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DISTANCE EDUCATION OF HEALTH PROFESSIONALS AND CAREGIVERS IN ALZHEIMER'S DISEASE GUIDED BY SOCIAL POLICY & HEALTH POLICY

Public Health

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ABSTRACT

Dementia affects all these people placed between the age-groups of 50-85 years old respectively. The individuals involved in the care of these patients and the continuation of their everyday life, are the Caregivers, together with the narrow core-family relatives, of the suffering dementia patients.

Besides working with the patients, the caregivers nowadays are in need of a more effective education, merging the technological knowledge and the clinical practice.

KEYWORDS

Alzheimer's Disease, Dementia Patients, Health-Care Providers

1. INTRODUCTION

The use of tele-education represents a beneficial digital «e-tool» for the advanced health-care of dementia patients. The applications of tele-education can directly be used onto a training environment, in total balance with the use of a new and advanced internet platform.

These «distance-training partner applications» have an often access for any carer to participate, into a modern educational health-care series of «digital academic sessions».

2. Purpose of the Academic Research

The main purpose of this academic research was to investigate the opinions, the views and the impact they have on the provision of care. The beliefs of the health-carers of the patients with dementia, the barriers and the benefits of conferences or educational/training programs, as well as the frequency and the type of each single conference and the impact on the provision of care. The effect of the demographic profile and the type of the conferences concerning the carer views were also studied and presented thoroughly.

Finally, the direct correlations of the views and opinions expressed by the carers were examined carefully and thus were analyzed quite thoroughly.

Based upon the Purpose of this Academic Study, the following Research Questions were Formulated:

1. Which are the views of participants on who provides care to dementia patients and what are the limits, the benefits and the frequency of training?
2. What is the effect of the professional profile of health-care providers regarding the provision of care, the limits, the benefits and the frequency of training?
4. How well correlated are these factors, which meaning has the supply of care and what are the limits, the benefits and the frequency of training?

3. MATERIAL & METHOD

Research Design

A quantitative primary research was conducted by using a questionnaire that included vouchers of five-ended questions with the use of «Likert Scale»The selected quantitative research tool's took place, since the sample size was large (N = 250), the sub-study concepts measurable and under two, the 3 by 4 research question. The appropriate qualitative study has been undertaken also for the analysis of the qualitative question.

Population & Sample

The population of this study was considered to be all the health-care providers of dementia community-centers. Regarding the sample, the research involved approximately 250 Health-Care Providers, from the Attica Region, most of them were women.

Most of these caregivers were aged between 31-60 years old, were educated with the higher or highest level of education, had professional experience up to 15 years in care-provision and were full time employed or had a professional relationship with their patient.

Regarding their relationship with their patients, most of them stated that they were relatives, nurses, domestic helpers or doctors. Finally, regarding the marital status, about half (1/2) of the sample responded married and 1 in 3 (1/3) answered unmarried.

4. RESULTS

Details were presented, regarding all of those descriptive results of the study, conducted in 250 professional caregivers of dementia patients, in order to investigate their views & opinions, regarding the impact and the participation profile of the care-giver.

This Questionnaire was Divided into 6 Sub-Sections:

1) *Demographic Figures*
2) *Elements of Providing Care*
3) *Effects of Providing Care*
4) *Participation in Conferences or Educational Programs*
5) *Limits to Participation in Conferences or Educational Programs*
6) *Benefits of Participation in Conferences or Educational Programs*

Demographic Data

The demographic data were the gender, the age, the marital-status and the level of education. Regarding the Gender, it appears that 59.20% were Women and 40.80% were Men. About the Age, 31.20% were 31-40 years old, 25.60% 41-50 years old, 17.20% 51-60 years old, 15.20% were people aged 30 years and under and 10.80% 61 years and over.

Concerning the Marital Status, 45.38% were married, 35.74% were unmarried, 11.24% were Divorced and last but not least 7.63% were Widows.

Finally, regarding the Level of Education, 39.20% stated a university education level, 27.20 % presented a Tertiary Education, 20% named a Basic Education Level, while a small percentage of the class of 8.80% had a Master's Degree and an even smaller percentage of the class of 4.80% possessed a PhD Degree.

Care Details

Available are the details of the respondents, which were related to the provision of the care and these were the years that they are involved in

the provision of care, the relationship they have with the patient and their employment status.

It appears that 31.60% were involved in the provision of care for 11-15 years, 27.20% for 6-10 years, 17.20% for 5 years or less, 14% 16-20 years and 10 % 21 years and over.

Regarding the Relationship that the Participants had with their Patients, 29.03% were Relatives, 28.23% were Nurses, 10.48% were Domestic Helpers, 9.27% were Physicians and 7.66% were Physiotherapists. In addition, especially those who reported Another Relationship, 3.63% were Social Workers or Administrators in an Alzheimer's Day Center, 2.82% were Psychologists, 2.42% were Health-Care Assistants, 0.81% were Occupational Therapists or Pharmacists and 0.40% were Neurologists or Employ Elderly People with Artistic Activities or were Nursing-Assistants at an Alzheimer's Day Center or Hosting Complex. Finally, regarding the Employment Situation, 44.18% of the participants stated that they were Full-Time Employees, 22.89% had a Professional Relationship with the Patient, 13 % & 25% were Part-Time Employees due to the Provision of Care, 7.63% were Retired, 5.62% Regardless of the Care-Provision, 3.21 % were Engaged in Household, 2.01% were Unemployed due to the Provision of Health-Care and last but not least 1.20% of them were Independent regarding the Provision of Care.

Consequences of the Care-Provision

The responses of the caregivers were recorded, regarding their opinion on the provision of care. The answers were given on a five-point scale from 1-5, where 1 represented the "I strongly disagree", 2 the answer "Disagree", 3 the "Neither agree nor disagree", 4 the "Agree" and 5 the "I totally agree. It turns out that the participants disagreed that their relationship with their patients had created them stress.

Also, they disagreed that this Relationship had Reduced their Free Time, had caused them Feelings of Sadness, Frustration and Loneliness.

Finally, the respondents again disagreed that this relationship with the patients had a Negative Effect on the Quality of their Sleep, their Physical Health and their Relationships with Family, their Financial Situation and finally last but not least their Social Relationships.

Participation in Conferences or Educational Programs

In this section are presented the answers of the health-care assistants regarding their **opinion on their Participation in Conferences or in Training Programs.**

The respondents answer to a question about the frequency of such participation and the amount of time. The answers were given on a five-point Likert-Scale from 1-5 where the value 1 represented the answer "Never", answer 2 the "Rare (1-2 times)", answer 3 the "Sometimes (3-4 times)", answer 4 the "Often (5-10 times)" and answer 5 the "Very often (every month)". Finally, emerged how the study that the participants annually, often (5-10 times) participated in Conferences or Training Courses.

In this analysis were also included the responses of the caregivers in questions related to conference-areas or educational programs, into which themselves are involved.

Multiple Choice Options were provided to the Participants.

It appears that 41.20% of the respondents participated in a conference or an educational program related to interventions for the smooth continuation of daily living activities, 40.80% interventions for the maintenance of physical strength and 39.20% new directions and innovative interventions, to improve the quality of life for dementia patients, 32% interventions to maintain cognitive function and 27.20% behavioural therapy interventions.

5. Scientific Conclusions

Finally, it was observed that, the participants who had faith in the effects of care, performed a lower frequency of participation in conferences or training programs and agreed in a lesson degree, with the benefits and obstacles of this participation.

Also, those who agreed on the existence of limits onto participation in conferences, agreed at the same time to the existence of this educational benefit.

In addition, health-caregivers who believed that there are benefits in attending such conferences often did participated.

However, the most important outcome that led to less belief in the existence of effects from the provision of health-care, was the belief in the existence of benefits, from attending conferences and thus frequent participation onto them.

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