

NoBoMa

Evaluation of the Self Assessment tool

Questionnaire Analysis

(<https://www.surveymonkey.com/s/NOBOMA>)

(Report)

NOBOMA - *No Borders Manual* in elderly care to promote mobility, international lifelong learning and the transfer of competences in Eastern, Central and South-eastern Europe

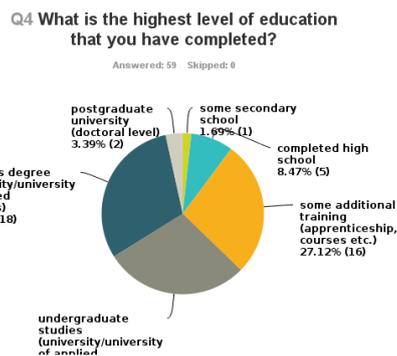
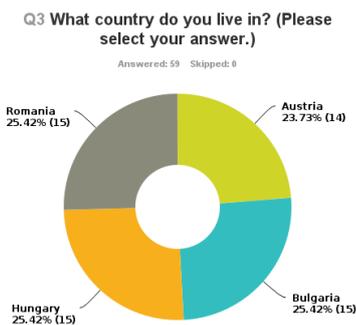
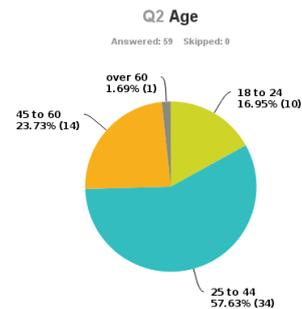
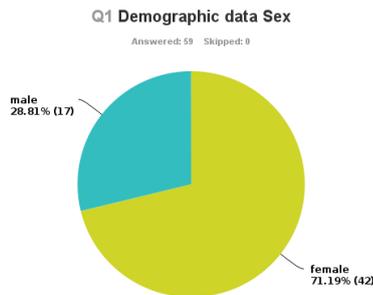
Projektnummer: LLP-LDV-TOI-11-AT-0011

Prepared by: Petre Botnariuc
ODIP – Observator pentru Dezvoltarea Învățării Permanente

București, July 2013

1. Sample structure

Most of the respondents to the questionnaire on Self assessment tool were female (71.19%), representing mostly the gender distribution in the profession of elderly care, while male respondents accounted for 28.81% of the total number of respondents. The highest number of respondents fall into category 25 to 44 years old (57.63%) and a quarter into 45 to 60 (23.73%), including also 16.95% from younger practitioners and stakeholders (18 to 24) and one very experienced care giver over 60.

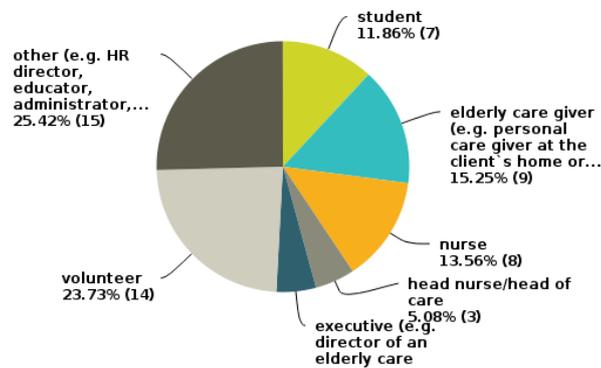


The sample distribution according to education level indicate overall equal shares, around one third of master's degree (university/university of applied sciences) 30.51%; of undergraduate studies (university/university of applied sciences) 28.81%; with some additional training (apprenticeship, courses etc.) 27.12%; and with lower representation for lower qualifications as completed high school 8.47% and postgraduate university (doctoral level) 3.39%.

From the occupational point of view the sample was fairly distributed between HR directors, educators, administrators, supervisors with 25.42%, volunteers in the field 23.73%, elderly care giver (e.g. personal care giver at the client's home or in an institution, e.g. a hospital or an elderly care home, etc.) with 15.25%, nurses with 13.56%, students with 11.86% and head nurse/heads of care 5.08% or executives (e.g. director of an elderly care institution, etc.) 5.08%.

Q5 Occupation

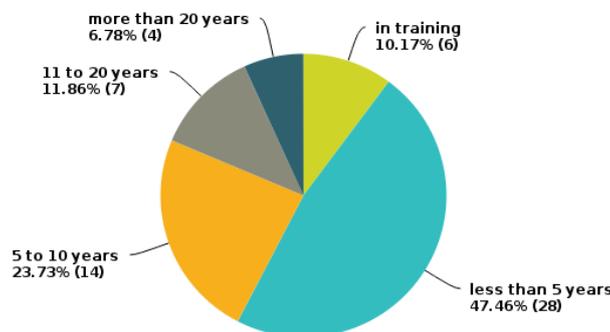
Answered: 59 Skipped: 0



Half of the respondents had less than 5 years of experience in the field of elderly care (47.46%), almost a quarter with experience between 5 to 10 years (23.73%), one tenth with experience between 11 and 20 years (11.86%) and currently in training (10.17%) and 6.78% with a long experience of more than 20 years in this field.

Q6 How many years have you been working in the field „elderly care“?

Answered: 59 Skipped: 0



2. Level of clarity of the mentioned competences

2.1. Competence area 1

For Competence area 1 (Planning and conducting daily care - Levels 1-6) the majority of the respondents did not see encounter difficulties in this area as all the questions are well designed, structured, and presented with clear to understand and enough examples in this area to illustrate the competences. The examples between the brackets sustain the more general description of a certain action „the descriptions are short but clear enough“, „the competences are clearly described and they are relevant to the professional profile of elderly care givers“, „the competences are correctly given“.

Some questions were raised about the definitions of the terms. For example in the second level item „If the situation of the client changes or becomes unforeseeable (e.g. symptoms,

accident hazards, family conflicts, crises, deterioration of nutritional status, pain) you report this to your superior in an appropriate manner” it should be explicit what an appropriate manner means.

However, these choices were debated during the project meetings and a reasonable length were used in order to fit the purpose of the self assessment tool in a cross sectoral language and transnational context.

Some duplicate items were identified which were removed from the tool (you perform basic mobility actions with clients and you deliver health care independent of personal characteristics of the client).

I have a comment: some items refer to legal requirements but the examples between the brackets contain aspects related to “moral rules of etiquette”, which are actually not corresponding to legal aspects and it is too general as in terms of corresponding behaviours. Also the item “If the situation of the client changes or becomes unforeseeable (e.g. symptoms, accident hazards, family conflicts, crises, deterioration of nutritional status, pain) you report this to your superior in an appropriate manner” – there is not that much understanding what appropriate reporting may mean.

Another proposal was to extend the scale to 1 to 5, but this was a deliberate choice to exclude the comfort middle zone where respondents could for less clarified issues just position themselves in the middle without deciding whether they are on the positive side or need further improvement.

Another issue was the relevance for a specific domain „The levels 4-6 are not relevant to our practice”, which is difficult to assure when a larger transnational level is aimed.

Some feedback would be useful if the tool be adapted for expert assessment (i.e. for item ”You demonstrate the capacity to interlink theoretical concepts from multiple disciplines with practical observations, using the latest evidence-based guidelines (e.g. in ethics, in medicine, in psychology, etc.)” should be indicated in a non-self assessment tool whom is demonstrating the fact.

There are few cases where the questions were found „too complicated” or the meaning unclear regarding some of the terminology used (i.e. the tickete) or expressed a need for more examples. Other questions included: „Should health care be independent from personal characteristics of the client?” Or less differences between the questions seeming to be mostly the same questions, without finding appropriate to distinguish between awareness and implementation sides of a competence.

2.2. Competence area 2

The comments are preponderantly positive restating the clear and comprehensive nature of items and examples. For certain items some respondents expressed the need for considering more resources and more exemplification (i.e. which are the cases of discrepancy? For item

„Consequently you inform superiors in case of discrepancies”; what measures are meant, what is meant by e-health tools?). However, as agreed in the development discussions the self assessment tool, should keep to a reasonable length and should use a common transsectoral language in order to remain practical for diverse practitioners and stakeholders in the field. On the other hand, some respondents recommended on the contrary to reduce the number of items by merging sub-elements of a competence in one single supra-ordinate item (i.e. Develop the most appropriate nursing measures ... and you implement the most appropriate nursing measures ... merging into one competence like „You develop/implement ..”).

The fact that the needs of the clients are considered was appreciated and essential interventions are well considered.

A number of supplementary questions are suggested:

- „In case of emergency are you able to keep calm?
- Are you able not to stress the client?
- In general how do you handle panic?”

Depending on the specific position of the respondents some of the competence areas are not relevant for them.

2.3.Competence area 3

The distribution of responses is similar for competence area 3. In this level few respondents require more examples with regard to client crisis, where one has to have the professional skills to intervene (i.e. what are the specific professional skills). „Clear content, well structured, covering most diverse aspects and figuring very precise steps to take during the process of elderly care”. Others require „relevant criteria in judging the safety conditions of the living environment of clients and what possible the injuries mean” or assess the questions „too specific to answer”.

2.4.Competence area 4

The majority of the respondents consider the items in this area of competence clear, well organized and formulated, relevant and easy to understand. Some require more clarification on „what are the right methods of communication” or „ what an appropriate way is”, „what kind of methods? how do they differ from home care or nursing care? What kind of information? what kind of stakeholders”.

2.5.Competence area 5

Positive to excellent feedback is recorded for the items on the 5th area of competence, with relevant and complete sub-elements, clear and easy to understand statements. Some of the items are however not relevant for all national contexts and some measures are not in their respective job competence area (i.e. „quality assurance in Hungary is done on much lower level than the competences mentioned in the SAT”). While most of the respondents consider

the level of examples given sufficient, there are also some requiring for more detailed description of the answers. For Level 4 Q7 some respondents require examples on which models are intentioned while for Q8 some do not know the meaning of a diagnostic test.

2.6. Competence area 6

There were reported some errors in formulating the items that were corrected in draft two of the self assessment tool. (i.e. “You report the outcomes of an intervention in a structured manner”).

This area is considered also easy to understand using simple phrases. They reported a clear understanding of the content and a complex and comprehensive description of the competencies at each of the 3 levels. Some even they do not have experience find the description clear. Again some of the skills are considered not relevant for some countries involved in testing („levels 4-6 are not relevant to our practice”). Some consider examples are needed to clarify what are the intended roles within a team. The items on management are considered not relevant for non-management positions.

2.7. Competence area 7

Similar feedback is retrieved for competence area 7. No difficulties were encountered by the majority of respondents. All items are considered relevant and easy to understand using good questions. logical structure. The questions are well designed, elaborated and presented. Some respondents consider certain items „more wishful than real”. Still, some levels are not relevant in certain contexts i.e. levels 4-6 levels. While some consider „there are enough examples given, the meaning of terms is clear, explanations are adequate”, others need more explanation regarding „what are ICT skills”, „what is meant by empirical findings”, „what measures, standards etc.”.

2.8. Competence area 8

Most feedback is positive and all items are understandable and relevant with well designed and clear questions. Yet, level 3 is considered by some not well related to job-related self-understanding. For item “You provide the elderly with tools in order to help them facing chronic illness, loneliness and death” some require examples to clarify the tools it refers to and what kind of activities and events should the elderly be involved in. Some „like the questions” and found that it will be „a good idea to spend more time on reflection and self understanding, which is not the case (in my country)”.

It is suggested to add some items: „She/he can prepare the shift schedule of the colleagues for themselves”, some related to supervision and how to inform the colleagues about their limitations. Some consider „the given examples are not fully described” which is however, difficult to accommodate in a tool that aims to be practical and to address at the same time a diverse target groups. Items 33 and 35 it is suggested to merge in one question (i.e. limits or apply).

2.9. Competence area 9

In general there is positive feedback. Some errors are reported (i.e. duplication of one item) which was removed from draft 2. Some „liked the questions (and considered) it would be a good idea to go into detail in discussing these topics with experts”.

3. Difficulties in understanding the results

The results are considered intuitive and easy to understand, reflecting to a great extent the actual levels of competences of the self-assessed respondents. There were however, also cases where the results are found to be not clear and that „the results showed that I have missing competences in some areas while the recommended training to obtain these competences are lower than my present qualification, so I doubt that it can provide the missing knowledge for me”. Another problem is that the programme does not make a distinction between the qualification of the interviewee and her competences. However, the tool is meant to address at the same time both qualified staff and volunteers even with no qualification in this field and to address at the same time diverse systems in the partner countries. For instance, „in Hungary the Health and Social Ministry are totally separated, with no possibility for mobility between these two systems. Therefore carers and nurses belong to two separate ministries, two legal frameworks, two separate spheres. There will be a great need for this obstacle to be overcome”.

4. Perceived usefulness of the Self-Assessment Tool

The tool is considered a very complex, comprehensive, useful and practical tool, providing clear info about the knowledge level, one „can detect the borders, recognises the neglected fields of his/her job”. It is easy to find on the Internet and be filled in online „it gives (respondents) arguments to see (their) work from an outsiders point of view”, or „it is good to see where further training is necessary to get some praise for your own abilities”. After the self assessment the respondents „ know what to aim to, as (they) understood the areas of competences and got a more suitable training”, „it refers to different areas of competences which makes it relevant to one in order to see how things are going on different plans, and helps understand the level you’re at and the steps you need to take to go further with the training”, „it seems a mirror of the professional profile at different level and in different fields. However it takes time to handle the logic of the design of the tool and its completion requires times as well”. It is „a good tool for reflection, bit too complex, and not matching Hungarian elderly care qualifications”.

Also respondents consider it should be developed further in other projects as „the questions are too diverse, trying to cover several qualifications. It will be much more useful if the SAT would exist in different versions for different qualifications”, „ if the competence matrix can be organised and divided to several qualifications and job descriptions”, „I find it confusing that qualifications, professions and competences are not differentiated”, „in all cases useful some parts can be even used in hospital indicating the borders rethinking our area of

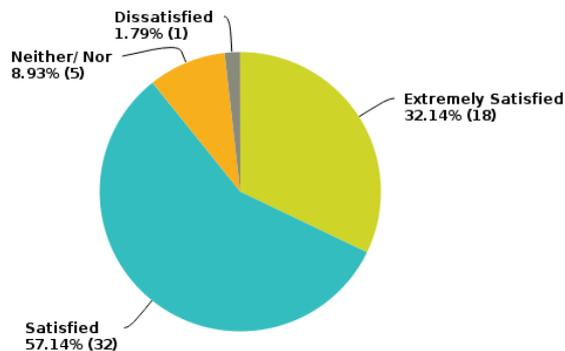
responsibility”. Some expect a shorter version as it is „very extensive 1 hour is too long, too much time consuming”.

5. Level of satisfaction with the self assessment tool

The majority are satisfied with the presentation of your results (57.14%), percent which is supported by a consistent number of respondents which are extremely satisfied (32.14%). About one in ten is neither satisfied nor dissatisfied (8.93%), while the percent of dissatisfied people is insignificant (dissatisfied - 1.79%; extremely dissatisfied 0%).

Q16 How satisfied are you with the presentation of your results?

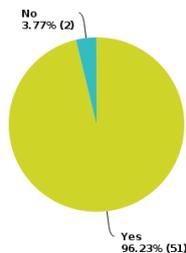
Answered: 56 Skipped: 3



Except few exceptions all respondents consider that the Self-Assessment Tool reflects the tasks which are relevant in the field of elderly care (96.23%), while 3.77% consider otherwise. The same is true for the Level of user friendliness of the Self-Assessment Tool 91.23% of the respondents considering it very easy to be used, while 8.77% have a different opinion.

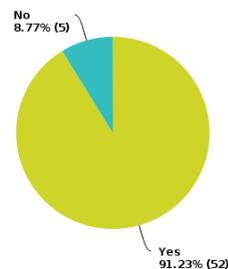
Q19 Does the Self-Assessment Tool reflect the tasks which are relevant in the field of elderly care?

Answered: 53 Skipped: 6



Q20 Do you find the Self-Assessment Tool easy to use??

Answered: 57 Skipped: 2



6. Conclusions

The feedback on the self assessment tool was a useful input to validate and finalise the tool. Most of the feedback was positive indicating that the tool met its purpose as defined in the project application. Many of the suggestions are useful for further developments of the tool in other projects with specialisation on qualifications, professions and national contexts. It was proven by majority of respondents as a very useful tool for practitioners from diverse areas related to elderly care in the participating countries in the project.