

Does varied staff & skill mix of teams impact quality of care?

An exploratory case study

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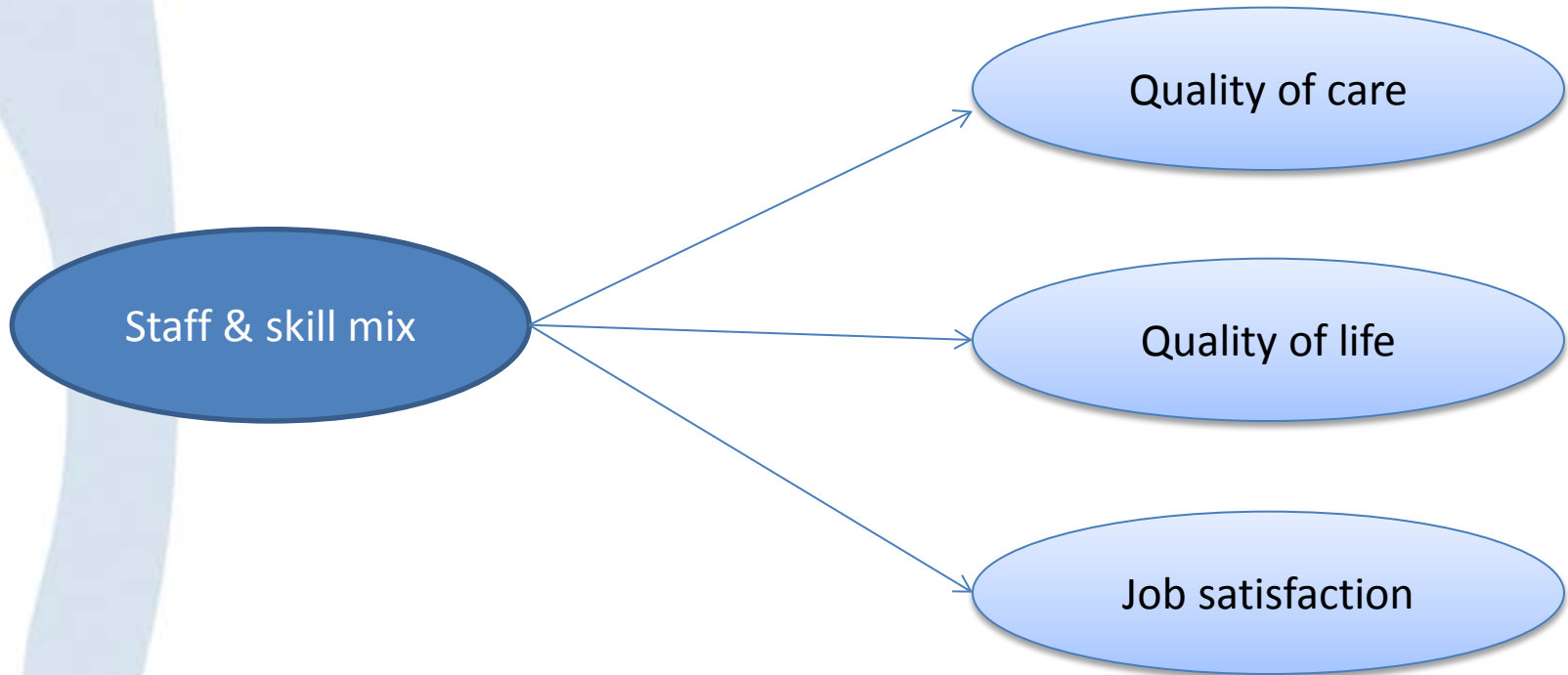
Living Labs in Elderly Care

- **Goal: obtain insight into “optimal” team staff & skill mix**
- **7 Living Labs**
 - 2 retirement homes
 - 3 nursing homes
 - 2 home care teams
- **Living Labs ran from April 2013 to January 2015**
- **Supported by a guide and a Living Labs Network**

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- **Not an intervention!**
- **Teams were given a lot of freedom to determine their own course**
- **Teams were responsible for their own development**
- **The researcher was an observer**

Research model



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- **3 measurement points:**
summer 2013, summer 2014, winter 2014/2015
- **Qualitative data**
 - Observations at the workplace
 - Interviews with team manager, team members and (representatives of) clients
 - Notes of team meetings
- **Quantitative data...** ☹️

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The original teams mostly included:

- Nursing assistants (3 different qualification levels)
- A team captain
- 5 to 43 team members

During the projects, variety in the teams ↑

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Team staff mix was changed by, e.g.:

- Educating existing team members to a higher qualification level
- Adding higher-educated personnel (a nurse or nurse-specialist)
- Adding lower-educated personnel (a nursing assistant)
- Tighter collaboration with other disciplines or with clients' family

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Team skill mix was changed by, e.g.:

- Adding higher-educated personnel (e.g. coaching, signaling)
- Role enhancement (e.g. knowledge of dementia)
- Role enlargement (e.g. collaboration with clients' family)

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Contextual conditions were very important for success:

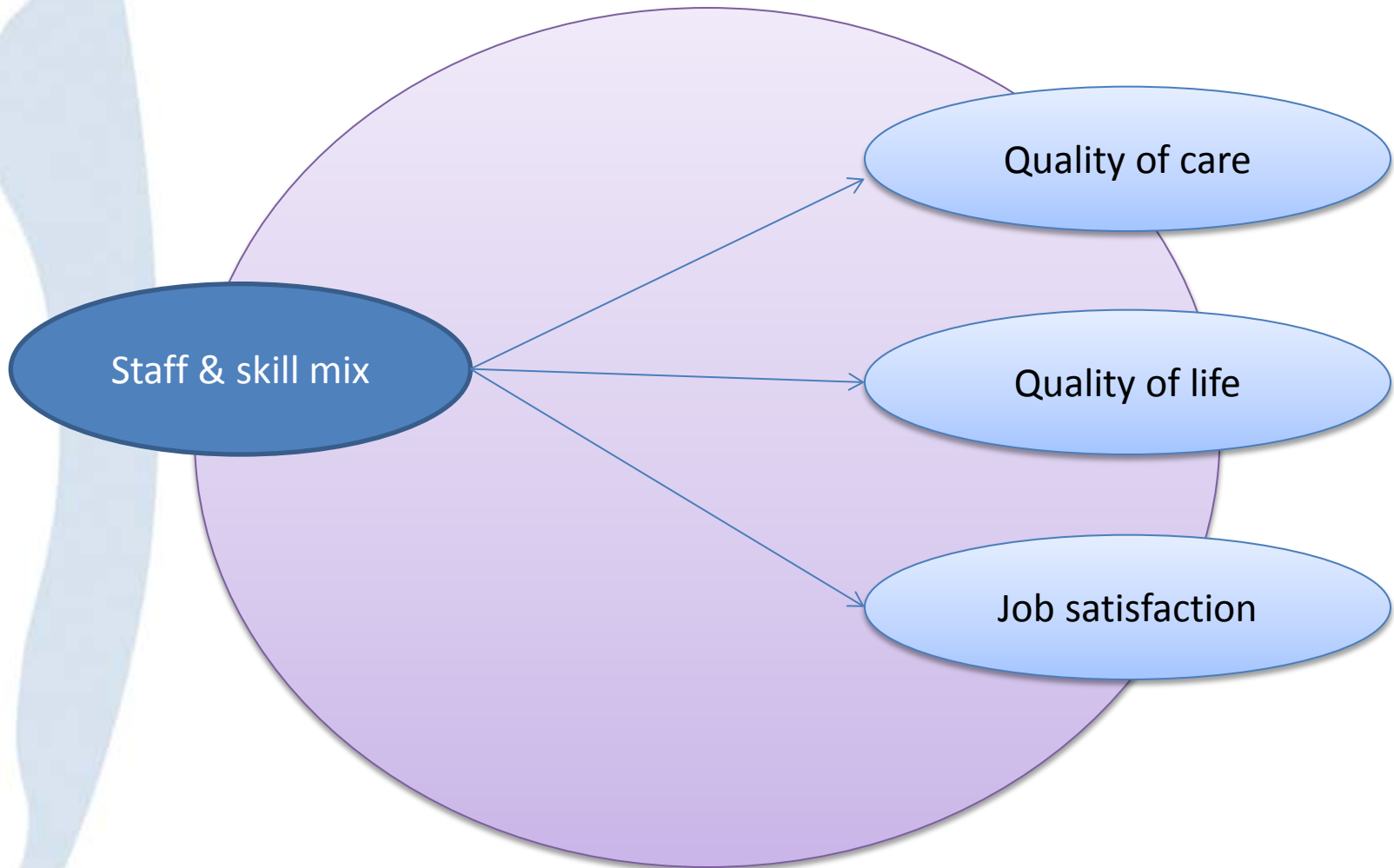
Good communication

**Sharing a
view on care**

Autonomy for professionals

Safe team culture

Research model



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Effects of staff & skill mix on...

- Quality of care
- Quality of life
- Job satisfaction

“P... the
“The last C... strides.

“The last year our team atmosphere has improved. We know each other better now and know when to approach who. Also, we’re able to give each other feedback and people react better to that. We have one common goal and that is to take good care of our clients.

I really enjoy going to work!”



Conclusions

A “one size fits all” optimal staff & skill mix does not exist!

**A more varied staff & skill mix can be positive,
but only under the right conditions...**

Main message

We are faced with a growing number of elderly people requiring (complex) care, and an inadequately prepared workforce.

Health care teams and organizations would do well to look at whether their staff & skill mix is suited to the (future) needs of their clients.

Contact

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Dutch report of Living Labs in Elderly Care:

www.nivel.nl → Publicaties → search for “Proeftuinen Ouderenzorg”





Questions?