CONCLUSION

There is an ethical dilemma in balancing good care and the use of coercion and restraints. Consequently, staff continuously needs to reflect and discuss their daily work.

Many suitable actions to prevent coercion and restraints in line with a person-centered care approach were expressed. However, there is a need to have time and tools for better structuring the care and education needs to be tailored.

INTRODUCTION

It is illegal to detain people or to impose something against their will. It may seem obvious, but the fact is that it still takes place in the care of people with dementia. The intention is usually to protect the persons from harm, but these protective measures may only be used when the individual has given his/her consent. There is no legal support to routinely use protective measures in the field of health and/or social care. The Zero Vision states that there should be no coercion and restraints in the care of people with dementia. To be able to reach it, we must first understand the extent of coercion and restraints and also, why and how they are used.

The overall aim of the study was to identify the use of coercion and restraints in the dementia care and, secondly, how this can be prevented.

METHODS

Focus group interviews (10) have been conducted, including staff (in total 51) from different professions and at different organization levels, for example registered nurses, nurse assistants, social workers/managers, working with care of older people in a municipality in southern Sweden. The interviews were recorded, transcribed verbatim and analyzed with content analysis.

RESULTS

The staff used many different methods to prevent coercion and restraints. Such actions were sometimes used but then with the intention to protect the older person with dementia. Instead of using coercion and restraints, staff described that they coaxed, motivated and persuaded. There were challenges in the boundary between self-determination and neglect.

Example of actions to prevent coercion and restraints were:

- Team collaboration
- Person-centered care and adaptation of the living environment to provide well-being
- Using life-stories
- Technical aids to achieve freedom
- Diverting by reminiscence and validation

Difficulties obtaining consent to actions, and to know if the person really knows what they have given their consent to, and how long it may last were also described.

REFERENCES


BPiD. (2010) Svenskt register för beteendemässiga och psykiska symptom vid demenssjukdom (Swedish register of behaviours and psychological symptoms in dementia) Received 12 April 2019, from www.bpsd.se