

# Experiences of home-care workers with the 'Stay Active at Home' programme targeting reablement of community-living older adults: An exploratory study

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## Abstract

To face the challenges of an ageing population, many Western countries nowadays stimulate an *ageing in place* policy to empower older adults to grow old in their own homes with the highest degree of self-reliance. However, many community-living older adults experience limitations in (instrumental) activities of daily living ((I)ADLs), which may result in a need for home-care services. Unfortunately, home-care workers often provide support by taking over tasks, as they are used to doing things *for* older adults rather than *with* them, which undermines their possibilities to maintain their self-care capabilities. In contrast, reablement focuses on capabilities and opportunities of older adults, rather than on disease and dependency. Consequently, older adults are stimulated to be as active as possible during daily and physical activities. The 'Stay Active at Home' programme was designed to train home-care workers to apply reablement in practice. To explore the experiences of home-care workers with this programme an exploratory study was conducting in the Netherlands, between April and July, 2017. In total, 20 participants were interviewed: nine nurses (including a district nurse), 10 domestic support workers and the manager of the domestic support workers. The semi-structured interviews focused on the experienced improvements with regard to knowledge, skills, self-efficacy and social support. Furthermore, the most and least appreciated programme components were identified. The study has shown that home-care workers perceived the programme as useful to apply reablement. However, they also need more support with mastering particular skills and dealing with challenging situations. Future implementation of the 'Stay Active at Home' programme can potentially benefit from small adaptations. Furthermore, future research is needed to examine whether the programme leads to more (cost-) effective home care.

## KEYWORDS

activities of daily living, aged, home care, nursing, reablement, restorative care

## 1 | INTRODUCTION

To face the challenges of an ageing population, many Western countries nowadays stimulate an *ageing in place* policy to empower older adults to grow old in their own homes with the highest degree of self-reliance (Ilinca, Leichsenring, & Rodrigues, 2015). However, many community-living older adults experience limitations in (instrumental) activities of daily living (IADLs), which may result in a need for home-care services. In the Netherlands, these services are provided by two types of home-care workers: (registered) nurses working in the community and domestic support workers (DSWs). Nurses usually provide support with ADLs, such as personal care (e.g. washing and dressing) and nursing care (e.g. medication management), while DSWs are more involved in supporting IADLs (e.g. vacuuming and doing the laundry). Teams of Dutch nurses working in the community typically include: certified vocationally trained nursing assistants, vocationally trained nurses and nurses who finished higher vocational training (Genet, Boerma, Kroneman, Hutchinson, & Saltman, 2013). These professions are defined and protected by the Dutch Health Care Professionals Act (BIG). The DSWs are not formally registered, usually do not need a formal domestic qualification, and their educational level is generally lower. Many DSWs finished either a basic vocational training, preparatory secondary vocational education or senior secondary vocational education and training. Also, the main focus and content of the education and training of nursing professions is different compared to the DSWs. For instance, the education of nursing professions spends more attention to stimulation of activity and self-reliance in ADLs. The differences in educational level are in line with other countries, for example England. In England, certified nurses are registered and commonly have a higher level of education, whereas domestic staff generally does not need a formal qualification. Dutch nurses usually work in self-regulated teams, which consist of approximately 12 nurses. One of the nurses in each team, a district nurse, is assigned a leadership role. Nurses often provide short visits to a client several times a week. In contrast, DSWs usually visit clients once per week for a couple of hours. Unfortunately, home-care workers often provide support by taking over tasks, as they are used to doing things *for* older adults rather than *with* them, which undermines their possibilities to maintain their self-care capabilities (Resnick, Boltz, Galik, & Pretzer-Aboff, 2012). The approach of 'doing with' instead of 'doing for' is embedded in the goal-oriented, holistic and person-centred philosophy of reablement (Aspinal, Glasby, Rostgaard, Tuntland, & Westendorp, 2016). Different studies critically suggest that reablement lacks an underlying theory and conceptual clarity (Doh, Smith, & Gevers, 2019; Legg, Gladman, Drummond, & Davidson, 2016; Parker, 2014). In light of the missing consensus and clarity, a recent study reviewed reablement and described its nine main features, with functionality as the most central one (Doh et al., 2019). Furthermore, other studies have described reablement by its focus on capabilities and opportunities rather than on disease and dependency, and the stimulation of older adults in activities (Aspinal et al., 2016; Cochrane et al., 2016). As a potential result of the diverse conceptualisations and

### What is known about this topic?

- Due to an ageing population, sustainable solutions are needed to provide (cost-) effective care for community-living older adults receiving home care.
- Reablement is a promising approach to stimulate older adults to remain active and self-reliant in (instrumental) activities of daily living.
- The 'Stay Active at Home' programme is developed to implement reablement principles in home care.

### What this paper adds?

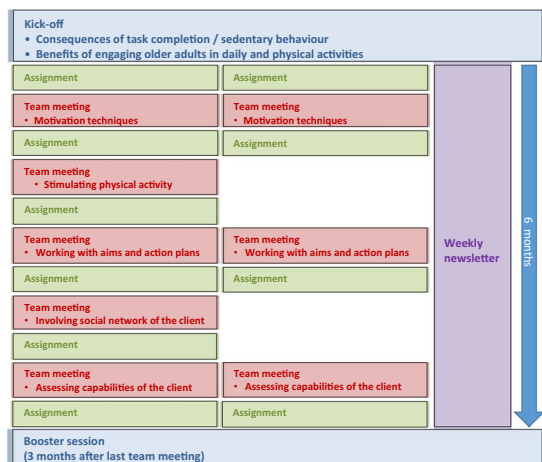
- The programme is perceived as useful to apply reablement more consciously in practice.
- Home-care workers nonetheless need more support with mastering particular skills and dealing with challenging situations.
- Future implementation of the programme can potentially benefit from small adaptations, such as the adoption of identifiable role models and spending more attention to practical assignments.

applications of reablement, previous studies have shown contradicting research findings. While several studies underline that the effectiveness of reablement is uncertain and there is a need for more thorough research (Aspinal et al., 2016; Cochrane et al., 2016; Legg et al., 2016; Whitehead, Worthington, Parry, Walker, & Drummond, 2015), other studies have shown beneficial effects of reablement related to, for instance, daily functioning or activity performance (Langeland et al., 2019; Lewin & Vandermeulen, 2010; Tuntland, Aaslund, Espehaug, Førland, & Kjeklen, 2015; Winkel, Langberg, & Wæhrens, 2015) and healthcare use or costs (King, Parsons, Robinson, & Jorgensen, 2012; Lewin, Alfonso, & Alan, 2013; Lewin, De San Miguel, et al., 2013, Lewin et al., 2014; Parsons et al., 2012; Tessier, Beaulieu, McGinn, & Latulippe, 2016). However, only a few studies were conducted to get insight into the experiences of home-care workers. This knowledge is crucial, when developing and implementing reablement programmes. Therefore, as part of the 'Stay Active at Home' study (NCT02904889), semi-structured interviews with home-care workers, who participated in the reablement training programme 'Stay Active at Home', were conducted. The 'Stay Active at Home' programme (Metzelthin et al., 2017) aims to equip home-care workers with the necessary knowledge, skills, self-efficacy and social/organisational support to apply the principles of reablement in home care. Consequently, the current study addressed the following two research questions: (a) to what degree did home-care workers experience improvements in knowledge, skills, self-efficacy and social/organisational support by joining the 'Stay Active at Home' programme? and (b) what programme components were appreciated the most/least by home-care workers?

## 2 | MATERIALS AND METHODS

### 2.1 | Overview of the 'Stay Active at Home' programme

The 'Stay Active at Home' programme (Metzelthin et al., 2017) is based on the theory of reablement (Aspinal et al., 2016), which is closely related to the concept of Function Focused Care (Resnick et al., 2012, 2013). The central aim of the programme is to equip home-care workers with the required knowledge, skills, self-efficacy, social and organisational support to implement reablement principles (i.e. 'doing with' instead of 'doing for') in daily practice. An overview of the programme's training activities is provided in Figure 1. Although the basic content and aims are similar for nurses and DSWs, distinct trajectories are designed for the nursing and domestic teams. After the joint kick-off meeting, the nursing teams receive five and the domestic teams three team meetings (i.e. motivating older adults, working with aims and action plans, and assessing capabilities). The nurses receive more meetings than the DSWs as they have more time and financial resources available for educational activities. Each meeting takes 60 min; the kick-off meeting and booster session take 120 min each. Each meeting addresses a specific skill needed to implement reablement in practice: (a) motivating older adults inspired by the self-efficacy theory of Bandura (Bandura, 1977) and by assessing their stage of behavioural change; (b) stimulating older adults' engagement in physical activity; (c) working with aims and action plans; (d) involving the older adults' social network, and (e) assessing the capabilities of older adults. In terms of procedures, each meeting starts with a short presentation on the skill addressed. Following on the presentation, the participants receive skills training with assignments, group discussions and role plays. The booster session at the end of the programme is again designed for the nursing and the domestic teams together. During this session they practice communication skills with a professional actor. Practical assignments are provided in-between the meetings to stimulate the application of skills in practice. Different interventionists were appointed to guide



**FIGURE 1** Format and content of the 'Stay Active at Home' programme [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

the programme for the two types of home-care workers: a district nurse for the nurses and a researcher for the DSWs. Moreover, the manager of the DSWs was also actively involved in the meetings to provide additional social/organisational support. More details about the programme are reported elsewhere (Metzelthin et al., 2017). In addition, a short video clip about the programme can be found at [www.youtube.com/watch?v=mllKUlo-K4k](http://www.youtube.com/watch?v=mllKUlo-K4k).

### 2.2 | Design

This exploratory study explored the experiences of home-care workers with the 'Stay Active at Home' programme, using semi-structured interviewing. The methodological orientation within the qualitative design was mainly deductive, exploring predetermined codes derived from the programme components.

### 2.3 | Setting

The data collection took place between April and July 2017 at a home-care organisation in a southern region of the Netherlands. This care organisation offers regional, small-scale home care.

### 2.4 | Participants

The home-care organisation provided an overview of 26 home-care workers who met the following inclusion criterion: attendance at the kick-off meeting and at least 50% of the team meetings. Consequently, eligible home-care workers were sampled purposively until data saturation was reached. Two trained researchers approached the home-care workers via telephone to invite them for an individual interview: one researcher has a background in health sciences and the other is employed as district nurse by the care organization where the study was conducted. During the telephone conversation, participants were informed about the aims and procedures of the study and were asked if they approved of audio-taping the interview. In total, 18 home-care workers (eight nurses and 10 DSWs) agreed to participate. Four nurses and three DSWs indicated to not be available for an interview, due to a lack of time or because they did not feel the need to participate in an interview (and one nurse was on long-term sick leave). As data saturation was reached after interviewing 18 home-care workers, the last eligible home-care worker included in the overview was not approached anymore. In addition, a district nurse and the manager of the DSWs were interviewed to be able to gather insights into the experiences with the programme from other perspectives (i.e. from home-care workers with a rather leadership role).

### 2.5 | Interviews

Based on the programme design (Metzelthin et al., 2017) in which central programme aims (equipping home-care workers with the required knowledge, skills, self-efficacy and social/organisational

support) and programme components were developed, the semi-structured interview guide was built. This implied that the first part of the interview guide addressed experienced improvements in knowledge, skills, self-efficacy and social/organisational support, followed by questions on the most and least appreciated programme components. For instance, questions were raised about the main aims of the approach of reablement (related to knowledge) and the degree to which participants felt more confident in applying reablement after following the programme (related to self-efficacy). To increase the comprehensiveness and relevance of the guide, it was discussed and pretested with a third researcher. The two researchers conducted the interviews together as they had different, but complementary, backgrounds (one researcher had a background in nursing and the other in health sciences). In each interview, one of the researchers took the lead in interviewing the participant and the other observed the interview and complemented the leading interviewer by, for instance, raising follow-up questions. As one of the researchers was employed by the home-care organisation and in order to create an atmosphere of trust, the researchers emphasised at the start of each interview that participants could freely and honestly answer the questions, without any consequences. Although the main themes within the interview guide were predetermined, the interviewers also raised (follow-up) questions, relating to the main themes, which can be considered an inductive process. Interpretations of the answers of the home-care workers were paraphrased during the interviews and the home-care workers were asked for validation of this interpretation. Each interview was conducted at the home-care organisation, audio-taped and interviews lasted from 30 to 60 min.

## 2.6 | Data analysis

The interviews were transcribed, coded and analysed by two researchers. The interviews were coded by means of the qualitative data analysis (QDA) computer software package NVivo version 11 (Hilal & Alabri, 2013), using a coding tree with predetermined codes. This software was chosen as it is an assistive tool in managing and coding qualitative data in order to accommodate the analysis process. These codes were based on the main themes integrated in the interview guide: 'improvements in knowledge, skills, self-efficacy and social/organisational support' and 'programme components'. Based on these codes, the data were categorised and for each code, the data were interpreted and compared. From these codes, the researchers discussed, in an iterative process, how to structure the codes into most suitable themes for describing the results, which can be considered as an inductive process. Furthermore, a comparison of experiences amongst and between the two types of home-care workers (nurses and DSWs) as well as between all home-care workers and the interviewed district nurse and manager of the DSWs was made. Data collection and analysis was conducted alternately during the same period to assess the level of data saturation. Due to the explorative nature of the study, the content-wise description of the different experiences was regarded more

essential than the number of participants who expressed the different experiences. However, to give a general impression of more and less often mentioned experiences, the results indicate whether the experiences were mentioned by 'some' (less than half of the participants) or 'most' (at least half of the participants).

## 2.7 | Ethical considerations

According to the Medical Research Committee Zuyderland, the Netherlands (#16-N-147; 24th of July, 2017), the study did not intervene into people's life or impose rules. Therefore, no formal written informed consent was needed and participants were only asked for verbal informed consent after information was given about the study aims and procedures. Participation was voluntary and participants could withdraw from the study at any moment without providing a reason for withdrawal.

## 3 | FINDINGS

All participants were female. The nine nurses, including the district nurse, were on average 47.5 years old (range: 33–66) and the 11 DSWs, including the manager of the DSWs, were on average 45.5 years old (range: 29–57). Nurses had on average 16.5 years (range: 4–33) and the DSWs 9.3 years (range: 2–18) of working experience. Eight nurses had completed senior secondary vocational education and training; the district nurse had completed higher professional education. The DSWs had various educational levels: three had finished basic vocational training; four had finished preparatory secondary vocational education and three had finished senior secondary vocational education and training. The manager of the DSWs had completed higher professional education. The findings were described by the most suitable themes resulting from the analysis process: experiences with regards to knowledge and outcome expectations (as an emerging theme), skills, self-efficacy and social/organisational support. Furthermore, the experiences with regards to programme components and assignments were described. If experiences were mentioned by both nurses and DSWs, the term "home-care worker" was used.

### 3.1 | Experiences with regard to improvements in knowledge and outcome expectations

Some home-care workers perceived the information on reablement as useful and could mention some risks related to a traditional approach of 'doing for' that were discussed during the programme. In terms of outcome expectations, most home-care workers mentioned several benefits of reablement for older adults, either physically (e.g. muscle strength) and/or mentally (e.g. more self-confidence in activities). Home-care workers did also mention benefits for themselves, such as efficiency and a more positive attitude of older adults towards them. One home-care worker for instance mentioned:

It is important for their condition and health. Moving is of course always important for them (older adults) to stay a bit active (Nurse 7).

They (older adults) will be more self-reliant, but they also know what they are capable of! They know that they can walk for a while and that they are able to participate in activities (Nurse 3).

Of course, not only because they (older adults) do something for themselves but also because they do not have that negative attitude towards us (DSWs), as they feel they can do something (DSW 1).

If the client moves a bit more, they become more independent. If you let the people do what they still can do, then they will also do it [...] then the provision of care is also easier for me (Nurse 1).

Although most home-care workers were positive about reablement, a minority of the home-care workers indicated that reablement takes more time or would not save time, and leaves the rather heavy tasks to them. One DSW said:

Got a new client last year, the lady has a walker [...] people say: "Try to stimulate older adults [...] but before she will take her stuff away, I have already cleaned it (DSW 4).

The manager of the DSWs also indicated that some DSWs still regarded the approach of reablement as time-consuming.

### 3.2 | Experiences with regard to improvements in skills

Many home-care workers indicated that they were already familiar with the reablement skills. Nevertheless, most home-care workers perceived the programme as a reminder to apply these skills more consciously. For example, they take more time to actively engage older adults in activities and more consciously compliment older adults. One DSW mentioned:

If older adults show resistance to do something themselves [...] I compliment them and try to stimulate them, like: "you are doing well". It gives older adults a good feeling, they feel appreciated. [...] But it was self-evident for me to encourage them (DSW 7).

At the same time, most home-care workers indicated that they barely applied particular skills, like goal-setting. Some nurses mentioned a lack of sufficient time as reason to not apply these skills. Most DSWs mentioned that there was no need to discuss an action plan with their clients, as they were already sufficiently active. The district

nurse and the manager of the DSWs had a different opinion about the main reason for the poor application of these skills. The district nurse reported that nurses sometimes have limited self-reflection skills to realise that they do not master particular skills. The manager of the DSWs mentioned that DSWs have limited communication skills to discuss an action plan. Furthermore, she mentioned that some DSWs are doubtful whether these tasks belong to their job. The district nurse and manager of DSWs commented:

They (nurses) do not yet create enough goals [...] They think they are really applying it (setting goals and dividing tasks) and able to apply it, but self-reflection is sometimes missing here (District nurse).

They (DSWs) often have a lower level of education, communication is not so important [...] they just simply do what they are told [...] I always tell them it is about talking to the client (Manager of DSWs).

### 3.3 | Experiences with regard to improvements in self-efficacy

During the interviews, many home-care workers mentioned examples of work situations in which they noticed that they were more actively and consciously applying reablement than before. For example, one DSW indicated that she felt more confident in applying reablement when meeting with an unfamiliar client while taking over a shift from a colleague:

Stimulating older adults was fine for me but if you have to replace a colleague, yes I became a bit stronger in telling someone (older adult): Listen you can do this and then I can do that (division of tasks), no that is fine (DSW 7).

However, some home-care workers also mentioned situations in which they still struggle to apply reablement, for example, when older adults are not willing or not used to be active in daily and physical activities. One home-care worker mentioned:

Many clients are used to receive care every day of the week and expect that you do everything for them. You really do not get them (older adults) motivated to do something themselves (Nurse 5).

To improve the skills of home-care workers, the manager of the DSWs suggested repeating some parts of the programme in annual follow-up meetings:

The DSWs know what is expected of them, but they almost forgot how to do it, [...] so that is why bringing it to their attention over and over again is crucial (Manager of DSWs).

### 3.4 | Experiences with regard to improvements in social and organisational support

Most home-care workers appreciated the opportunities during the programme to share their experiences. However, the opportunities to discuss challenging work situations outside the programme were limited according to some DSWs, as they have little contact with their colleagues. One DSW reported:

When do you get to see colleagues? Actually never [...] in the past you came to hand in your job sheet, then you would see someone, you had a chat; but now you only see them during meetings, and often they are gone right afterwards. Many of us feel it is a pity that we never see each other (DSW 5).

However, most DSWs reported that they feel free to consult the manager in difficult situations. Also, most nurses indicated that they have regular contact with their colleagues or that they have consulted the district nurse in difficult situations. Some nurses also felt supported by the organisation in applying reablement, for example by providing helping aids (e.g. medicine dispenser, eye-drop tool). While some home-care workers perceived reablement as compatible with the vision of the organisation, others were doubtful whether the programme fitted well with the aims of the organisation. One home-care worker said:

The mission and vision (of the organisation) fit well (with the programme). Last Saturday they published a big article, which was also about staying active at home; people need to stay at home as long as possible (Nurse 2).

Also the manager of the DSWs indicated that some managers did not spend sufficient attention to the programme due to a lack of time:

The management perceives it (stimulating reablement principles) as a burden, as something that is added to your full list of duties. In one team, I also noticed myself that I did not find the time to apply it properly, but I am planning to do so (Manager of DSWs).

### 3.5 | Experiences with specific programme components and assignments

In general, home-care workers perceived the programme as useful to apply reablement, but they found it hard to mention specific programme components that they valued the most/least. If home-care workers did express a preference, most home-care workers mentioned either the opportunity to share experiences with colleagues or the role-play. These activities were appreciated as they provided valuable tips for applying reablement in practice. The manager of the DSWs and the district nurse also preferred the more practical components above the theory. The district nurse believed in the power

of role-plays to enhance the (limited) self-reflection skills of home-care workers. The district nurse indicated:

Many nurses have difficulty with self-reflection. It was lovely to see how the actor enabled them to self-reflect. And then you see [...] how the nurses are thinking and learning (District nurse).

Components that were less appreciated by home-care workers were the practical assignments that had to be conducted in-between the meetings. Furthermore, some home-care workers reported that the interventionist had sometimes unrealistic expectations regarding the application of reablement:

We also indicated in that training, listen, it is not as easy as you guys (the interventionists) think it is. [...] It is fine if you (the interventionist) come up with suggestions, but often it works differently in practice and that is a bit frustrating (DSW 7).

With regard to the practical assignments in-between the meetings, most home-care workers indicated that they did not complete the assignments properly. According to the nurses, an important reason for this was related to insufficient time or organisational changes. The district nurse also mentioned organisational changes as reason. One home-care worker commented:

No, I did not do the assignments because there is too little time when we are delivering care. That is the main problem (Nurse 2).

Furthermore, many home-care workers mentioned that there was no need to practise their reablement skills by completing assignments, as older adults are already sufficiently active. Furthermore, one DSW mentioned feeling uncomfortable with the paperwork in general:

If I am doubtful about things or I am uncertain, I just memorise that afternoon (team meeting) [...] I do not really like paperwork. What I see and hear is what I remember (DSW 1).

The manager of the DSWs suggested to motivate home-care workers to make the practical assignments by discussing the assignments in more detail during the meetings and to specifically ask DSWs who remain silent or are less active during the meetings to share their experiences with the group. The manager of the DSWs said:

I think the assignments were not carried out and insufficient attention was given to the them (during the meetings). If you give an assignment to the domestic support workers, it should be considered as homework and just like with students, you should discuss the homework afterwards (Manager of DSWs).

## 4 | DISCUSSION

The aim of the present study was to create insights into the experiences of home-care workers with the 'Stay Active at Home' programme. More specifically, this study focused on the experiences of home-care workers with (a) improvements in knowledge, skills, self-efficacy and social/organisational support and (b) specific programme components. In general, home-care workers perceived the programme as useful to apply reablement. However, they also need more support with mastering particular skills and dealing with challenging situations. The results will be discussed below in more detail.

### 4.1 | Experiences with regard to improvements in knowledge and outcome expectations

Most home-care workers mentioned several benefits of reablement, both for themselves as well as the older adults (positive outcome expectations). Nevertheless, a minority of the home-care workers mentioned that reablement costs more time than taking over tasks. Complementary to this, Hjelle, Skutle, Førland, and Alvsvåg (2016) found that reablement takes time in order to achieve the required and new way of thinking and acting. A potential explanation for these conflicting attitudes might be that the home-care workers are in different stages of behavioural change (Prochaska, 2008). This may imply that some home-care workers are still doubtful about reablement, as the approach of 'doing for' is still integrated in habitual patterns.

### 4.2 | Experiences with regard to improvements in skills

Most home-care workers applied known skills, such as giving compliments, more consciously after following the programme. Nonetheless, particular skills, like goal-setting, were less used in practice. Home-care workers reported that they did not have enough time or did not feel the need to use these skills, while the manager of DSWs mentioned a lack of sufficient (communication) skills and the perception of the DSWs that these skills did not fit with their job as potential reasons. In addition, the district nurses reported that some nurses miss the needed skills to reflect on their behaviour. This implies that nurses and DSWs may have experienced some difficulty in reflecting on their own skills. This may underline the need for improvement in self-reflection skills in order to stimulate realistic reflection on the application of skills in practice.

### 4.3 | Experiences with regard to improvements in self-efficacy

Home-care workers indicated that they feel more confident in applying reablement after following the programme, although some of them still experience challenging situations (e.g. if older adults were

not willing to actively engage in activities). Based on the social cognitive theory, role modelling can be used as a method to increase self-efficacy (Bandura, 1977). The success of modelling is highly influenced by the identifiability of the role model (Meltzoff, 2007; Monfardini, Hadj-Bouziane, & Meunier, 2014). Some home-care workers mentioned that the interventionist had sometimes unrealistic expectations regarding the application of reablement in practice. Consequently, the self-efficacy of home-care workers may be increased in the future by making use of a more optimal role model when implementing the programme.

### 4.4 | Experiences with regard to improvements in social and organisational support

Despite the possibility to consult their manager in challenging work-related situations, some DSWs expressed limited social support, as they have little contact with colleagues outside the programme. This finding is in line with the study of Fleming and Taylor (2007) in which home-care workers felt free to contact their supervisors, but (a minority) still asks for more regular support and better communication. In addition, another study evaluating a restorative home-care intervention showed that interaction with colleagues and organisational/coordinator support is associated with higher job satisfaction (King, Parsons, & Robinson, 2012). Also studies on occupational stress and job satisfaction in nursing revealed that adequate support from senior (staff) is important with regard to job satisfaction and/or dealing with work-related stress (Coomber & Barriball, 2007; McGrath, Reid, & Boore, 2003; McVicar, 2003).

### 4.5 | Experiences with specific programme components and assignments

The most appreciated programme components were the activities, where home-care workers can learn from each other (e.g. exchange of experiences with colleagues and role-plays). A reason might be that modelling of successful behaviour is identified as a promising strategy to increase self-efficacy (Manojlovich, 2005). Furthermore, regular team and peer support are assumed to empower the adoption of reablement in practice (Rabiee & Glendinning, 2011). Less appreciated programme components were the practical assignments in-between the meetings. They were also poorly executed, mainly due to an experienced lack of time or the perception that the assignments are not of added value.

### 4.6 | Recommendations for future implementation of the 'Stay Active at Home' programme

Although the different types of home-care workers have different educational backgrounds and followed tailored tracks within the programme, both types generally reported similar experiences, except for reasons to not engage in goal-setting and assignments and

experienced lack of support. Therefore, generally similar recommendations for the two types of home-care workers for future implementation of the 'Stay Active at Home' programme will be provided. First, it should be taken into account that home-care workers can be in different stages of behavioural change, which is probably illustrated by the different attitudes towards reablement in practice. Second, more attention should be paid in the programme to communication and self-reflection skills. To achieve this, review sessions may be of added value, as implemented by a study of King, Parsons, and Robinson (2012) in which a combination of reflection on learning, a multichoice quiz and case studies was applied. In addition, it is suggested to work with more identifiable role models (programme champions) to increase home-care workers' self-efficacy in challenging situations and enhance positive outcome expectations. To reach the highest level of identifiability, the role model should be a home-care worker who is generally comfortable in applying reablement, but is still struggling with particular challenging situations. Third, the interventionists should provide more attention to the practical assignments. Fourth, the manager of the DSWs stressed the importance of repeating key parts of the programme. In particular for the DSWs who may be relatively less trained in reablement skills in their initial education (compared to the nurses), the repeated focus on reablement stimulation may be of added value. Fifth, offering social and organisational support is important for a successful implementation of reablement. Related to these last two recommendations, it is important to establish a clear long-term implementation plan for the programme within the organisation.

#### 4.7 | Strengths and limitations

The current study has some strengths. First of all, this study explored the experiences with the 'Stay Active at Home' programme in a profound manner: not only home-care workers, but also a district nurse and the manager of the DSWs were interviewed and experiences were compared. Secondly, by employing purposive sampling, implying that home-care workers were recruited based on their attendance rate, it was possible to recruit a sample of home-care workers, who have sufficient experience with the programme to adequately answer the research questions. At the same time, a weakness pertaining to this particular sampling method is worth mentioning: it is possible that this sampling method has led to the inclusion of a selective sample having a relatively high degree of dedication and motivation. As a result, the positive experiences with the programme might be overestimated. Some other weaknesses of the present study are noteworthy. One of the researchers was employed as a district nurse by the care organisation. This may have discouraged participants from being more critical of the organisation's role in facilitating reablement. This risk is nonetheless limited, as the researcher did not work together with the participants and did not have any relationship with them. Furthermore, it was valuable for the depth of the interviews that one of the interviewers could provide appealing questions and examples due to her background. Nevertheless, a small number of interviews lacked depth and only revealed limited

insights, which may have several reasons: the difficulty of some home-care workers to reflect on their own skills, the interviewing techniques of the researchers which may have insufficiently encouraged participants to actively report on their experiences and/or the interviewing in pairs which may have resulted in a power imbalance with the participant. Nonetheless, several measures were taken to limit the potential power imbalance with the participant (e.g. creating an atmosphere of trust).

## 5 | CONCLUSION

The present study provides first insights into the experiences of home-care workers with the 'Stay Active at Home' programme. In general, home-care workers perceived the programme as useful to apply reablement. However, they also need more support with mastering particular skills and dealing with challenging situations. Future implementation of the 'Stay Active at Home' programme can potentially benefit from small adaptations. In addition, a long-term planning of repeated attention for reablement is required, especially because the DSWs may be less equipped with reablement skills from their initial education, compared to the nurses. Future research is needed to examine whether the 'Stay Active at Home' programme leads to a significant behavioural change of home-care workers in practice and whether the programme also results in beneficial outcomes with regard to the health and well-being of community-living older adults. In a large-scale cluster randomised controlled trial, the effects of the 'Stay Active at Home' programme are currently examined (NCT03293303).

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## CONFLICT OF INTEREST

None.

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## REFERENCES

- Aspinal, F., Glasby, J., Rostgaard, T., Tuntland, H., & Westendorp, R. G. J. (2016). New horizons: Reablement - supporting older people towards independence. *Age and Ageing*, 45(5), 574-578. <https://doi.org/10.1093/ageing/afw094>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84(2), 191-215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Cochrane, A., Furlong, M., McGilloway, S., Molloy, D. W., Stevenson, M., & Donnelly, M. (2016). Time-limited home-care reablement services for maintaining and improving the functional independence of older adults. *Cochrane Database of Systematic Reviews*, (10), <https://doi.org/10.1002/14651858.CD010825.pub2>



- Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies*, 44(2), 297–314. <https://doi.org/10.1016/j.ijnurstu.2006.02.004>
- Doh, D., Smith, R., & Gevers, P. (2019). Reviewing the reablement approach to caring for older people. *Ageing and Society*, 1–13. <https://doi.org/10.1017/S0144686X18001770>
- Fleming, G., & Taylor, B. J. (2007). Battle on the home care front: Perceptions of home care workers of factors influencing staff retention in Northern Ireland. *Health & Social Care in the Community*, 15(1), 67–76. <https://doi.org/10.1111/j.1365-2524.2006.00666.x>
- Genet, N., Boerma, W., Kroneman, M., Hutchinson, A., & Saltman, R. B. (2013). *Home care across Europe*. Europe, UK: World Health Organization.
- Hilal, A. H., & Alabri, S. S. (2013). Using NVivo for data analysis in qualitative research. *International Interdisciplinary Journal of Education*, 2(2), 181–186.
- Hjelle, K. M., Skutle, O., Førland, O., & Alvsvåg, H. (2016). The reablement team's voice: A qualitative study of how an integrated multidisciplinary team experiences participation in reablement. *Journal of Multidisciplinary Healthcare*, 9, 575–585. <https://doi.org/10.2147/JMDH.S115588>
- Ilinca, S., Leichsenring, K., & Rodrigues, R. (2015). From care in homes to care at home: European experiences with (de)institutionalisation in long-term care. Policy Brief 12/2015. Vienna: European Centre.
- King, A. I. I., Parsons, M., & Robinson, E. (2012). A restorative home care intervention in New Zealand: Perceptions of paid caregivers. *Health & Social Care in the Community*, 20(1), 70–79. <https://doi.org/10.1111/j.1365-2524.2011.01020.x>
- King, A. I. I., Parsons, M., Robinson, E., & Jörgensen, D. (2012). Assessing the impact of a restorative home care service in New Zealand: A cluster randomised controlled trial. *Health & Social Care in the Community*, 20(4), 365–374. <https://doi.org/10.1111/j.1365-2524.2011.01039.x>
- Langeland, E., Tuntland, H., Folkestad, B., Førland, O., Jacobsen, F. F., & Kjekken, I. (2019). A multicenter investigation of reablement in Norway: A clinical controlled trial. *BMC Geriatrics*, 19, 1–12. <https://doi.org/10.1186/s12877-019-1038-x>
- Legg, L., Gladman, J., Drummond, A., & Davidson, A. (2016). A systematic review of the evidence on home care reablement services. *Clinical Rehabilitation*, 30(8), 741–749. <https://doi.org/10.1177/0269215515603220>
- Lewin, G. F., Alfonso, H. S., & Alan, J. J. (2013). Evidence for the long term cost effectiveness of home care reablement programs. *Clinical Interventions in Aging*, 8, 1273–1281. <https://doi.org/10.2147/CIA.S49164>
- Lewin, G., Allan, J., Patterson, C., Knuihan, M., Boldy, D., & Hendrie, D. (2014). A comparison of the home-care and healthcare service use and costs of older Australians randomised to receive a restorative or a conventional home-care service. *Health & Social Care in the Community*, 22(3), 328–336. <https://doi.org/10.1111/hsc.12092>
- Lewin, G., De San Miguel, K., Knuihan, M., Alan, J., Boldy, D., Hendrie, D., & Vandermeulen, S. (2013). A randomised controlled trial of the Home Independence Program, an Australian restorative home-care programme for older adults. *Health & Social Care in the Community*, 21(1), 69–78. <https://doi.org/10.1111/j.1365-2524.2012.01088.x>
- Lewin, G., & Vandermeulen, S. (2010). A non-randomised controlled trial of the Home Independence Program (HIP): An Australian restorative programme for older home-care clients. *Health & Social Care in the Community*, 18(1), 91–99. <https://doi.org/10.1111/j.1365-2524.2009.00878.x>
- Manojlovich, M. (2005). Promoting nurses' self-efficacy: A leadership strategy to improve practice. *JONA: the Journal of Nursing Administration*, 35(5), 271–278. <https://doi.org/10.1097/00005110-200505000-00011>
- McGrath, A., Reid, N., & Boore, J. (2003). Occupational stress in nursing. *International Journal of Nursing Studies*, 40(5), 555–565. [https://doi.org/10.1016/S0020-7489\(03\)00058-0](https://doi.org/10.1016/S0020-7489(03)00058-0)
- McVicar, A. (2003). Workplace stress in nursing: A literature review. *Journal of Advanced Nursing*, 44(6), 633–642. <https://doi.org/10.1046/j.0309-2402.2003.02853.x>
- Meltzoff, A. N. (2007). The 'like me' framework for recognizing and becoming an intentional agent. *Acta Psychologica*, 124(1), 26–43. <https://doi.org/10.1016/j.actpsy.2006.09.005>
- Metzelthin, S. F., Zijlstra, G. A., vanRossum, E., deMan-van Ginkel, J. M., Resnick, B., Lewin, G., ... Kempen, G. I. (2017). 'Doing with ...' rather than 'doing for ...' older adults: Rationale and content of the 'Stay Active at Home' programme. *Clinical Rehabilitation*, 31(11), 1419–1430. <https://doi.org/10.1177/0269215517698733>
- Monfardini, E., Hadj-Bouziane, F., & Meunier, M. (2014). Model-observer similarity, error modeling and social learning in rhesus macaques. *PLoS ONE*, 9(2), e89825. <https://doi.org/10.1371/journal.pone.0089825>
- Parker, G. (2014). Intermediate care, reablement or something else? A research note about the challenges of defining services. Retrieved from <https://www.york.ac.uk/media/spru/ICR.pdf>
- Parsons, M., Senior, H. E. J., Kerse, N., Chen, M.-H., Jacobs, S., Vanderhoorn, S., ... Anderson, C. (2012). The Assessment of Services Promoting Independence and Recovery in Elders Trial (ASPIRE): A pre-planned meta-analysis of three independent randomised controlled trial evaluations of ageing in place initiatives in New Zealand. *Age and Ageing*, 41(6), 722–728. <https://doi.org/10.1093/ageing/afs113>
- Prochaska, J. O. (2008). Decision making in the transtheoretical model of behavior change. *Medical Decision Making*, 28(6), 845–849. <https://doi.org/10.1177/0272989x08327068>
- Rabiee, P., & Glendinning, C. (2011). Organisation and delivery of home care re-ablement: What makes a difference? *Health & Social Care in the Community*, 19(5), 495–503. <https://doi.org/10.1111/j.1365-2524.2011.01010.x>
- Resnick, B., Boltz, M., Galik, E., & Pretzer-Aboff, I. (2012). *Restorative care nursing for older adults*. In B. Resnick (Ed.), New York: Springer Publishing Company.
- Resnick, B., Galik, E., & Boltz, M. (2013). Function focused care approaches: Literature review of progress and future possibilities. *Journal of the American Medical Directors Association*, 14(5), 313–318. <https://doi.org/10.1016/j.jamda.2012.10.019>
- Tessier, A., Beaulieu, M. D., Mcginn, C. A., & Latulippe, R. (2016). Effectiveness of reablement: A systematic review. *Healthcare Policy*, 11(4), 49–59. <https://doi.org/10.12927/hcpol.2016.24594>
- Tuntland, H., Aaslund, M. K., Espehaug, B., Førland, O., & Kjekken, I. (2015). Reablement in community-dwelling older adults: A randomised controlled trial. *BMC Geriatrics*, 15, 1–11. <https://doi.org/10.1186/s12877-015-0142-9>
- Whitehead, P. J., Worthington, E. J., Parry, R. H., Walker, M. F., & Drummond, A. E. (2015). Interventions to reduce dependency in personal activities of daily living in community dwelling adults who use homecare services: A systematic review. *Clinical Rehabilitation*, 29(11), 1064–1076. <https://doi.org/10.1177/0269215514564894>
- Winkel, A., Langberg, H., & Wæhrens, E. E. (2015). Reablement in a community setting. *Disability and Rehabilitation*, 37(15), 1347–1352. <https://doi.org/10.3109/09638288.2014.963707>

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