



Promoting healthy ageing across the lifespan: a scoping review of competences for social and health-care professionals Study protocol

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INTRODUCTION

Population ageing is one of the most challenging demographic changes and is affecting all European societies (Beard et al., 2016). One of the greatest impacts of population ageing are health and social systems which are struggling to adapt to this new situation (WHO, 2019).

Life expectancy increase, as well as other lifestyle factors, has led to an important increase in chronic and non-communicable diseases (NCD's). According to the world health organisation (WHO), NCD's are related to 90% of deaths in Europe as well as a decreased quality of life (WHO, 2018). Comorbidities are also directly related with, especially in elderly, quickly growing societal problems like loneliness and depression (Holt-Lunstad et al., 2015).

Health systems are inadequately anticipating these challenges, setting a greater focus on curative interventions instead of prevention. Moreover, in general, different problems are separately taken care of by specialists, lacking alignment and increasing the amount of delivered services and therefore, raising the associated costs. Estimates are that, if nothing is changed, the costs of health and social services will increase to unsustainable levels in most countries in the OECD (OECD, 2015).

In this scenario, the only sustainable solution is to develop strategies to keep European citizens in good health for as long as possible. This is the aim of the healthy ageing movement. Current health systems should anticipate much more towards the idea of health as an intrinsic value, integrating health into wellbeing and

the capacity to participate in a meaningful life. This positive health perspective opens the challenge to capitalize more the capabilities and resilience of people and communities to be healthy and to adapt and anticipate (future) health challenges (Luthar & Cicchetti, 2000). This shows the necessity to think outside only health care and strive for an intersectoral and interdisciplinary approach close to society. Health professions are in this context broadly defined as all health and social professions.

Health professions are daily confronted with the challenges of an ageing population however, they are little prepared as their education is still orientated to cure or take care of people only when a diagnosis can be made based on a complaint. There is a lack of specific content on healthy ageing in undergraduate and graduate curricula in most European countries, and regarding the Master program, less than 10% of their educational curriculum is spent on healthy ageing concepts.

In this context, the SIENHA project, a consortium of several higher education institutions from Finland, Germany, Kosovo, Poland, Portugal, The Netherlands, and Spain, was created. This partnership has the objective to establish an educational network with the aim of building a knowledge platform centred on healthy ageing.

As a first step of the SIENHA project, we aim to perform a scoping review to describe, collate and synthesize current scientific and grey literature describing competences that health and social professionals should develop to promote healthy ageing across the lifespan.





METHODS

This study will follow the methodological framework as described by Arksey & O'Malley (Arksey & O'Malley, 2005) and the Joanna Briggs Institute guidelines (Pollock et al., 2021). The framework will involve a six-stage phase: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; (5) collating, summarising, and reporting the results; (6) consulting with key stakeholders.

In the next pages we describe how these phases will be conducted in the context of Intellectual Output 1 of the SIENHA project.

Step 1: Identifying the research question

In the preliminary work of the project, some ideas were drawn related to the identification of competences that are needed to promote healthy ageing across the lifespan. It has been described that health and social professionals are not adequately trained to support the rising ageing of European populations. Therefore, we propose the following research question: Which competencies do professionals working on the field of healthy ageing have?

Step 2: Identifying relevant studies

At this stage we aim at describing information sources and the search strategy as well as the inclusion criteria of the selected studies that will be followed.

Information sources and search:

After consultation with an academic librarian a search strategy was designed for Medline/Pubmed, and will be adapted to the other databases.

1) "Healthy Aging"[Mesh] OR "Health Promotion"[Mesh] OR "Healthy aging"[Title/Abstract] OR "healthy ageing"[Title/Abstract] OR "health promotion"[Title/Abstract] OR "active aging"[Title/Abstract] OR "active ageing"[Title/Abstract]

2) "Professional Competence"[Mesh] OR "Social Skills"[Mesh] OR "Competenc*"[Title/Abstract] OR "Capabilities"[Title/Abstract] OR "Abilities"[Title/Abstract] OR "Skills"[Title/Abstract] OR "knowledge"[Title/Abstract]

3) "Education, Public Health Professional"[-Mesh] OR "education"[Title/Abstract] OR "learning"[Title/Abstract] OR "training"[Title/Abstract] OR "teaching"[Title/Abstract] "physiothera*"[Title/Abstract] OR "nurs*"[Title/Abstract] OR "physician*"[Title/Abstract] OR "doctor*"[Title/Abstract] OR "psycholog*"[Title/Abstract] OR "social worker"[Title/Abstract] OR "dietician*"[Title/Abstract] OR "dentist*"[Title/Abstract] OR "pharmacist*"[Title/Abstract] OR "occupational therapist"[-Title/Abstract] OR (("speech"[Title/Abstract] OR "language"[Title/Abstract] OR "occupational"[Title/Abstract]) AND "therap*"[Title/Abstract]) OR "sport scientist"[Title/Abstract] OR "physical educator"[Title/Abstract]

4) 1 and 2 and 3

The leading team will search the following health and social science bibliographic databases:

- Health: Medline, Embase,
- Health & Social: Scopus, CINAHL, Web of Knowledge
- Social & Education: ProQuest, PsychInfo, ERIC, Eurypedia, Sociological Abstracts, SportDiscu

Gray literature will be identified by all partners. Each partner will look for gray literature published in their countries and languages. The term 'Gray Literature' includes the following:

1. Reports by Governments and NGOs,
2. Dissertations/Theses,
3. Newsletters and Press articles
4. Conference presentations.

As there is not yet any gold standard for searching grey literature, the search would be carried out via:

1. Mainly search engines: Google, Yahoo, Google Scholar, Open Gray





2. Specific websites such as UE, each country's government, non-governmental sources, thesis repositories...

3. Top university library websites that offer a comprehensive list of grey literature databases. For example: <https://guides.library.utoronto.ca/c.php?g=577919&p=4123572>

The eligibility criteria will include the following:

- Type of Publication: All kinds of original studies, review articles, guidelines...
- Outcome:
 - . Competences described at the levels of vocational training, bachelor, or masters' degree.
 - . Competences needed to promote healthy ageing at any point of the lifecourse.
 - . Competences referred to social or health professionals [MS4] that work with people: such as psychologists, social workers, teachers, nurses, physiotherapists, dietitians, physicians, dentists, pharmacists
- Timeframe: 2010-2021
- Language: Sources written in the participant countries' languages and English

Exclusion criteria will be:

- Competences referred to patients.
- Competences to promote health among citizens with health conditions other than the four most prevalent chronic diseases in Europe: respiratory diseases, cardiovascular disease, diabetes, cancer.
- Study protocols

Step 3: Selecting studies

For selecting the included documents we will follow a two-step process. First we will review the title and abstracts of the studies or other types of documents. Articles and documents included in the first phase will be later reviewed using the full text. Both steps will be independently done by reviewers in pairs considering the inclusion criteria. Any discrepancies were resolved by consensus. Covidence screening tool will be used for this step.

Step 4: Charting the data

Data will be extracted by independent reviewers in pairs. A standardised extraction sheet will be created for the study using Microsoft excel. The extracted data will include:

- Authors
- Year
- Country
- Language
- Source (university, ministerial document...)
- Definition of healthy ageing
- Moment of the lifecourse to promote healthy ageing
- Competences
- Educational level to which competences apply
- Professionals to which competences apply
- Email of the corresponding author

Step 5: Collating, summarising and reporting the results

Results will be summarised using narrative descriptive synthesis following the PCC principles (Population, concept, context).

Step 6: Consulting with key stakeholders

Out of the different options to conduct this consultation, we foresee one single meeting (focus group-like) with the different stakeholders.

Step 1: Defining the purpose of the consultation.

In the context of our scoping review, the goal of the consultation is to corroborate our results (from both the scientific and gray literature search) with the stakeholders. Specifically, we aim at identifying unmet needs to promote healthy ageing across the lifespan in ageing populations, and competencies that should exist in the curricula of the health and social professionals that deal with healthy ageing.

Step 2: Defining the profile and number of stakeholders involved.

Involved stakeholders should represent the different sectors involved in the topic of the





scoping review, in our case: professional competences for healthy ageing. Therefore, our participants will include:

- . Adolescent
- . Young Adult (25-40)
- . Adult (40-65)
- . Elderly (>65)
- . People that influence decisions on the content of educational programs: academic vice-rectors and vice deans, professional associations, national platforms for the education of different professionals, etc.
- . Representatives of public administrations dealing with healthy ageing: health, social and welfare departments at different levels (city, region, country...)

Each partner will create a pool of possible participants for their country, following the previous profiles.

Step 3: Defining a date and space for developing the consultation, and inviting the stakeholders.

The consultation can take both in-person or online, and it should take place until 31st. Report of the session must be sent to the coordinating team by June 7th. Each partner will send invitations with at least three weeks' notice, and they should state the purpose of the session, duration and space. Due to the covid situation the meetings will be held virtually.

Step 4: Undertaking the consultation.

1. The organizing team uses preliminary findings to inform the consultation (results of the scientific and gray literature of every country). The coordinating team will share with the partners a presentation template that can be translated to the national language. Time for this presentation is around 45 minutes and will cover the following points:

- What is the SIENHA Project
- What constitutes a healthy ageing across the lifespan
- What defines a competence

- What do we know about competences to promote healthy ageing (results of the literature review)
- Justification of invited profiles: who and why

2. Stakeholders may work together in small groups (5-6 people) to share their views and experiences linked to the purpose of the consultation (30 min.), through three questions:

- Overall feedback on the presented results
- What needs (covered and non-covered) do current societies have to promote healthy and lifelong aging of their population.
- What competencies should exist in the curriculum for professionals involved in healthy aging. If possible, focus on whether these competencies should be more specific to a particular professional profile, or they should be addressed multidisciplinary.

3. Stakeholders share their group conclusions (40 minutes) with the rest of the participants.

The organizing team takes notes along the process. In this way it is recommended that at least three or four members of the organizing team attend the consultation session. Recording can be an option, but it would require recording the discussion of each small group, therefore we do not set it as compulsory. Recording also complicates the procedures because permits should be granted. The guidelines do not make recording compulsory, only note-taking.

Step 5: Collating, summarizing and reporting the results.

After the consultation session, the organizing team meets and shares their notes, and reaches consensus on the final report. The final report is sent to the coordinating team latest on May 31st. The template for reporting can be found in this link, and will include:

- Number and profile of the participants
- Main conclusions given by each group to the three questions:
 - . Overall Feedback on the presented results (literature review)





. What needs (which are not being covered) do current societies have to promote healthy and lifelong aging of their population.

. What competencies should exist in the curriculum for professionals involved in healthy aging.

Anything that the group wants to highlight.

ETHICS AND DISSEMINATION

This work involves a collection of publicly available documents, therefore, ethical approval is not required. The stakeholder consultation will not imply personal data collection, we will only seek feedback from the bibliographic review phase.

Dissemination of this research will be at different levels. First, at a scientific level, results will be published in a peer-reviewed journal and presented in national and international conferences. Second, results will also be shared in the high-education community through national and international meetings involving social and health professionals and educators. Moreover, as previously mentioned, the results of this review will be used to create a framework of competencies and a curriculum in Healthy Ageing with several materials that will be shared on the project's website. Finally, at a general public level, results will be disseminated through our website and press notes.

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