

# A Team-level Participatory Approach Aimed at Improving Sustainable Employability of Long-term Elderly Care Workers

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<b>Ethische beoordeling</b>	Niet van toepassing
<b>Status</b>	Werving gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON29638

### Bron

Nationaal Trial Register

### Verkorte titel

HWA

### Aandoening

n.a.

### Ondersteuning

**Primaire sponsor:** n.a.

**Overige ondersteuning:** This work was supported by the Foundation Joannes de Deo, 24001506 (ID 243207).

### Onderzoeksproduct en/of interventie

## **Uitkomstmaten**

### **Primaire uitkomstmaten**

Need for Recovery (NFR) will be measured with the 11 dichotomous items (0 no or 1 yes) of the Questionnaire on Psychosocial Job Demands and Job Stress (van Veldhoven et al., 1994).

## **Toelichting onderzoek**

### **Achtergrond van het onderzoek**

Introduction: Staff currently working in elderly care experience several difficulties, among which shortage of colleagues and poor working conditions are the most prominent, which poses a threat for their sustainable employability. To improve the sustainable employability of elderly care workers it is important to create working conditions that fulfil employees' basic psychological need for autonomy, relatedness and competence. Since many elderly care organisations work with self-managing teams, that are autonomous in the organisation of care for elderly, challenges with regards to the organisation of work likely differ between teams. Therefore, there is a need to implement an intervention aimed at maintaining and improving sustainable employability of staff on team level. Methods and analysis: In this study we will evaluate the Healthy Working Approach (HWA) by means of a randomized controlled trial in elderly care organisations that work with self-managing teams. HWA is a participatory workplace intervention at team level in which teams will uncover what problems they face related to autonomy, relatedness and competence in their team (meeting 1), come up with solutions for those problems (meeting 2) and evaluate whether the solutions had the preferred effect (meeting 3). The intervention group and a waiting-list control group will be followed over the course of one year. The primary outcome is need for recovery, also referred to as fatigue after work, as proxy for sustainable employability. To evaluate the effect of HWA we will conduct a linear mixed model analysis. To gain insight into barriers and facilitators we will conduct a process evaluation with key figures.

### **Doel van het onderzoek**

The main objectives of this study are:

- To gain insight into the effectiveness of the Healthy Working Approach on need for recovery in elderly care workers over one year.
- To gain insight into the process of implementing the Healthy Working Approach in elderly care teams.

### **Onderzoeksopzet**

There will be four measurement moments: at baseline (T0), and 3 months (T3), 6 months (T6) and 12 months after baseline (T12).

## Onderzoeksproduct en/of interventie

### Intervention: The Healthy Working Approach

The intervention consists of three meetings of one hour each per team led by a facilitator, who is a trained employee from within the elderly care organisation. Teams choose at least three representatives of their team to take part in a working group that will attend the meetings. The working group is responsible for representing the entire team and for reporting back to the team. The approach aims to result in improvements that benefit the whole team.

#### Meeting 1: Problem analysis ( $\pm$ one month after baseline)

In the first meeting, the working group starts with a brainstorm about problems within their team related to healthy working in the context of the three basic psychological needs, namely autonomy, relatedness and competence. Next, the working group starts prioritizing and chooses two or three problems that have great impact (high severity and frequency) for the entire team. The working group reports the chosen problems to the entire team, to make sure that everyone agrees these are problems that need to be tackled within their team. The facilitator ensures a safe and confidential environment, where everyone and every opinion is equal and respected.

#### Meeting 2: Solutions & action plan (one to two weeks after meeting 1)

After two or three problems that are agreed upon by the whole team, the working group brainstorms about solutions for these problems in the second meeting. The brainstorm about solutions starts broad and may include different sort of solutions (technical or organisational solutions, working conditions or support). Potential solutions are prioritized based on criteria simplicity, feasibility, support, practicability and expected effectiveness. The working group formulates an implementation plan for the best one or two solutions for each problem. The plan includes SMART (specific, measurable, achievable, relevant and timebound) actions. The working group reports the solutions back to the entire team, to make sure that everyone knows which actions are agreed upon and what is expected from them.

#### Meeting 3: Implementation and evaluation (one to two months after meeting 2)

In the implementation phase, teams are guided and supported by the facilitator where necessary in carrying out the solutions. In the third meeting, the implementation status of the solutions are discussed (implemented, not implemented, in progress). If needed, solutions or additional steps will be discussed to improve the implementation status of solutions.

#### Allocation of intervention and wait-list control group

Randomisation will take place at team level. The randomisation is performed by a research assistant who has no knowledge about the teams, using randomizer.org. In this tool, teams are inserted as pairs: of each pair one team is assigned to the intervention group and the other to the control group. The waiting-list control group will start the intervention after completing the 12-month follow-up questionnaire. The intervention and control groups are aware of their own allocation status, but not of the allocation status of other teams. The allocation status of teams are known to the researchers involved in this study. In case of close collaboration between multiple teams within a department, the department is randomised to avoid contamination between these teams.

## Contactpersonen

### Publiek

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### Wetenschappelijk

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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- The elderly care worker is able to read and understand the Dutch language
- The elderly care worker is minimally 18 years old

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- The elderly care worker is on sick leave for 1 month or more before completing the baseline questionnaire
- The employment contract of the elderly care worker ends within six months after completing the baseline questionnaire

## Onderzoekopzet

### Opzet

Type: Interventie onderzoek

Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	Actieve controle groep

## Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	11-05-2021
Aantal proefpersonen:	202
Type:	Verwachte startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Ja

### Toelichting

Anonymous data will be made available online for other researchers.

## Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
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NTR-new	NL9627
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Ander register	The Ethical Committee Social Sciences of the Radboud University : ECSW-2021-012
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## Resultaten

### Samenvatting resultaten

Results will be published in peer-reviewed journals and shared at academic conferences.