

# International collaboration on commissioning and identifying review questions - a workshop

Staff training and elder care quality

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## 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

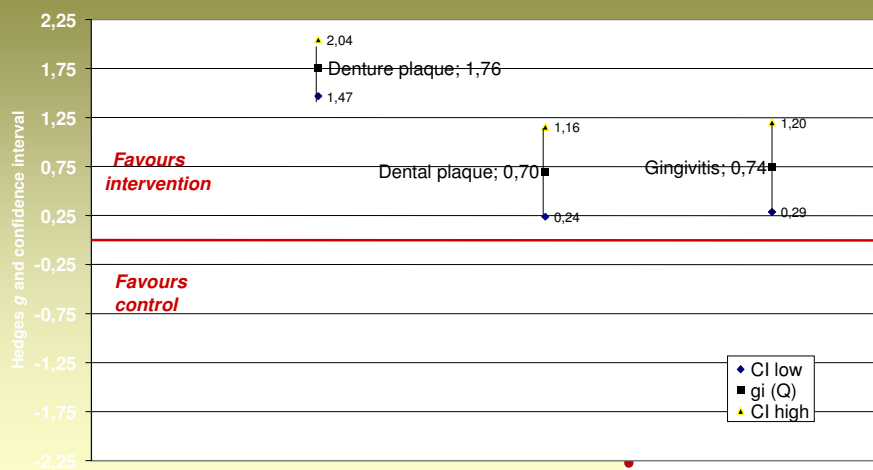
## Material & method

- 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.

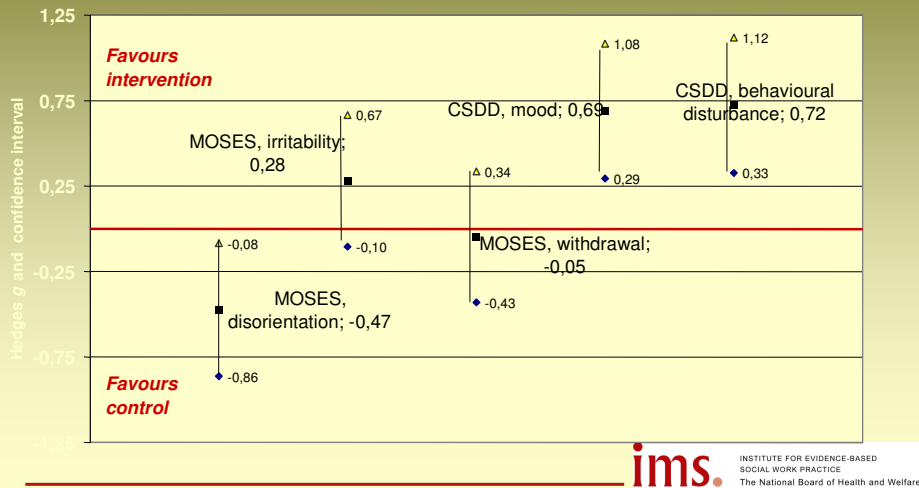
Standardised mean difference with confidence intervals

(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)



## 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

**Thank you!**

## 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**

## Stress of 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**

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**ims.**

INSTITUTE FOR EVIDENCE-BASED  
SOCIAL WORK PRACTICE  
The National Board of Health and Welfare

Perceive needs  
Have methods

Have no opportunity

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**ims.**

INSTITUTE FOR EVIDENCE-BASED  
SOCIAL WORK PRACTICE  
The National Board of Health and Welfare

# 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

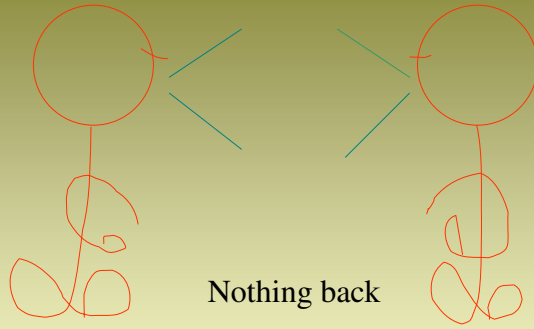
Rights  
(dignity, information,  
konfidentiality, decision)

# Adapt to the person's ability

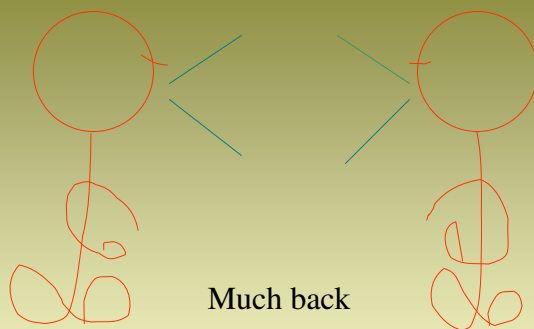
# Human being

Person with dementia disease

Meaningless



Meaning



Ideal

Reality

Perceive needs  
Have methods

Have no opportunity

Stress of conscience

Silence conscience

Burnout

Realism

Keep ideals

Rationalise

Argument