compass

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Work Discussion Group – Supporting reflexivity of care managers

INTERNATIONAL PILOTING REPORT

COMPASS - Care Managers Leading in Person Centered Care

Project number:2022-1-IT01-KA220-VET-000085084

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Introduction

According to Gorman (2003) the use of reflective skills in care managers practice indicates an added value to a learning experience that encourages the reflective analysis of work and the internalization of learnt processes over a longer period and that such learning involves engagement with both personal and professional dimensions (Argyris & Schon, 1974).

The main result of this work package has been the adaptation, testing and dissemination of a methodology to run online reflective groups of care managers committed to improve the PCC practices of their organizations, inspired by the "Work Discussion Groups" (WDGs) methodology. Psychoanalytic Work Discussion has developed as a group method that helps workers to confront their own defences against the emotional impact of their work, especially when these defences come to impede an effective reading of needs, as well as of the opportunities and boundaries of their work. The aim of the Work Discussion, in fact, is to reclaim those emotional experiences that one finds most difficult to tolerate, so as to prepare oneself to face the complexity of a helping relationship for the wealth of possibilities that it encloses.

Between January and July 2024, the Compass partnership conducted the testing of the model inspired by the psychoanalytic WDG method involving a total of 75 care managers in the 6 partner countries divided into 9 groups. In this document is presented the organisation of the pilot and the participants who took part, the results obtained, the evaluation of what was done and observations and conclusions regarding the validation experience.

What is Work Discussion

Work discussion is a method that offers the possibility to creatively transform uncertainties and concerns related to the work being done in opportunities for change for both the user and the practitioner.

Innovation lies in the capacity for renewal that takes place every time a work discussion is introduced in a work context.

Unique and unrepeatable situations are witnessed, as a creative process is activated and it is never identical to the previous one.

This method is innovative despite already having a long history: WD has developed as a tool for training and professional practice in a variety of contexts since it systematically became part of advanced training courses, at the end of the 60s, at the Tavistock Clinic in London.

This type of method stems from the need to manage the dysfunctional mechanisms, influenced by anxiety, tension and stress, that can arise in care organisations, especially when facing innovation processes. These mechanisms are often connected to conditions of highly demanding performance, the demand to comply with and apply standardised protocols, and the lack of support that create psychological and emotional conditions that are often latent and have a negative impact on the quality of care and the psychological well-being of the care staff. The WD method was therefore created to respond to the need to identify and addressing those mechanisms that jeopardise the functioning of an organisation, especially when they are not recognised at a conscious level by the staff, in its various levels, but are perceived on the surface and experienced as technical or practical problems.

That means identifying:

- experiences of anxiety in the helping professions,
- the resulting defensive reactions enacted at the individual and organizational levels
- their counterproductive effect when anxiety levels become excessive, creating resistance to change.

To know more about the origin of the WD method and the Compass Model for group discussion, see the Replication Guide (here on the project website).

Pilot implementation and structure

9 WGDs has been activated in partner countries (Italy, Ireland, Cyprus, Spain, Romania and Portugal) within the Compass project and involved a total of 75 care managers, with different work responsibilities (further detail in the Participants section). Since there is no standardized European profile to refer to, for the purpose of the project we define care managers as middle-management professionals having either a VET qualification or a BA (most often in social work or nursing disciplines) who are responsible for the leadership and day-to-day running of teams of care workers, either in residential care setting or providing home-care services.

Although not compulsory, was recommended that participants in the WDGs have first taken part in the multi-language training course addressed to care managers in care services for older people available here. The two results have been conceived as strictly inter-connected in a process complementing theory with work-based learning, with the goal of improving their self-reflection skills and their capacity to implement adaptive leadership skills for PCC directly impacting on improving the quality of care provided.

The groups in the different countries met for 6 months through 12 seminars every 2 weeks of 2 hours each. One partner adapted the model by keeping the same model and involving 2 separate groups which met for 6 months through 6 monthly seminars of 2 hours each.

Therefore indicatively, the Compass Work Group Discussion model has been implemented and piloted according to the following programme:

SESSION	CONTENTS
1	Introduction to WD method (See the Replication Guide) ● Introduction of participants and facilitators ● Icebreaker ● Presentation of the method and its elements ● Discussion on the method ● Agreement on group and confidentiality rules
2	Example of a case and inputs for case development (See the Replication Guide) ● Presentation of a case ● Discussion of the case ● Presentation of a report and inputs ● Sharing of the programme for next sessions
3	Case #1 from the group ● Refresh of the programme and instructions ● Presentation of the case from a participant
4	Case #2 from the group ● Discussion of the observation of previous session ● Presentation of the case from a participant
5	Case #3 from the group ● Discussion of the observation of previous session ● Presentation of the case from a participant

6	Case #4 from the group • Discussion of the observation of previous session • Presentation of the case from a participant
7	Case #5 from the group • Discussion of the observation of previous session • Presentation of the case from a participant
8	Case #6 from the group • Discussion of the observation of previous session • Presentation of the case from a participant
9	Case #7 from the group • Discussion of the observation of previous session • Presentation of the case from a participant
10	Case #8 from the group • Discussion of the observation of previous session • Presentation of the case from a participant
11	Discussion on the WD experience • Discussion of the observation of previous session • Guided discussion about the experience
12	How to replicate • Recall of the principles of WD method • Tips for replication (See the Replication Guide) • Brainstorming about implementation in participants' work places • Link with the Community of Practices

During the different sessions, the facilitators took note of the following aspects of the sessions, which helped on reporting results of WDG implementation and impact:

- Contents: *[Description of programme implemented, contents provided, contributions of participants and adaptations, if any]*
- Discussion results: *[Description of the main results of discussion among participants and interactions]*
- Conductor(s) observations: *[Notes provided by the observation process from conductor(s)]*
- Final remarks: *[Any constraints and challenges you have faced during the session and any suggestion for improves and management]*

Materials provided as well as the structure of the piloting programme could be adapted to the specific needs and number of the meetings can be reduced or extended.

The frequency of meetings and case work can also be adapted. With regard to frequency instead of every 2 weeks meetings, they can be organised with a more extended frequency depending on the needs of the participants (every 3 weeks or monthly).

The WDG method differs from supervision precisely because it aims at sharing and reflecting on cases that have struck a particularly emotional chord. In fact, with WDGs one works on the emotional aspects as opposed to supervision, which may involve working more on practical, technical and procedural aspects. However, not all participants may feel able and comfortable recounting cases that have concerned and involved them from an emotional point of view. If there is such resistance, the presenter can work on this by gradually accompanying the participants to gain competence and confidence in processing their experiences. This can be done by working more on cases provided by the conductor him/herself and devoting only the last meetings to voluntary sharing by one or more participants. In this case the programme structure can be as follows:

- First 1-2 meetings dedicated to deepening the proposed method inspired by the WDG method
- Central meetings dedicated to work on cases provided by the presenter (which may also include stimuli such as meaningful videos)
- Subsequent meetings dedicated to the voluntary sharing of cases by the participants
- Last 1-2 meetings dedicated to the restitution and group discussion of the experience

To facilitate the development and sharing of cases by participants, they can be supported by emphasising that cases can be written down by selecting the things they feel ready to share or by recounting something they witnessed but were not directly involved in.

Before to conclude the cycle of meetings, partners invited participants in the pilot to joint the Compass Community of practice. Even if within a common methodological framework, as

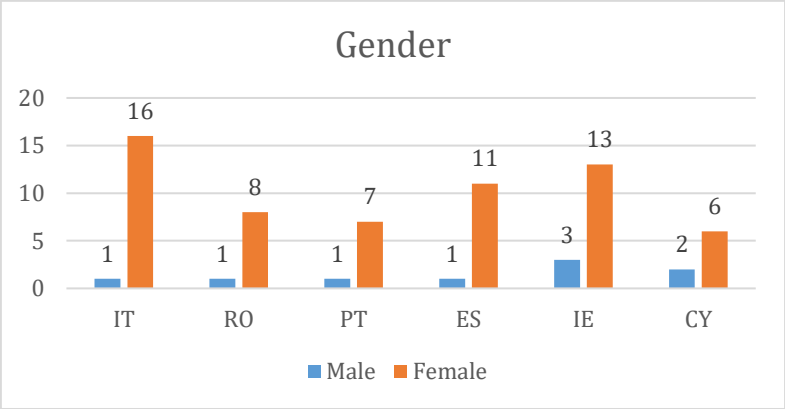
opposed to national context in which Work Discussion Groups has been implemented, the Compass Community of practice aims to create an international network for care managers to improve the quality of PCC practices in residential care facilities across Europe.

At the end of the WDG pilot, each partner developed the national report by providing details about the test experience in their country.

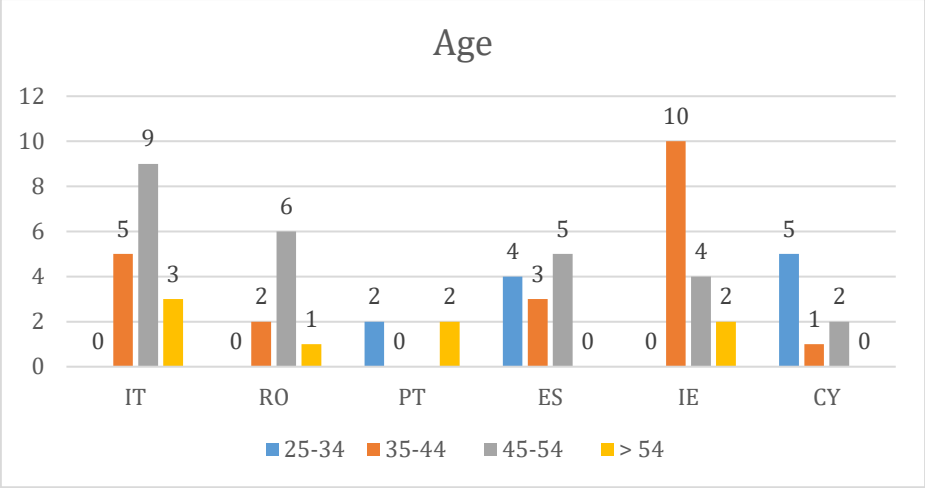
Participants

The 75 **professional profiles** represented in the WDGs came mainly from the health and care sector, with a predominance of professionals such as social workers, nurses, nurse assistants, psychologists, sociologists and care managers. Minor profiles represented are from research field such as scientific researcher and researcher in the field of long-term care.

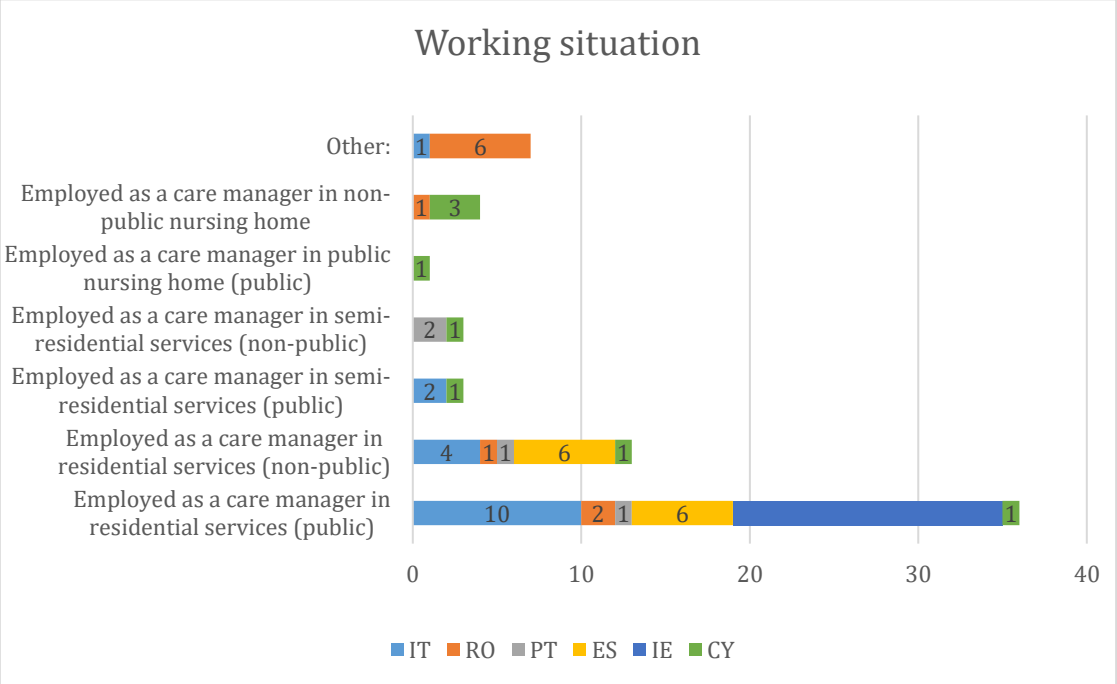
The **gender representation** shows female gender prevails in all groups, with more significant representation in the nursing, nursing and care management professions. Women dominate participation in Italy (16 women against 1 man), Spain (11 women against 1 man) and Portugal and Romania (8 women against 1 man), and are also numerically superior in Ireland (13 women against 3 men) and Cyprus (9 women against 2 men).



The main **age range** of the participating professionals shows a fairly broad distribution, with a greater concentration in the 35-54 age group. In particular, the largest group is composed of 26 people aged 45-54, followed by 21 professionals in the 35-44 age range. A significant number of participants (11) are in the 25-34 age range, indicating the presence of a relatively young generation in the field. Finally, 8 participants are over the age of 54, suggesting a proportion of professionals with long experience in the field. Overall, there is a good age diversity, with a prevalence of professionals at an established career stage.

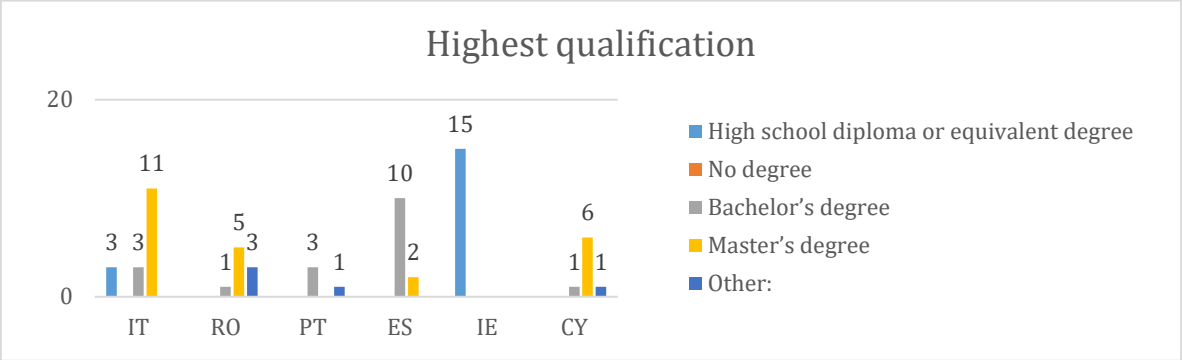


As far the **working sectors** was reported a predominance of the public sector in residential care, with 36 people employed as managers in public residential facilities, compared to 13 in the non-public sector. In semi-residential services, the distribution is balanced with 3 employed in public and 3 in private semi-residential services. Nursing homes see a smaller presence of managers, with 1 in the public sector and 4 in the non-public sector. In addition, 7 persons are employed in other unspecified roles. In general, the public sector predominates in residential facilities, while the private sector is more present in semi-residential services and nursing homes.

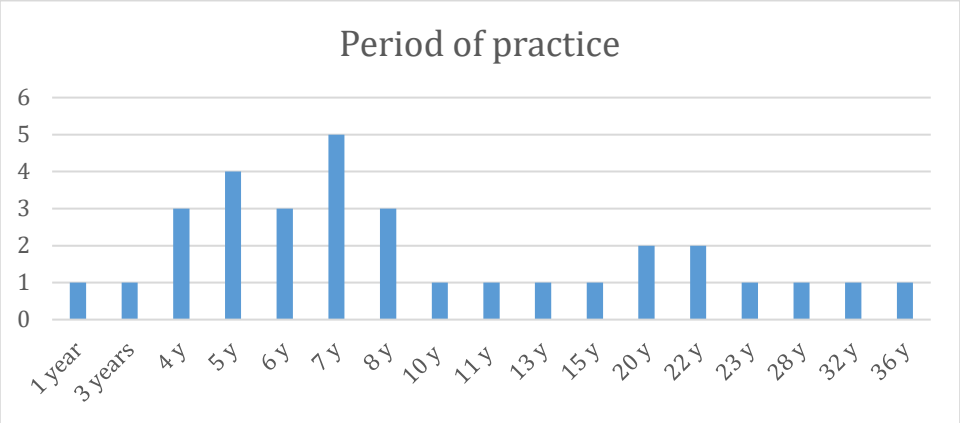


The data on the **highest level of education** of the participating professionals show a prevalence of university degrees, with 24 people holding a master's degree and 18 with a bachelor's degree. A group of 18 participants with a high school diploma or equivalent qualification, while there are

no professionals without a qualification. 5 people have a qualification classified as "Other", which include specific professional qualifications such as PhD.



Years of experience vary, but many participants have extensive experience, especially in management and coordination roles. The average experience in management roles ranges from 5 to 11 years, with peaks of up to 23 years.



Main results from national piloting

The Work Group Discussions (WGDs) organised in the national pilots produced many positive results, significantly **improving the professional approach and wellbeing of participants**. Another important benefit was the improvement in **professional reflection**: participants became more aware of their limitations, learning to better manage anxiety and developing skills to plan more personalised and timely care. Although the frequency and balance between practical and emotional discussion were sometimes problematic, participants appreciated the quality of the sessions and the support offered to cope with daily difficulties. The **sharing of experiences among peers** contributed to a better organisation of work and provided crucial emotional support, reducing feelings of isolation and improving interpersonal relationships among colleagues and with the family members of care recipients. Furthermore, the focus on **burnout prevention** enabled participants to develop more effective strategies to deal with professional

challenges, creating a healthier and more sustainable working environment. Overall, the groups helped to strengthen the sense of community and promote more aware and empathetic professional practices, with a desire to continue the sessions to consolidate these benefits.

In general, the pilot projects in all countries highlighted the importance of **safe spaces for reflection, peer sharing and emotional support** to improve the quality of care. Continuing to promote interdisciplinary collaboration and continuing education is crucial for the improvement of care work. All groups experienced improvements in **team cohesion, communication and culturally sensitive approach**. Collective reflection helped participants manage anxiety and better understand social defence mechanisms, improving teamwork. Personalisation of care was a recurring theme, with an emphasis on the need to create individualised care plans. The importance of early intervention and comprehensive assessment tools to anticipate needs was also emphasised.

Moreover, common needs emerged. Continuing **education in empathy, communication and specialised care** are considered as fundamental for improvement in care provision, as well as strengthening psychological support for carers and improving structured observation systems. Also **interdisciplinary collaboration** was considered relevant from participants who would benefit of better coordination between different professionals.

A number of relevant topics to the participants were proposed and addressed by the various national groups' sessions, such as:

- Psychological and medical care provision
- Interdisciplinary collaboration
- Care approaches
- Professional development
- Emotional experiences
- Professional anxiety
- Role management
- Policies
- Resource exploitation
- Difficulties with users and family members
- Staff wellbeing and motivation
- Managing burnout

Mainly the issues covered can be represented by the Word Cloud below

Evaluation

The WDGs were conducted across six countries within the partnership, involving a total of 70 participants (Table 1). In Cyprus, the Cyprus University of Technology facilitated the training with 8 participants, accounting for 14.81% of the total participants. Ireland, represented by REDIAL, had 16 participants, which is **22,86%** of the total. Italy's Anziani E Non Solo had the highest number with 17 participants, making up 31.48%. Portugal's APROXIMAR had 8 participants, constituting 14.81% of the total. Romania, through Asociatia Habilitas, had 9 participants, representing 16.67%. Finally, Spain's Fundación Intras had one of the highest numbers, with 12 participants, equating to 22.22% of the total (Table 1/Figure 1).

Table 1: Participation in the Training Pilot by Country (%)

Country	Institution	Number of Participants	Percentage of Total Participants
Cyprus	Cyprus University of Technology	8	14,81
Ireland	REDIAL	16	22, 86
Italy	Anziani E Non Solo	17	31,48
Portugal	APROXIMAR	8	14,81
Romania	Asociatia Habilitas	9	16,67
Spain	Fundación Intras	12	22,22
TOTAL		**70**	**100%**

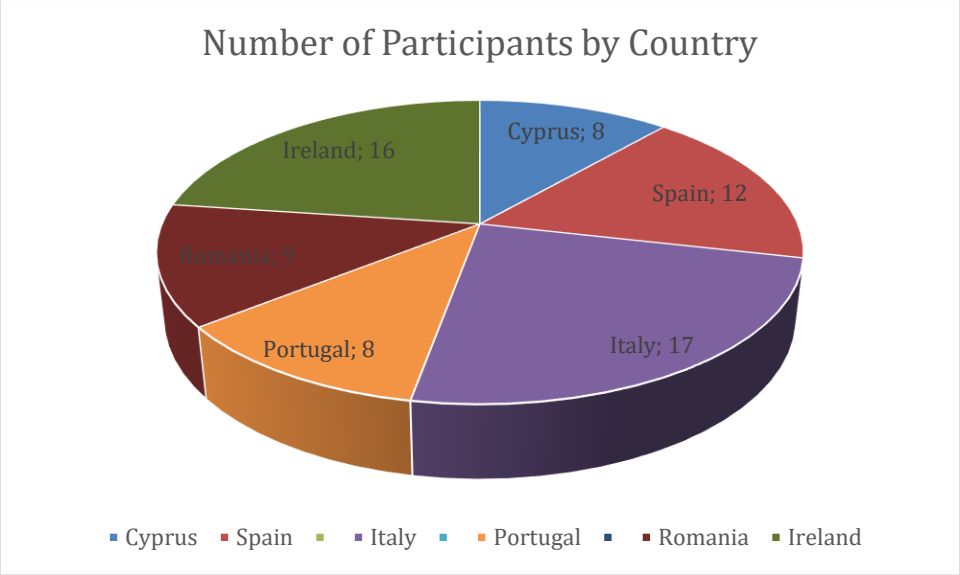


Figure 1: Participation in the WDGs by Country (numbers)

Participants Profile

The majority of participants in the training pilot across the six countries were female. Across all countries, there were no participants identified as 'Other' (Figure 2).

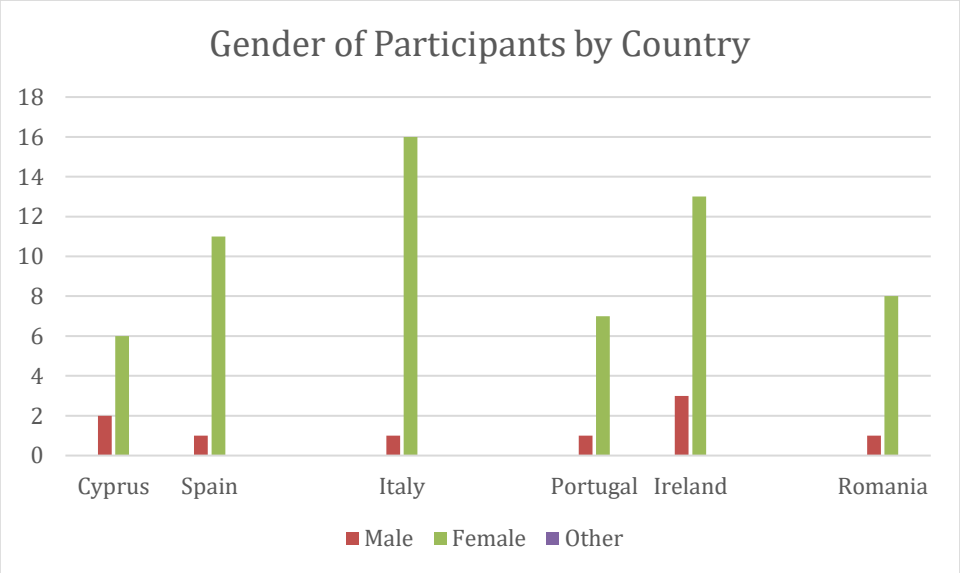


Figure 2: Gender of Participants

The age distribution of participants in the training pilot varied across the six countries involved in the partnership (Table 2/Figure 3). Cyprus has the highest percentage of people in the 25-34 age group (62.5%). And Ireland has the highest percentage of people in the 35-44 age (62,50%). Romania has the highest percentage of people in the 45-54 age group (66.67%). Portugal has the highest percentages of people in the >54 age group (50%). Overall, the most common age group

among participants was 45-54, with the highest number of participants in these groups across the countries (n=26).

Table 2: Age distribution (%)

Country	25-34	35-44	45-54	>54
Cyprus	**62,5%**	12,5%	25%	0%
Spain	33.33%	25%	41.67%	0%
Italy	0%	29.41%	52.94%	17.65%
Portugal	50%	0%	0%	**50%**
Romania	0%	22.22%	**66.67%**	11.11%
Ireland	0%	**62,50%**	25%	12,50%

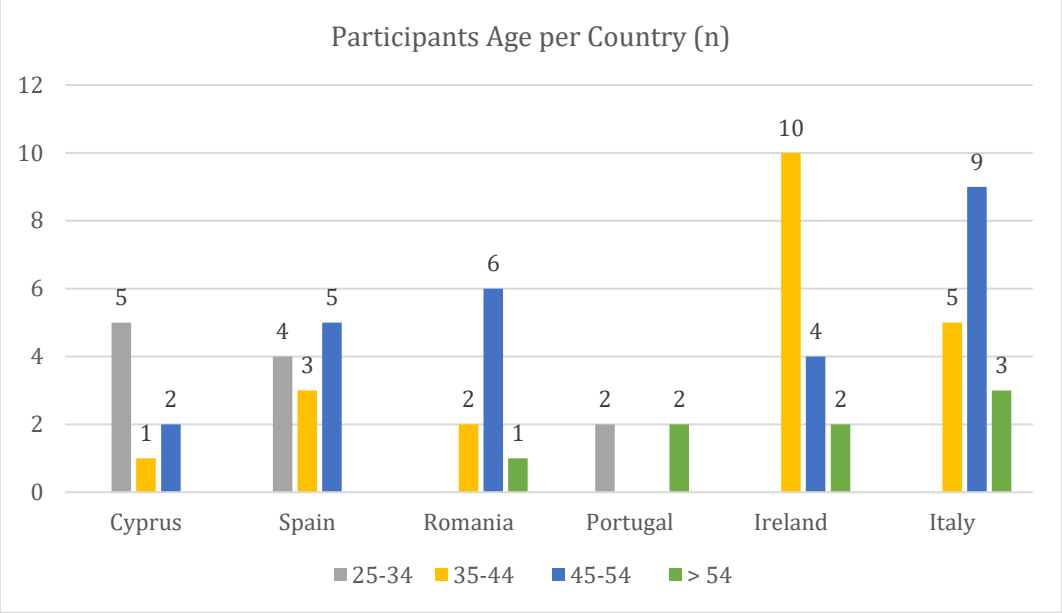


Figure 3: Age per country (n)

According to Figure 4, the education levels of participants across the six countries show a strong presence of higher education, particularly Master's degrees, except from Ireland all participants has a High School Diplomas:

Master's Degrees are most common in Cyprus (75%) and Italy (64.71%) and Romania (55.56%). Bachelor's Degrees are most common in Spain (83.33%) and Portugal (75%). "Other" degrees are less common, with Romania having 33.33% and Portugal 25% in "Other".

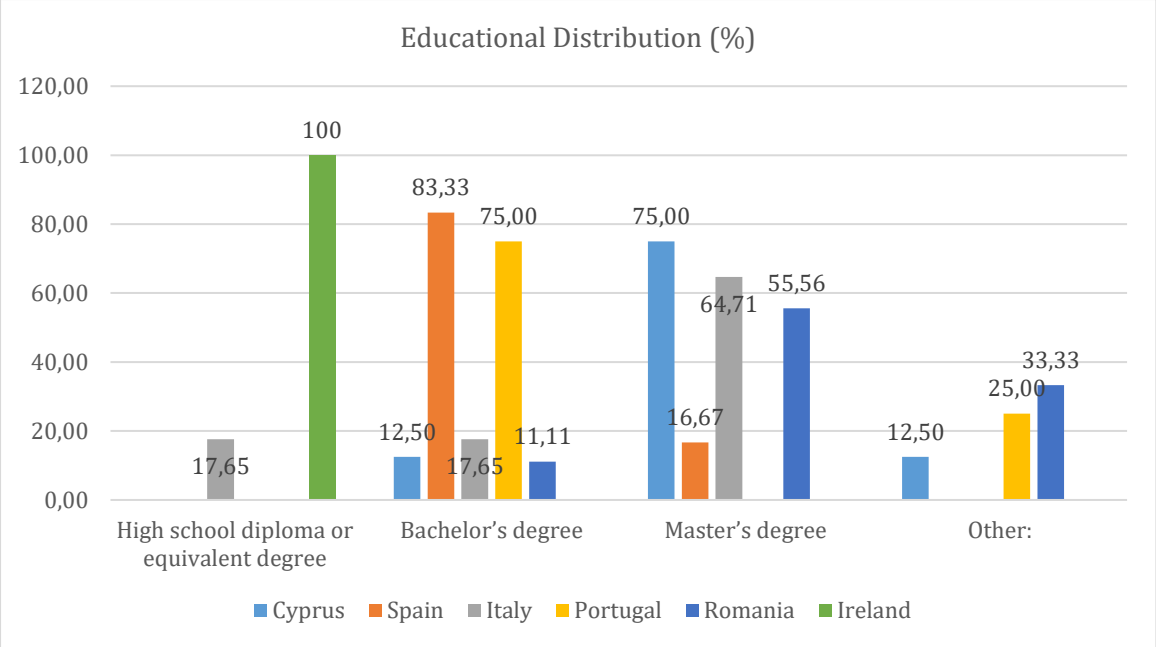


Figure 4: Educational distribution (%)

The working situations of care managers across the six countries (Cyprus, Portugal, Italy, Ireland, Spain, and Romania) show notable differences in the types of services where care managers are employed. Cyprus has a significant proportion of care managers working in non-public nursing homes (37.5%). In Portugal, a large portion of care managers are employed in semi-residential services (non-public), accounting for 50%. Italy stands out with the highest percentage of care managers in residential services (public) (58.82%). In Ireland, care managers are predominantly employed in public residential services. Spain shows a balanced distribution, with significant representation in both residential services (public) and non-public services. Romania, on the other hand, has a high percentage of care managers categorized under "Other" services (66.67%) (Table 3).

Table 3: Working situation

	Cyprus	Portugal	Italy	Ireland	Spain	Romania
Please indicate your working situation:						
Employed as a care manager in residential services (public)	0,00	0,00	**58,82**	**100,00**	50,00	22,22
Employed as a care manager in residential services (non-public)	12,50	25,00	23,53	0,00	**50,00**	11,11

Employed as a care manager in semi-residential services (public)	12,50	0,00	11,76	0,00	0,00	0,00
Employed as a care manager in semi-residential services (non-public)	12,50	**50,00**	0,00	0,00	0,00	0,00
Employed as a care manager in public nursing home (public)	12,50	0,00	0,00	0,00	0,00	0,00
Employed as a care manager in non-public nursing home	37,50	0,00	0,00	0,00	0,00	11,11
Other:	0,00	0,00	5,88	0,00	0,00	**66,67**

Most participants across the six countries have previously participated in WDGs. Ireland has the highest rate, with 100% of participants having taken part in WDGs, followed by Spain at 91.67%. Cyprus and Italy also show high participation, with rates of 62.5% and 58.82%, respectively. Portugal has a participation rate of 50%, while Romania reports slightly lowest participation, with 44.44% of participants participating in WDGs (Figure 5).

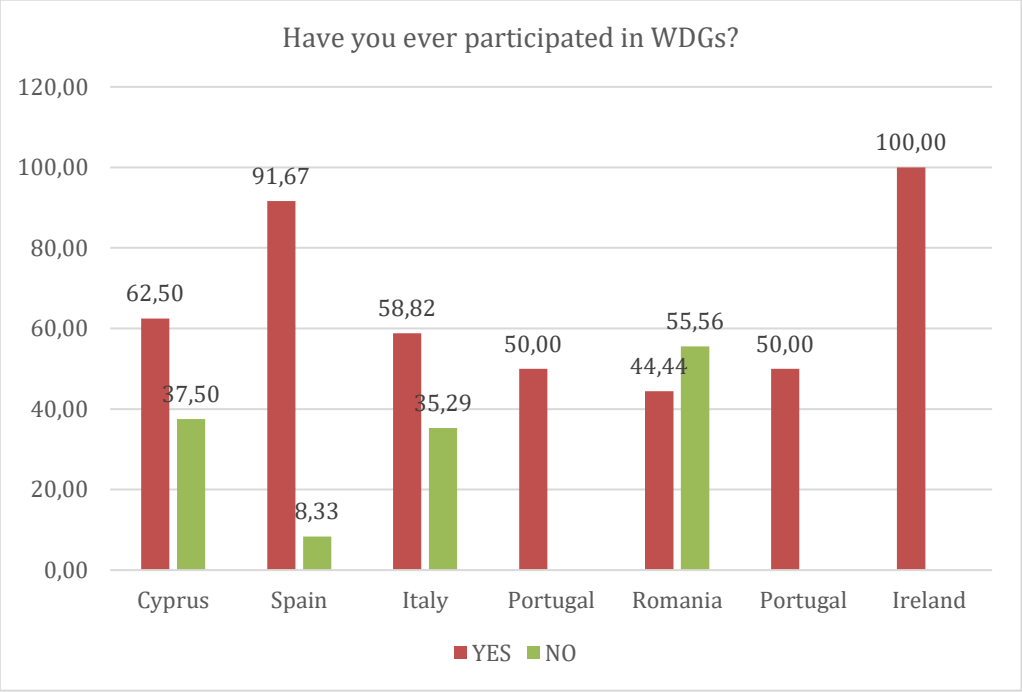


Figure 5: Participation in WDGs (%)

Quality indicators

Quality indicators are essential in the COMPASS project, particularly for assessing the effectiveness of the WDGs. The WDGs involved two main components: (a) pre- and post-assessments and (b) a 2-month follow-up evaluation using the Reflective Thinking Scale, adapted from Kember et al. (2000). This scale measures "the extent to which participants engage in reflective thinking in professional preparation courses" (Kember et al., 2000, p. 392).

The pre- and post-intervention evaluation included seven questions from the Kember et al. scale. The first three questions (Q1–Q3) assessed habitual actions, while questions 4–7 evaluated reflective actions, using a 5-point Likert scale. For the post-intervention and 2-month follow-up evaluations, the COMPASS team added seven additional questions to measure personal growth (Q8–Q11) and team support (Q12–Q15), also based on a 5-point Likert scale.

An improvement of at least 30% in scores at the post-assessment stage, with a minimum retention of 10% at the follow-up stage, is anticipated.

Finally, a customized Participant Satisfaction with the Groups questionnaire, based on a 7-point Likert scale, was used to assess satisfaction with various aspects such as methodology, facilitators, and group atmosphere. The target is for at least 80% of participants to rate the majority of items as "6" or "7."

Changes in WDGs Across Pre, Post, and Follow-Up Measurments

According to the Table 5, which presents the changes in WDGs mean values over time, there was a slight increase of 0.13 from Pre-WDGs to Post-WDGs, corresponding to a 4.03% rise. Between Post-WDGs and Follow-up WDGs, the mean value increased by 0.33, reflecting a 9.45% growth. The most significant change occurred between Pre-WDGs and Follow-up WDGs, with an increase of **0.46 (13.86%),** indicating a continuous upward trend. While this improvement is lower than the expected 30% increase at the post-assessment stage, several factors may have contributed to this outcome. These could include the participants' ability to engage in the WDGs in their free time, and the time required for them to fully develop reflective thinking skills. However**, the 9.45%** growth between post and follow-up suggests strong retention, exceeding the 10% minimum retention goal. This sustained improvement may indicate that participants gradually internalized and applied what they learned over time, leading to a delayed but steady increase in performance.

Table 4: Changes in WDGs Mean Values (Absolute & Percentage)

Comparison	Values	Absolute Difference	Percentage Change
Post-WDGs vs. Pre-WDGs	3.44 - 3.31	0,13	4,03%
Follow-up WDGs vs. Post-WDGs	3.77 - 3.44	0,33	9,45%
Follow-up WDGs vs. Pre-WDGs	3.77 - 3.31	0,46	**13,86%**

Main Results Between Pre and Post Questionnaire Results Per Country

The results show varying changes in Habitual Actions (Q1-Q3) and Reflection Scores (Q4-Q7) across the six countries after the WDGs (Figure 6). In Cyprus, Romania, and Ireland, scores slightly decreased from 3.73 to 3.60, 3.51 to 3.38, and 3.50 to 3.10, respectively, suggesting a reduction in reliance on routine and automatic behaviors. In Spain, scores increased from 3.65 to 3.75, indicating a small improvement in reflective practices. Italy showed a moderate increase from 3.16 to 3.52, suggesting greater engagement in reflecting on actions. Portugal had the largest increase, from 2.29 to 3.29, indicating a significant shift towards more reflection and self-evaluation. These mixed results suggest that the impact of the WDGs varied by country, possibly due to cultural and educational differences.

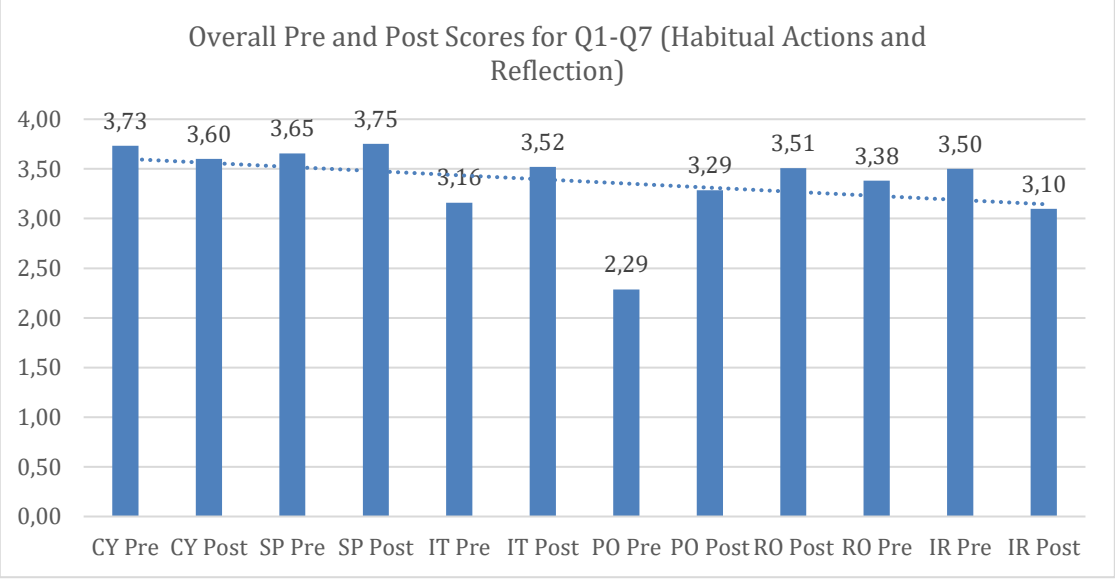


Figure 6: Pre and Post Scores for Q1-Q7 (Habitual Actions and Reflection) (mean scores)

Examining the pre- and post-data for each question (Q1–Q7) reveals the results for each country before and after the WDGs. For the first question (Q1), which measures the extent to which participants perform tasks automatically, the results indicate that most countries experienced a decrease in this tendency after the WDGs. Italy showed the most significant improvement, with a decrease from a mean pre-score of 1.35 to a mean post-score of 2.35 (Figure 7).

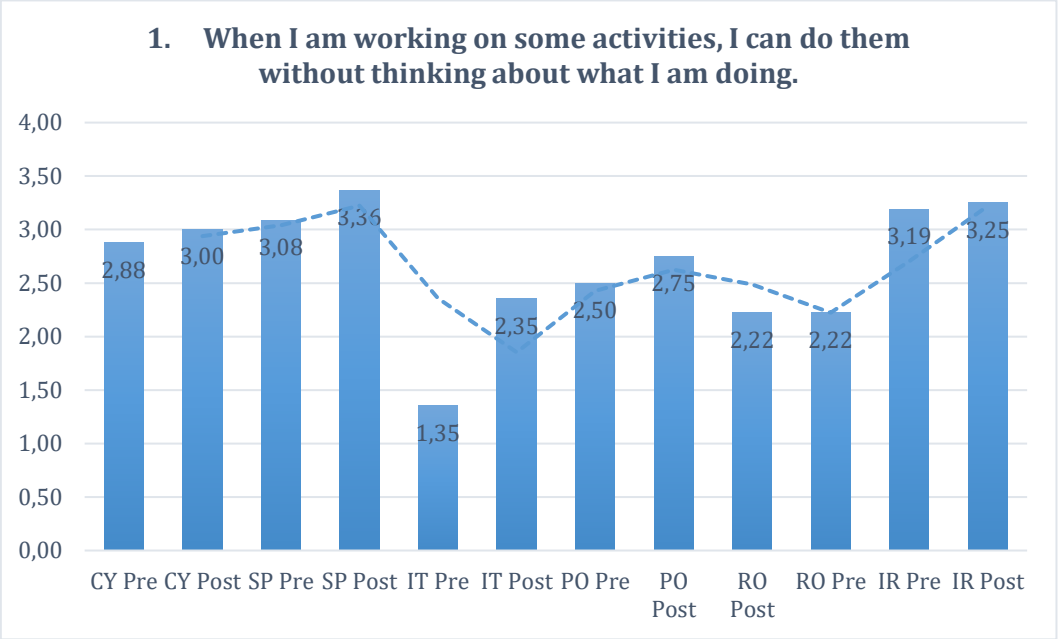


Figure 7: Q1

For the second question (Q2), results showed that most countries experienced an increase in habitual actions post- WDGs, while Ireland indicated a shift toward more intentional task performance, with a decrease from a mean pre-score of 4.00 to a mean post-score of 3.44 (Figure 8).

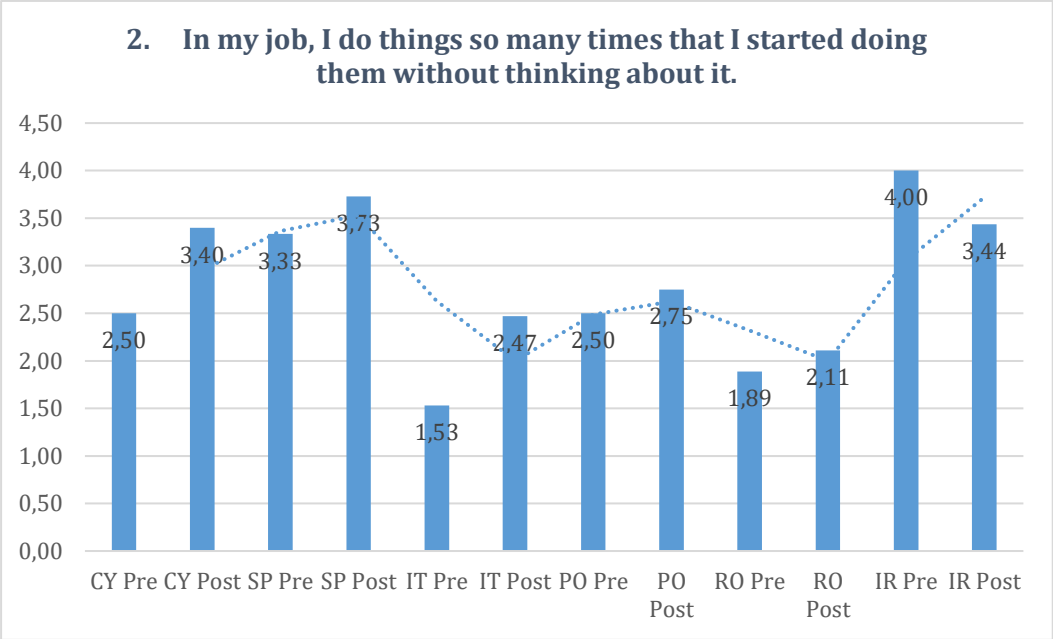


Figure 8: Q2

Portugal remained the same, with a mean score of 2.50 both pre- and post-WDGs. On the other hand, Romania and Ireland demonstrated more flexibility, with lower post-WDGs scores (Romania's mean pre-score of 2.67 decreased to 2.2, and Ireland's mean pre-score of 2.25 decreased to 1.44) (Figure 9). This suggests that participants in these countries were more adaptable in modifying their tasks after the WDGs.

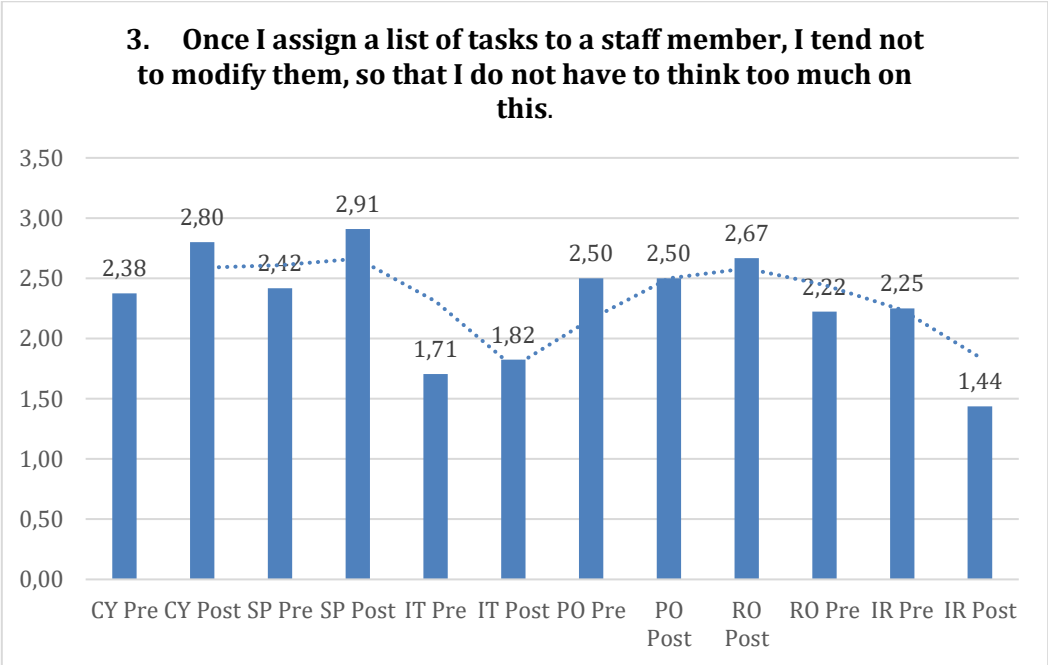


Figure 9: Q3

For the fourth question (Q4), results varied in openness to questioning others' methods. Italy and Portugal showed increased interest in exploring improvements, with scores rising from 3.94 to 4.18 and from 3.25 to 3.75, respectively. In contrast, Cyprus, Spain, and especially Ireland showed decreases, indicating less frequent reassessment of others' approaches post-WDGs (Figure 10).

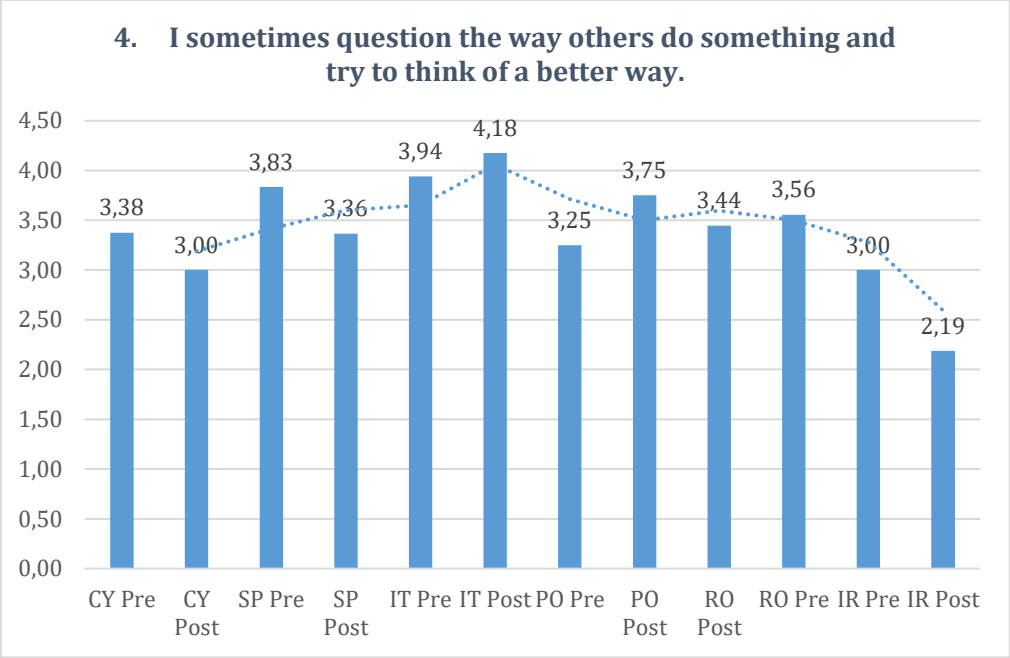


Figure 10: Q4

For the fifth question (Q5), most countries showed a decline in the tendency to reflect on their actions post-WDGs. Cyprus, which had the highest pre-intervention score of 6.25, dropped significantly to 4.20. Romania and Ireland showed moderate decreases in their post-intervention scores. Italy and Spain remained relatively stable, while Portugal showed the highest increase, with its score rising from **1.75 to 4.25** (Figure 11).

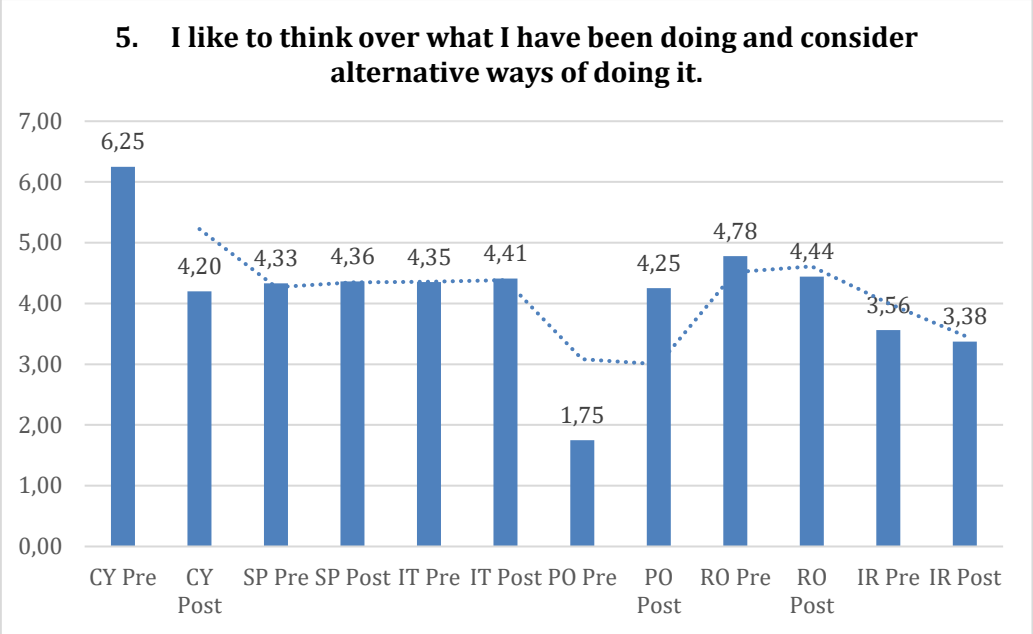


Figure 11: Q5

For the sixth question (Q6), the results show a slight decrease in reflective practices post-WDGs across most countries. Cyprus, Spain, and Ireland experienced minor drops in their scores. Italy showed a stable reflection score from pre to post-WDGs (mean pre and post = 4.76), and Romania showed a slight increase, from 4.56 to 4.67. Portugal, however, had a significant increase, rising from 1.75 to 3.50, suggesting a notable change in their approach to reflection (Figure 12).

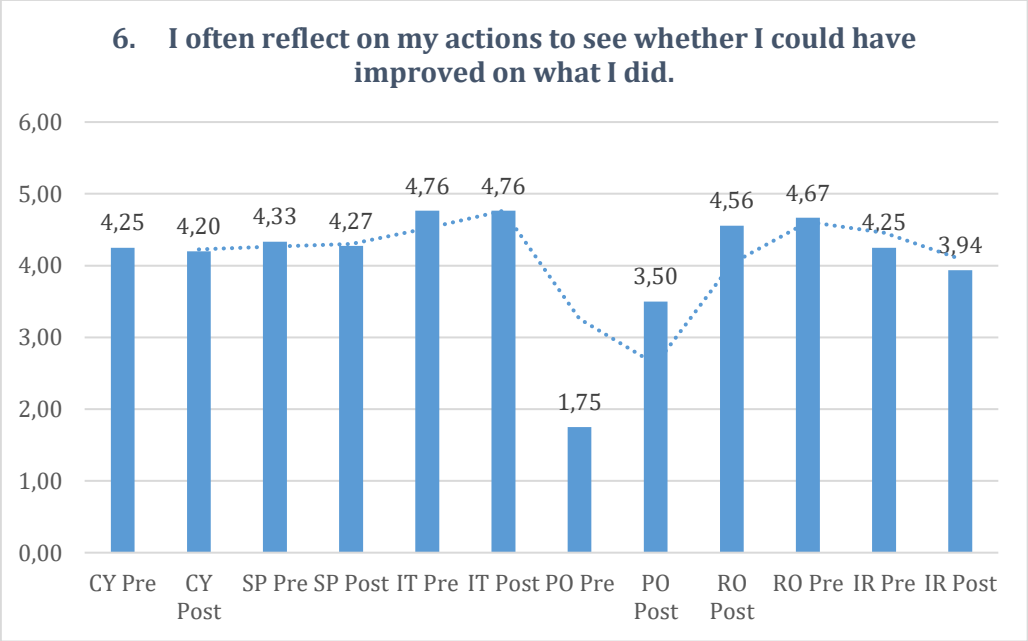


Figure 12: Q6

For the seventh question (Q7), most countries showed slight improvements in re-appraising experiences post-WDGs. Cyprus and Italy reported minor increases in their scores. Spain

remained stable, while Portugal experienced a significant rise, from 1.75 to 3.50, indicating a notable improvement in their reflective practices. Romania and Ireland showed a slight decrease in re-appraisal (Figure 13). Overall, the results suggest that most countries experienced a positive trend in reflecting on their actions and learning for future performance.

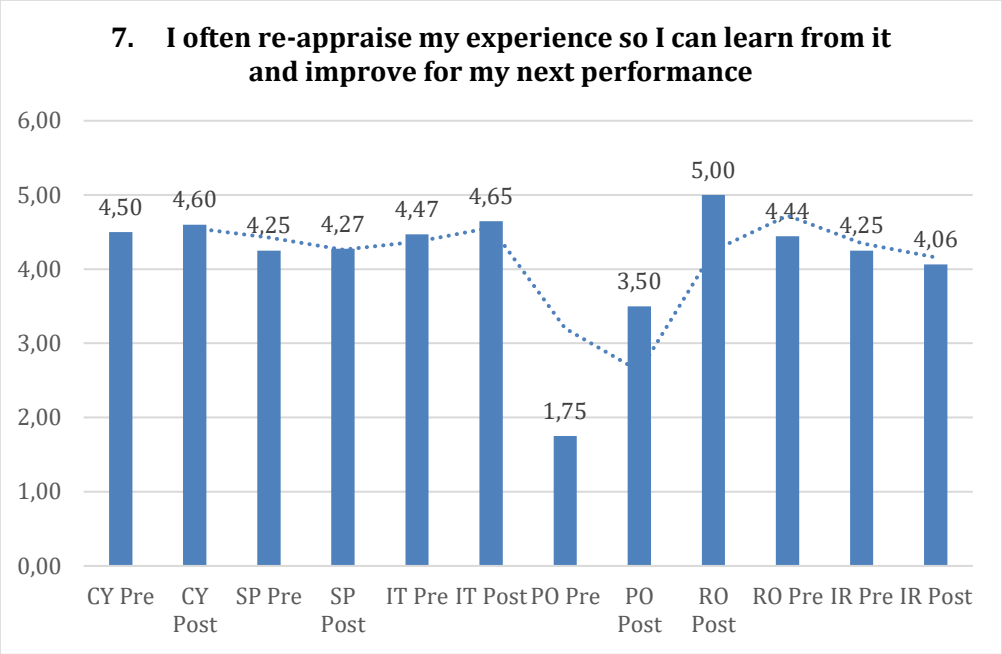


Figure 13: Q7

Post-Evaluation Scores for Q8-Q15

The post-evaluation overall results for questions 8 to 15, as shown in Figure 14, indicate that Italy achieved the highest mean score at 4.36, followed by Ireland with 4.30. Spain recorded a mean score of 3.86, while Romania scored 3.63. Cyprus and Portugal had the lowest scores, with mean scores of 3.58 and 3.56, respectively.

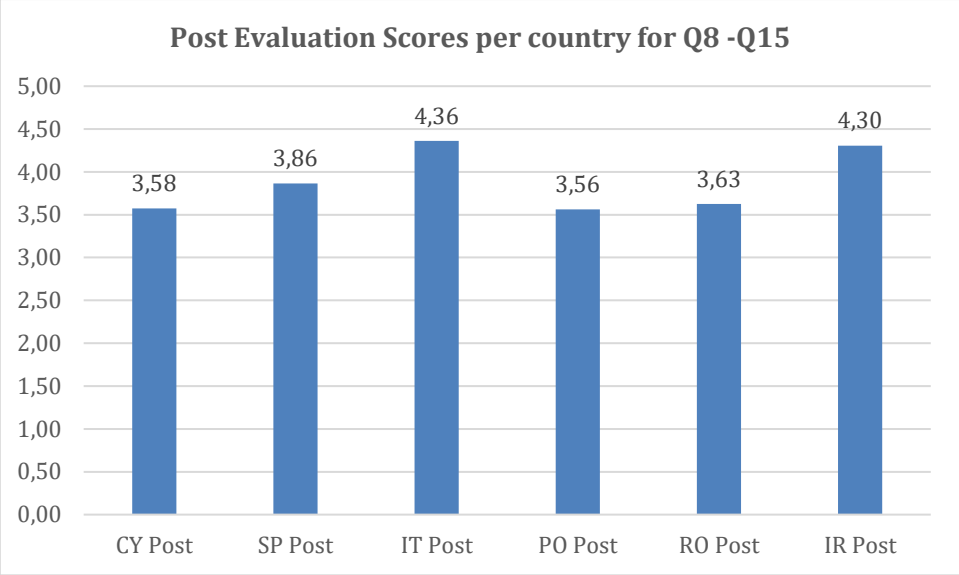


Figure 14: Mean Scores for Q8 -Q15, per country

According to Figure 15, the results for each question are as follows:

Q8: Participants reported a positive shift in their self-perception, with an average score of 3.89 out of 5.00, highlighting the WDGs' role in helping them view themselves in a new light.

Q9: The average score of 3.48 indicates that the WDGs encouraged participants to question some of their previously held beliefs.

Q10: An average score of 3.38 suggests that the WDGs brought about some changes in participants' regular working methods.

Q11: The score of 3.39 indicates that participants recognized flaws in their prior understanding or methods.

Q12: With a high average score of 4.19, participants reported improved work-related well-being, driven by a shared understanding of challenges.

Q13: An average score of 4.14 shows that participants found group collaboration helpful in addressing key challenges.

Q14: Participants highly valued peer support and trust-building during the WDGs, reflected in the highest score of 4.38.

Q15: Participants found the guidance of the external professional effective in fostering alternative thinking, with a score of 4.20.

Lower scores, such as in Q9–Q11, show participants engaged in critical reflection and questioned their methods and beliefs, which are positive outcomes for growth. Higher scores, like Q12–Q15,

reflect strong appreciation for group collaboration, support, and guidance. Overall, the WDGs had a positive impact.

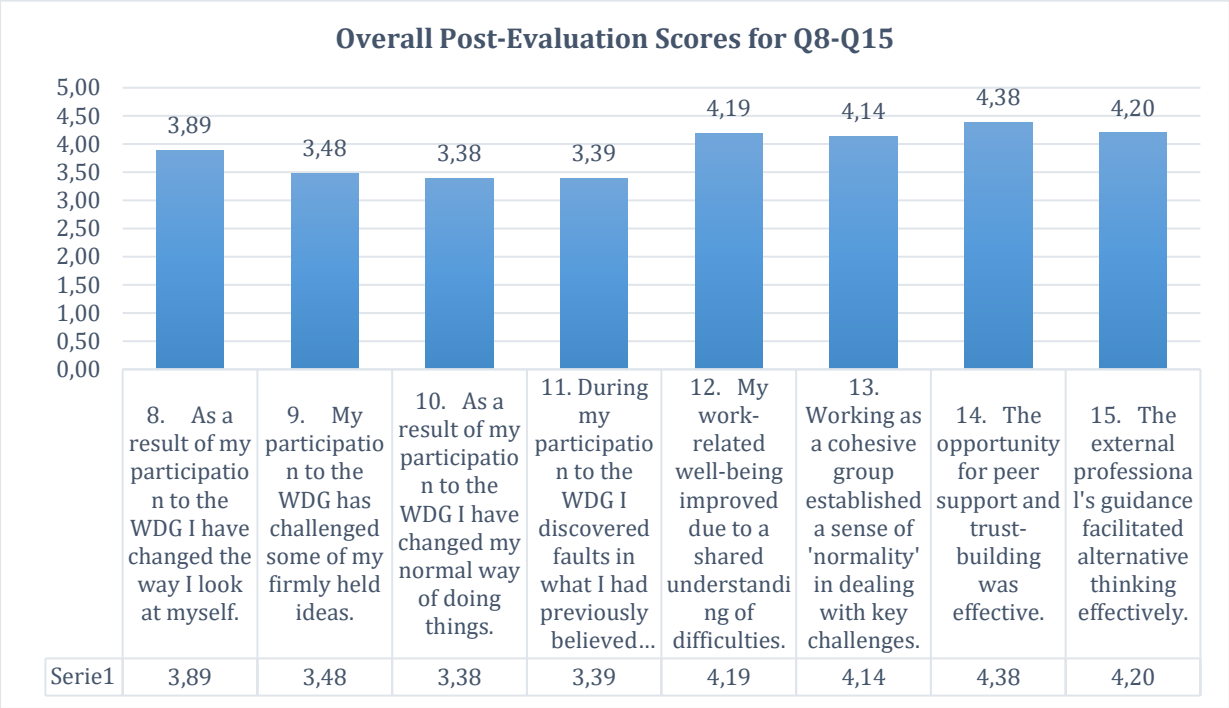


Figure 15: Overall Post-Evaluation Scores for Q8-Q15 (mean scores)

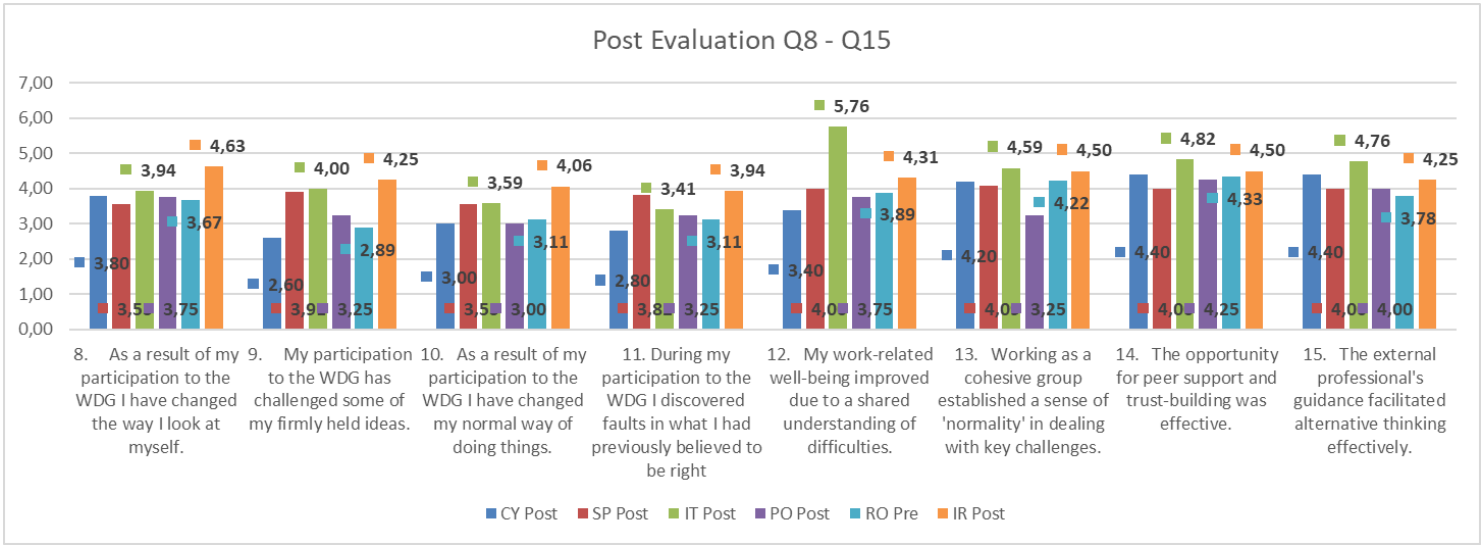


Figure 16: Post evaluation Q8-Q15 per country

According to the figure 16, the WDGs had a positive impact across all countries, with the most notable improvements in **Italy** and **Ireland**, especially in work-related well-being, self-perception, and guidance from external professionals. However, there were some differences: **Cyprus** and **Romania** showed more moderate changes in certain areas, while **Portugal** had lower

scores in aspects like group cohesion. These variations may be due to regional or cultural factors that influenced how participants responded to the WDGs.

Specifically, **Change in Self-Perception (Q8)**: Scores across countries suggest that participants experienced a positive shift in how they viewed themselves due to the WDGs. **Ireland** (4.63), follow by Italy (3.94) had the highest scores, indicating a stronger impact on self-perception, while **Cyprus** (3.80) and **Portugal** (3.75) had moderate scores, suggesting a positive but less significant change. Romania (3.67) and Spain (3.67) had the lowest scores.

Challenge to Firmly Held Ideas (Q9): **Ireland** (4.25), Italy (4.00) and Spain (3.91) showed the highest scores, reflecting that their participation in the WDG led them to question and challenge some of their firmly held beliefs. Cyprus (2.60), however, showed a much lower score, suggesting that participants in Cyprus experienced less of a challenge to their existing ideas.

Change in Normal Ways of Doing Things (Q10): **Ireland** (4.06) showed the greatest change, indicating that participants significantly altered their usual ways of working. Spain (3.55) and Italy (3.59) showed moderate increases, while Cyprus (3.00) and Portugal (3.00) displayed the least change, suggesting a more limited impact.

Discovery of Faults in Previous Beliefs (Q11): **Spain** (3.82) and **Ireland** (3.94) had higher scores, indicating that participants discovered faults in their previously held beliefs during the WDGs. Cyprus (2.80) and Portugal (3.25) had lower scores, implying fewer discoveries of faults in their existing views.

Improvement in Work-Related Well-Being (Q12): **Italy** (5.76) showed the largest improvement in work-related well-being, followed by **Ireland** (4.31) and Spain (4.00), indicating that participants felt significantly better due to shared understanding of difficulties. Romania (3,89) and Portugal (3,75) also reported improvements, though at a lower level. **Cyprus** (3.40), reported the lowest level of improvement.

Sense of 'Normality' in Dealing with Key Challenges (Q13): **Italy** (4.59) and **Ireland** (4.50) reported the strongest sense of normality in facing challenges, indicating that the WDG fostered a supportive and collaborative environment. Romania (4.22) Cyprus (4.20) and Spain (4.09) showed moderate results, while Portugal (3.25) had the lowest score, suggesting less of a shared sense of cohesion.

Effectiveness of Peer Support and Trust-Building (Q14): **Italy** (4.82) and **Ireland** (4.50) rated peer support and trust-building most highly, reflecting a strong sense of trust within the group.

Cyprus (4.40) Romania (4.33), and Portugal (4.25) also reported positive effects, while **Spain** (4.00) had the lowest score in this category.

Effectiveness of External Professional's Guidance (Q15): **Italy** (4.76) rated the external professional's guidance most highly, followed by Cyprus (4.40), Ireland (4.25) and Portugal (4.00) and Spain (4.00), showing that the guidance was viewed as effective in encouraging alternative thinking. While Romania (3.78) had the lowest score in this category.

Two months Follow up

Overall, the data indicates positive trends for most countries, particularly in the follow-up stage. However, the absence of follow-up data for Ireland hinders a comprehensive evaluation for this country.

Specifically, in Cyprus a slight decrease is observed from pre (3.73) to post (3.60), followed by an increase at follow-up (3.98) (Figure 17).

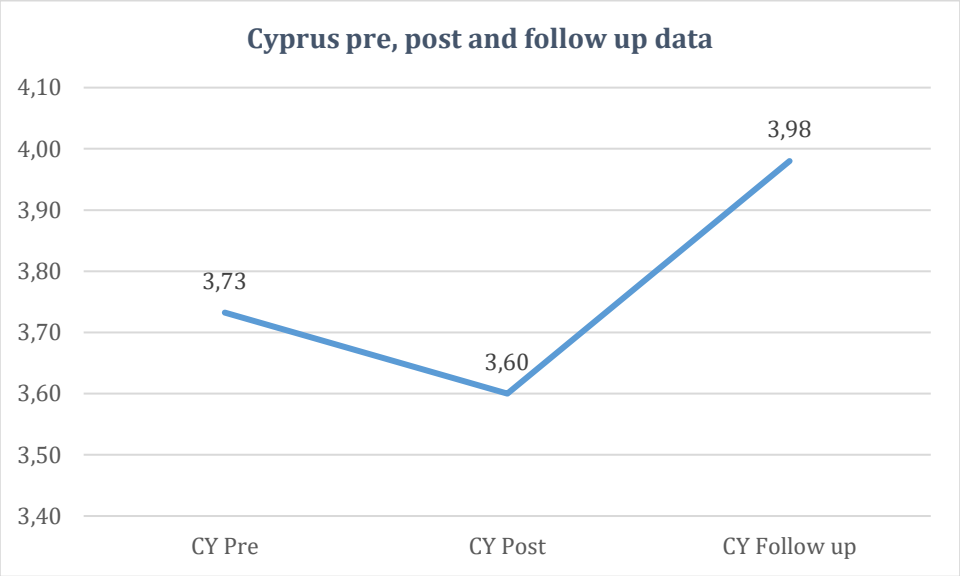


Figure 17: Cyprus pre, post and follow up data

In Italy an improvement is observed from pre (3.16) to post (3.52), with a slight decrease at follow-up (3.51) (Figure 18).

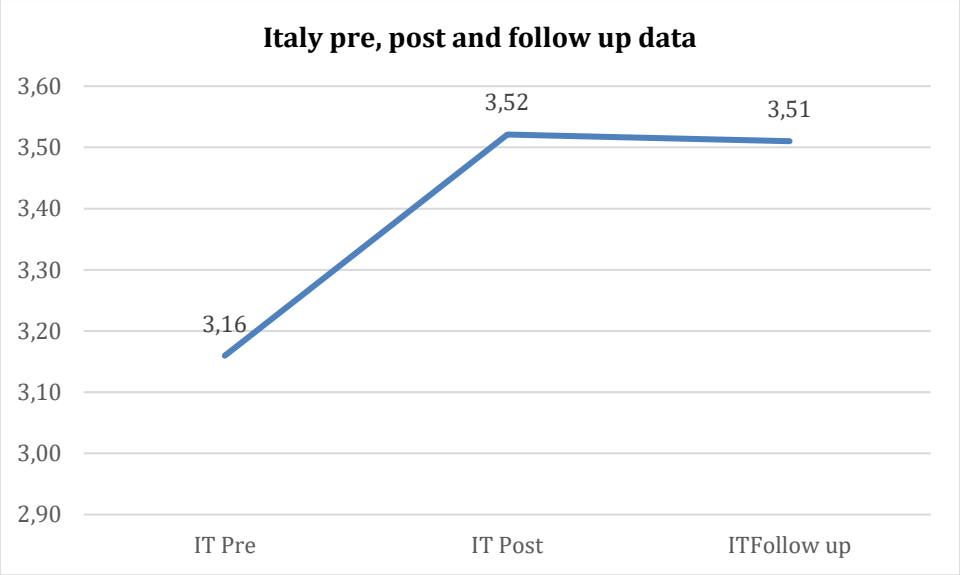


Figure 18: Italy pre, post and follow up data

In Spain scores increase steadily from pre (3.65) to post (3.75) and further at follow-up (3.88) (Figure 19).

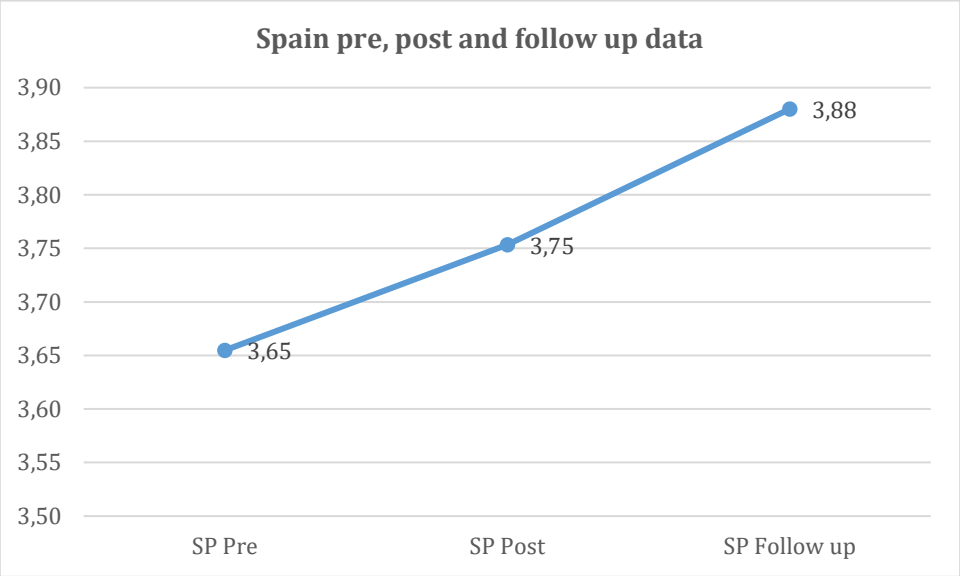


Figure 19: Spain pre, post and follow up data

In Romania a small decrease is noted from pre (3.51) to post (3.38), followed by an increase at follow-up (3.82) (Figure 20).

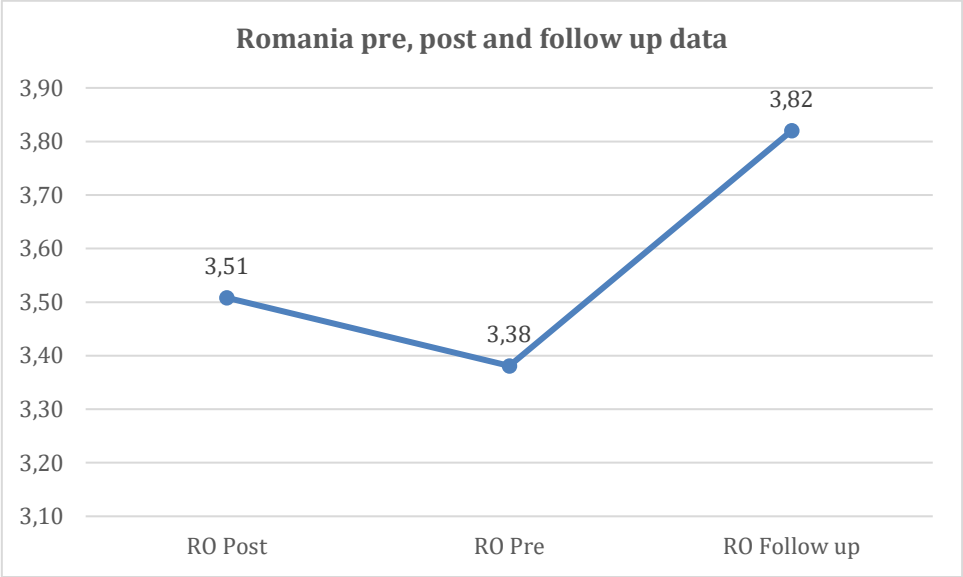


Figure 20: Romania pre, post and follow up data

In Portugal an increase is observed from pre (2.29) to post (3.29), with continued improvement at follow-up (3.64) (Figure 21).

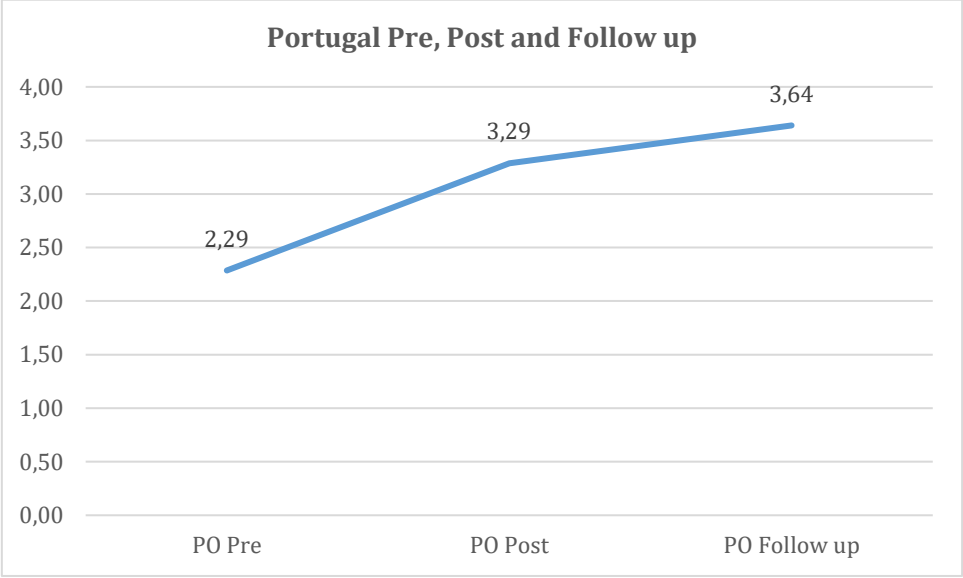


Figure 21: Portugal Pre, Post and Follow up

In Ireland, scores decreased from pre (3.50) to post (3.10) but increased at follow-up (3.76) (Figure 22).

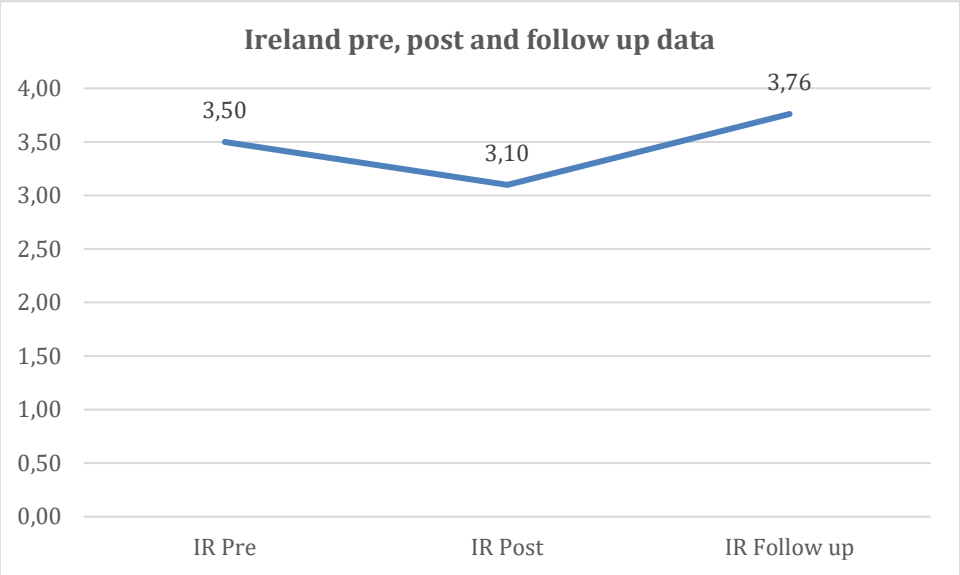


Figure 22: Ireland pre and post data and follow up data

Overall, most countries (Cyprus, Spain, Italy, Portugal, and Romania) show improvement by the follow-up stage, indicating positive long-term effects of the intervention (Figure 23).

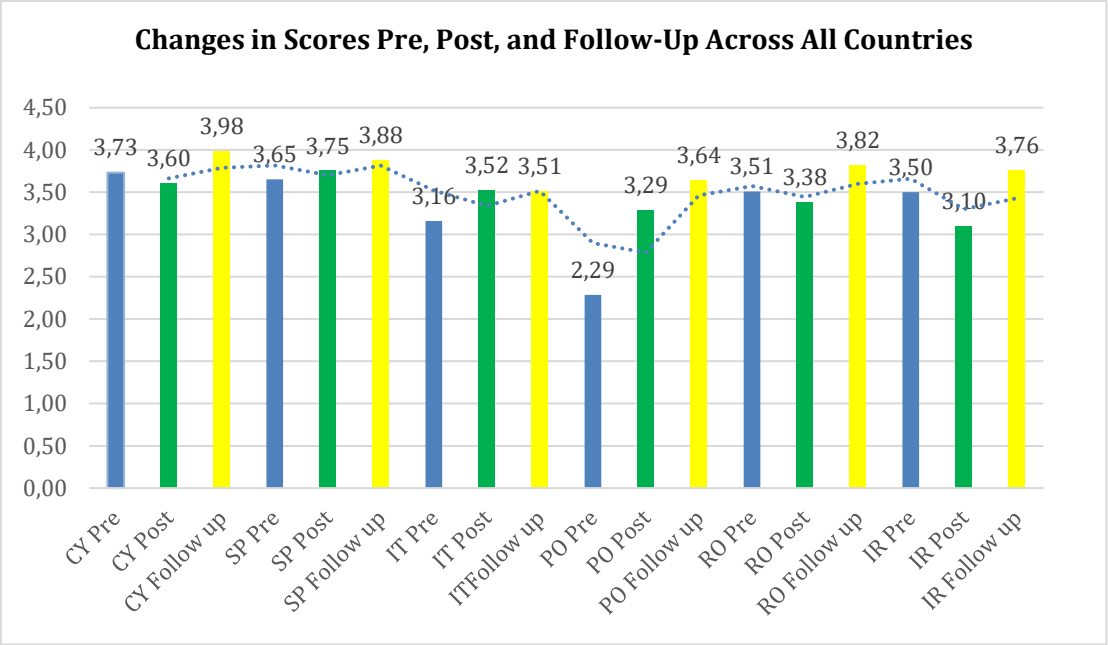


Figure 23: Scores pre, post and follow up across all countries

Learners' satisfaction

This evaluation provides an overview of how WDGs were received in six countries, highlighting both strengths and areas for improvement. Ratings were given on a scale of 1 to 7, with higher scores indicating greater satisfaction. The results show a generally high level of satisfaction among participants (Figure 24):

Organization of WDGs: Participants gave **80%** approval, appreciating the structure, organization, and atmosphere of the WDGs. The training duration was adequate, and facilitators were available to assist with any needs. The host organization helped create a positive and effective learning environment (Figure 24). **This suggests that the majority of participants rated the organization of WDGs, as either "6" or "7", indicating high satisfaction.**

Facilitators' Evaluation: The highest-rated section showed **85%** strong appreciation for the facilitators' knowledge, communication skills, and support. Facilitators were responsive and used clear language, making the training effective (Figure 24). This suggests that the majority of participants rated facilitators as either **"6" or "7"**, indicating **high satisfaction. This suggests that the majority of participants rated facilitators as either "6" or "7", indicating high satisfaction.**

Evaluation of the WDGs: The lowest score **65%,** still reflects positive feedback, but with room for improvement. Participants found the content relevant to person-centered care. The training duration was appropriate, and materials were useful and well-prepared. Many participants believed they could apply the knowledge gained and would recommend the training (Figure 24). However, this indicates that fewer participants rated this section as "6" or "7", suggesting that certain elements of the WDGs may need enhancement.

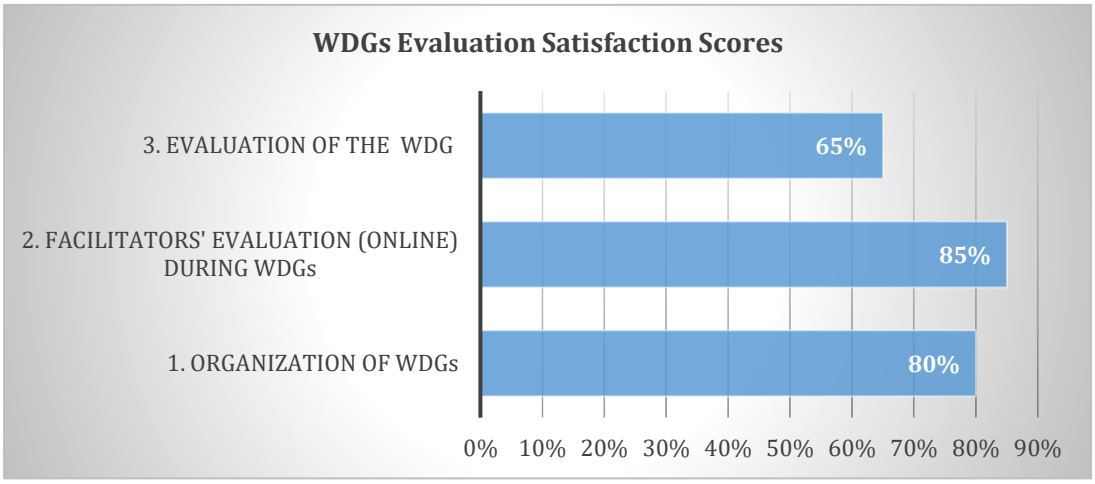


Figure 24: Overall Satisfaction Evaluation Scores for WDGs (%)

Learners' satisfaction varied across countries in the WDGs evaluation. The following figure (Figure 25) summarizes the participants' evaluation per question of the organization of the WDGs: Question 1.3, "The Facilitators were at the disposal for any particular requirement and necessity of the trainees (care managers)," received the highest score (5.66), followed by question 1.4, "Communication, attitudes, and atmosphere during the WDG were facilitated by the host organisation" (5.53). Question 1.2, "The frequency of the online/face-to-face Work Discussion Group (WDG) was adequate to your needs," scored 5.49, and finally, question 1.1, "The duration of the online/face-to-face Work Discussion Group (WDG) was adequate to your needs," scored 5.43.

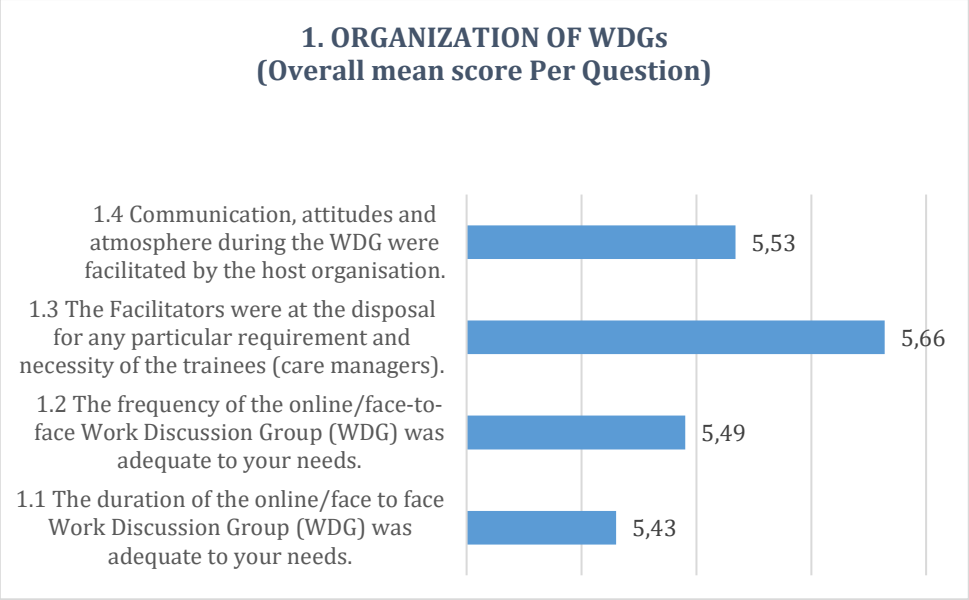


Figure 25: Evaluation of the WDGs - Organization (Overall Mean Scores)

According to the table 6 and figure 26, the **overall satisfaction** with the organization of WDGs was highest in **Romania** (6.67), followed closely by **Italy** (6.66). **Cyprus** had the lowest overall average score (2.81), indicating significant space for improvement. Among the evaluated questions, the **availability of facilitators (Q1.3)** was rated highest by **Italy** (6.88) and **Romania** (6.78), showing strong satisfaction in this area. **Communication and atmosphere** (Q1.4) were rated highest by **Romania** (7.00), while **Cyprus** scored lowest in this question (2.38).

Table 5: Evaluation of the WDGs - Organization (Overall Mean Scores Per Country)

1. ORGANIZATION OF WDGs (Overall mean scores per country)						
QUESTIONS	**CY**	**SP**	**IT**	**PO**	**RO**	**IR**
1.1	2,88	5,36	**6,41**	5,75	**6,56**	5,63
1.2	2,88	5,45	**6,53**	5,75	**6,33**	**6,00**
1.3	3,13	5,64	6,88	6,25	6,78	5,31
1.4	2,38	5,82	6,82	4,75	7,00	6,44
Overall Mean Scores	**2,81**	**5,57**	**6,66**	**5,63**	**6,67**	**5,84**

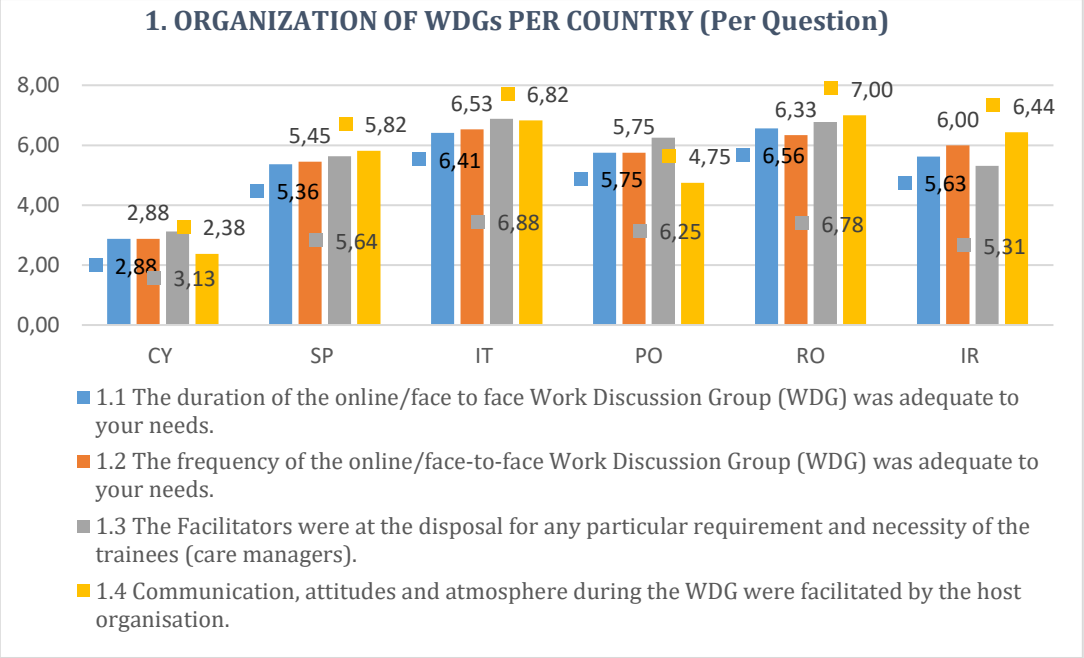


Figure 26: Evaluation of the WDGs - Organization (Overall Mean Scores Per Country Per Question)

According to Figure 27, the highest-rated question was the facilitators' friendliness and helpfulness (6.07, Question 2.4), reflecting participants' strong satisfaction in this area. Question 2.1, "*The facilitators were well-prepared*," and Question 2.2, "*The facilitators used clear language*," both received an identical rating of 5.98. Question 2.3, "*Facilitators encouraged communication and questions during the WDG*," also received a strong rating (5.95), though it was slightly lower than the other questions.

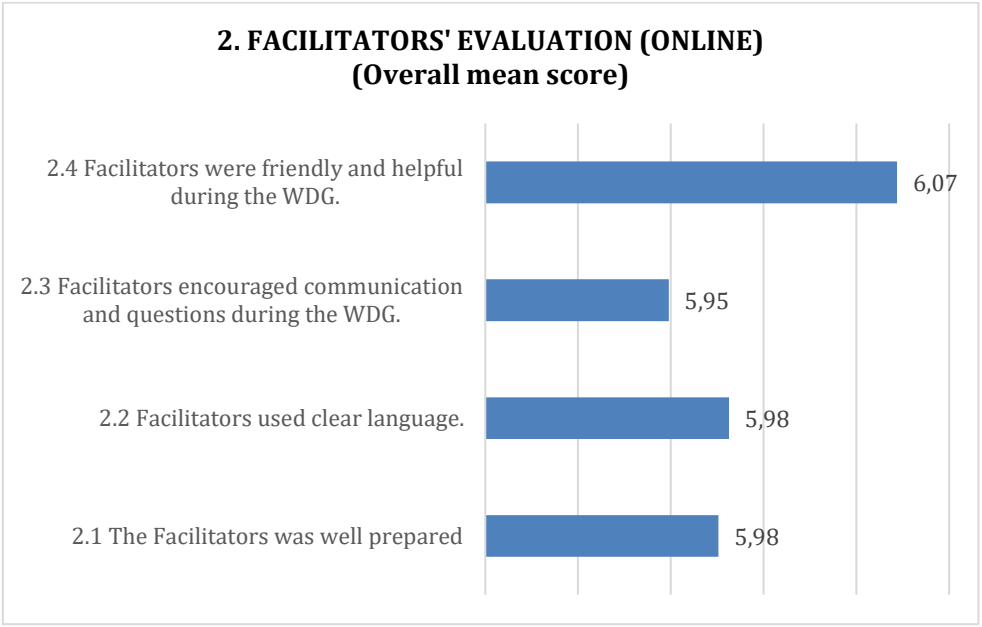


Figure 27: Evaluation of the WDGs - Facilitators' evaluation (ONLINE) (Overall Mean Scores)

According to Table 7 and Figure 28 **Romania** scored the highest overall (7.00), indicating a very high level of satisfaction with the facilitators across all questions. On the other hand, **Cyprus** had the lowest ratings across all questions (3.13).

The highest-rated question was the facilitators' friendliness and helpfulness (Question 2.4), which received a score of 7.00 in **Romania** and **Italy**, and 6.88 in **Ireland**. Clear language (Question 2.2) was also highly rated, with scores ranging from 7.00 in **Romania** to 6.88 in **Italy** 6.81 in **Ireland**. The encouragement of communication (Question 2.3) was also highly rated, with scores of 7.00 in both **Romania and Italy**.

Table 6: Evaluation of the WDGs - Facilitators' evaluation (online) (Overall Mean Scores Per Country)

FACILITATORS' EVALUATION (ONLINE) (Overall mean scores per country)						
Questions	CY	SP	IT	PO	RO	IR
2.1	3,13	5,91	6,88	6,25	7,00	6,69
2.2	3,13	5,82	6,88	6,25	7,00	6,81
2.3	3,13	5,82	7,00	6,25	7,00	6,50
2.4	3,13	6,18	7,00	6,25	7,00	6,88
Overall Mean Scores	**3,13**	**5,93**	**6,94**	**6,25**	**7,00**	**6,72**

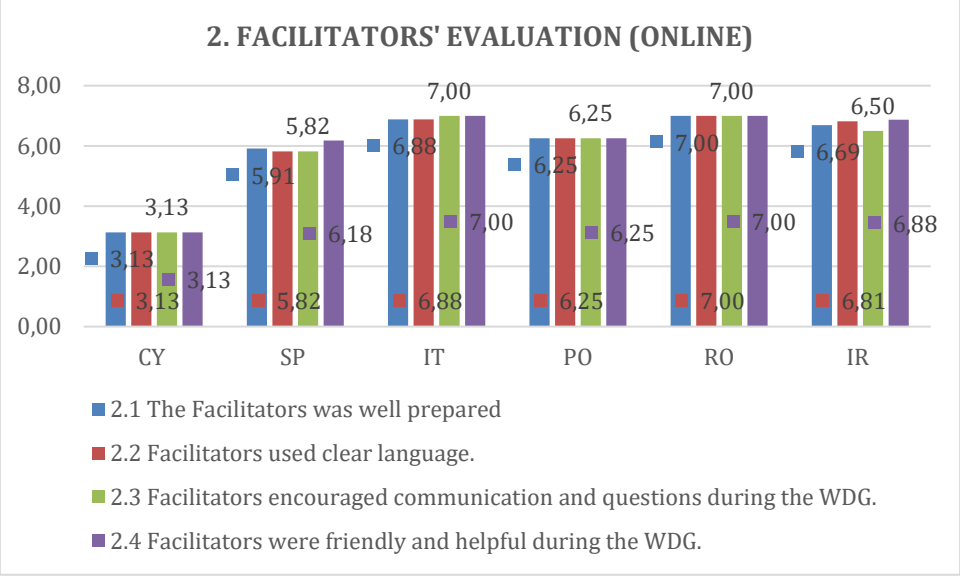


Figure 28: Evaluation of the WDGs -Facilitators' evaluation (online) (Overall Mean Scores Per Country Per Question)

According to the figure 29, the highest-rated question was the appropriateness of the content for person-centered care (Question 3.1), with a score of 5.66. Presentations and materials (Question 3.2) were also rated highly, with a score of 5.64, suggesting that the materials were useful and of good quality. The potential to apply knowledge (Question 3.3) scored 5.29, indicating that while the content was useful, there might be some space for improvement in ensuring practical application. Sharing within a group setting (Question 3.4) received a score of 5.45, reflecting that participants found group interaction valuable for learning. Recommendation potential (Question 3.5) scored 5.39, indicating that participants would consider recommending the groups, but there is room for improvement in their overall satisfaction

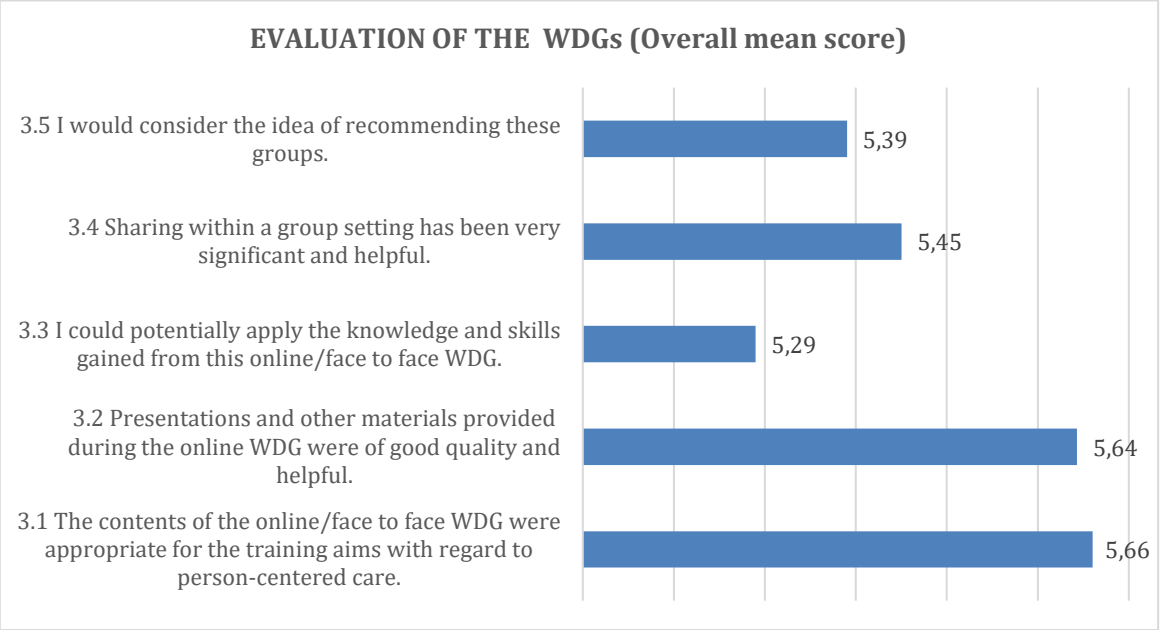


Figure 29: Evaluation of the WDGs (Overall Mean Scores)

According to the Table 8 and Figure 30, **Romania** scored the highest across all questions, with an overall mean score of 6.78, and **Italy** slightly lower 6.72, indicating a very high level of satisfaction compared to the other countries. **Cyprus** had the lowest ratings across all questions, with an overall score of 2.73. **Italy and Romania** rated the content and presentations highly, especially in areas such as "*content appropriateness for person-centered care*" (Question 3.1), with scores of 6.71 and 6.78, respectively, and "*presentation quality*" (Question 3.2), with scores of 6.59 in **Italy** and 6.89 in **Romania**. For the question "*I could potentially apply the knowledge and skills gained from this online/face-to-face WDG*" (Question 3.3), **Italy and Romania** had the highest scores, 6.65 and 6.67, respectively. Group sharing (Question 3.4) and recommendation potential

(Question 3.5) were also highly rated, particularly in **Italy and Romania**, with scores of 6.88 and 6.78, and 6.76 and 6.78, respectively.

Table 7: Evaluation of the WDGs (Overall Mean Scores Per Country)

EVALUATION OF THE WDGs (Overall mean scores per country)					
Questions	CY	SP	IT	PO	RO
3.1 The contents of the online/face to face WDG were appropriate for the training aims with regard to person-centered care.	3,00	5,82	6,71	6,00	6,78
3.2 Presentations and other materials provided during the online WDG were of good quality and helpful.	3,13	5,36	6,59	6,25	6,89
3.3 I could potentially apply the knowledge and skills gained from this online/face to face WDG.	2,50	5,64	6,65	5,00	6,67
3.4 Sharing within a group setting has been very significant and helpful.	2,50	6,09	6,88	5,00	6,78
3.5 I would consider the idea of recommending these groups.	2,50	5,91	6,76	5,00	6,78
Overall Mean Scores	**2,73**	**5,76**	**6,72**	**5,45**	**6,78**

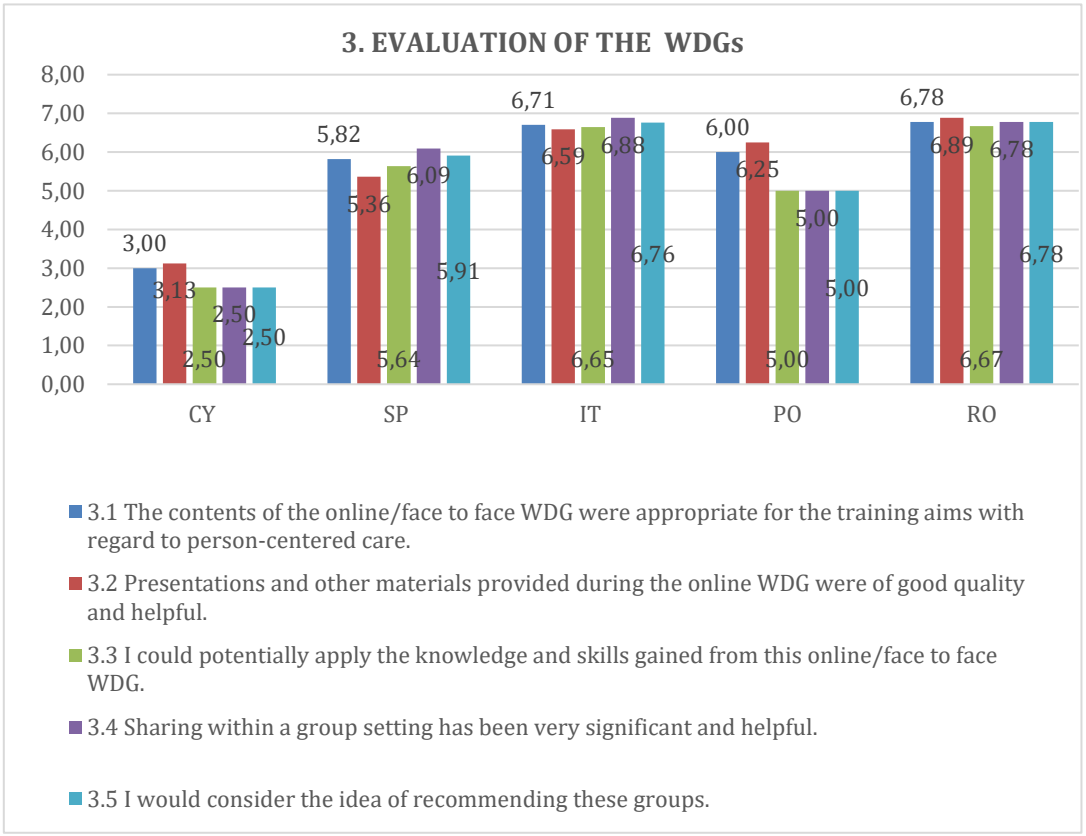


Figure 30: Evaluation of the WDGs (Overall Mean Scores Per Country Per Question)

Challenges and final remarks

In spite of the overall positive evaluation of the piloting experience, some challenges – often similar across countries – have been identified by group facilitators.

Logistic issues have arisen in the practical implementation of the group sessions and no matter the chosen approach, all seemed to give room to some difficulties.

For example, partners mentioned pros and cons both in the choice of organizing **face-to-face meetings vs. online platforms**. While having the opportunity to meet in person facilitated the creation of personal bonding and created the opportunity to visit services and organizations, on the other hand made it more difficult for some of the participants to attend. On the other hand, using teleconferencing platforms avoided spending time and money in travelling but created technical issues and didn't help focusing, as some people were distracted by phone-calls or colleagues entering their offices during the sessions.

In relation with practicalities, another issued raised by several partners was the dilemma between **adopting a fixed scheduling for sessions vs. a more flexible approach** taking into account the needs of participants. Once again, experiences were mixed: while some partners advocate for flexibility, others mention the fact that this created some difficulties in ensuring regular attendance.

The issue of **attendance** in itself was sometimes mentioned as a challenge: while this was not the case for all groups, some countries mentioned a high rate of drop-out or an unstable participation rate. This is allegedly related with the time pressure that often impacts on professionals employed in the care sector, thus **time management** is also mentioned as a potential issue.

Some challenges are also mentioned in relation to the **work discussion groups methodology**. In fact, it is for example mentioned that for some groups it was difficult to **stay compliant** with the method, so for example there were cases in which the case brought to the discussion was not written down and result of a reflection process, but rather informally presented during the meeting. Also, in some groups, facilitators observed a **tendency to adopt a solution-oriented approach**, mostly aimed to find a way to deal with the case in practical terms, rather than staying in an observer-mode and trying to adopt a reflexive approach, which is the main principle of the WDG methodology. Finally, in a group some concerns were raised in terms of respect of **confidentiality,** which might be an issue especially in groups were professionals belonging to the same team were represented. It might become necessary to stress this rule repeatedly during the meetings.

Finally, some of the challenges mentioned concerned the **facilitation process.** A facilitator referred to the difficulties in being able to facilitate and observe a large group of participants, suggesting that 6 would be the ideal number. On the other hand, another facilitator mentions that they found challenging trying to keep emotions balanced and productive whilst enabling a safe space to appropriately challenge.

While some of the above-mentioned challenges are rather intrinsic to the methodology and hard to be addressed, some others are instead useful remarks in view of replicability of the method and should be taken into account when planning new editions of the WDGs.

Conclusions

The pilot of the Work Discussion Groups (WDGs) method adapted within the Compass project offered an important collective learning opportunity for the care managers involved, improving their reflective skills and promoting a more conscious and empathic approach in the management of care services. The groups, activated in the 6 partner countries, involved 75 professionals with different experiences and roles, confirming the effectiveness of a model integrating reflection on work-related emotional experiences with the daily care management practices. Participants particularly appreciated the mutual support and the opportunity to engage with colleagues in a safe environment, where it was possible to explore emotional and professional difficulties without the risk of judgement.

The results highlighted several benefits, including improved awareness of one's limitations, more effective management of anxiety and deeper reflection on one's professional practices. The methodology contributed to strengthening the sense of community among participants, reducing feelings of isolation and fostering a collaborative and intercultural approach. The discussions also made it possible to identify strategies to improve the personalisation of care, early intervention and prevention of burnout, crucial issues for improving the quality of care provided.

However, the pilot also revealed some logistical and methodological difficulties, including managing the frequency of meetings and regular attendance, especially in a context of high work pressure. Some participants showed resistance to sharing emotional experiences and maintaining a reflective focus, sometimes leaning towards a more practical, problem-solving approach. Furthermore, managing large groups and facilitating emotional dynamics proved to be challenging aspects, suggesting the need for a more focused and flexible approach in the future.

Despite these difficulties, the pilot had a positive impact on participants' wellbeing, improving communication, cohesion and the ability to work empathetically and collaboratively. The

challenges encountered offer valuable insights to optimise the WDG methodology developed by the Compass partners, considering greater flexibility in participation and facilitation methods, as well as a greater emphasis on confidentiality and respect for reflective processes.

In conclusion, it can be stated that the project has contributed to consolidating a model of professional learning, exchange and reflection that can be useful for improving the quality of person-centred care and promoting more sustainable, empathic and reflective practices.

Project partners: