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Differences in Home-Care Services in Finland for Older Adults between 2012 and 2019 - A Developmental Evaluation Study

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ABSTRACT

This study aimed to evaluate differences in client-centered approaches to home-care services for older adults from the perspectives of nurses and service managers in Finland. The research method used developmental evaluation. Developmental activities for client-centered services were implemented in three home-care organizations between 2012 and 2019. Home care nurses and service managers were interviewed individually and in groups at the beginning and end of the development process. Then, four categories of differences enabling operating models in client-centered care were identified: modernized client-centered service patterns, comprehensive service coordination, digital service environments technology utilization, and changing human resources. This study found a positive trend in adopting a client-centered approach and technology in home care services. In the implementation of home care practices, innovations for client-centered implementation of home care should consider the renewal of service models, development of case management, and development and utilization of technology in home care operating environments.

KEYWORDS

Home care services;
developmental evaluation;
older adults; changing trends

Introduction

The European Union (EU) is a consortium of 27 member states with common goals and guidelines for its citizens in many areas, including the development of health and social services (European Union, 2021). Under the European Pillar of Social Rights, EU member states are responsible for providing social protection and ensuring high quality, long-term home care for older adults. (European Union, 2020). The Organization for Economic Cooperation and Development suggested the following significant dimensions for long-term care: effectiveness of care and safety, patient-centredness, responsiveness and care coordination (EU, 2013).

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In Europe, the percentage of people aged >80 years is projected to increase from 4.9% in 2016 to 13% in 2070 (Eurostat, 2019; World Health Organisation, 2015). Home care services in European countries must ensure their availability and sufficiency to fulfil the needs of older adults (Carvalho et al., 2017). As the population ages, home care service models and service delivery require rapid changes to maintain the quality of care. Client-centered care integrated strongly with the provision of home-care because it promotes significantly positive outcomes for patients, organizations, and healthcare professionals (Lusk & Fater, 2013).

Context of Finnish home care

Finland's population is aging rapidly compared to other countries in the EU, and services for older adults have changed significantly in the last eight years (Eurostat, 2019; Puthenparambil, 2018). Currently, 11% (63,366 citizens) of people aged >75 years (576,055 citizens) and receive regular home care services (Finnish Statistic, 2021).

The 2021 Act on Supporting the Functional Capacity of the Older Population and Social and Health Services for Older Persons (Finnish Act, 980/2012) includes the Rai assessment for clients' holistic performance and service needs initialization, which was renewed in 2020. This describes how priority services for older adults would be developed. (Finnish Act, 565/2020.) Finland has ongoing health and social service reforms aimed at reducing health inequalities, improving access to health and social services, and providing affordable services for citizens (Finnish Institute for Health and Welfare, 2021). The goals of future health and social service centers include client guidance, renewed home care operational models, technology utilization, and diverse housing solutions for older adults (Finnish Government, 2021).

Client-centered home care

Client-centered services for older adults are the central focus of service reforms (Finnish Act, 980/2012). Client-centered care focuses on the client's autonomy, values, and care needs. In this paper, the term "client" refers to a patient who receives healthcare in an ambulatory care setting (such as home care), especially when health maintenance rather than recovery from illness is the primary service provided. (Medical dictionary, 2019).

"Client-centred care" includes person-centered care, integrated care, family-focused care, (Morgan & Yoyer, 2011), and user-centered care (Kazemi & Kajonius, 2015). Specifically, person-centered care is an approach that emphasizes a collaborative care relationship among everyone involved including family members, care partners and other familiar persons (Kitson, Marshall, Bassett, & Zeitz, 2013; Lusk & Fater, 2013; McCormack & McCance, 2016). Additionally,

the concept of individualized care and a holistic approach to care highlight a client-centered approach to delivering services to older adults (Elfstrand Corlin & Kazemi, 2020; Håkansson, Eklund, Holmström, & Kumlin, 2019).

Client-centered care has a positive effect on planning, implementation, the future vision of services, cost-effectiveness, funding of services and multi-professional organization and operating culture (Broady, 2014; Lambert et al., 2019). This has a positive relationship with the participation of older adults and family members in the care process. The client-centered service model can ensure clients' and family members' involvement as values through shared decision-making and provide seamless client guidance, counseling, and service coordination. It can also increase personnel competence and optimize care technology (Kringos, Boerma, Hutchinson, & Saltman, 2015). Core content for the redevelopment of home care services includes accessibility and equality of services, implementation of processes, and further development of client-centered service models. Although home care services have evolved significantly during the last eight years, a deeper understanding of the client-centered practice and client-centered multi-professional operating models in home care needs more scientific evidence.

Aim

This study aimed to evaluate and describe the differences in client-centered approaches to home care services for older adults in home care and to enable operating models. This study also aimed to explore how nurses and managers evaluate changes in the operating models of the client-centered approach in home care.

Method

Study design

Developmental evaluation (DE) (Patton, 2015) was used to assess the client-centered approach to home care services. The evaluation was carried out between 1 November 2012 and 30 March 2013, and again between 1 September 2019 and 30 November 2019. The topic and timing of the study were determined by the changed focus of services for older adults from institutional care to home care in Finland, which was signaled by the implementation of the Act on Supporting the Functional Capacity of the Older Population and Social and Health Services for Older Persons (2012), and the process of defining the current goals of social and healthcare reform (2019). The “evaluation design” and “phases of data collection” were designed in 2012 in collaboration with the original organizations involved in the evaluation. The results of the first phase of this study have not been published before.

Ethics

The organizations involved in the evaluation reviewed the ethics of the study in 2012 and 2019 before approval (Permit decisions: 546/13.03.01/2012; 4733/13.00/2019; 967/13.00.00/2019) The sample size was small; and a detailed breakdown of study respondents was not provided. The participating organizations ensured the anonymity of the informants throughout the evaluation process. The participants were informed that they could withdraw from the evaluation at any time (Doody & Noonan, 2016).

Participants and settings

This study was conducted in southern Finland. Participants were included if they were professional nurses working with patients in public home care organizations, including home care assistant nurses and service managers. Professionals from five organizations participated in this study.

The participants of the first dataset from 2012/2013 were recruited from four home care organizations. The second dataset (2019) included participants from three different organizations. In the first dataset, there were 40 participants (service managers, $N = 5$; nurses, $N = 10$; assistant nurses, $N = 21$; nursing students, $N = 4$), whereas in the second dataset, there were 11 (service managers $N = 5$; nurses, $N = 2$; assistant nurses, $N = 6$). The number of participants and data collection methods are listed in [Table 1](#). The participants were invited from key home care stakeholder groups and participated voluntarily. One organization joined the study process later without being involved in the initial interview. Despite this, they took on the same development activities throughout the development process.

All participants received first-hand information about the study from their respective home care organizations. Willing candidates were subsequently contacted by a researcher. The length of their work experience in home care or similar positions ranged from 1 year ($n = 2$) to more than 30 years ($n = 11$). Most interviewees had long and varied work experience in their profession (arithmetic mean = 1766 years).

The participants comprised persons working in managerial roles ($n = 10$) with a master's level education, nurses ($n = 12$) with a bachelor's level education, assistant nurses ($n = 21$) with a vocational level education, and nursing students ($n = 4$; three with a bachelor's level and one with vocational level education). The participants are not described in detail for anonymity or ethical reasons. The number of participants and the data collection methods are listed in [Table 1](#).

Table 1. Participants and methods of data collection.

2021–2013	Participants	Number of interviews	Managers	Nurses	Assistant nurses	Nursing students	Length of interview
Educational level			Master level education	Bachelor level education	Vocational level education	Bachelor and vocational level education program	
Group/couple interviews		n = 12	n = 1	n = 10	n = 20	n = 4	1,5–2 hours
Individual interviews		n = 4	n = 4	-	n = 1	-	1–1,5 hours
Total	n = 40 persons	n = 16	n = 5	n = 10	n = 21	n = 4	
Number of participated organizations	n = 4						
2019	Participants	Number of interviews	Managers	Nurses	Assistant nurses		Length of interview
Educational level			Master level education	Bachelor level education	Vocational level education		
Group interviews		n = 3	n = 1	n = 2	n = 4		1,5–2 hours
Individual interviews		n = 2	n = 2	-	-		1–1,5 hours
Total	n = 11 persons	n = 5	n = 5	n = 2	n = 4		
Number of participated organizations	n = 3						

Procedure

The philosophical backgrounds of evaluation are constructivism and relativism (Christie & Alkin, 2008; Guba & Lincoln, 1989; Patton, 2015). DE has been described as an evaluation of health services that provides an opportunity for organization members to reflect on and innovate service practices for the development of their work communities. The personnel also derived criteria for evaluation. (Patton, 2015.) The development procedure in the home care organizations was as follows: assessments of client-centered approach in the services; definition of new development goals; resource analysis; implementation of local development forums; revision of care, management, and decision-making processes; modification of division of work; and experiments of care technology and individual development activities in the organizations.

Data collection

The *first phase* of data collection (2012–2013) comprised individual semi-structured interviews and group interviews (2–3 persons) with nurses and managers, based on a literature review on home care. The theoretical framework of the interview themes was based on the definitions of client-centered care (e.g. Byrne, Baldwin, & Harvey, 2020; Kitson et al., 2013; McCormack & Chance, 2016). The evaluation themes in the interviews were as follows: (1) client-centredness in the content of home care services, (2) activities and practices of home care, and (3) the development of a client-centered approach. [Appendix 1](#) provides the interview guidelines.

The second phase of data collection involved conducting semi-structured interviews in 2019 with the same interview categories as those in the first phase. In the individual and group interviews (two individual interviews with managers and three group interviews with each group containing three participants), the participants evaluated the degree of client-centredness in home care. At the beginning of the interviews, the researcher presented the evaluation results of the first round. Participants then reflected on and compared the results from 2012 with the status in 2019 and assessed the progress related to client-centredness in home care services. The duration of each interview was approximately 1.5–2 hours. The interview guide for the second phase is presented in [Appendix 2](#). The researcher analyzed the evaluation data during the data collection process.

Analysis

Data were analyzed through deductive content analysis using the concept of client-centredness as an analysis unit (Elo & Kyngäs, 2008; Polit & Beck, 2011). The same analysis method was used for both datasets.

Deductive data analysis (Elo & Kyngäs, 2008) was performed using an unconstrained matrix. Each relevant quote related to the client-centered approach was coded, simplified and tabulated. Data from 2012 and 2019 were analyzed separately. Comparative quotes of differences and developmental changes between the operation models were analyzed in relation to client-centredness. Comparative quotes from the informants about the client-centered approach were analyzed separately and coded from the data of 2012 and 2019.

Similar items were regrouped, crosschecked, and refined after the data comparison. (Elo & Kyngäs, 2008). Subcategories were formulated by abstracting and combining similar items. Furthermore, subcategories from different years were compared and defined accordingly. The resulting list of codes was grouped into subcategories and named. Finally, we combined similar subcategories into main categories for the evaluations of nurses and managers. The final categories consisted of evaluations of the interviewees using the concept map and descriptions provided by the researcher based on complete research data. Consolidated Criteria for Reporting the Qualitative Research (COREQ) guidelines were used to describe the research process. (Tong, Sainsbury, & Craigi, 2007.)

Results

The research led to the findings of the DE regarding the differences in client-centered home care services in 2012 and 2019 and enabled operating models. The DE process used in this study is illustrated in Figure 1.

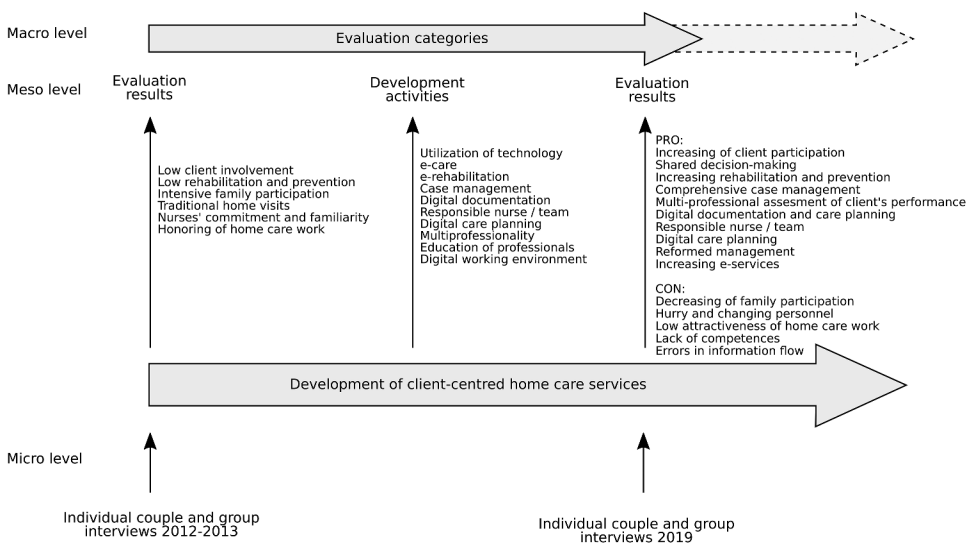


Figure 1. Developmental evaluation process.

Modernized service patterns

The main evaluation category, “*Modernised service patterns*,” describes evaluations of changing service models.

Involvement of older adults in their own care

The importance of client involvement in the planning, decision-making, and implementation and evaluation of care has increased. A rehabilitative approach and efforts to strengthen the clients’ intellectual resources were used to increase their involvement. According to research data from nurses, attitudes and practices have changed from caregivers acting on behalf of the client to co-operating with the client in care situations. The client’s rehabilitative approach has become an important milestone in nurses’ operational models. Managers also highlighted a rehabilitative work approach to maintaining operational capacity and endorsed service structures that enable extending living at home.

‘Everyone (nurses) is now trained to involve clients in care situations. Acting on behalf of the client is discouraged. Instead, things are done together with the client’. (Nurse 2019, 3)

Empowerment and participation of family members and care partners

Participants considered the involvement and cooperation of family members in care highly important in 2012 and 2019. However, the role of family members seemed to have diminished. According to an evaluation of nurses and managers, home care clients in 2019 were more fragile and older than their counterparts in 2012. In most cases, clients’ family members and children were sick, poor, and older. This often hinders family members from participating. Family members often need guidance, support, and empowerment from home care professionals.

‘We always favour the family members’ involvement, but some family members have worse health conditions than the respective client’. (Nurse 2019, 6)

The role of the responsible nurse/team

From the nurses’ perspective, there was a significant change in their attitude toward responsible nursing in 2019. Managers also stressed the importance of specialized expertise, multi-professional operating models, and the self-direction of nursing teams. According to nurses and managers, the roles of responsible nurses and their teams are significant. Clients’ health conditions are becoming increasingly demanding, and nurses’ attitudes toward responsible nursing have changed significantly in a positive direction.

Comprehensive service coordination

The main evaluation category, “*Comprehensive service coordination*” describes evaluations of changes in service coordination.

Encompassing older adults' individual case management

The clients' service processes became clearer according to managers and nurses. Since 2012, models that provide clients with individual case management have been widely used. In 2019, a service coordinator, familiar with the client's service portfolio, assessed service needs according to the home care criteria. Although case management already existed in 2012, it had no significant role in home care operations. Managers have highlighted the need for client service guidance, service needs assessment, service coordination, and multidisciplinary development.

Assessment of client's performance and well-being

The comprehensive geriatrics assessment was introduced to provide a comprehensive view of client performance. The Mini-Nutritional Assessment Scale has been introduced for home care. The InterRAI tools were gradually adopted in 2012. According to nurses and managers, a multi-professional assessment of clients' needs aids in the optimization of services. However, home care nurses flagged the inadequacy of time to perform RAI-assessments effectively according to their preferences.

Digital service environment and technology utilization

The main evaluation category, “*Digital service environment and technology utilisation*” describes evaluations of changes in the utilization of technology in home care services.

Advancement in the digital work environment

Although in 2012, service managers were already aware of the potential of technology in home care, they assumed that it would be too expensive to adopt. The nurses were uncertain about the use of technology for home care. After 2012, nurses and managers reported that technological advancements and their use have become widespread in home care. Data from digital systems accessed through mobile phones were efficiently documented, controlled, planned, recorded, and evaluated. According to the nurses' assessments, this has improved the continuity and quality of care.

'I would no longer discard the use of technology and the resource-planning system. Information – based management is no longer possible without technology.' (Manager, 2019, y).

Client safety of care supported with technology

According to the nurses and managers, the use of tracking and security devices has intensified since 2012. Security technology and at-home robotics have improved the quality of care. The interactive features of these solutions provide security to clients in the event of accidents or illnesses. In 2019, nurses positively identified the correlation between reduction in medication errors and the use of technology for data transfer and, robotics which would collectively increase the client safety.

‘There was talk that everybody will get a laptop each, but that will take time, and where is the money for it coming from. I will be retired by then.’ (Nurse 2012,⁴)

E-Care and social support

According to managers and nurses, service implementation has changed clients’ social support since 2012. Technology has produced more flexible solutions to support older adults’ social lives. The possibility of video visits was discussed in 2012 but e-care was not implemented. In 2019, remote connections were used to implement remote rehabilitation and other activities that support social interactions and mental well-being. According to the evaluations of nurses and managers in 2019, remote care helped reduce clients’ loneliness. As there were many more clients in 2019 than in 2012, home visits were shortened; thus, prolonged visits with clients were not feasible.

Changing human resources in home care

The main evaluation category, “*Changing human resources in home care*” describes the evaluation of changes in the field of human resources in home care.

Commitment and sufficiency of personnel

A decline in the commitment of home care personnel was observed in both 2012 and 2019. The increased attrition rate caused shortages of dedicated and skilled nurses, which resulted in difficulties in attracting nurses to home care facilities.

‘What will we do if we cannot get care workers anymore?’ (Nurse 2019,⁵)

Competence needs of the personnel

According to both groups, the importance of developing competence increased between 2012 and 2019. The range of clinical, technological, and multi-professional network competencies required by nurses has steadily increased. Nurses must possess diverse expertise in home care,

ranging from clinical expertise to social services. According to the nurses, opportunities for further training have recently increased. However, they were more dissatisfied with the lack of significant competencies of home care personnel than managers.

Reform of home care management

Major differences between the phases were found, specifically in knowledge management, maintenance and evaluation of personnel competence, management of new types of client-centered service processes, and the continuous renewal of service models. During both years, nurses expected detailed feedback from leaders and managers and appreciated their leadership skills. Managers' work has changed remarkably in terms of knowledge management and enabling client-centered operation processes.

'It is good to have an impartial manager who listens, and our supervisor is creative too'.
(Nurse 2019, 5)

Discussion

This evaluation revealed remarkable improvements in the structure and delivery of home care services between 2012 and 2019. According to the results of this evaluation, service patterns and their development trends in Finland have been influenced by the Act of Supporting the Functional Capacity of the Older Population and Social and Health Services for Older Persons (980/2012) and the guidelines of health and social service reform (Ministry of Social Affairs and Health, 2020). Client-centered service patterns have been developed and client involvement and functional capacity have been furthered. (Noro & Karppanen, 2019). Each client requires a personalized service plan drafted immediately after the service needs assessment. Within the context of recommendations issued to EU countries on home care and Finnish acts, the results indicate that many positive changes have indeed taken place in Finland. (Spasova et al., 2018; Act of Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, 980/2012.)

Similar to the results of research carried out by Frazer et al. (2019), Jones (2015), and Landers et al. (2016), and recommendations by the EU, (Carvalho et al., 2017) the results of this study highlight the increasing importance of individual care management and centralized service coordination. Case management and systematic service assessment were more widely used service models in 2019 than in 2012. Service managers (rather than nurses) considered case management and assessment of clients' functional performance and well-being as significant solutions for determining clients' service mix and pathways (Beijer, Vingare, Eriksson, & Carlsson, 2018).

The most significant difference in home care after 2012 includes the widespread and comprehensive adoption of digitalization and technology, which affects the provision, implementation and knowledge management of services. Recently, there have been rapid developments in this direction. (Hendry & Prileszky, 2017.) As mentioned in other studies, digital home care delivery partially enables the utilization of client safety technology and remote care. This has improved the service availability, security, safety, and service integration for clients (Berta et al., 2018; Kivimäki, Stolt, Charalambous, & Suhonen, 2019).

This evaluation identified problems in home care services that had already been discussed in previous studies, which worsened between 2012 and 2019. Efficiently organized service patterns and sustainable operating models should be developed to attract nurses to home care facilities. (Beijer et al., 2018; Berta et al., 2018) According to the results of this study, home care organizations need more competent personnel, as the study aims to establish at situation that, has worsened over time. In line with the results of Bing-Jonsson, Hofoss, Kirkevold, Bjørk, and Foss (2016) and Jones (2015), when focusing on quality, personnel who provide services must be considered. The sector remains unattractive, as it is often negatively depicted due to poor working conditions and lack of job satisfaction, which can lead to a severe shortage of qualified nurses. Thus, the attractiveness of home care as an occupation was significantly lower in 2019 than in 2012. While the number of clients grew rapidly operational patterns did not develop (Sinervo et al., 2019).

Limitations

Important stakeholders involved in the care of clients, such as doctors and private healthcare providers, were excluded from this study. One organization joined the study process later and had little impact on the study results.

Conclusion

Home care services have been developed toward more client-centered services in the assessment and maintaining clients' holistic performance, service guidance and process management. Positive changes have been enabled by the use of technology and development of new service models. The most significant challenges for development was the availability of personnel with updated competences.


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Appendix 1. Interview guide 2012-2013

Theme of Interview	Questions
Content of home care services	The researcher asked participants to evaluate the most important contents of home care services How these services correspond to service needs of clients? What is client-centeredness in home care services? How does it manifest itself? (influence, quality, change, what else?)
Activities and practices of home care	The researcher asked informants to evaluate best/effective service models of home care and evaluate client-centeredness of service operation models today? What is significant in nurses activities/ care relationship from a client-centered perspective?
Development of a client-centered approach.	The researcher asked informants to evaluate management and most important development topics related to client-centered services

Appendix 2. Guide of group/ individual interview 2019

Phase of Group/ Individual Interviews	Questions in Group Interview	Questions in Individual Interviews
Introduction	The researcher presented background of the study, purpose of the interview and research questions	The researcher presented background of the study, purpose of the interview, and research questions.
Presentation of study results from 2012 to-2013	The researcher presented results from the first study Researcher asked informants to evaluate same research topics	The researcher presented results from the first study Researcher asked informant to evaluate same research topics
Informants evaluated theme: content and services of home care	The researcher asked participants to evaluate content and client-centeredness of services and how these services correspond to service needs of clients.	The researcher asked informant to evaluate content and client-centeredness of services and how these services correspond to service needs of clients.
Informants evaluated theme: activities and practices of home care	The researcher asked informants evaluate client-centeredness of service operation models by written down best service models of home care today (3-5 practices) Group discussion about the best service models	The researcher asked informant evaluate client-centeredness of service operation models and to describe best service models of home care today (3 –5 practices)
Informants evaluated theme: development and management of home care	The researcher asked to evaluate management and most important development topics related to client-centered services Group discussion about the topic	The researcher asked to evaluate management and most important development topics related to client-centered services
Closing the interview		Free discussion about the topic with researcher