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Professional caregivers' participation in the International Caregiver Development Programme: A qualitative study of psychosocial care in nursing homes

Line Constance Holmsen[1] | Bodil Tveit[2] | Ane-Marthe Solheim Skar[3] | Marit Helene Hem[2,4]

[1]Centre of Diaconia and Professional Practice, VID Specialized University (VID), Oslo, Norway

[2]Faculty of Health Studies, VID Specialized University (VID), Oslo, Norway

[3]The Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

[4]Department of Mental Health Work, NTNU Social Research, Trondheim, Norway

Correspondence
Line Constance Holmsen, Centre of Diaconia and Professional Practice, VID Specialized University, Mailbox 184 Vinderen, Oslo NO-0319, Norway.
Email: line.holmsen@vid.no

Funding information
VID Specialized University,

Abstract

Aim: This paper aims to explore professional caregivers' experiences of psychosocial care for older persons living in nursing homes following the professional caregivers' participation in the International Caregiver Development Programme (ICDP).

Design: A qualitative study.

Methods: About 15 focus group interviews and 25 participatory observations of five ICDP group courses were conducted with 31 employees in nursing homes, including registered nurses, enrolled nurses and nursing aids. The findings emerged through hermeneutic analysis.

Results: Main findings: (i) Adjusting the communication to the residents' psychosocial needs, (ii) Seeing the residents as individuals and (iii) Adjusting to individual interaction with the residents. The professional caregivers experienced that the residents participated more in communication, interaction and activities, in addition to be more satisfied, calm, happy and thankful in interaction with the caregivers. Furthermore, they described that the environment in the units became calmer and that they were considering psychosocial care before medication. Work-related stress seems to impact ICDP participation and may be a barrier to implementation.

KEYWORDS
International Caregiver Development Programme (ICDP), medication, mentalization, nursing home, person-centred care, psychosocial intervention, qualitative research

1 | INTRODUCTION

Providing psychosocial care for persons living in nursing homes (NHs) requires professional caregivers to support residents as unique individuals with different biomedical, psychosocial, spiritual and existential needs (Brooker & Latham, 2016; Kitwood, 1997; WHO, 2018). Professional caregivers' competence in meeting older persons' psychosocial needs is essential to prevent functional losses and increase or maintain NH residents' quality of life (Bing-Jonsson et al., 2016). Psychosocial interventions and person-centred care (PCC) are described as a best practice for reducing agitation, aggression, restlessness, hallucinations, delusions, depression, anxiety and apathy (Surr et al., 2016). This paper introduces professional caregivers in NHs' experiences with participating in the International Caregiver Development Programme (ICDP), a group-based, interdisciplinary, preventive, cross-cultural, non-diagnosis-specific

programme to build competence in the psychosocial care of older persons. The aim of ICDP is to support caregivers in developing a sensitive approach to psychosocial needs and maintaining older persons' sense of mastery.

2 | BACKGROUND

The World Health Organization (2015) and public policies recommend a shift towards a person-centred, humanistic approach to the care of older persons. PCC highlights a person's individual care needs beyond their medical conditions (Kitwood, 1997; Woitha et al., 2016) and considers the person from a biopsychosocial perspective (Edvardsson et al., 2008). Studies of PCC indicate that more appropriate responses to the needs of older people may reduce the use of medication among this population (Ballard et al., 2018; Chenoweth et al., 2009; Fossey et al., 2014). Caregivers' ability to notice interpersonal communication (McCance & McCormack, 2017) and understand interactions from an intrapersonal and relational perspective create a potential for PCC and culturally sensitive care (Dewing, 2004; Kitwood, 1997; Nolan et al., 2004) and shared decision-making (Cameron et al., 2020). Røsvik (2014) describes professional caregivers' sensitivity to NH residents' needs as essential to the sustainability of PCC and recommends that further research focus on how professional caregivers in NHs learn to become sensitive caregivers and integrate this knowledge into their interactions in practice using a qualitative study design.

Bing-Jonsson et al. (2016) highlight that competence development in an NH setting should reflect the tasks professional caregivers are expected to perform. Studies of counselling (Bergland et al., 2003; Nordbøe & Enmarker, 2017) and ethical reflection groups (Lillemoen & Pedersen, 2015) seem to indicate that for professional caregivers, being able to put words to and reflect upon their practice leads to transparency, awareness and reflexivity. A systematic review of psychosocial interventions in NHs found that experiential learning, interactive training, supervision and video feedback enabled professional caregivers to recognize and assess their own and the residents' behaviour in interaction (Rapaport et al., 2017). It is suggested that further research in psychosocial interventions and communication training in the care of older persons should investigate daily care in interactions between primary caregivers and NH residents (Machiels et al., 2017; Oyebode & Parveen, 2019), include real-life examples of communication (Levy-Storms, 2008) and facilitate reflections on one's own practice (Rokstad & Øvereng, 2017; Tashiro et al., 2013). This is the first study to investigate ICDP in NHs which may contribute to the development of knowledge in line with these recommendations.

2.1 | International Caregiver Development Programme

International Caregiver Development Programme (ICDP) focuses on providing good care in everyday life and treating people as individuals and emphasizes that older persons (regardless of diagnosis) have the same basic needs for attachment, inclusion, activities and identity as others (Hundeide et al., 2011) (ICDP in care of older persons is an adaptation of the original programme aimed at children's caregivers, used in over 50 countries including Norway (ICDP, 2021). ICDP in care of older persons has been used in Sweden, Denmark, Germany, Colombia, Japan and Norway, but no studies have been conducted to investigate the usefulness of the programme in this context. ICDP is mainly based on knowledge established in positive and humanistic psychology (Bråten, 2004; Stern, 2018) and humanistic pedagogics (Rogers, 2000) and is directed towards universal human needs regardless of age. The programme is inspired by interpretive and empathic-oriented theory; developmental, narrative and cultural psychology; attachment theory, mediated learning, activity in learning, humanistic counselling and contextual implementation (Hundeide & Armstrong, 2011). Three dialogues and eight guidelines for positive interaction developed based on worldwide research to be recognizable for different cultures are used in ICDP to mediate reflections on psychosocial needs (Hundeide & Armstrong, 2011). Table 1 presents an adaption of the three dialogues and eight guidelines for the care of older persons.

International Caregiver Development Programme is based on active involvement in experiential learning (Kolb, 2014) and is meant to be communicated in a sensitizing and reflexive rather than an instructive way (Klein, 1989). ICDP's sensitizing pedagogy seeks to encourage a focus on intrapersonal aspects to increase caregivers' understanding of themselves and the other person in interaction (Hundeide & Armstrong, 2011). The objective of the pedagogy is to develop the caregiver's ability to understand the mental state of the other (older) person and themselves, referred to as mentalization (Allen & Fonagy, 2006). The content of the programme reflects a desire to promote empathic care by recognizing and defining people's behaviour in a positive and meaningful way. The exercises in ICDP are expected to convey the principles of holistic-oriented care with

TABLE 1 Eight guidelines of positive interaction in caring for older persons.

The emotional-expressive dialogue
1. Express loving feelings to the older person
2. Adjust to the older person's initiative
3. Take part in the older person's emotions (including non-verbal expressions)
4. Confirm and praise
The meaning-oriented and expansive dialogue
5. Shared attention—mutual engagement
6. Provide meaning of experiences (here and now)
7. Provide continuation and connections
The regulative and facilitative dialogue
8. (a) Plan step by step together with the older person
(b) Provide support adjusted to the older person's needs
(c) Facilitate the older person's everyday life
(d) Provide positive and motivating supervision and limit setting

a focus on mastery (Hundeide & Armstrong, 2011) [For more details, please see Table 2; Hundeide and Armstrong (2011), ICDP (2020), and Hundeide et al. (2011)].

3 | AIM

This paper aims to explore professional caregivers' experiences of psychosocial care of older persons living in nursing homes, following the professional caregivers' participation in the International Caregiver Development Programme.

4 | METHOD

4.1 | Design

This is a qualitative study based on data from focus group interviews with professional caregivers in nursing homes and participatory observations during ICDP group courses.

4.2 | The ICDP intervention

The intervention in this study was implemented by a team of ICDP trainers, including the first author, in one of the largest municipalities in Norway and conducted in three NHs that signed up after receiving written and verbal information about ICDP and the research project. The ICDP courses were led by two professional caregivers who participated in an ICDP group facilitator training including eight 2-h meetings with 5–8 of their colleagues over a period of 2–4 months. The ICDP meetings were based on the content of ICDP and a standard agenda (see Tables 1–3). Participants in the intervention were recruited by the leaders and group facilitators in the NHs, who were encouraged to create diversity in the constellation of participants in ICDP.

TABLE 2 The content of ICDP.

The main components of ICDP
1. The caregiver's conception of the (older) person, of themselves as caregivers and interaction
2. The three dialogues and eight guidelines of positive interaction
3. The principles of sensitization
4. The principles of implementation
5. Applications for different target groups
Additional content of ICDP in care of older persons
• Psychosocial needs in old age
• Reconciliation with life and end of life
• Conceptions of old age and older persons
• Communicative impairments
• The use of life stories
• The value of experiences from a long life
• A holistic view of and salutogenic approach to health
• The zone of empathy
• Positive redefinition of a person
• Coercion and other ethical dilemmas in care for older persons
• Cultural challenges in care of older persons
• Taboo topics related to caring for older persons

4.3 | Sample

Participation in the ICDP intervention was a prerequisite for participating in this study. All 31 professional caregivers in the first five ICDP groups that started up in 2018 were informed that the first author would conduct participatory observations during the ICDP group meetings and was also asked to participate in three focus group interviews. All 31 consented to participate in this study after receiving verbal and written information about the research project, including that participation was voluntary and that they could withdraw at any time without consequences. For more details about the participants (see Table 4).

4.4 | Data collection

All data were collected from October 2018 to March 2019 (see Figure 1). They consist of 15 focus group interviews (5 groups × 3 interviews, 401 transcribed pages, font size 11) conducted by the first author in cooperation with all authors. In addition, the material includes participatory observations of 25 ICDP meetings (224 pages of field notes, font size 11) conducted by the first author. As such, the data collection and the intervention in this study are connected in that the researcher was following the intervention closely to observe and secure the ICDP intervention. For various reasons (vacation, absence, leave), the number and the constellation of participants changed from focus group interviews 1–2 and 3. The interviews and observations were stored on an encrypted memory stick and transcribed by the first author. Pseudonyms were used to preserve anonymity.

TABLE 3 Agenda of ICDP meetings.

• Tuning in to be present here and now in the group meeting
• Summary of the main content from the previous group meeting
• Sharing experiences from the assignment in practice (e.g. tailoring support to the resident's needs: Find examples in your own and/or colleagues' practice. Notice what happens and the reactions.)
• Introduction to a new guideline (see Table 1)
• Exercises to activate participants in reflecting and sharing knowledge according to the guidelines
• Analysis of video recordings of interactions between employees and residents in the nursing home through eight guidelines for interaction
• Assignment for the next meeting
• Summary of meeting and evaluation

All the focus group interviews started with various vignettes based on typical challenging situations from practice. These vignettes were read out loud by one of the two moderators. The aim was to initiate reflection in the group and to explore how the participants reflected on and verbalized practice (Jenkins et al., 2010). In the second and third focus group interviews, the participants were asked to relate their reflections to the ICDP guidelines.

TABLE 4 Participants and units.

Participants in total	31 participants from 5 ICDP groups 5–8 participants in each group. Mean: six participants
Profession in Norway	Registered nurse, 2; Enrolled nurse, 19; Nurses' aide, 10
Years working in nursing home	From 2 to 40 years, mean: 14–15 years
Employment	From 50% to 100%
Gender	Women, 26; Men, 5
Age	From 24 to 64 years Mean: 47 years
Language	Norwegian mother tongue: seven participants Other mother tongues: 24 participants
Languages	Norwegian, Tamil, Spanish, Serbian, Thai, Indian, Amharic, Tigrinya, Amharic, Filipino, Portuguese, Asian, Chinese, Arabic, Akan, Italian and Vietnamese
Participant's presence in 8 ICDP meetings	All eight meetings: six participants; seven meetings: 16 participants Mean: 6.6 meetings
Units	Somatic wards, open wards and screened units for persons with dementia diagnosis

Due to practical reasons (simultaneous meetings in the five ICDP groups), the first author conducted participatory observations in 25 out of 40 ICDP meetings with the same participants as in the focus group interviews. The aim was to gain a deeper understanding of the data collected from the focus group interviews by observing the professional caregivers' presentations of practice and reflections. The observer participated several times, particularly in the initial ICDP meetings. The participation was mainly at the request of group facilitators, or to support them through an exercise. Notes were taken during the meetings and afterwards, including reflections on the researcher's role. (For more details, see Table 5).

4.5 | Data analysis

Verbatim transcriptions were chosen to maintain the linguistic nuances in the focus group material (Oliver et al., 2005). The hermeneutic approach to analysis influenced by Brinkmann and Kvale (2015) involved continuously going back and forth between a focus on the empirical material as a whole and a focus on its parts (statements, participants, NHs, focus group interview 1, 2 and/or 3 and field notes from the eight ICDP meetings). An initial open-minded reading and re-reading resulted in around 30 different themes (e.g. awareness and patience); subsequently, the following questions were asked about the data material: 'How do professional caregivers understand and experience their relationship to and interaction with residents through the process of ICDP? Whom and what do they focus on? In what ways do they verbalize interaction and psychosocial care?' A summary of central patterns resulted in 5 overall themes and 32 subthemes. A review of each participant's statements reduced this to 3 overall themes and 11 subthemes. A selection of passages, quotations and observations were interpreted, systematized in themes, processed and transformed into overarching themes, summarized,

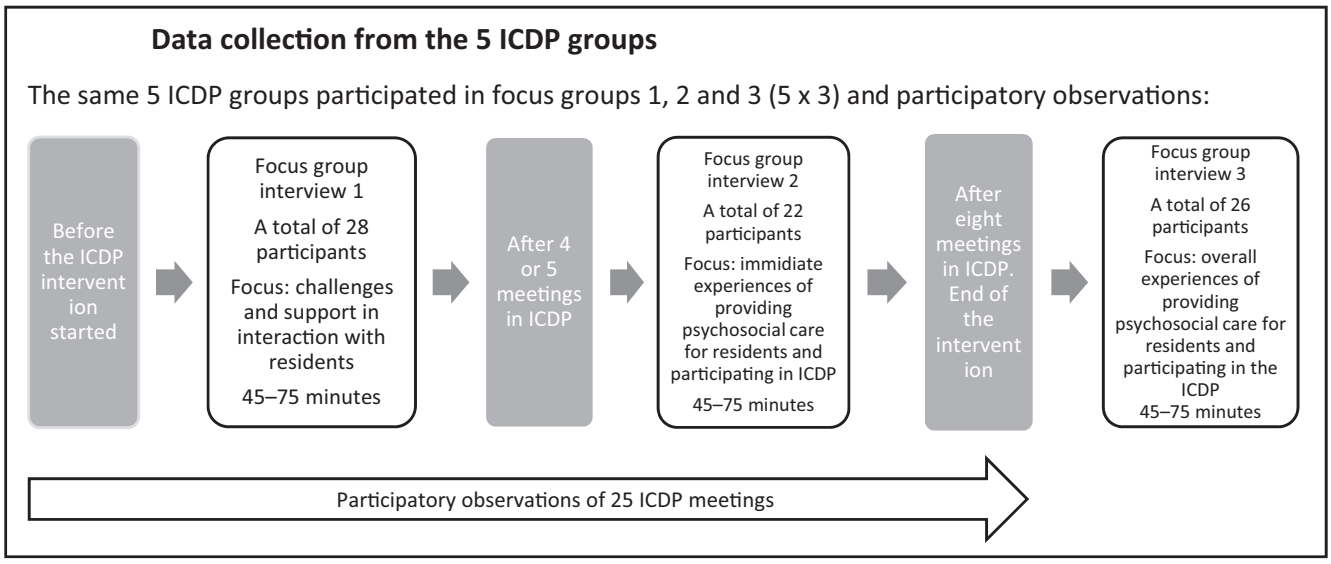

FIGURE 1 Data collection from the 5 ICDP groups. The same 5 ICDP groups participated in focus groups 1, 2 and 3 (5×3) and participatory observations.

TABLE 5 Characteristics of participant observations and ICDP groups.

Group	Observed group meeting number	Participants in total	Frequency of meetings	Units in the meetings
Group 1	1, 3, 4, 6, 8	5	F	Dementia; open
Group 2	1, 2, 3, 4, 5, 6, 8	8	R	Mixed; open and screened
Group 3	2, 4, 7, 8	6	W	Mixed; open
Group 4	1, 3, 8	6	W	Dementia; screened
Group 5	1, 3, 4, 5, 6, 7	6	F	Dementia; open

Abbreviations: F, every 14th day; Mixed, units for dementia and somatic ward; R, random in 14 days; W, weekly.

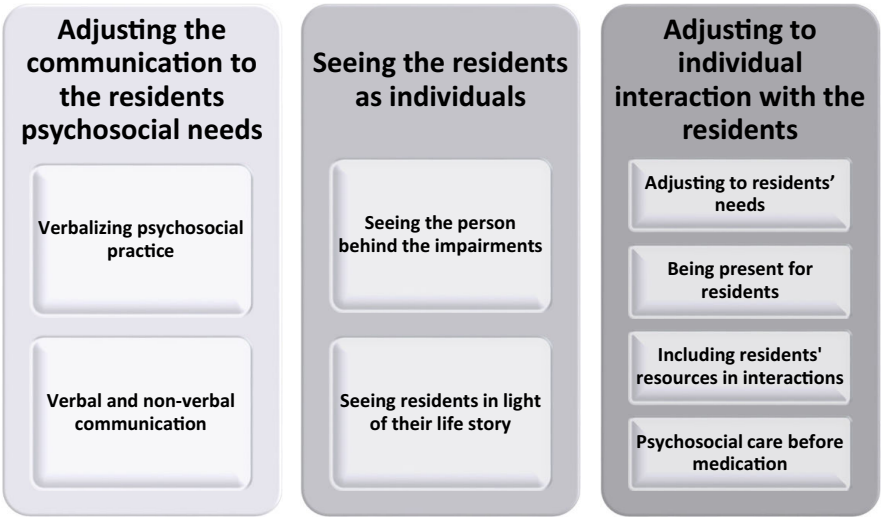

FIGURE 2 Professional caregivers' experiences of psychosocial care of older persons living in nursing homes, following the professional caregivers' participation in the International Caregiver Development Programme (ICDP). Results are shown in three main categories and subcategories.

revised and given an explicit formulation. All themes were exemplified by quotations.

Following the analysis, data analysis seminars were held with all authors, who read a selection of the interviews, discussed the validity of the findings and revised the themes and theme descriptions. One nurse, a trainer candidate in ICDP responsible for the professional quality in one of the three NHs included in this study, was asked to participate in a respondent validation of the findings. The nurse read the findings in the presence of first author and commented that the findings were recognizable and needed no corrections. The findings were finally compared with the open answers in an anonymous written evaluation of ICDP from 22 of the 35 participants. The interviews were conducted in Norwegian, translated into English by the authors and edited by a professional translator in collaboration with the team of authors, who finally performed a back translation of 10% of the manuscript.

4.6 | Ethical considerations

The first author's role as a manager of the implementation of ICDP in NHs is related to the researcher's role in action research (Bradbury, 2015), which has raised some ethical considerations, particularly with regard to research transparency (Brinkmann & Kvale, 2015). To avoid being influenced by preunderstandings (Gadamer & Holm-Hansen, 2010), the first author made a list of them prior to data collection (Malterud, 2019), including experiences with ICDP. To be aware of preunderstandings and understand and differentiate between roles, the first author kept a log and shared reflections with all authors and research teams at VID and UiO throughout the study.

The project was approved by the Norwegian Social Data Services (NSD) (ref. no. 332083) in October 2018. Audio files, agreements with NHs and the municipality, signed consent forms, code keys for anonymization and information about the participants were stored in a locked cabinet at VID Specialized University.

5 | FINDINGS

The main findings started emerging in focus group interviews (FGI) 1 and 2 and were elaborated by the findings in FGI 3 and the field notes (FN). The findings were categorized into three overall themes: (1) Adjusting the communication to the residents' psychosocial needs, (2) Seeing the residents as individuals and (3) Adjusting to individual interaction with the residents (Figure 2).

5.1 | Adjusting the communication to the residents' psychosocial needs

The participants described verbalizing automatic aspects of their practice and time constraints to be challenges related to putting words to practice, and that ICDP helped them verbalize and

become aware of psychosocial practice and verbal and non-verbal communication.

5.1.1 | Verbalizing psychosocial practice

The participants expressed that the ICDP guidelines and exercises were helpful in verbalizing practice, which in turn made them more aware of what they were doing.

> Moni: *…everything we do, without being aware of it… actually, we use all these points* [guidelines]*… on a daily basis… Now we do it consciously… when the word comes… you know what you are doing…*
>
> (FGI 2)

The reflections on the vignettes in the focus group interviews indicated that the professional caregivers in most cases focused on the residents when they were reflecting about practice, especially with regard to challenges. When they were guided and asked to recognize the eight guidelines in their examples of practice, the professional caregivers' reflections shifted to focus on specific aspects of psychosocial needs and how they responded to residents' individual needs:

> Sadie: *…I went in to* [a resident]*… her eyes told me that she did not know where she was* [guideline 3]*… I presented myself and told her she was in the NH* [guideline 6]*… I sat down and managed… to create a warm, friendly dialogue* [guideline 1]*… And then…tried to get her to share attention* [guideline 5] *in… going to the bathroom… I had to adjust to… her, as I saw that she was much more anxious than before* [guideline 2]*. If she does not feel safe and comfortable… she does not want to go to bed… Then, I…* [attempted]*… "Look, how nice the bed is" and patted the duvet around her* [guideline 8d]*… Now I'm conscious… Why did it work, why did it not work?…*
>
> (FGI 3)

Even though some participants found that the ICDP guidelines were difficult to distinguish, most participants reported that ICDP helped them in noticing details and inspired them to reflect more and more systematically than before, both during and after their interactions with residents. Some participants described not having time to reflect during their workday.

5.1.2 | Verbal and non-verbal communication

As reflected in several of the quotes, the data material indicates that the participants became more aware of both verbal and non-verbal communication through their participation in ICDP and that they expanded the use of non-verbal communication to support their interactions with residents.

> Ida: *…verbal and non-verbal communication. I have become… more aware of… how much it means… what I say… and to be calm…* [or] *if he [a resident] is quiet when I come in when he has called… Why we do as we do… Sometimes… I inform first, and… withdraw… and then he* [the resident] *becomes… calmer…*
>
> (FGI 2)

However, the findings show that time constraints and stress can be a barrier to being present for the residents and noticing what they are communicating.

Several of the participants appreciated having time to talk about and reflect on their practice in the ICDP meetings. However, some participants expressed the difficulty in being present at the moment in the ICDP meetings due to tiredness or concern for not being present for the residents as potential threats to the implementation of ICDP.

5.2 | Seeing the residents as individuals

The participants seemed to acknowledge the residents as contributors to the caregiver-resident relationship more often than before ICDP, expressing that they now notice that the residents are caring and thankful. Several participants noticed that the residents participated more, seemed happier, more secure and calmer.

> Mari: *…I notice the residents… they have become happier and… safer…it is calmer…*
>
> (FGI 2)

> Moni: *… the quality of care has increased… and they* [the resident's] *are happy… they smile…they participate…*
>
> (FGI 2)

> Ivette: *…I see that… they* [the residents]*… feel more valued… comment "thank you very much"… give me a hug and… smile and… are cheerful…*
>
> (FGI 3)

5.2.1 | Seeing the person behind the impairments

The field notes and focus group interviews indicated that the professional caregivers increased their focus on understanding residents from an inside perspective, focusing on each resident's thoughts, needs, feelings and preferences. One nurse described this as seeing beyond the person's impairments and consciously turning the focus towards the person's inherent positive qualities.

> Irma: *She* [a resident] *is a little annoying… tiring… But she is not to blame for that, and I think we often forget that… You only see the outside. She was a lively lady, she had lots of empathy. Then came the disease and everything*

> *changed… and she does not see it herself… Now I have tried… "Who were you before?"… to see her… the way she is… with experiences of reality and feelings… I have become… more patient. After… we started here* [ICDP]*… my relationship with her has become much better…*
>
> (FGI 3)

Like other participants, this nurse expressed that she had become more patient with the residents following ICDP and that the exercise of redefining a resident's behaviour in a positive way had been particularly eye-opening (FN, 5th meeting).

5.2.2 | Seeing residents in light of their life story

The professional caregivers stressed the importance of being familiar with residents' life stories to understand their relations, interests, preferred diets and activities. Several participants described an increased ability to view residents in a holistic way after participating in ICDP. Some described using their knowledge of a resident's life story to understand what the resident was trying to communicate in FGI 2 and 3.

> Birgitte: *…a resident who wants to go out… and… yells and… it happens that some of the fellow residents… beat her… We shared experiences of our childhood* [in the ICDP]*… and then… suddenly understood… how they… have experienced something, but they cannot tell us…. I thought…. What is she trying to communicate? She… has cared a lot… for children…. Maybe she's thinking she should… take care of the children in the kindergarten next door… I wanted to cry… I look differently at the situation and… take it seriously when she… wants* [to go] *out…*
>
> (FGI 2)

In line with this nurse's experience, the field notes indicate that the sensitizing exercises in the ICDP have the potential to help professional caregivers identify what it is like to be in the residents' situation.

> Emmi explains that "*it felt difficult to be dependent on others*" after participating in a role-playing [exercise] pretending to be one of the "*unpopular*" residents. Sadie adds that it is important to remember that the residents' "*feelings are intact even though they have dementia*".
>
> (FN, 3rd meeting)

5.3 | Adjusting to individual interaction with the residents

The participants' descriptions of challenges in interacting included communication and time constraints, which stressed the professional caregivers and in turn affected the residents. The data contain several examples of good and caring interactions independent of ICDP showing that the caregivers patiently used their skills to successfully interact with residents. The participants expressed that ICDP reinforced their practice, and one participant summarized her experiences of participating in ICDP like this:

> Sadie: *I've reinforced what… I know… works… and… I'm doing more of it… We… succeed in doing things with the residents that we did not achieve before… Sometimes it does not work, but it… is a big change.*
>
> (FGI 3)

5.3.1 | Adjusting to residents' needs

Some professional caregivers tried new things in their interactions with residents; others mentioned that they handled things differently, especially in challenging situations. The field notes show that while most participants described their repertoire as mainly the same, they had become more conscious and sensitive to each resident's needs. One participant gave an example of how he adjusted to a resident's needs after participating in a role-play activity in ICDP, pretending to do the morning care routine (FN, 6th meeting).

> Johannes: *…I was shocked. She came right to me to… wash me below. I got completely like that (shaking his head)… A resident who is… very shy… When we… wash below, he's just like this in thought (pointing around his head)… Then I understood… I have to ask him first. He must participate. Then… I proceed very very, very, very slowly… and succeed… He does not react as before (waves his arm)…* [he is] *calm… There is a lot of change in him and… in me.*
>
> (FGI 3)

The data material contains several similar examples of caregivers making more conscious adjustments to language, tone, volume, mood, practical planning and tempo in their care practice. Some participants reported taking more time when interacting with residents. Others described not using more time despite working at a slower pace when direct interacting with residents due to better cooperation and more successful interaction. Some emphasized how difficult it could be to remember to slow down in a stressful work environment.

5.4 | Being present for residents

The participants cited time constraints as a potential barrier to being present for the residents and appreciated that ICDP allowed them to focus on the residents' needs.

> Ida: *Many people* [professional caregivers']*… think about the time pressure… to be finished… and… forget… to listen to what the patient needs…*
>
> (FGI 1)

The field notes contain examples of the significance of being present for the residents:

> Beth was told that a resident's "*children were sexually abused by their father*". Beth tried to calm the resident down by saying that *"she* [the resident] *and her children were safe now"* and by being present for the resident the rest of the evening.
>
> (FN, 6th meeting)

Some caregivers expressed that they had become more conscious of being present at the moment for residents and noticing their communicative expressions and that the atmosphere in the units became calmer when the professional caregivers responded to residents right away (FGI 3).

5.4.1 | Including residents' resources in interactions

Some participants described noticing in the video recordings that the residents had more resources than they knew:

> Linda: *…She can… help with the dishes and make a slice of toast and… [do] cooking and stuff. She can do it, but I did not know before… now she gets to start… She likes it.*
>
> (FGI 2)

The field notes and focus group interviews indicated that the participants became more aware of the importance of including residents' sense of mastery, and of supporting them by explaining the activity involved in their interaction. The field notes contain reflections on guidelines 8a and 8b (see Table 1) as examples of this, such as the following:

> Monica, who describes a resident who managed to "*brush her teeth*" while being physically supported from one specific side and "*told what…* [to] *do*". The group meeting continues with reflections on how to overcome the challenges related to motivating residents to participate in different activities (FN, 6th meeting).

5.4.2 | Psychosocial care before medication

The participants described examples of avoiding giving residents extra medication after participating in ICDP. Several nurses reported paying more attention to adjusting psychosocial care to each resident's needs, which resulted in less need for medication.

> Lilly: A resident was… restless. and I… was worried that he would fall and… get hurt… Before ICDP, I might have got annoyed… and… called… the nurse for sedation. But… I thought of what I learned in… ICDP… and… sat down with him… we had a singing session… and then he calmed down…
>
> (FGI 2)

Some underlined that a psychosocial care approach sometimes resulted in all the practical tasks not being accomplished as punctually as before. At the same time, the participants recognized the importance of prioritizing residents' psychosocial needs to reduce medication.

6 | DISCUSSION

The aim of this study was to explore professional caregivers' experiences of psychosocial care for older persons living in nursing homes following the caregivers' participation in ICDP. Participants reported being better able to put words to psychosocial practice following ICDP and more aware of the importance of seeing NH residents as unique individuals and adjusting their care to include residents' psychosocial needs. The professional caregivers noticed that residents were more satisfied and participated more actively in interactions and that the environment in the units had become calmer.

6.1 | Awareness of psychosocial needs and ability to guide the residents' through activities

In line with other studies (Bergland et al., 2003; Lillemoen & Pedersen, 2015; Nordbøe & Enmarker, 2017), this study indicated that enabling the participants to put words to and reflect on their practice improved transparency and awareness. One of the ideas in ICDP is that active involvement and reflective observation supported by the eight ICDP guidelines challenge participants' conceptual apparatus by making them put words to experiences in practice, reflect on their experiences and interpret the elements of their actions and the relationship between them (Hundeide & Armstrong, 2011). The participants in this study reported increased awareness of the need, and their ability, to explain to residents what was going to happen through activities and interaction. This may have affected residents' ability to cooperate in interactions and contributed to a secure and calm environment in the units (Hedman et al., 2019; Mondaca et al., 2018).

6.2 | Sensitivity to non-verbal communication

The findings indicate that the participants noticed more details in verbal and non-verbal communication and focused more on psychosocial care following participation in ICDP. Caregivers' ability to emotionally impact NH residents through non-verbal communication has been highlighted as a knowledge gap in the literature

(Cameron et al., 2020). Magai et al. (2002) found that training in sensitivity to non-verbal communication had a positive effect on nursing home residents, suggesting that it is possible to strengthen positive care practices in nursing homes by training the staff in psychosocial care practices. Awareness of non-verbal communication is important for detecting residents' underlying messages in interactions (Killick & Allan, 2001; McCance & McCormack, 2017) and promotes shared decision-making (Cameron et al., 2020). However, non-verbal expressions can vary across cultures, be more or less conscious, and lead to misunderstandings, omissions and stressful interactions (Cameron et al., 2020; Wanko Keutchafo et al., 2020). Studies show that it is important for caregivers to know residents well for non-verbal communication to succeed, especially when caregivers and residents are from different cultures (Ekman et al., 1994; Small et al., 2015). The professional caregivers in this study seemed to make more effort to understand and adjust to residents' individual needs, in addition to noticing their reactions.

6.3 | Responding to intrapersonal needs

The participants in this study appeared to be more aware of and likely to include the intrapersonal and the observable dimension of care following ICDP. Helleberg and Hauge (2014) found that caregivers in NHs who noticed how their interactions affected residents' emotional states had a more sensitive approach. The caregivers' use of their emotional 'apparatus' to become more sensitive to residents' interpersonal needs can be recognized as mentalization (Allen & Fonagy, 2006) and empathic identification (Hundeide & Armstrong, 2011), both important concepts in ICDP. Understanding ourselves as emotional beings allows us to respond appropriately to other people's emotional behaviour (Cameron et al., 2020; McCance & McCormack, 2017; Tashiro et al., 2013).

6.4 | Work-related stress as a limitation to the implementation of psychosocial care

Time constraints and stress may limit caregivers' ability to be sensitive to residents' needs (Martinsen, 2020; Martinsen et al., 2018) and provide psychosocial care and PCC (Moore et al., 2017; Oppert et al., 2018) and thus hamper good quality end-of-life care (Carvajal et al., 2019) and upset residents (Davey & Clarke, 2004). Work-related stress also seems to impact ICDP participation and may be a barrier to implementation; participants experienced challenges in being present – both in the ICDP group meetings and in their interactions with residents. Future implementations of ICDP should be planned in such a way that professional caregivers experience to have time to reflect on and practice psychosocial care. The findings in this study indicate that ICDP may help improve the quality of care for older persons, with the risk that the improvement will not persist without sufficient resources being allocated to elderly care.

6.5 | Adjusting practice to individual psychosocial care

The participants experienced that the ICDP exercises gave them insight into the residents' sense of mastery, which inspired them to focus on how they might practice care in different ways and adjust their care to each resident's sense of mastery and psychosocial needs. The eight ICDP guidelines seem to be appropriate to an NH context, providing a more reflective approach to practice. Awareness and conceptualization of a sensitive approach to psychosocial practice may inspire professional caregivers to focus more on psychosocial care after participating in ICDP.

A finding in this study, which has also been demonstrated in studies of PCC, is that more appropriate responses to the needs of older people may reduce the use of medication (Ballard et al., 2018; Chenoweth et al., 2009; Fossey et al., 2014). The findings indicate that the participants developed a more holistic language, view and practice in caring for each resident. Kitwood's (1997) description of person-centredness as treating older people as unique persons with individual needs is particularly relevant to this study.

7 | METHODOLOGICAL CONSIDERATIONS

To our knowledge, this is the first study to investigate ICDP in an NH context. The study results, based on a relatively large qualitative data set, clearly point to a need for psychosocial interventions to strengthen the care of residents at NHs. Triangulation of data collection methods may be a strength of the study as it provides a more holistic picture of the phenomena (Creswell, 2013, p. 251). However, several limitations should be considered when interpreting the results. The participants' varying Norwegian language skills is a potential source of bias as it is possible that some results got 'lost in translation'. The use of focus group interviews might have affected the findings as these dialogues may have reinforced the participants' awareness and the changes that followed participation in ICDP. While the first author's role both as a facilitator trainer and as a researcher who was present in the ICDP meetings is a strength, it might also have influenced what information the participants shared.

To mitigate potential threats to the study's validity, the research team was composed of individuals from broad methodological and academic backgrounds, all of whom followed the entire study closely. The feedback from a trainer candidate in ICDP further strengthened the validity of the findings by providing different perspectives on the study. In addition, the findings were compared with anonymous written evaluations from participants. Last, to prevent potential bias, the study has been presented in different feedback forums including reflections on the first author's role. Nevertheless, further quantitative research is required to establish the effectiveness of ICDP when it comes to improving the life quality and health of NH residents, and practice and the work environment in NHs.

8 | CONCLUSION

This study suggests that interventions to promote person-centred care should consider the needs in the daily care of both nursing home employees and residents. The experiential learning and interactive training in ICDP may have the potential to help caregivers develop a language for psychosocial care and increase their awareness of their own practice and of each resident individual needs. The study highlights the humanistic approach to care and the significance of the intrapersonal dimension in psychosocial care by showing that ICDP made the professional caregivers more sensitive, although stress and time constraints in the nursing home were barriers to the implementation of psychosocial care, PCC and ICDP. The content and pedagogy of ICDP seem to convey a relational approach to practice through flexibility in adjusting the care to each resident's sense of mastery, cultural and psychosocial needs and have the potential to reduce the use of sedatives. ICDP seems acceptable and possible to implement in nursing homes, but further quantitative research is required to establish its effectiveness of ICDP.

AUTHOR CONTRIBUTIONS

All authors made substantial contributions to the following: (1) planning and study design, data collection, analyses and interpretation, (2) drafting and critical revision of the article and (3) final approval of the submitted version. The first author had the main role in all the steps.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data set generated and analysed during the current study are not publicly available because the data are qualitative in nature (field notes and recorded interviews that were transcribed verbatim) and could potentially result in the reidentification of the participants. Anonymized transcripts and written evaluations are available from the corresponding author upon reasonable request.

PATIENT CONSENT STATEMENT

Patient consent was not needed for this study.

ETHICAL APPROVAL

The study was approved by the Norwegian Social Data Services (NSD) (ref.nr.332083).

TAKE HOME MESSAGES

- The concept of 'mentalization' combined with that of 'positive redefinition' may contribute to the significance of the interpersonal dimension in person-centred care.
- Combining the interpersonal and intrapersonal dimensions in the care of older persons may lead to better individual care and cultural sensitivity.
- Time constraints in nursing homes threaten person-centred care as a barrier to professional caregivers' presence and sensitivity in care.
- Professional caregivers' sensitivity to and awareness of the need to adjust the care to the residents' psychosocial needs may reduce the need for medication.
- Reflections on psychosocial care may increase holistic care for older persons.
- Caregivers' need for putting psychosocial practice into words may be met through sensitizing exercises.
- Interventions that promote conceptualization, active learning methods and reflections on psychosocial care may support caregivers in developing a language to talk about their practice and consciousness of psychosocial practice and to be more reflective and flexible practitioners.
- Employing sensitizing methods that include reflection on examples of psychosocial care in practice in small groups of caregivers may promote person-centred care.
- ICDP seems acceptable and possible to implement in nursing homes.

ORCID

Line Constance Holmsen https://orcid.org/0000-0001-6297-9670
Bodil Tveit https://orcid.org/0000-0002-5146-2438

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