

Work-related predictors of staff participation in an educational intervention aiming to improve the quality of elderly care

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Objective: The aim of the study was to investigate psychosocial and other workplace-related factors associated with nursing staff participation in an educational intervention in elderly care.

Methods: Two elderly care organizations in Sweden were involved in the project, one as an intervention site and the other as a reference. Both organizations provide healthcare and general services for older people, both in care recipients' homes and in nursing homes. In an initial questionnaire survey in 2001, nursing staff, i.e. registered nurses, licensed practical nurses and nurses' aides, in the intervention organization (n=355) described several areas in which they felt a need for competence development. The intervention was based on the results of this baseline study. Practical instruments and educational materials for improving staff knowledge, work practices and quality of care were collated by researchers and managers in a "toolbox," which was introduced in the intervention organization in February of 2003. Each workplace had the freedom to decide to what extent they would work with the toolbox instruments provided. No general guidelines for working with the instruments were offered by the researchers or the elderly care managers in the organization. The intervention was evaluated 6- and 18-months post-intervention by means of a validated questionnaire measuring staff ratings of their competence, psychosocial work environment and quality of care. The questionnaires also asked staff whether they had participated in working with the toolbox instruments. The present study evaluated the proportion of staff who worked with the instruments and work-related factors associated with staff participation in the toolbox intervention.

Results:

After 6 months, 22% (n=61) of questionnaire respondents reported that they had worked with toolbox instruments; after 18 months, 38% (n=80) reported having done so. The increase over time was statistically significant ($p < 0.01$). At both follow-up measurements, those who had worked with the instruments gave significantly higher ratings to scales measuring staff participation, skills' development, performance feedback, leadership, employeeship and work satisfaction. At 18 months, those who had worked with the instruments also rated their stress levels lower, and organizational efficiency higher, compared to staff who had not worked with the toolbox. A greater proportion of staff who had worked with the instruments worked in nursing homes, had been at their present work place a longer time, and believed to a greater degree that the toolbox could contribute to quality of care improvements at their workplace, compared to those who had not worked with the instruments. In a logistic regression analysis at 6-months, predictors of staff participation in the toolbox intervention were belief that the toolbox contributed to quality improvements; performance feedback from supervisors; and length of employment at the current workplace. At 18 months, predictors were type of workplace (nursing home or home care), clarity of workplace goals, and employeeship.

Conclusions:

Staff participation increased significantly during the intervention period. At 6 months post-intervention, belief that the toolbox contributed to quality improvement in the elderly care organisation was a significant factor driving staff participation. Those who had worked with the instrument rated several aspects of their psychosocial work environment as more positive than those who had not participated. Variance in staff involvement in the toolbox intervention was explained by different workplace-related factors at the two measurement points. Some of these factors, such as performance feedback, goal clarity and employeeship, can be influenced by work-place supervisors. These should be considered in future work-place interventions when efforts to optimize staff involvement are made.

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