

Background

- 78-90% of persons with dementia (PWDs), residing in Long Term Care (LTC) facilities, exhibit Behavioral and Psychological Symptoms of Dementia (BPSD), which lead to caregiver burden and medication overuse.
- Ethnic minority older adults in United States (US) will increase to 28% (21.1 million) of total older adults by 2030.
- Korean American (KA): 1.8 million (2015)
- In LTCs, KA residents interact with caregivers of diverse cultures. This may result in cultural misunderstanding, inappropriate social interaction, & may contribute to BPSD.
- Little known about the association of BPSD to direct care staff's quality of social interactions in ethnically diverse populations in the US.

Purpose of study

: To explore and describe the relationship between social interaction competence of non-Korean direct-care staff members and BPSD in KA older adults residing in LTC facilities

Methods

Design: Longitudinal design with repeated measure

Sample & Setting

- 20 KA residents with dementia
- 28 Non-Korean direct-care staff members
- Setting: a LTC facility in Los Angeles (with > 90% KA residents)

Measures

- Dementia Social Interaction (DSI) Coding Schema
- Culture Social Interaction (CSI) Coding Schema
- Modified Agitated Behavior Rating Scale (mARBS)

Data collection

- RA Training: 8 hr (inter-rater reliability >.7)
- 32 Direct observations of morning & afternoon care : 6 events/resident
- Handheld device (Pocket Observer, Noldus)

Data analysis

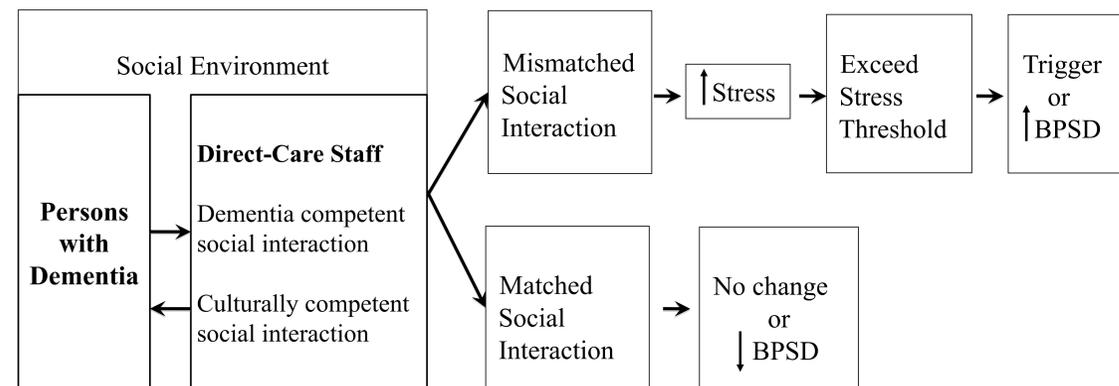
Descriptive statistics
Regression Analysis (N=20, N=10 with high intensity)

IRB Approved by UCLA

Theoretical Framework

Progressively Lowered Stress Threshold (PLST) & Lawton's Environmental Press

(adapted from Hall & Buckwalter, 1987; Lawton & Nahemow, 1973)



Dementia

Dementia Social Interactions (DSI)

(adapted from Gillogly, 2003; Kohler, 2004; Williams, 2005)

Competent social interaction behavior

- Gentle pace: 83.87%
- Continuous care: 90.22%
- Speak slowly: 85.71%
- Kind tone of voice: 61.36%

Incompetent social interaction behavior

- No initial introduction: 78.95%
- No initial calling name: 70.97%
- No inform prior to care: 66.94%
- Interrupt of care without notice: 54.55%

DSI

: 0.73 - 0.83 (Cohen's Kappa)
: 75 % - 84.62 % (Percentage agreement)

Culture

Culture Social Interactions (CSI)

Based on Korean Culture: Respect for the Aged

Competent social interaction behavior

- Initial interaction (e.g., *Halmeoni*): 54.30%
- Occasional eye contact: 51.65%
- Proximity (e.g., around arm length): 100%
- Affectionate touch (e.g., hand): 36.36%

Incompetent social interaction behavior

- No greeting: 72.22%
- Inappropriate calling name: 45.7%
- Speech style (Korean, casual): 84.63%
- Body position (e.g., look down): 81.32%
- No eye contact: 48.35%

CSI

: 0.69 - 0.82 (Cohen's Kappa)
: 76.92% - 84.21% (Percentage agreement)

Conclusion

This study shows potential influence of direct-care staff's quality of social interactions on BPSD in ethnically minority older adults residing in LTC facilities. It also proposes the beginning knowledge to develop culturally sensitive communication to improve care quality and quality of life in PWDs. Further study with larger sample size in various settings is necessary to make these results to more applicable and reliable for future researchers and health care providers.

Results

Direct-Care Staff Participants (N = 28)

- 25 female (86.2%)
- Age: 34 (± 9) years
- Ethnicity: 28 Hispanic, 1 African-american

KA residents (N = 20)

- Female (85%)
- Age: 87.25 (± 7.23)
- MMSE: 9.33 (± 8)
- Co-morbid illness: HTN (70%), DM (50%)

BPSD

- Restlessness: 1,612 (39.41%)
- Vocalization: 1,041 (25.45%)
- Banging/tapping: 967 (23.64%)
- Pacing: 257 (6.28%)
- Escaping restraints: 169 (4.13%)
- Search/wander: 44 (1.09%)

SI & BPSD

: PM (afternoon care)

- N=20: $\beta = -4.03$, SE = 3.74, $p = 0.28$
- N=10 (high Intensity): $\beta = -4.46$, SE = 3.59, $p = 0.22$

