

003.001

Speaker key

RE Researcher
SM Staff Member

RE Okay, brilliant. So that should be recording, and it should pick up – there's a bit of the fan, but it should be fine. So as you know, I'm a researcher fromxxx, and I'm conducting and recording this interview. Everything you say is confidential, but I'd like you to introduce yourself for the recording so that the typist can identify your voice and my voice.

SM Okay – you want me to introduce me [sic]?

00:00:27

RE Yes.

SM Okay. Hi, my name is xxx working as a senior carer for xxx.

RE Brilliant, thank you. And again thank you for agreeing to take part. As I've said, I'm interested in how staff working in care homes think about residents with agitation, and when I'm talking about agitation I'm talking about wandering or restlessness, pacing, shouting or aggression – those sorts of behaviours. And we're asking you because we think this is something that you probably know quite a lot about, and we want to make use of your experience and your expertise. We're going to use the information to help us develop an intervention to reduce agitation in people with dementia living in care homes, and we're interested in how to make the intervention something which fits and which is practical for busy day-to-day life in a care home.

As you can see it's being audio recorded, and whatever you tell me will be anonymised for the purposes of this study so that you or anyone else you mention won't be identifiable. But if you do tell me anything that suggests that someone else is being harmed in some way, or you are being harmed in some way, I'll ask your permission to disclose that information to my supervisors because we can't, although we respect confidentiality, we can't maintain that if we think that someone's being seriously harmed. Okay? So if you want to stop at any point or leave the room or it gets too hard or anything, just tell me.

00:02:13

SM Okay.

RE Okay. So just to start, could you think of a resident you know who's been agitated – someone here; you don't need to tell me their name, but you can – and can you just tell me a little bit about the person and describe their behaviour and what happened?

SM Okay. Mrs xxx - I will just call her by her initial for her – you know...

RE Perfect.

SM ... for her privacy as well. Yes, Mrs xxx – yes, every time that we're giving her, her food, she's just happy about it, but then everytime that we're going to take it from her, like if she finishes her food, you know, she really wants to keep her meals, but then, you know, so we're just going to give her the time to... to, like if we can have, if we can get it to her; like, you know, if she's not [unclear] passing [?] on the, you know, I mean, you know, of her meals. So I mean – if you know what I mean? – of her [unclear], like if her cutlery is not replaced when she's finished her meals. And yes, she's quite aggressive; she don't... she can manage – she cannot manage her own personal hygiene as well, so that there is... you know? And we cannot leave her like that as well, so we're asking for help, with other colleagues to help us, you know, because yes.

00:03:45

RE And so... so with the first thing, with the... not wanting to give you her plate and things like that at the end of her meal, what happens? Does she get aggressive, or does she shout at you, or does she get [overtalking]...

SM I'm sorry...

RE ... from...?

SM Yes – and so she'll get aggressive, and she shouted as well; yes, and swearing. Yes.

RE Hmm-hmm. Gosh! And that's.... that also happens around personal care, you would say?

SM Yes, it does.

RE What happens then?

SM So when we're... assisting her in her personal hygiene she is really fighting; she's either kicking or like punching us or, you know, and then screaming and... yes.

00:04:25

RE Gosh! And so what do you think might be causing that behaviour for her?

SM I think what causes her behaviour is because of... she wants to be able and she wants to do it on her own self. And you know, to be honest, she'll want you to clean her like, you know, the plates when she's finished her meals. That's why probably she don't want to give it as well, but it's quite dangerous as well for her because if it's like dropped so it would break and, you know, it will cause her harm. So yes...

RE Hmm-hmm. So she wants to maybe clean the plates herself?

SM Yes, that's right. Yes.

RE Yes. And what about... what do you think makes her react like that in relation to the personal care, say?

SM So what I said is, maybe she wanted to do her own, you know, her personal hygiene, but because she cannot do it... so that's why we are here to help her, and do our best.

00:05:27

RE So she wants to be independent; do it herself?

SM Yes, that's right, yes; independent, yes.

RE And is there anything else you think might be causing her to behave in that way?

SM Yes, probably as well that she really don't know us, but you know, most of the time we're always... we're always seeing her as well and she's seeing us as well. But because of her dementia this way probably is confusing [?] her as well because she doesn't know us. So like... we're like, for her like we're invading her territory – something like that, yes.

RE So she doesn't know who you are? Okay, and what else do you think...? You know, what other behaviours or things have you noticed in other residents who've been agitated? What else happens?

SM What else...?

RE Is [sic] there any other people that you can think of that are agitated?

SM Yes, there is as well, yes, like Mr xxx as well – Mr xxx; sorry!

00:06:29

RE Yes, that's all right.

SM So yes, Mr... it's all xxx; so, yes, Mr xxx, he's quite agitated as well; like, you know, especially when we're helping him in his personal hygiene; especially when we are, you know, helping him in, you know, in his private parts you know, like that, you know – using pads; he really don't want it. So like he's, like, you know, punching us if we don't like it, so... But then we need to help him, really – and, yes...

RE Yes. So again it's around personal care and...?

SM Oh, yes.

RE ... and you do need to help people?

SM Yes.

RE Yes. That must be difficult at times. And have you noticed that it happens at certain times more than other times with them, or... any patterns...?

SM Like almost all of the time, like, you know, when we're giving Mrs xxx, and when we're giving her meals, she's always like that; and maybe when we take her, you know, tray; yes, as well as when we serve Mr xxx as well.

RE Yes. Gosh! And with, say, Mrs xxx, the first lady, what have you tried? What's... you know, what have you tried to do to manage her??

00:07:41

SM What have we tried to do? Because of her... she cannot as well like speak in English, she has different, like... I think it's a barrier for, like language barriers, so we cannot really understand each other, I suppose, like you know we just like understand each other in, you know, in how we move or like...

RE She doesn't speak English as well?

SM She doesn't speak English.

RE She's never... she's not, because she's not English, not because of the dementia?

SM I think sometimes very rarely that she can speak English, but most of the time she's speaking her language.

RE Okay. And so what happens? What works, if anything, and what... you know, what have you tried? What have the different staff tried to manage it?

SM So... well, we've tried these... to manage it, it's like we're asking someone's help as well, like, you know, like, for example, like I'm going to... we're going to help her in her personal hygiene needs so we need to ask someone, of course, because even two people cannot manage her. So we really need someone to be with us every time that we're helping her, just for us not to be hurt, and for her as well, you know, not to be hurt or [unclear].

RE So there's something... so for you, asking for help from another member of staff means that you are not going to get hurt in the same way, but also she won't get hurt, or...

00:09:04

SM Yes.

RE ... and so that's one thing. And what's that –you know, at meal times, is there anything that helps when, with the taking away of the plates, or anything?

SM Hmm... what we are doing is like, when she... like what I said, like when she's not concentrating on, you know, on the tray, or like just, you know, her concentration is on another thing, that is when, you know, we can get it from her.

RE So when she's not looking you might be able to take it away?

SM Oh, yes, that's right, yes.

RE And does that work? Does that...?

SM Yes, most of the time it works, but most of the time as well, yes, she's always, you know, she knows... like if you get into her room she knows, you know, who is there and what you are doing, really; so yes...

RE Yes. So she kind of knows. Okay, and what... what else, you know, maybe hasn't worked so well? What doesn't work with these people when they're agitated?

00:10:07

SM I think if you keep insisting yourself, like if you keep doing what she don't want you to do, it will more aggravate her, yes.

RE And is that the same with the personal care and, you know, generally, with people... if you insist and keep asking?

SM Yes. Yes. I think even, you know, even if you ask, they're going to be agitated if they don't want it, you know? And then somebody's doing it, so it's understandable.

RE Yes. And have you noticed other staff members or other people doing anything that helps with managing agitation?

SM Hmm... I think... we have this chart, and we are recording everything; everything that's, you know, our residents are quite agitated or aggressive, we need to, you know, indicate it in the care plan [?] in their reports that, you know, both are unsafe [?].

RE Hmm-hmm. And how does that help?

SM It helps because I think by the chart, you know, there are like psychologists are coming as well, and like looking, you know, we know how we will be able to do it more effectively.

RE Hmm-hmm. Hmm. So looking at how to do things more effectively you have psychologists coming in and... And so are there things that, say, the psychologist or other professionals suggest that you think can be helpful?

00:11:41

SM What they suggest is like, yes, keep... if you're going to keep.... sorry, keep putting it, writing it in the care plan and then in the chart, and then if the person's really, you know, aggressive we need to transfer her or him in another place...

RE Yes. Okay, okay.

SM ... for the safety of other residents too; something like that.

RE Hmm. And in terms of communication, in terms of communicating with people when they're agitated, and... you know, what works well, do you think?

SM If they are agitated?

RE Yes.

SM Giving them their own privacy, giving them their own time and just... so that, you know, she will make her peace, and then just come back when she's ready, something like that.

00:12:28

RE Hmm-hmm. And how do decisions get made around how to manage the situations with these agitated people? So how do you decide in the team what you're going to do, or...?

SM So what we are deciding is what... that, you know, we're, if we're helping them or like if they are agitated, we make sure that, you know, at least two of you are assisting in dressing them and undressing them.

RE Yes, and do you have like meetings where you discuss it, or is there a care plan or a help plan?

SM We have the meetings as well, and then we have the care plan too, yes.

RE Okay, and is there anything else that you've seen work well in terms of managing agitation?

SM Yes, I think so, yes. If you just... like, for example, this other resident... and then this other resident as well, like Mr xxx; he's quite agitated as well. But then if he knows you and you are good, like if you are good to him and you are, you know, like whatever he asks you to do you're doing it and helping him to do it he's so happy, and every time he will see you. He's just... he is in, in a... because he knows who's helping him. But he, if he doesn't like the person he's, most of the time he's going to be agitated and really playing around him, you know, like calling the bell – something like that.

RE So actually sometimes it's about which member of staff it is?

00:14:13

SM Some... I suppose for some residents, but for some residents which [sic] have got dementia, either... yes...

RE Yes. And I guess there's lots of things that, that can help on that, and I was thinking about things like what else might make a difference; so things like... managing someone's pain, or music or communication – those sorts of things. Are those things that you've sort of tried out here in the home with people when they're agitated? So, say, music or activities...?

SM Activities – we have activities, we have music, and some of the patients are... sorry, some of the service users, its cos I am a nurse..

RE It's fine - it's fine!

SM ... yes, so some of the service users are... yes, some of them, yes, you know, like if they are agitated they will still continue being agitated. But some of them are okay with the music - because some of them don't want the music at all. So that's why, yes, it can make, makes them more agitated as well.

RE And do you think that the activities generally help manage agitation for some people, or do you think it doesn't...?

00:15:42

SM I don't... for me, because of what I'm seeing here, for me it's, you know, if they are agitated they don't want to concentrate and they cannot manage to concentrate on, you know, on the matter like, you know, because they want their own pace. So just leave them and give them a quiet time for a while.

RE Hmm. So once someone's already agitated, from your experience, doing more then doesn't help; they need to be given peace. What about... do you think that doing activities and things can prevent someone from getting agitated? Or, you know, can they get better before it happens?

SM Most of the other residents, they don't like... they don't like the activities, so... But especially those with dementia, most of them don't... most of them; but some of them accept them, but most of them don't like it.

RE What... how do you understand that? I mean because... what do you mean, they don't like it? They don't want to join in, or they...?

SM They don't want to join in, yes.

RE Yes. Okay, and so is there anything which helps get them to join in? Anything that works?

SM For example, Mrs xxx, that you know I'm saying – she cannot really focus on them so we cannot do anything about it because every time she... you know, we're going to do some activities then she... she don't like it.

00:17:29

RE Okay, so she doesn't like...?

SM She isn't participating.

RE Yes, okay. And so, just generally, actually, what do you think makes it easier to manage agitation in the residents here?

SM To manage, or to prevent it?

RE Yes, or both; what makes it easier?

SM What makes it easier? For me, just really give them, you know, like, their own pace, their quiet time. And yes, just really be kind to them, and understanding them because they will still feel it, even, you know, if they are [?] dementia, they still feel it, that you care for them. So that makes them, you know, see that, you know, this person is, you know: I'm safe in [sic] this person; something like that.

RE So it makes them feel safe, and that you care for them?

SM Yes.

00:18:24

RE Yes. And so is that...? You know, what is it about you that kind of makes it easier to manage the agitation, then?

SM To manage...? I'm just really like being kind and, you know, I'm just doing what she or he, you know, really likes; like, you know, like still in safety [?]. Yes, so... yes, just helping them because, like for me, they cannot, you know, they are [?] not able to do it, so they are really asking you for help, and just... really be kind with them.

RE Hmm. So being kind and really trying to... I think you said get to, you know, get to know what they like?

SM Yes, get to know what they like.

RE How do you know what they like? How do you work that out? How do you find out?

SM They will say it. But yes, for Mrs xxx, it's hard for her to know what she wants, because she don't want anyone to get in to her; like to come, you know, near her. But then, yes, she's happy when we're giving her... you know, she's really happy about it. So yes, just...

RE Sorry - when is she happy? She's happy when...?

SM Sorry - she's happy when you're giving meals to her, you know, yes.

00:19:40

RE She likes her food?

SM Yes, she likes food, yes.

RE Yes. And then when you give her meals, are you able to then talk to her, or... is that when she's kind of calmer?

SM Yes, that's right, yes. Yes, that's the time when you can really talk to them, and even if you don't understand their language, but you know, kind of... some... like you will

understand them in such a way - like maybe this is the sort of thing that's she says – something like that.

RE Yes. How do you do that? How can you kind of... communicate or get someone to understand when you're not... when they don't understand English? What helps you to do that?

SM Sometimes they are... indicate, they, like their reaction about it; that makes them... Yes, that makes them happy; and you will look at them, that they are happy.

RE Yes, so the way they act, rather than what they say?

00:20:34

SM Yes.

RE Yes. Yes, okay. And what else makes it easier, do you think, to manage agitation or... yes...?

SM Like those... giving what they want, giving what they need, and just be friendly. Yes, treat them like, you know, a normal person.

RE Yes, and is there anything about your... like the team care that makes it easier, do you think?

SM Yes. Yes, the team must work like if you have someone and you... because you have different perceptions; so like if your perception at that moment, you know, is not that so good... I mean I'm not saying it's not good, but it's not that so good, you know, your colleague or your... you know, your colleague will, like, say, like, maybe we can do it like this; so like acknowledging... Yes, we're acknowledging each other's opinion, which is much better.

RE So acknowledging each other's opinions and sort of... you maybe have different perceptions of what's happening, and that helps?

SM Yes.

RE And is there anything about your... the way the place is run or organised or... you know, your managers, that make it easier or harder to manage the agitation?

00:22:02

SM What the manager is doing is, he likes, he's specifying people, you know, on a daily basis; like most of the people, like where they are going to be allocated so that the residents will just really like be able to see the person regularly and like they will say, I know this person, especially the dementia floor.

RE Yes. What, so you do – you work in the same place every day so that the residents know you?

SM Yes.

RE And is that a good thing, or...?

SM I think it's a good thing, especially for the residents; yes, so that they will just acknowledge or just know you really much more... Because if it's different, they will like, you know, confuse them much more, I think. Yes.

RE Yes. And is there anything else about the care home or the organisation, really, that makes it harder or makes it easier for you to do your job?

00:23:03

SM Easier; they are... you know, they are really... sorry! Yes, they are what you call this... like they will let you know what's going on with the clients.

RE Yes, so that they... they keep communicating with you about what's happening, and...?

SM Yes.

RE ... and do you feel supported?

SM Supported? By my manager yes...

RE Yes. Yes. And what is it about... is there anything about the, say the other residents or their families or the relatives which makes it harder to care for people who are agitated, or easier, do you think?

SM I think it's still... you know, it's still up to, you know, to the person, and yes, like based on like, you know, how you will perceive it or how will you react. Or even, you know, if the family is being agitated or, you know, agitated as well because of some things – it's how you will react and how you will understand. I think it's different from different persons' perceptions as well. So if you are, you know, understanding much more, you know, it will not make you agitated, or sometimes it makes you upset, but then it's still more on understanding what's going on and just keep really caring and being compassionate.

RE Yes, so is that the same with the relatives as well, when you have to kind of show that you understand [overtalking]...?

00:24:46

SM Yes, and most of them because, you know, they are the... You know, they have their emotions as well, and you know, like what goes, what's going on with their... you know, like their parents or their relatives that's here in a care home – it makes them upset. And you just show, you know, love and understanding; it's just encouraging, yes...

RE And just... does how the relatives feel, does that affect how you feel – what you can or can't do with the residents?

SM Yes. Yes, the... yes, yes, it's from what I...

RE In what way...?

SM ... in what way – yes, like for example, Mrs xxx, the one that we were talking about [?], when she had peace visitors, when her friends were visiting her, they are quite upset to see her like that because she's, you know, she's not been like that, you know, before she came here. So they're kind of upset and like almost wanting to cry, but still, like you just encourage them; you know, there's a season [?] in everything; and they will be, you know, they are safe here, you know? And yes, just acknowledging their emotions and they are happy; yes, they are happy about it.

00:26:04

RE Yes, okay. And I notice a lot in the media about care homes - you see it on the TV and things; does that affect how you feel you can do your job here?

SM The media?

RE Like on the telly or radio programmes or newspapers [unclear]?

SM I think it's kind of as well; yes, of course, as well; like you're going to be aware of it, and you really need to be aware of it especially if you are in a healthcare sector, because it's very, you know, delicate; you really need to care, you know, that much. And yes, just say give yourself time as well, like... yes, especially if the client is agitated. Yes, just give yourself time as well, you know?

So yes, you kind of make you aware as well, like... because not all of the people will understand what the carer is going through, you know? Maybe for this perception it's, you know, it's kind of easier, or whatever. But in that case, these are times that it is so... I mean because of your loving, you know, your heart, the work and your passion about it, it's good; but sometimes of course you have, you know, you are human as well, and so you have this kind of, you know, hard as well, so...

RE And do you think that sometimes people don't understand how hard it is?

00:27:31

SM Yes, yes; they will not, you know, what happens [?]. I think if you are in the position you much more understand what's going on, but if you are not in the position it's – you know, it's just kind of oh dah-dah-dah; like saying bad things which is sometimes, you know, keeping the person as well, like: oh, why is she more like, you know, she... I think because of, you know, what's going on in the... like, you know, this person, like hit or something – I don't really know what's going on, like, you know?

So it's like, as well, like... yes, that ... yes, the, yes, kind of why is she... like, for example, like, you know, say words is... which you... you know, which...you are not aware of that it will hurt; so I mean it's something like that. They make it a big issue, really, but yes, it's just people and people, so I don't know; so something like that [overtalking]...

RE It's complicated, isn't it?

SM Yes.

RE And is there anything which makes it harder to manage agitation? Anything that just maybe gets in the way or makes it even more difficult, that you haven't already mentioned?

SM Sorry?

RE Well, as I say, are there any other barriers, really, to looking after people with agitation? So anything which makes it hard to do your job?

00:29:03

SM Barriers... I don't think so. No, sorry.

RE No? Good. [Unclear], I mean, it's good if there's no barriers, but it means you can get on with your job. And what impact, what effect does it have on you when people are very agitated? When the residents are agitated, how does it affect you?

SM How it affects me... just... yes, it makes me more understanding, you know, what they are going through, this... you know, being compassionate and loving towards them. But sometimes, you know, you have your emotions as well, so there's a time you need to isolate yourself; like when, and think about it and then ask your colleague: can you deal with her, because it's quite hard for me now. Yes, [unclear].

RE Yes... So it makes... it can make you feel more compassionate, but it also can be hard at times. And so when it's hard like that, you said you sort of isolate yourself – what else can you do to cope?

SM Oh... to cope? Just praying; yes, just praying that, you know, like asking, you know, the Lord, like help me to understand the client, and just say you will be loving them.

RE Yes, okay. And does it affect what you feel you can do at work, or how you feel you can do your job?

SM You mean the agitated people?

00:30:45

RE Yes.

SM How can I...?

RE Does it affect...? You know, does it...? Does it make it harder for you to do your job, really?

SM No. I mean, no, it's, it makes me more understanding in putting myself or my parents - like what if my parents or me are in their position? It's more understanding, and I kind of like it because it's a challenge as well for me, and it grows me more in maturity, and my

character is being much more changed, and it becomes much more, you know, in the growing character. So I'm liking it as well because yes, you never know; like... yes, so yes...

RE Well, that's very good, and... I mean do you, can you see with other staff members, do you see it affect other people in different ways?

SM Yes.

RE Yes? In what ways? Tell me more about that.

00:31:45

SM Yes, I think it's because of a perception of how you see the situation or the circumstances and especially, you know, where you're going to get the strength and the passion in looking after these challenging people, these challenging... yes, people, yes.

RE Do some people – do you think, do some members of staff find it harder to manage the agitation, then?

SM Some; but yes, it's great that most of us understand the situation.

RE And when it is difficult? At times when it's hard, how do you get support?

SM It's hard - what you call it? – like...

RE Like here in work, how do you get support?

SM In agitation, yes?

RE Yes. Or if it's difficult to manage, so if you're feeling stressed or if it's all too much, you know, what support do you get?

SM Yes, the manager is just so understanding; he's so understanding - if you're able to like, you know, say what's, you know, what's bothering you, he will... he's understanding and he's supporting you; yes, in the way of, like giving you break. And not only like, you know, our manager is understanding as well; like if it comes for – like your personal, you know...

00:33:20

RE If something personal [overtalking]...

SM ... yes, personal matters, he's understanding as well about it. So it makes you, like, so blessed to be, to have a manager like that who understands. It's much... this affects much more of the staff, if your manager is really understanding.

RE Yes. And so you have, as it were [?]?... so you've got... there's xxx, who's the overall home manager; do you have like unit managers, or is it just him and then senior carers - something like that?

SM We have xxx our manager, we have deputy manager...

RE Okay, yes, and is it the same - are all of them like that? Are they all very supportive?

SM xxx (Manager) is... I can say that he is really, you know, understanding especially when it comes to your own, you know, private – yes, private, yes, life as well, so yes...

RE And do you think that makes it then easier to do your job?

00:34:19

SM Yes, it's a great impact you know? It really helps a carer or staff, yes.

RE Yes. And how do you and your team, you know, the other carers – how do you support each other?

SM How we support each other? By communicating with each other and being friendly with each other. That's, you know, that's really helpful, you know.

RE Yes. Yes. And do you think that works well?

SM Yes; yes, it works well.

RE Okay. Is there anything which stops you from asking for help or for support?

SM No.

RE No?

SM They are supportive about it, if you need support or help.

RE Yes, good. Good. And just to sort of move on a little bit, what training have you had to help you manage when residents become agitated?

00:35:09

SM I have a nursing degree background, and I have dementia training as alzheimer's training, but I think it's much more impact, is my personal... my private, my, my - you know, my church; yes, I mean my personal relationship with God, with Jesus. This really helps me a lot, besides what training we have got.

RE Yes, so it's about you as a person, your personal relationship, spiritual...?

SM Yes, spiritual relationship...

RE ... relationship, that helps you to kind of do your job.

SM Yes. Yes.

RE Yes. And you've also had, I suppose, specialist training in dementia and Alzheimer's and a nursing degree? So, you know, if you think about those, the training, what, what's been very useful about it? What bits of it help you most?

SM Which ones – sorry?

RE Of the trainings that you've had.

SM My trainings I've had – the nursing, the passion, everything that's in my heart... yes.

00:36:15

RE Yes. And is there anything that, that's been in the training you've had that hasn't been very useful?

SM It's all useful. Yes.

RE It's all useful, yes? Yes, so you've had good experiences of training. And what else in terms of training would make you feel even more able to cope with agitation in residents?

SM My - what...?

RE Is there any... is there anything else that you would like in terms of training to help you to manage agitation?

SM I think... like regular trainings, because updates is really important.

RE Yes. And is there other specialist support that you have – you mentioned teams coming in, like visiting psychologists, or other people like that; does that help? Or...

SM Yes, it helps, yes.

RE And what makes... when you do training and things, what helps you to put what you learn into practice?

00:37:26

SM Into practice... Yes, you're much more understanding of clients in how you cope with it and what you are able or expecting to do. This really helps.

RE Yes, and if you go on a course, and come back, do you feel that you're then able to try new things or...?

SM Yes.

RE Yes. And is there anything that makes it hard to do that? Is it hard when you've been on a course to kind of keep all the things going?

SM It's hard to attend the course you mean...

RE After the course...

SM ... after the course.

RE Is it... how do you put what you've learned into your practice?

SM Into my practice? In just applying it, really, and making it... you know, how you live with it, and... yes, I think, yes...

RE Good. Good. Yes, and is there anything else that you would like training in, or... you know, to help you do your job even better?

00:38:33

SM Yes, I think... yes, updates is really important; updates of like, you know, updates of how you deal with, you know, clients which is aggressive, it's really important in every home care system, whatever.

RE Hmm-hmm, and when you say updates, do you mean like regularly people coming in, or what would that look like?

SM I mean, yes, regularly trainings, attending trainings, because when I'm... sorry, when I'm a nurse we had always updates, even if you had already started about it, we would always be having updates about it, so it's really a great help.

RE Yes. And is it where... is it training where people come here to train you, or where you go somewhere else? What's... what works best?

SM When they're coming here – yes, because sometimes we're working as well, so somebody is just relieving us to... you know, for us to be able to attend the training.

RE Yes, so someone comes here and then it's easier for you to attend the training?

SM Yes.

RE Good. And then you have updates and things. And what kind...? What kind of training do you like? So do you like it where people tell you what to do, or where you... do you do the talking, or... you know, what do you like?

00:39:52

SM What I like... I think if people are saying something, it is additional knowledge, because, you know, we don't know everything. So it's good if the person is saying something that, you know... acknowledging and respecting what he's saying, or she's saying; and if he knows it still, you know, being [unclear] about [inaudible].

RE Hmm. Good. And before we finish, is there anything else that you want to mention that we've not talked about today, or...?

SM I think everything is covered, yes.

RE Yes. Good. Okay, thank you. And if we do that, when we develop our intervention, are you happy for us to contact you maybe to give us feedback on what we developed, or...?

SM Yes, yes, please do, yes.

00:40:39

RE Yes, and we will feed back to you about all of this, and what happens with it.

SM Yes, please. Thank you so much.

RE Thank you so much! It's really helpful to hear what you think.