficult behaviors of patients with Alzheimer’s disease or other dementia.

5 4 3 2 1

18. I feel confident in my ability to maintain the physical safety of patients with Alzheimer’s disease or other dementia while under my care.

5 4 3 2 1

19. I feel confident in my ability to fulfill the nutritional needs of patients with Alzheimer’s disease or other dementia.

5 4 3 2 1

20. I feel confident in my ability to discuss end-of-life care preferences with patients with Alzheimer’s disease or other dementia and their caregivers.

5 4 3 2 1
21. I feel confident to work with families of patients with Alzheimer’s Disease or other dementia.

5  4  3  2  1

22. I feel confident in my ability to deliver patient-centered care to patients with Alzheimer’s Disease or other dementia.

5  4  3  2  1