



Whybrow, P., Moffat, S., Kay, L., Thompson, B., & Duncan, R. (2016). O24 Identifying Care Workers' Educational needs about Arthritis. In *British Health Professionals in Rheumatology (BHPR) 2016 Oral Abstracts* [kew103.006] (Rheumatology; Vol. 55, No. Suppl 1). Oxford University Press. <https://doi.org/10.1093/rheumatology/kew103.006>

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Link to published version (if available):
[10.1093/rheumatology/kew103.006](https://doi.org/10.1093/rheumatology/kew103.006)

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Q24 IDENTIFYING CARE WORKERS' EDUCATIONAL NEEDS ABOUT ARTHRITIS

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Background: There are a growing number of older people living in care homes, many of whom experience painful joints and poor mobility. However, there is a paucity of research regarding how staff manage residents with joint pain and disability. We undertook an educational needs assessment in residential care homes.

Methods: A qualitative study encompassing focus groups and individual interviews was used to gain the perspectives of care home staff, residents with joint pain and senior staff in the care home sector. Vignettes were used in the focus groups to encourage paid carers to discuss how they managed joint pain on a day-to-day basis and their training and education regarding arthritis.

Results: Three care homes were recruited through the National Institute for Health Research Enabling Research in Care Homes

(ENRICH) programme: one independent, one from a regional chain and one from a large national chain. Focus groups were conducted in each care home. Individual interviews were conducted with 12 residents and 5 members of senior staff in the care home sector and general practitioners.

We found that training practices between the three homes were relatively similar. The findings highlight how important carers are in identifying and managing arthritis in care homes: they are the front line of arthritis care. Caregivers themselves did not appreciate the health significance of their activities and often lacked the confidence necessary to carry them out effectively. To fully meet this aspect of their care roles, they require an awareness of what arthritis is, how to recognize symptoms and how to communicate important information to health professionals. None had received formal training and often lacked knowledge about arthritis. The caregivers themselves expressed a strong desire to learn about arthritis, particularly where this would help them provide better care.

Caregivers' accounts suggest that an inability to recognize, refer or communicate arthritic problems were underpinned by a lack of confidence. There were mixed attitudes towards formal learning and certification, with caregivers preferring hands-on training and a dislike of online learning. We suggest that the educational needs of caregivers can be met through two distinct training models. First, awareness training should be provided to for caregivers to improve confident communication with colleagues, residents and health professionals. Second, a more detailed training package should be considered for senior care staff, who take overall responsibility and who caregivers directly consult for advice. Accounts from senior staff and general practitioners raise important questions about how prospective training will fit with the residential care industry in the UK.

Conclusion: Education for caregivers regarding arthritis is lacking, and lags behind diseases such as dementia and diabetes, where specific training is available. We have identified two different approaches to training caregivers that should be considered for development.

Disclosure statement: The authors have declared no conflicts of interest.