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The TIMES-Route in practice with formal caregivers and residents in long-term care facilities

Submission date 01/12/2025	**Recruitment status** Recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 02/12/2025	**Overall study status** Ongoing	
Last Edited 02/12/2025	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Principal investigator, Public, Scientific

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Additional identifiers

Study information

Scientific Title

The TIMES-Route in practice with formal caregivers and residents in long-term care facilities: a pre-post study

Study objectives

In times of scarcity, we want to help care teams in residential care centers find more attention and time to provide emotional care to residents in long-term care facilities. Based on the experiences of care providers in residential care centers, a previous study developed the TIMES (Time Insights for More Emotional Support)-route: a toolbox consisting of four workshops and two peer review sessions that care teams go through together. The aim is for teams to rearrange their priorities based on reflection, knowledge, and thinking in terms of possibilities, and to devote more attention and time to emotional support for residents. With this research, we want to investigate the TIMES-route in practice among formal caregivers and residents in long-term care facilities. We want to investigate the impact of using this toolbox on the quality of life, pain behavior and changes in behavior and mood among residents. For formal caregivers, we focus on the sense of competence, psychological safety, self-efficacy, decision latitude and work demands and their perception on the quality of care and quality of emotional care they give.
The hypothesis is that after the TIMES-route residents will have less mood and behavior changes (NPI), less symptoms of depression (Cornell Scale of Depression) and pain behavior (DOLOPLUS-2) and will have an increase of scores on the quality of life (QUALIDEM). For the formal caregivers our hypothesis is that they will have an increase in self-efficacy, sense of competence, perception of care quality and quality of emotional care, psychological safety in their team and decision latitude. Based on the results of this research, we want to adapt the toolbox where necessary so that it can be used even more effectively in practice.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 17/11/2025, Committee of Ethics Antwerp University Hospital (Drie Eikenstraat 655, 2630 Edegem, Edegem, 2630, Belgium; +32 38213000; ethisch.comite@uza.be), ref: B3002025000161

Primary study design

Interventional

Allocation

N/A: single arm study

Masking

Open (masking not used)

Control

Uncontrolled

Assignment

Parallel

Purpose

Supportive care

Study type(s)

Health condition(s) or problem(s) studied
People living or working in a long-term care facility

Interventions
In this quantitative quasi -experimental pre-post study, formal caregivers of five teams from five different long-term care facilities will follow the TIMES-route with their team. All members of the team will attend four workshops. Six members of the team will participate in two 1.5h peer review sessions. The workshops and peer supervision sessions will be given by internal supervisors in three long-term care facilities. The two other facilities will have two external supervisors who will give the workshops and peer supervision sessions. All supervisors (internal and external) will follow a two day train-the-trainer course, to be able to use the toolbox accordingly.
Data is collected from the employees of the participating teams and from the residents of the ward where the team works. The data collection for this study is carried out using quantitative measuring instruments.
The Neuropsychiatric Inventory (NPI), Cornell Scale of Depression in Dementia (CSDD), DOLOplus-2 and QUALIDEM are used for the residents. These observation questionnaires are completed for each resident by two different observers (members of the care team). A number of relevant demographic data are also requested from the residents (ea: age, gender, marital status, level of education, former occupation, length of stay in the residential care center, chronic conditions, use of psychotropic drugs, frequency of visits, participation in activities in the residential care center, KATZ score).
Four questionnaires are administered to the employees of the participating teams: the General Self-efficacy Scale (GSES), the Psychological Safety Scale (PSS), Decision latitude and work demands, and the Sense of Competence in Dementia Care Staff Scale (SCIDS). Additionally three questions will assess the perception of quality of care and quality of emotional care of the ward where the caregivers work. A number of relevant demographic data are also requested from the employees (gender, age, discipline, level of education, years of service).The research will take place from December 2025 and will run until May 31, 2027. There are three moments of data collection. The first moment(T0) will take place before the team starts going through the toolbox as a baseline measurement. The second (T1) and third (T2) moments will take place during and after going through the toolbox, respectively. The completed questionnaires will be collected by an external supervisor or researcher. At the first moment of completing the observation questionnaires for the residents, a researcher will be available to support the observers if they have any questions.

Intervention Type
Behavioural

Primary outcome(s)
1. Sense of competence in dementia measured using SCIDS at T0-T1-T2

2. Psychological Safety measured using Psychological Safety Scale (Amy Edmondson) at T0-T1-T2

3. Decision lattitude and Work Intensity measured using Decision lattitude and work intensity questionnaire at T0-T1-T2

4. Self-efficacy measured using Dutch General Self-efficacy Scale at T0-T1-T2

5. Perception of quality of care and quality of emotional care measured using 3 questions with a scale from 0-10 at T0-T1-T2

Key secondary outcome(s))
1. Neuropsychiatric symptoms measured using Neuropsychiatric Inventory (NPI) at T0-T1-T2

2. Symptoms of depression measured using Cornell Scale of Depression at T0-T1-T2

3. Quality of Life measured using QUALIDEM at T0-T1-T2

4. Pain Behavior measured using DOLOPLUS-2 at T0-T1-T2

Completion date
31/05/2027

Eligibility

Key inclusion criteria
1. Residents living in long-term care facilities
2. Formal caregivers of long-term care facilities

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
18 years

Upper age limit
110 years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Temporary residents living in long-term care facilities

Date of first enrolment
01/12/2025

Date of final enrolment
31/12/2025

Locations

Countries of recruitment
Belgium

Sponsor information

Organisation
University College Odisee

ROR
https://ror.org/02c89h825

Organisation
Stichting Alzheimer Onderzoek

Funder(s)

Funder type

Funder Name
University College Odisee

Funder Name
Stichting Alzheimer Onderzoek

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available