



Culturally Safe Dementia Care (CSDC): Building nursing capacity to care for First Nation Elders with memory loss

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Why focus on memory care within First Nation communities?

As First Nations get older, more Elders are experiencing memory loss and being diagnosed with dementia. Some people have found that factors like diabetes, poverty, obesity, heart disease, and low levels of schooling are linked to memory loss in later life.

Purpose: The purpose of this research is to build skills and teach nurses to care for First Nation Elders with memory loss in a culturally safe way.

Objectives:

- a) To turn lessons from earlier work with Elders into a teaching session for nurses, all guided by Elders;
- b) To find out what nurses know about cultural safety and dementia care and the skills they have before and after the teaching sessions; and,
- c) To find out how well the teaching sessions improved the ability of nurses to care for Elders with memory loss.

Why a Teaching Session led by Elders?

Health care workers and First Nation communities have told us there's a need for nurse training on cultural safety and dementia care. This is so nurses can better care for First Nation Elders with memory loss at home and in residential care. Elders have told us teaching on memory loss and memory care should be done through storytelling, a means by which Elders share their teachings. This project will bring Elders and nurses together so that Elders can teach nurses about culturally safe memory care and nurses can build on skills they already have.

Who can take part in this research?

- Elders in both the North and South Secwepemc territory are being asked to help in a series of talks to create the teachings that will be used to help nurses learn about culturally safe care, to deliver the teaching sessions, and to talk about the information collected from the nurses before and after the teaching sessions.
- About 30 nurses are needed from Interior Health (IH) residential care and First Nations and Inuit Health Branch (home and community care). Nurses will be asked to take part in: a teaching session with Elders, answering some questions before and after the session about cultural safety and dementia care and completing an online Provincial Health Authority (PHSA) Indigenous Cultural Competency Training (ICC).

For more information or to become involved, please contact:

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This project is funded by the Michael Smith Foundation for Health Research (MSFHR) BC Nursing Research Initiative (BCNRI) from January 4, 2011 to June 30, 2014

Culturally safe dementia care: Building nursing capacity to care for First Nation Elders with memory loss (January 2011 to July 2014)

Summary of findings

- Elder participants identified the following as central to culturally safe dementia care: (1) care must match the individual; (2) historical trauma; (3) understanding culture; (4) staying connected with family and community; and (5) relationship with the health care team.
- These five teaching points were made into four teaching stories written by researchers and Elders, and the teaching points were also used to assess how culturally safe the nurses were before and after the education they received.
- The education the nurses received included the Provincial Health Services Authority indigenous cultural competency (ICC) training, followed by a teaching session with Elders.
- The nurse participants completed three tests before and after the education – (1) the approaches to dementia questionnaire (ADQ), (2) ICC quizzes, and (3) a care plan – and their before and after answers were compared.
- The results showed that our educational offering made a difference in terms of improving the knowledge, skills, and values of nurses with respect to cultural safety and dementia care. Specifically,
 - Overall Care Plan scores increased after the education
 - Care Plan Self-Scores did not change after the education
 - Overall ADQ scores did not change after the education
 - ADQ Hope score did increase
 - Person-Centred score decreased, although not significantly
 - ICC Knowledge score increased after the education
 - ICC Self-Assessment did not increase after the education
 - Participants found the teaching session to be effective, and identified “The Transition” most often when asked which of the four teaching stories had the most impact.
 - Several teaching points such as those related to historical trauma and relationships with the health care team were discussed by the nurses, but not written about in their care plans.
 - Differences were noted between the nurses in the North and those in the South in both their care plans and the discussion at the teaching session with the Elders.

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