

Enhancing Dementia Care in Geriatric Nurse Practitioner Curriculum: A Pilot Study on the Impact of the Validation Therapy

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Abstract

This pilot study evaluated the effectiveness of the Validation Therapy taught in a geriatric nurse practitioner curriculum. Across various scenarios, there was a notable, but insignificant increase in the willingness of students to intervene after their training, suggesting the robustness of training or an inherent understanding of how to address the distress of individuals with dementia.

Introduction

Validation Therapy is a communication approach for people living with dementia, specifically individuals at the third stage of the disease. At this stage, they have difficulty controlling their emotions, remembering recent life events, and experience mobility limitations [1].

Validation Therapy validates the feelings of the person living with dementia, without imposing the current reality [2]. Possible outcomes of this approach include improved orientation, enhanced speech abilities, better emotional regulation, increased interactions with the environment, and a deceleration of disease progression. Several studies have shown positive effects of Validation Therapy training on the quality of relationships between staff, family caregivers, and people living with dementia [3-5].

Geriatric Nurse Practitioner

The older adult population is increasing, bringing a rise chronic illness that place pressure on health care systems [6,7]. Recognizing the importance of specialized care for older adults, the Ministry of Health in Israel established the role of geriatric nurse practitioners (GNP) in 2011. Geriatric nurses have proven to be integral in clinical care, contributing to enhanced quality of life, overall well-being, and cost-effectiveness. Thus, GNPs in Israel are proficient in both nursing science and medical knowledge, which they incorporate into their clinical practice [8,9].

The geriatric nurse practitioner academic program has a comprehensive curriculum. In the first year, students complete core courses. The second year offers specialized studies with 400 hours of clinical practice. This pilot study took place during the neurology and psychiatry course.

Students were taught the Validation Therapy method in a specialized workshop, which was mandatory. Participation in the study was voluntary.



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Methods

Study Aim

The aim of this study is to evaluate the effectiveness of the Validation Therapy taught in a geriatric nurse practitioner curriculum.

The Study Design

A baseline, pre-test assessment measure participants' initial knowledge of the Validation Therapy. An eight-hour workshop where the Validation Therapy Intervention was then applied. Finally, a post-test was conducted one month after the workshop.

Ethics

The Jerusalem College of Technology's Ethics Committee granted approval for this study (approval number: 017_22). All collected data was anonymous.

Data Collection

Data was collected using a web-based survey sent in a class WhatsApp group used for student- instructor dialogue. The first page of the survey provided study details and an informed consent form. If a respondent selected "I do not consent", the survey

terminated, and no personal data was collected. Of the 11 students enrolled, 10 participated in the pre-test survey and nine completed the post- test survey. All participants are female and students in the Geriatric Nurse Practitioner program. Data was collected via a socio-demographic questionnaire and the Validation Skills Questionnaire [5]. The socio-demographic questionnaire comprised 12 items including age, religious affiliation, and occupational status. The Validation Skills Questionnaire was translated into Hebrew by a bilingual validation specialist and was pre-tested on four volunteers. The questionnaire presents eight scenarios and seven true or false statements, to assess the acquisition of knowledge and skills pertinent to communication with people living with dementia. Survey responses were paired by date of birth.

Data Analysis

To evaluate the association between two time points, the McNemar test was utilized. Statistical significance was established at a p-value of 0.05. All analyses were conducted using SPSS version 27.

Results

The mean age of participants was 44.63 (SD=8.123). Most (77.8%, n=9) were born in Israel and all were Jewish. The rest of the sociodemographic data is presented in Table 1.

Table 1: Sociodemographic Characteristics (N=10).

Characteristic		N (%)
Work Setting	Acute Geriatric Wards	6 (54.5)
	Long-Term Geriatric Facility	1 (11.1)
	Community	3 (33.3)
Nursing Experience (Years)	Mean, (SD)	19, (SD=10.13)
Geriatric Nursing Experience	Mean, (SD)	12.56 (SD=6.82)
Scope of Employment	Full-Time	7 (70%)
	Part-Time	3 (30%)

Based on the Validation Skills Questionnaire [5], there were no significant differences between the post and pre-intervention groups (Table 2).



Scenario	Statements	Pre-test (N=10)	Post-test (N=9)	p-value
2. A disoriented old-old man unzips his pants in public. Should you?	<p>1. <u>Ask the patient to his room and gently ask - Are you missing your wife?</u></p> <p>2. Firmly set boundaries and say harshly, "We do not do this here, especially not in public."</p> <p>3. Reflect his behavior back to him.</p>	8 (80%)	5 (56%)	0.35
3. A disoriented resident hollers, "I want my teeth!" Should you?	<p>1. <u>Find her teeth and allow her to put them in her mouth.</u></p> <p>2. Tell her she is too old for new dentures.</p> <p>3. Tell her she always takes them out of her mouth and loses them.</p>	10 (100%)	8 (89%)	0.474
4. When interacting with a disoriented individual, what is the most appropriate action to take?	<p>1. <u>Touch gently to create pleasant contact</u></p> <p>2. Maintain distance from them.</p> <p>3. Stand close to them without touching.</p> <p>4. Touch gently and create close eye contact.</p>	2 (20%)	3 (33%)	0.628
5. When a person is in Stage Three, I:	<p>1. <u>Mimic him (imitate his activity) and use gentle touch while making eye contact.</u></p> <p>2. Ask him about his actions.</p> <p>3. Ask him to stop.</p> <p>4. Ignore the patient.</p>	10 (100%)	9 (100%)	N/A



6. When a disoriented resident accuses others of stealing, I would:	<ol style="list-style-type: none">1. <u>Ask questions about the feeling of anger: how, why, when, and where.</u>2. Ask why he thinks someone would want to steal his wallet and tell him he is mistaken.3. I've heard this before, "It's nonsense."4. Tell him not to worry, everything is fine.	10 (100%)	9 (100%)	N/A
7. If my disoriented family member thinks I am THEIR parent, I would	<ol style="list-style-type: none">1. <u>Remind him of loved ones from the past)/continue talking about the topic he brought up -his father and mother</u>2. Correct him.3. Change the subject.4. Tell him he hurt your feelings.	7 (70%)	8 (89%)	0.582

Additionally, there were no significant changes in the perceptions of dementia related behaviors. However, the results indicate a trend in increasing understanding and a small shift towards correcting individuals with dementia when mistaken (Table 3).

Table 3: Validation Skills Questionnaire [5]: A Pre-Post Study on Changes in Perceptions of Dementia-Related Behaviors

Statement	Pre-test Agreement (%)	Post-test Agreement (%)	p-value
Almost all old-old people who are disoriented are incontinent	90%	67%	0.303
All old people ought to know their married name	40%	56%	0.656
People who live in the past are happy that way, it's better to pretend to believe them	90%	89%	>0.999
People who are over 80 years old and disoriented, with physical failures and social losses, turn to the past to resolve old	70%	78%	>0.999
It is important to correct disoriented people when they are mistaken or forgetful	0%	11%	0.474
It is important for older people to have alternate interests to prevent withdrawal	100%	100%	N/A
Poor vision and hearing can lead to an older person's distortion of present reality	100%	100%	N/A

Discussion

In this study Validation Skills Questionnaire by Canon [5] assessed the efficacy of the Validation Therapy in a sample of geriatric nurse practitioner students. Across various scenarios there was a notable increase in the willingness of students to intervene after their training. This suggests that either the foundational training was robust or there was an inherent

understanding of how to address the distress of individuals with dementia [10,11].

For questions related to changes in the perceptions of dementia-related behaviors, a shift from 0% to 11% in recognizing the importance of correcting individuals with dementia reflects a developing awareness among caregivers.

This modest change suggests an evolving understanding of the supportive role corrections can play in enhancing the cognitive environment for people living with dementia. Studies stress a slow shift towards the need for more proactive engagement in the care of individuals living with dementia [5,12]. Patient-centered care is stressed by two elements: engaging with individuals living with dementia and recognizing the importance of gently correcting those mistaken or forgetful [13,14]. A primary concern is the reluctance among students or new healthcare workers, which can compromise patient-centered care [10].

To overcome these barriers, there is a need for more immersive training methods [10]. By fostering a deeper understanding and greater confidence among caregivers, patient-centered care can be more fully realized [10,14].

Lessons Learned from Implementing the Validation Therapy Program

Adaptation of the Curriculum to Fit Geriatric Nurse Practitioner Training: Integrating Validation Therapy into the geriatric nurse practitioner curriculum required thoughtful adaptation to ensure that the content resonated with the students' existing coursework in neurology and psychiatry.

The eight-hour workshop was carefully designed to fit within the demanding schedule of the program, providing an immersive experience that emphasized the practical application of Validation Therapy techniques. A key lesson learned was the importance of aligning the therapy training with the broader learning objectives of the course, reinforcing its relevance to clinical practice. This adaptation demonstrated that incorporating non-traditional therapeutic approaches, such as Validation Therapy, can significantly enhance the professional skill set of geriatric nurse practitioners, equipping them with valuable communication tools tailored to the complex needs of individuals living with dementia.

a) Student Engagement and Participation: The high level of engagement from the students, with nearly all voluntarily participating in the study, underscored the importance of creating a supportive learning environment. The use of a familiar platform like WhatsApp for communication and survey distribution played a crucial role in maintaining student interest and facilitating ease of participation. This approach proved effective in bridging the gap between classroom learning and real-world application, allowing for seamless integration of the study within the existing student-instructor dialogue. However, one of the challenges noted was ensuring consistent participation, as evidenced by the slight drop-off in survey completions from the pre-test to the post-test phase. Future implementations could explore additional methods

to maintain engagement and address any potential barriers that might prevent full participation, such as providing more personalized feedback or incorporating interactive elements in the training.

b) Effectiveness of the Training Workshop: Although the quantitative results did not show statistically significant changes between the pre- and post-intervention scores, the qualitative trends observed suggest elusive shifts in students' attitudes and approaches to caregiving. For example, there was a notable, albeit small, increase in students' willingness to correct disoriented behaviors gently, reflecting understanding of the supportive role that Validation Therapy can play. This emphasize that an immediate measurable outcome may not fully capture the longer-term behavioral changes facilitated by the workshop. The findings suggest that a single training session may not be sufficient to instill enduring changes in caregiving practices, pointing to the need for continuous reinforcement of skills through follow-up sessions, reflective practice, or mentorship opportunities.

c) Cultural and Contextual Factors: The cultural and demographic profile of the participants, all of whom were Jewish and predominantly born in Israel, played a significant role in shaping their perceptions of Validation Therapy. Cultural factors, including societal norms around caregiving and respect for the elderly, may have influenced how students approached interactions with individuals living with dementia. A lesson learned from this implementation is the need to consider and address cultural background when training practitioners in therapeutic communication methods. Future training could benefit from tailoring content to better reflect cultural dynamics, potentially enhancing the relatability and impact of the therapy.

d) Challenges in Changing Perceptions and Approaches: One of the prominent challenges observed was the slow pace of change in students' perceptions, particularly regarding the importance of engaging with and gently correcting disoriented individuals. Despite training, there was still a tendency among some students to hesitate or revert to more traditional approaches, possibly due to long-standing habits or a lack of confidence in the new methods. This reluctance highlights a significant barrier in implementing Validation Therapy effectively: altering deeply ingrained caregiving practices. Addressing this requires more than just a single workshop; it necessitates a sustained commitment to education and practice, including opportunities for students to observe and practice these skills in real clinical settings under the guidance of experienced mentors.



Limitations

The small sample limited the ability for a robust analysis. Although single-subject design does not reveal the proportion of the population likely to experience similar benefits or the magnitude of such benefits.

Implications for Future Training

The experiences from this pilot study underscore the importance of refining training methods to better support geriatric nurse practitioners. Moving forward, there is a need to incorporate more immersive and interactive training experiences that allow students to practice Validation Therapy techniques in real-time scenarios. Additionally, integrating ongoing mentorship and reflective practice sessions could help reinforce the learning and build greater confidence in applying the skills. Emphasizing patient-centered care, with a focus on empathetic communication and gentle correction, could further enhance the quality of interactions between caregivers and individuals living with dementia.

Feedback from Students

Although formal qualitative feedback was not systematically collected, anecdotal reflections from students suggested that the workshop was perceived as a valuable addition to their training. Some students expressed appreciation for the opportunity to explore a different communication approach that prioritized empathy and validation over correction. This feedback indicates a positive reception of the training and stresses the potential for Validation Therapy to enrich the caregiving practices of future geriatric nurse practitioners. Incorporating structured feedback mechanisms in future training could provide deeper insights into students' experiences and help refine the program to better meet their needs.

Conclusion

Dementia is a global health concern with profound implications, requiring a multifaceted approach, continuous professional development, and family engagement. Enhancing training with ethical problem-solving exercises, and increased exposure to real-life scenarios could better prepare students for the realities of geriatric care.

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