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An evaluation of a new working method that to a higher degree involves the older person in the decision-making process of home help service

Submission date 26/08/2016	**Recruitment status** Stopped	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 31/08/2016	**Overall study status** Stopped	
Last Edited 18/01/2018	**Condition category** Signs and Symptoms	

Plain English summary of protocol

Background and study aims
Many older people require home help in order to manage their daily life. Studies have shown however, that for many, individual needs and requests are not adequately recognised in needs assessments, home help services and care. In addition, it has been found that mental and social needs are not met to he same extent as physical and medical needs, and that the granted home help is based on the organization's offer (available help) and not individualized to the individual's specific needs. This study is looking at a new approach to home help which works by paying greater attention to individual needs so that care can be personalised, helping to empower older people and provide them with better care. The aim of this study is to find out whether this approach can help increase older people's empowerment, self-efficacy, goal attainment,, health, wellbeing and quality of care, as well as to study the effects on public home help officers' communication skills and staff members' perception of the new way of working.

Who can participate?
1. Older people in need of home help who are able to, by themselves or with assistance in reading and writing, answer the questionnaires
2. Staff (public home help officers, home care workers, registered nurses and managers) working in the home help service

What does the study involve?
Participating staff are divided into two groups. Those in the first group receive in-house training over the course of 2-3 months in motivational interviewing (a type of counselling that helps motivate patients to change their behaviour), needs assessment interviews (a type of interviewing to find out what kind of care a patient needs), and the new working method, which focuses on personalising care to an individuals needs and life situation. Following the training, staff are then encouraged to use the skills they have learnt in order to better personalise care to older person's needs. Those in the second group continue as normal for the duration of the study (although staff are given the chance to complete the training after the study is complete). At the start of the study and then after the training and three months later, staff are interviewed to find out what they think of the program and have their communication skills

assessed using questionnaires. At the same times, older people in both groups complete a range of questionnaires in order to measure their empowerment, self-efficiency and the quality of care they have received.

What are the possible benefits and risks of participating?
Staff benefit from receiving in-house training aimed at improving communication skills, and helping to make a home help service more personalised to each person's specific needs and life situation. Older people may benefit from improved empowerment, self-efficacy and wellbeing. There is a small risk that when older people are answering questions about their wellbeing, they may become affected by negative emotions and memories.

Where is the study run from?
University of Gävle (Sweden)

When is study starting and how long is it expected to run for?
April 2016 to December 2017

Who is funding the study?
University of Gävle (Sweden)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Study information

Scientific Title

Focusing on the older person's needs: an evaluation study of a new working method from the older person's and staff's perspective

Acronym
Focusing on the older person's needs

Study objectives
1. The new working method will to a larger extent involve the older person in the decision-making process, increase patient participation, and the home help officers will more frequently use motivational interviewing techniques compared with before the new way of working was implemented
2. Older persons in the intervention group where the new working method is implemented will rate higher empowerment, self-efficacy, goal attainment, and quality of care compared to a comparison group. Furthermore, over time their self-efficacy, health, wellbeing and life satisfaction will improve more than in the comparison group

Secondary research questions:
1. How does the older persons' describe their needs, life situation and how involved are they in the decision (the interaction between the older person and the public home help officer)?
2. How does the staff (public home help officers, home care workers, registered nurses and managers) perceive the new working method?

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Regional Ethical Review Board Uppsala (Sweden), 17/08/2016, ref: 2016/289

Primary study design
Interventional

Study design
Single-centre non-randomised study

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Older people's need for home help

Interventions
They are about 20 home-help officers in the municipality working with older persons in need of home help service and these 20 officers are already divided in two subgroups in their regular work. One of these subgroup have been chosen as the intervention group and older person’s in these home-help officers’ district as well as home care staff will then also be in the intervention group. The other subgroup of home help officers, care staff and older persons in their district will be the comparison group.

Intervention group: Staff in the intervention group will receive in-house training in motivational interviewing (three days in total for the public home help officers), needs assessment interviews,

and in the new working method where more focus is emphasized on individualizing the care and services to each person's needs and life situation (all staff). There will be six occasions for part 2 in total 35 hours. In between the occasions the staff will have some home-work. After the in-house training the staff should use their new knowledge and skills and the needs-assessment interview with succeeding home help service is assumed to be more individualized to each person’s specific needs. The home-help officers will also receive feedback on how they perform their interviews from a resource person in the project group. The in-house training will be during approximately 2-3 months depending on the staff situation.

Comparison group: Staff in the comparison group will continue to work as before during the study period. They will receive in-house training when follow-up data have been collected for both the intervention and comparison groups.

For both study groups, there will be three data collection occasions: Time 0 (T0) baseline before the new working method is implemented, T1 after that the new working method has been implemented in connection with the needs-assessment interview and T2 after three months.

Intervention Type
Other

Primary outcome(s)
Older persons
1. Empowerment is measured using the Health Care Empowerment Questionnaire (HCEQ) at T0 before the new working method is implemented and T1 after that the new working method has been implemented, for the persons that are included after that the new working method has been implemented there will also be a follow-up after three months (T2).
2. Self-efficacy is measured using a study-specific single item at T0 before the new working method is implemented and T1 after that the new working method has been implemented, for the persons that are included after that the new working method has been implemented there will also be a follow-up after three months (T2).
3. Meaningfulness/quality of everyday activities is measured using The Life Satisfaction Questionnaire (LSQ) at T1 and T2
4. Goal attainment is measured using study-specific questions at T2
5. Quality of care is measured using a questionnaire for staff (The Quality of Care aspect Scale) in the present study adapted to patients’ perspective at T2

Staff
Public home help officers' communication skills are assessed using the OPTION (Observing Patient Involvement) and BECCI (Behaviour Change Counselling Index) questionnaires at T0 and T1 (before and after that the new working method has been implemented) and only in the intervention group.

Key secondary outcome(s)
Older persons:
1. Health status is measured using the EQ-5D-5L and one study specific question about physical activity at T1 and T2
2. Wellbeing is measured using the WHO Well-Being Index (WHO-5) at T1 and T2
3. Life satisfaction is measured using the Life satisfaction questionnaire (LSQ) at T1 and T2

Staff:
Perception of intervention is measured using interviews at T2

Completion date
31/12/2017

Reason abandoned (if study stopped)
Lack of staff/facilities/resources

Eligibility

Key inclusion criteria
Older persons:
1. Aged 65 years and older in the need of home help service
2. Will participate in a needs-assessment interview
3. Able to answer/complete a questionnaire by oneself or with assistance

Staff (home help officers where the needs-assessment interview will be recorded):
Staff working as home-help officers in the municipality performing needs-assessment interviews with older persons.

Staff (interviews):
Staff (home help officers, home care workers, registered nurses, and managers) working according to the new working method.

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Key exclusion criteria
Older persons:
1. Persons participating in a follow-up needs assessment interview
2. Not being able to complete a questionnaire by oneself or with assistance

Staff:
Home help officers not working with older persons.

Date of first enrolment
12/09/2016

Date of final enrolment
31/12/2017

Locations

Countries of recruitment
Sweden

Study participating centre
Omvårdnad Gävle
Slottstorget 1
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80130

Sponsor information

Organisation
University of Gävle

ROR
https://ror.org/043fje207

Funder(s)

Funder type
University/education

Funder Name
University of Gävle

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available