Panel Presentation Data and Methods in Aging?

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Presentation will address three questions given to me by the organizing Committee

- **How can we integrate qualitative and quantitative data in home care research?**

- **What are the emerging questions in home care?**

- **Where do we need to go with respect to the development of data sets and methods?**

How can we integrate qualitative and quantitative data in home care research?

Illustrate with two examples from our SEDAP related work:

- Home Care Study: Health Human Resources (Zeytinoglu & Denton)

- Access to Community Support Services for Older Adults (Denton, Ploeg & et al)

- Example and from a study of home care clients (Aronson).

Example from health human resources in home care work

Qualitative Research question: How has the reorganization of home care in Ontario to a market model impacted the social organization of home care work?

Quantitative Question: Has the reorganization of home care work in Ontario increased the stress level of home care workers?

Study Population: 10 agencies in Hamilton with contracts to the CCAC including the CCAC (2002)

To answer the qualitative question:

59 Key Informant Interviews (2001)
- CEO;Director; Manager, Administrator; Supervisors; Health and Safety Rep.; Board Member; Union Rep.

29 Focus Groups (2001):
- Therapists (5 disciplines) (N=4)
- Home Support Workers (N=8)
- Supervisors/Coordinators (N=7)
- Office Staff (N=3)
- Case Managers (N=2)
- Nurses (RNs, RPNs) (N=5)

Findings from key informants interviews:

Impact on organizations:

- shift to business focus

- increased efficiency

- formalized standards

- greater accountability

- expansion of service area

- decreased co-operation between agencies

- difficulties mastering the RFP

Findings from focus groups

Impact on Employees:

- heavier workload/intensification of work
- reduced length of visits, more visits per day
- 24/7
- more complex care
- increased unpaid work
- downloading of care
- less time for emotional care
- job insecurity
- increased stress, physical injuries, health and safety risks

Human Resources Issues

- recruitment and retention issues
- worker shortages
- pressure to take more clients or work when sick
- low pay
- wage parity (with hospitals, long-term care institutions)
- scheduling issues
- lack of organizational support
- lack of peer support
- unionization

To answer the quantitative question:

"Has the reorganization of home care work in Ontario increased the stress level of home care workers?

We developed a self completion mail out survey
"Health and Work Life Questionnaire", that included questions on:
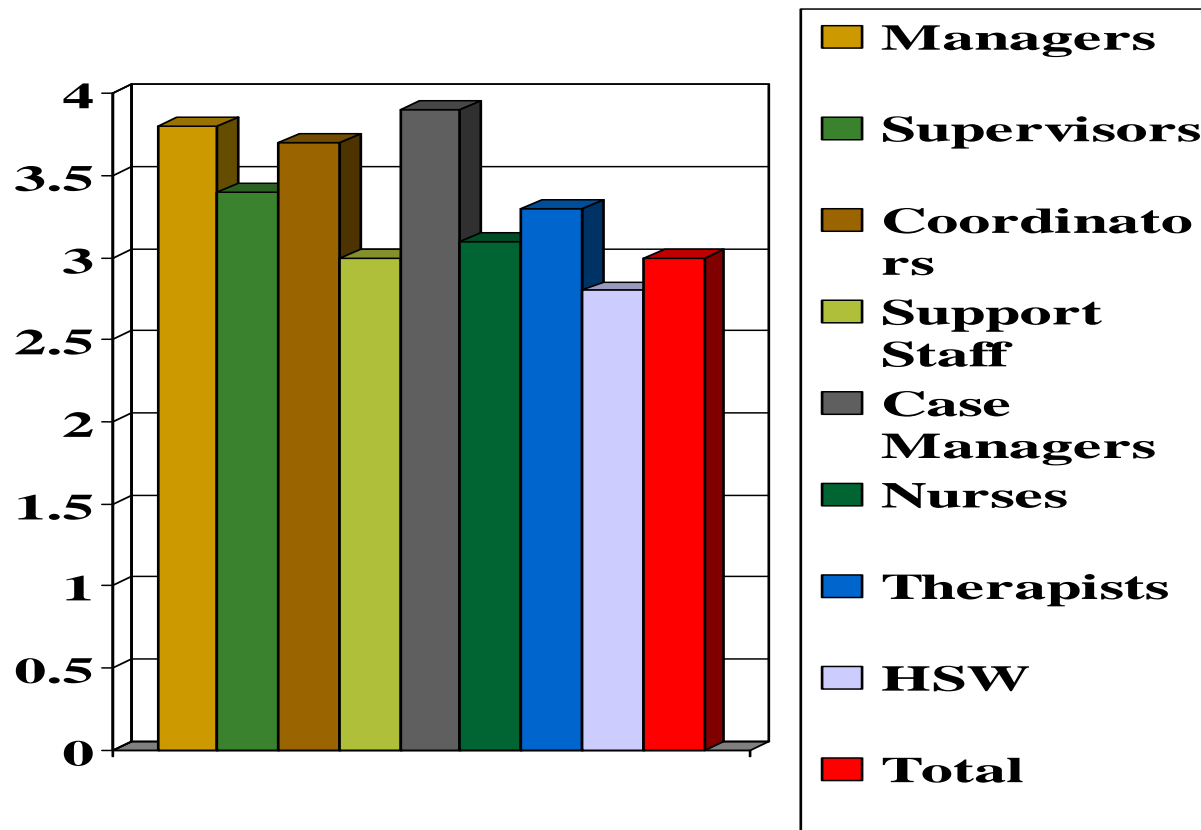
- changes in home care (i.e. Compared to 1997…)

- job stress (i.e., Would you describe your job a being not at all stressful (1)…… to very stressful (5)?).

    N=1332 (70% response rate)

Job Title of Respondents

36   managers

37   supervisors

35   coordinators

107 support Staff

85   case managers

228 nurses

84 therapists

678 home support workers

21   missing occupation

Job Stress (scale 1-5)

Significant Positive Associations with Indicators of Organization Change & Restructuring Factors: Symptoms of Stress Scale

Work intensification/heavy work load

Staff shortages

Organizational change

Shift to business focus

Client acuity

Lack of resources

Concerns with budget cuts

Fear of job loss

Scales with high reliability scores developed through factor analysis

Access to Community Support Services for Older Adults (Denton, Ploeg & et al)

Quantitative Research Question:

"Are older persons aware of available community support services?"

Literature review showed that it was difficult to draw conclusions from literature because of:

- ❑ Check list methodology
- ❑ Acquiescence or over claiming bias
- ❑ Inconsistent findings across studies
- ❑ Aggregation of CSSs with other, particularly health services

Development of a Methodology to address Acquiescence Bias

In qualitative research literature, vignette methodology has been used to study service awareness (Schenberg & Ravdal, 2000).

We decided to adapt this methodology so that it could be used in a telephone sample of almost 1200 older adults in Hamilton (aged 50+)

Service providers developed 12 vignettes that described common problems experienced by older persons or their caregivers for which CSS are available.

Vignette Methodology

- For example:

    "Your spouse died two years age. You spend a of time watching game shows and soap operas. Your family expects you to get on with life. You wish you had someone to talk to."
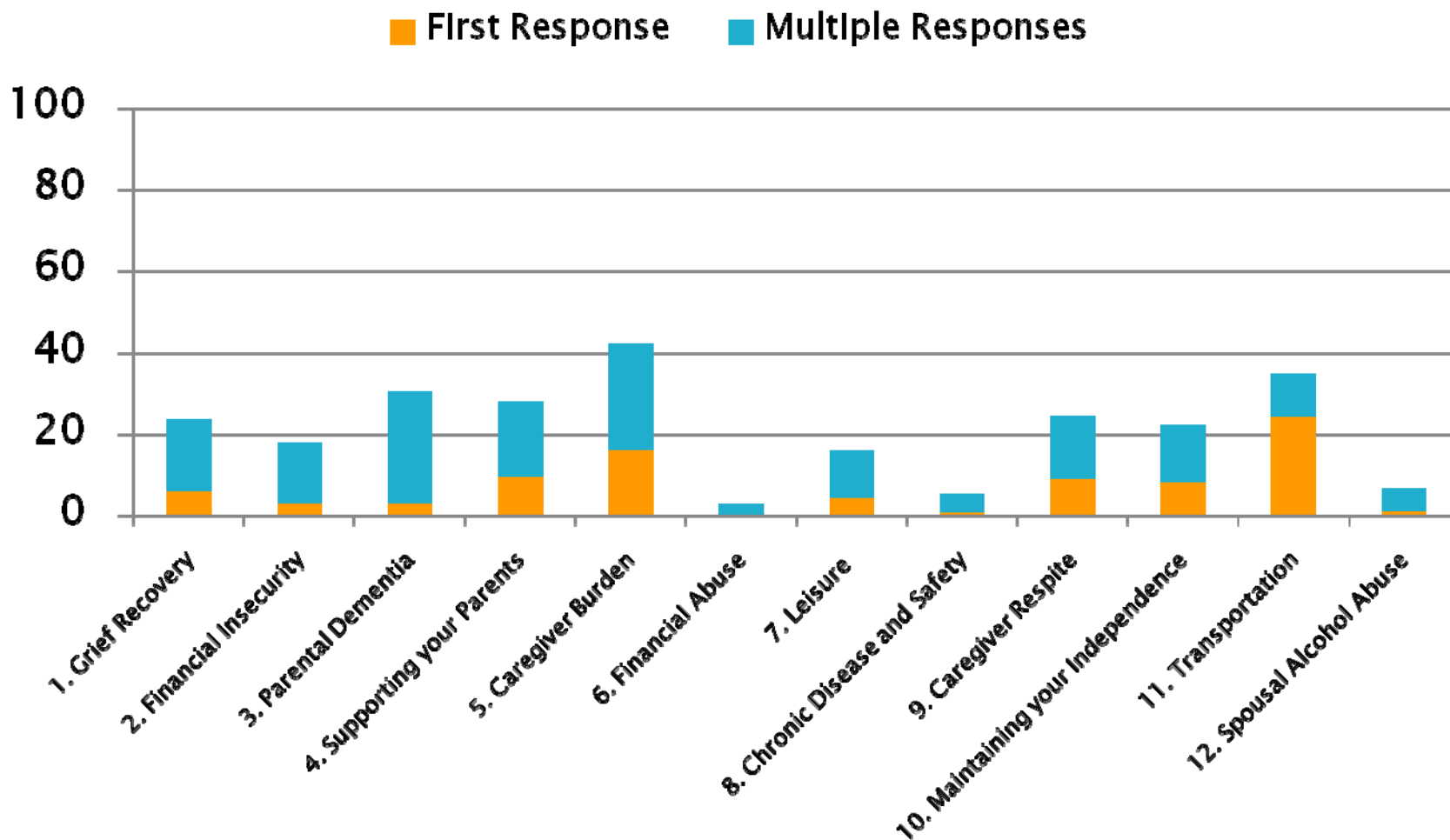
- We asked:

    "If you were in that situation what would you do? Anything else?"

    "Can you name an organization or program in the community that you would turn to in that situation?
    Any other organizations or community programs?"

    Note: respondents answered open-ended questions, these were later classified into 20 sources of help

A Third Example

- Quantitative research studies show that many frail older adults are not using home care services?

- Qualitative research helps us to answer this question

Using in-depth interviews with home care clients, Jane Aronson has demonstrated clients concerns with:

- Lack of continuity of service providers
- Lack of skills on the part of caregivers to meet their needs
- Poor training
- Unfamiliarity with the organization of the household
- Lack of trust
- Invasion of privacy

In summary

How can we integrate qualitative and quantitative data in home care research?

Qualitative research can be to used to:

• foster an understanding of issues/phenomena in aging research

• inform researchers of the "right" questions to ask in survey research

•help researchers to understand findings from quantitative research in aging

- **What are the emerging questions in home care?**

- **Where do we need to go with respect to the development of data sets and methods?**

Access to and utilization of home care services

What are the determinants of (barriers to):

- un-met need
- access to and
- utilization of in-home care services?

* Could be individual determinants, or structural

Possible quantitative data sets:

- Statistics Canada Data such as the Canadian Community Health Survey, General Social Survey, National Population Health Survey
- Future, Longitudinal Survey on Aging
- Provincial administrative health data possibly linked to Stat Can data sets

Possible Qualitative Data:

- In-depth interviews

Predicting Future Need for Home Care Services

With the aging of the Canadian population, what will be the demand for home care services in 10, 20, 50 years?

- Quantitative Data Sources:
  - Statistics Canada LifePaths Micro simulation Model

Health Human Resource Issues in Home Care Work

Need for research on issues related to:

- work intensification
- recruitment and retention issues
- Pay/ benefits/parity
- Hours of work/ non-standard/flexible work/work schedules
- Job security
- organizational support
- Unionization
- stress/burnout
- Workplace injuries including MSK

Quantitative Data Sources

Survey research

Future HRSDC Sector study

Qualitative Data Sources

Key informant interviews

Focus groups

Case studies

Research issues related to the quality of care

Quantitative Data

- Analysis of Home care quality indicators (HCQIs) available in the Minimum Data Set for Home Care (MDS-HC) (Hirdes and colleagues)
- Possible linkages to agency characteristics, models of care, provincial administrative data etc.

Qualitative Data

- Case studies
- In-depth interviews

Cost effectiveness of Home Care

- Demonstration projects such as:

- SIPA model in Montreal (Howard Bergman,Beland),
- B.C. study (Hollinger et al.)

Comparing home care models

- Home care is provincially funded, therefore each province has its own "unique" home care system

- Provincial differences in funding, models of care, service delivery, entry point, etc,

Collaborative study with investigators in each province collecting and comparing data from:

- Administrative data

- Surveys of clients and care givers

- HCQIs from MDS-HC

- Human resource sector studies

- Key informant and focus groups

In conclusion

There is much research to be done in the area in home care.

In the future we will be able to take advantages of :

- Longitudinal data sets
- Linked data sets
- simulations
- Integrating qualitative and quantitative data