

National fundamental values in elderly care the perspectives of older people living in residential living facilities and staff members

Submission date 19/12/2012	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 28/01/2013	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 11/07/2016	Condition category Other	☐ Individual participant data

Plain English summary of protocol

Background and study aims

The national fundamental values in elderly care were legislated in Sweden in 2011. They state that care of older people should focus on ensuring a sense of dignity and well-being. This means respect for the individuals personal integrity, self-determination and participation. In addition, care provision and social services for older people should be individualized and of good quality, and older people and their relatives should always be treated well. A sense of well-being means a sense of meaningfulness and safety. Research in elderly care has shown that residents influence and participation in decision-making concerning their care and social services must be improved. Furthermore, care is often task oriented and less time is allotted to being present and to conversation. Research on staff in elderly care has shown that staff members sometimes have feelings of abandoning older people and that stress of conscience is sometimes present. Research has also shown that structural conditions need to be improved.

The aim of the study is to examine whether an intervention aimed at staff working in residential living facilities and concerning the national fundamental values in elderly care can improve the person-centered climate and increase well-being among older people and staff as well as increase the sense of dignity among older people.

Who can participate?

Residents living permanently in the residential living facility who are able to, by themselves or with assistance in reading and writing, answer the questionnaire and for some also participate in an interview.

Staff (registered nurses, licensed practical nurses and nurses aides) working in the residential living facilities.

What does the study involve?

Participants will be randomly allocated to either a intervention group or a control group. The intervention consists of seminars concerning the national fundamental values in elderly care, discussions of working methods and support for staff members working on improvements based on needs identified in the seminar discussions. Questionnaires and semi-structured interviews will be used to collect pre- and post-intervention data on the residents assessment of the

person-centered climate in the unit, empowerment and life satisfaction as well as on the staff members assessment of the person-centered climate, person-centered care, structural conditions, psychological empowerment, thriving at work, stress symptoms and stress of conscience. Nursing documentation of the residents will also be followed. During interviews with the residents, their experiences of the care and social services provided and assessment of their own well-being and dignity will be discussed. During interviews with staff, the intervention and the care and social services provided at the unit will be discussed.

What are the possible benefits and risks of participation?

The benefits are that staff members in the intervention group will be given time to discuss and reflect on their working methods and the national fundamental values, and receive support when working on improvements. It is assumed that this, in turn, will improve the person-centered climate and care at the unit and thus residents and staff members well-being. When the residents answer questions concerning their perceptions and experiences of the care and social services provided in the unit and their well-being and dignity, there is a risk that negative emotions and memories will be mentioned. There is also a risk for negative emotions among staff when they reflect on their current approach to older people during the intervention.

Where is the study run from?

University of Gävle (Sweden)

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

The study started in November 2012 and will last until May 2014. The participants have already been recruited and recruitment is closed.

Who is funding the study?

University of Gävle, Gävleborg region and Ulrika Chroné Foundation (Sweden)

Who is the main contact?

Ms Charlotte Roos

charlotte.roos@hig.se

Contact information

Type(s)

Scientific

Contact name

Ms Charlotte Roos

Contact details

Faculty of Health and Occupational Studies

Department of Health and Caring Sciences

Gävle

Sweden

801 76

-

cheros@hig.se

Additional identifiers

Study information

Scientific Title

National fundamental values in elderly care the perspectives of older people living in residential living facilities and staff members: a cluster-randomized controlled trial

Study objectives

A caregiver intervention concerning the national fundamental values will:

1. Improve the person-centered climate, empowerment and life satisfaction among older people living in residential living facilities.
2. Improve the person-centered climate, person-centered care, structural conditions, psychological empowerment, job satisfaction and thriving at work and reduce the stress symptoms and stress of conscience among staff working in residential living facilities.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Regional Ethical Review Board, Uppsala, Sweden, 20/07/2012, Ref. no. 2012/248

Primary study design

Interventional

Study design

Cluster-randomized controlled trial

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Elderly care / Residential living facilities

Interventions

The 20 residential living facilities/units will be randomized into either an intervention or a control group.

The intervention includes seminars concerning the national fundamental values in elderly care, working methods and support in work for improvements. The intervention will be carried out through eight group meetings during a four-month period. The group meetings have three different themes: the content of the national fundamental values; person-centered care; working methods used in the residential living facility. Self-reflection and dialogue concerning the national fundamental values constitute the core of the group meetings. Through self-reflection and dialogue, staff will identify improvements that can be made in their present methods. Improvements will then be implemented by the staff at the residential living facility. The group meetings will take place one week and then the next week the researcher will visit the residential living facility to support the staff in implementing these improvements. All staff in the intervention group will receive the same intervention. After the intervention (four months), the researcher will continue to visit the residential living facility for two months to offer further support.

Data collection will be performed on two occasions (in both groups): baseline assessment and post-intervention. Data collection for the residents includes; the person-centered climate (The Person-centered Climate Questionnaire patient version, PCQ-P), empowerment (The patient empowerment scale) and Life satisfaction (The Life Satisfaction Questionnaire, LSQ) as well as semi-structured interviews concerning the older peoples experiences of the care and social services provided, of their own well-being and dignity pre- and post-intervention. Nursing documentation of the residents will also be followed.

Data collection for the staff includes: the person-centered climate and care (The Person-centered Climate Questionnaire staff version, PCQ-S and The Person-centered Care Assessment Tool, P-CAT), structural empowerment (The Conditions of Work Effectiveness Questionnaire, CWEQII), psychological empowerment (Spreitzers empowerment scale), thriving at work (the 10-item thriving scale), job satisfaction and stress symptoms (The Satisfaction with Work Questionnaires, SWQ), stress of conscience (The Stress of Conscience Questionnaire, SCQ) and semi-structured interviews concerning the intervention and the care and social services provided at the unit following the intervention.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Residents:

1. Person-centered climate, empowerment and life satisfaction
 - 1.1. Person-centered climate will be measured with the Person-centered Climate Questionnaire patient version (PCQ-P)
 - 1.2. Empowerment will be measured with the patient empowerment scale
 - 1.3. Life satisfaction will be measured with the Life Satisfaction Questionnaire (LSQ)

Staff:

1. Person-centered climate, person-centered care, structural empowerment, psychological empowerment (total scales and included factors)
 - 1.1. Person centered climate will be measured with the Person-centered Climate Questionnaire staff version (PCQ-S)
 - 1.2. Person centered care will be measures with the Person-centered Care Assessment Tool (P-CAT)
 - 1.3. Structural empowerment will be measured with the Conditions of Work Effectiveness Questionnaire (CWEQII)
 - 1.4. Psychological empowerment will be measured with Spreitzer's empowerment scale

Key secondary outcome(s)

Staff

1. Job satisfaction measured using the Satisfaction with Work Questionnaires (SWQ)
2. Thriving at work measured using 10-item thriving scale
3. Stress symptoms measured using the Satisfaction with Work Questionnaires (SWQ)
4. Stress of conscience measured using Stress of Conscience Questionnaire (SCQ)

Completion date

01/05/2014

Eligibility

Key inclusion criteria

Older people:

1. Having lived permanently in the residential living facility for two weeks or more
2. Assessed by the manager at the residential living facility as being able by themselves or with help from a research assistant who reads the questions and fills in the answer given by the person to reply to a survey and for some also to participate in an interview.

Staff:

Staff (registered nurses, licensed practical nurses and nurses aides) working at the residential living facility.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

Older people with dementia

Date of first enrolment

19/11/2012

Date of final enrolment

01/05/2014

Locations

Countries of recruitment

Sweden

Study participating centre

University of Gävle

Gävle

Sweden

801 76

Sponsor information

Organisation

University of Gävle (Sweden)

ROR

<https://ror.org/043fje207>

Funder(s)

Funder type

University/education

Funder Name

University of Gävle (Sweden)

Funder Name

Region Gävleborg (Sweden)

Funder Name

Ulrika Chroné Foundation (Sweden)

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	07/07/2016		Yes	No