

Supporting older adults to STAY ACTIVE AT HOME

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Impact

The studies in this thesis provide insight into a process, effect, and economic evaluation of ‘Stay Active at Home’, a reablement training program for homecare staff. ‘Stay Active at Home’ aims to change the behavior of homecare staff towards increasing older adults’ participation in daily and physical activities and reducing their sedentary behavior, in order to support older adults to continue living at home as independently as possible. The current chapter reflects on the societal, scientific, practice and educational impact of this thesis, as well as the efforts made and needed to disseminate the results.

Societal impact

The increasing demand for long-term care among older adults, rising healthcare costs, and labor shortages require innovations in many societies to ensure the sustainability of healthcare systems. These pressures have increased rapidly in recent years, leading to many initiatives at the (inter-)national level to address them. As a potential solution, reablement has been developed and applied in homecare across Australia, New Zealand and the United Kingdom over the last 10–15 years, and is being applied more recently in other countries, notably Canada, Norway and Denmark. Reablement represents a reorientation of homecare from treating disease and creating dependency to focusing on capabilities and opportunities and maximizing independence. In other words, a shift from a reactive to a more preventive and proactive model of homecare. Reablement aims to help individuals, mostly older adults, retain, regain or gain skills so that they can lead their daily lives as independently as possible, it is not a ‘downsizing strategy’.

In the Netherlands, reablement is still in its infancy, but curiosity about whether it could benefit Dutch healthcare is growing. This thesis evaluated a reablement training program for homecare staff (‘Stay Active at Home’) in the Dutch homecare context for older adults. The results of the studies in this thesis have societal impact on different levels and for different groups. On a *macro-level*, this thesis provides the government with information on the potential of reablement in Dutch homecare. Despite the training program not being (cost-) effective, suggestions for improvement have been formulated that may provide a starting point for optimizing ‘Stay Active at Home’ and developing new interventions in the field of reablement. This is valuable information in view of the inevitable changes to keep the healthcare system efficient, effective and sustainable in the long term. The Ministry of Health, Welfare and Sport was informed about ‘Stay Active at Home’ through presentations, and the training program was presented as a valuable initiative in the Dutch policy report ‘The Right Care in the Right Place’. National awareness was created through conferences, symposia, workshops,

interviews, and a Dutch publication. As a result, we received several requests from healthcare providers and municipalities who aimed to set up similar initiatives in their region. Through digital meetings, we informed them about the rationale and content of ‘Stay Active at Home’, the research results, and the lessons learned.

On a *meso-level*, this thesis benefits those who finance and provide care, such as healthcare insurers, municipalities, and care providers. The need to change the system compels these parties to collaborate and develop initiatives to this end. ‘Stay Active at Home’ is one such an initiative primarily aimed at care providers and municipalities. Because the training program was implemented in an organization that uses a lump sum funding system (i.e., a fixed amount of money per client, regardless of the amount of care delivered), it also provides valuable information to health insurers about the role that financial structures can play in such initiatives. We informed these and other relevant parties in the study region about ‘Stay Active at Home’ and involved them in the research project. To this end, a steering group was formed with representatives from the collaborating parties (i.e., Maastricht University, Zuyd University of Applied Sciences, MeanderGroep Zuid-Limburg, Envida, General Practitioners Eastern South-Limburg, Citizen Power Limburg, the Dutch Nursing Association, and the health insurance company Centraal Ziekenfonds). These parties also contributed to the visibility and awareness of ‘Stay Active at Home’ through their communication channels, such as newsletters. For further regional awareness, we informed all general practitioners, practice nurse(s), and municipalities in the study region (Heerlen, Brunssum, Kerkrade, Simpelveld, Beekdaelen and Voerendaal).

On a *micro-level*, this thesis offers district nurses, training officers, managers and the board of directors of care organizations information on how to support staff in promoting the independence of older adults, and which preconditions are crucial. Nursing and domestic staff, as well as allied health professionals, can draw inspiration from the training program and program materials for implementing reablement in daily practice. Finally, this thesis can make older adults and their social networks more aware of the increasing focus on prevention, in which it has become a key pillar in recent years to enable older adults to remain active and independent at home for as long as possible.

Scientific impact

Currently, there is little rigorous evidence on the (cost-) effectiveness of reablement. This is due in part to differences between and within countries in the conceptual understanding of reablement, meaning that larger studies may not be comparing like

with like. Moreover, few trials have been conducted to date, and of those that have been conducted, it is often not entirely clear what happened in practice because intervention protocols are not shared or there are no or limited process evaluations. In addition, there is limited information on reablement training programs and the role that behavior change theories can play in such training. Furthermore, little is known about the most appropriate outcome measures and assessment tools to measure meaningful changes because of reablement, particularly at the staff level. This thesis therefore contributes to the scientific knowledge on reablement in multiple ways.

First, the comprehensive process evaluation provided detailed information about the ‘Stay Active at Home’ reablement training program in terms of implementation, potential mechanisms of impact, and contextual factors. This is valuable information for unravelling effective intervention components, explaining potential (cost-) effectiveness, and improving the training program. Moreover, it may inform the development of new initiatives in the field of reablement, especially in the Dutch homecare context, and help future research to better compare reablement initiatives.

Second, the training program is one of the few in the field of reablement that uses behavior change theories. Although ‘Stay Active at Home’ was not built from theory, it incorporated sources of the self-efficacy theory. Despite the lack of positive effects in staff self-efficacy and outcome expectations regarding client activation in this thesis, the self-efficacy theory has proven successful in activating clients toward independence in other research. Therefore, this theory, its underlying sources, and strategies related to these sources as included in ‘Stay Active at Home’ (e.g., performing skills during interactive teaching methods and observing appropriate role models perform skills) could potentially support future reablement training programs and interventions as well as inform the research field about the potential role of this theory in reablement.

Finally, to date, there are almost no generic outcome measures of reablement at the staff level. Because one of the goals of this thesis was to understand staff behavioral change because of reablement, four scales inspired by the work of Resnick et al. (2008) were developed as part of this research: the Client Activation Self-Efficacy Scale for nurses (CA-SE-n) and domestic workers (CA-SE-d), and the Client Activation Outcome Expectations Scale for nurses (CA-OE-n) and domestic workers (CA-OE-d). While further research is needed on the psychometric properties of these scales, they may provide a starting point for future research to better understand changes in staff behavior because of reablement, and how they relate to changes in client outcomes.

In general, policy and practice in this area is far ahead of formal evidence and waiting for research to catch up. In this context, evidence of what does not work is of great value because it prompts thinking through new ways of doing things and learning by doing and reflecting as we go along. The lessons learned and implications from the research in this thesis have been published.¹ Moreover, they have informed the development of two new reablement interventions within the department of Health Services Research of Maastricht University (i.e., the I-MANAGE and SELF intervention),^{2, 3} thus contributing to the further development of the research field. Furthermore, all aspects of the research in this thesis (i.e., development, design, process, effect, and economic evaluation) have been presented and published (inter-) nationally. This may have influenced the awareness of reablement, motivated researchers to further explore the potential of reablement, and led to fruitful discussions with researchers in the field.

Practice impact

Despite the lack of beneficial effects for 'Stay Active at Home', the process evaluation provided suggestions for improvement to further improve the training program and facilitate its implementation in practice. For instance, this type of innovation requires a major paradigm shift, not only among homecare staff, but among all those involved in the care process, including older adults and their social networks. This requires sufficient information about the proposed change prior to the start of the intervention, (close) involvement of various stakeholders in the training program, and a stimulating working environment, taking into account the extra time and effort required to change. In this regard, participating homecare staff preferred active and practice-oriented training strategies, such as role-plays and practical tools. Furthermore, ongoing supervision and support, such as through coaching on the job can be a valuable addition. This also applies to clarifying staff roles and responsibilities and using goal-setting instruments to guide implementation. This knowledge can benefit not only 'Stay Active at Home', but also the development of new reablement training programs and interventions.

Several tools and scales developed as part of this research can be of value for practical use, such as the booklet with practice exercises and the weekly newsletters. These were developed in co-creation with various Dutch stakeholders (i.e., older adults, homecare staff, allied health staff, training officers, managers and the board of directors, policy makers), making them highly practice-oriented and responsive to the needs and demands of the field. Moreover, the client activation scales have potential for use in

practice after further investigation of their psychometric properties. They can provide care organizations with insight into staff self-efficacy and outcome expectations regarding client activation and thus into staff training needs. Training can even be tailored to specific (instrumental) activities of daily living or challenging circumstances by identifying scale items that staff score low on. Finally, upon completion of the study, an interest group was formed with researchers, nursing and domestic staff, team managers, and training officers to keep ‘Stay Active at Home’ a topic of interest within the organization. The interest group developed an activity calendar for older adults, along with older adults, a physiotherapist, the manager of strategic marketing and communications, and a creative director. The calendar includes different types of activities ranging from easy to medium and difficult, instructions on how to do activities in a safe and healthy manner, and weekly tips and tricks about activities in or around the homecare context. The calendar may therefore be suitable for use in practice.

Educational impact

Developing the knowledge and skills required to provide person-centered, holistic, and goal-oriented services, such as reablement, is an ongoing process that begins in early nursing education. Therefore, the rationale, content, and findings of this thesis were shared in student teaching. We gave a presentation about ‘Stay Active at Home’ to bachelor nursing students of Zuyd University of Applied Sciences. Moreover, a problem-based learning case on ‘Stay Active at Home’ was developed for the course ‘Care in Context’ of the bachelor Health Sciences at Maastricht University. Besides, several student groups completed assignments on ‘Stay Active at Home’ and fifteen students (from the bachelor Nursing, bachelor Health Sciences, and master Healthcare Policy, Innovation and Management) wrote their thesis on topics related to reablement and ‘Stay Active at Home’ between 2015 and 2021. Based on these theses, two articles were published: one on the early trial findings⁴ and one on the psychometric properties of the client activation self-efficacy and outcome expectation scales for nurses and domestic workers.⁵ Finally, we organized practice-oriented symposia and workshops for homecare staff and allied health professionals at conferences.

Dissemination of findings

The findings of this thesis were disseminated through multiple channels. All studies in this thesis were published in international, peer-reviewed, and high-impact open-access journals, such as the Journal of the American Geriatrics Society. In addition, a

Dutch publication was published in the journal *Gerōn*. The findings of several studies of this thesis were also presented at various (inter-)national conferences, including the Transforming Care Conference (Denmark), Nordic Congress of Gerontology (Iceland), Gerontological Society of America Conference (USA), and National Gerontology Conference (the Netherlands). Moreover, the findings of the full thesis were discussed with the ReAble Network. This network, established in 2018 and currently consisting of approximately 50 reablement researchers from eleven countries, meets regularly to exchange the latest insights in the field of reablement. Finally, the findings were also shared with the first Long-Term Care Forum of the World Health Organization.

The aforementioned channels were mainly used to reach researchers. Other channels were used to reach society. Interviews with researchers, staff and older adults participating in 'Stay Active at Home' were published in 'Meander Magazine' (distributed in all Parkstad municipalities in the south of the Netherlands), 'Meander's' (distributed to over 5000 staff members), and 'Magazine Praktijk' of Maastricht UMC+. Moreover, this research was embedded in the Living Lab in Ageing and Long-Term Care, a structural multidisciplinary collaboration consisting of Maastricht University, nine long-term care organizations, Gilde Education, VISTA College, and Zuyd University of Applied Sciences. The Living Lab brought attention to the research through their communication channels. For instance, 'Stay Active at Home' was an item in one of the Living Lab's newsletters and in the '20-year Living Lab jubilee magazine'. Finally, the findings were also disseminated during the SANO Science Day 2021 (a collaboration between the six Living Labs in Ageing in the Netherlands).

An e-book of this thesis, as well as the program materials, a fact sheet, and a video developed as part of the research in this thesis, can be found on Living Lab website (awolimborg.nl). In addition, more information about 'Stay Active at Home' can be found on the website of the Netherlands Organization for Health Research and Development, which funded the research (zonmw.nl).

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