
CONFERENCE ABSTRACT

Fostering sense of mastery and independence in daily living among older adults living at home: Experiences from Norway.

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Introduction:

Healthcare services that traditionally have been provided in long-term care institutions in Norway are increasingly being delivered at home to a growing population of older adults with chronic conditions and functional limitations. Promoting sense of mastery and independence in daily living among older adults is therefore key if they are to live safely at home for as long as possible. Objective: As part of a larger project evaluating the Norwegian government's plan (called Omsorg2020/Care2020) for strengthening municipal healthcare services, this study explores the activities undertaken by healthcare professionals (staff) to foster sense of mastery and independence in activities of daily living (ADLs) among older adults living at home with dementia, or receiving rehabilitation/reablement services at home. Methods: In-person, semi-structured interviews lasting between 21-90 minutes were conducted between November 2018 and March 2019 with managers (N=11) and professionals (N=11 focus groups, 2-5 participants) in seven municipalities in Norway. All interviews were audio-recorded, transcribed, and thematically coded and analyzed with the aid of NVivo 12 software. Results: Preliminary findings indicate that, compared to staff involved in services for persons with dementia, staff involved in rehabilitation services were more proactive in applying different activities to promote mastery among older adults (service users). The activities included needs assessments to identify users' needs and competencies, training activities designed around users' goals and interests in order to encourage participation and sense of mastery, 'showing versus doing' tasks for users to promote agency and enable independence, and allocating (to the extent possible) the needed time and resources to carry out the aforementioned activities. Even so, at some locations, staff wished that their managers were more involved in facilitating collaboration across care-units; and others reported that high manager-turnover and the need to orient new managers to the established ways of working did slow down their progress. Efforts to promote mastery among persons with dementia was, on the other hand, indirect and less explicit (e.g., support groups, health literacy training). Discussion: Staff considered it worthwhile and satisfying to engage in activities aimed at fostering mastery and improving users' general health and social conditions. Although success depended on users' own interest and willingness to participate, staff managed to reach some hesitant users through skilled communication. Conclusion: Older adults can be supported to live safely at home by meeting them as individuals with agency, identifying their needs whilst encouraging their abilities, addressing as many of their needs as possible by promoting their sense of mastery, and involving them in support groups. Lessons learned: Poor collaboration including inconsistencies in the aims and ways of working between care-units (e.g., mastery

training teams and home nursing) can undermine efforts directed at promoting mastery. Limitations: The results are based on data from seven municipalities and thus have limited generalizability. We have attempted to remedy this by conducting interviews in diverse municipalities (e.g., size, urbanicity). Suggestions for future research: In-depth interviews with older adults are needed to gain a better understanding of their experiences with activities aimed at fostering mastery and independence in daily living.