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The dementia certified nurse process for acquiring knowledge for care of older adult patients with dementia in acute care hospitals: a qualitative descriptive study

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ABSTRACT

Introduction: Older adult patients with dementia experience unique physical and psychological problems. These conditions pose a challenge for nurses. Training and education have been developed to help DCNs face problems related to older adult patients with dementia. However, even with training and education, some DCNs may still struggle to effectively care for older adult patients with dementia because of the unpredictable nature of the disease and the individualized needs of each patient. This study aimed to explore DCNs' perceived knowledge acquisition in older adult patients with dementia in acute-care hospitals.

Methods: The study used qualitative methods, with 14 Japanese DCNs involved in the snowball sampling method. Face-to-face interviews were conducted between June and December 2016 by the principal investigator. A qualitative content analysis was used in this study. The study results were divided into nine categories and 31 sub-categories.

Results: This study highlights the process through which DCNs in acute-care hospitals acquire expertise in caring for older adults with dementia. Initially, DCNs faced dilemmas between patients' resistance to treatment and their professional priorities, leading to emotional and cognitive shifts that motivated them to seek specialized knowledge and refine their care methods. By reflecting on their experiences, integrating patient-centered approaches, and sharing insights with team members, DCNs deepened their understanding, adapted care strategies, and enhanced their clinical capacity to meet patients' needs effectively.

Conclusions: Nurses should provide appropriate training before taking care of the patients. Knowledge should be combined with patient's problems and behavior. Thus, nurses become more flexible in adapting to patients with dementia. These findings emphasize the importance of fostering reflective practices and educational interventions to enhance DCNs' expertise, enabling them to provide patient-centered care and improve outcomes for older adults with dementia.

Keywords: dementia, descriptive qualitative, learning, older adults, stress

Introduction

In Japan, a 'super-aging society,' the number of people with dementia will have reached around 7,000,000 by 2025 (Ministry of Health, 2015). As the percentage of dementia increases with age, the number of treatments for dementia patients with other chronic

illnesses and older adults receiving inpatient treatment to eliminate pain due to physical illnesses (Harashima et al., 2013). Therefore, the Comprehensive Strategy of Promoting Dementia Measure (New Orange Plan), formulated in 2015, provides appropriate medical and long-term treatment according to the condition of dementia and the intervention of multidisciplinary teams to increase the quality of care (Juanamasta et al., 2021; Ministry of Health, 2015). This underscores the critical need for healthcare professionals to possess comprehensive knowledge and skills in dementia care to ensure effective, compassionate, and holistic treatment of this growing population.

Furthermore, the addition of dementia care was included in the revision of the Medical Services Fee for dementia care for nursing jobs in acute care hospitals (Ministry of Health, 2015). However, from the point of view of treatment priority or safety management, physical restraint or use of psychotropic drugs to reduce behavioral and psychological symptoms or delirium in older adult dementia patients are still practiced in acute care hospitals (Aungsuroch et al., 2024; Kabaya et al., 2023). It is difficult to judge the physical symptoms of older adult dementia patients, and it is challenging to observe practiced nursing care evaluations and results. These conditions lead nurses to accumulate stress and exhaustion (Senda & Mizuno, 2014).

The study conducted by Fukuda et al. (2015) found that it is essential to prevent problematic behavior and protect the safety of hospitalized patients with dementia in Japan. Consequently, issues develop when patients' problematic conduct is repeated in the absence of family assistance, not to mention the shortage of qualified dementia nurses, which adds to the challenge for DCNs. DCNs are also caught in a bind because of the lack of time to speak with patients. Thus, it is important to solve these problems using DCNs in acute-care hospitals.

Training and education programs for dementia nursing have been developed overseas in domestic acute care hospitals, and there are initiatives to develop a self-assessment index for nursing practice in acute care hospitals (Ueno & Suzuki, 2016). However, it is in the trial-and-error phase owing to a lack of education, research, and support systems for DCNs, which remains a challenge (Cowdell, 2010). Moreover, DCNs in acute care hospitals were unable to understand and apply the meaning of dementia nursing that they experienced. Thus, they could not perform personalized nursing care by leveraging their experience, even though they had the time and mindset to do it (Eguchi et al., 2012).

In other words, care for physically and psychologically complicated older adult dementia patients must be personalized. The method is sufficient for a patient but does not always give a similar result when applied to other patients, so DCNs have considered themselves unable to accumulate and make sense of their experience in finding the best care method during practice. By accumulating experience, DCNs can combine their theoretical and practical knowledge to enhance their overall clinical knowledge (Benner et al., 2011). They can acquire expertise in proficiency by learning from their experiences to gain practical knowledge (Kanai & Kusumi, 2012). Thus, to improve their practical skills, DCNs must gain practical knowledge that can be developed and used in various circumstances.

Competent DCNs can repeatedly analyze care methods that are deemed to sustain the continuity of secure medical treatment and a comfortable recuperation period afterward (Amagi et al., 2014). DCNs are largely responsible for managing incidents related to dementia care in specialized facilities, requiring them to perform various roles as educators, coordinators, and advisors (Taneichi & Rokkaku, 2020). For example, they can develop educational programs, lead staff training sessions, and oversee discharge planning from patient admission to discharge. Additionally, some DCNs contribute as members of their hospital's Psychiatric Liaison Team. Their work involves collaboration with patients with dementia, caregivers, and healthcare professionals, including nurses and non-specialists. As their responsibilities continue to grow across hospital and community settings, DCNs are positioned to take on even more diverse opportunities for dementia care. It can be inferred that they possess the appropriate knowledge of older adult dementia care. However, how they acquired and grasped their practical knowledge has not been clarified. Therefore, this study aimed to explore how DCNs in acute care hospitals acquire practical knowledge of the care of older adult dementia patients.

Literature Review

Acute care hospitals provide treatment for exacerbation of acute or chronic disease and provide 24-hours medical treatment for severely ill patients, offering physical therapy such as hospitalization, surgery, and examination for all disease stages, aiming for a complete recovery. However, hospitals do not provide psychiatric hospitalization care due to physical therapy or acute exacerbation of behavioral and

psychological symptoms in older adults with dementia. This makes it difficult for DCNs to manage them.

A previous study from the UK found that nurses were confused about how to take care of older adult dementia patients with delirium (Lin et al., 2012). Moreover, older adults with dementia have complex problems, including problematic patient behaviors, recurrent problems, and problems affecting many people equally (Fukuda et al., 2015). Nurses try to provide pharmacological and non-pharmacological support for taking care; however, there are conflicting principles due to care priorities and limited time in acute-care hospitals (Yous et al., 2019). These problems led the authors to consider how to provide appropriate care for them.

Meanwhile, practical knowledge is the knowledge gained while habitually using skills and putting them into practice (Benner et al., 2011). According to Jeffries (2020), knowledge used by nurses in their practice, while based on theoretical knowledge, has been adopted in some ways by combining it with experience and transforming it into an appropriate form according to circumstances at that time. Therefore, this study defines 'practical knowledge of older adult dementia patients' care' as knowledge and skills that generate appropriate practice by combining empirical knowledge gained in practice with theoretical knowledge.

Psychiatric dementia nurses in long-term care facilities face significant challenges in managing patients with dementia as they must navigate physically demanding workloads and often stressful work environments. These conditions frequently lead to heightened stress responses such as irritability and anxiety, which are more pronounced in this group than in other psychiatric nurses (Yada et al., 2014). The need to balance the emotional and psychological demands of caregiving, along with the physical toll, highlights the considerable difficulty of their role in providing consistent, patient-centered care for individuals with dementia over extended periods.

Materials and Methods

Research Design

This study used a qualitative method with a descriptive approach (Colorafi & Evans, 2016). Qualitative descriptive studies frequently draw on naturalistic inquiry, which advocates examining anything in its natural state to the extent possible within the confines of the research arena (Sandelowski, 2010). This strategy prevents the researcher from walking far away from or into the data. In addition, it employs a categorical approach for interpretation (Lambert & Lambert, 2012). The real situations that DCNs experience while caring for older adults with dementia and solving patients' problems are important to describe the process of obtaining knowledge. The authors wanted to discover and understand the experiential learning process of gaining practical knowledge from DCNs who take care of older adults with dementia.

Research Participants

The participants were 14 DCNs. In Japan, DCN (refers to a nurse who can practice high-level nursing for people in need everywhere by using professional nursing skills and knowledge in the field of dementia nursing. A DCN is required to have more than five years of appropriate work experience (including more than three years in the field of dementia nursing), undergo training at a designated educational institution, and pass the certification examination after obtaining a nursing license in Japan. A renewal review is obligatory every five years.

For convenience, five to six DCNs with appropriate requirements were obtained from a list of registered nurses published by the Japanese Nursing Association. The first author sent an email to contact them directly. In the email, the first author explained the purpose of the study and the plan for the interview. Two nurses gave a good response and made appointments to meet in the hospital where they were working. Each participant stayed at a different hospital. Before beginning the interviews, the author described the purpose of the research and provided informed consent. The DCNs who agreed to participate in the study signed an informed consent form. Furthermore, a snowball sampling method was employed, in which current participants were asked to recommend other potential participants from different acute care hospitals before their participation could be confirmed.

There were three male participants and 11 female participants, all of whom worked at different hospitals. Eight DCNs worked in private hospitals and the rest worked in public hospitals. One nurse was a head nurse, two DCNs were assistant head nurses, and the others were regular nurses. Ten participants were assigned to the hospital ward and four to the outpatient department. Average nurse experience was 18.7 years (SD±6.9), and average working experience was 18.0 years (SD±6.0). Additionally, the average working experience after obtaining a DCN qualification was 3.4 years (SD±1.6).

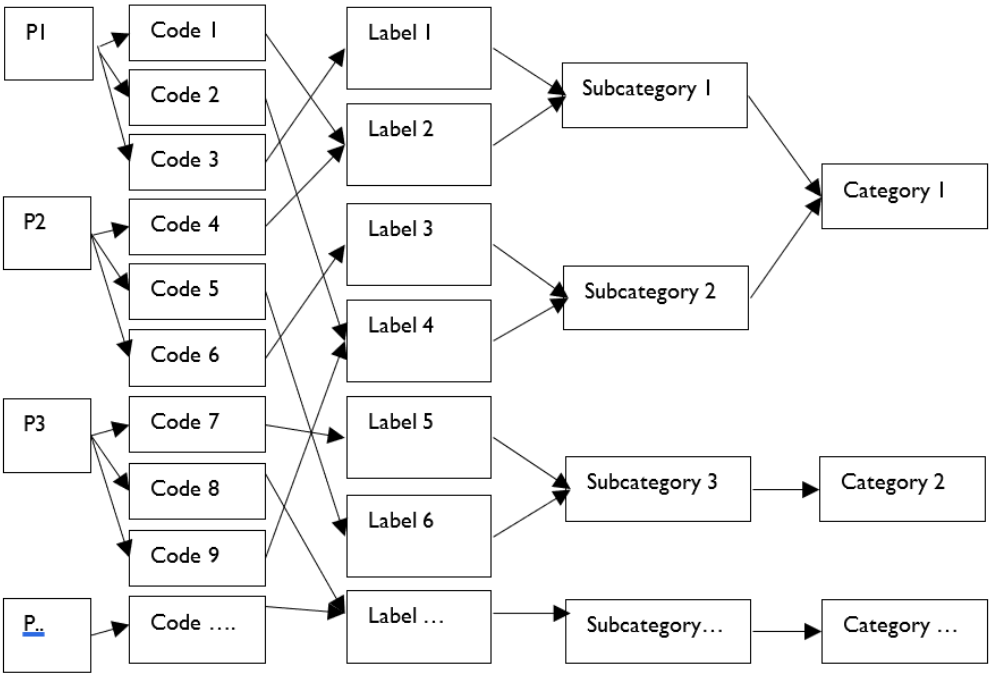

Figure 1. The process of data analyses from coding into category

Data Collection

The data collection method used face-to-face interviews to understand the certified dementia nurses' experience concerning the acquisition of their knowledge (Doyle et al., 2019). The interviews were conducted from June to December 2016 and were recorded using a voice recorder. Two recorders were prepared to back up if there was a problem with the first recorder during the interviews. The Japanese Language was used for the interviews. The majority of the interviews were conducted in the hospital's ward meeting room in the afternoon after the participants' shifts ended. The first author interviewed each person individually for almost an hour, while the second and third authors examined the data saturation. Each participant was interviewed once. An interview guide was used to conduct semi-structured interviews to collect data for this study. The interview rules covered the demographics of the interviewees and the most important questions pertaining to the experience required for gaining expertise. Participants were asked to explain what kind of improvement they did (individual care and specialized care), what kind of experience could make them think of such improvement, and things that the participants realized through their experience. Information was collected from the perspective of the kind of process that led them to acquire practical knowledge.

Data Analysis

Qualitative content analysis was used in this study (Yamamoto-Mitani et al., 2018). This approach was selected to summarize information content based on verbal and visual data (Sandelowski, 2000). Data analysis was performed in January 2017. Beginning with the time when nurses intended to earn certification, the researchers began collecting data on how and why they learned on-the-job skills. Word-for-word transcripts of the conversations were created and information from each interviewee was compiled. Ambiguity in meaning was confirmed by participants via phone. Several coding chunks were created using the appropriate data (Colorafi & Evans, 2016). Subsequently, each code was compared with the others. The identical information was merged and recoded into fewer categories. The association between codes was then used to sketch a network diagram depicting the connections between all participants.

Subcategories were then derived by continuously comparing and analyzing the codes provided by each participant. The process of interpreting and summarizing the linkages between subcategories led to the establishment of a correlation (Doyle et al., 2019). All procedures were recorded in Microsoft Excel to ensure confirmability and dependability. Anonymous descriptions of the participants were included to help demonstrate their context and to increase the generalizability (Cope, 2014). Additionally, a summary and diagram of the procedure was emailed to three study participants, and nurses were checked to ensure

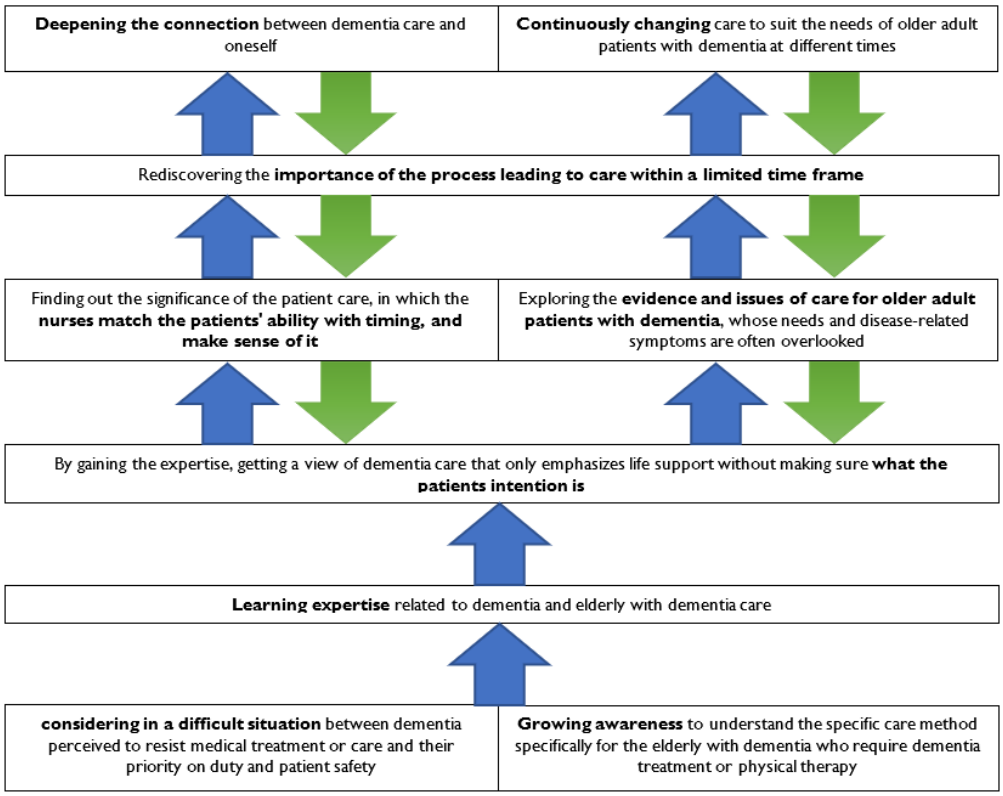

Figure 2. The process of acquiring practical knowledge regarding the care of older adult patients with dementia

the reliability of the research (Colorafi & Evans, 2016). Constant consultation with experts in qualitative descriptive research and geriatric nursing allowed us to refine the methods and produce more reliable results (Colorafi & Evans, 2016; Guba, 1981).

Ethical Consideration

This study was conducted after receiving approval from the Research Ethics Committee of the Graduate School of Nursing (Ref. number 2016–002). Participants completed a consent form indicating that they understood the study's aim, objective, and methodology after hearing the details given to them both in writing and orally. It was made clear to the participants that their involvement was entirely optional and that they might stop at any time, even after giving their agreement. For reasons of confidentiality, the names of the participants or the institutions where the study was conducted were not disclosed. The information gleaned from the interviews would be kept strictly confidential and utilized only for the purpose of this study.

Results

The Process of Acquiring Practical Knowledge in Older adult Dementia Patient Care at Acute Care Hospital

Acquiring practical knowledge in older adult dementia patient care by skilled DCNs at acute-care hospitals was extracted into nine categories (Figure 1). Participants were anonymously numbered N1, N2, and so on to help the narration become more understandable.

DCNs' consideration

Both patients and DCNs were in difficult situations and wanted to do something about caring for older adult dementia patients. This was the beginning stage, which was a prerequisite for acquiring the practical knowledge of older adults with dementia. In acute care hospitals, disease treatment and the protection of the lives of patients are top priorities. Busy DCNs feel frustrated and exhausted by the behavior of older adult dementia patients who resist treatment and nursing care. The DCNs talked about their situation and were bewildered by the behavior of older adult dementia patients who refused treatment and nursing care and wanted to know what they should do. This sentiment factor became the triggered them to seek a breakthrough from the current situation.

"Patients, who were admitted to the facility (nursing homes), were used to being independent, or how should I say it, they could normally go to the restroom. Nevertheless, while they were hospitalized, they wondered why they had to be restricted even for something as ordinary as going to the restroom" (N3)

The nurse was confronted by a situation that subjectively challenged their view of nursing, felt doubts, and became their motivation for consideration. DCNs want to do something more about dementia care than just physical restraint or drug treatment.

Growing awareness

This topic category is in line with category one. The initial stage was a prerequisite for acquiring practical knowledge of older adult dementia patient care. Instead of practicing care that is believed to be 'sufficient' based on their own experience, by learning the basics of the care, DCNs wanted it to become care which satisfies the patients ethically considered needs.

"Of course, when I was there or if there were other persons, it was allowed to take off (the physical restraint), and there were many occasions when I was dealing with a patient, and it could be taken off. However, I could not explain to the staff logically" (N1)

Learning expertise

In addition to learning about the characteristics of dementia pathology and symptoms, DCNs also acquire expertise. This includes learning the way of thinking towards dementia care in general, and points of attitude when facing older adult dementia patients, through participating in training, self-learning through books or literature, in order to learn basic knowledge regarding dementia pathology and symptoms. Two DCNs stated:

'Ethics and dignity, in the end, older adults care is about those. I feel that I was often made to think about that (during training to obtain C.N. qualification)' (N4);

'During CN training, there were teachers who taught me not to rush when solving problems' (N11).

The DCNs talked about their situation when their learning led them to the 'core' part of appropriate care and its attitude, for practicing care for older adult dementia patients.

Patients' intention

By learning the expertise, the DCNs realized that there were many one-sided interactions without making sure of the patients' intentions. This disrupted the patients' natural pace to become skeptical of their conventional care, in which they focused only on life support.

"There was a patient over 100 years old., who was hospitalized. When the patient could not eat anymore, at first, we put in the nasal feeding tube, but the patient may pull the tube out, so we put the mitten on the patients' hand or other things to prevent that. However, is that what the patient really wants? Absolutely no, and I wonder with the current state of that 100 years old. patient, kept alive while being tied up, is it really, okay?" (N12)

DCNs match the patients' ability with timing, and make sense of it.

By observing good reactions towards implemented patient care by observing older adult dementia patients' expression or receiving a fair assessment from others, the DCNs can increase their repertoire of care methods. This enabled them to match the patients' ability and timing, and this led to the accumulation of successful cases based on the expertise learned and effective care methods.

"I ask other hospital staff about what I did. Furthermore, I ask the patients, too, like "I did this to you, how do you feel about that?" I ask, "How was the nurse who has tended to you recently?" and they answer, "Oh, she treated me gently." I also asked the doctor in charge, "How is the patient? I feel that he is getting a little bit calmer, what do you think?" If "the patient has become calmer and can communicate properly" it is written in the record, and I reckoned that my care worked well" (N15)

Rationale and issues of care for older adult dementia patients

Exploring the rationale and issues of care approaches by looking at care experiences that caused confusion in older adult dementia patients or did not alleviate symptoms such as pain, the DCNs clarified the rationale and issues of their care. As DCNs did not have previous experience under similar conditions, they had difficulties in dealing with the patient with only their care methods repertoire, and after experiencing cases where patients were confused because of their trial-and-error care method, they improved from using the knowledge they had previously learned.

"…I wrote about things that went well in my memo book for my motivation, but I wrote things that did not go well in the clinical record. I wrote things that I overlooked so that I will not forget it the next time…" (N5)

'I often met previous classmates during conferences where we would talk about things there, and I used that as my reference" (N13).

'When I looked back, I thought, "Therefore, it meant this as written in the textbook" I read the books, I felt that what is written in the books is accurate, and with my own words, I summarized and elaborated on it, while I was doing that" (N15).

The importance of the process leading to care in a limited amount of time

This category started with the transformation of the perception and care attitudes of older adult patients with dementia. While understanding that patients need special dementia care, they interact with the same attitude as other adult patients and value their primary care. A deep understanding of the rediscovery process of memory is essential process of care. DCNs said:

'I think that, after all, the patients are normal people before having dementia. I want the patients to see that I am interacting with them as adults, the same as adults with dementia' (N11).

"I think it is important to have respite, or rather, have the ability not to rush in solving the problem. I have to be quick in observing whether there is a physical disease that's making mischief in patients' bodies, but on the other hand, I need to wait for the patient's reaction slowly. I guess that is the critical thinking…" (N7).

Deepening the connection

DCNs obtain an opportunity to experience the feelings and position of older adult dementia patients through role-playing, receiving advice, and encouragement from others. Furthermore, challenging and delightful aspects, such as older adult dementia patients' personalities, will help them to understand the subject.

"So, the dementia patient has this side of them, the humorous side. When I interact with them, for example, "I will change the blanket sheets, here you hold this side, hold the corner, let us do it together ok?" and the patient replied, "ok, let us do that," and then the patient pulled the blanket sheets and started to dance. I felt the humor, it is enjoyable, and I felt that this kind of nursing intervention, interacting with patients, also has its fun part. Each patient is different from the others, and I guess there is one with a sense of humor" (N13)

Continuing to change

The change category refers to changing the care method according to the physical condition that changes due to the course of treatment and the condition and ability of dementia, while simultaneously devising care that is appropriate to the feelings and wishes of older adult dementia patients. While comprehensively assessing the patient's background, including physical environment, psychosocial environment, life history such as upbringing and occupation, medical history, and underlying disease, the DCNs practiced the care adapted to the situation while groping their way and at times continued to apply the methods selected from their various pieces of knowledge of care methods to suit the patient at that time.

"The patient also values his family member's participation, or talking together, discussing how we should do something. Using that experience, if there is another patient with a similar cognitive function, I will use the experience when a patient with the same cognitive function is hospitalized. I can only imagine how hard it is to learn new things as you age. However, after all, I thought that I had to firmly support the patient if s/he wants to do it, even if s/he loses his temper…" (N13)

As expressed above, rather than providing uniform care, which is deemed necessary, thinking about older adult dementia patients' situation and putting themselves in the patients' shoes led to improved caring that was closer to the feelings of older adult dementia patients' individuality.

Discussions

The narratives of DCNs working in acute care hospitals were qualitatively and inductively analyzed to clarify the process of acquiring practical knowledge of older adult dementia patient care in acute care hospitals (Figure 2). As a result, nine categories were selected for practical knowledge acquisition. The use of a qualitative and inductive approach ensured in-depth exploration of the unique experiences and perspectives of DCNs, capturing the nuanced and context-specific processes of knowledge acquisition. This methodology underscores the originality of the study by providing rich, detailed insights into how training and real-world practices intersect to shape the expertise of DCNs, offering a comprehensive understanding that quantitative methods alone may not reveal.

The Growing Awareness That Leads to The Learning of Expertise

This study explored the process by which DCNs in acute care hospitals acquired practical knowledge of care. The DCNs started to acquire a sense of care when

they experienced dilemmas between patients' resistance to perceived medical treatment and nurses' priority of duty and patients' safety. The DCNs thought both of them were in a difficult situation and wanted to do something about it (Nopita Wati et al., 2023). DCNs have increased awareness of care methods for older adult patients with dementia. Rational and emotional consciousness met simultaneously, which led DCNs to learn the expertise of older adults with dementia.

Both consciousnesses' simultaneous existence was thought to increase the motivation to acquire practical knowledge of older adult dementia patient care. There is cognition before expressed emotions and actions, and it is perceived that cognition influences emotions and actions (Araújo et al., 2020; Steward et al., 2020). DCNs and their patients have unconsciously acquired practical knowledge of techniques to deepen their contact. In this state, DCNs ' cognition changed their emotions and behaviors that encouraged 'positive perception' to perceive terminal care practices that would support the nurses involved in terminal care (Bakanic et al., 2016; Jeong et al., 2020; Kang & Choi, 2020).

In this study, DCNs talked about situations where they had negative emotions such as confusion about the behavior of older adult dementia patients who interfered with treatment and nursing work at an early stage and had doubts about their care or others'. However, DCNs shifted to the positive feelings of 'I want to do something' and 'I want to know more' rather than increasing negative emotions and continuing to worry. The desire for a sense of care to acquire specialized knowledge skills was the start of acquiring practical knowledge. The cognitive model states that humans are motivated to solve the problems they face by themselves (Deci & Moller, 2005). Hebbecker et al. (2019) stated that external sources of feedback and goals are significant intrinsic motivation factors. Thus, it is crucial to encourage DCNs who have negative emotions and are worried about caring for older adults with dementia to motivate them to acquire positive awareness and specialized knowledge skills through educational intervention.

Integration of Expertise and Care Experience in Practice

The DCNs received a new viewpoint on older adult dementia patient care that only emphasized life support without ensuring their intention. The DCNs ignored the psychology-social-spiritual aspects before they learned expertise. Therefore, to find an effective care method that significantly impacts patient care, the DCNs matched the patient's ability with timing. Moreover, DCNs made sense of it and explored the rationale and issues of care for older adult dementia patients whose needs and disease-related symptoms are often overlooked. Through this process, the DCNs were able to rediscover the importance of the process leading to care within a limited amount of time.

To 'make sense of experience' is an interpretive activity that consists of the individual events that occur to oneself or occur in various ways as a whole to be meaningful to oneself and gives meaning to each event as a part of it (Fatania et al., 2019). Older adult dementia care in acute care hospitals included changes in the symptoms of dementia patients regardless of the care content, such as when the pain caused by the underlying disease is alleviated as the treatment progresses, resulting in good changes, which may lead to 'self-satisfying care' for the DCNs. However, DCNs valued successful cases, found the significance of care, and at the same time seriously confronted the cases that did not work and searched for the rationale and issues of their care. Nagoshi and Kakehashi (2005) clarified that nurses' experiences with terminal cancer patients are a core experience of self-reflection, broadening horizons, and improving nurses' clinical ability. For DCNs who make sense of this experience, it is believed that by approving their nursing and sharing information with team members, meaning will be reinforced, and team nursing will be enhanced (Fatania et al., 2019; Pennbrant et al., 2020). Moreover, DCNs acquire knowledge from their experiences and share experiences with team members.

The make sense of experience' process included self-introspection of when there was a bad response from a dementia patient, so reviewing the care that had been provided and searching for the cause of physical and psychological symptoms, the awareness of new perspectives and standpoint of caring for older adult dementia patients, and clarification of the rationale and issues of the patient care broadened horizons while sharing care experience with others that would lead to improved clinical performance. Thus, as a result of circulating in both phases, the DCNs continued to change their care according to the physical condition and behavior of older adult dementia patients during treatment progression. The DCNs explored patients' emotions and deepened the connection between older adult dementia patients and nurses (Fatania et al., 2019).

Deepening the means and improving the clinical capacity of nursing care advancements can be used for further care by reflecting on the treatment of older adult dementia patients. Reflecting included determining the

importance of patient care that would match the patients' timing and make sense of it. After transforming it into progress in nursing care, exploring the rationale and issues of care creates awareness of the process that leads to the method of care. The entire phase can form a cycle that is the process of rediscovering significant care in a limited amount of time. The transformation is similar to how the nursing perspective or caring behavior is reassessed by giving meaning to the experience.

Feedback causes changes to subsequent experiences and leads to the development of nursing care behavior (Brown et al., 2019; Lobchuk et al., 2016). This phase developed the deepening of the relationship between older adult patients with dementia and DCNs, and the adaptation of appropriate care to the physical condition and behavior of older adult patients with dementia and their emotions. In addition, DCNs learn the ability to transform practical knowledge into an appropriate form. This depended on the existing situation through which the repeated deepening of each phase provided more meaning to experience.

Future research should focus on developing and testing targeted educational interventions that guide DCNs from negative emotions such as confusion or doubt to positive motivation for acquiring specialized care skills. Studies could explore the cognitive-emotional interaction in expertise acquisition, emphasizing reflective practices, team-based learning, and the integration of intrinsic and extrinsic motivators, such as feedback. Additionally, research should evaluate the "make sense of experience" framework across various care settings, assess the dynamics of patient-nurse interactions, and explore culturally sensitive approaches to training. Integrating the psychological, social, and spiritual dimensions into care models could improve patient outcomes, deepen nurse-patient connections, and enhance job satisfaction while driving advancements in dementia care.

The acquisition of practical knowledge by qualified nurses is a reflection that clarifies the issues and rationale of care through a flashback of experiences of care at case study meetings and conferences, and sharing the experience of care with others. Reflection is an essential process of thinking in practical learning on how to understand and make sense of the experience itself in practical learning (Suzuki, 2015). Reflection is a deliberate thinking process that allows us to broaden and change our perspectives on a situation and create new nursing practices by recalling and carefully examining our experiences (Tamura, 2014).

In current acute care education, which is characterized by the fact that there is not always a role model for older adult dementia care, it has been suggested to develop a method with facilitators at each stage to ensure that individual nurses can effectively reflect upon their older adult dementia care patients. Furthermore, simulation practice has the advantages of enabling students to experience reality and moderate tension, motivating learning, and providing feedback from the patient's perspective (Shin et al., 2015; Tamaki et al., 2019).

Conclusion

In this research, the feelings and positions of older adults with dementia were experienced, which were then included in the process of acquiring practical knowledge. Increasing simulation practices and role-playing in current education can stimulate a sense of care. Furthermore, this will provide an opportunity to receive feedback from the perspective of dementia patients and help individual DCNs acquire practical knowledge in older adult dementia patients' care.

There is a possibility that the interpretation of the data might be biased, and the generalizability and transferability might limit acute-care hospitals in Japan. In the future, our challenge will be to expand the subject to nurses other than DCNs, clarify how the awareness of the sense of care to acquire practical knowledge grows, accumulate data on the details of the process, and consider specific educational support methods that will lead to step-ups from each phase.

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