

Can a workplace "toolbox" improve nursing staff competence and quality in elderly care?

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Objective:

The aim of this study was to evaluate the effects of a workplace toolbox on nursing staff competence, psychosocial work environment and resident-perceived quality in municipal elderly care.

Methods:

Research has indicated that elderly care in many countries is currently faced with challenges. Nursing staff report high levels of stress, describing their work as both emotionally and physically demanding. Elderly people receiving services and care today have more complex medical needs than previously, placing new demands on nursing staff competence. These issues raise questions as to the possible negative implications for the quality of nursing care. The present study describes a workplace intervention that aimed to improve both nursing staff competence and quality of care in municipal elderly care.

Two municipalities in western Sweden were involved in the project, one as an intervention site and the other as a reference. Both municipalities provide health care for their elderly citizens, with approximately 50% receiving services in their homes and the others in residential nursing care facilities.

A questionnaire study of staff competence and work environment was conducted in the intervention municipality in 2001. Elderly care nursing staff reported a need to improve their competence in several areas, including information about specific drugs, knowledge about dementia, oral hygiene for the elderly, and strategies for handling aggressive patients. As a result, a work group comprised of researchers and municipal management representatives collated a "toolbox" of practical instruments for use at elderly care workplaces. Some of the toolbox instruments were meant to improve staff knowledge in specific areas while others were designed to help staff in various aspects of their daily work.

The toolbox was introduced to all workplaces in the intervention municipality in January of 2003. The reference municipality had no information about or exposure to the toolbox. Questionnaire studies of staff competence and work environment were then conducted in both municipalities in the fall of 2003 and 2004. Quality of care studies among elderly care residents and their relatives were conducted in both municipalities at the same time as the staff questionnaire studies in 2003 and 2004.

Changes over time in nursing staff ratings of their competence and psychosocial work environment in the two municipalities were analyzed in a multivariate analysis using a general linear model and two-way analysis of variance. For comparison purposes, dummy variables for reporting work with the toolbox were created for the reference municipality.

Results:

In the intervention municipality, nursing staff ratings of their competence and work environment showed significant improvement over time. Statistically significant improvements were found in ratings of 12 out of 18 competence questions and on 5 out of 12 work environment scales. There were no significant changes between 2003 and 2004 in nursing staff ratings of their competence or work environment in the reference municipality. Quality of care ratings from both elderly residents and their relatives were stable over time in both municipalities. Results of the multivariate analysis revealed significant differences between the two municipalities in staff ratings of skills' development, participation, leadership, and performance feedback. Changes over time in staff ratings of these four scales were significantly associated with working with the toolbox.

Conclusions:

Improvements in nursing staff ratings of their competence and psychosocial work environment were only seen in the intervention municipality. A collation of practical workplace tools for nursing staff may be a way to improve competence and the psychosocial work environment for nursing staff in elderly care. However, working with the toolbox did not seem to have any direct effect on resident or relative ratings of the quality of care.