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"Technologies for Active and Independent Living in Old Age"

Virtual conference – 11 Feb. 2021

Ageing, frailty and innovation: Exploring the function of new technologies in the development of the care professions at the time of Covid-19.

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The presentation was prepared by INAPP as Intermediate Body of the National Operational Programme SPAO with the contribution of the 2014-2020 ESF Action 8.5.6 Activity I/8i/8.5.6/2.

Inapp Research on Ageing and IT (2018-2019)

- How ageing and new technologies are changing the jobs and the demand for services?
- What are the skills, human resource practices and organizational models that are orienting the response strategies?

Aim of the present proposal

- Exploring the **sensemaking processes** through which technoscientific innovations are co-produced and adopted, and how they contribute at (re)shaping social representations and practices of services (aims, issues, output, outcome…).

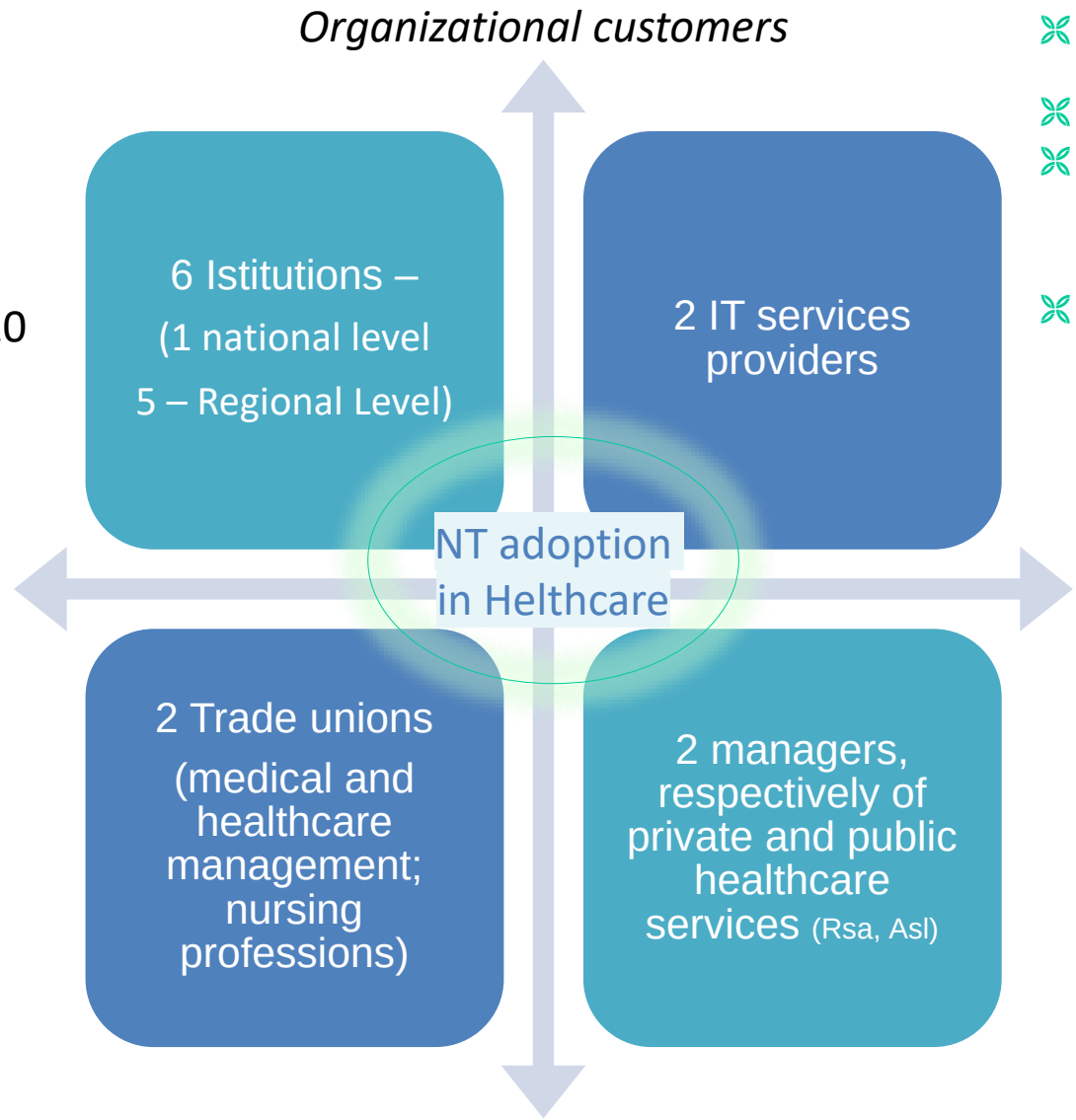
→ *How the healthcare professions are interpreting and giving value to what happens* (IT adoption, events, circumstances, resources) in developing their services.

- *What is the role of the emotions as organizers of relationships* in the approach to NT and elderly issues in healthcare

Sample by positions in the use of NT solutions

12 In depth interviews

From June to September 2020



- *Evolutionary trends in the path of services*
- *Organizational solutions*
- *Expectations and critical aspects in the development paths of professional skills*
- *Changes undertaken in dealing the Covid-19*

*"One of the major problems of patients are the **pluripathological elderly and therapeutic adherence.** Territorial medicine would have the advantage of data crossing…" (Physicians Trade union)*

- **Cronicity**
- **Covid - 19**

*"There is a **Complexity of the care demand** distinguished between acute and chronic - **functional autonomy is pursued,** in eating, in movement, in transport **but the problem is the very important emotional and social** load (…)in dealing **with the affective, cognitive and social aspects of care**, with the difficulty in assuming co-responsibility , verifiable objectives "* (RSA)

*"You are faced with **the most disparate situations by going to the territory**. One thing if you are in the hospital where you know: that is the ward, the rooms and those beds. When you start going to people's homes **you find people alone**, or there is the caregiver who does not speak Italian well, it is the operators who have all the technology and skills in their hands when they go to people's homes"* (Home Care It)

*"**All the specializations and hyper-specialties that we have were not expendable** within consolidated assets that **do not adapt to the extreme variability of the context […]** during the Covid the general knowledge of the different areas from the hospital to the territory give us the possibility to hold up" (Nurses trade unions)*

"Everyone lived with the possibility of getting sick and the fear of making their family members sick (RSA)"

Cronicity – not self sufficiency

Covid - 19

- The demand for care can not be interpretated **by separating the biologic dimension of the illness form the contextual dimension in which the disease is experienced,** considering also the *subjective meaning that the care assumes in organizing the relationship with the healthcare system*

- *Cure is not care… sometimes is not possible. The limit of a diagnostic-prescriptive approach in dealing with how the disease is experienced*

Critical events between *Care needs/disfunctions* and *Care demand*

subjective interpretation of a problem inscribed in relationships

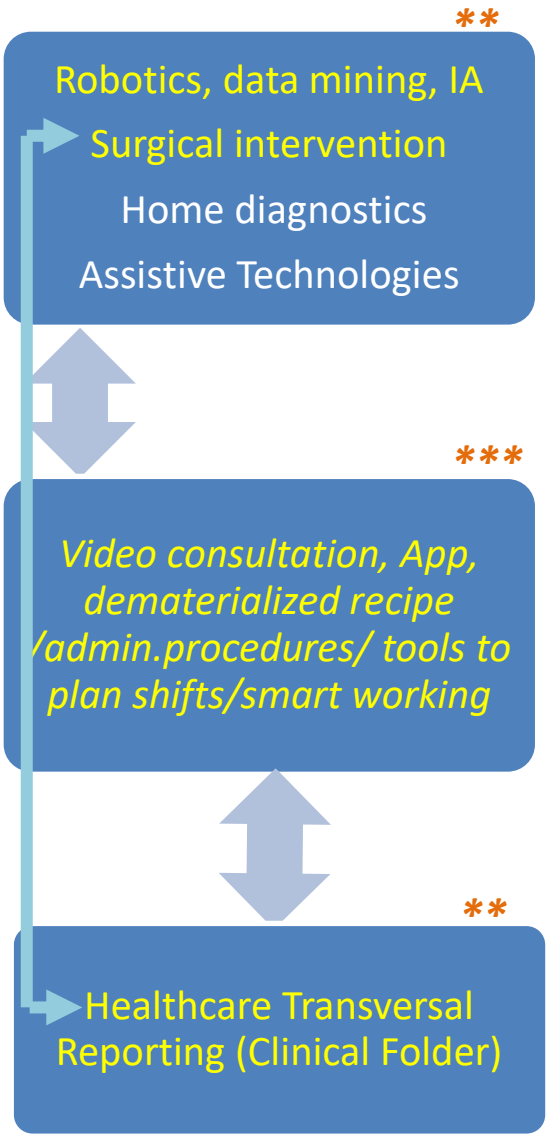
- *Interruption of services / Isolation / continuity of care*
- *turnover of the operators*
- *building reliable relationship and an orientation in a context that could not been taken for granted*

Overcoming models based on dichotomies :

The dynamics of clinical relationship

- From support for the ***dependent sick person*** *as a passive needy user* → *to* an organizational system oriented to communicate to a ***skilled customer ecosystem of relationships*** *with motivations and skills that can be explored as part of the care process*

- From dichotomic vision prescription of cure – adherence to a protocol around the disease → to a recognition of the *interdependence* in developing contextual resources on the way in which ageing, and care are experienced long life long



From **Information** to **Comunication**

Expectations around …a revolutionary transition

➢ **In the diagnostic process**

- «Can help the doctor to bring the relationship with the patient back to center and relieve of routine parametric operations";
- "It can help him solve cases that we absolutely could not diagnose today";
- In orienting within high variability, as a **verification of decision-making processes**

➢ **In organizing new care Contexts – from executive to proactive position**

- Orienting and managing human resources in building *care continuity and coordination* *by* exploring the committment of elderly people in their context (families and comunities).
- *Dimensioning the aim/resource on the feedback on customer's use* coming from the development path of the services supply chain and the different professionals involved
- For the creation of services related to the pathology but also to the critical issues that organize the *relationship with the different healthcare services over the time.*

Critical Drivers in the adoption of technologies

- **NT as a disorientating burden** when planned on apriori/technical/normative assumptions → mistrust when they are proposed in a *replacement* perspective, or when they are not designed to allow the dialogue among different parts of the care process. (Trade unions, governance services)

- **Fear of abandoning established dynamics of the care process within– sanitary and assistance paradigms**

A) *Refuge in technique* in communicating with the patient / absence of time and emergency approach *as an avoidance of the emotional implications* (medical professions)

B) Delegation to the expert's strategy rather than a sharing process and multidisciplinary practice (GP, Nurses)

C) Representation of collaboration as missing within organizational cultures that under evaluate the relational dimension of the service as part of the care process (a feeling of distance/scarce resources from the "given hospital context") (Local governance services – nurses - RSA Services to the elderly)

- To create a competence in the use of the device has to **deal with a process of shared construction of the meaning of the intervention** in the sociocultural sense that it assumes among operators - elderly – families – as coproducers

Adoption of new technologies and care continuity problematized and ***experienced as a process to be built***

Technological device specific skills

- Data mining; diagnostic skills; knowledge of specific device use (app, videocall, national reporting tools, etc.)
- Competence to integrate them within the therapeutic path, to design the use of systems within the clinical practice and the organizational collaboration

Organizational Integrative Skills

- ✓ Analysing complex interactions, dimensioning problems, Codesigning intervention, negotiating contextual objectives and work settings (≠/diagnosis of a disease or deficit)
- ✓ **Interpreting the emotional implications of the care relationship within the specificities of different services** - from acting control to recognizing their role in organizing the relation with devices and care in the hospital, at home, among communities and different professions

Integrated skills

The future professionals

- Integrating technical skills with the relational organizational skills
- Telemedicine as a way to codesign the care process and building reliable relationships
- From executing single performances to connect processes of sensemaking within a mixed network of professionals and non-professionals (caregivers, elderly people, administrative functions…)

- Living Labs
  (It technicians – clinical professions)
- Local mediators functions (community nurses, prosximity laboratories; citizen councils)

A specific representation of the **digital divide**:

- **Increase in the average age is seen as problematic with respect to the stereotypical dynamics of representation of the old age not in the mistrust in the device use**

- **Feeling of professional isolation**

- Strong when the care responds to a diagnostic/performative vision of the taking in charge of the not-self-sufficiency as a strictly medical issue on the disease
- **Interprofessional teamwork** as request to build useful criteria to organize the intervention within chronicity in the connection among the different parts of the care services

Critical factors for the policies and research development:

- Creating working contexts and contractual arrangements that make **the communication meaningful** and allow a dialogue between the two competences of **cure** and **care of relationship** within a new perspective of taking charge of the ageing process also by using NT

- Training/guidance/requalification services as a resource to rethink the organizational assets

  - How the care process has changed at home – **what the *territory is about*?**
  - New organizational functions – case manager, community nurses, social worker 4.0, aimed at ***building dialogical contexts*** in dealing with the contextual meaning of the illness/aging and taking care issues.
  - What is the specific outcome of **social healthcare professions** in ageing coexistence context?

LTC provided by the National Health Service

(Hospitals, Rest&care, ADI - IHC)

Social component of LTC provided by municipalities

(SAD- SHC)

Specialistic&tecnichal knowledge
Strong role

...overcoming a polarization.....

Methodological Knowledge
Soft role – strong function

	Healthcare professions	Social Professions
	Prevention, Diagnosis, Treatment	**Care and relational dimension of health and coexistence demand**
Higher education qualification	✓ Medical professions and specializations ✓ Technical professions of the health system ✓ Nursing professions	✓ Social workers ✓ Professional educators ✓ Psychologists and Sociologists ✓ Technicians of social integrations ✓ Nursing associate professionals
Lower qualification	✓ Social&health workers/(qualified professionals in healthcare (operatore socio sanitario)	✓ Personal Care Workers (Family and personal assistants)

A new paradigm of the taking in charge of aging issues among communities

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Thank you for your attention!

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