ISRCTN10385799 https://doi.org/10.1186/ISRCTN10385799

Can health care assistant training improve the relational care of older people?

Submission date
03/11/2014

Registration date
29/12/2014

Last Edited
20/10/2017

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Other

[X] Prospectively registered

[X] Protocol

[ ] Statistical analysis plan

[X] Results

[ ] Individual participant data

Plain English summary of protocol

Background and study aims
Elderly people aged 75 years and older account for a large and increasing number of admissions to acute hospitals. There is evidence to suggest that older paper rate the care that they receive in hospital in terms of the kindness, compassion and respectful communication they get from hospital staff. Healthcare assistants (HCAs) provide an increasing amount of direct care to older people, but their training needs are often overlooked. The aim of this study is to test a training programme (intervention) that has been designed to improve the care given by HCAs, comparing it to the usual training currently being offered.

Who can participate?
Acute hospital wards where 50% or more of inpatients are aged 70 years and above. Healthcare assistants employed to provide care in one of the recruited wards. All patients aged 70 years and over discharged from one of the recruited wards during the four weeks before and following the intervention (study) period.

What does the study involve?
Recruited wards are randomly allocated to either the 'training in relational care' or 'training as usual' group. HCAs from wards randomised to the new training package receive training in relational care. HCAs from wards randomised to 'training as usual' receive their usual training. The success of the new training package is assessed at the ward, individual HCA and patient level. It includes measuring patient experience, the quality of interaction between HCAs and patients, and changes in both empathy and attitude of HCAs towards older patients. Ward and HCA level outcomes are measured before the intervention training begins and again after its completion. Patient-level outcomes are measured after discharge from hospital during periods before and after the intervention training.

What are the possible benefits and risks of participating?
No risks to patients are anticipated

Who is leading the study?
The study is led by the University of East Anglia in collaboration with King's College London and the University of Nottingham.

When is the study starting and how long is it expected to run for?
March 2015 to October 2015

Who is funding the study?
National Institute of Health Research Health Services and Delivery Research programme (UK)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
HS&DR 12/129/10

Study information

Scientific Title
Can Health care Assistant Training improve the relational care of older people? A development and feasibility study of a complex intervention

Acronym
CHAT

Study objectives

The study will test whether it is feasible to deliver and measure the effect of healthcare assistant training in the relational care of older people within acute hospitals in England using a cluster RCT.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Cambridge South Research Ethics Committee, 13/02/2015, ref: 15/EE/0025

Study design
Multicentre pilot cluster randomised controlled trial

Primary study design
Interventional

Secondary study design
Cluster randomised trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied
Healthcare of older people

Interventions
1. HCAs in wards randomised to relational care training will receive two one-day training sessions approximately one week apart. Training will be delivered by HCA trainers based at each of the participating hospitals. Day 1 will introduce and begin to explore aspects of relational care for older patients. At the end of Day 1 HCAs will also be asked to undertake brief unstructured individual study prior to Day 2 and further training support in the form of e-learning will also be available by computer and mobile device. Day 2 will build upon Day 1 and explore further aspects of relational care.
2. HCAs in wards not randomised to relational care training will receive 'training as usual', typically restricted to periods of staff induction or focussed on mandatory training requirements such as manual handling.

Intervention Type
Behavioural

Primary outcome measure
The primary outcome measure will be at the patient level:
Patient Evaluation of Emotional Care during Hospitalisation inventory (PEECH) . The PEECH contains 23 items and four subscales (levels of security, knowing, personal value, connection)

Secondary outcome measures

Secondary outcome measures will be taken at the level of ward and individual HCAs.
Ward outcomes:
1. Quality of interaction with older patients, measured using the Care Kindness and Compassion Observation Tool. It is used to assess three domains of care:
1.1. General care
1.2. Patient and visitor engagement
1.3. Patient safety. Interactions are rated by an observer
2. HCA outcomes:
2.1. Change in empathy, measured using the Toronto Empathy Questionnaire (TEQ). The TEQ conceptualises empathy as an emotional process and contains 16 items
2.2. Change in attitude towards older people, measured using the age group evaluation and description (AGED) inventory, a measure of the extent to which stereotypes about ageing are held by the respondent

Overall study start date
01/03/2015

Completion date
01/10/2015

Eligibility

Key inclusion criteria
1. Ward inclusion criteria: general medicine or care of the elderly/older people wards where the median age of the inpatient population is 70 years or greater
2. Healthcare assistant inclusion criteria: healthcare assistants working either full time or part time within enrolled wards
3. Patient inclusion criteria: patients aged 70 years or over and discharged from an inpatient stay on an enrolled ward during the four-week period prior to the start of the intervention and during the four-week period following the end of the intervention

Participant type(s)
Mixed

Age group
Mixed

Sex
Both

Target number of participants
12 wards, 96 HCAs, 200 patients

Key exclusion criteria
1. Ward exclusion criteria: specialist dementia wards; medical admissions units
2. Health-care assistants exclusion criteria: healthcare assistants who are employed as bank staff and are not part of the named staff on the ward roster
3. Patients exclusion criteria: patients discharged to another ward or hospital

Date of first enrolment
01/03/2015

Date of final enrolment
01/10/2015

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
The School of Nursing Sciences
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Sponsor information

Organisation
University of East Anglia (UK)

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Sponsor type
University/education

ROR
https://ror.org/026k5mg93

Funder(s)

Funder type
Government

Funder Name
Health Services and Delivery Research Programme

Alternative Name(s)
Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research Programme, HS&DR Programme, HS&DR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Publication of results in NIHR report.

Intention to publish date
31/12/2016

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	09/12/2015		Yes	No
Results article	results	01/02/2017		Yes	No
HRA research summary			28/06/2023	No	No