Feasibility of providing Namaste managed care to the elderly with Alzheimer's disease

Viabilidad de brindar atención administrada por Namaste a los ancianos con enfermedad de Alzheimer

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Abstract

Introduction & Background: Caring for the elderly with Alzheimer's is a daunting task and trained nurses have the most important role to play in providing quality care to these patients. Since no study has been conducted in the country on the possibility of administering Namaste managed care to the elderly with Alzheimer's disease, the present research was designed and conducted with the aim of investigating the possibility of implementing Namaste care for the elderly with Alzheimer's disease. **Methods:** In order to assess the feasibility of performing Namaste managed care, a researcher-made questionnaire was designed and developed by reviewing scientific databases (ISI, PubMed, Scopus, and ProQuest), reviewing relevant texts and using the opinions of experts. The research tool has 25 questions that are organized in two parts and its validity and reliability are calculated by the researcher. The first part contains the demographic information of the participant and the second part is designed in three dimensions of human resource capability, organizational culture and management commitment in order to estimate the possibility of implementing new methods of care in the nursing home. **Results:** The research findings show that the possibility of implementing Namaste managed care in the dimension of human resource capability with an average of 4.18 is the highest and then the organizational culture dimension with an average of 3.89 and finally the dimension of management commitment with an average of 3.84 is the lowest. Also, the average feasibility score was 3.95 with a standard deviation of 0.22 and the total mean was 98.8. Therefore, according to the results (total average above 75) done the study is possible. **Conclusion:** Due to the rapid increase in the elderly population, the most important challenge of the health system today is to create a comprehensive care system for the elderly. Many of these patients are kept by unskilled people in unauthorized centers. Trained nurses and appropriate places play the most important role in providing a suitable environment and providing quality care for the elderly with Alzheimer's disease.

Keywords: Alzheimer's disease, feasibility, older, caring Namaste.

Resumen

Introducción y antecedentes: Las personas mayores con enfermedad de Alzheimer no pueden satisfacer sus necesidades debido a problemas cognitivos y de comportamiento. El cuidado de los ancianos con Alzheimer es una tarea abrumadora y las enfermeras capacitadas tienen el papel más importante que desempeñar para brindar una atención de calidad a estos pacientes. Dado que no se ha realizado ningún estudio en el país sobre la posibilidad de administrar la atención administrada de Namaste a los ancianos con enfermedad de Alzheimer, por lo tanto, la presente investigación fue diseñada y realizada con el objetivo de investigar la posibilidad de implementar la atención de Namaste para los ancianos con enfermedad de Alzheimer. **Métodos:** La presente investigación es un estudio de viabilidad. Para evaluar la viabilidad de la atención de Namaste, se diseñó y desarrolló un cuestionario elaborado por investigadores revisando bases de datos científicas (ISI, PubMed, Scopus, ProQuest), revisando textos relevantes y utilizando las opiniones de expertos. La herramienta de investigación tiene 25 preguntas que están organizadas en dos partes y su validez y confiabilidad son calculadas por el investigador. La primera parte contiene la información demográfica del participante y la segunda parte está diseñada en tres dimensiones de capacidad de recurso humano, cultura organizacional y compromiso de gestión con el fin de estimar la posibilidad de implementar nuevos métodos de atención en el hogar de ancianos. **Resultados:** Los hallazgos de la investigación muestran que la posibilidad de implementar la atención administrada Namaste en la dimensión de capacidad de recursos humanos con un promedio de 4.18 es la más alta y luego la dimensión de cultura organizacional con un promedio de 3.89 y finalmente la dimensión de compromiso gerencial con un promedio. de 3,84 es el más bajo. Además, el puntaje de factibilidad promedio fue de 3.95 con una desviación estándar de 0.22 y la media total fue de 98.8. Por lo tanto, de acuerdo con los resultados (promedio total superior a 75) realizados, el estudio es posible. **Conclusión:** Debido al rápido aumento de la población anciana, el desafío más importante del sistema de salud en la actualidad es crear un sistema de atención

integral para las personas mayores. La multiplicidad de problemas individuales, familiares y sociales y las consecuencias de la enfermedad de Alzheimer complican la atención de los pacientes. Muchos de estos pacientes son mantenidos por personas no calificadas en centros no autorizados. Las enfermeras capacitadas y los lugares apropiados desempeñan el papel más importante a la hora de proporcionar un entorno adecuado y brindar atención de calidad a los ancianos con enfermedad de Alzheimer.

Palabras clave: enfermedad de Alzheimer, viabilidad, mayor, Namaste cariñoso.

Introduction

Increasing life expectancy index of the elderly population in Iran and the world is considered as an important and influential factor on the social and economic system of societies[1]. Old age is associated with many problems and issues, including: increased disability and weakness, contracting several diseases simultaneously, developing chronic and incurable diseases, taking several drugs simultaneously and being susceptible to certain diseases[2]. The growing population of the elderly has posed great challenges to health policy makers, families and health care providers, one of which is dementia, the most common cause of which is Alzheimer's disease[3]. Alzheimer's is a progressive and destructive disorder of brain cells for which the exact cause is unknown and there is no specific treatment. Aging is the most important risk factor for this disease, which reduces the average life expectancy by up to 50%[4].

People with Alzheimer's are unable to meet their needs due to cognitive and behavioral problems and need formal or informal caregivers and new methods of care. Family members of people with Alzheimer's disease play a key role in caring for these people. Caring for the elderly with Alzheimer's is a daunting task and the caregivers of this group of the elderly, in order to properly care for the sick person in a way that preserves their dignity and avoids problems as much as possible. They are struggling[5]. Sadly many of these patients are cared for by individuals in centers that have no skills in caring for them. Trained nurses play the most important role in providing a suitable environment and providing quality care for old people with Alzheimer's disease[6]. Namaste-managed care or Namaste, is designed with a palliative approach to caring for Alzheimer's patients. Namaste Care is a loving approach to caring for people, especially those with advanced dementia. It is offered in a variety of setting in many countries and provides quality of life until the end of life[6]. Therefore, and due to the rapid increase in the population of the elderly, the most important challenge today is to establish a comprehensive care system for the elderly. The multiplicity and variety of individual, familial, and social problems and consequences of Alzheimer's disease complicate the care of patients[7].

In addition to the destructive physical effects, the gradual and uncontrollable destruction of the patient and the patient's mind creates a wide range of physical, emotional, psychological, social and economic needs for the affected person, family and carers[8]. Therefore, it can be said that caring for Alzheimer's patients goes far beyond following medical and nursing guidelines, focusing on physical needs and is a psychological and social phenomenon. Given that the disease is incurable and almost 60% of the residents of the nursing home are patients with moderate to severe Alzheimer's, the environment of the nursing home and the way of care should be such as to ensure the safety and well-being of patients. Thus, the dynamics of Alzheimer's care suggests attention to multiple factors: the individual, the family, the caregiver organization, and the community. Since no study has been conducted on the possibility of administering Namaste managed care in Alzheimer's patients in the country, the present study was designed and conducted with the aim of feasibility study of Namaste care for elders with Alzheimer's disease.

Materials and methods

In the present research, in order to make the study feasible, a researcher-made questionnaire with 25 questions was designed and compiled by reviewing scientific databases and reviewing related texts in the field of research literature and also using the opinions of experts. This researcher-made tool has two parts to measure the feasibility of implementing a new method of care. The first section contains demographic information including age, gender, education level, marital status, employment status, position in the organization and length of service, and the second section includes questions about the current situation in order to estimate the possibility of implementing new care methods in the nursing home. This section includes 25 questions in 3 dimensions, which include: 1- Empowerment of human resources (questions 7-1), 2- Organizational culture (questions 13-8), 3- Management commitment (questions 14-25). For each of the 25 tool items, a 5-point Likert scale was considered: Strongly Agree (Score 5), Agree (Score 4), Disagree (Score 3), Disagree (Score 2), and Strongly Disagree (Score 1).

To determine the content validity of tool in this study, two methods of qualitative and quantitative content validity were used. In the qualitative review of the content, 15 experts were interviewed and they were also asked to present their corrective views after carefully studying the tool. It was also emphasized that in qualitative evaluation of content validity, the following should be considered: observance of grammar, use of appropriate words, importance of items and placement of items in their proper place.

After collecting expert evaluations, with the help of geriatric professors, the necessary changes were made in the desired tool. For this purpose, the content validity ratio (CVR) index was used to ensure that the most important and correct content (item necessity) was selected, and the index was used to ensure that the tool items were best designed to measure the content Validity (CVI).

The item effect method was used to quantify the face validity. First, for each of the 25 tool items, a 5-point Likert scale

was considered: strongly agree (score 5), agree (score 4), have no opinion (score 3), disagree (score 2), and strongly disagree (score 1). After completing the questionnaire by the target group, the effect of face validity item was calculated using the formula of the method.

Significance × Frequency (percentage) = Impact item score

According to this formula, expressions with a score of 1.5 and higher are retained and scores lower than that are removed. 5 expressions with a score less than 1.5 were deleted and 25 expressions remained and its face validity was confirmed. Due to the fact that according to the table of Lavche, the amount of CVI determined for the questions, including 15 specialists and experts, should be above 0.70. alues less than 0.70 were obtained for some questions and the rest had numbers above the desired figure.

After calculating the effect formula, 25 items out of 30 items had an impact score above 1.5, ie these items were considered important by the target group. To determine the validity, the questionnaire was given to 15 experts and they were asked to answer about each of the 25 tool items in three items of necessary, useful but not necessary and not necessary. Responses were calculated based on the CVR formula.

CVR=The number of specialists who have selected the necessary option minus the total number of specialists divided by 2

The total number of specialists divided by 2

Thus, the score of 25 items was greater than the number of the Lavche table, so it indicated that the presence of relevant items with an acceptable level of statistical significance ($p < 0.05$) in this tool is necessary and important. After determining and calculating the CVR, at the request of the expert group, they were again given a questionnaire to calculate the CVI and they were asked to comment on each of the 25 items based on the following three criteria: 4-part Like-like: Relevant or specific, Simplicity, and Clarity. Then, the content validity index was calculated using the CVI formula.

CVI=Ratio of the number of specialists who have given the item a score of 3 and 4

The total number of specialists

The results showed that all items had a CVI score higher than 0.79, so they were considered appropriate.

Since tool making is not one of the objectives of the present study, so only the Impact item, CVR and CVI scores removed only 5 items from the tool and finally 25 questions were approved. Pre-test, retest and Cronbach's alpha coefficient were used to evaluate the reliability of the instrument and internal stability, respectively. For this purpose, 15 people completed the questionnaire twice two weeks apart. To evaluate the reliability, Cronbach's alpha coefficient was calculated for the whole questionnaire and each domain. Given that Cronbach's alpha is calculated to be 0.951, it indicates the acceptable reliability and internal consistency of the questions in this questionnaire.

Cronbach's alpha for manpower, organizational culture and management commitment components was 0.796, 0.832 and 0.845, respectively. Considering that the Cronbach's alpha values for the total score of the feasibility questionnaire and its components are higher than 0.7, so the reliability of the questionnaire is acceptable. Also in this questionnaire, the content validity index was determined from 0.82 to 1 and the content validity ratio was 0.7 to 1.

According to the 5 (Likert) range used in the questionnaire, if the average of the total questions of the questionnaire from the respondents' point of view is above 75 (number of questions *3) is considered to have the desired status and the feasibility of the study is confirmed. To be. It should be noted that after design and psychometrics, the questionnaire was designed electronically and provided to participants virtually for completion. In total, the mentioned questionnaire was completed by 20 employees of the nursing house.

Results

The research findings are summarized in the following tables.

As (Table 1) shows, the age of half of the surveyed units was between 31 and 40 years, and the majority were 65% women and 65% had a master's degree or higher. As can be seen, 55% of the units were married and 25% of the units were nurses and 60% had less than 10 years of work experience.

As shown in (Table 2), the feasibility of implementing Namaste care in elders' homes in terms of manpower capability from the perspective of the research units in item 5 "In this center, staff have access to computers, the Internet and other mass media. "With an average of 4.35 and in item 2" This center pays special attention to training and learning of employees and their retraining. With an average of 3.95, they obtained the highest and lowest average scores, respectively.

As (Table 3) shows the feasibility of implementing Namaste care in the home of elders in the dimension of organizational culture from the perspective of the research units in 13 Item "in this center, staff errors and mistakes are considered as learning opportunities" with an average of 0.05 4 and in box 12, "A friendly and trusting atmosphere prevails in the environment of this center and people can discuss the goals, processes and policies of this center." With an average of 3.65, they obtained the highest and lowest mean scores, respectively.

As (Table 4) shows the feasibility of implementing Namaste care in the home of elders in terms of management commitment from the perspective of the research units in 25 item "Regular and continuous meetings are held to exchange information about the implementation of new care methods between management and staff. "With an average of 4.4 and in item 22" indicators are designed and used to assess the impact of new care in the elderly care process. With an average of 3.45, they obtained the highest and lowest average scores, respectively.

As shown in (Table 5), feasibility study in the dimension of human resource capability with an average of 4.18 is the

highest, followed by organizational culture with an average of 3.89 and in the dimension of management commitment with an average of 3.84 had the lowest average score. It can be seen that the average feasibility score was 3.95 with a standard deviation of 0.22. Therefore, according to the results (total average above 75), done the study is possible.

Table 1. Frequency distribution of demographic characteristics of the studied units in 2020

Personal characteristics		Percent	Frequency
Age	30-20	30	6
	40-31	50	10
	50-41	20	4
	Total	100	20
Gender	Women	65	13
	Men	35	7
	Total	100	20
education	BSc	35	7
	MSc and above	65	13
	Total	100	20
marital status	Single	45	9
	Married	55	11
	Total	100	20
Position	Nurse	25	5
	General Practitioner	15	3
	Psychologist	10	2
	Psychiatrist	5	1
	Nutritionist	5	1
	Pharmacist	5	1
	social worker	5	1
	Occupational therapist	5	1
	Speech therapy	5	1
	physiotherapist	5	1
	medicine specialist	5	1
	Elderly Nurse	5	1
	Deputy Center	5	1
	Total	100	20
work experience	Less than ten years	60	12
	Ten years and older	40	8
	Total	100	20

Table 2. Frequency distribution, mean and standard deviation of feasibility study of Namaste care in nursing homes in terms of manpower capability from the perspective of the research units by items – 2016

	Empowerment of manpower	quite agree		agree		No idea		disagree		completely disagree		Average (Standard deviation)
		Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Frequency	Frequency	
1	The center plans to attract people with special knowledge and skills in the field of care for the elderly.	40	8	40	8	20	4	0	0	0	0	4.2(0.76)
2	The center pays special attention to staff training and learning and retraining.	20	4	60	12	15	3	5	1	0	0	3.95(0.75)
3	In this center, there is a regular process for new employees to get acquainted with new care and its benefits.	35	7	45	9	15	3	5	1	0	0	4.1(0.85)
4	Updating the knowledge of the staff by using educational and research tools and facilities is a part of the goals and programs of this center.	45	9	35	7	20	4	0	0	0	0	4.25(0.78)
5	In this center, employees have access to computers, the Internet and other means of mass communication.	60	12	20	4	15	3	5	1	0	0	4.35(0.93)
6	In this center, people feel empowered and believe that the management of the center values their knowledge and its role in providing new care.	50	10	30	6	15	3	5	1	0	0	4.25(0.91)
7	Following up-to-date and scientific care, the quality of service has improved and staff communication with elder people and their families has improved.	35	7	55	11	5	1	5	1	0	0	4.2(0.76)

Table 3. Frequency distribution, mean and standard deviation of feasibility of Namaste care in a nursing home in terms of organizational culture from the perspective of the research units by items - year 2020

	Organizational Culture	quite agree		agree		No idea		disagree		completely disagree		Average (Standard deviation)
		Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	
8	All employees are active in creating a knowledge-based atmosphere regarding the care of elders.	30	6	45	9	10	2	15	3	0	0	3.9(1.02)
9	In this center, by creating a suitable environment for learning and training of employees, the ground for creating, maintaining and transferring new methods of care has been provided.	40	8	25	5	20	4	15	3	0	0	3.9(1.11)
10	The intranet is used as the main source of communication of this center in order to exchange and transfer new knowledge in the field of care for elders.	35	7	40	8	15	3	10	2	0	0	0.4(0.97)
11	All the staff of this center work in working teams to solve the care problems of elders with Alzheimer's disease and their families.	25	5	40	8	30	6	5	1	0	0	3.85(0.87)
12	A friendly and reliable atmosphere prevails in the environment of this center and people can discuss about the goals, processes and policies of this center.	10	2	45	9	45	9	0	0	0	0	3.65(0.67)
13	In this center, staff mistakes are considered as learning opportunities	25	5	55	11	20	4	0	0	0	0	4.05(0.68)

Table 4. Frequency distribution, mean and standard deviation of feasibility of Namaste care in a nursing home in terms of management commitment from the perspective of the research units by items – 2020

	Management commitment	quite agree		agree		No idea		disagree		completely disagree		Average (Standard deviation)
		Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	
14	In this center, the necessary infrastructure has been created to develop new care knowledge.	35	7	25	5	15	3	25	5	0	0	3.7(1.21)
15	A complete database of knowledge capabilities of staff in the field of elders diseases is available in this center.	30	6	30	6	25	5	15	3	0	0	3.75(1.06)
16	The goals and programs of this center are based on the acquisition of new knowledge and information.	30	6	35	7	30	6	5	1	0	0	3.9(0.91)
17	The management of this center supports knowledge-based activities and new care methods in the field of aging.	20	4	60	12	20	4	0	0	0	0	0.4(0.64)
18	At this center, there is a clear vision and strategy for updating knowledge and new ways of caring for elders.	30	6	40	8	30	6	0	0	0	0	0.4(0.79)
19	The modeling process (using the experiences of other centers in the field of aging care) is implemented and the results are used to improve organizational performance and create new knowledge in this regard.	30	6	35	7	35	7	0	0	0	0	3.95(0.82)
20	In this center, financial and non-financial facilities are provided for the staff to attend conferences, seminars, and scientific and international seminars related to aging.	30	6	25	5	30	6	15	3	0	0	3.7(1.08)
21	The center has improved the quality of care services by making better use of scientific resources, saving costs and expenses, and increasing innovation.	15	3	40	8	30	6	15	3	0	0	3.55(0.94)
22	Indicators are designed and used to assess the impact of new care on the elderly care process.	10	2	35	7	45	9	10	2	0	0	3.45(0.82)
23	The management of this center considers improving the performance of employees, applying new methods of care and innovation in this field and considers rewards for its improvement.	30	6	40	8	20	4	10	2	0	0	3.9(0.96)
24	The center has sufficient funds and equipment for the development of innovative care.	20	4	50	10	25	5	5	1	0	0	3.85(0.81)
25	Regular and continuous meetings are held to exchange information about the implementation of new methods of care between management and employees.	40	8	60	12	0	0	0	0	0	0	4.4(0.5)

Table 5. Numerical indicators of the feasibility of Namaste care in a nursing home and its dimensions from the perspective of the research units in 2020

Feasibility study and its dimensions	Minimum	Maximum	Average	Standard deviation	Basis 1 to 5			
					Minimum	Maximum	Average	Standard deviation
Empowerment of manpower(7-35)	24	35	29.3	3.06	3.43	5	4.18	0.43
Organizational Culture (30-6)	19	27	23.35	2.15	3.17	4.5	3.89	0.35
Management Commitment (60-12)	35	57	46.15	4.78	2.92	4.75	3.84	0.39
Total (125-25)	85	109	98.8	5.65	3.4	4.36	3.95	0.22

Discussion

Alzheimer's disease or dementia is a progressive and debilitating chronic brain disorder that is associated with profound effects on memory, intelligence, and are involved self-care, and impairs speech, motor activity, cognition of landscapes or acquaintances, dysfunctional planning, innovation, Abstract organization and reasoning[9]. The Namaste Care Program for the care of this group of patients was first developed and implemented in 2003 by Joyce Simard in the United States. It was later implemented in the United Kingdom, Australia and Greece, and studies were conducted in various countries[10]. Among them, a study conducted in 2012 on the experiences of nurses who provided care to Alzheimer's patients in a nursing home was conducted qualitatively by Kham Yektalab et al. At the University of Social Welfare and Rehabilitation Sciences with the aim of examining the experiences of nurses working in a nursing home. In this research, which was conducted by content analysis method, the experiences of nurses who worked with elders with Alzheimer's disease were examined and analyzed[11]. In order to collect data, 15 nurses were interviewed. The results showed that currently the care provided in this regard is more focused on the physical dimension and based on daily care and similar to other elders. In these experiences, although traces of other dimensions of care are evident, but their description indicates unprofessional performance, based on public sense and personal experience of nurses in caring for the elderly. The results also indicate the importance of paying attention to various physical, psychological, social, spiritual, cognitive and family dimensions in the care of Alzheimer's patients. In these experiences, although traces of other dimensions of care are evident, but their description indicates unprofessional performance, based on public sense and personal experience of nurses in caring for the elderly. The results also indicate the importance of paying attention to various physical, psychological, social, spiritual, cognitive and family dimensions in the care of Alzheimer's patients. According to researchers, it is necessary to prepare a special care program based on the opinions of nurses, patients, caregivers and also based on the specific characteristics of caring for these patients, taking into account their individual characteristics[3]. Researchers also believe that in order to provide quality care to this group of older people, it is necessary to conduct more research in the field of feasibility, examining different dimensions of care, how to properly evaluate patients with cognitive impairment, how to develop communication with patients and improve care environment.

Conclusion

In this regard, a study was conducted by Kaasalainen et al. In Canada in 2020 entitled "Assessing the feasibility and acceptance of the Namaste care program in long-term care centers (long term care) for elderly people with Alzheimer's disease"[12]. In This research found that older Alzheimer's patients are often deprived of quality end-of-life care, and Namaste care is considered as an innovative care method to improve end-of-life care for this group of patients. In a combined study, pain, quality of life, and pharmacological care were evaluated for 31 residents of the Alzheimer's family of elders before and 6 months after receiving Namaste care. These treatments were performed in two sessions of two hours a day for 5 days a week in a small and quiet environment with high sensory care. Feasibility study was performed in terms of the number of patients, the number of sessions held and any side effects. The results showed that Namaste care is possible with a participation rate of 89%. Also, after providing Namaste care, participants' pain and quality of life improved and were reduced medication costs. Older family members and caregivers praised Namaste Care and found it useful. The results of this study are in line with the present study. Regarding the impact of Namaste care on the quality of life of Alzheimer's elderly, a study conducted in 2015 by Volicer in Florida, USA on 30 elderly people with Alzheimer's disease aimed to investigate the impact of Namaste care on Alzheimer's elderly[13]. The results of the study, which was conducted with a qualitative approach and the method of bedridden theory, showed that Alzheimer's disease affects all aspects of a person's life. Communication and social disorders include physical problems, mental disorders, and unknown pain. The conceptual model presented in this study showed two main factors, namely, a calm and comfortable environment and a loving touch, which are two important factors in the Namaste care program that improve the quality of life of the elderly with Alzheimer's disease. In fact, these two factors cause to increase the quality of life of Alzheimer's patients by reducing patient stress, increasing patient participation in daily activities, reducing pain, improving the quality of communication between patient and nurse, increasing patients' sense of satisfaction (touch) and satisfaction with care. Another study was conducted in 2017 by Stacpoole et al. In the UK and long-term care centers on 25 elderly people with Alzheimer's. The aim of this study was to investigate the effect of Namaste managed care on the quality of life of older Alzheimer's patients. The results of this study, which was conducted in 6

action centers for the care of elderly people with Alzheimer's disease, show that Namaste care leads to a better relationship between treatment team members and patient-centered care. It also creates a positive and calm environment for patients when providing care[14]. In Iran, too, the age pyramid of the population has changed to elderly[15]. According to the United Nations Information Center in Tehran, the number of Iranian elders in 2050 will reach 26 million and 393 thousand people, or 26% of the total population of the country[15]. It is predicted that by 2030, there will be 30 million people and in 2050, there will be nearly 100 million elderly people with Alzheimer's disease in the world. Necessary policies are needed in terms of providing structural facilities, equipment and manpower to provide new care to This group of patients[16]. In Iran, the number of people with Alzheimer's is currently more than 600,000, which makes it necessary to conduct more research in this regard. In general, the planning and implementation of Namaste care leads to better and more communication between the treatment team, the patient and his family, and reduces the patient's symptoms, including stress, pain, and restlessness.

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