

Senior care from a Finnish-Swedish perspective - challenges, rehabilitation, technologies and competencies of the healthcare professionals

Vision:

- In the middle of the society - close to the people (the vision of Fokhälsan)
- The good life at all stages of life (the vision of the Housing and Social services for elderly)

Task: To promote the health and well-being of the Finnish-Swedish population through research and practical action

Values: commitment, competence and care

Challenges

- Problems concerning recruitment: A lack of qualified Swedish-speaking labor
- More and more elderly citizens at the age of 85+ having multiple chronic diseases
- We need a clearer definition of competence and what kind of education is needed.
- There are a lot of digital opportunities and the world of work is drowning in solutions that legislation does not keep up with here. Thereby these digital solutions usually means for the organization an extra financial effort that cannot be credited in the staff dimension.

Clients: We provide services to Swedish speaking clients who receive services via service voucher, privately paid or the municipality. We start from the client's functional capacity and needs of services. We work in a person-centered way, we pay attention to the client's diseases and needs of support, but we focus the care on the client's resources.

Understanding the clients which we provide services to based on their abilities and resources

We distinguish elderly care from open services for the elderly. In elderly care, the client already has a clear need for care. In the health-promoting open services for the elderly there are lighter services, e.g. various projects on exercise, nutrition, social interaction and memory training.

In elderly care we divide the service needs into the following:

- Light support services: rough cleaning, window cleaning etc.
- Heavier support services: meals, supervision etc.
- Home services (lighter): including medicines and other services a few times/week
- Home services (daily services): help with medication, help with ADLs (hygiene, toileting, perhaps needs due to cognitive impairment)
- Homecare for the end of life: is a combination of homecare and nursing, where the nursing part becomes larger
- Assisted living: rent, meals, basic services (laundry, cleaning, daily supervision)
- Extended service housing: if the client does not have severe cognitive challenges (memory disorders), this form of support can be lived with until the end of life
- Round-the-clock assisted living: 24-hour supervision, usually a severely impaired ADL and a combination of at least moderate memory impairment (expected length of stay one year)

Rehabilitation- What does rehabilitative care mean to you?

Definition: I can see that the definition of rehabilitation is the same as in Denmark

Rehabilitation today: the care we give is rehabilitative care, but we have separated rehabilitative care from rehabilitation services in Finland. We have close cooperation at client level between these teams in Finland.

Rehabilitative care means for us the whole approach in our work, including everything, to make use of all the client's resources (bio-psycho-social).

It is important to be able to work in an individual and person-centred way. Health promotion is also very central to us, in addition to health promoting exercise, it is important to also consider social ageing and all that it entails. Family members are an important part of the planning of the service, it is agreed which parts the family members take care of and which parts are taken care of by the service provider.

What competencies are needed in health care professionals today?

- Resource thinking
- It is important to have a knowledge of different forms of illnesses and disabilities, but this should be turned into resource thinking.
- Knowledge in planning an individual care and service plan: the clients resources - wishes and needs.
- This needs to be formulated concretely so that all of the staff know how to implement it.
- Ability to see the person and the resources in the daily work.
- To be able to read the personal status of the day.
- To understand what theory means in reality. How to implement theory with practice.

What competencies of healthcare workers are needed in the future?

- More digital literacy
- Flexibility and willingness to learn new things.
- Lifelong learning - independently. Also the education will become more independent and will be presented in a digital form.
- More competences in care and respond to the clients will and needs, especially in care of people with memory disorders and in the care of the clients relatives.
- To pay attention to different cultures and backgrounds of both clients and colleagues.

What forms of welfare technology do you use in the care and rehabilitation of the elderly?

- Enterprise resource planning systems that control home care visits
- Alarm systems that give us the possibility to tag in for visits or alarm support if a person goes out from the door etc.
- AR for games: VR glasses for social and physical training
- Different Apps loaded on the phone: music, motion apps, etc.

The healthcare workers point of view and perspective to digital solutions?

There are always a few who are reluctant to use digital, but the younger generation expects digital solutions to be available.

The organization's point of view and perspective to digital solutions?

- From a recruitment point of view, we need to put in place tools for staff and also lobby the authorities to start seeing this as part of the financial dimension.

- There are many similar digital tools, for the workplace it is difficult to know which ones you need, that it doesn't get old, which digital tools are the relevant ones.

How do you see the seven components from WHO "The Rehabilitation Competency Framework", 2020 ?

They are good for rehabilitation, but rehabilitative approaches and rehabilitative care is more than this. This is very rehabilitative and focuses more on improving, whereas we at Fokhälsan look at rehabilitative care as something we have until the clients end of life and want to focus on the resources and functional capacity through all the parts of life.

What do you think the rehabilitation process will look like in 15 years?

We should be better at putting in early health promotion and maintenance of functional capacity to all seniors, so that they will have a willingness and a knowledge of wanting to maintain their functional capacity. Early intervention at all stages from fully independent to round the clock care. It should be a part of the clients personal plan to maintain functional capacity.

How can we teach our nursing students for the needs and skills that the future will bring?

- Ensure resource thinking and rehabilitative approach and draw on the clients strengths and support where there are deficits.
- A knowledge of how the body works and what is important in seniors that I as a caregiver should pay attention to (physically and mentally).
- A knowledge of how important role the healthcare worker has in the clients life, being the contact person that helps the client in his/her everyday life.
- To observe, plan and carry out the work with everyone in the network (doctors, nurses, relatives), etc.