

ORAL SESSION 5: ROBOTICS

The need for care robot orientation in elder care services

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Purpose A rapidly growing number of older adults addresses a demographic challenge (World Health Organization, 2015). Welfare technology has been suggested as a way of bridging the widening gap between the demands and supply of health care services (Broadbent et al., 2009). Welfare technology, including care robots, used by older adults and caregivers, can help people to live a healthy life with retained integrity, contribute to efficiency in elder care services and meet individuals' needs for living independently (Lee & Coughlin, 2014). Care robots, referring to robotic assistance used in a care context, are receiving growing attention in elder care services since their use has proven to have a positive impact, not only on older adults but also for those who work with them, including professional caregivers and relatives (Khosravi & Ghapanchi, 2016). However, despite the potential benefits, the acceptance of care robots has so far been rather poor (Lee & Coughlin, 2014). A deeper knowledge on the orientation process is needed to utilise the advantages of care robots on the one hand while at the same time considering and addressing the obstacles and challenges when care robots are introduced. As a part of identifying and developing best practices for orientation into care robot use in elder care services, the objective was to explore perceptions of care robot orientation from the potential users' perspective. **Method** We conducted focus group discussions in Finland, Germany and Sweden, with altogether 71 informants in 13 focus groups, represented by: older adults, relatives, professional caregivers and care service managers. A qualitative descriptive method was used for analysing data. **Results and Discussions** The data revealed three aspects of care robot orientation: 1) What: including aspects of what care robots are, possible benefits of using them, ethical issues and funding considerations 2) Who and Whom: including aspects of who the target groups are and by whom the care robot orientation should be given and 3) How: including aspects of how care robot orientation should be given and when in time. Overall, the lack of knowledge in the field of care robots in elder care services was evident and the potential users want to learn more. Basic knowledge is required to reduce prejudice and fears based on perceptions of what robotics is, and to increase the understanding and conceptualisation of care robot use in daily life. Therefore, care robot orientation must be founded on agile implementation planning for care robots, with a firm basis in trustworthy knowledge and information and respecting individuals' wishes. This can particularly be an ethical challenge when care robots are offered to people having reduced decision-making ability (dementia, cognitive impairment). The map of the What, Who/Whom and How aspects of care robot orientation offers the creation of orientation models, which might facilitate structured and goal-oriented care robot orientation strategies.

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