



Ranking quality in
institutional and home care services – “all we
want is some respect and proper cleaning”

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Research questions

- How are quality attributes ranked by care users, care front staff and care assessors in insitutional care and in home care?
- Do they have similar rankings?
- Are conceptions of quality the same for the elderly, across age, functional ability, gender etc?

Data

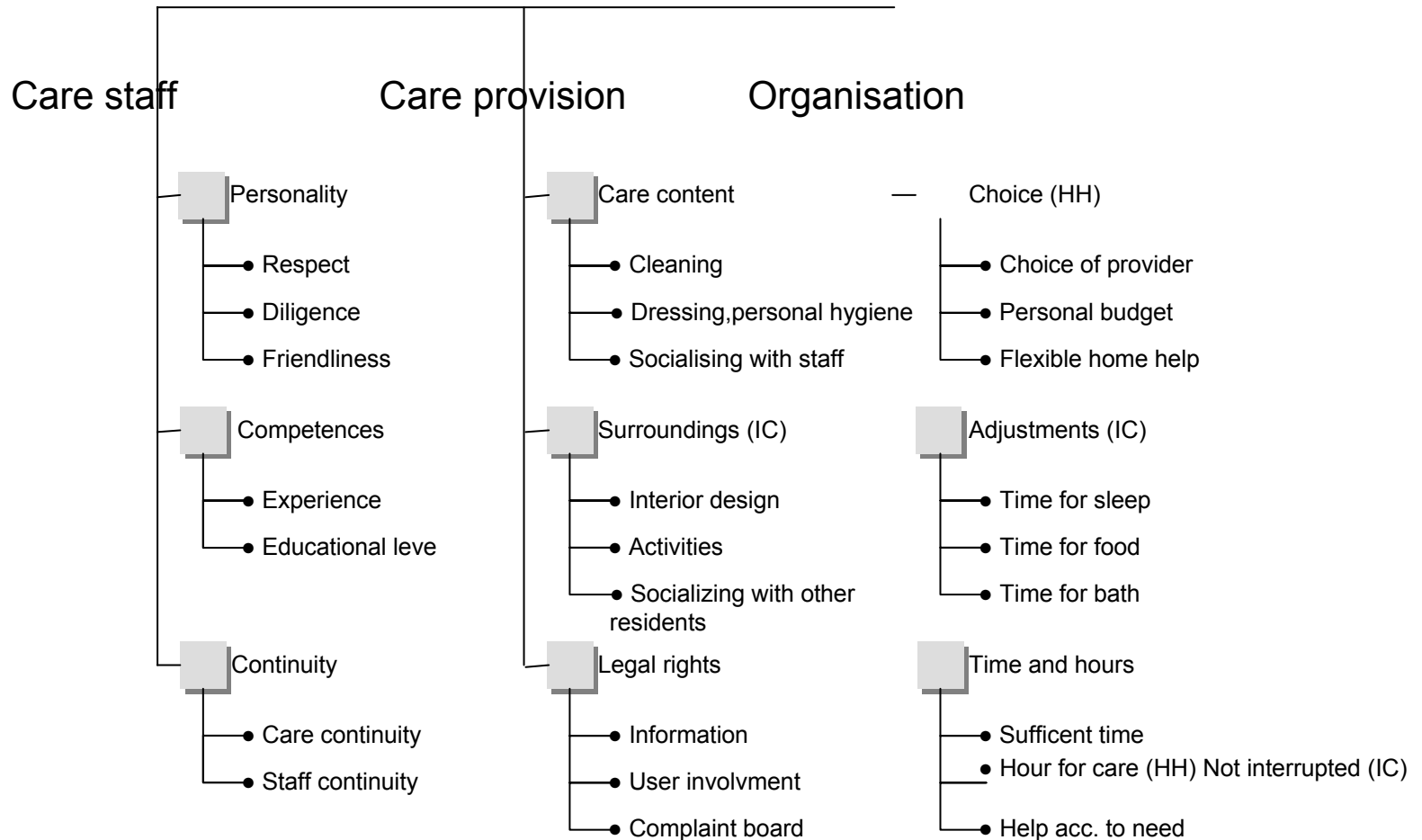
- Survey in 14 municipalities in Denmark in 2006-2007.
- Users of either home care services or nursing home facilities, aged 65+.
- Front care staff employed either in home care (private and public) or institutional care facilities,
- Care assessors employed by the municipality to visit the elderly and assess their need.
- Telephone interviews with care staff and care assessors and visits with elderly
- In all 638 users, 185 care assessors and 557 care staff members interviewed.

Quality dimensions

- Front staff
- Provision of care
- Organisation of care

MAUT tree

Quality in elderly care



MAUT method

- Multi-Attribute Utility Technology scaling procedure
- Step 1. prioritize, Step 2. award points => numerical, comparable value for all attributes
- Moving from level 3, to level 2, then level 1

Comparison of average absolute values, Level 3 in home care. Elderly, care staff and carer assessors. Average rankings, indication of top and bottom three attributes, and statistically significant differences.

Quality attribute	Users	Care staff	Care assessors	Users and staff	Staff and care assessors	Care assessors and users
Care staff assist in cleaning the home	10,8	<u>(6,9)</u>	8,0	***	***	***
Care staff continuity	10,3	11	9,2		***	**
Care staff respect the elderly and her dwelling	10	10,9	10,8	*		*
Care staff is experienced	<u>(9,8)</u>	8,9	8,3	*	**	***
Sufficient time for care staff to carry out their work	<u>(9,7)</u>	9,1	8		***	***
Care staff is friendly	<u>(9,6)</u>	9,1	9,1			
Carer staff works dilligently	<u>(9,5)</u>	8,8	9,1			
Choice between public//private provider of home care	<u>(9,4)</u>	7,9	<u>(7,9)</u>	***		***
User involvement in the assesment of care needs	8,8	8,6	<u>(9,2)</u>		**	
Flexible home care	8,7	8,6	8,1		*	
Information about the right to care	8,6	8,0	8,5	*		
Hour for care adjusted acc. to individual needs	8,6	8,1	<u>(7,7)</u>		*	**
Care staff has received care training	7,9	8,2	9,6		***	***
Socialising with care staff (over cup of coffee)	7,8	8,2	8,1			
Care staff assists in dressing and personal hygiene	8,1	9,5	10,3	***	**	***
Care continuity	<u>(7,1)</u>	<u>6,6</u>	<u>6,5</u>			
Time to care varies according to need	<u>6,8</u>	8,4	8,4	***		***
Complaint measures	<u>6,6</u>	<u>6,9</u>	<u>7,4</u>		*	*
Personal budget in home care	<u>5,1</u>	<u>5,8</u>	<u>5,5</u>	*		

p<0,05, ** p<,0,01, *** p<0,001

Attributes in red and underscored are top-three quality attributes; attributes in blue and underscored are lowest valued attributes. Brackets indicate that the value of an attribute is not significantly higher or lower than the next attribute in the ranking.

Rankings in home care

Respondent	Top 3	Bottom 3
Elderly	Cleaning, staff continuity, respect	Variation in care time, complaints, Personal budget
Home care staff	Staff continuity, respect, personal care	Complaints, care continuity, personal budget
Care assessors	Respect, personal care, education	Socialising with staff, flexible home help, sufficient time

Rankings in institutional care

Respondent	Top 3	Bottom 3
Elderly	Friendliness, respect, personal care	Complaints , individual adaption of bath time, interesting activities
Care staff	Respect, personal care, staff continuity,	Design of dweeling, not interrupted , care continuity
Care assessors	Respect, personal care, education	Care continuity, not interrupted, complaints

Conclusion: Differences and similarities

- Quality is about the care relationship (respect, staff continuity, enough time) and personal care. In HH also cleaning.
- Elderly generally agree, except over cleaning/personal care
- Disagreement over cleaning: elderly vs. staff
- Professional competences: education or experience

Old vs. new quality themes

- ‘Traditional’ quality themes:
 - staff continuity, staff experience, having sufficient time, and that cleaning is properly done (elderly).
- Debate on what constitutes quality in elder care has mainly focused on quality attributes associated with home care.

- ‘New’ quality themes:
 - Elderly do not necessarily value time to socialise with staff very highly (1/3 HH & 1/4 IC).
 - Nursing home residents do not value ‘Interesting leisure activities’ very high
 - Information about the right to receive care
 - User involvement
 - Choice between private and public provider (HH)

Policy implications

- Care assessors vs. users and staff
- Care rationality/NPM rationality
- Has purchaser-provider split increased differences?