Analysis of research in the field of resilience, interviews and survey

Activity 1 / Final report

care
4 YOU OTHERS

Resilience training
for the new generation
of caregivers

Care4You4Others
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for the new generation
of caregivers

2023-1-AT01-KA210-VET-000151863

1. INTRODUCTION

This report is the summary of activity 1 which aims to clearly define **what content and what topics should be elaborated in an online training course** about resilience, tailored to the needs of caregivers and future caregivers.

This was accomplished through:

- extensive desk research examining existing practices, projects, activities, and literature.
- field research, including interviews with experts in caregiving and resilience
- a comprehensive survey targeting formal and informal caregivers.

The final report synthesizes key findings and conclusions crucial for the course development. Given the vast amount of information, we have focused on the most relevant insights in this report. However, all relevant annexes (available only in English) are attached for detailed insights into the investigation.

2. DESK RESEARCH

Each partner carried out desk research on existing activities, projects, practices, studies and definitions that are relevant to the topic of resilience in care.

Several projects were identified (e.g. Resicare -https://resicareproject.eu/;; Resil4Care - https://www.fabbricaeuropa.eu/resil4care?lang=en and literature review has been carried out to investigate "definition of resilience"; "factors associated with resilience"; "effectiveness of resilience education"; concrete challenges related to dementia etc…

Desk research yielded three primary conclusions:

- While extensive research has been conducted on resilience, there lacks a consensus on its definition, presenting a notable challenge.
- Numerous tools developed by similar projects exist and could be valuable considerations for Care4You4Others
- A distinct contrast exists between formal and informal caregivers, with resilience typically approached differently in each context.

You can check the main theoretical framework in the *annex* 1 of this report.

3.   INTERVIEWS WITH EXPERTS

Each partner conducted interviews with relevant experts in the field of resilience. To ensure consistency and facilitate findings comparison, an interview template was initially devised, available in annex 2. In total, 7 interviews were conducted across the partners, surpassing the initial plan outlined in the application form. This decision was prompted by the demonstrable value of involving experts at this preliminary stage. The feedback received proved exceptionally beneficial, offering valuable insights into resilience in caregiving and elucidating the unique challenges and requirements encountered by caregivers.
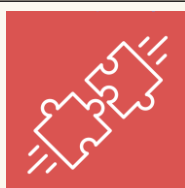
Methodological overview

Target value: planned 6 / conducted 7

Gender perspective: consider gender balance of interviewers that is especially important when we are talking about caring challenges.

Interview methodology: personal or video-call following guiding questions designed by partners.

Time needed: 30-45 minutes

Language: interview can be carried out in national languages; summary should be done in English.

Objective: I. receive information and opinion from the expert.

II. Further engage expert in the project process

Analysis: descriptive summary for each interview and common synthesis

The following experts were interviewed (due to data protection only the profile of the expert is revealed).

Responsible partner	Expert profile	Expert link to care/resilience
ACUFADE	Expert in family care	Support activities for family carers

ACUFADE	University professor	Investigation in the field of resilience
bit Bildungswelten	Supervisor & Coach	Worked exclusively with carers in the past
bit BildungsWelten	Supervisor, Coach and Life and Social Counsellor	Coach for employees of an hospital
Eclectica+	Coach, trainer and manager for caregiver national projects	Designer of resilience training projects for informal caregivers
Eclectica+	Chief of Residence for elderly and disabled	Expert in care of elderly and disabled people
Eclectica+	Head nurse of hospital psychiatric ward	Caregiving expert for psychiatric and mentally ill patients

Below are the key insights extracted from the interviews. Due to the detailed nature of the responses, we organized them into clusters, following the interview concept. In this report, we concentrated on highlighting the main elements and presenting only the most crucial information deemed beneficial for informing the design of the online course.

1 CHALLENGES OF CAREGIVERS

2 KEY COMPONENTS TO BE EMPOWERED

3 IMPORTANT TOPICS FOR THE COURSE

CLUSTER 1: CHALLENGES OF CAREGIVERS:

Italy:

- Coping with grief and death

- Managing challenging thoughts and emotions
- Handling practical workloads
- Navigating complex information regarding diagnosis, available services, and Italian bureaucratic processes
- Addressing the generation gap between younger and older caregivers
- Economic issues experienced by informal caregivers
- Varied needs, time constraints, and availability among formal and informal caregivers

Spain:

- Lack of information about their rights among informal caregivers.
- Feelings of isolation experienced by informal caregivers.
- Misunderstanding regarding the importance of self-care among caregivers.
- Significant impact on personal lives and family relationships.
- Economic strain due to caregiving responsibilities.
- Challenges balancing caregiving with professional life.
- Lack of recognition and social importance of caregiving roles
- Need for caregiving to be esteemed within the public domain, granting it a more prestigious status.

Austria:

- Limited platforms for exchange and communication among formal and informal care workers.
- Competition among colleagues, particularly within formal caregiving settings.
- Deficiency in communication and conflict resolution skills.
- Heavy workload and irregular shift patterns.
- Uncertainty regarding their roles within teams.
- Occurrence of conflicts within caregiving teams.
- High levels of stress and burnout are prevalent issues.
- Generation gap challenges, particularly between older and younger caregivers.

CLUSTER 2: KEY COMPONENTS TO BE EMPOWERED:

Italy:

- Ability to work by priorities and objectives
- Time management
- Empowerment of internal motivation (deriving from awareness of ethical impact of the caring job)
- Communication

- Talking about antifragility instead of resilience
- Collaboration processes and techniques
- Simple coaching techniques for giving oneself self-care goals and to learn how to balance personal life-caregiving activities

- Accompaniment to death and grief

Spain:

- building cultural competence, collaborative problem-solving, and tailoring support systems to meet the specific needs of different cultural groups.
- addressing gender stereotypes within a community can enhance resilience by promoting equality and reducing limitations.
- improving conditions in care settings, understanding resilience, empathy, and avoiding imposition.
- fostering supportive relationships characterized by trust, respect, and empathy, while also recognizing individuals' strengths and coping mechanisms.
- raising awareness of the importance of self-care in promoting resilience.
- encouraging self-awareness and seeking support when needed to maintain physical, emotional, and mental well-being.

Austria:

- Methods and tools for self-care
- Communication skills and tools
- Self-awareness

- Ability to recognize difficult and burdening situations

CLUSTER 3: IMPORTANT TOPICS FOR THE COURSE:

Italy:

- Problem solving
- Emotional management
- Positive communication
- Relaxing techniques (es. Focusing, mindfulness, simple yoga breathing exercises)
- Where to find assistance and support (e.g., self-help groups voluntary associations in the area, bureaucratic aspects)
- Home automation facilities
- Professional skills and roles (e.g., on what the psychiatrist/psychologist does)
- Work-life balance techniques
- Elements of nutrition
- Mobilization techniques

- Palliative treatments and medicine

Spain:

- Personal contacts (at the beginning and end of the course)
- Guided course – different modules
- Questions about personal situations- understand caregivers needs / ask about their STORY!
- Not focus on the challenges but on the person/give them space to share and raise feeling they are in the centre of attention

- Add stories/movies/examples… where in a concrete case explained the caregiving as a reference!

Austria:

- Content: Self-care, Mindfulness training
- Course/Content tailored to country specific needs
- Use of simple language
- take into account cultural and social differences

- enough space to try out things and exercise things

Conclusions from interviews:

Given technical, time, and resource constraints, it's evident that not all aspects can be fully incorporated into the online course. However, based on the feedback received, the following elements should be prioritized for inclusion to the greatest extent possible:

- Consider diverse situations, encompassing factors such as gender, age, type of illness/disease, and the specific needs of the assisted person, as well as geographical location (urban or rural).
- Structure the course modularly, allowing participants to select modules according to their individual needs and interests.
- Prioritize practicality over theory, using theory as an introductory element without delving into excessive detail.
- Supplement the online course with in-person sessions where appropriate, recognizing that the online environment may not be the optimal solution for every challenge.
- Include short video segments (maximum 15 minutes) addressing specific caregiver issues, enhancing the course's effectiveness.
- Provide information about existing tools, such as Resil4Care, and opportunities for networking and establishing relationships with other caregivers.

- Encourage participants to share personal stories and experiences, fostering a sense of community and support.
- Emphasize the importance of caregiving and its impact, offering recognition through factual evidence and clear explanations of its significance.

3. SURVEY AMONG CAREGIVERS

Each partner carried out a survey among formal and informal carers. In the initial step the survey template was designed and translated into local languages. This approach allowed merging the three data sets and performing a common statistical analysis. This required the elaboration of common guidelines to fill-in the country data. The survey template can be found in _annex 3_. Guidelines and complete data-set, elaborated with SPSS, are included respectively as _annex 4 and annex 5_.
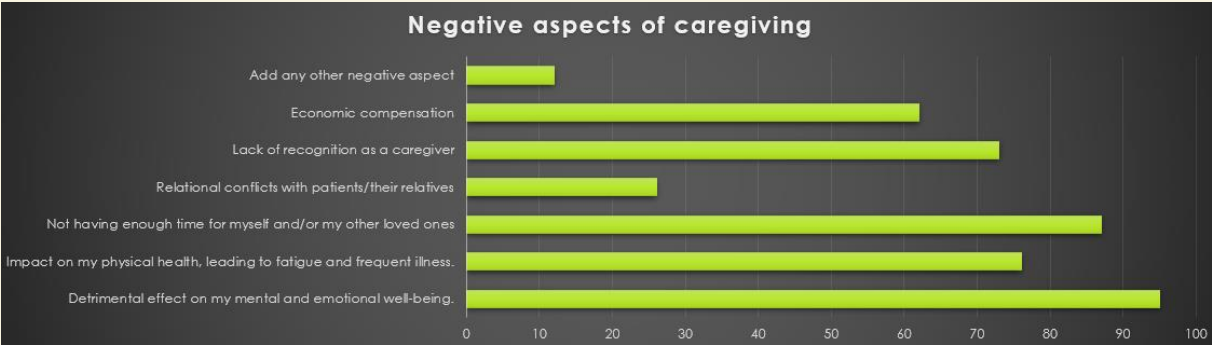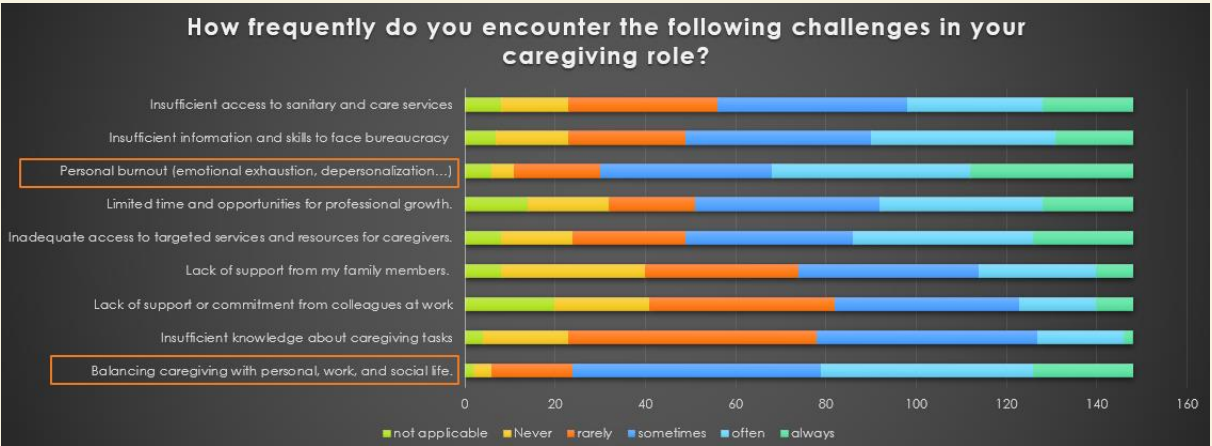

Methodological overview

Target value: 120 replies – 148 received

Caring perspective: each partner will consider equal share among professional and family caregivers.

Survey methodology: digitally - via Microsoft forms. Elaboration with SPSS.

Time needed: not more than 15 minutes for each survey.

Language: survey template questions will be designed in English; each partner should translate the final version to its local language

I. **receive information and opinion from the caregivers about the care challenges they are facing.**
II. **Understand their expectations and needs.**
II. **Further engage carers in the project activities – online course and 1-minute wonder cards**

Analysis: Simple frequency analysis and content analysis for open ended answers

Partners carried out 148 surveys which is more than foreseen in application form. The survey proved to be an extremely efficient and useful way to receive direct feedback from the main target group and understand their challenges and needs related to resilience in care. In the report we are showcasing just a few most relevant graphs - all visualisations can be found in *annex 6*.
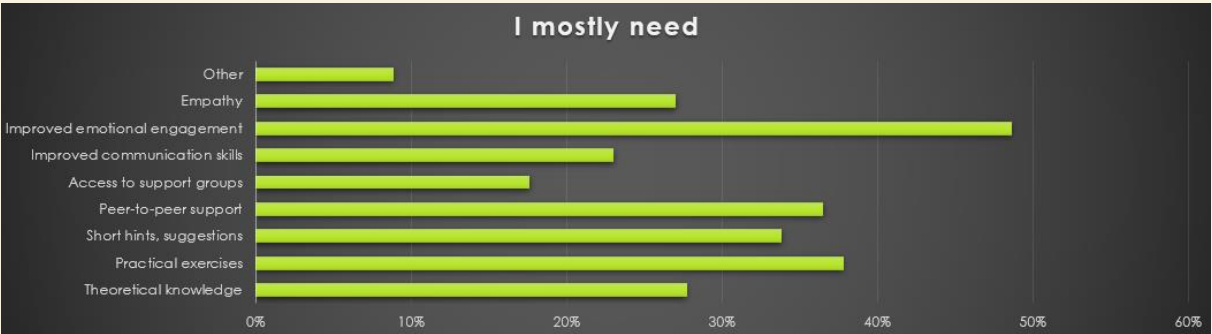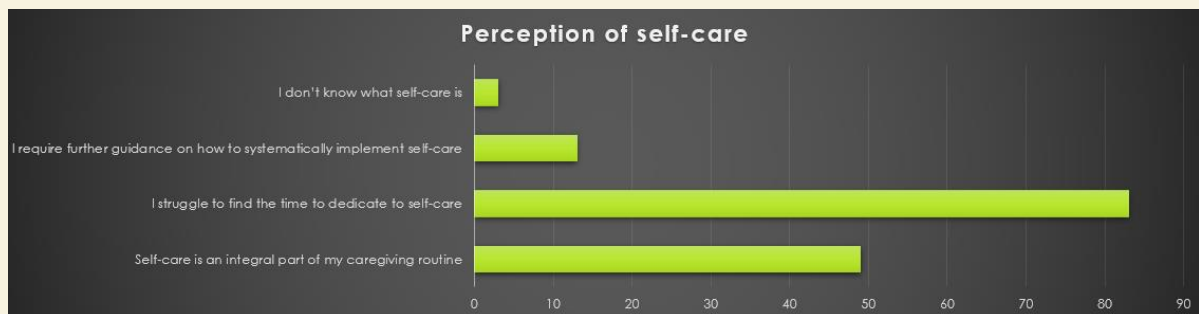
Graph example 1:

Graph example 2:

Graph example 3:

Graph example 4:

Perception of self-care

- I don't know what self-care is
- I require further guidance on how to systematically implement self-care
- I struggle to find the time to dedicate to self-care
- Self-care is an integral part of my caregiving routine

(x-axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90)

Main conclusions:

- Survey proved to be a very useful and efficient tool
- We received 148 replies which is more than planned
- Good share among countries and among informal and formal carers
- Respondents are predominantly elderly and mid-aged
- High percentage of unemployed and part-time employed!
- Huge predominance of female
- Most caregivers are carrying out their tasks for a long time!
- High % of caregivers care 40 or even more hours per week
- Caregivers highly evaluate emotional perspective of caring
- Negative impacts mostly on healthy, wellbeing, recognition
- Caregivers value higher emotional support, followed by practical, theoretical one is on the last place
- Most caregivers are aware of self-care but don't have time/resources to integrate it

4.   CONCLUSIONS

The investigation conducted in Activity 1 proved to be highly practical, efficient, and provided remarkably useful insights for guiding the subsequent phases of the project. By employing a combination of desk research, expert interviews, and a survey among caregivers, we gained a comprehensive understanding of the topic of resilience, particularly regarding the needs and expectations of caregivers. This multifaceted approach provided valuable data that will inform the design of the online course.

It is crucial to align the course content with the identified needs and expectations of caregivers to ensure its effectiveness and usability. By addressing these needs, we can tailor the course to meet the specific challenges faced by caregivers, ultimately enhancing their resilience in their everyday roles and tasks. This targeted approach will not only maximize the course's impact but also increase its uptake and utilization among caregivers, leading to tangible improvements in their well-being and performance.

ANNEXES

All annexes are only available in English, except from survey results carried out in each country.

Annex 1: Theoretical overview of Informal and formal caregivers resilience

Annex 2: Interview template

Annex 3: Survey template

Annex 4: Survey data - raw

Annex 5: Survey data - entry instructions

Annex 6: Survey data - visualisations

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