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Personele voorwaarden in woonzorgcentra

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Titel:	**Samenvatting van de resultaten van de literatuurstudie personele voorwaarden in woonzorgcentra (EF51)**
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Volgende vragen staan centraal in deze studie:

(1) Welke wetenschappelijke kennis is reeds beschikbaar over personeelsnormen voor woonzorgcentra?
(2) Wat is de relatie tussen deze normen en de kwaliteit van zorg en van leven in woonzorgcentra?
(3) Wat kunnen we leren uit binnen- en buitenland?

Deze vragen werden beantwoord enerzijds door middel van een literatuurstudie en anderzijds op basis van informatieverzameling bij onderzoekers-experten in het buitenland.

Voor de literatuurstudie vertrokken we van de systematische review van Hamers et al., die in 2017 werd gepubliceerd naar aanleiding van het nieuwe kwaliteitskader verpleeghuis dat in januari van dat jaar in Nederland werd geïntroduceerd. Samengevat wordt in deze review de volgende vraag beantwoord: “Is er wetenschappelijk bewijs voor een relatie tussen de personele bezetting en kwaliteit van zorg in verpleeghuizen?” Op basis van de resultaten ontwikkelden dezelfde auteurs een ‘Leidraad Verantwoorde Personeelssamenstelling’ (Hamers et al, 2016).

In de review werden 183 studies geïdentificeerd die vóór februari 2016 werden gepubliceerd (Hamers et al., 2017). Men keek naar de personeelsomvang en naar het opleidingsniveau van het verzorgend en verplegend personeel. De belangrijkste conclusie is dat het nodig is te zoeken naar een optimale mix van medewerkers die op de juiste wijze worden ingezet om de kwaliteit van verpleeghuiszorg te verbeteren. Enkel inzetten op méér verzorgend en verplegend personeel leidt niet tot een verbetering van kwaliteit van zorg of van leven. Er moet ook een optimale mix zijn van medewerkers met verschillende

competenties. Dat impliceert niet dat er geen minimum aan bestaffing moet zijn (zie infra). Onderstaand citaat vat de conclusies goed samen:

> *"De oplossing om kwaliteit van zorg in verpleeghuizen te verhogen moet veeleer gezocht worden in een optimale mix van competenties, rollen en vakinhoudelijke inzet van medewerkers. Iedere medewerker neemt immers naast de spreekwoordelijke 'handen' aan het bed ook zijn of haar 'hoofd' en 'hart' mee in het werk. Oftewel het samenspel tussen kennis, vaardigheden en attitudes in de zorg maakt of medewerkers de kwaliteit van zorg beïnvloeden." (Hamers et al., 2016)*

In een tweede stap zochten we naar bijkomende literatuur van na 2016 (na de systematic review van Hamers), met als doel meer inzicht te verwerven in de conclusies en te zien of er na 2016 nieuwe studies over dit onderwerp werden gepubliceerd. Dit leverde nog 52 bijkomende papers op. We bestudeerden alle 235 (183 uit de systematic review + 52) zo verzamelde papers. Algemeen kunnen we stellen dat uit de literatuur blijkt dat er nog geen wetenschappelijk bewijs is voor een (minimum) norm die bijdraagt aan goede zorgkwaliteit. Het is wel duidelijk dat goede zorg niet mogelijk is onder een bepaalde personele bezettingsgraad en dat boven die bezettingsgraad eerder de skills-mix van belang is dan het louter toevoegen van verplegend of verzorgend personeel.

Niet alles is al even goed onderzocht en de kwaliteit van de studies varieert. We vinden in de papers dan wel geen overtuigend wetenschappelijk bewijs dat meer personeel leidt tot een betere kwaliteit van zorg, de studies waren ook bijna allemaal enkel gericht op klinische uitkomsten zoals het voorkomen van valincidenten of decubitus, en dan nog meestal maar op één van deze parameters. Weinig of geen uitkomstmaten hadden betrekking op bijvoorbeeld psychosociale hulp, betekenisvolle activiteiten of bejegening. Dit lijkt ons geen adequate operationalisering van zorgkwaliteit. De meeste studies bekijken alleen de hoeveelheid zorg die geleverd wordt. We vonden slechts vijf studies over het verband tussen de personeelsomvang en kwaliteit van leven, met verschillende conclusies. In drie studies was de tevredenheid van de (familie van de) bewoners de uitkomstmaat. In die studies werd geen verband gevonden met de inzet van personeel.

We vonden ook geen overtuigend wetenschappelijk bewijs voor een relatie tussen het opleidingsniveau van het personeel en de kwaliteit van zorg, de kwaliteit van leven of de tevredenheid. Wel zijn er beperkte aanwijzingen dat een betere werkomgeving en/of meer samenwerking samenhangen met een hogere zorgkwaliteit. De personeelssamenstelling of 'skills-mix' is echter maar beperkt onderzocht. Het weinige onderzoek dat is uitgevoerd over de relatie tussen de inzet van verschillende types van personeel en verschillende opleidingsniveaus, laat niet toe om het effect van opleiding of van de mix aan competenties te beoordelen. In veel landen zijn er ook te weinig hoogopgeleide verpleegkundigen in de woonzorgcentra om het effect op zorgkwaliteit te kunnen objectiveren. Het gaat bovendien bijna altijd om cross-sectioneel onderzoek (op één moment in de tijd gegevens over zowel de inzet van personeel van verschillende opleidingsniveaus als over de uitkomsten van zorg), wat niet toelaat om oorzakelijke verbanden te kunnen leggen. Ook de onduidelijke roldifferentiatie tussen personeelsleden en het feit dat de studies geen rekening houden met de daadwerkelijke taken die mensen van verschillende opleidingsniveaus en met verschillende kennis en expertise uitvoeren, maken het moeilijk op de impact op de kwaliteit van zorg te meten en te beoordelen. Ten slotte zijn de resultaten niet altijd makkelijk te vertalen naar een ander land en een andere context.

De bevraging van buitenlandse experten toonde dat de onderzoeksvragen ook in andere landen leven, maar dat niemand al een grondig en gedetailleerd antwoord heeft. In veel gevallen was de eerste reactie dat men graag op de hoogte wilde worden gehouden van de resultaten van onze bevraging, omdat de vraag ook in hun land leeft en er nog geen antwoord is.

Verder gaven verschillende experten aan dat het aantal personeelsleden en hun skills-mix aangepast zouden moeten zijn aan de case-mix van noden en behoeften van de bewoners van de woonzorgcentra. De buitenlandse onderzoekers bevelen dus aan om een link te leggen tussen de case-mix (de kenmerken) van de bewoners en de personeelsnormen. Dit verklaart misschien waarom er geen consensus is over een algemene minimumnorm. Die is moeilijk vast te leggen: de norm zal hoger liggen als de zorgzwaarte hoger is. Om de skills-mix te kunnen aanpassen aan de noden van de bewoners is een goed en uitgebreid – dus niet enkel gezondheidskenmerken, maar ook psychosociale noden – beeld van hun noden en behoeften nodig. Een tweede terugkerende opmerking was dat het tekort aan beschikbaar personeel een hinderpaal is om kwaliteitsvolle zorg te kunnen realiseren.

Veel landen hebben bovendien geen verplichte normen voor personeel. We vinden zowel in de literatuurstudie als bij de bevraging bij onderzoekers-experten in het buitenland een grote heterogeniteit in personele bezetting in woonzorgcentra in verschillende landen en zelfs binnen landen. Niet elk land heeft personeelsnormen en waar men die wel heeft, zijn ze niet gebaseerd op wetenschappelijk onderzoek of op wetenschappelijk bewijs. De personeelsbezetting baart echter overal heel wat zorgen of laat te wensen over met betrekking tot zorgkwaliteit.

De literatuur biedt dus geen eenduidig antwoord op de problematiek. We bevelen daarom aan om over dit onderwerp meer uitgebreid onderzoek te doen in Vlaanderen. Wij raden tevens aan om via pilootprojecten te experimenteren en deze projecten goed te monitoren en te evalueren.

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