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Abstract

Background:

Literature shows that the main challenge of caring for people with dementia is managing difficult behaviour caused by the behavioural and psychological symptoms of dementia (BPSD). Poor knowledge and understanding of BPSD, due to a lack of education in both pre and post-registration nursing programs, has led to the inappropriate use of antipsychotics which are known to have detrimental effects for people with dementia.

This study aimed to identify the perceived educational needs of qualified nurses to reduce the use of antipsychotic medication when caring for people with dementia in an adult care setting.

Methods:

This study adopted a qualitative, phenomenological approach. Twelve, adult-trained nurses undertaking Learning Beyond Registration modules, were recruited and semi-structured interviews were conducted. The data was analysed using a thematic content analysis approach.

Findings and Discussion:

The findings show that there is a lack of education about dementia. Therefore there needs to be relevant education in pre-registration nursing courses, which is combined with a specific placement in a dementia care setting, and ongoing dementia training for qualified staff.

In order to reduce the use of antipsychotics, education needs to incorporate information about, the disease process, how to interact and communicate with patients, how to interpret and manage BPSD, antipsychotic medication and alternative non-pharmacological interventions, ethical and legal issues, person-centred-care, and partnerships with specialists and the patients family/carers. This information should be presented in an interactive way that enhances student engagement.

Conclusions:

It is clear that nurses need further education about dementia that starts in pre-registration programs and continues post-registration.

Health care professionals need to be educated about non-pharmacological approaches to manage BPSD and be supported to implement them in practice. This will reduce the use of antipsychotic medication.

This study draws some important conclusions, including some valuable insight into the educational needs of adult-trained nurses.

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Appendices

Appendix One; Ethics approval letter

Direct line/e-mail
+44 (0) 115 8231063
Louise.Sabir@nottingham.ac.uk



24th May 2010

Dr Fiona McCandless-Sugg
Lecturer in Mental Health Nursing
Division of Nursing
Mansfield Education Centre
Dukeries Centre
King's Mill Hospital
Mansfield Road
NG17 4JL

Medical School Research Ethics
Committee
Division of Therapeutics &
Molecular Medicine
D Floor, South Block
Queen's Medical Centre
Nottingham
NG7 2UH

Tel: +44 (0) 115 8231063
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Dear Dr McCandless-Sugg

Ethics Reference No: C/04/2010 - Please quote this number on all correspondence

Study Title: A qualitative investigation to identify the perceived educational needs of qualified nurses needed to reduce the use of antipsychotic medication when caring for people with dementia in a adult care setting.

Lead Investigator: Dr Fiona McCandless-Sugg, Lecturer in Mental Health Nursing

Co Investigators: Miss Jennifer Sutton, 3rd Year MNursSci student, School of Nursing, Midwifery and Physiotherapy.

Thank you for your letter dated 4th May 2010 responding to the issues raised by the Committee and enclosing revised version of:

- Application form 4.5.10 submission2
- Volunteer Information sheet 4.5. submission2

These have been reviewed and are satisfactory and the study is approved.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

Conditions of Approval

You must follow the protocol agreed and any changes to the protocol will require prior Ethic's Committee approval.

This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

You promptly inform the Chairman of the Ethic's Committee of

- (i) Deviations from or changes to the protocol which are made to eliminate immediate hazards to the research subjects.

Ethics approval letter continued

- (ii) Any changes that increase the risk to subjects and/or affect significantly the conduct of the research.
- (iii) All adverse drug reactions that are both serious and unexpected.
- (iv) New information that may affect adversely the safety of the subjects or the conduct of the study.
- (v) The attached End of Project Progress Report is completed and returned when the study has finished.

Yours sincerely



Professor R C Spiller
Chairman, Nottingham University Medical School Research Ethics
Committee

Appendix Two; Participant information sheet



The University of Nottingham
Division of Nursing
B Floor (South Block Link)
Queen's Medical Centre
Nottingham
NG7 2HA
September 2010
Version 1

UNIVERSITY OF NOTTINGHAM MEDICAL SCHOOL ETHICS COMMITTEE

Information sheet for Normal Healthy Volunteers

Title of Project: A qualitative investigation to identify the perceived educational needs of qualified nurses needed to reduce the use of antipsychotic medication when caring for people with dementia in an adult care setting.

Name of Researchers:

This study is being organised by Miss Jennifer Sutton; a third year MNursSci student and overseen by Dr Fiona McCandless-Sugg a lecturer in Mental Health Nursing, Division of Nursing.

Invitation:

You have been invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to. Feel free to ask Jennifer Sutton if there is anything that is not clear or if you would like more information. Please take your time to decide whether you wish to take part or not. If you decide to take part you may keep this information sheet and you will be required to sign a consent form. Thank you for reading this information.

Ethics Approval

This study has been reviewed and approved by the University of Nottingham Medical School Ethics Committee.

What is the purpose of this study?

I, Jennifer Sutton, am undertaking a small scale research study as part of my studies to gain an undergraduate masters degree in nursing studies at the University of Nottingham.

As nurses we are responsible for providing or supervising much of the day-to-day care of people with dementia in hospital therefore it is essential that we know about the knowledge and skills nurses require that enable them to care for people with dementia in non-specialist clinical settings. Furthermore recent policy documents show that the training needs of nursing staff working in hospitals with people with dementia are not being met. Nurses find the behavioural and psychological symptoms of dementia (BPSD) a particular challenge and the evidence base states that the immediate management of BPSD is often the inappropriate or overuse of antipsychotic medication, which can have detrimental effects on the person's physical and mental well-being.

Information sheet continued

The older population is growing and the likelihood is that those with dementia in our acute hospital wards will also increase in number therefore it is essential that nurses and other health professionals are educated and supported in development of skills and knowledge in this area. This qualitative study aims to discover what training and education nurses require to reduce the use of antipsychotic medication in the care of patients with dementia. The questions asked aim to inform the researcher about your education history, any post qualifying experiences and thus how prepared you feel caring for patients with dementia in your care area. Additionally the use of antipsychotic medication in your area will be discussed to identify what you feel you need/ needed to know in order to reduce their use.

What does the study involve?

You will be interviewed once for no longer than 60 minutes, at a time and location that is convenient to you. The interview will be audio recorded and then transcribed by a transcriber employed by the researcher who is aware of the requirement for anonymity and confidentiality. Your participation and all data collected during this study will remain confidential. The transcriptions will be stored securely and any data will be stored on password protected computer to ensure your privacy and confidentiality is maintained.

Why have you been chosen?

You have been chosen because as a qualified nurse working in an adult care setting you fit the research criteria.

Do you have to take part?

Your help with this study is entirely voluntary. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. It is important that you give informed consent based on a full understanding and without coercion (feeling pressured by another). You may withdraw your consent at any time by notifying Jennifer Sutton and this will not affect any aspect of your academic course

What if something goes wrong?/ Who can I complain to.

In case you have a complaint on anything to do with the study, you can initially approach Jennifer Sutton to discuss the problem. If this achieves no satisfactory outcome, you should then contact the Ethics Committee Secretary, Mrs Louise Sabir, Division of Therapeutics and Molecular Medicine, D Floor, South Block, Queen's Medical Centre, Nottingham, NG7 2UH. Telephone 0115 8231063. E-mail louise.sabir@nottingham.ac.uk.

Will my taking part in this study be kept confidential?

In accordance with the current Data protection Act All information which is collected about you during the course of the research will be kept on a password protected database and is strictly confidential.

However if at any point bad practice or potential misconduct is identified during the interview process I will have to inform my supervisor and appropriate action will be taken.

What will happen to the results of the research study?

The results may be published in an academic journal or presented at a conference however no information will be included that would allow participants or their place of work to be identified.

Contact for Further Information

Miss Jennifer Sutton
ntybjas@nottingham.ac.uk

Thank you for reading this information, should you decide to participate in this study you will be given a copy of this information and a signed consent for to keep.

Appendix Three; Participant consent form



The University of Nottingham
Division of Nursing
B Floor (South Block Link)
Queen's Medical Centre
Nottingham
NG7 2HA
september 2010

**UNIVERSITY OF NOTTINGHAM
MEDICAL SCHOOL ETHICS COMMITTEE**

Healthy Volunteer's Consent Form

Title of Project: A qualitative investigation to identify the perceived educational needs of qualified nurses needed to reduce the use of antipsychotic medication when caring for people with dementia in an adult care setting.

Name of Investigators:

Miss Jennifer Sutton third year MNursSci student
Dr Fiona McCandless-Sugg Lecturer in Mental Health Nursing, Division of Nursing

Please read this form and sign it once the above named or their designated representative, has explained fully the aims and procedures of the study to you.

- ◆ I voluntarily agree to take part in this study.
- ◆ I confirm that I have been given a full explanation by the above named and that I have read and understand the information sheet given to me which is attached.
- ◆ I have been given the opportunity to ask questions and discuss the study with one of the above investigators on all aspects of the study and have understood the advice and information given as a result.
- ◆ I agree to comply with the reasonable instructions of the supervising investigator and will notify him immediately of any problems.
- ◆ I authorise the investigators to disclose the results of my participation in the study but not my name.
- ◆ I understand that information about me recorded during the study will be kept in a secure database and if data is transferred to others it will be made anonymous.
- ◆ I understand that I can ask for further instructions or explanations at any time.
- ◆ I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing.

Name:

.....

Email Address:

.....

Telephone number:

.....

Consent for continued

Participants Signature:

.....

Date:

I confirm that I have fully explained the purpose of the study and what is involved to:

.....
.....

I have given the above named a copy of this form together with the information sheet and my contact details.

Investigators Signature:

.....

Date:

Investigators Name: Miss Jennifer Sutton

Study Volunteer Number:

Appendix Four; Demographic data questions

Participant number:

Year of qualifying:

Type of nursing qualification (diploma, degree, other qualifications):

Any relevant post-qualification education:

Current area of work:

Relevant work history (other adult care settings):

Appendix Five: Interview schedule

What preparation did you receive in caring for patients with dementia in your pre registration education?

How confident did you feel caring for patients with dementia when you were newly qualified?

Why do you think this was?

What else do you think you needed both practically and theoretically to care for patients with dementia effectively as a newly qualified nurse?

How confident do you feel caring for patients with dementia now, in your area of care?

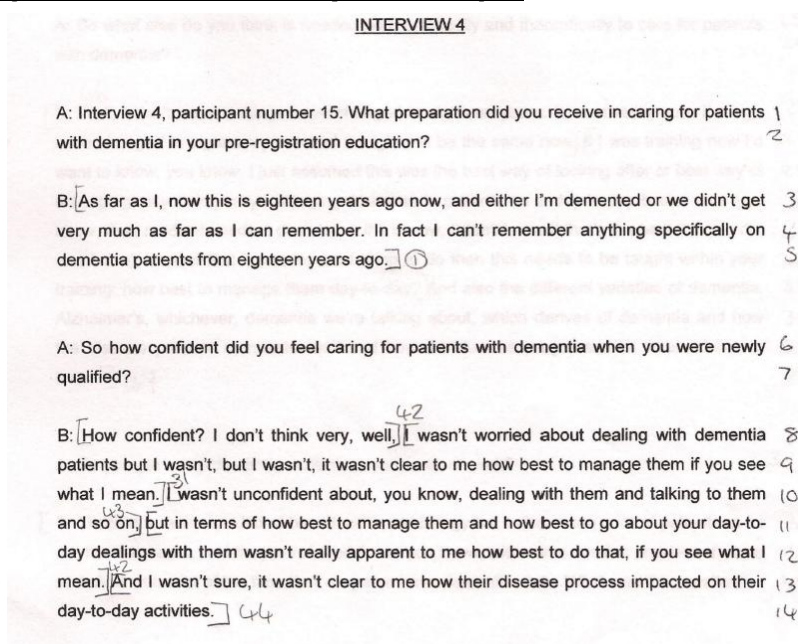
How are dementia patients managed in your area? Are antipsychotic medications used? What other forms of management are used?

What do you think you still need both practically and theoretically to care for patients with dementia effectively in your area of care?

What do you think you still need both practically and theoretically in order to reduce the use of antipsychotic medicine in your area?

How do you think these needs should be met, particularly with respect to teaching and education?

Appendix Six; Data analysis example



Copies of the transcripts were annotated using a number system where each number corresponded to a code which was recorded on an index card.

Code 1 Not much preparation in school

Int1pg1line3
Int1pg1line5-6
Int2pg1line3-4
Int3pg1line3-5
Int4pg1line3-5
Int5pg1line3
Int6pg1line3-4
Int7pg1line3
Int8pg1line4-7
Int10pg1line4-5
Int11pg1line3

Diagram of index card

Each time a code appears it was recorded on the relevant index card.

Each time the code emerged in the data the interview, page and line number were recorded on the index card for future reference.

Code 43 Confidence- more confident

Int4pg1line10-11
Int6pg1line7
Int6pg2line30
Int8pg1line15
Int12pg2line33-35

Diagram of index card

For each new code that emerged a new index card was made and assigned a number.

Copies of the transcripts were printed and cut up. An example of the print out would be;

Code 1

Int1pg1line3, Int1pg1line5-6

A: Interview 1, participant number 10. So what preparation did you receive in caring for patients with dementia in your pre-registration education?

(1) B: I would say probably not a lot I don't think in school-wise, more in practice and I probably bought more from, prior to practice, than working with dementia so I felt a bit more comfortable but I don't, I was trying to think back over this question when I read it and I thought 'I don't think we got a lot to do with dementia whilst we was in school' and it was only while you was out looking after them that you sort of picked it up I would say. Int 1 page 1

Data analysis example continued

Then all the print outs of codes with the same number piled together for future reference.

The relevant quote for each code was highlighted but the concept in which it was said was kept on the print out. This was to ensure the original meaning was not lost and so the researcher could easily re-read the relevant quotes relating to each code.

This also aided the re-analysing and re-grouping process which lead to the production of the final coding frame and themes.

The final coding frame produced is available in appendix ...

Coding frame example

<p>1. BACKGROUND</p> <p>34/48 don't routinely care for dementia patients</p> <p>10 have confused/ dementia patients</p> <p>Theoretical education</p> <p>1 not much preparation in school</p> <p>97 a bit of preparation in school</p> <p>74 some training, not specific</p> <p>99 no training available</p> <p>30 care of elderly and psychiatric all seen as once – topic as a whole</p> <p>56 had trust training- helped</p> <p>46 not sure if things have changed in training</p> <p>Practical experience</p> <p>2 preparation in practice</p> <p>4 got used to caring for patients with dementia in practice/ learnt on job</p> <p>8/76 pick it up in practice/ experience</p> <p>51 just dealt with it when in that situation</p> <p>70 gain confidence to not be afraid/ exposure</p> <p>18 qualified help newly qualified</p> <p>3 prior experience in nursing home</p> <p>20 no training in care home</p> <p>9 recommend a placement, area with dementia patients</p> <p>67 had practical experience on placement as a student</p>	<p>Categories grouped under higher order headings</p> <p>Categories were made from similar codes</p> <p>Any duplicate codes were combined</p>
--	---

The coding frame was used to analyse and present the relevant findings.

For example

<p>Coding frame</p> <p>Theoretical education</p> <p>1 not much preparation in school</p> <p>97 a bit of preparation in school</p> <p>74 some training, not specific</p> <p>99 no training available</p>	<p>Relevant index cards and print outs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																

Becomes;

<p>When asked about their pre-registration education and preparation about dementia care all but one of the participants (1,2,3,4,5,6,7,8,10,11,12) described how little theoretical education they received.</p> <p style="color: green;">"I don't remember any specific training or sessions related to that [dementia] in the classroom" (Participant 6)</p>

Appendix seven Coding frame

1. BACKGROUND

34/48 don't routinely care for dementia patients

10 have confused/ dementia patients

Theoretical education

1 not much preparation in school

97 a bit of preparation in school

74 some training, not specific

99 no training available

30 care of elderly and psychiatric all seen as once – topic as a whole

56 had trust training- helped

46 not sure if things have changed in training

Practical experience

2 preparation in practice

4 got used to caring for patients with dementia in practice/ learnt on job

8/76 pick it up in practice/ experience

51 just dealt with it when in that situation

70 gain confidence to not be afraid/ exposure

18 qualified help newly qualified

3 prior experience in nursing home

20 no training in care home

9 recommend a placement, area with dementia patients

67 had practical experience on placement as a student

2. DIFFICULTIES

Confidence

42 not very confident

43 not unconfident dealing with patients

21 no previous contact- daunting/ scary

31 don't know what to do/ how to manage/ what to expect

78 more confident in general

Difficult behaviour

75 thought they were violent

94 violent patient example

98 difficulties with aggression

Other problems

95 want knowledge of how they might be

64 more problems at night

85 nowhere to take somebody

Barriers to effective management

61 limited staff

90 workload stress, not enough time

3. ANTIPSYCHOTICS

12 antipsychotics used

35 antipsychotics not used routinely

15 antipsychotics from home

14 antipsychotic effect

13 antipsychotics used for own safety

100 antipsychotics used for aggression / sever behaviour

49 case study antipsychotics given

33 medications- do nurses know what's best practice?

71 not a lot known about medications

65 doctors just prescribe medication

59 need to look at why; not just give them/ getting better at it

89 no policy/ protocol to follow

81 dual trained nurses- good

4. TRAINING/ EDUCATION

Need for education

6 more on dementia in pre-reg

22 some sort of training

52 training- everybody sees dementia patients – awareness

66 medical staff training

17 personally don't need more training

How education needs should be met

29 a study day on dementia care/ mandatory update/ ongoing/ in house training
19 outside speakers who work with dementia patients/ specialists
93 scenarios/ case studies

What should be included in education and training

47/44 types of dementia/ disease process
104 understand the disease from the patient's point of view
68 government acts, vulnerable adults, legislation
92 need generic recommendations/ instructions
72 dignity

How to communicate

5 Go along with them or not
7 How to interact
96 Talk how they are talking or not

How to manage behaviour

25 how to manage dementia
73 how to cope with behaviour
50 how to deal with confusion
27 patience and understanding

How to reduce anxiety

87 how to deal with violence
38 training how to reduce anxiety
40 How to calm them/ talk to them
32 how to cater to patients needs
53 how to make care more personalised
54 any changes that can be made to make stay more comfortable
69 who should be involved/ support available
105 support groups

Antipsychotics

28 training on antipsychotics
37 training on medication

5. MANAGEMENT IDEAS

How to communicate

36 talking to patients- relax them
60 reassurance
45 regular reiteration
86 reorientation/ involvement

How to reduce anxiety

26 occupy them
82 distraction techniques
101 social interactions
102 play therapy
103 games, baking
53 how to make care more personalised
80 try not to keep patients in an acute setting
58 preop assessment changes example
84 familiar surroundings

How to manage behaviour

23 one to one nursing
88 bed sensors
62 location- move patient to side room
83 quiet room
11 managed medically- find source of confusion
16 managed medically- pain relief

Who should be involved

24 specialist referral/ suggestions
77 get specialists involved
79 has mental health team for support/ helpful
57 dementia champion
55 liaising with family/ carers
63 allow family and carers to stay, work with carers
91 ensure family/ carers aren't overlooked

6. OTHER

41 participants interested in my study