

# GIVINGCARE – EMPOWERING PERSONAL CAREGIVERS AND PERSONAL ASSISTANTS BY DEVELOPING TECHNICAL, SOFT, AND DIGITAL SKILLS

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A. Study design/planning • B. Data collection/entry • C. Data analysis/statistics • D. Data interpretation • E. Preparation of manuscript • F. Literature analysis/search • G. Funds collection

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## ABSTRACT

For a couple of years, Europe has been observing changes in the structure of the age of its population, which include a growing participation of elderly people and a decreasing percentage of people at productive age. The demand for care services is increasing, which results not only from the ageing society, but also from the large number of disabled people at post-productive age.

The GivingCare project – Empowering caregivers and personal assistants by developing technical, soft, and digital skills – has taken place from the year 2020 to 2023 within the Erasmus+ programme, funded by the European Commission. The participants comprise 7 institutions from 5 European countries, namely Portugal, Spain, Slovenia, Poland, and Belgium. The leader of the project is the Santa Maria Health School in Portugal. The tasks realised within the GivingCare project are of international dimension. The area of the studies are target-chosen institutions from the participating countries, including healthcare facilities and universities.

The main goal of the project was to strengthen the position of formal and informal caregivers for care-dependent people as well other healthcare workers by developing technical, soft, and digital skills. The project fulfils the deficiency of higher education programmes by creating and implementing innovative training programmes, as well as developing materials/resources, based on independent modules. The results and methodology of the GivingCare project aim at promotion of a holistic approach and popularisation of influence in particular target groups, i.e. the group of formal and informal caregivers.

**Key words:** GivingCare project, caregivers, personal assistants.

## INTRODUCTION

For several years in Europe, changes in the age structure of society have been being observed, which include a growing ration of elderly people in the population and a decreasing percentage of people at productive age [1-3]. Although life expectancy is growing, there is still a gap between women's and men's life expectancies (men – 72.6 years, women – 80.7 years) [3], which translates into problems with provision of care for single, elderly, prematurely widowed women. Not only Poland, but all of Europe are witnessing an increase in the demand for care services, which results not only from the ageing of societies, but also from the large number of disabled people at post-

productive age, who comprise almost half of the population of people over 75 years of age, and every third person within the age range 60-74 years [3]. It is estimated that about 1.5 million elderly people living alone require care [2]. Over 30% of the oldest people living in a one-generation household or alone are threatened by the lack of daily support. The process of the ageing of society increases the demand for professional care services for elderly people [2]. Even though in Poland it is mainly members of the family who take over this duty, they use professional care in many situations. In Poland, apart from the family, care services are provided by public social care. Care services are performed in the place of living, in day-care facilities, as well as 24-hour care for residents

of social care facilities. Care services provided in the place of living are granted to single people who, due to their age, illness, or other reasons, require the help of others but are deprived of it. The services are delivered in the home of the person in need of care, and they cover help with daily life activities [3-5].

Prognoses demonstrate that most of society will use to a greater or lesser extent – public care services, contributing to the development of this industry and the profession of medical caregiver [6, 7]. An important element of this process is the mobility of caregivers, both formal and informal, namely economic migration of workers from poorer EU member countries and non-EU countries. There are, however, differences in the competences and skills of caregivers in particular countries. Wherever placed, working caregivers require constant training to follow cultural and social changes. A very important initiative is the acquisition and training of new workers for the care services sector [8]. According to the recommendations of the European Commission, the fundamental task is to recruit as many people as possible to work in the social care sector, and the employment policy should facilitate the development of the profession of caregiver and its promotion, especially among educated social groups, the unemployed, women, those returning to the job market, or immigrants [8].

## INFORMATION ABOUT THE PROJECT

The GivingCare Project – empowering caregivers and personal assistants by developing technical, soft, and digital skills – started in December 2020 and will last until May 2023. It is run within the Erasmus+ program and funded by the European Commission. Seven different institutions from 5 European countries participate: Portugal, Spain, Slovenia, Poland, and Belgium. The leader of the project is the Santa Maria Health School from Portugal, and the partners are Ljubljana University (Slovenia), Jagiellonian University Collegium Medicum (Poland), Eurocarers-Association Européenne Travillant Avec Et Pour Les Aidants Non-Professionnels (Belgium), Filmesdamente, LDA (Portugal), Coruna Univerity (Spain), and A.P.N.-Associação Portuguesa De Neuromusculares (Portugal).

The activities undertaken in the GivingCare project are of international dimension. The subjects of the study are purposefully chosen institutions from the participating countries, including healthcare facilities and universities.

## PROJECT ASSUMPTIONS

The main goal of the project is to strengthen the position of formal and informal caregivers for care-dependent people and other healthcare workers by developing technical, soft, and digital skills. The project

fulfils the deficiency of higher education programmes by creating and implementing innovative training programmes, as well as developing materials/resources, based on independent modules. The programme includes guidelines for caregivers and assistants as well as healthcare workers supporting the professional development of the target groups and their daily activities (e.g. good practices of care; how to care for them) and videos telling stories of real cases with visual examples of care practices. Also, the aim of the project is to develop and promote the professional vocation profile of formal and informal caregivers and personal assistants, contributing to their social and professional recognition and providing them with the support and tools necessary to care for themselves and others. The results and methodology of the GivingCare project aim at the promotion of a holistic approach and popularisation of the influence in particular target groups, i.e. the group of formal and informal caregivers.

## DETAILED AIMS OF THE PROJECT

- Generating awareness in the subject of ageing and conditions related to ageing, as well as necessities to provide care for the needy.
- Promoting the roles of formal and informal personal caregivers and personal assistants in today's society and enabling them to better provide care for the persons in need of care, while caring for themselves.
- Enabling healthcare workers to provide formal care.
- Training practical skills on how to use digital devices and solutions, which will enable personal caregivers and assistants to use the potential of daily life.
- Compilation and promotion of a vocational profile for personal caregivers and personal assistants, supporting their professional and social recognition.
- Modernisation and updating of the academic offer with reference to the current challenges and social needs.

## TARGET GROUP

The direct target groups (beneficiaries) of the GivingCare project:

- informal caregivers and personal assistants of self-dependent persons,
- formal caregivers and personal assistants of care-dependent persons,
- healthcare workers (nurses, therapists, etc.) who are ready to increase their knowledge,
- non-governmental associations/organisations providing care services (mercy houses, day-care centres, etc.) and/or supporting ill, disabled, or unable to work persons and/or their families,
- non-governmental associations/organisations supporting caregivers,

- healthcare sector higher-education institutions,
  - decisive persons, including employment services and home ministries responsible for the recognition of professional positions/vocations.
- Intermediate target groups and beneficiaries:
- adult education organisers,
  - families of people requiring care,
  - persons in need of care.

## METHODOLOGY AND PILOT IMPLEMENTATION OF THE PROJECT

The planned stages of the project (IO1 and IO2) included the development of the education programme directed at formal and informal caregivers, which consists of 6 modules, divided into 32 sub-modules (Fig. 1).

Each of the partners of the project was made responsible for compiling one module and educational materials in the form of a PowerPoint presentation. The team representing Jagiellonian University Collegium Medicum was responsible for Module 2 – caring techniques for well-being. During the second stage of the project (IO2), the elaborated education programme and the prepared educational materials were subjected to evaluation by implementing the pilotage. Each partner of the project was responsible for running the pilotage in their country and subjecting the developed module to evaluation (Fig. 2).

The pilotage of Module 2 invited 42 first- and second-year students of the nursing faculty of the first-degree studies. Thirty-nine persons entered the pilotage, and 20 persons finally completed and evaluated



Module 1. BASIC CONCEPTS IN CAREGIVING	Module 2. CARING TECHNIQUES FOR WELL-BEING
M1.1. Introduction to caregiving	M2.1. Feeding and hydration
M1.2. Basic concepts in caregiving and well-being	M2.2. Mobility, transfer
M1.3. Language and communication in caregiving	M2.3. Hygiene, elimination, and clothing
M1.4. Ageing process	M2.4. Comfort, sleep, and rest
M1.5. Disabilities and highly disabling diseases	M2.5. First-aid and safety
M1.6. Psychosocial aspects and inclusion	M2.6. Safe medication/therapy application
Module 3. EMPOWERMENT IN CARE FOR WELL-BEING	Module 4. MANAGEMENT AND TECHNOLOGY IN CAREGIVING
M3.1. Personal assistance and independent living	M4.1. Basic principles of management
M3.2. Humanization in caregiving	M4.2. Facility management
M3.3. Applied relaxation methods	M4.3. Entrepreneurship and teamwork
M3.4. Leisure activities	M4.4. Law, regulations, and professional ethics
M3.5. Self confidence and self-esteem	M4.5. ICT applied to caregiving
	M4.6. Ergonomics and assistive technology
Module 5. END-OF-LIFE CARE	Module 6. SPECIFIC TRAINING FOR USERS
M5.1. Principles of palliative care	M6.1. Rights and responsibilities of users
M5.2. General principles of symptom control	M6.2. User-provider relationship and communication
M5.3. Ethics, religion, culture, and spirituality	M6.3. Prevention of neglect, abuse, and mistreatment
M5.4. Mourning and family support	M6.4. Family-centred caregiving
	M6.5. Self-care for caregivers

Figure 1. The division into modules and sub-modules

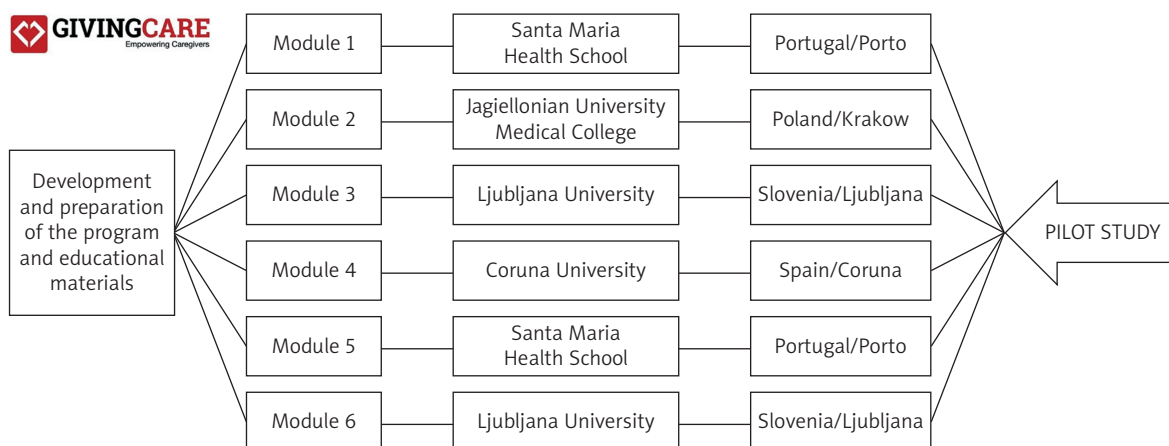


Figure 2. Plan and division of tasks related to the 2 stages of the project (IO1 and IO2)

the training cycle. The participation was voluntary, and each of the students consented to it. Before entering the study all the participants were informed of the rules and aims of the project as well as the goals of the pilotage. Additionally, each participant was asked before joining the pilotage and after its end to anonymously fill in an online questionnaire of the survey. The questionnaire used before the pilotage consisted of 7 questions concerning the following: any prior participation of the student in general and specialist training within Module 2, assessment of their current knowledge of care and hygiene techniques for well-being, willingness to participate in trainings in this subject, pointing to their expectations related to Module 2, and which sub-modules based on their headlines seem the most interesting for the participant.

The questionnaire distributed after the pilotage consisted of 8 questions, which concerned, among others, whether Module 2 had met expectations, whether the contents of the programme were adequate to the needs of the pilotage participant, whether such a training would be recommended to other people, how much new information was obtained during the training, how the quality of the information provided in the training is evaluated, and which particular topic of Module 2 – among its 6 sub-modules – interested the participant the most.

To facilitate the pilotage, a group was created on the MsTeams platform, which could only be accessed by persons participating in the pilotage. Every week during the 6 consecutive weeks from 18 April to 23 May e-learning educational materials were uploaded to the platform. The task for each participant was to familiarise themselves with materials. After the finished cycle the course was evaluated.

## THE RESULTS OF THE PILOTAGE

### The students' opinion before entering the education cycle

The questionnaire of the survey before entering the education cycle was filled out by 39 students.

Most of the surveyed persons admitted (79%,  $n = 31$ ) that they had never participated in a training in care/hygienic techniques for the well-being of a cared person. The knowledge within this area was assessed by the students as follows: 41% ( $n = 16$ ) as average, 33% as good ( $n = 13$ ), and 16% assessed it as poor or very poor (Fig. 3).

Most of the surveyed persons (87%;  $n = 34$ ) admitted that they had already participated in other trainings related to the topic of caring for the well-being of the protege/client.

According to the students, 72.33% on average (median 75%) of their work depends on the skills related with the techniques of care for well-being (min. 5%, max. 100%). All students ( $n = 39$ ; 100%) stated that they enjoy participating in special training programmes for professional/personal development.

The main expectations of the surveyed people were as follows: strengthening vocational skills with-in techniques of caring for well-being (79% of the surveyed), acquiring the skills that will enable them to gradually develop (59%), and acquiring new skills that will be immediately used in their work (51%). Only one person (3%) did not have any expectations towards the education cycle.

Before entering the course, the most interest was generated by the sub-module M2.6 – safe medication/therapy application (77%,  $n = 30$ ), then by the sub-module M2.5 – techniques of providing first aid (67%,  $n = 26$ ), and then M2.4 – comfort, sleep, and rest (28%,  $n = 11$ ) (Fig. 4).

### Students' opinions after entering the education cycle

The educational cycle was assessed by 20 out of 39 participants. In the opinion of 95% of participants ( $n = 19$ ), the training was adequate to their needs. All of them ( $n = 20$ ) would recommend the Caring Techniques for Well-Being training to other caregivers/persons providing care to a care-dependent person. Over a half (60%,  $n = 12$ ) held the opinion that they

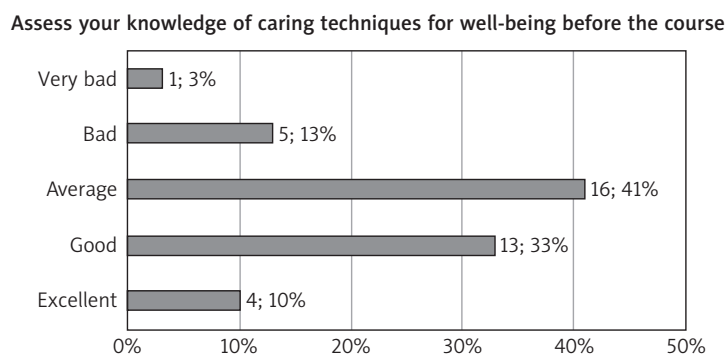


Figure 3. Participation in trainings in care/hygiene techniques for the well-being of cared persons

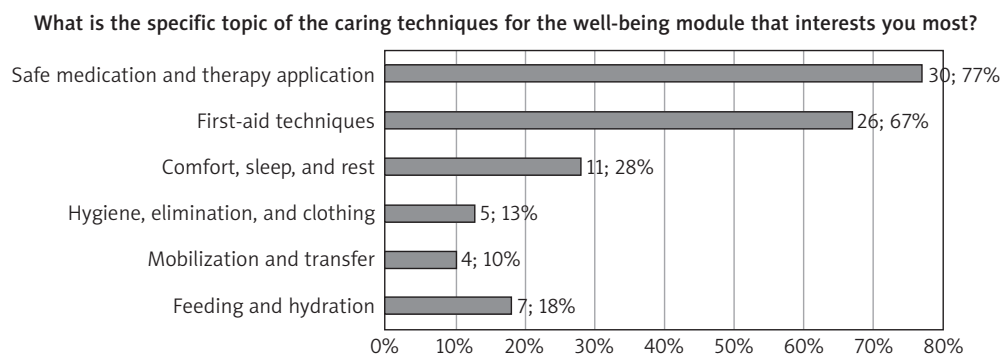


Figure 4. The list of topic ranges generating interest among the participants before participating in the training

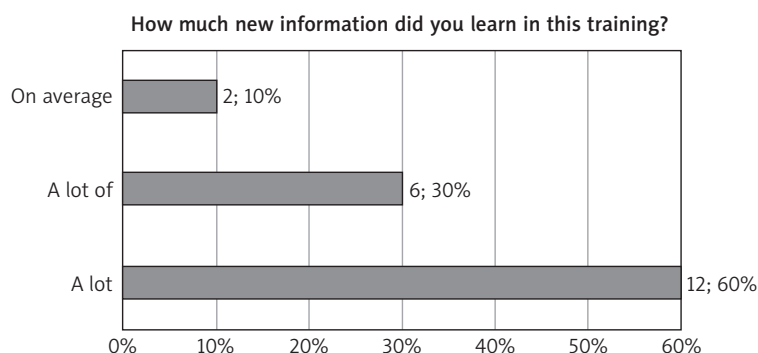


Figure 5. Opinion on the training

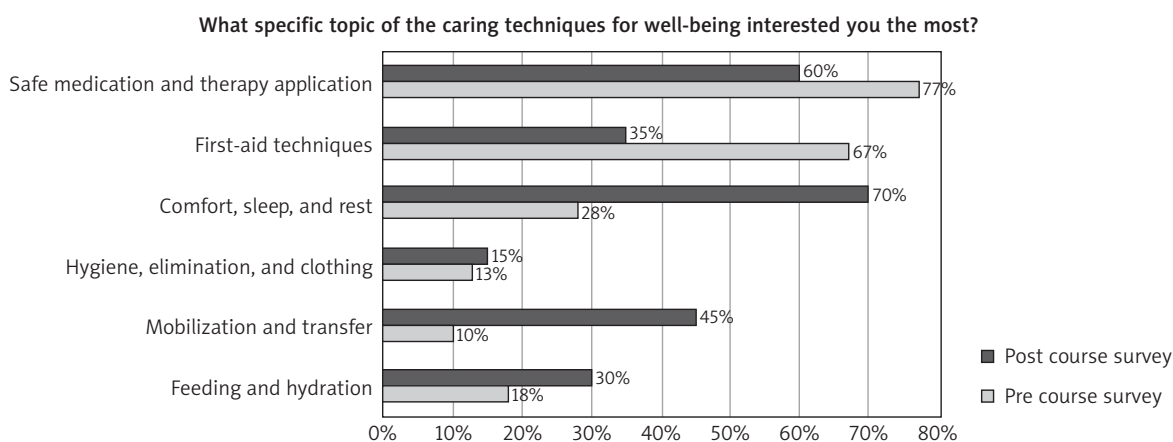


Figure 6. The list of topic ranges generating interest among participants after the training

obtained a lot of new information thanks to their participation in the education cycle (Fig. 5).

The quality of the educational content was assessed by the participants as very good (85%,  $n = 17$ ) and good (15%,  $n = 3$ ). After delivering the education cycle, the participants were most interested in comfort, sleep, and rest (M2.4.) – 70% ( $n = 14$ ), then safe medication/therapy application (M2.6.) – 60% ( $n = 12$ ), and mobilization and transfer (M2.2.) – 45% ( $n = 7$ ) (Fig. 6).

In the participants' opinion, the information contained in the course is very important ( $n = 14$ , 70%) and important ( $n = 6$ , 30%). Almost all the participants of the course, i.e. 95% ( $n = 19$ ), did not comment on

the course; only one person indicated that they have remarks, but failed to describe them.

### CONSECUTIVE STAGES OF THE PROJECT

The consecutive stages of the project, i.e. IO3 and IO4, will be realised from September 2022 to May 2023 within the area, and their goal will be to prepare a set of guidelines for personal caregivers and assistants (IO3), and a professional profile of the personal caregivers and personal assistants (IO4).

The information on the GivingCare project is available on the website <https://givingcare.eu/>

## Disclosure

The authors declare no conflict of interest.

## References

1. Sprawozdanie w sprawie starzenia się Starego Kontynentu – możliwości i wyzwania po roku 2020 związane z polityką dotyczącą starzenia się społeczeństwa, 2021; [https://www.europarl.europa.eu/doceo/document/A-9-2021-0194\\_PL.html](https://www.europarl.europa.eu/doceo/document/A-9-2021-0194_PL.html)
2. Starzenie się ludności w Unii Europejskiej – stan obecny i prognoza. Warszawa 2018;
3. <https://www.senat.gov.pl/gfx/senat/pl/senatopracowania/160/plik/ot-662.pdf>
4. Wyszowska D, Gabińska M, Romańska S. Sytuacja osób starszych w Polsce w 2020 r. Główny Urząd Statystyczny, Warszawa, Białystok 2021; 10-64.
5. Baranowska A. Starzenie się społeczeństwa europejskiego jako wyzwanie XXI wieku. *Casus Polski. Opuscula Sociologica* 2017; 4: 55-66.
6. Bakalarczyk R. Kwestia opiekuńcza w agendzie polityki senioralnej w Polsce. *Studia z Polityki Publicznej* 2017; 4: 82.
7. Karkowski T. Dostosowywanie zasobów kadry medycznej do potrzeb starzejącego się społeczeństwa. *Zdrowie Publiczne i Zarządzanie* 2015; 13: 82-94.
8. Kaniós A. Nowoczesne technologie w opiece nad osobami starszymi – na przykładzie Polski i Niemiec. *Praca Socjalna* 2019; 6: 33-43.
9. Chabior A, Krawczyk-Blicharska M. Kompetencje opiekuna osoby starszej – implikacje europejskie. *Edukacja Ustawiczna Dorosłych* 2016; 2: 81-88.