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Nurses’ and personal attendants’ diabetes knowledge: in regional public residential care in Australia

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Background: Diabetes management is complicated in residential aged care facilities (RAC). Most older people with diabetes require on average 8–12 medicines. Managing medicines is complex, especially in older people. Little is known about diabetes-specific medicine knowledge of various care staff (registered nurses (RN), enrolled nurses (EN) and patient care attendants (PCA) working in RAC. One expects it to be at least at the same level as people with diabetes.

Aim: Identify staff knowledge about diabetes medicines and organisational factors that influence safe medicines use in two large Australian regional public RACs that comply with national accreditation standards.

Methods: A triangulation of methods was used to collect the data: anonymous self-complete questionnaire (ADKnowl) staff interviews to clarify practice issues that could affect safe medicine use, and a case file audit to identify medicine-related data. Questionnaires were distributed to all RNs, ENs and PCAs in the two services via nursing management (N=540). The ADKnowl was supplemented with additional questions and vignettes derived from actual case notes in each RAC to assess translation of knowledge into practice. Only medicine related data are reported.

Results: Sixty-eight people returned completed questionnaires (12.5% response rate). Knowledge deficits were identified in administering oral hypoglycaemic agents and insulin, their action and potential adverse events. Most ENs and PCAs did not know why HbA₁c was measured. Almost half the RNs and ENs and 80% of PCAs did not know how diabetes comorbidities affect medicine choices. RN achieved higher overall average knowledge scores, 74.3%, compared to ENs and PCA, 49%. The interviews suggest lack of time, unclear communication processes, inadequate knowledge about medications and resident behaviour compromises optimal diabetes management and medicine administration. Twenty case files audits were undertaken in each RAC and revealed residents were taking on average nine medicines. Most were on oral agents or a combination of oral agents and insulin.

Conclusion: Staff involved in caring for residents with diabetes had suboptimal general and medicine-specific diabetes knowledge to deliver optimal care. System issues and unpredictable resident behaviours made medicine management difficult and compromised safety.