MASTER THESIS

Feasibility of a coaching program on improving communication at a psychogeriatric nursing home ward:

a qualitative study

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LIST OF ABBREVIATIONS AND RELEVANT DEFINITIONS

BL	Bart Langenveld, student Clinical Health Science
CP	Coaching program
COREQ-32	Consolidated Criteria for Reporting Qualitative Research: a 32-items checklist
FH	Fransje van Heiningen, main researcher, female student Clinical Health Services, Bachelor of Nursing
NS	Nursing staff, the sample population of this study
PwD	People with dementia
SZ	Prof. dr. S.M.G. Zwakhalen, coordinating investigator

ENGLISH ABSTRACT

Background: Communication is fundamental to understand patients' preferences, feelings, and to establish their care needs. Because of the affected communication in people with dementia, the guidance of them in daily care through communication can be difficult for nursing staff. A coaching program, using team-meetings, assignments, observation periods and newsletters, is developed to potentially improve communication between nursing staff and dementia patients.

Research aim: The aim was to assess the feasibility of the first phase of the coaching program from the perspectives of nursing staff of a psychogeriatric ward, in terms of acceptability, dose delivered, dose received, satisfaction and context.

Method: A generic qualitative, descriptive feasibility study was carried out in March and April 2018. All nursing staff of the included ward were asked to participate if they were eligible. Data was collected using semi-structured interviews and field notes. Data was analyzed using thematic analysis.

Results: A total of 13 nursing staff members were interviewed, and they found the first phase of the program acceptable. Staff members were not always present during CP meetings/assignments, which influenced their knowhow. According to dose received, NS would have found it pleasant to get reminders and that information was provided in different manners. Nursing staff was satisfied with their renewed awareness of the importance of communication. Contextual factors were experienced workload, willingness to change and team culture.

Conclusion: The first phase of the coaching program is a feasible part of the intervention according to nursing staff. Changes are proposed to the CP to optimize the program for future implementation.

Recommendations: Improving feasibility can be achieved by a better information providing system and individual feedback, to preserve the observation period and team-meetings, and to skip the digital newsletters. The role of the frontrunners should be more explicitly formulated. Future research should examine how communication can be more integrated in daily nursing care.

Keywords: communication, intervention, feasibility, dementia, qualitative

NEDERLANDSE SAMENVATTING

Achtergrond: Communicatie is essentieel om de voorkeuren en gevoelens van patiënten te begrijpen en om hun zorgbehoeften vast te stellen. Vanwege de aangetaste communicatie bij ouderen met dementie, kan de begeleiding van hen in de dagelijkse zorg moeilijk zijn voor verplegend personeel. Een coaching programma, met teambijeenkomsten, observatieperiodes, opdrachten en nieuwsbrieven, is ontwikkeld om potentieel de communicatie tussen verplegend personeel en ouderen met dementie te verbeteren.

Onderzoeksdoel: Het doel was om de haalbaarheid van het eerste deel van het coaching programma te beoordelen middels ervaringen van verplegend personeel op een psychogeriatrische verpleeghuisafdeling. Haalbaarheid is geformuleerd in termen van geschiktheid, ontvangen en geleverde hoeveelheid van het programma, tevredenheid en context.

Methode: Een generieke, kwalitatieve, beschrijvende haalbaarheidsstudie is uitgevoerd in maart/april 2018. Al het verplegend personeel op de afdeling werd gevraagd voor deelname middels criteria. Data werd verzameld door semigestructureerde interviews en veldnotities. Data werd geanalyseerd via een thematische analyse.

Resultaten: 13 verplegend personeelsleden zijn geïnterviewd, en ze vonden het eerste gedeelte van het programma geschikt. Personeel was niet altijd aanwezig tijdens bijeenkomsten, wat hun kennis beïnvloedde. Terugkijkend op de geleverde informatie, hadden ze graag reminders en informatieverspreiding via diverse kanalen gehad. Ze waren erg tevreden over de hernieuwde bewustwording hoe belangrijk communicatie is. Contextuele factoren waren ervaren werkdruk, openstaan voor verandering en teamcultuur.

Conclusie: Het eerste deel van het coaching programma is een haalbaar onderdeel volgens verplegend personeel. Voorgestelde veranderingen kunnen het programma optimaliseren voor toekomstige implementatie.

Aanbevelingen: Het vergroten van de haalbaarheid kan worden gerealiseerd door betere informatievoorzieningen en -systemen en het geven van individuele feedback. Ook het behouden van de observatieperiode en teambijeenkomsten en het verwijderen van digitale nieuwsbrieven kan hieraan bijdragen. De kartrekkers hebben daarnaast een explicietere rolomschrijving nodig. Vervolgonderzoek kan zich richten op hoe communicatie meer ingebed kan worden in dagelijkse verplegingstaken.

Kernwoorden: communicatie, interventie, haalbaarheid, dementie, kwalitatief

INTRODUCTION

Communication is one of the fundamentals of care, important for the quality of nursing care and predominantly influences patient satisfaction[1,2,3]. Communication is for example fundamental to understand patients' preferences and feelings and to establish their care needs[4-6]. Communication involves the reciprocal process in which messages are sent and received between two or more people[4]. There are many communication models to describe communication, with three basic components for all communication models: a sender, a message and a receiver[7]. The transactional communication model is the process of continuous change and transformation between the communicators, their environments and the medium used[8-10]. In people living with dementia (PwD) both sending and receiving information is affected, so communication difficulties are common[9,11]. PwD often express themselves in a non-verbal behavioural way, and understand non-verbal information better as well[5,12,13].

A growing body of literature indicates that communication barriers between PwD and their nursing staff (NS) have a significant negative impact on their quality of life, the quality of care received and given and the relationships experienced[14-18]. Nurses are as nearly solely responsible for the quality of communication between themselves and PwD[19]. But, previous research has shown that dementia education is inadequately preparing NS for communicating with PwD[1,20]. NS often lack the skills and knowledge needed to communicate properly[21], understand the importance of communication[22], and understanding non-verbal communication and impaired verbal expression of PwD can be problematic for NS[13,22-24].

More support is suggested, where interventions designed for communication have the potential to improve the quality of life of PwD[4]. Previous research on communication interventions in dementia care in a review[20] showed that six interventions were applicable during daily nursing care. No conclusions about its effectiveness could be drawn. A new intervention has been developed based on literature and clinical expertise, with communication skills training and education being marked as important for NS[20]. The intervention, named coaching program (CP), concerns an eleven weeks' ward-specific program in which NS is supported by coaching to improve communication with PwD during daily care. This support is done by a coach working in the organization and two frontrunners working at the specific ward. The aim of the CP is to enhance communication between NS and PwD during daily care[24]. In this study, only the first phase of the CP was evaluated. The first phase consisted of 'team-meeting one', 'a observation period', 'newsletter one', and 'team-meeting two'. The first phase of the program focused on awareness about communication and defining the current communicational situation. For specific information about the CP, the role of the coach and frontrunners, and the content of the team-meetings and the newsletter, see Figure 1 and 2.

This study was an exploration of the feasibility of the first phase of the CP, which is in stage two of the Medical Research Council (MRC) framework[25-27]. A feasibility study was done, because it was critical to find out if the CP itself was feasible according NS' perceptions before implementing it. Feasibility is assessed in terms of acceptability[28,29], dose delivered[30,31], dose received[30-32], satisfaction[29,30,32] and context[30,32], and mostly based on the process elements of Saunders et al.(2005)[32]. The achieved knowledge of this study can be used for further development of the CP.

RESEARCH AIM

The primary aim was to assess the feasibility of the first phase of the coaching program on improving communication between nursing staff and people with dementia, from the perspectives of the nursing staff of a psychogeriatric nursing home ward.

METHOD

Design

Data was collected in March and April 2018. A generic qualitative feasibility study was conducted, using formative semi-structured interviews. The goal of this formative use was to support the design process of the coaching program (CP)[28]. The qualitative design was based on the nature of the research question[33,34], and to get insight in nursing staff' perceptions on the feasibility of this new program. Individual interviews were chosen to make nursing staff (NS) comfortable in saying anything they would like to share[33]. In addition, fieldnotes were made during the CP. The guidelines for reporting qualitative studies established by COREQ-32[35] were followed.

Population and domain

The domain of the CP is NS at psychogeriatric nursing home wards. The study sample consisted of one ward of eighteen staff members who received the CP. NS had to provide daily care and be able to speak and understand sufficiently Dutch. NS who only worked night shifts or were working as a trainee/student on the ward, were excluded. A random sampling technique was used, because there were no (demographic) factors known which could influence the experienced feasibility[33]. The sample size was aimed at thirteen till fifteen participants, based on the total eligible study sample, unless new information was gathered in the last interview[33,36].

Study parameters

The primary study parameter was the experienced feasibility with the CP by NS in terms of acceptability, dose delivered, dose received, satisfaction and context. *Acceptability* was the

extent to which the CP was judged as suitable/ applicable or attractive by NS[28,29]. *Dose delivered* implied the amount of the CP that was actually provided to the NS[30,31]. *Dose received* implied the extent to which the NS was present at the CP activities, and engaged and adhered to the CP[30-32]. *Satisfaction* described NS' satisfaction with the CP[29,30,32]. *Context* was relevant to identify factors, facilitators and barriers that could influence the CP or its effect[30,32]. The choice for these five parameters was based on literature about process evaluations in health care[32,37,38], but mostly on the process elements of Saunders et al.(2005)[30]. Background characteristics were age, gender, education level and years of working experience in psychogeriatric nursing home care.

Data collection

During a meeting with the research team, NS was invited by the researcher (FH) and received oral and written information about the study. An interview guide was used (Appendix A) to make sure that similar topics were discussed, uniform data was collected and the maximum amount of data could be obtained[33]. FH was present during all components of the CP to observe on the study parameters. Fieldnotes on the parameters were gathered to inform and complete the interview guide. To prevent bias and ensure that important aspects were captured, field notes were written on a created observation form, which was guided by the parameters. To create transparency, each topic on the interview guide indicates where they were gathered in literature and/or observations[33,34]. The interview guide was composed using data from literature[32,37,38] and the mentioned fieldnotes, and later crosschecked with the coordinating investigator (SZ). Interviews were conducted in a private room at the nursing home, maximum two weeks after the completion of the first phase of the CP to prevent recall bias[30,33,36]. The researcher gave an introduction with some questions to positively influence recall bias[39] (e.g. `you've got the first team-meeting, the observation period, the newsletter and last week another team-meeting; how do you feel about the time consumption so far?'). To prevent missing data, the researcher checked at the end of each interview if all questions were asked. If there was still missing data after this check, this was accepted.

Data analysis

Qualitative data was analyzed using thematic analysis in NVivo 11 Qualitative Software (QRS International, Virginia, USA)[31]. Data is presented in a descriptive way of a thematic survey, wherein themes are explored, described and interpreted[33,39,40]. There were pre-defined categories, so no open coding was used[40]. Data was analyzed in two sessions, so emerging elements from the analysis could inform the data collection[33]. Based on this analysis, four specified follow up questions were added to the interview guide. Two topics in

the category ‘context’ were deleted, because no participant could answer these questions. The records of the interviews were transcribed into anonymous transcripts of spoken language. Interesting fragments were marked, and all fragments in each category were put together. The initial fragments were analyzed and combined into themes[40]. All choices and arguments were recorded into a logbook, to increase transparency of the study[41]. The analysis was randomly checked by SZ. FH and SZ came together to conceptualize the (sub)themes and complete the coding phase. A Dutch summary of the results was sent to one random chosen participant as a member check[41,42]. The definitive findings of the thematic survey were described as a summary of the (sub)themes for each category[39,40]. The background characteristics were analysed using a TI-83 plus graphic calculator.

Validation and trustworthiness

The trustworthiness and validity of the study was enhanced using different techniques. The credibility was established by using researcher triangulation, member checking, and peer reviewing with SZ and BL during analysis. Reliability was covered by recording and transcribing all interviews, and theoretical and reflective notes were made during analysis to increase theoretical thinking[40]. Three interviews were independently coded by BL to check for intercoder agreement[43]. Discussion took place until consensus was reached. Researcher bias is prevented as much as possible, by continuous reflecting on the influence of the researcher and reviewing the results with an experienced researcher (SZ). Rich, thick description of the participants is used to increase transferability.

Ethical issues

This study was conducted according to the principles of the Declaration of Helsinki[44] and the Dutch Personal Data Protection Act[45]. The research protocol was approved by the Institutional Review Board at Zuyd University of Applied Science. Informed consent was already given by the management of the nursing home for the main study. Before the interview, NS only signed for the recording of the interview. There were no risks for participants due to the nature of the study. No incentives were available for participants.

RESULTS

Participants and background characteristics

10 females and 3 males were included and interviewed, with a mean age of 38 (range 26-61 years). Each interview lasted on average 37 minutes (range 16-42 minutes). The last interview did not reveal any new information. Participant characteristics are described in Table 1, but not in detail. Otherwise citations were traceable to a specific participant due to the small sample. There is one missing value in years of working experience.

Feasibility of the coaching program

Key findings are described using five categories; acceptability[28,29], dose delivered[30,31], dose received[30-32], satisfaction[29,30,32] and context[30,32]. The findings of dose delivered and -received are combined because of a strong cohesion between the results. For understanding the NS' opinion about the content of the several components of the program, the content is specified in Figure 2.

Acceptability

Overall, the first phase of the CP was found acceptable and understandable by the NS.

Suitability of components and content program

The program was considered suitable for this specific ward and for the specific target (PwD) population according to the NS. They said the program did not take time or effort so far. (Box 1) The program fitted in what NS already knew about communication with PwD. The content of both team-meetings and the choice for PowerPoint presentations was found good. The newsletter was read by two participants, who found the content informing and a good reminder about the CP and communication with PwD.

Box 1.

Citation: *'Yes, I think the program is feasible, because you get back what you invest. Most of the time it is the little things'.* (Participant 1)

Observation period

The observation period by the coach was experienced by many as tensive and uncomfortable at the beginning. NS experienced the observation period as time-consuming, because they felt the need to explain things during the care to the observer, or they paid more attention to their communication than normal. Most of the NS felt like the observant was watching them closely. When the observer was present for a longer period, the uncomfortable feeling decreased. Helping out by the observer during daily care also decreased tension. (Box 2)

Box 2.

Citation: *'Yes, I think it was time-consuming because you were there. I was unconsciously busy with my communication, so I automatically adjusted my work tempo to it'.* (Participant 6)

Dose delivered and -received

The presence of NS at the different components during the CP varied. When they were less present during the CP, they felt less able to bring the given knowledge into practice. NS would have found it pleasant to get the information provided in different manners.

Presence during the coaching program

Eleven out of 13 interviewed staff members were present during the first team-meeting. Attendance to team-meeting two was lower, only 7 out of 13 staff members were present. NS had either private or work-related reasons for not attending. The coach observed 11 sampled NS; for unexplained reasons, two were not observed. Remarkably, there were four staff members who received the newsletter provided by e-mail and two of them read it. The other two did not read it or could not remember the content. Nine staff members stated that they did not remember receiving the newsletter, mainly due to the amount of e-mails and/or lack of time to check their mail. For many NS, their work mail was redirected to their private mail because that was what they preferred. (Box 3)

Box 3.

Citation: *'Yes, this is strange, because normally I always open e-mails. I'll have to check this later.. newsletter..'… 'No, no, I don't know. We receive so many e-mails a day, that is not normal anymore'.* (Participant 3)

Experienced amount of information

The CP was provided by the coach as planned. The first phase was three weeks in total, but in reality took five weeks. More time was needed, because team-meetings had to fit into the already scheduled regular meetings and the observation period took two weeks instead of one because the amount of staff members. The presence at the different components of the CP influenced the experienced amount of information. NS who were always present found it a lot information. NS who were absent most of the time, told they had less information about the program and the content of it. NS stated they did not received any new information, yet everyone found everything helpful as a refresher. No one told they had received unnecessary information.

Additional information

NS who were not present during different components felt some pressure to get the information by themselves. The coach did not provide information when NS was not present. NS talked with colleagues and frontrunners about what was told during e.g. a team-meeting, and what was expected of them. They would like information in different ways, such as an

e-mail, booklet or extra newsletter. A reminder was also found meaningful by several NS (Box 4). Prior to the program, most NS received oral information or an e-mail by the team-manager about the presentation on communication. Until the first meeting with the research group and the coach, NS had different ideas of what the CP implied. Many NS thought it was about communication between colleagues, instead of communication with PwD. About a quarter of the NS would like to be better informed before starting the CP. (Box 5)

Box 4.

Citation: *'Because there were other people also not there, and they know just as much as me. Nothing'.* (Participant 2)

Box 5.

Citation: *'It was not entirely clear to me that it was only communication between us and our clients'.* (Participant 6)

Satisfaction

NS was satisfied with the content, structure and implementation of the CP. They were very satisfied with the renewed awareness of the importance of communication with PwD, created by the CP. However, individual feedback during the observation period could have been improved.

Awareness due to the program

All NS was very satisfied with the fact that the program renewed their awareness of the importance of good communication tailored to PwD. They became aware because they were observed during daily care, and from the overall feedback of these observations. (Box 6)

Box 6.

Citation: *'That you're just, that we are made aware again of the fact that things are being swept away in daily functioning. But, what's actually part of it. Like 'Goodmorning!' we all say, but to say 'Goodmorning, I am *name participant*, I am the nurse and I am here to wash and dress you''..* (Participant 7)

Individual feedback during observation

NS would have liked to receive individual feedback from the coach during or after they were observed. This would have made it easier for them to retrieve and recall moments, than during team-meeting two in which only general feedback was given. (Box 7)

Box 7.

> Citation: *'I am a person who likes feedback. I like to hear if I'm doing something right, or I'm doing something wrong. And preferably direct, so that I can still recall it'.* (Participant 12)

Context

The NS identified several factors that influenced the CP. These factors were experienced workload, willingness to change and team culture.

Experienced workload

Almost all NS indicated that they were not communicating in the way it should (taught by the program or e.g. at school) because of experienced workload. NS said this affected their way of communicating with their residents. (Box 8)

Box 8.

> Citation: *'And there are also days, then I say 'Goodmorning! I come to wash and dress you!' and then you are taking care of them. And before you know the client is already sitting at the table. And because of that workload you often forget the way in which you have to communicate with the clients'.* (Participant 7)

Willingness to change

As an important condition for success, NS mentioned that everybody should be open to work with the CP, and to actually change their behavior. This was seen as an important condition for other colleagues. When the researcher asked about their own willingness to change, they stated that there were willing and open to participate in the CP.

Team culture

According to the NS, the team culture also influenced the CP. The team composition has changed a lot lately, so NS is still getting to know each other. They do not always dare to give feedback to or trust each other. (Box 9)

Box 9.

> Citation: *'During the program we all noticed, that it still does not work well in all areas. That people do not dare to give feedback to each other'.* (Participant 12)

Beside this, NS found the program helpful because it provided guidance how to communicate with each other. They had a mutual experience of the CP to share. They stated that it was therefore easier for them to talk to other colleagues about communication.

DISCUSSION

This is the first study that evaluates the feasibility of the first phase of the coaching program (CP) that aims to improve communication between nursing staff (NS) and psychogeriatric nursing home patients. The main findings show that the first phase of the coaching program is feasible based on interviews with NS. The CP was found acceptable and understandable by the NS. The presence of NS at the different components during the CP varied. Included NS were not always present during CP meetings/assignments, which influenced their knowhow. According to dose delivered, NS would have found it pleasant to get reminders and information to be provided in different manners. NS was very satisfied with the renewed awareness, due to the CP, on their communicational behavior. They would have liked to receive individual feedback from the coach during or after observation. NS identified several contextual factors, which were experienced workload, willingness to change and team culture.

An important aspect according to NS was that the program made them aware again of the importance of communication with people with dementia (PwD). Remarkably, NS almost separated the use of communication and their other daily care tasks, or forgot the desired communication manners during daily care. This, while communication should be an integrated part of all daily care according to Kitson et al[1]. An explanation for this unintegrated communication in daily care, is that NS give communication low priority because of their experienced workload. Workload was also found in other literature as a barrier to communicate properly with patients with communication problems[46]. Nurses reported in other studies more ‘care left undone' when they were working low staffed[47,48]. This resulted in short interactions with neutral and mostly task-oriented communication activities[49,50]. Task-oriented communication is one-way communication, which is not what communication means according the transactional communication model[8-10]. Communication is then a way of ‘getting something done' from PwD, instead of having a meaningful conversation with them[50,51]. According to literature found on person-centered care[51-53], a meaningful conversation with PwD can be achieved during daily care, e.g. about their previous job or childhood memories. Another explanation according to implementation literature is that ‘awareness' and ‘acceptation' has to play a more central role to change the communication behavior of the NS[54]. Only being aware of the role communication plays in their work, does therefore not automatically change their communication[54].

Particularities on dose delivered and -received were also found. When NS was less present during the various meetings/assignments of the CP, they found it more difficult to bring the knowledge and feedback into practice. According to them this was influenced by the amount and the delivery manner of the provided information. NS would like digital or paper reminders of provided information. Digital newsletters were not read well in this study

because of lack of time and/or attention. Other ways of providing information and reminders are an extra team-meeting and a paper version of reminders, because various theories about effective implementation suggest that reminders are likely to be appropriate interventions to change clinical practice[55]. One of the roles of the frontrunner in the CP was to provide extra information to colleagues. The frontrunner role should be more specific in providing information. This may also be a factor that NS was not fully informed and engaged to the given information. NS would have found it pleasant to get individual feedback on their communication. Individual feedback on the delivered care is one of the most commonly applied methods to implement changes in clinical practice, and important to create awareness and actual change in health care providers[55].

The findings of the current study should be considered within the light of several strengths and limitations. Strength is the position of the researcher. The researcher was an outsider to the NS. Because the observational role she played during all components of the program, NS were familiar with her. This contributed to a trustful, non-judgmental environment, also by explaining nothing told would be shared with anyone else[43]. A random sampling technique was used to include NS, because there were no prior factors known which could influence their experienced feasibility of this CP. Therefore, generalization to a larger NS population is limited, because there is nothing known about characteristics of the NS that could influence the experienced feasibility.

Recommendations according to the CP are to preserve the observation period and the team-meetings. Also the length of the program seems to be appropriate, but the amount of information was found large. To prevent this, the newsletters by e-mail can be skipped; this seemed not to be the right information distributor. To improve an effective implementation of the CP, extra and other distribution of information is needed using paper version of a newsletter or a booklet. After each team-meeting, an hand-out should be provided as an reminder or back-up for NS. Individual feedback by the coach after observation should be given. The role of the frontrunners has to be formulated more explicitly, so they can contribute to the spreading of information and knowledge about the CP to their colleagues. The complete CP has to be evaluated using a convenient sample, with extra attention to NS characteristics. An relevant clinical finding is that NS were, because of the CP, aware again of their communication and the importance of it for PwD. Despite of that, communication seems not to be their core element in daily nursing care. Future research should examine how NS of psychogeriatric nursing wards experiences their own communication, what type of communication they use and if this contributes to a meaningful conversation, and eventually investigate how communication can be more integrated in daily nursing care.

The aim of this study was to assess the feasibility of the first phase of the CP from the perspectives of the NS from a psychogeriatric nursing home ward. The first phase of the coaching program is a feasible part of the intervention according to NS. The program and processes were acceptable, and NS was satisfied with the renewed awareness on their communicational behavior. Dose delivered and -received were influenced by the variation of presence of the NS and the information providing manners. Contextual factors were experienced workload, willingness to change and team culture. Changes are proposed to optimize the program for future implementation, so the program can contribute to an increase of the quality of communication with people with dementia, and eventually improve their quality of life.

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TABLES, BOX AND FIGURES

Figure 1. Schematic overview of the coaching program

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Overleg Coach + Kartrekker			O1 Coach + Kartrekker		O2 Coach + Kartrekker	O3 Coach + Kartrekker		O4 Coach + Kartrekker	
Teammeeting	T1 Kennismaking		T2 - Terugkoppeling observaties en plan					T3 Implementatieplan	
Coaching on the job		C1 - Observaties door coach				C2 Observaties en feedback Kartrekker			
Opdracht en groepsbijeenkomst				A1 V&V elkaar observeren	B1 Groepsbijeenkomst 1		B2 Groepsbijeenkomst 2		
Nieuwsbrief	N1		N2	N3		N4	N5	N6	

Figure 2. Information about the first phase of the coaching program

Box 1. Information about the first phase of the coaching program

The focus of the coaching program (CP) is to support nursing staff (NS) in improving communication with people with dementia of psychogeriatric wards of nursing homes during daily care. This support is done by a coach working in the organization and two frontrunners working at the specific ward. The coach is supervisor of the ward who receives the program. The coach has the task to support the NS, together with the frontrunners to improve communication with their residents during daily care. The role of the frontrunners is to serve as a contact for the coach, NS and researchers around the CP. The frontrunners are responsible for informing the whole NS, and encourage and motivate colleagues to actively participate in the CP. The coach and frontrunners receive a manual of the research team in which the correct knowledge is provided about communication and which contained the information needed to carry out the activities in the CP. The program consists of team meetings, observation periods, newsletters, assignments and consultations. The coach and frontrunners make, after two weeks, an implementation plan to improve the communication of the NS of this specific ward. Activities and desired information will be chosen depending on the observations.

Below, only the activities in the first phase of the CP will be discussed.

Team-meetings

Team meetings have the goal to talk with the whole NS about the progress of the CP and the improvement of communication, with a duration of 20-30 minutes. The goal of the first team-meeting is to inform the team about the CP and create capacity for it. An introduction takes place between the coach, NS and the research team. Information about what communication, and communication with people with dementia is, is also provided. The second goal therefore was to inform the team on communication and the importance of it. In team-meeting two the coach will tell about the findings of the observation period and gives overall tips and tops. The NS has to value the two most important tips. On the overall most important tips, it is checked whether department-wide agreements can be made. This is eventually the implementation plan for this specific ward.

Coaching-on-the-job

The coach will participate in the daily care (washing and dressing), and thereby observe the nursing staff for one week. During this period, the coach examines to what extent the staff already communicates in the desired manner, and where points of improvement are.

Newsletter

The news reports are used as a channel in the program to transfer background information about communication to the nursing staff. A news report may consist of written text, pictures, videos e-learning modules and/or links to more information and will be sent my e-mail. The coach and frontrunners choose the information, based on their opinion what the nursing staff needs.

Table 1. Participants' background characteristics

	n	Mean, in years	Range, in years
Total interviewed	13		
Gender			
Female	10		
Male	3		
Age		38.9	26 - 61
20 - 30	4		
31- 40	3		
41 - 50	5		
> 50	1		
Educational level			
Personal care assistant	4		
Assistant nurse	6		
Vocational nurse	3		
Work experience (in years)*			
0 - 10	8		
11 - 20	2		
21 - 30	1		
>30	1		

* There is a missing value for one participant so no percentage, mean and range were calculated

APPENDIX A. INTERVIEW GUIDE PARTICIPANT COACHING PROGRAM

Schuingedrukte vragen= toegevoegd na eerste analyseronde

~~Doorstreepte~~ vragen = weggehaald na eerste analyseronde

L = topic vergaard in literatuur

O = topic vergaard tijdens observaties gedurende coaching programma

Introductie

Voorstellen	Welkom, mijn naam is Fransje van Heiningen en ik volg de opleiding Verplegingswetenschappen in Utrecht. Voor mijn afstudeeronderzoek doe ik een evaluatie naar de haalbaarheid van het coaching programma rondom communicatie wat u nu ontvangt op uw werk.
U / jij	Wilt u met u of je worden aangesproken?
Doel onderzoek	Het doel van het onderzoek is om de haalbaarheid van de eerste fase van het programma te evalueren. De eerste fase is de kennismakingsbijeenkomst, het observeren door de coach, de nieuwsbrief en de tweede bijeenkomst betreft de huidige en wenselijke situatie.
Interview	Dit interview gaat ongeveer 30 minuten duren. Als een vraag niet helder is, kunt u dit aangeven. Ik zal dan proberen om hem anders te formuleren. U vertelt uw mening, dus er zijn geen foute of rare antwoorden. Als u op een vraag geen antwoord wilt geven, is dat ook goed. Geeft u dit dan bij mij aan.
Anoniem	De informatie die u mij geeft zal anoniem worden verwerkt. U mag dan ook alles aangeven wat u kwijt wilt.
Opname akkoord	Bent u akkoord dat dit interview wordt opgenomen?
Vragen	Heeft u vooraf vragen?

Demografische gegevens

Achtergrond informatie	Leeftijd; Geslacht; Hoogste niveau opleiding; Aantal jaren werkervaring in psychogeriatrische verpleeghuissetting.

Openingsvraag:

Hoe heeft u het coaching programma tot nu toe ervaren?

Vervolgvraag:
Welke dingen heb je nu gedaan met het coaching programma?

Tevredenheid (satisfaction)

Inleidend stukje tevredenheid: ik zou graag van u willen weten hoe tevreden u bent met het coaching programma én de invoering hiervan. Met invoering wordt bedoeld hoe het programma tot nu toe verloopt, dus niet de inhoud ervan, maar hoe het programma is opgezet.

Hoe tevreden bent u over het coaching programma? - Verschillende onderdelen tevredenheid: kennismakingspresentatie, observatieperiode, nieuwsbrief, tweede presentatie	L
Hoe tevreden bent u met de invoering van het programma?	L
Over welk(e) aspect(en) van het programma bent u erg tevreden?	L
Over welk(e) aspect(en) van de invoering van het programma bent u erg tevreden?	L
Zou u iets willen veranderen aan (de invoering van) het programma? Zo ja, wat dan?	L

Geschiktheid (acceptability)

Inleidend stukje geschiktheid: dit onderdeel gaat over wat u denkt van de geschiktheid, of passendheid, van het programma voor u en in uw werkzaamheden op de afdeling.

In hoeverre vindt u het coaching programma tot nu toe geschikt voor op uw afdeling?	O
In hoeverre vindt u het coaching programma tot nu toe haalbaar in uw werkomgeving?	L
Topic: Geschiktheid onderdelen programma Geheugensteuntje: ik vraag hier daarnaast uit; tevredenheid met de materialen, tevredenheid met communicatie kanaal, tevredenheid met persoon door wie de informatie is verstrekt	
Hoe heeft u de kennismakingspresentatie ervaren? Wat vond u van de keuze voor een presentatie vanuit de coach?	L
Hoe heeft u de observatie periode die de coach bij u heeft gedaan ervaren? - Hoe heb je je eigen communicatie ervaren als er iemand observeerde? - Hoe zou het observeren gemakkelijker voor je zijn; een observant die meewerkt in de zorg, of alleen observeert? *- Heb je feedback gehad van de coach tijdens/na het observeren? Zo nee, hoe had je dat gevonden?*	L/O O O
Wat vond u van de nieuwsbrief via de mail door de coach? (denk aan inhoud, lay-out)	L
Hoe heeft u de tweede bijeenkomst over de huidige situatie/implementatieplan, door middel van een presentatie door de coach, ervaren?	L

Had u iets aan deze materialen, communicatiekanalen of personen willen veranderen?	L
Topic: Geschiktheid inhoud programma	
In hoeverre draagt deze interventie bij aan de communicatie tussen u en uw bewoner(s) bij u op de werkvloer?	L
In hoeverre sluit het coaching programma aan op de kennis die u al had omtrent communicatie?	O
In hoeverre sluiten de afzonderlijke onderdelen van het programma op elkaar aan?	L
Was de kennismakingspresentatie / presentatie omtrent huidige situatie & implementatieplan / nieuwsbrief voor u op een begrijpelijk niveau? Zo nee, wat dan niet en hoe zou dit veranderd kunnen worden?	O
Topic: Tijdsbesteding	
Wat vindt u van de hoeveelheid tijd die u tot nu toe kwijt bent aan het programma?	L
In welke mate vind u dat deze hoeveelheid tijd haalbaar voor u?	L
Wat vindt u van de verhouding kennis en tijd die het programma nu heeft gekost (5 weken)? Had er iets sneller/langzamer gemogen voor je?	O

Geleverde hoeveelheid van het programma (dose delivered)

Inleidend stukje geleverde hoeveelheid: ik zou graag uw mening willen weten over de informatie die u ontvangen heeft tijdens het programma, en of u alle informatie ook daadwerkelijk ontvangen heeft. Hier voor u ligt ook het programma uitgewerkt, zodat u kunt kijken of u alles ontvangen heeft.

Welke informatie heeft u de afgelopen 6 weken ontvangen?	L
Welke informatie heeft u gehad voordat het programma van start ging?	
Hoe heeft u de hoeveelheid van het programma tot nu toe ervaren? Veel/weinig?	L
Heeft u het idee dat u alle informatie gekregen heeft?	L
Is er informatie die u gemist heeft of niet gehad hebt? Zo ja, wat was dit dan?	L
Op welke manier heeft u ervoor gezorgd dat u alle informatie tot uw beschikking had? *- In hoeverre kunnen wij van het programma daar iets voor u in betekenen? Collega's gaven aan dat informatie op een stick of in een boekje prettig was geweest. Hoe zou u dat vinden?*	L
Is er informatie die u gekregen heeft wat voor u niet nodig was geweest? Zo ja, geef aan welke informatie dit was.	L

Ontvangen hoeveelheid van het programma (dose received)

<u>Inleidend stukje ontvangen hoeveelheid:</u> hierbij gaat het om de mate van het programma die u ontvangen heeft.

Lukte het u om bij alle bijeenkomsten aanwezig te zijn? - Was u bij delen van het programma afwezig? Zo ja, waarom was uw afwezig? Zo ja, op welke manier heeft u er toch voor gezorgd dat u alle informatie kreeg?	L
Is er bij u geobserveerd door de coach tijdens de observatieperiode?	L
In hoeverre heeft u de nieuwsbrief gelezen die u ontvangen heeft?	L
In hoeverre kon u met de gegeven kennis in de bijeenkomsten en uit de nieuwsbrief zelf aan de slag in de praktijk?	O

Context

<u>Inleidend stukje context:</u> hierbij gaat het om factoren die het coaching programma volgens u beïnvloeden. Dit zijn dus factoren die buiten het coaching programma liggen, maar die wel invloed hebben op het programma en het effect ervan.

<table>
<tr><td colspan="2">Topic: Beïnvloedende factoren
Geheugensteuntje: denk aan:
• Personen die betrokken zijn (coach/ kartrekker);
• Personen uit eigen afdeling/werkomgeving;
• Samenwerking onderling met collega's. Beïnvloedt dit de haalbaarheid?
• `Iedereen moet er open voor staan om aan dit programma mee te doen'
• <s>Andere personen ook betrekken die nu niet betrokken waren;</s>
• Organisatorisch;
• Ervaren werkdruk; beïnvloedt dit de invoering van het programma? Combinatie werkdruk/programma?
• Lengte interventie;
• Intensiviteit interventie;
• De groep bewoners waarmee u werkt
• <s>Combinatie met ander werk.</s></td></tr>
<tr><td>Wat zijn voor u factoren die van invloed zijn op (de invoering van) het programma?</td><td>L</td></tr>
<tr><td colspan="2">Topic: Positieve aspecten van de invoering programma</td></tr>
<tr><td>Wat waren helpende aspecten (voor het invoeren) van het programma tot dusver voor u?</td><td>L</td></tr>
<tr><td colspan="2">Topic: Barrières voor invoering programma</td></tr>
<tr><td>Waren er barrières voor het (invoeren van het) coaching programma?
Zo ja: hoe zouden die opgelost of voorkomen kunnen worden?</td><td>L</td></tr>
</table>

Afsluiting

Overige zaken	Wilt u verder nog iets vertellen over het coaching programma?
Later nog vragen	Mocht u later nog iets te binnen schieten wat u toch had willen vermelden, laat het me dan gerust weten. U kunt mij mailen, u krijgt mijn contactgegevens hierbij uitgereikt.
Membercheck	Mag ik u na het uitwerken van de algemene resultaten benaderen om de resultaten te bekijken, om uw mening te vragen en of dit aansluit bij uw eigen ervaringen?
Dankwoord	Mag ik u hartelijk bedanken voor uw deelname aan dit interview en voor uw openheid hierin.