GAP ANALYSIS AND TEC-MED INTERVENTION FRAMEWORK DEFINITION FROM SPAIN

Lead Beneficiary

(SPAIN)

"Development of a transcultural social-ethical-care model for dependent populations in the Mediterranean basin"

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INTRODUCTION OF GAP ANALYSIS

The Gap Analysis is part of the third activity of the WP3 “Development of a transcultural social-ethical-care model for dependent populations in the Mediterranean basin": A.3.1.3. Gap Analysis and TEC-MED Intervention Framework Definition, together with the A.3.1.1. Analysis of the most promising social care initiatives and the A.3.1.2 Analysis of the current social care practices in the six countries involved in the project.

Specifically, the aim of the activity A.3.1.3. is to conduct a GAP analysis and create the first draft of the TEC-MED Model in order to answer to this question: *How can all the findings under WP3 activities, in addition to technical consultation workshops be used to create the draft of the TEC-MED Model?*

Before starting to describe the development of this activity, it is necessary to specify that the work methodology had to be changed due to the new needs of COVID-19.

In fact, the GAP activity initially aimed at conducting different workshops for each country, has been replaced with a suitable methodology for online work, as described below. Aware of the loss of values of the activity due to the lack of confrontation and face-to-face co-creation of a workshop -where it is easier to create dynamics of debates and create community- we have tried to fill this gap with a rigorous and in-depth consultation and consensus building through the Delphi method, and guaranteeing the involvement of all the different levels and scope of stakeholders of this project.

The presentation of this Report becomes one of the milestones on which the innovative TEC-MED Model is developed. It aims to guide users, professionals and institutions and administrations in understanding the organization of the TEC-MED project, as well as in its scope. Experts in the field of aging, social care, ethics and transculturality have carried out a gap analysis and the definition of the intervention framework for the development of the TEC-MED Model. A total of fifty-six experts were invited to participate in three rounds of a Delphi panel, in order to establish the

priority aspects that must form the basis of the intervention framework for the development of the TEC-MED model.

Key stakeholders with the profile described before were invited to discuss the next aspects 1) Identify the gaps in the social-care system; and 2) Rank the gaps in order of priority.

METHODOLOGY

The Delphi method is a structured process that uses rounds of questionnaires to gather information, and rounds are continued until group consensus is reached. This widely used method allows for the inclusion of a large number of individuals across diverse geographic locations and, unlike a face-to-face meeting, avoids the situation where a specific expert may dominate the consensus process.

The aim was to address the **current situation** about the social care in Spain, the **desired state**, the **gaps**, and the best **initiatives** to achieve the final objectives (Figure 1).

Figure 1. Objectives to achieve with the Delphi technique

Participants

The objective of involving at least 20 experts was exceeded, inviting 56 experts to participate. They were identified through partner organizations and networks and those who participated in the semi-structured interviews and planning committee were also selected. Several professional sectors (according to the Quadruple Helix Model), different expert profiles (sex, age, area of knowledge), as well as management levels (micro, meso and macro level) were taken into account. Potential participants were invited to take part by completing an online survey accessed via a URL link.

Procedure

Different stages were carried out between May and June 2002 (Figure 2)

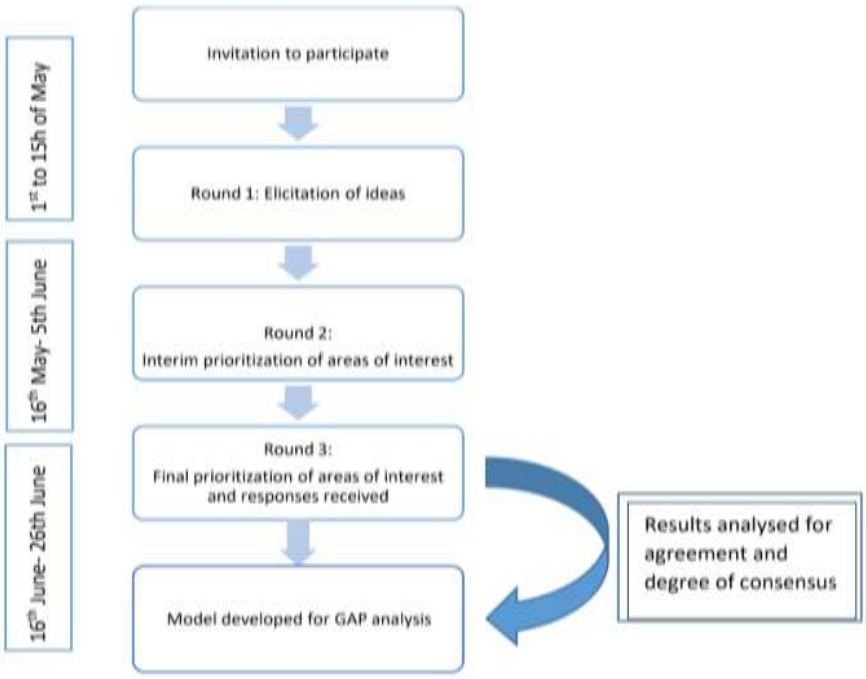

Figure 2. Flowchart for the process of Delphi method

Round 1: Elicitation of relevant topics

Participants were invited by email to answer a survey to confirm their participation. Invitation emails were sent to around 56 potential participants as the response rate was expected to be around 50-75%. Finally, **38 people answered** (67.8%).

Participants were asked to identify priority areas about the care provided for aging population.

A qualitative analysis of the data resulted in the configuration of the items for the second round.

Round 2: Building consensus on priorities

Experts from the second round presented a list with all the priorities that were identified during the first round. **Thirty-two people** indicated the importance of each priority using a seven-point Likert scale ranging from 1 (not important at all) to 7 (extremely important). Except for the GAP dimensions that was assessed how near we are from the desire state (the difference between the current state and the desire state) ranking from 1 (not near at all) to 7 (extremely near).

Moreover, there was a blank space for each dimension (current state, desire state, GAP and initiatives), were experts were able to do suggestions, ask for clarifications or modifications, etc.

Later, the data will be analyzed by calculating the interquartile deviations (IQD). The IQD is a measure used to express the degree of consensus obtained, with a higher IQD referring to a smaller degree of consensus. When using a seven-point scale, IQDs with a value of ≤1.5 indicate good consensus.

Round 3: Reaching consensus on priorities

All experts that participated in the second round were invited to take part in the third and final round of the Delphi study. Finally, **26 people answered.** The questionnaire, including the feedback about median and IQD for each item from the second round, was sent to the participants to re-rate their answers from the prior round. Of all items, those that have an IQD ≤ 1.5 were taken out of the questionnaire.

Furthermore, the data were analyzed by calculating the median score (Mdn), to indicate the importance of every priority. A median score of ≥6 was considered important.

TEC-MED Social Care Model

The results obtained are the basis of the TEC-MED project proposal for the development of a new innovative social care model. The characteristics of the participants are described below, as well as the most revealing aspects for each of the topics and categories. In each round have participated respectively 38, 32 and 26 people.

Women represented more than 60% of experts in all rounds of analysis (64% in the first round, 62.5% in the second round, and 65% in the third round respectively) and 47% and 37.6% of these experts belong to a level of micro and meso management (Figure 3).

Field of expertise	First round (%)	Second round (%)	Third round (%)
Women	64	62.5	65
Macro management	18.4	15.6	11.5
Meso management	31.6	46.8	34.6
Micro management	50	37.6	53.9
Civil society	23.7	3.1	11.5
Business	21.4	15.6	19.3
Public administrations	7.9	53.1	57.7
Research and education	47	28.2	11.5

Figure 3. Participants Profile

The strategy of attracting experts / as possible to achieve business sectors, to public administrations, research centers and / or educational, and civil society (Figure 4).

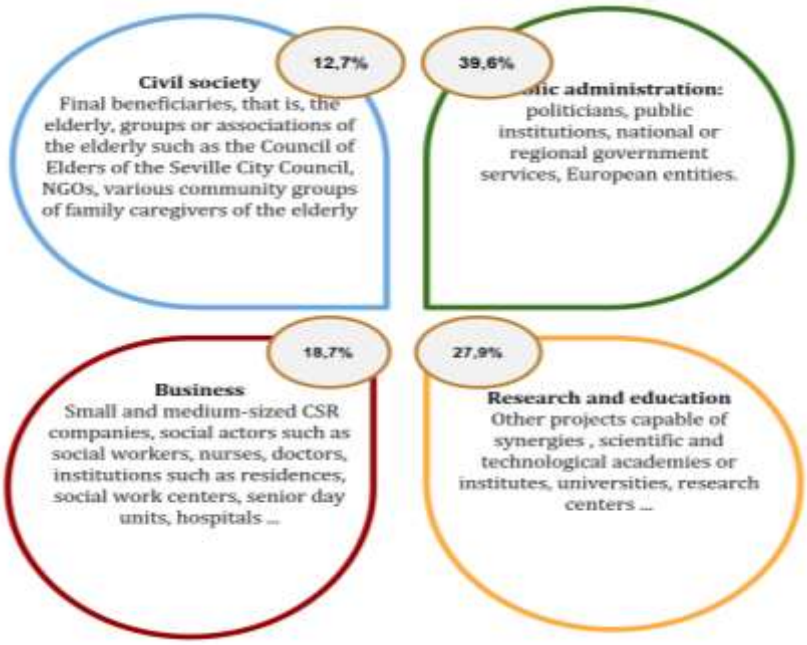

Figure 4. Quadruple Helix. Source: Carayannis and Campbell (2009)[1]

From the results obtained in Spain, the TEC-MED social care model focuses on those aspects that have been agreed by the experts, prioritized and considered achievable, taking into account the objectives of the project and the main expected outputs.

The qualitative analysis carried out after the first round, reflected the existence of four categories in which the experts' ideas could be classified: a) Governance; b) Model features; c) Professionals; and d) User and family.

Some examples of the items created from the results of the first round categorized based on these dimensions are shown in the following tables (Table 1 and 2).

[1] Carayannis, E., & Campbell, D.F.J. (2009). Mode 3'and Quadruple Helix: Toward a 21st century fractal innovation ecosystem. International Journal of Technology Management 46(3/4). doi: 10.1504/IJTM.2009.023374.

Table 1. Results from the second round according to experts

	Current state	Desired state	GAP	
Governance	• Territorial differences • Universal coverage problems and guarantee of rights	• Lack of State agreement for attention • Accessibility • Integrated policies - long-term care promotion • Universal access and rights coverage • Territorial equity • User empowerment / participation • Public procurement	• Bureaucracy	• S • U • T • P • P • U • R • D • S • S
Model features	• Home support is missing • Absence of medium-long stay centers • Poor evaluation • Lack of public-private coordination	• Person centred model (biopsychosocial needs) • Residential alternatives • Respect for rights and values • Promotion of autonomy • Gradual and flexible care adapted to gravity • Quality assessment • Interdisciplinary team • Make best practices visible • Prevention of abuse • Home care • Integration of key agents in programs • Attention for medium-long stay • Quality versus business profit	• Professionalization of services	• P • S • H • R • C • R • In • W • El • Fr • P • S • P • In • C • M • H • E • C
Professionals	• Job insecurity • Professional stigma • Need of training	• Favorable working conditions, recognition • Adequate professional-user ratio • Socio-sanitary specialization and professionalization • Research		• In • Sp • R • In • A • M • P
User and family	• Greater needs as life expectancy increases • Fragility • Social isolation	• Personalized attention • User / family participation • Promote autonomy • Caregiver care		• E • In • S

Table 2. Results from the third round according to experts

	Current state	Desired state
Governance		• State Pact for health care • User empowerment / participation • Integrated policies • Active aging and palliative / long-term care promotion • Universal access and rights coverage • Accessibility • Territorial equity
Model characteristics	• Lack of support to stay at home • Lack of medium-long stay centers • Public-private coordination	• Home care • Residential alternatives • Respecto for rights and values • Active aging • Gradual and flexible care adapted to severity • Socio-health integration • Prevention of abuse • Home care • Public and private coordination • Leadership of social agents and horizontal management • Companies audit regarding the quality of care • Model based on scientific evidence
Professionals	• Job insecurity	• Improvement of working conditions • Specialization and professionalization • Social recognition • Adequate professional / user ratio
User and family	• Increased needs due to longer life expectancy • Social isolation	• Personalized attention • Promote autonomy • Family participation in decision-making • Caregiver care • Dependency as part of the life cycle

Tables 1 and 2 show the most relevant aspects according to the experts (IQD ≤ 1.5). In addition, those categorized as most priority (Mdn ≥6) have been highlighted in red. In both rounds certain items are repeated, so they are considered of great interest. Finally, it is possible to observe that the aspects that the experts would like to achieve are transformed into initiatives to be developed in this new model.

Finally, a summary of the proposals, aspects and initiatives collected throughout the GAP-Analysis is shown below (Figure 5).

Figure 5. Summary of the categorization of the Social Care Practice according the responses of the experts

Governance: Experts currently point out that there is real territorial inequality and difficulty in guaranteeing the rights of the elderly, something that is not only a current demand, but something that they want to overcome in the future. Experts are also committed to greater participation of older people in political decision-making and design, as well as improving accessibility and policy integration. However, they show a clear bureaucratic difficulty. Reverting these situations are the main initiatives, as

well as raising awareness in society and public institutions about the dignified quality of life of the elderly.

Model features: The current care is focused on acute processes, without taking into account the needs of long stays for many older people as dependency increases. The evaluation of the care provided to the elderly is neither homogeneous nor of quality, and there is no real coordination between the public and private sectors. Distinctive characteristics of the TEC-MED Model will be the focus on the person as the center of care, the promotion of active aging, flexibility of care according to the evolution of the situation of dependency on the elderly, use of ITCs, and the development of guides and best practices based on scientific evidence. The development of this model will promote a quality control system of care, respect for the rights and dignity of the elderly, including the prevention of abuse. The model will be applicable in different residential settings, even supporting and reforming home care, and the professionalization of home care services will be promoted.

Professionals: Currently, health and social care professionals are subject to job insecurity in Spain, linked to the stigma of the profession. The look towards the professionals in the provision of social care implies a mobilization towards the social recognition of their work, specialization and continuous training, the attention provided by interdisciplinary teams, as well as support for research in areas of aging.

User and family: The real situation of the elderly stands out for loneliness, isolation, and fragility. The TEC-MED model will personalize social care for the users and / or their family, empowering them for decision-making and caring for the caregiver. The promotion of autonomy and self-care of the patient is a priority. Lastly, proposals for integrated activities will be developed for the inclusion of elderly dependents and / or at risk of social exclusion.

Conclusions

The results of the GAP-Analysis in Spain are intended to be combined with the information obtained in the rest of the WP3 activities. It will be necessary to attend to the results shown by the partners from other countries to direct the model towards

the most relevant, priority and common aspects, taking into account all the dimensions: governance, model characteristics, professionals, and user and family.

The gap analysis has been essential to confront the current state of the care system in Spain with the state in which our community would like it to be, in order to be able to propose a model that bridges these two realities.

Thanks to this analysis, the TECMED model proposal can take into account the strengths, obstacles and possible tools to solve this gap presents in the Spanish Social Care System.

The richness, complexity and depth of the Gap carried out has been guaranteed by the participation of experts at all levels of social care.

In this sense, Delphi has made it possible to focus on the key elements, agreed by experts -representative of our community- which should be present in the TECMED Model proposal.

In fact, this activity -together with the other activities of the WP3- allows creating the guidelines for the creation of the TECMED Model.

In this sense, there is a general consensus on the need for social care that has universal access and equity in services through the promotion of long-term health -with the participation and awareness of the entire community- offering a model of comprehensive care centered on the person. The person at the center of this model must be empowered by participating and making decisions in all processes, take care of them as much as possible at home, and when not, in an environment that is similar to it. At the same time, it is essential to protect and value the work of the caregiver and the family, guaranteeing specialization and professionalism.

Some initiatives evidenced after analyzing the results have been considered more complex to be initially tackled in the TEC-MED project. However, they have been considered so important that a new project has been proposed to capitalize on the primary results. This includes the ideas of the experts that require a more global approach, and that mainly involves administrations. Based on the gap analysis activity, lines of action with a strong governance nature and transfer of results in other countries, will be the result of the objectives set for this Project.

References

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