

Training needs on Geriatric Mental Health Care among the nursing personnel of Primary Health Centre: A Qualitative Approach

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Abstract

Background: Geriatric population is at risk of developing mental health disorders. This study explored the experiences and training need of nursing personnel working in Primary Health Center towards geriatric mental health care.

Methods: Phenomenological research design was used. Three numbers of focus group discussion were conducted with a semi structured interview schedule among 15 nurses using purposive sampling technique at selected primary health centers of Sonitpur district of Assam, India. Content analysis was used to analysis focus group interview data.

Results: Data were categorized as the nurses' experiences, knowledge and training needs on geriatric mental health care. Educational and skill training needs on geriatric mental health care were identified.

Conclusion: The nurses working in primary health center does not come across geriatric mental health problems frequently. There is a need to train nurses on geriatric mental health care to improve primary health care nurse's competency in geriatric mental health care.

Keywords: Nursing personnel, Geriatric mental health care, Training need

Introduction

Geriatric populations are increasing fast in the worldwide. The proportion of the world's older adults is estimated to almost double from about 12% to 22% between 2015 and 2050. The people aged 60

years or over are at risk of developing mental health disorders¹. The National Mental Health Survey of India 2016, reported that lifetime prevalence of mental morbidity in adults aged 60 and above 60 years was 15.11% and current prevalence was 10.90%.²A study by Mitike et al.³ revealed that 69% nurses had

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inadequate knowledge and 61.0% nurses were found to have an unfavourable attitude towards care for elderly patients. Amsalu et al.⁴ study reported that 57.3% of nurses had poor knowledge towards older adult care. Ogunyemi et al.⁵ conducted a qualitative study on barriers to the delivery of age friendly health services in primary health care centre in Nigeria and found limited training in care of older adults is one of the barriers.

Elderly population is increasing in worldwide as well as in India. Health care professional who works in primary health care settings play a key role in meeting the mental health needs of older people at grassroots level. Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential.¹ Primary Health Centre is the first contact point between village community and the health professional. The effective integration of mental health care with primary health care requires periodic training of the medical and non-medical human resources in the primary health system.⁷ In service training programme is important aspect of staff development process which improve employee's knowledge, skill and helps towards professional and personal growth. Nursing is a discipline which needs regular upgradation in knowledge and skill due to advancement in medical science and technology. A study to evaluate effectiveness of training programme of nurses showed that training programme are effective for nurses.⁸ A systematic scoping review⁹ on the effects of online continuing education for healthcare professionals' highlights that continuing distance education improves health professional learning outcomes in terms of knowledge acquisition, skills and performance, attitudes toward training, satisfaction, confidence, and self- efficacy. Braude et al.¹⁰ study to evaluate simulation training programme for geriatric medicine for inter professional working and training in geriatric medicine revealed a significant improvement of self-reported confidence in managing geriatric scenarios.

There is less focus on geriatric mental health care in ongoing nursing program such as diploma and graduate nursing curriculum in India. According to Census 2011, India has 104 million older people (60+years), constituting 8.6% of total population.¹¹ Mental health and well-being are as important in older age as at any other time of life. It is a need of an hour to prepare nurses to take care of mental health needs of geriatric population. There is paucity of qualitative research to explore the training need of primary health care nursing personnel on geriatric mental health as well as experiences on geriatric mental health care. Researchers found very limited qualitative research in this area. So, this study findings can be utilized to develop a training module on geriatric mental health care for nursing personnel working in primary health care set up.

Material and Methods

Study Approach

Qualitative research approach was used.

Study Design

Phenomenological research design was adopted. Focus group discussion was conducted to explore the experiences and identify the training needs on geriatric mental health care among the nursing personnel

Variables of the Study

Exploration of the training needs on geriatric mental health care for nursing personnel in primary health centre.

Study Setting

The study was conducted at selected primary health centres of Sonitpur District of Assam

Population

Nursing personnel working in primary Health Centres of sonitpur district of Assam.

Sampling Technique

Purposive sampling technique was used to select the nursing personnel who have minimum 6 months working experience in primary health Centre.

Sample Size

Total sample size was 15. Three numbers of focus group discussion (FGD) were conducted which consist of five, three and seven participants. Data collection was continued till data saturation which observed in last two FGDs. So, sample size becomes 15.

Data Collection Tools

1. **Socio demographic data Sheet:** A datasheet was developed for assessing the socio demographic details of the nursing personal. The tool was validated by five experts.
2. **Semi structured interview schedule:** A semi structured interview schedule was developed to guide the focus group discussion. Content validity of the tool was established. The interview questions were (1) What types of mental health problems have you commonly seen in geriatric population during your service? (2) What do you think about the causes of mental health problems in geriatric people? (3) What do you know about the treatments options available for geriatric mental health problems? (4) How do you manage geriatric person with mental health problems? (5) How efficient you are to take care of a geriatric person with mental health problems? (6) What is your view on geriatric mental health care need?

Data Collection Process

Permission was obtained from concern authority of Sonitpur district, Assam. Data were collected by focus group interview approach. Before conducting the FGD, information has been given to the in charge of the BPHC. Self-introduction and purpose of conducting the discussion was explained. Consent

was taken from the participants. Participants were assured for confidentiality and anonymity. Three numbers of focus group discussion (FGD) were conducted at selected primary health centers of Sonitpur district of Assam, India from December 2024 to March 2025. FGDs were conducted in Assamese languages. Each session was conducted for approximately 30–45 minutes and audio recorded. Session was conducted as per data saturation. Participants doubts were clarified after the discussion.

Ethical Considerations

- Ethical clearance from Institutional Ethics Committee was obtained (IEC No. IEC/2024/11/26).
- Permission for conducting the study was obtained from concern authority of Sonitpur district, Assam.
- Informed written consent was obtained from the participants.
- Confidentiality and anonymity of the data was maintained.

Data Safeguarding

Participants name was not mentioned anywhere in the study. Codes were used in place of name. Soft copy of collected data was kept in the principal investigator's PC under password protection and hard copies were also remain with the principal investigator.

Data Analysis

The data was organized manually and analyzed by content analysis. Standards for Reporting Qualitative Research (SRQR) has been used in the presentation of the analysed data.¹² Following four stages for content analyse were used in this study described by Bengtsson review paper.¹³

Decontextualisation: The audio recorded interviews were transcribed to Assamese language then it was translated into English manually. Principal investigator carefully scrutinizes the data by reading transcriptions repeatedly and listening

the recordings. The whole text contents of data were breaking down in to smaller parts consist of recognizable information and meaning. Each meaning units were labelled with a code based on the concept such as type of geriatric mental health problems, causes, symptoms, treatment, nursing care of geriatric mental health problems etc.

Recontextualisation: After identifying the meaning unit, the principal investigator checked whether all aspect of content was covered to achieve the objectives of the study and to answer the research questions. The original transcript was again read along with the identified meaning units for consideration to include or exclude in the analysis.

Categorisation: The coded meaning units were divided in to domain based on the questions used in semi structured interview schedule for focus group interview to make the sense of collected data. Then categories and sub categories were identified based on the concept to answer the research questions.

Compilation: The identified categories and subcategories were finalized in this phase and

writing process started to conclude the results. Member checking and peer review process were used to establish the trustworthiness of the data. Member checking was carried out after the data transcriptions and analysis. One of the participants was given a transcribed verbatim transcript with the interpretation for review and comments to confirm accuracy. Peer review process was carried out by providing the transcripts of FGD and interpretations to a colleague who was not involves in current study for review and comments.

Results

Findings of the data analysis were described as socio demographic variables of nursing personnel and description of content analysis.

Socio demographic details of nursing personnel

All the participants were female and professional qualification was GNM. The participants were not exposed to any training on geriatric care and geriatric mental health care.

Table 1. Mean, range and standard deviation of age and experiences of the participants

Variables	Minimum	Maximum	Mean	Standard deviation
Age in years	29	53	37.13	8.617811
Experience in PHC in years	0.5	25	8.6	6.408699
Total professional experience in years	0.5	27	11.43	7.301826

Table 2. Frequency and percentage distribution of basic qualification, marital status and family type of the participants

Variables	Category	Percentage (Frequency)
Basic qualification	HS arts	86.7(13)
	HS science	13.3(2)
Marital status	Married	80(12)
	Unmarried	20(3)
Family type	Nuclear	60(9)
	Joint	40(6)

Content Analysis

Results of the content analysis was described mainly in three categories:

1. Nursing personnel experiences on geriatric mental health care in primary health centre
2. Nursing personnel knowledge on geriatric mental health care
3. Training need on geriatric mental health care for the nursing personnel of primary health centre

Nursing Personnel Experiences on Geriatric Mental Health Care

This category includes nursing personnel experiences in geriatric person with mental health problems in PHC and describes as common type of geriatric mental health problems encountered by nurses and how they managed at PHC

Type of Geriatric Mental Health Problems

Dementia is the most common geriatric mental health problems nurses found while working in PHC. Depression, phobia, attempted suicide cases are also common. Nurses of PHC also found different type of elder abuse like physical abuse, emotional abuse and neglect. Psychosis and phobia they found mostly below age 60 years of people. Majority of participants did not encounter geriatric person with mental health problems in PHC. They also come across cases of anxiety disorder, OCD and somatoform disorders.

P1: "Dementia, I did not get any other patient"

P6: "Alzheimer type, they forget things." "Another we get phobia type; age may be less than 60 years." "Psychosis we get more specially in people whose age less than 60 years."

P6: "And some more aged person is there whose children do not give any importance to them. Their children do not look after them; they do not ask their problem. Children neglect them."

Management of Geriatric Mental Health Problems at PHC

Majority participants expressed that when patients are diagnosed as mental illness, they were referred to mental health care facilities. Sometimes nodal officer of district mental health services was informed and patient was sent to him.

P5: "When patient come immediately, we call doctor, after diagnosis of mental illness, patient is referred to mental hospital."

P6: "Sometimes we talked to Nodal officer sir over phone and send the patient to him. We have contact with him as he is the head of mental health in Sonitpur district."

Nursing Personnel Knowledge on Geriatric Mental Health Care

This category includes the information, understanding and skill that the primary health care nursing personnel have on geriatric mental health problems and its care.

Geriatric Mental Health Problems

Most of the participants were ignorance about the exact diagnosis of the mental health problems from the symptoms encountered.

P1 "Dementia, suicidal, depression."

P6: "Sometimes patient came with complaint of chest pain but they are physically normal. Actually, during investigation no abnormality found."

Causes of Geriatric Mental Health Problems

Few participants are aware of the causative factors of mental health problems in geriatrics like heredity and stress. Some of them state about loneliness and inadequate family support. The participants are aware of the causes of mental health problems in geriatrics but they are ignorance of some important causes of mental illness significantly alteration of neurotransmitter.

P1: "Family member neglect them, when they do not get any support from family member"

P2: "Mental stress, heredity"

P7: "As they stay alone, they may suffer from depression."

P8: "I feel mental illness may occur after the menopause also"

Symptoms of Geriatric Mental Health Problems

Participant have knowledge on concept of abnormal behaviour. Though participants could not specify the term to denote the symptoms like hallucination, disinhibited behaviours, but they can recognize symptoms of mental disorder.

P1: "They see some person who already expired."

P2: "Patients who are suicidal symptoms are like did not talk, attempted suicide again and again."

P10: We can say that the person has mental illness if the person cannot eat properly, cannot stand and does not wear cloths, remove clothes, want to bite someone and do some other kind of things which mentally healthy person will not do."

Treatments Available for Geriatric Mental Health Problems

Among the participants only one participant's state about antipsychotics drugs and psychotherapy. Most of the participants were not aware of the treatment available for mental disorders. Most of the participants could not state the type of drug like sleeping tablet instead of sedatives or anti-anxiety. No participant mention about electro convulsive therapy is one type of treatment for mental health problems.

P1: "Doctor prescribes medicine."

P2: "Antipsychotic treatment and some therapy. There are some centres where they are taught physical exercise which decrease depression. if they are taken there then also, they can recover"

P10: "One treatment is sleeping tablet. Diazepam stat dose we give if doctor advice."

Knowledge on Nursing Management

Nursing Assessment

The participants are aware of history taking and interview with the patient and family members are components of assessment. Participants were not aware of the screening tools to assess geriatric mental health problems. Specifically, participants were asked about Mini mental status examination for cognitive function assessment. One participant reported that during nursing training period they learned but after training they did not face any situation to perform it.

P2: "History taking. We can understand from the symptoms. They talked irrelevantly."

P5: "During our training period we heard about MMSE, but after training we did not perform as well as we did not get any training on geriatric mental health."

Nursing Care

Many of the participants are lack in knowledge of specific nursing care of person with dementia and other mental illness. A few participants state about reassurance and caring approach is important in elderly patient.

P6: "We give mental support. Mainly old age person want love; they want to be loved and cared in small things."

P14: "Hair care, back care, nail care these are"

P15: "For sleep disturbances, we can give sleeping tablet."

Mental Health Promotion Activities

All the participants expressed that they do not perform any activities to promote mental health in PHC. No participants were aware about appropriate family education on dementia. Some participants mention about staff shortage is one reason for which they are unable to provide health education to promote mental health in PHC. All the participants have positive attitude to learned about mental health education.

P8: "We did not give any education on mental health, let us know what can be done at our level?"

P10: "Here we are very less staff and patients are more, so we do not have much time to give health education."

Responsibilities Toward Special Concern

Few participants expressed about elder abuse, so they were asked about legal aspect for protection for elderly. All the participant were not aware of "The Maintenance and Welfare of Parents and Senior Citizens Act". Few participants know about the "Parental Responsibility Norms for Accountability Monitoring Act, 2017 (PRANAM Act, 2017)" for Assam government employee.

P6: "No idea of any legal act for protection of elderly. From last one year I came to know about PRANAM Act in Assam."

Training Need on Geriatric Mental Health Care For The Nursing Personnel

This category describes the identified training needs and it is classified as educational and skill training need. Educational needs include the knowledge gap of nursing personnel about geriatric mental health care and skill training needs includes the specific skills needs to be developed for mental health care.

Educational Need

- Concept of geriatric mental health care
- Definition, causes, symptoms and treatment of common geriatric mental health problems
- Promotion of mental health in geriatric
- Special concern of geriatric: Elder abuse
- Nursing process
- Legal aspects of geriatric care

Skill training Need

- Identification of geriatric mental health problems

- Functional assessment includes assessing mobility, Activities of daily living, fall risk
- Examining mental status and Cognitive function
- Managing geriatric person with mental health problems.
- Conducting mental health promotion activities at PHC.

Attitude Towards Geriatric Mental Health Care Training

All the participants have positive attitudes towards training on geriatric mental health care. Followings are few verbatims which support the findings in attitude of nurses.

P5: "I feel now a days mental health problems in elderly are increasing. so training is required. We learn mental health when we were student."

P6: "We want to learn about geriatric mental health from you. We got you for very less time. If you stay for two hours then also, we would have been learning many things from you."

Discussion

The study was conducted to understand the learning needs on geriatric mental health care of nurses working in primary health centre.

Nursing Personnel Experiences on Geriatric Mental Health Care

The current study revealed that dementia is the most common geriatric mental health problems nurses frequently encountered but evidence reported depression is the most common psychiatric disorder in the geriatric population with prevalence ranging from 22.2% to 55.2% in India.¹⁷ Majority of participants did not find any person with geriatric mental health problems. Few nursing personnel experienced with elder abuse includes physical abuse, emotional abuse and neglect. Elder abuse continues to be a major concern, globally around 1 in 6 people 60 years and older experienced some form of abuse in community

settings during the past year. (WHO,2024).¹⁸ This study was conducted in a district where a tertiary mental health care facilities is available. This may be one reason for seeking help in mental health care facilities for mental health issues instead of Primary Health Care facilities. Most of the participants of this study also expressed that when patients are diagnosed as mental illness, they were referred to mental health care facilities.

Nursing Personnel Knowledge on Geriatric Mental Health Care

The current study results found that nursing personnel of primary health centre have inadequate knowledge on geriatric mental health problems and care of geriatric person with mental health issues. Many quantitative evidence also revealed that nurses had inadequate knowledge towards care for elderly patients ^[3,4,5,19,20,21] It was observed that most of the participants of this study were unfamiliar about the exact diagnosis of the mental health problems from the symptoms. But all the participants can recognize the mental health problems from the behaviour as they have concepts of abnormal behaviour. Many participants were ignorance about treatment modalities of mental health problems. This may be due to the less focus on mental health nursing exposure during their training periods as well as not experienced with person with mental health problems in PHC. All the participants of the current study have not undergone any training on geriatric care and geriatric mental health care during their service tenure. Gandhi et al.¹⁶ study on knowledge on mental illness of Indian primary health care nurses found good knowledge on causes of mental illness. In this study also few participants could state some of the causes of mental health problems in geriatrics like heredity, stress and lack of support.

Training Need on Geriatric Mental Health Care for The Nursing Personnel

The current study identified educational and skill training need on geriatric mental health care for nursing personnel of primary health centre. Educational needs include knowledge and understanding on

geriatric mental health problems and skill training needs include competence required for nurses to manage elderly with mental health problems. Hu et al.²¹ study on geriatric care competencies of nurses in hospitals and found geriatric care competency test score was lower. Geriatric care competency score was significantly associated with having received continuing education in geriatric care. Therefore, continuing education is important to enhance and update nurses' knowledge. Appropriate training programme or module on geriatric mental health care is necessary to improve primary health care nurse's competency in geriatric mental health care. Evidences proved that educational interventions are effective on improvement of knowledge.^{10,22}

Attitude Towards Geriatric Mental Health Care Training

Most of the participants have positive attitude towards learning about geriatric mental health care. Quantitative studies also found nurses have a positive attitude toward geriatric nursing care.^{21,23} In contrast Khagi et al.²⁴ study found negative attitude of nurses towards elderly care. This study also found that staff shortage is one of the reasons for not attending training programme. Evidences also reported about limited manpower in rural health care setting in Assam.^{15,25}

Limitation

As the data were collected by focus group interview individual participant's responses may influence other participants of the group. This study findings may not represent the nursing personnel of whole India.

Conclusion

The Geriatric Mental Health Care training module for nurses is an emerging need as the number of people aged above 60 years is rising worldwide and they are vulnerable to suffer from mental health issues. Specialized training will improve nurses' competence and confidence in managing elderly with mental health problems at primary health care level and it will also help in early detection of mental health

problems in geriatric population in community. This study explored training need for nurses on geriatric mental health care and conclude that there is inadequate knowledge of nursing personnel working in PHC towards geriatric mental health care. The identified training needs will help to develop a geriatric mental health care training module as well as to plan appropriate training programme.

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Conflict of Interest : There is no conflict of interest

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