ABSTRACT
Staff development and training programs focusing on the care of patients with dementia is important in providing staff with the specialized knowledge and skills essential in the management of these patients. In this article, the nature of staff development is explored with an analysis of conceptual visions or definitions of staff development. Secondly, the Cervero (1985) framework for continuing professional education and behavioral change is used as a guide to describe the factors that influence the effectiveness of staff development (i.e., social system, individual learner characteristics, type or design of program). Next, the literature related to the outcomes of staff development programs is analyzed. In particular, do staff development programs lead to increased staff morale and job satisfaction and improved client care? An analysis of orientation and educational programs developed for staff working with patients with dementia in long-term care settings is conducted. Using aspects of the RSA evaluation model (Abruzzese, 1996), each program is examined in terms of its process, content, outcome, and impact, along with its feasibility in clinical settings. This critical analysis provides some direction for the development and evaluation of staff development programs in long-term care settings for those staff who work with patients with dementia.
During the past couple of decades, the impetus toward building and maintaining competent and knowledgeable nurses through staff development and continuing education has been driven by legislation, professional organizations, and the regulating bodies themselves (Canadian Nurses Association, 1998; Statutes of Ontario, 1993). This supportive milieu for continuing education for RNs encourages them to meet specialized learning needs related to their particular areas of clinical practice. The following learning needs for those working in long-term care settings have been identified (Finnick, Crosby, & Ventura, 1992; Patterson, Molloy, Jubelius, Guyatt, & Bedard, 1997):

- Stress management.
- Management of behavioral problems associated with dementia.
- Understanding and management of emotional needs of residents and families.
- Assessment and management of pain.

Unfortunately, the impetus for continuing education to meet specialized learning needs has not been paralleled to the same extent for nonregulated health care workers, such as aides. In long-term care settings, aides work the closest with patients with dementia, yet require the least amount of pre-employment education and training (Wagnild, 1998). Often, the responsibility for training and educating these employees remains with the employing facility. Yet, the fiscal demands and shrinking resources in long-term care settings create challenges in providing effective staff development training. Moreover, the limited staff development training that does occur is rarely evaluated in terms of its effectiveness in changing behavior and improving client outcomes.

The purpose of this article is to explore the role of staff development in long-term care facilities, specifically in the care of patients with dementia. The nature of staff development will be discussed briefly. Cervero’s (1985) model will be used as a guide to identify and analyze factors that influence the effectiveness of staff development programs. Finally, the literature related to the evaluation of staff development programs and dementia care in long-term care settings will be explored in light of Abruzzese’s (1996) evaluation model.

THE NATURE OF STAFF DEVELOPMENT

Tobin, Yoder-Wise, and Hull (1979) were among the first to develop a definition of staff development. In this definition, staff development was described as a process that includes both formal and informal learning activities related to the employee’s role expectations and that takes place within or outside the profession. O’Connor (1986) adds that staff development involves orientation, in-service education, continuing education, and educational supplementation. More recently, Kelly (1992) states that staff development is a process of assessing, maintaining, and developing nurses’ competence, as defined by the employing agency; most often using learning activities such as orientation, in-service education, and continuing education, leadership development, and skills training; and most often occurring within health care organizations (p. 31).

There are two key points in these definitions:

- Emphasis on the influence of the health care organization on staff development initiatives.
- Development of competent personnel with specialized skills so agency-specific goals can be met.

THE CERVERO MODEL

The Cervero (1985) model was used as a guide to describe the factors that influence the effectiveness of staff development (Figure). These factors include the program itself, the proposed change, characteristics of the individual professional, and the social system in which the program is embedded. It is posited that each of these factors contribute to the effectiveness of the program which can be measured by a change in behavior of the program participant and client outcomes. This model was chosen because of its broad perspective on staff development and its emphasis on the multiple variables that can contribute to the success or failure of a staff development program.

According to Cervero (1985), individual learner characteristics can influence the effectiveness of educational programs. In a meta-analysis of 22 studies, Waddell (1993) examined the motivational orientation and the type of RN who attends continuing education programs. Overall, motivational orientation explained 46% of the variance in participation with cognitive interest and external expectations (e.g., for relicensure, employer expectation) explaining 12% and 11% of the variance in participation, respectively.

In addition, demographics explained 25% of the variance, with income and area of clinical practice explaining more (6% and 7%, respectively) than any other single demographic variable. The results indicate that adults are motivated by both extrinsic (i.e., external expectations) and intrinsic (i.e., cognitive interest) factors, and that they enter into a learning experience with problem-centered focus (i.e., clinical practice).

The results provide some evidence about the typical RN who attends continuing education programs. However little research, if any, has been conducted in this area related to health care aides. In most states, the external expectations for RNs are different than those for aides, because aides are not licensed and seldom belong to a professional body. Studies have indicated the intrinsic motivation of nursing aides to gain knowledge and skills related to dementia care is strong (Feldt & Ryden, 1992; Finnick, Reis, & Drobotis, 1990) and they seem to be “hungry for knowledge that is relevant for their work” (Feldt & Ryden, 1992, p. 10).
It is important to consider these individual factors when planning staff development programs. Participants who are motivated to learn will likely contribute to the effectiveness of the program. Whereas, the program will probably be less effective in changing behaviors and client outcomes for those who are not motivated. Therefore, more attention should be given to individuals with low motivation related to their practice behaviors. More effort should be directed at reducing barriers and raising incentives in unregulated staff (e.g., aides) who may lack intrinsic or extrinsic motivation.

Within Cervero’s (1985) model, this factor (i.e., learner characteristics) could be further delineated by using a set of “sub-variables” (e.g., motivation level, income) as supported by research findings, especially those relevant for unregulated health care workers in long-term care settings. In this manner, educators could better attend to the factors that influence program effectiveness.

Along with the learner characteristics, Cervero’s (1985) framework indicates that the type or design of the staff development program plays an important role in its success or failure. In this respect, efforts need to be taken to determine the type of program that adult learners prefer, and also, which programs produce the best outcomes. Program designs should focus on the facilitation of learning rather than the transmission of content, self-directed learning, and equal partnership in the learning process (Avillion & Abruzzese, 1996). In a recent study conducted in three nursing homes in Ontario, Patterson et al. (1997) found the majority of staff preferred an educational format involving group discussion (66.5%), seminars (63.7%), and handouts (56.7%).

Studies have attempted to evaluate the effectiveness of some of the various designs used in staff development. For example, Kaner, Rheinheimer, DeLisi, and Due (1998) examined the impact of experiential learning on staff’s knowledge and misconceptions about aging using a simulation game to experience some of the feelings that older people in society face each day. In a pretest-posttest design, the authors found a significant decrease ($F = 23.86$, $p < .0001$) for negative biases or feelings toward older adults, and a significant increase in knowledge about aging ($F = 64.08$, $p < .0001$). However, other teaching methods could have also contributed to the significant results, because participants also viewed a videotape about aging, followed by a discussion period. In addition, there was no comparison group used to control for the naturally occurring changes of the participants that may have occurred during the 2-month study course.

Self-directed learning packages have also been evaluated. Tully (1997) found no significant difference between the posttest scores of the nurses who attended a lecture format versus those who used a self-directed learning package. In contrast, Nikolajski (1992) found a greater increase in knowledge using unit in-service compared to a self-learning package, although both methods showed significant increases. However, there was a greater participation rate for the self-learning method, and also, less time and cost was associated with this method. Unfortunately, staff satisfaction or preference of method used was not examined formally in either of these studies.

In addition to learner characteristics and design of the program, Cervero (1985) suggests that the type of proposed change can also influence the effectiveness of the program, and that these proposed changes can be equated with the goals and objectives of the program. He elaborates,

- a change which is simple to make yet produces dramatic results in client outcomes would be adopted more readily than a complex change that produces ambiguous results (p. 87).

Within this model, the social system has a major impact on staff development initiatives. Changes in behavior and client outcomes occur within a social system (Cervero, 1985). Educators must consider the constraints and opportunities within the working environments of learners in planning programs that are intended to improve not only their competence, but also their performance (Cervero, 1985, p. 86).
The philosophy, policies, and procedures should provide the impetus for staff development initiatives, in addition to clinical practice. For example, a philosophy that supports a participatory management style, such as shared governance, empowers staff members and encourages them to have authority and autonomy both in their clinical practice and staff development activities (Ferguson-Pare, 1996; Hatcher & Laschinger, 1996; Hitchings, 1996; Laschinger & Havens, 1997). In this manner, team learning is enhanced, creating a sense of “thinking together” (Senge, 1990, p. 11).

However, in long-term care settings, nursing aides are usually given low levels of responsibility and accountability in their clinical practice and may feel they are on a “different team” from the RNs and administration. In fact, Cohn, Smyer, Garfein, Droogas, and Malone-Beach (1987) found that administration over-reported and nurse’s aides under-reported the amount of training provided, which contrasted starkly with comments made by administrators about recognizing the need for additional and better training efforts. Cohn et al. (1987) suggest that nurse’s aides and administrators need to set mutual goals requiring innovative and additional training opportunities to provide direction for staff development initiatives.

In an attempt to improve the social system within long-term care settings, McAiney (1998) developed The Empowered Aide Model (TEAM). The components of this model include:

- **Empowerment** (i.e., increase the opportunity of the nurse’s aide to make job-related decisions).
- **Organization** (i.e., provide more consistent staffing, whereby the same nurse’s aide cares for the same group of residents for an extended period of time).
- **Education** (i.e., in-services provided to increase knowledge and skills).
- **Teamwork among staff**.

This model encourages mutual goal setting along with a sense of autonomy and teamwork to address the need for better training activities. The linear representation of Cervero’s (1988) model does not emphasize—to the extent that it should—the powerful influence of organizational culture on the effectiveness of staff development. This line of thinking is congruent with Kelly’s (1992) view on the nature of staff development, which is seen as “occurring within health care organizations” (p. 31).

### STAFF DEVELOPMENT PROGRAMS RELATED TO LONG-TERM DEMENTIA CARE

With these influential factors in mind, the effectiveness of staff development programs related to dementia care in long-term care settings can be analyzed. A literature search of these programs was conducted using the Cumulative Index to Nursing and Allied Health Literature® (CINAHL) and Medline databases from 1989 to 1999 inclusive. The following key words were used in varying combinations to perform the literature search: staff education, staff development, long-term care, nursing homes, training, Alzheimer’s disease, dementia,
A gerontological care, program evaluation, and nursing. Only those studies that included an evaluation component in their staff development initiatives were selected for this article. The literature search produced a final count of 14 articles.

The majority of the staff development programs for dementia care in the long-term setting focused on strategies to promote the mental health of residents with dementia and better manage associated behavioral problems. Some of these behavioral problems are categorized as catastrophic reactions (Williams, Wood, & Moorleghen, 1994), aggressive episodes (Feldt & Ryden, 1992; Mentes & Ferrario, 1989), and learned helplessness (Brandriet, 1995). Another program focused on enhancing residents' abilities related to morning care (Wells, Dawson, Sidani, Craig, & Pringle, 2000).

**ABRUZZESE (1996)**

**EVALUATION MODEL**

Although Cervero's (1985) model includes two areas (i.e., behavioral change, client outcomes) that can be used as a means to examine program effectiveness, this model lacks sufficient detail to provide a comprehensive framework for the evaluation of staff development programs related to dementia care in long-term care settings. Therefore, Abruzzese's (1996) evaluation model was used to guide the evaluation of these programs. Within this model, there are various levels of evaluation:

- Process.
- Content.
- Outcome.
- Impact evaluation.

The first aspect of program evaluation, process evaluation, has been called, the “happiness index,” and involves the immediate reaction to the program and assesses the effectiveness of the teaching and learning methods, content relevance, and appropriateness of physical facilities (Abruzzese, 1996). Two of the programs reviewed used process evaluation. Within these evaluations, the participants appeared to be satisfied with the programs (Cohn, Horgas, & Marsiske, 1980; Smith, Buckwalter, & Albanese, 1990), stating that the program was appealing, interesting, of good quality, and relevant to their practice. Some negative comments were directed toward the physical environment in which the program was held, such as cramped quarters, uncomfortable room temperature, and noise (Smith et al., 1990).

After process evaluation, the next level for staff development programs is content evaluation, which measures the degree to which participants have learned the information imparted during the educational experience (Abruzzese, 1996). Within this level, changes in knowledge, affect, or skill are examined immediately after the program.

The majority of the studies that were reviewed used content evaluation. These studies showed an increase in participant knowledge (Campbell, Knight, Benson, & Colling, 1991; Cohen-Mansfield, Werner, Culpepper, & Barkley, 1997; Cohn et al., 1990; Mentes & Ferrario, 1989; Ripich, Wykle, & Niles, 1995; Smith et al., 1990; Snyder, Brannon, & Cohn, 1992), and improved affect and staff perceptions about residents' behavioral problems (Cohen-Mansfield et al., 1997; Feldt & Ryden, 1992; Hoffman, Platt, & Barry, 1987; Mentes & Ferrario, 1989; Parker, 1997; Phillips & Baldwin, 1997; Ripich et al., 1995).

Although the content evaluation findings show an increase in participant knowledge and improved attitudes about caring for patients with dementia, the literature related to the outcome evaluations of these programs is equivocal. Outcome evaluation refers to the changes in practice or the transfer of learning on clinical units following the program, such as job performance (Abruzzese, 1996).

Two studies do not support a change in participants' job performance after attending a staff development program (Campbell et al., 1991; Snyder et al., 1992). Tellis-Nayak and Tellis-Nayak (1989) cast doubt on the effectiveness of staff development in changing job performance for health care aides, given the organizational culture of long-term care facilities and the difficulties of health care aides' home lives. Specific factors reported to inhibit change in job performance in gerontological practice were policies, physician practices, increased census, client acuity level, decreased staffing, and lack of peer and administrative support (Gifford & Edwards, 1994).

Other studies indicate an improvement in job performance (Brandriet, 1995; Cohn et al., 1990; Feldt & Ryden, 1992; Hoffman et al., 1987; Phillips & Baldwin, 1997; Wells et al., 2000). However, the methods used to measure job performance, such as self-report of caregiving behaviors (Cohn et al., 1990; Hoffman et al., 1987; Mentes & Ferrario, 1989), telephone surveys (Parker, 1997), and videotaped nursing care (Phillips & Baldwin, 1997), lend themselves to many biases. Thus, the accuracy of results using these particular methods is questioned.

The next level of evaluation, impact evaluation, or the organizational results attributable, in part, to the program (e.g., quality of client care, cost–benefit results), has received little
attention in the literature. In fact, it was addressed in only two of the studies reviewed (Wells et al., 2000; Williams et al., 1994). In both of these studies, client outcomes improved with staff development. Residents' overall function improved and the incidence of combative behaviors for residents decreased, respectively.

It was interesting to note that, in both of these studies, all levels of staff (i.e., RNs, registered practical nurses [RPNs], licensed practical nurses [LPNs], aides) participated in the same program. According to Senge (1990), team learning is critical to produce alignment among team members, which is a necessary condition to effectively produce change within an organization. This sense of "working as a team" is also supported by the TEAM model as discussed previously (McAiney, 1998). Indeed, additional research is needed to examine the impact of team learning within staff development programs on changes in client care in long-term care settings.

**IMPLICATIONS AND CONCLUSIONS**

This analysis has several implications for the planning and evaluation of staff development programs. First, in light of the conceptual models used, the effectiveness of these programs needs to be evaluated from multiple perspectives. That is, consideration must be given to factors in addition to the program itself, such as the type of the proposed change, individual learner characteristics, and the social system in which the program is implemented. Results of this review suggest that programs should:

- Be based on educational needs as identified by the learner.
- Capitalize on learner motivation.
- Promote conditions for adult learning in their design (e.g., self-directed learning, experiential learning, group discussion).

The impact of the social system in which staff development programs operate is extremely important and requires consideration when planning, implementing, and evaluating these programs. Barriers to effective educational programs should be minimized (e.g., registration fees, undesirable time and location of program) and favorable factors encouraged (e.g., support from administration).

Staff development related to dementia care in long-term care settings is important for all levels of staff to improve skills and maintain competency. It is particularly important for the nonregulated staff, such as aides, because they provide the most "hands-on" care and require the least amount of pre-employment training (Wagnild, 1988). However, little research has examined the unique characteristics of aides and the relationship between these learner characteristics and the effectiveness of staff development programs. For example, because the majority of health care aides belong to minority groups (Finnick et al., 1990), the effect of culture on program effectiveness, especially in terms of changes in job performance, needs to be examined so program designs and teaching methods can be adapted accordingly.

As discussed previously, the external expectations for RNs (e.g., regulation, professional body), who serve as motivators, may be neither similar nor as strong for aides. The factors that motivate aides to attend staff development programs need to be explored, including:

- What are the external expectations for aides to attend educational programs?
- Do long-term care facilities place enough, or as much, emphasis on staff development as acute care settings?
- Do long-term care settings impose expectations for aides to attend staff development activities as a requirement to maintain employment?
- Is attendance at these programs monitored as a function of performance appraisals or through peer evaluations, or as part of a career ladder for this job category?

In light of this analysis of the literature related to staff development, another question is raised: Does team learning encourage effective teamwork? It was originally assumed that each level of staff (e.g., RNs, RPNs, aides) should participate in separate staff development programs so the content and type of information is geared for the specific needs according to their level of practice. However, this assumption was challenged throughout the review.

In fact, the two program evaluation studies that showed improved client outcomes targeted all levels of staff within the same program—the staff learned together and practiced together. Perhaps, this "team approach to learning" facilitates a more effective "team approach to care." In this manner, a common vision of the proposed change would be shared among all levels of staff who are aware, and supportive, of each other's role in implementing the proposed change. This speculation should be tested in future research, and is particularly relevant for long-term care settings.

The various factors that influence the effectiveness of staff development initiatives need to be considered. In addition, evaluation studies with strong methodology and larger sample sizes are desperately needed to confirm the effectiveness of staff develop-
ment programs on their participants. With thoughtful planning and application of factors promoting effective staff development activities, the knowledge and skills gained through staff development can be transferred to practice, as evidenced by improved care of residents with dementia in long-term care settings.

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