

2012

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Recommended Citation

Phillipson, Lyn; Stoyles, Gerard J.; and Fleming, Richard, "Engaging psychology students in clinical placements in dementia care" (2012). *Faculty of Social Sciences - Papers*. 21.

<https://ro.uow.edu.au/sspapers/21>

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In the coming decades, as the population ages, meeting the needs of people with dementia will present considerable challenges to the health and social sector in Australia. Currently, health workforce shortages, preferences to work with other patient populations, and limited attractive career pathways have resulted in problems with the quality of care for people with dementia, which will only worsen unless health professionals can be engaged to work in the sector. Initial attempts by an education provider to create clinical placement opportunities for psychology students had generated little interest with students. In an attempt to understand barriers to participation and improve student engagement, we undertook formative research utilising a social marketing approach to develop an understanding of how participation of students in an aged and dementia care placement could be improved.

Keywords

era2015

Disciplines

Education | Social and Behavioral Sciences

Publication Details

Phillipson, L., Stoyles, G. J. & Fleming, R. (2012). Engaging psychology students in clinical placements in dementia care. ANZMAC 2012: Australian and New Zealand Marketing Academy Conference (pp. 1-7). Australia: ANZMAC.

Engaging psychology students in clinical placements in dementia care

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Keywords: dementia, social marketing, psychology, higher education

Abstract

In the coming decades, as the population ages, meeting the needs of people with dementia will present considerable challenges to the health and social sector in Australia. Currently, health workforce shortages, preferences to work with other patient populations, and limited attractive career pathways have resulted in problems with the quality of care for people with dementia, which will only worsen unless health professionals can be engaged to work in the sector. Initial attempts by an education provider to create clinical placement opportunities for psychology students had generated little interest with students. In an attempt to understand barriers to participation and improve student engagement, we undertook formative research utilising a social marketing approach to develop an understanding of how participation of students in an aged and dementia care placement could be improved.

Background

Dementia is a progressive, disabling neurological syndrome that leads to profound physical and cognitive deficits (Sauvaget, Yamada et al. 2002). The main risk factor for dementia is increasing age and, due to the ageing of the population, the number of people living with dementia worldwide will double every 20 years to reach 81.1 million by 2040 (Ferri, Prince et al. 2005). In Australia, the needs of the rising number of people with dementia will place significant demands on the health and social sectors (Access Economics, 2009) requiring a health workforce that is both willing and skilled to meet their complex needs. However, there are both health workforce shortages and problems with the quality of care in the dementia sector, which are predicted to increase into the future (Productivity Commission, 2005; Alzheimer's Australia, 2010). Unfortunately, many health professionals lack the opportunity to gain experiences that may increase their willingness and capacity to work with people with dementia.

Psychologists are one group of health professionals who can contribute significantly to accurate diagnosis and management of people with dementia. However, access to both neuropsychological services and specialist psychological services to assist in the management of dementia and depression and anxiety are extremely limited (Australian Psychological Society, 2011). In an effort to build career pathways into the aged and dementia care sector for psychologists, the NSW/ACT Dementia Training and Study Centre (DTSC, 2012) entered into a partnership with a regional university in NSW (Australia) to support a clinical placement program in dementia care. However, interest and participation in placement offers in the first rounds of the program were

disappointing. In response to the limited student engagement, a study was conducted to inform the development of a new strategy. This study utilised a Social Marketing Framework to direct the research (Kotler and Zaltman 1971; Andreasen 1995, 2005; Kotler et al, 2002). Central to the approach is a consumer orientation, which recognises that generating change at a group or community level requires the development of strategies informed by a well-researched understanding of the target market. It has been defined as a ‘program planning process that applies commercial marketing concepts and techniques to promote voluntary behaviour change’ (Grier and Bryant 2005, pg. 1). In this study, the desired behavioural objective was the participation of psychology students in the clinical placement program in aged and dementia care.

Methods

Focus groups were conducted to gain insight into the perspectives of psychology students. Students were recruited via university email lists, posters and tutorial groups and were offered a \$20 shopping voucher in recognition of the time and effort to participate. A comprehensive discussion guide was utilized in the focus groups to explore students’ perspectives on clinical placement opportunities (in general) and reasons for taking up those opportunities (or not). Students were asked about what made it easy or difficult to undertake placements (to gain insight into the perceived barriers). Discussions then focused on perceptions of placements in aged and dementia care. Students were prompted to discuss what features would define an attractive placement in dementia care (Product), how they believed placements might be effectively promoted (Promotion), perceived barriers to undertaking placements (Price), and preferences for where the placements should be located (Place). Within the discussions, the beliefs that the students held about dementia and the role of psychologists with this patient population were also explored.

Results

Twenty students (fourteen females and 6 males) ranging in age from 20 to 75 years (mean 29 years) participated in four focus groups and one interview. Nineteen students were born in Australia and spoke English at home (one identified as being of Aboriginal or Torres Strait Islander origin), and one was born in Chile and spoke Spanish at home. Four of the students were enrolled in postgraduate programs (two Graduate Diploma and two Clinical Masters), with the other 16 studying for undergraduate degrees including BA (3) and BAHons (1), BPsych (4) and BPsychHons (3), BSc (4) and BScHons (1). Most of the undergraduate students (11) were in their third year of study, two in the second year and five in their 4th year. Fourteen of the students were enrolled in full time programs, and six in part time studies. Results from the focus group have been summarized according to the 4Ps of the ‘marketing mix’.

The 4Ps of a Psychology Clinical Placement in Aged and Dementia Care

The Clinical Placement ‘Product’ - In general students were favourably oriented to undertaking clinical placements as part of their training, believing they provided valuable work experience and skills, opportunities to develop professional contacts and a competitive edge for gaining ‘supervision’ (for those

who were interested in pursuing registration). Students perceived that demand for placements was greater than supply, and an identified lack of available registered clinicians to provide supervision for 'registration' placements. The main competition for placements in dementia care were other (more desirable) placements on offer, not participating in a placement at all (placements are not compulsory for undergraduate students) and the prioritisation of other study and work commitments. Despite a favourable orientation to clinical placements in general, many of the focus group participants were not predisposed to the idea of working with people with dementia. This was informed by their beliefs about people with dementia, as well as their beliefs about psychological interventions – which were perceived as 'one-on-one' interactions with 'individual patients' with whom they would 'work'.

'Like with psychology...you kind of help people to understand their own thoughts and motivations...so it is like helping people to gain better self knowledge or understanding. So, mostly...I would say psychologists approach this through talking and listening to [individual] people. I mean I like know there are other ways of dealing with things...but are they psychology?' Female, Group 5

Perhaps related to these beliefs some students expressed reservations about the ability of people with dementia (due to their cognitive impairment) to participate in dominant treatment approaches such as Cognitive Behavioural Therapy (CBT) or Acceptance Commitment Therapy (ACT). The fact that these approaches rely on patients reaching new cognitive insights left some students wondering what psychologists had to offer people with dementia. Perhaps as a result, some students held beliefs that psychological treatments may not be efficacious for people with dementia, and expressed a preference for working with different patient groups.

'[Psychology] is something you don't associate with dementia because you kind of think, what can you do for these people? You know, they're deteriorating and it seems really biological rather than psychological....I think on the face of it, it makes it a really unattractive area to go into...because you think...well what's the point? We also hear nothing about it in our course...zip, so how would we know what to do with them?' Female, Group 4

People with dementia were also not often considered within a social context, and as such students did not appear to have considered the opportunities that working with people with dementia may provide in regards to working with informal carers or broader family units. When this was suggested, it appeared to increase the attractiveness of opportunities. Students also did not appear to have considered the potential benefits of working with staff who were involved in the provision of care with people with dementia (in either community or residential environments).

'...That would make it a more interesting area... working with the people around the sufferer ... like the carers. So while the disorder that they've got is, you know, going to be degenerative, you could actually work with that person and with their family so that everybody copes with it better...I'd never thought of that..' Female, Group 4

Pricing the product - Price is the customers' perceived costs or sacrifice exchanged for the promised benefits (Grier and Bryant 2005). In the context of clinical placements, it refers to the costs that students associate with taking up placement opportunities in general, and specifically in relation to placements working with people with dementia. Barriers and costs to finding appropriate placement opportunities included not having sufficient information and support to find placements, insufficient placement numbers, time and monetary costs. In regards to dementia placements, students expressed issues with feeling there may be some risk in engaging in placements that did not have strong support and links with staff within the School of Psychology. Some also expressed fear associated with working with people with dementia or concerns that they could not relate to older people.

'It would be very depressing, [to work with people with dementia] ... I find it hard thinking about getting older and getting stuff like dementia is like the scariest thing ever for me, so I don't know how well I would deal with being around it.... Another problem I guess is just in terms of the ability to relate... just trying to interact and having that rapport would be hard'' Female, Group 1

Placing the product - Place is where and when the target audience (the students) will perform the target behaviour (participation in clinical placement), receive any tangible training or associated support, and the communication channels used to disseminate promotional information about the program (Kotler et al. 2002). Students felt that having some variety within the settings in which a clinical placement took place would be of value. In regards to preferences for different settings with patients with dementia, students suggested that 'nursing homes' were a negative or confronting work environment, whereas the idea of working in a 'clinic' or hospital type environment was less confronting and more acceptable.

Female: I'm going to say personally, no, I wouldn't want to do it...I wouldn't mind doing a placement in a hospital but not in a nursing home.

Male: There's certainly the stigma about nursing homes....It's like so confronting...all those poor old people.' Group 4

Some students also expressed a preference for 'local' placements (i.e. within the geographic region) due to the time and monetary costs associated with travel.

Communication channels for the program - Students identified that finding out about existing placement opportunities was often difficult. This was true in regards to opportunities to for undergraduate placements, as well as in negotiating opportunities for 'supervised' placements to achieve registration as a psychologist. They felt that the current emphasis in regard to the promotion of future career pathways was on research and academic options, rather around 'clinical' career paths.

'I feel like what they do at Uni is like, here is everything you ever need to know about doing a PhD.... and there's the other option, but let's not talk about that.... either because they're not as well informed because they do it themselves or

they're trying to really push people into doing research, but yeah, I don't feel like we've got enough information and I have no idea how to get it' Group 1, Female

Existing communication channels - Students appeared to find out about existing opportunities through their peers, or through initiating conversations with their lecturers. As such, the attitudes of those students, or their lecturers, towards particular options had a big influence over perceptions of the value of pursuing those opportunities. Other channels included promotion at lectures/tutorials, and on professional websites.

Once [an opportunity has been available] for a while most people will be aware and tell each other. You get to find out if they are really worthwhile, whether you get to do kind of, valuable things...or whether they are not really that great... or just too demanding ...in terms of what they require of you.' Male, group 1

Promotion - is the communication designed around the product, price and place strategies, and includes any communication efforts directed at informing, reminding or persuading the target audience (Kotler et al. 2002). Students believed that placement information was not currently provided in a systematic way, or in sufficient detail. None of the students who participated in the discussions had heard of the DTSC, nor the existing opportunities for research or other support from the DTSC. As such, a dedicated communications plan, linked to an efficient administration process that facilitated ease of access to placements may go some way to engaging this segment of the student population.

'I can honestly say I haven't ever heard of anything you know, and like it could have been interesting, but if it had just said, 'dementia' I probably wouldn't have thought that it was relevant to me, yeah.' Female, Group 4

For many students, there are likely to be attitudinal barriers that may need to be addressed in the promotion of clinical placement opportunities in dementia care. Students seemed to suggest that new clinical placement opportunities to work with these populations would benefit from being re-framed to emphasise the training opportunities available to students, rather than the patient population.

'Don't say to me would you like to do a clinical placement in a nursing home...tell me does it include programs like music or art or group therapies? Does it include all those aspects where we could say, oh great, these are tools that we can use to help these people in a nursing home... that would make it more attractive...' Male, Group 4

For other segments of the student population, time and finances are significant barriers to taking up placement opportunities. As such, promotion of new placements should also emphasise any features of placement models that address the time and financial costs that students have identified as obstacles (e.g. scholarships, placement availability during session breaks etc). Promotion should also occur via the use of attractive 'spokespeople' who will champion the benefits of undertaking opportunities within dementia care – either academics within the school with an interest in dementia or students who have or will participate in future placements.

'Like...it is kind of a bit dodgy...when you just get an email from someone random that you don't know...and I kind of just ignore them. Like...to make a commitment to the 'Dementia Whoever They Are' without someone saying to you...this is something kind of organised by the Psychology department... otherwise how do you know whether it is going to be good...and actually give you the kind of opportunities you need... 'Male, Group 5

Discussion

Student participants possessed favourable attitudes to gaining clinical experience but tended to have either neutral or negative attitudes towards placements in dementia care. That said, the market place for clinical placements for psychology students currently provides insufficient opportunities to meet the needs of both undergraduate students looking for work experience and graduate students seeking supervised placements to gain registration. As such, despite some general negativity around dementia care, it is likely that well-designed attempts to engage students in psychology placements could achieve some success.

Despite identifying a need for 'more' placements, students were quick to emphasise that the success of any placement programs was dependant ultimately on quality and meeting student preferences and needs for dynamic, supportive and diverse clinical experiences with complementary teaching activities. Given low professional morale and the current perceived limitations within aged and dementia care environments, providing dynamic workplaces to support psychology placement students may present some challenges. In response, considerable engagement may be required within care environments to support opportunities that will appeal to psychology students. Similarly, engagement of the academics at universities is also required to ensure the necessary educational underpinnings exist. Given the current student experience, the placement 'product' should look to provide 'dementia specific' teaching content. In addition, students may require introduction to a broader therapeutic evidence base. Specifically this base should underpin holistic practice which is inclusive of carers, family members and the care environments in which people with dementia live. More broadly, students desired a greater emphasis on preparation and readiness for practice, indicating a desire for broader root-level learning opportunities, tailored towards the practice of psychology, even in the early undergraduate years.

Price-related barriers including time and monetary costs could be addressed via flexible timetabling of placements, and the award of some form of scholarship. Overcoming the 'price' of participating in a dementia care placement (as opposed to working with another patient population) may also require an attitudinal change (i.e. a shift in perceptions that psychological interventions may not be efficacious for people with dementia). Place considerations emphasise the need for dementia placements to fit in with the other 'life' demands on student – leading to preferences for local placements, on campus learning experiences, and promotional strategies that reach them through existing personal relationships and established student communication channels. Of critical importance is the

need for promotional strategies for dementia care clinical placements that emphasise the benefits that students are seeking (rather than current strategies which emphasise the patient population). In addition, there is a need for educational providers within dementia care to establish brand awareness and equity with psychology students. As such, clinical placements developed within dementia care environments for university students should consider co-branding and endorsement by the university, whilst taking a proactive approach to building greater brand awareness, equity and trust.

Conclusion

Developing an understanding of the target market for psychology student clinical placements highlights the interrelationship between the four Ps of the marketing mix. Developing and promoting placement experiences that are attractive to psychology students is likely to require dementia education and training providers to engage directly and develop partnerships with students, academics within university Schools of Psychology and the care environments within which placements will take place. However, given the competitive market for psychology training opportunities, partnerships able to produce and promote quality, targeted opportunities that appeal to students should find a market willing to participate.

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