

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

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<b>Registration date</b> 29/12/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 20/10/2017	<b>Condition category</b> Other	<input type="checkbox"/> 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 people 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?  
Prof. Antony Arthur  
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## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
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

## **Study type(s)**

Treatment

## **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(s)**

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)

## **Key secondary outcome(s)**

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

**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

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

**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**

United Kingdom

England

**Study participating centre**

The School of Nursing Sciences

Edith Cavell Building

Norwich  
United Kingdom  
NR4 7TJ

## Sponsor information

### Organisation

University of East Anglia (UK)

### 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

### 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?
<a href="#">Results article</a>	results	01/02/2017		Yes	No
<a href="#">Protocol article</a>	protocol	09/12/2015		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes