

reported significantly more often as a reason for non-compliance than hassle or disagreement. In contrast, disagreement with recommendations was the highest-rated reason for non-compliance in CNAs. No significant differences were found between lack of knowledge of feeding techniques, hassle, and disagreement as reasons for non-compliance for LPNs. No significant associations were found between number of years of experience and barriers to compliance for any participants.

One study strength is the inclusion of nursing staff and experts in the step-by-step construction of the questionnaire. In addition, the reliability and concurrent validity of the questionnaire was found to be adequate. Another study strength is the inclusion of perspectives of RNs, CNAs, and LPNs. One study weakness is the small sample size of RNs and LPNs in comparison to CNAs. Another study weakness is that participants were limited in providing perspectives on issues identified in the questionnaire. Overall, this study provides suggestive evidence that lack of knowledge and disagreement with recommendations are driving forces for noncompliance for RNs and CNAs, respectively.

Rosenvinge and Starke (2005) conducted a mixed design observational study to explore level of compliance, and reasons for non-compliance with SLP safe swallowing recommendations for patients with dysphagia throughout one hospital setting.

All inpatients with dysphagia on the speech and language therapy caseload at one hospital were included. A Speech Language Therapist conducted two observational audits four months apart (first audit n = 31, second audit n = 54). Each audit consisted of visiting participating wards 16 times over five consecutive days to observe mealtimes and drinks throughout the day. Compliance to each patient's safe swallowing recommendations in terms of consistency of fluids, dietary modifications, amounts to T 0.ET Q q ()2 (e) -1 (t) 2 (a) -1 (r) 1 (-2t (t) 2) 2o

Appropriate statistical analysis found that average overall carer compliance was 82%, with the highest compliance seen for recommendations pertaining to direct support and the lowest compliance

semi-structured, face-to-face interviews with eight SLP participants.

Thematic analysis of the interview transcriptions was conducted; detailed description of the process was

stakeholders working with individuals with dysphagia. Furthermore, more research is needed on what effective in-service education entails.

It is well known that a multidisciplinary team is considered best practice for dysphagia management. Although evidence for the effect of team functioning on caregiver adherence was somewhat suggestive to suggestive in nature, again, the potential positive impact of open communication on caregiver compliance makes this recommendation worth exploring. It is recommended that SLPs take the following factors into consideration when making recommendations: who will be implementing the recommendations, their training and ability to do so, their willingness to do so, and the context in which they work (i.e., availability of time and resources). In working with acute and community caregivers to problem

compliance with recommendations in non-