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Registered Nurses’ Experiences with, and Feelings and Attitudes Towards, interRAI-LTCF in New Zealand in 2017

A thesis presented in partial fulfillment of the requirements for the degree of Master of Philosophy in Health

at Massey University,
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New Zealand

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Abstract

Background
The International Resident Assessment Instrument for Long Term Care Facilities (interRAI-LTCF) is a web-based assessment tool designed to comprehensively assess older adults (>65 years) living in aged residential care. InterRAI-LTCF is used in over thirty countries, but in 2015 New Zealand (NZ) was the first country where it was made mandatory in all facilities. No previous research about Registered Nurses’ (RN) views on interRAI-LTCF in NZ has been conducted. The purpose of this study was to explore RNs’ experiences, feelings and attitudes towards interRAI-LTCF, and what they believed would improve their experiences.

Methods
The study was qualitative, using an exploratory and descriptive approach. Twelve interviews were conducted 18 months after interRAI-LTCF became mandatory in NZ. The interview questions were based on a United Theory of Acceptance and Use of Technology (UTAUT) model with some modifications. Findings were analysed thematically.

Results
The findings reveal that RNs of all ages embrace technology, and have mostly positive attitudes towards interRAI-LTCF as a standardised and comprehensive assessment tool. Limited value however is seen in dementia and end of life care. RNs report good experiences with trainers and venues, but inconsistency between training courses. Negative feelings towards interRAI-LTCF were caused by insufficient time to complete assessments, often due to duplication of data entry and insufficient RNs trained. RNs also feel apprehensive about the annual Assessment & Intelligence Systems, Inc. (AIS) competency tests. RNs believe the development of automated care plans and an automated password retrieval system would improve their experience. They also suggested that specific cultural considerations for Māori residents should be reviewed.

Conclusion
Overall RNs supported the use of interRAI-LTCF as a comprehensive assessment tool. Duplication in data entry, insufficient training, and the annual AIS tests caused most stress and negative feelings. Recommendations were made to rectify this.

Key Words
Older adults, interRAI-LTCF, Registered Nurses, aged residential care, UTAUT
Acknowledgements

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Also a very special thanks to the management of each facility participating in the study. It was great to see Clinical Quality Managers and Facility Managers being so supportive towards research, and encouraging their RNs to participate. I hope I have motivated more nurses to become interested in research.

I am grateful to the Residential Aged Care Integrated Programme (RACIP) team leader, Janet Parker, who assisted me in getting my research invitations through to the appropriate people, and arranged for me to talk about my research plan at the regional meetings. Without this help it would have been very hard to get this project started.

My thanks also go to Dr Vivien Rodgers, my supervisor, for supporting me through this learning process. You gave me useful feedback, and I very much appreciate your knowledge and encouragement during the last two years.

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Last but not least, I thank my son Tommi, my biggest motivator. Thank you Tommi for your encouragement over the past years and getting me through this rather large amount of work! Love you.
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<th>Description</th>
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<tbody>
<tr>
<td>AIS</td>
<td>Assessment &amp; Intelligence Systems, Inc. (interRAI annual competency test)</td>
</tr>
<tr>
<td>ARC</td>
<td>Aged Residential Care</td>
</tr>
<tr>
<td>ARCF</td>
<td>Aged Residential Care Facility (e.g. resthome, private hospital, dementia unit)</td>
</tr>
<tr>
<td>ARRC</td>
<td>Age-Related Residential Care (services agreement)</td>
</tr>
<tr>
<td>BEL-RAI</td>
<td>Belgian Resident Assessment Instrument</td>
</tr>
<tr>
<td>CAP</td>
<td>Clinical Assessment Protocols</td>
</tr>
<tr>
<td>CHESS</td>
<td>Changes in Health, End-stage disease, Signs and Symptoms</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>DRS</td>
<td>Depression Rating scale</td>
</tr>
<tr>
<td>EE</td>
<td>Effort Expectancy</td>
</tr>
<tr>
<td>FC</td>
<td>Facilitating Conditions</td>
</tr>
<tr>
<td>HC</td>
<td>Home Care</td>
</tr>
<tr>
<td>HCA</td>
<td>Health Care Assistant</td>
</tr>
<tr>
<td>HCI</td>
<td>Human-Computer Interaction</td>
</tr>
<tr>
<td>interRAI</td>
<td>International Resident Assessment Instrument</td>
</tr>
<tr>
<td>ICR</td>
<td>Internal Consistency Reliability</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
</tr>
<tr>
<td>LTCF</td>
<td>Long Term Care facility</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>MDS-RAI</td>
<td>Minimum Data Set Resident Assessment Instrument</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>-----------</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NASC</td>
<td>Needs Assessment and Service Coordination services</td>
</tr>
<tr>
<td>NZ</td>
<td>New Zealand</td>
</tr>
<tr>
<td>NZACA</td>
<td>New Zealand Aged Care Association</td>
</tr>
<tr>
<td>OBRA</td>
<td>Omnibus Budget Reconciliation Act</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PE</td>
<td>Performance Expectancy</td>
</tr>
<tr>
<td>RAI</td>
<td>Resident Assessment Instrument</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>SE</td>
<td>Self Efficacy</td>
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<td>SI</td>
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<tr>
<td>TAS</td>
<td>Technical Advisory Centre</td>
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<tr>
<td>UTAUT</td>
<td>United Theory of Acceptance and Use of Technology</td>
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