

# Ivaretagelse av psykososiale behov til hjemmeboende personer med demens

- fra et tildeler- og utøverperspektiv



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# Hensikt

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Å få mer kunnskap om hvordan psykososiale behov til eldre, hjemmeboende personer med demens forvaltes og utøves i praksis.

# Kvalitativ studie

Fokusgruppeintervju tildelere  
(Tildelings-/bestiller kontor)

Delstudie 1

Vedtak  
(hjemmetjeneste og/eller Dagsenter)

Fokusgruppeintervju utøvere  
(hjemmetjenesten)

Delstudie 2

RESEARCH ARTICLE

Open Access



# Purchasers' deliberations on psychosocial needs within the process of allocating healthcare services for older home-dwelling persons with dementia: a qualitative study

Anette Hansen<sup>1,2\*</sup>, Solveig Hauge<sup>2</sup>, Ragnhild Hellesø<sup>3</sup> and Ådel Bergland<sup>4</sup>

## Abstract

**Background:** Meeting psychosocial needs is a significant component of quality dementia care. To enable persons with dementia to live at home for as long as possible, a community healthcare service offering care where physical, social, psychological, cultural and spiritual needs are met, is recommended. A comprehensive allocation process is required to allocate individually tailored healthcare services. However, the allocation process for older home-dwelling persons with dementia, specifically for services to safeguard psychosocial needs, remains largely unexplored. Accordingly, this study aims to explore purchasers' deliberations on psychosocial needs during the process of allocating healthcare services to older home-dwelling persons with dementia.

**Methods:** The study had a descriptive design with a qualitative approach. The primary data source was focus group interviews with purchasers who assess and allocate healthcare services. The interview data were supplemented by a review of administrative decisions made by the purchasers. Data from the focus group interviews were analysed using a descriptive and interpretive approach. Content analysis of the administrative decisions was conducted.

**Results:** The purchasers described the allocation process as challenging. The following four themes reflect the complexity of the allocation process: (i) an unfamiliar and unclear concept; (ii) a hierarchy of needs; (iii) an adjusting allocation process; (iv) a challenging documentation of administrative decisions.

**Conclusions:** The purchasers viewed a comprehensive allocation process as important. However, a web of different interplaying aspects prevented the purchasers from conducting a comprehensive need-led allocation process. Insufficient assessment or allocation threatens the adequate safeguarding of the psychosocial needs of persons with dementia. Having varied and sufficient services to allocate is of great importance, but is not sufficient. Psychosocial needs must be better incorporated as a significant element throughout the entire allocation process.

**Keywords:** Healthcare assessment, Community healthcare services, Allocation, Purchasers, Home care, Psychosocial needs, Dementia, Alzheimer's disease

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# Funn


- Et ufamiliært og uklart begrep
- Et behovshierarki
- En tilpasset tildelingsprosess
- Utfordrende å beskrive og formulere psykososiale behov i vedtakene

RESEARCH ARTICLE

Open Access



# Meeting psychosocial needs for persons with dementia in home care services – a qualitative study of different perceptions and practices among health care providers

Anette Hansen<sup>1\*</sup> , Solveig Hauge<sup>1</sup> and Ådel Bergland<sup>2</sup>

## Abstract

**Background:** The majority of persons with dementia are home-dwelling. To enable these persons to stay in their own homes as long as possible, a holistic, individual and flexible care is recommended. Despite a requirement for meeting psychological, social and physical needs, home care services seem to focus on patients' physical needs. Accordingly, the aim of this study was to explore how the psychosocial needs of home-dwelling, older persons with dementia were perceived, emphasized and met by home care services.

**Methods:** A descriptive, qualitative approach was used. Data were collected through semi-structured focus group interviews with 24 health care providers in home care services from four municipalities. Data were analysed using systematic text condensation.

**Results:** This study showed major differences in how health care providers perceived the psychosocial needs of older home-dwelling persons with dementia and how they perceived their responsibilities for meeting those psychosocial needs. The differences in the health care providers' perceptions seemed to significantly influence the provided care. Three co-existing logics of care were identified: the physical need-oriented logic, the renouncement logic and the integrated logic.

**Conclusions:** The differences in how health care providers perceived the psychosocial needs of persons with dementia and their responsibilities for meeting those needs, influenced how the psychosocial needs were met. These differences indicates a need for a clarification of how psychosocial needs should be conceptualized and who should be responsible for meeting these needs. Further, increased competence and increased consciousness of psychosocial needs and how those needs can be met, are essential for delivering high-quality holistic care that enables persons with dementia to live in their own home for as long as possible.

**Keywords:** Home care services, Dementia care, Psychosocial, Holistic care, Health services research, Focus group, Qualitative research

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# Funn

- The physical need-oriented logic
- The renouncement logic
- The integrated logic

# The physical need-oriented logic

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“Det er det praktiske som er jobben vår, vi er ikke sånne selskapsdamer... så det behovet liksom, det er avsluttet der...”



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“... de kan jo ikke forvente at kommunen skal stille med alt...at kommunen skal oppfylle alt, det kan vi jo bare ikke.”

# The renouncement logic

«... vi burde sikkert vært bedre på å vektlegge de psykososiale behovene, men det dreier seg først og fremst om å dekke de fysiske. Det handler om vår forståelse av mennesket og vårt syn på menneskelivet... Selv om trygghet er et veldig grunnleggende behov for en dement person så blir det nedprioritert, vi har ikke tid... det tar tid å skape tillit og trygghet...»

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“... du unnlater å spørre hvordan de har det fordi du ikke har tid til det.»

“Jeg ville så gjerne møtt de på deres ensomhet og tristhet, men jeg kan ikke, jeg kan ikke åpne for mange ting, fordi jeg må forlate de. Jeg må sette et lokk på det, fordi jeg må til neste pasient.”

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# The integrated-logic

“Jeg tar meg tid til å sitte litt ned. Sitte å snakke om ensomheten, angsten, finne årsaken. Er det noe vi kan gjøre eller må vi kontakte lege eller spesialisthelsetjenesten? Kommunikasjon er så viktig. Jeg tror de virkelig setter pris på det når jeg setter meg ned, lytter og prater med de, viser at jeg bryr meg.”

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“Det handler om å få til den gode samtalen, det er helt fantastisk når du klarer å møte en dement og du ser det gjør noe. Gleden, glimtet i øynene, når de finner litt tilbake til seg selv igjen ...de blir mer selvsikre, mer åpne, tør å vise ansikt, kaster beskyttelsesmekanismene...”

# Konklusjon

Hva psykososiale behov innebærer og hvem som har ansvar for ivaretagelsen av disse behovene bør tydeliggjøres, slik at det ikke blir tilfeldig hvilken hjelp hjemmeboende personer med demens får.

Tildelerne og utøverne må ha rammer som gjør de i stand til å møte personer med demens sine psykososiale behov i større grad enn det de gjør i dag.

For at personer med demens skal kunne bo lenger hjemme og oppleve god livskvalitet må helsepersonells kunnskap om og fokus på psykososial helse og behov økes; både i kartleggingen, tildelingen og utøvelsen av tjenestene.

# Takk til

Deltakerne i studien som delte av sin kunnskap, tanker og erfaringer. Uten dem ville denne studien ikke vært mulig.

Takk også til mine fantastiske veiledere:

Professor Ådel Bergland

Professor Solveig Hauge

Professor Ragnhild Hellesø

