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Experiences of delivering reablement to home-dwelling older persons: an interview study of community-based nursing assistants

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Abstract

Background The proportion of people aged over 65 years continues to grow globally and new initiatives are needed to support older persons' independence. Reablement is a relatively new approach for older persons with reduced ability to perform activities of daily living (ADL). Reablement aims to increase or maintain an individual's independence in meaningful ADL. In many Western countries nursing assistants are members of interdisciplinary teams delivering reablement in community settings. Nursing assistants' role in reablement is new and knowledge about their experiences is needed. This study aimed to explore community-based nursing assistants' experiences of delivering reablement to home-dwelling older persons in a Danish setting.

Methods This is a study of nursing assistants' experiences of delivering reablement in a Danish municipality based on an inductive approach. Individual interviewing was conducted based on a semi-structured interview guide. Data were analysed using systematic text analysis.

Results Ten interviews lasting 30 to 55 min were conducted from April to December 2022. Four categories emerged from the interviews: (1) The importance of small changes in functional ability, (2) Motivational skills and identification of reablement potential, (3) Systematic recording of activities in the medical record, and (4) Interdisciplinary meetings.

Conclusions Nursing assistants' participation in interdisciplinary meetings and systematic recording of activities in the medical record support cooperation and alignment of strategies in the nursing assistants' delivery of reablement activities to home-dwelling older persons. The nursing assistants' motivational skills and attention to small changes in functional ability seams to lead to perceived improvements in home-dwelling older persons' independence. The older persons' expectations of home care influence the nursing assistant's possibilities for succeeding with reablement.

Trial registration The study is not registered in a trial registry. The North Denmark Ethics Committee has stated that their approval was not needed (registration number: 2021 – 000438).

Keywords ADL, Rehabilitation, Geriatrics, Older persons, Home-dwelling persons, Nursing staff, Interview study

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Background

The proportion of people aged over 65 years continues to grow and by 2050, the global population over 65 years is expected to reach 1.6 billion [1].

Physical inactivity among older persons is highly prevalent [2, 3]. Gomes et al. has evaluated the prevalence of physical inactivity among older persons across Europe. The overall amount of inactivity among individuals aged 55 or older in the 16 included countries was 12.5% [4].

This is bothersome since physically inactive older persons (≥ 60 years) have an increased risk of cardiovascular mortality, breast and prostate cancer, fractures, recurrent falls, sarcopenia, and osteoporosis [3, 5–7]. Additionally, physical inactivity increases older persons' risk of cognitive decline, dementia, and depression [3, 5]. Inactive older persons also experience lower quality of life compared to more physically active older persons [3]. Furthermore, physical inactivity may reduce physical capabilities and result in difficulties with performing activities of daily living (ADL) [8–11]. Hence, older persons can become dependent on support in basic self-care tasks such as eating, bathing, and dressing (bADL), and more complex instrumental activities such as using a telephone, doing the laundry, and managing medications (iADL) [12]. Difficulties in performing ADL increase the risk of nursing home placement and further disability [13]. It is therefore important to optimise older persons' active involvement and participation in daily life [14]. Multidisciplinary rehabilitation services, such as reablement, that are designed to optimize function, can enhance care delivery [15, 16]. Reablement programmes have undergone a widespread expansion since the mid-2000s as an alternative to traditional home-care services for older persons [17]. Reablement aims to enhance an individual's physical and/or other functioning, to increase or maintain their independence in meaningful ADL at their place of residence and to reduce their need for long-term services [14, 17, 18].

There is growing evidence to suggest that reablement can be an effective way to improve older persons' quality of life, physical function, independence in ADL [19], and reduce their reliance on homecare [20, 21]. Similarly, there is increasing evidence that reablement is cost-effective compared to traditional home care [22–26]. Reablement is defined as a person-centred, holistic approach, delivered by a trained and coordinated interdisciplinary team. The reablement team supports the older person to achieve their goals, if applicable, through participation in ADL, home modifications and the use of assistive devices [18]. Nursing assistants are members of the team, which also includes nurses, physiotherapists, occupational therapists, and other healthcare professionals [19].

However, reablement is described as a shift in approach to aged care [27] and nursing assistants' role in reablement is new and may contrast with nursing assistants' perceived roles as providers of home care services and household helpers [28]. As discussed by Eliassen et al. this puts the nursing assistants in a challenging position where the expectations are not necessarily proportional to their knowledge and skills [29]. Prior et al. describes a lack of specific skills in reablement in a community-based care organization in Tasmania [30]. Likewise, Kattouw et al. has recently described homecare services as a task-focused intervention rather than person-based [31]. Managers in homecare included in the study by Kattouw et al. emphasised the importance of professionals' reablement competence, which they considered to be deficient in the current homecare services [31]. The Dutch reablement training program 'Stay Active at Home' seek to equip homecare staff with knowledge, attitude, skills, social and organizational support to implement reablement in daily homecare practice [32]. The aim was to change homecare staff's behavior from taking over the activities of older persons towards encouraging older persons to perform activities for themselves [32, 33]. The homecare staff perceived the program as useful to implement reablement, but required more support in mastering skills, such as conversational and goal-setting skills, and in dealing with challenging situations [33]. Similar interventions, where nursing assistants play an important role in supporting older persons' physical activity and independence in everyday life, have been developed in England [34–36].

Nursing assistants are often the main providers of reablement services in Danish municipalities and therefore play an important role in supporting older persons to become more actively involved in bADL like bathing, personal care, dressing, preparation of food, and iADL as cleaning activities, so they can manage everyday life as independently as possible. Bødker et al. has explored the transition from compensatory care to reablement care in a Danish Municipality [37]. Here, assessors, therapists, nurses, and nursing assistants working with reablement valued physiotherapists and occupational therapists as good carers due to their ability to focus on development and training. Nurses, particular nursing assistants, are often devalued due to perceived personal traits ('caring genes') and lack of theoretical knowledge and administrative skills [37]. Conversely, physiotherapists and occupational therapists valued nursing assistants as important team players in the delivery of successful home-based reablement in another Danish study [38].

However, it is still unknown how nursing assistants experience their engagement in reablement in a Danish setting. This study aims to explore community-based nursing assistants' experiences of delivering reablement to home-dwelling older persons.

Methods and analysis

Study design

This is a qualitative study with an inductive approach. The consolidated criteria for reporting qualitative research (COREQ) checklist were used to report the study [39].

Theoretical framework

To gain subjective insight into the nursing assistants' experiences of delivering reablement to home-dwelling older persons, we used an inductive approach to data collection and data analysis. This allowed data to present themselves to the researchers while putting the researchers' preconceptions aside [40]. AN and LØH declared their understandings of the field and the expected findings before the study [41].

Setting

This study was conducted in Thisted municipality in Denmark. In Denmark, there are no specialized educational programs for professionals working with reablement. Since reablement was introduced at a national level in around 2007–2008, Danish municipalities have the autonomy to determine how reablement is organized. This includes decisions regarding staff training and the composition of interdisciplinary reablement teams typically includes nurses, nursing assistants, physiotherapists, and occupational therapists [42].

Reablement services are also publicly administered by the Danish municipalities. These services are fully funded by the municipalities and are provided free of charge to eligible participants. Older persons who apply for, or are already receiving, home care services and are assessed to have the potential for functional improvement are offered reablement interventions by their respective municipality [42].

In Denmark, the education of nursing assistants spans approximately three years and nine months, where rehabilitation theory is a part of the education. During education nursing assistent students rotate between school-based learning and workplace placements to integrate theoretical knowledge with hands-on experience [43].

Setting of data collection

Thisted municipality is located in the northern area of Denmark and has 43,000 inhabitants, of which approximately 11,000 are +65 years old. Four rehabilitation teams exist in Thisted municipality. The teams are placed in different areas of the municipality and are responsible for delivering reablement to older persons living in the area. The rehabilitation teams are interdisciplinary and consist of 6–8 nursing assistants, 2 nurses, 1 occupational therapist, and 1 physiotherapist. Every team share experiences and discuss individual reablement plans on a weekly rehabilitation meeting, and nursing assistants sometimes visit the older persons together with a physiotherapist or an occupational therapist. Interviews were conducted at their workplace to support and maintain the nursing assistants' role as experts in their natural work environment.

Sampling and approach

We used a purposive sampling procedure to recruit the informants [44]. Two team leaders of the nursing assistants distributed written invitations to the study and AN contacted eligible informant by email. In addition, snowballing sampling procedure was used as AN encouraged every recruited informant to inform their colleagues about the interview. If the nursing assistants agreed to participate, they initiated contact with AN via email following peer referral from colleagues previously enrolled in the study. When the nursing assistants met the inclusion and exclusion criteria, they received further study information and were invited to participate. Informed consent was collected before the interview. Sampling was established to reach a variation in age, sex, and years of working experience in home care.

Sample size

Based on a narrow research question, we aimed for a sample size until data saturation was reached [45]. Saturation was assessed during the data analysis, where new subjects and themes occurring at the end of the analysis led to the inclusion of new informants. Further interviews were carried out, until new themes were not appearing.

Inclusion and exclusion criteria

Nursing assistants working in home care in Thisted municipality were eligible to participate in the study. To be included, nursing assistants were required to have experience with delivering reablement and an educational background of 2–4 years from a Danish school of Social- and Health Care. Nursing assistants with less than one year of working experience as a nursing assistant were excluded due to their limited experience in delivering reablement.

Data collection

The interview was performed as a semi-structured individual interview using an interview guide. An English language version of the interview guide is attached as a supplementary file.

Interview guide

The interview guide was developed through discussions in the research group and pilot tested with a nursing assistant meeting the inclusion and exclusion criteria.

The pilot test resulted in moving the question "Please describe the competences required to work in a rehabilitative way" to the final section of the interview guide. The final version of the interview guide comprised 17 questions.

Interviewing

An inductive approach was used [41]. This included open-ended questions that allowed the nursing assistants to elaborate using examples from their clinical routines and uncovering their experiences of delivering reablement to home-dwelling older persons.

When expression was unclear during the interviews, AN summarized for correct understanding and internal validation.

Interviewer and research team

All interviews were conducted by the female lecturer and research assistant AN, who has received extensive training in interview techniques such as open-ended questions, active listening, and probing as part of her training as a physiotherapist and her Master of Science in Health Science.

AN has worked together with five of the informants as a physiotherapist from May 2020 to June 2021 in Thisted municipality. They collaborated on reablement interventions to home-dwelling persons and participated in interdisciplinary meetings together. All interviews were audio-recorded and transcribed verbatim by AN and LØH. No field notes were taken. Transcripts were not returned to participants for validation.

Data analysis

To gain insight into the experiences and perceptions of nursing assistants' delivering of reablement, the data were analysed by systematic text analysis [46].

Data analysis was carried out by the following four steps:

Step 1. Total impression – from chaos to themes At this step a data overview was established. AN, LØH, and AR individually read all the transcriptions to get a general impression of the content and then come up with preliminary themes. The data were considered with an open mind and an awareness of the informants' voices. The themes were discussed until a consensus was reached on common preliminary themes.

Step 2. Identifying and sorting meaning units – from themes to codes AN and LØH individually read the transcriptions to identify and code meaningful units. The coding included identifying, classifying, and sorting meaningful units potentially related to the previously negotiated themes. Text initially not assessed as a meaningful was revisited in a second reading to determine if its relevance had changed. The meaningful units were marked with a code and the related meaningful units were connected through code groups. The names of the code groups were elaborated from the preliminary themes in Step 1. AN and LØH discussed similarities and differences between their codes and the relevance of the code under each theme. It was also discussed whether the analysis raised new themes. The discussions led to reformulation and reorganization of codes under other themes that were deemed more relevant.

Step 3. Condensation – from code to meaning AN and LØH went through one code group at a time to sort the meaningful units of the actual code group into subgroups. This work facilitated nuance, depth, and new aspects of meaning. At last, a condensed form for each code group and subgroup was created by linking a meaningful unit with other meaningful units entities from the same subgroup. For each condensed form, a quotation was picked out to maintain the original terminology applied by the informant.

Step 4. Synthesizing – from condensation to descriptions and concepts From the condensates and quotations analytic texts presenting the most salient content and meaning were written in third-person format. The citations were often from the condensates, but citations from the identified meaningful units in step 2 were also used if they were more relevant to support the analytical text. The analytic text for each of the code groups was reconceptualized returning to the full transcript, were AN and LØH validated whether the synthesis and the illustrative quotation still reflected the original context appropriately. Furthermore, AN and LØH reviewed the transcripts, focusing on whether it was consistent with the analytical texts. Finally, a category heading for each analytic text was developed.

The category headings show the most significant interpretations and represent the analysis results. Following the analysis, AR read and validated the result section, including codes and subcodes. Quotations were translated from Danish to English. Here cautions were taken in keeping the participants' meanings.

Findings

From April to December 2022 ten nursing assistants participated. The interviews had a duration of between 30 and 55 min.

Sample characteristics

The sample were aged 35–59 years (mean: 49 years) with a working experience in home care between 5 and 25 years (mean: 13 years). The sample has between 1 and 9 years (mean: 3.5 years) of experience in delivering reablement. Five out of the ten informants were delivering reablement at the time of recruitment, where 8 (80%) were women.

Categories

After the analysis and reconceptualization four categories emerged from the interviews: 1) The importance of small changes in functional ability, 2) Motivational skills and identification of reablement potential, 3) Systematic recording of activities in the medical record, and 4) Interdisciplinary meetings.

The importance of small changes in functional ability

Several of the informants described their perceptions that very small changes in functional ability help the older persons to become more independent in their everyday life, by being able to undertake more iADL and bADL by themselves. An informant described how the use of assistive devices contributed to an older person's ability to go into the garden. Before, the older person made calls to the home care every time the sun was shining. He required help from the nursing assistants to go into the garden as he wore support socks. After dialogue and a reablement intervention with an introduction to relevant assistive devices, the older person was able to put on his support socks and go into the garden by himself. Examples like this are repeated among several of the informants, who also share the experience that a reablement approach contributes to an effective use of resources.

> *Informant 6: "An example may also be that it is some small changes in the home that are needed for them to get independent … For example, about to a bath, where the person just must reach out and take the stuff instead of taking it in the closet… Then it maybe is possible to manage a bath by themselves if you do all the preparations."*
> *Informant 10: "It's just small things that make them have a better quality of life in everyday life, that they can do some things that they don't have to depend on the rest of us to be able to do…".*
> *Informant 6: "It is to create more freedom for the person – they, well, don't have us to disturb … After all, it is to help them to manage on their own and be in their own homes for as long as possible. Yes, it can also be the small things, it doesn't have to be big things… It could also be putting on shoes, making a sandwich …".*

Another informant describes how a reablement intervention has supported an older woman's ability to take food out of the freezer located in the basement of the house. The nursing assistants has several times walked with the old woman to the basement door of the house to access the freezer instead of using a steep indoor basement staircase, where she has previously fallen.

> *Informant 10: "Do you want me to find something in the freezer for you for the weekend?" older woman: "no, because I can go down to the basement myself … I go around the house to the basement door." informant 10: "… and that's what we've trained her to do, that she can go out at her front door and then down to the basement door."*

This finding indicates that facilitating improvements in older persons' functional abilities is perceived as a meaningful aspect and contributes positively to informant 10's sense of job satisfaction and reinforces the perceived value of their reablement efforts in supporting older persons' well-being.

> *Informant 10: "I appreciate being able to witness the older persons' progress, and also the sense of satisfaction that comes afterwards in saying, 'I have completed this.' But it wouldn't have been possible if I hadn't supported him through all that training."*

Motivational skills and identification of reablement potential

The informants found it important to be able to identity the older persons' motivation and potential for reablement and help with ideas for change without imposing it on the older persons. In relation to motivating the older persons, the informants found it important to meet the older persons with an open, trusting, and supportive approach and to cheer for and articulate successes to the older person.

> *Informant 3: "Well, it's not that I put anything down their throats, I feel that I'm openminded and honestly say; this is a suggestion for how we might be able to solve the problem… Or give them a little more freedom, and I think they actually welcome that."*
> *Informant 5: "I am trying to tell the person that he/she can actually do it by herself/himself. Praise the person for the things he/she is doing, and then you actually get far."*

The informants experience the older persons as generally motivated for reablement, unless they have an impaired

cognitive function, a burdened social background, or are older than 90 years.

> *Informant 5: "The older they get, the harder they are to motivate. The ones that are a little younger, are a little easier to motivate. They probably fail a little less as well."*
> *Informant 3:" The younger older persons are more, because they have, that is what I think, a different view of being able to take care of themselves, to want something for themselves."*
> *Informant 3: "Well, basically they welcome it (reablement) … those who are not cognitively challenged and who have some social background … Interviewer: More vulnerable? Informant 3:*
> *Yes, they probably have a hard time understanding it, but usually accept it in the end."*

Some of the informants described that a lot of work experience in the care sector was a possible barrier in identifying reablement potential, as they experienced the approach was challenging their caring gene.

> *Informant 2: "Also, because I'm so experienced in this area and have a huge caring gene, we just do things for them… Instead of just stopping and saying "hey, maybe she could put on the pants herself… maybe she could go to the toilet herself" where we, earlier, maybe would have helped her, yes, there could be several reasons for it."*
> *Informant 10: "So, it's about learning keeping your hands in your pockets and I felt it was really, really difficult. Because, actually why shouldn't I just help them … they've paid the taxes, they've made the country what it's today, right?"*

Additionally, some of the informants experienced some of their colleagues being sceptical about the reablement approach, as they feared it would lead them to unemployment. This concern appeared to undermine their motivation to engage actively in the delivery of reablement interventions.

> *Informant 9: "And there are some of the other (colleagues) who thought, " … we'll lose our jobs" and they weren't excited about working with reablement interventions …".*

Lack of available time is also described as an inhibitory factor to focus on the older persons' own resources and reablement potential. The informants described how it is easier doing the tasks for the older persons rather than in collaboration with them in busy periods.

> *Informant 11: "Especially if we are busy, as now, then of course it's easy that we do it for the person, but we must learn to "keep our fingers in the back pocket" …".*

The informants expressed the municipality's systematic offering of reablement to older persons applying for home care as a contributing factor to an increased focus on older persons' reablement potential and use of the approach in home care. For example, one of the informants stated that the systematic approach prompts her to consider reablement down to the smallest details.

> *Informant 2: "There has been more focus on it (reablement) and what the person actually can do by himself/herself, and today they are offered reablement as soon as we get them …".*

One of the informants expressed how it is easier to motivate older persons to reablement activities, when they are offering reablement from the beginning instead of compensatory home care. The informant stated the possibility of developing "bad habits" with the older persons if the nursing assistants follow a compensatory approach to home care and do things for the older person instead of with him or her.

> *Informant 9: "It's easier when we (nursing assistant) get them right from the start than if they (older persons) have developed bad habits."*

This is further supported by the informants' narratives, which indicate that the expectations of older persons and their relatives regarding home care services may influence the nursing assistants' delivery of reablement activities. Several informants observed that older persons and their relatives who perceived themselves as entitled to compensatory care—based on their prior tax contributions—often demonstrated resistance to engaging in reablement, thereby posing challenges to motivation and participation.

> *Informant 8: "Then there are just some who say; "We pay our taxes and they (nursing assistants) just have to come and help us" Yes, some people feel that way and it is difficult to change, I think."*

The informants also described how relatives do not necessarily understand reablement interventions as an approach to support older persons to be as active and self-reliant as possible.

> *Informant 9: "It is very much those who think that they have paid taxes their whole life, so they are*

entitled to get all the help they want…. It is the same problem with relatives … They don't see in the same way that we're actually helping her by keeping her going on."

Systematic recording of activities in the medical record

Systematic recording of activities in the older persons' medical record strengthened the interdisciplinary cooperation and the application of a common approach to older persons among the nursing assistants. Similarly, the documentation supported adaptation of the targeted approach to the older persons' functional level, which may vary from day to day.

Informant 2:" The documentation has a huge importance … Maybe we have a person who can do something one day but not the next because of bad arthritis or something, then I think we just have to document what is possible for the person and what is not… And then maybe it's the small margins we need to work with instead of taking taking huge steps, it's the small steps that sums up to something big."

Several informants described how continuity in the nursing assistants visiting the older persons is beneficial, especially in terms of the older persons' feeling safe. They acknowledged that continuity was difficult to achieve in practice, and that was why an updated documentation was so important.

Informant 6: "It is crucial … If I have had a holiday for 14 days and there has not been written something about what has happened with the person, then I have no chance of knowing what a feasible level of engagement of the older person is."

Interdisciplinary meetings

For the informants the interdisciplinary meetings supported the professional relationship between the all members of the rehabilitation team, as well as ensure mutual respect for and knowledge about each other's work. One of the informants describe how the interdisciplinary meetings have made her more confident in the collaboration with other professionals in the rehabilitation team.

Informant 11: "It's also a good thing to meet and discuss with those you collaborate with … Because, then you get respect for each other's work… You aren't afraid to go to them and ask for help, because we help each other … Suddenly, we've become one unit."
Informant 7: "We work together, we don't ride two horses as I felt we did before… Like "oh, the therapists just pound us on top of the head and say what we have to do and that we're doing it wrong", but now, at our weekly meetings, we get an elaborated explanation … I think it works tremendously, we have become very close, and we interact."

The oral sparring contributes to effective processes in reablement, as it contributes to a faster initiation and evaluation of the reablement interventions, as it is possible to discuss at the meeting rather than having to write to each other in the journal system.

Informant 9: "Instead of writing to each other, we immediately decide that next time this is what we are going to do."

Moreover, it was expressed that the interdisciplinary meetings generate new ideas and solutions, which have been difficult to find without this interdisciplinary debate. According to the informants, this leads to better reablement and outcomes for older persons.

Informant 6: "In the rehabilitation team, we bring it up at the interdisciplinary meeting and have some professional discussions, both with the visitator and with the occupational therapist and physiotherapist, this results in some ideas on how we can cope with reablement."
Informant 9: "I think it's really good having physiotherapists and occupational therapists to the meeting and that we sit together, because then they can show you something you can use in the reablement intervention … I feel I get some good tips… And they are good at coming up with some ideas, they have some knowledge, which is really good for the reablement."
Informant 7: "But then we get our things intertwined, and we make some good reablement plans, which help us better approach them (the older persons)."

Informants stated the importance of adhering to the common reablement plan established at the interdisciplinary meeting. Otherwise, confusion and favouring of some of the nursing assistants possibly arise with the older persons. For example, an informant described how an older person saw him as a kind of enemy because he followed the common action plan and wanted to involve the older person in the tasks, meanwhile other colleagues performed the tasks for the older person instead.

Informant 4: " … it should not be the case that some nursing assistants do all the things for the older persons and other involve the older persons as it should

be … Then you are pitted against each other as colleagues by the older persons."
Informant 9: "Sometimes there is a bit of good cop and bad cop … then maybe it's not always that the temporary workers catch what we're doing, and then they do the activities with the older persons and when we come the next day and want them (the older persons) to do something, they say, "NO, I'm not going to because the others don't" … And we actually experience this with relatives as well."

Discussion

The informants describe how small changes in the older persons' functional ability are important, as it helps the older persons to become more physical active and independent in their everyday life.

They also emphasised the importance of being able to identify the older persons' motivation and potential for reablement with an awareness of aligning strategies with the older persons' capabilities and expectations of home care. The interdisciplinary meetings support the professional relationship between the informants and other professionals in the rehabilitation team and contributes to effective reablement processes. Similarly, the systematic recording of activities in the medical record strengthens the cooperation and the application of a common approach to the older persons among the professionals in the rehabilitation team. Finally, the older persons' expectations to home care influence the nursing assistant's possibilities for succeeding with reablement.

There is a growing body of evidence suggesting that delivering reablement calls for new skills among nursing assistants [37, 47–50]. This study contributes with results from a Danish setting, where nursing assistants play a pivotal role in supporting older persons to become more independent in everyday life. The informants described motivational skills as important in their delivery of reablement. Likewise, attention to the older person's reablement potential is important. These results are supported by Rostgaard et al. [51]. They describe how reablement interventions give the professionals an important role in identifying the person's reablement potential and motivation for change [51]. In addition, Rostgaard et al. stated reablement approach requires that the professionals can facilitate this change while also engaging in collaboration with other professionals and participating and learning in an interdisciplinary collaboration with other professions. According to the authors, the daily training is often provided by a relatively low-skilled support worker, which possibly implies a new shared power position of the different professions in the interdisciplinary team delivering reablement [51].

A Norwegian study investigated various organizational models of interdisciplinary teams delivering reablement [52]. Four out of seven of these teams were characterised by a hierarchical team structure, where occupational therapists, physiotherapists, and nurses were considered lead of reablement assisted by nursing assistants [52]. Responsibilities and tasks between the team members were clearly defined in these four teams. The remaining three teams had a more flat hierarchical structure, with all team members being considered equal partners and possessing the required competence [52]. Comparing these findings with the present study, the informants' statement of the interdisciplinary meeting and its importance for the reablement intervention, suggests an experience of a similar, less hierarchical collaboration between the professionals, who are described as equal partners by the informants. The informants experience a closer professional relationship and knowledge sharing with other professions when working in reablement teams and they describe the interdisciplinary team as an equal unit were every member have a say. Although, this equal and boundary-blurring practice seems to be favourable for the team collaboration, asymmetric power relations still seem to exist in many reablement teams [51].

The theory of Relational Coordination by Jody Gittel [53] can be used to shed light on the mechanisms behind the meetings and their importance for interdisciplinary collaboration.

Relational coordination is defined as a mutually reinforcing process of communicating and relating for the purpose of task integration [54]. Relational coordination includes specific dimensions through which stakeholders coordinate their work. Shared goals motivate stakeholders to move beyond subgoal optimization to act with greater regard for the whole [55] Shared knowledge enables systems thinking by informing stakeholders about how their tasks and the tasks of others contribute to the whole [56]. Respect for the work of others encourages stakeholders to value the contributions of others and to consider the impact of their actions on others, reinforcing the inclination to act with regard for the whole [57]. This web of interdependent relationships reinforces, and is reinforced by, frequent, timely, accurate, problem-solving communication, enabling stakeholders to more effectively coordinate their work [53].

In the current study, the informants experienced that meetings contribute knowledge of and respect for the other professionals' work, a faster task solution, as well as better generation of solutions in practice. This may indicate that continuity and meeting activity supports the relational elements; shared knowledge between the professionals and mutual respect and a frequent, timely, accurate and problem-solving communication, which are essential elements for coordinating the interdisciplinary work [53]. This is in line with findings in the study by Mouchaers et al., who investigate professionals'

experiences with reablement implementation in Dutch community care. Findings highlight the importance of sharing goals and beliefs in the interdisciplinary collaboration [58].

The Relation Coordination theory can also be used on the finding that systematic recording of activities in the older person's medical record supports the reablement intervention.

The informants explain how systematic recording of activities strengthens a common, adapted and targeted approach, which is particularly important to record promptly due to the limited continuity of nursing assistants visiting the older persons. The informants' experiences suggests that a systematic supports frequent, timely, and accurate written communication between the professionals. According to the theory, these elements support the interdisciplinary collaboration, which outcome is described as a customized reablement intervention targeting older persons' needs [53].

The present study contributes to the evidence about relatives' role in reablement. Several informants stated that older persons and their relatives who are entitled to compensatory home care due to their tax contributions are sceptical about reablement and difficult to motivate. This finding is supported by Rooijackers et al., who describe resistance to change from clients or their social network as a perceived barrier for homecare staff in their integration of reablement in homecare services [33]. Furthermore, the importance of the relatives has been reported in a recent study by Söderman et al., who stated that older persons living alone have a more complicated reablement process and need more time to reach their goals, as they do not have the opportunity to get help from a partner [59]. These findings demonstrate that the involvement of relatives in the reablement process is multifaceted and can encompass both supportive and obstructive behaviors.In the present study, the informants also described how relatives do not necessarily understand reablement interventions as an approach to support older persons to be as active and self-reliant as possible. This finding highlights the importance of nursing assistants' skills to explain and clarify the purpose of reablement to older persons and their relatives and how the activities can contribute to independence in everyday life.

The informants also experienced that the older person's cognitive function is important for the relevance of reablement. In relation to this finding, Tuntland et al. find that patients with fractures as their main diagnosis achieve the best improvement in self-percepted occupational performance, related to self-care, productivity, and leisure, in connection to reablement [60]. Older persons with neurological disorders, balance problems, and pain conditions, achieve a slight improvement in self-percepted occupational performance. The reason is described as the older persons' mindset, motivation and the natural healing process [60]. This is in line with the results in the study by Söderman et al., suggesting that reablement interventions should be adjusted according to the older persons opportunities and cognitive function [59]. Similarly, the study by Mulquiny et al. describe older persons' poor engagement in reablement services as an attribution to a poor understanding of their role in reablement [27]. Some of the informants in the present study experienced that the age of the older persons is associated with their motivation for reablement. In contrast, Tuntland et al. describe age as a minor factor, as age seems to be a less relevant factor, as adults aged 18–64 tend to benefit as much as adults aged 65 + in relation to reablement interventions [60]. Even though the oldest people have the potential for an improved ADL ability through reablement, the present study indicates, that it can be a more demanding task for nursing assistants to motivate this target group to the intervention, which in advantage can be incorporated into the distribution of resources in practice.

Strengths and limitations

A study limitation might be the sampling procedure in the sampling of the informants. Most informants were included through their leader, who acted as a gatekeeper by distributing written information about the study to potential participants. While this approach facilitated access to relevant participants, it may have introduced a risk of perceived pressure to participate. If some informants felt obliged to take part due to their leaders' involvement, this could have influenced the openness of their responses and, consequently, the validity of the data.

Likewise, snowball sampling procedure was used, as AN encouraged every recruited informant to inform their colleagues about the interview. It might have affected the expressed nuances of nursing assistants' experience of delivering reablement to home-dwelling older persons. Maybe the interviewed nursing assistants have more positive experiences with reablement than their colleagues not being interviewed. This may have led to a lack of insight into critical considerations on nursing assistants' delivery of reablement to home dwelling older persons. Despite these sampling procedures, there is a diversity in the informants' work experience and age, which probably contributes to different perspectives on delivering reablement. We do not believe that the sampling strategy is a limitation in our study. However, only two men were included in the study and we have a limited knowledge of male nursing assistants' experience with reablement.

We used a data-driven step-by-step procedure that promotes transparency and supports the identification of

the participants' experience of delivering reablement to home-dwelling older persons [46]. In addition, AN and LØH stated their understanding before interviewing and analyzing. We believe this supports the dependability and confirmability of the study.

A possible limitation may be AN's position as an earlier colleague to some of the participants, which might have fostered an inadequate relationship between AN and the participants in the interview. This factor could potentially have compromised the credibility of the study.However, AN informed the informants about her role and duty of confidentiality in the study and the anonymity of the informants. Furthermore, the interviews were conducted at the nursing assistants' workplace to ensure a safe and comfortable atmosphere around the interviews. We believe this to strengthen the study and reduce the risk of bias.

Inclusion of demographic details such as age, gender, and years of experience would help contextualize quotes, however, the informed consent included a strict paragraph on anonymiouty and we need to report baseline characteristics on a group level rather than on an individual level. This is a limitation to interpretation of quotes.

Transcripts were not sent to the participants for feedback, which may have improved the credibility of the study. However, AR validated the results by reading the analysis and results. Quotations are translated from Danish to English. Here cautions were taken in keeping the participants' meanings. However, interviewing in one language and reporting in another is a limitation of the study.

Conclusion

This study found that community-based nursing assistants perceive the delivery of reablement to home-dwelling older persons as a multifaceted task. They describe reablement as involving the identification of older persons' potential for improvement, the adaptation of interventions to individual needs and expectations, and the use of motivational techniques to support engagement. The findings indicate that the participating nursing assistants are not merely carrying out predefined care tasks but are rather actively contributing to the success of reablement efforts.

The study also highlights the value nursing assistants place on interdisciplinary collaboration—particularly through structured meetings and shared documentation practices—which supports a coherent and coordinated approach across professional groups. Furthermore, the nursing assistants observed that even small functional improvements in older persons can lead to significant gains in independence, underscoring the practical relevance of their work.

These insights contribute to a deeper understanding of the everyday realities and professional judgments involved in reablement from the perspective of nursing assistants. They also point to the need for policies and practices that acknowledge and support the role of nursing assistants in the delivery of reablement. Future research should explore how organisational and contextual factors influence the implementation and outcomes of reablement services.

Abbreviations

ADL Activities of daily living
bADL Basic Activities of daily living
iADL Instrumental Activities of daily living
COREQ The consolidated criteria for reporting qualitative research checklist

Supplementary Information

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Supplementary Material 1.

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Authors' contributions

AN and LØ analyzed and interpreted the data. AR validated the analysis. AN made the first draft of the paper. All authors commented the manuscript in multiple rounds of revision. All authors read and approved the final manuscript.

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Data availability

The data that supports the results of this study will be provided by the corresponding authors upon receipt of reasonable requests.

Declarations

Ethics approval and consent to participate

This study was conducted in respect to the Declaration of Helsinki [61]. All participants provided informed written consent. The North Denmark Ethics Committee has stated that their approval was not needed for this study (2021 – 000438). Clinical trial number: not applicable. We wanted to limit the informants' workload in relation to the study. Therefore, the informants chosed the context for the interviews, which were conducted in continuation of a normal working day.

Consent for publication

N/A.

Competing interests

The authors declare no competing interests.

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