International collaboration on commissioning and identifying review questions - a workshop

Staff training and elder care quality

Katrina Östman
Gunilla Fahlström
Liselotte Henretta
Astrid Norberg

The participants in the workshop

- IMS, The Institute for Evidence-Based Social Work Practice
- The Stora Sköndal Foundation
- The University of Umeå and Ersta Sköndal University Collage
Four issues for discussion

- the process of identifying and negotiating needs of knowledge:
  - challenges for the state and for practice
- commissioning research reviews:
  - how to collaborate on systematic reviews
- synthesizing relevant research knowledge
  - dealing with measurement challenges of international research and national policy
- implementing the results in policy and practice
  - with the results at hand: could things have been done differently

Examples used to discuss the topic:

- A state financed staff training programme
- A map of literature about staff training and user effects in elder care commissioned by the Swedish government
- Challenges to staff training in practice, examples from a Swedish caregiver
- A research project on how to implement evidence in practice
Responsibility for elder care

• Shared between state, county councils and municipalities

• the municipalities and county councils have a high level of autonomy

• two national legislations
  – The Health and Medical Services act and the Social Services Act

The staff training programme: what is it and what do we know about the results

• Purpose – improve care quality
• The municipalities decided on educational models and areas of content
  – a great diversity, 1 771 separate projects
  – almost (all) 290 municipalities
• The projects had already started when IMS got the assignment to evaluate the effects
Empirical studies

- What was the content of training in dementia care?
- Did training in fall prevention reduce the number of incidents?
- Did training in need assessment reduce discrepancies?
- Did training in dental care improve oral health?
- Did the quality in the use of drugs improve?

Staff training and quality of elder care:

scientific results, measurement and other challenges
A systematic map of literature

• 168 empirical studies with user related outcomes
• Institutional settings primarily
• Different designs
• The industrialised world
• Various pedagogic methods/models
• Short follow up periods

Messages from reviews

• Often poor scientific quality in original studies
• Some divergence in conclusion (inadequate evidence - staff training benefits users, staff & organization)
• Supplying knowledge not enough
• Most efficient component(s) & order not identified
Thus, our intention is...

to proceed with the question of effect, of benefit, from staff education for older people

Aim of this presentation

To present preliminary results of effects upon elderly health/wellbeing after staff training
Material & method

- 35 RCT:s from map
- exclusion of 5 leaves 30
- coding outcomes from continuous data (mean and SD) and data of dichotomous kind
- calculation of Hedges $g$, standardized mean difference, with confidence intervals
- illustration from two studies

User oral health outcome after staff training.
Standardised mean difference with confidence intervals
(3 out of 3 outcome measures. I:n=118-37, C:n=140-42; 6 months follow up)
**User behavior outcome** after staff training in dementia care.

Standardised mean difference with confidence intervals
(5 out of 13 outcome measures. I:n=49, C:n=56; 6 months follow up)

- MOSES, irritability: -0.86
- MOSES, withdrawal: -0.47
- MOSES, disorientation: -0.43
- CSDD, mood: 0.29
- CSDD, behavioural disturbance: 0.72

**Some preliminary conclusions**

- Staff education is more or less beneficial, never harmful to users (map + reviews)
- According to 30 RCT study conclusions 28 favours training intervention more or less strongly
- The diagrams indicated both success in statistical terms and no such effect
Reflections on challenges with studying staff training effects

- Education - a strong societal value
- The intervention itself (level of evidence)
- The elderly users
- The staff and their work (extent; benefit)
- The training intervention & pedagogic aspects (teach, learn, incorporate, use)
- The organization (matter of keeping!)
- Measurement (existence of outcomes; choice; number)
- Interpretation (change; philosophical aspect)

Implications for policy & research

- Commissioning and identifying questions for research and practice is neither an easy, nor a rapid thing - it is a complicated and more longstanding process
The Stora Sköndal Foundation

- Idea driven, non profit organization who is doing diaconal work in elderly care, neurological rehabilitation, mental health rehabilitation and social work
- Based on Christian and humanistic values
- Turnover around 300 MSEK and with approximately 500 employees
- Owns 50% of Ersta/Sköndal University College who educates deacons, social workers, church musicians and nurses.
Elderly care
Stora Sköndal Foundation

• We have 241 elderly living in nursing homes and also provide help for elderly living at home.
• We have contracts with different municipalities and the county council.
• We have 1 divisional manager reporting to our CEO, the elderly care is then divided into units with a total of 6 managers.
• The 6 unit managers have approximately 40-50 employees each to handle

Everyday life for a unit manager

• Management, economy and working environment
• Staff issues
• Deliver high quality at minimum costs
• Develop the elder care quality
Challenges

• Difficulties in applying new knowledge in everyday work – possible causes:
  - Turnover
  - Staff might not understand the use
  - The unit managers are not as present as needed
• Research and everyday life sometimes feel too far apart.

Possibilities

• Managers need more time to be able to implement and use new knowledge.
• How do we integrate research and everyday work?
• Simplify the ways we meet.
Astrid Norberg

Umeå University
Ersta Sköndal University College
University of Tromsø

Burnout

Emotional exhaustion

Depersonalisation

Reduced personal accomplishment
There is a connection between perception of conscience, stress of conscience and burnout.

Perception of conscience
Burden

-I have to silence my conscience in order to be able to continue working with care.
Stress of conscience

- How often

- How much troubled conscience

Lacking the time to provide the care needed

Work being so demanding that it influences one’s home life
Not being able to live up to others’ expectations

Having to lower one’s aspirations to provide good care

Emotional exhaustion

Having to silence one’s conscience
Depersonalisation

Having to silence one’s conscience

Perceive needs
Have methods

Have no opportunity
Conscience needs to be informed

Priority

Value base
Knowledge
Work environment
An action research project
Stora Sköndal Foundation

Education about basal care

Discussions about problems

Guidelines of the National Board of Health and Welfare

Choice of implementations

Implementation

Evaluation
De-mentia
Without soul (mind)

(Jenkins & Price 1996)

Lucid moments
Remembers
Understands
Cares

(Normann et al 1998)
Human being

Person with dementia disease

Subject
Self
Person
Subject
Pain
Joy
Fear
Etc.

Self
Self 1
Self 2
Self 3
Self 1
My perspective
Anchored in body, place and time,
"I wish, I feel, I think"

Self 2
My knowledge about myself
My history
My characteristics
My opinions etc.

Memory of childhood and early adulthood

(Addis & Tippett 2004)
Keep history
Recall
Recognize
Self 3

I as treated by others

We co-create each other
Communication Relationship

(Normann et al 2001)

Person
Rights
(dignity, information, konfidentiality, decision)
Adapt to the person’s ability

Human being

Person with dementia disease
Meaningless

Nothing back

Meaning

Much back
Ideal

Reality

Perceive needs
Have methods

Have no opportunity
Stress of conscience
Silence conscience
Burnout

Realism
Keep ideals
Rationalise
Argument