



# Transformation – it's complicated

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# Green Care Farms (France, Norway, Netherlands)

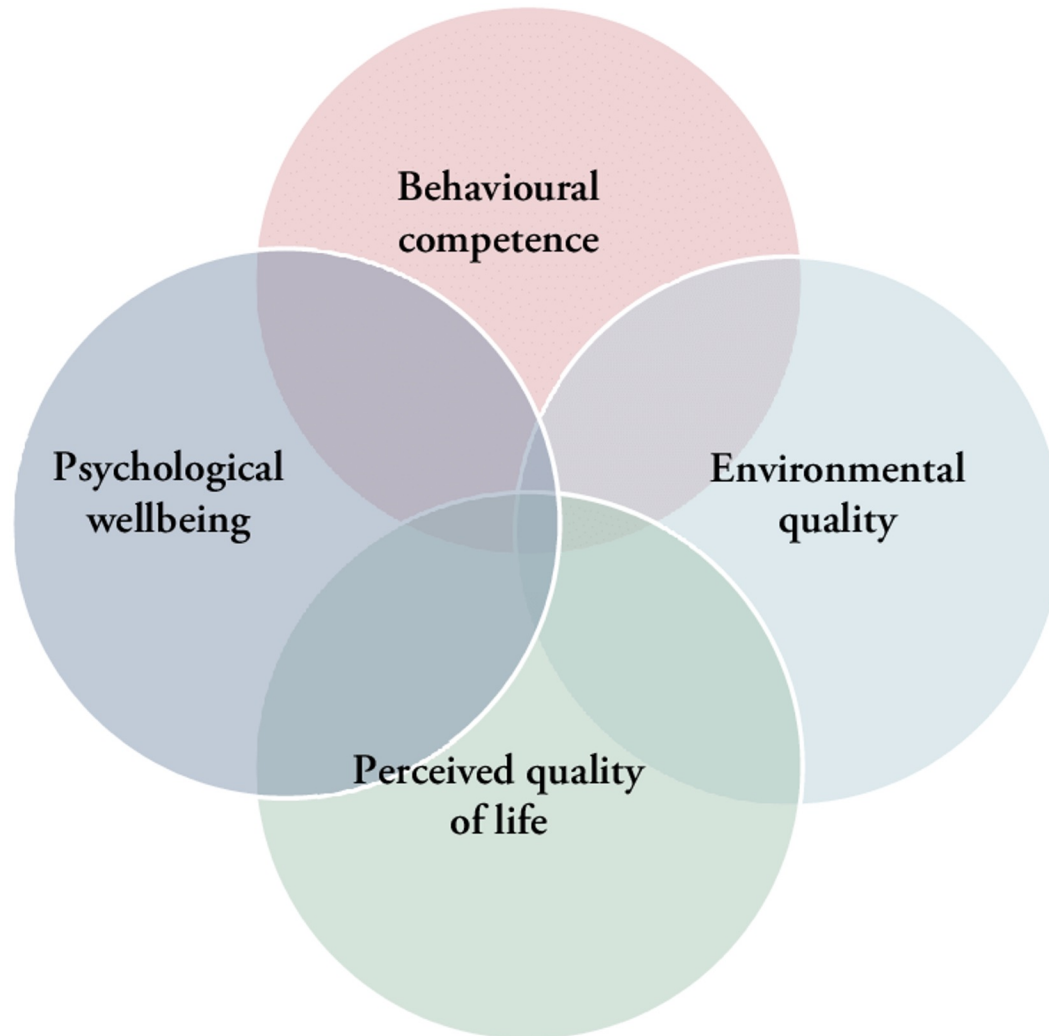
Early evidence promising:

- increased physical activity
- more time outside
- increased social interactions
- increased engagement in meaningful activities

Bram de Boer, et al, JAMDA,  
2016

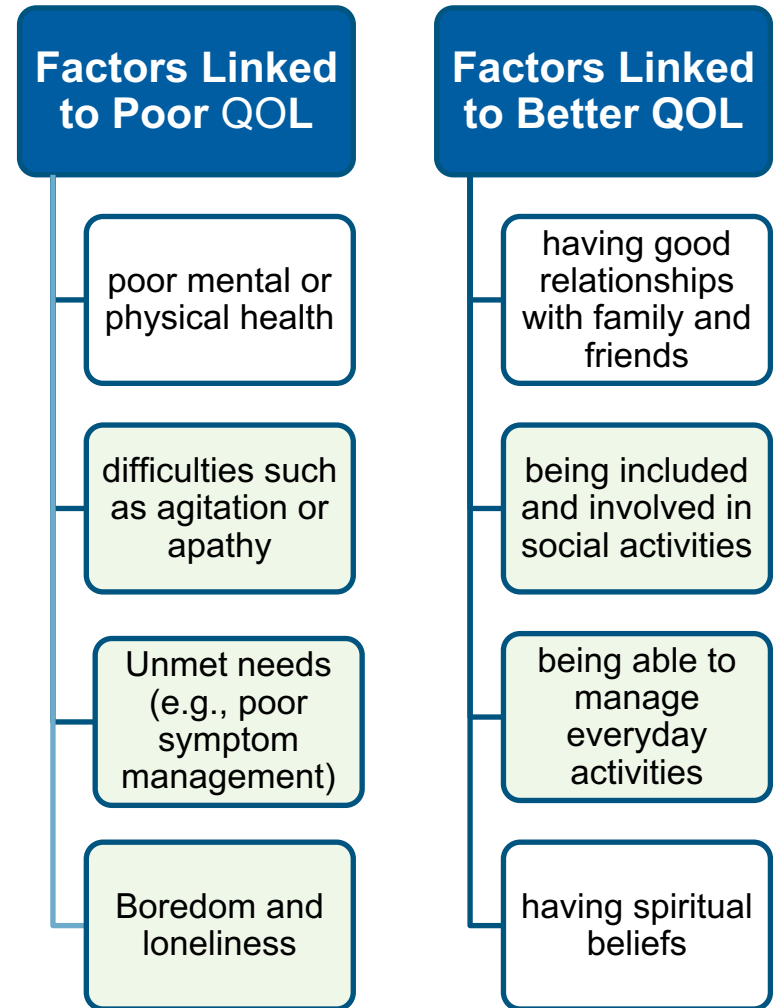


## Lawton's Model of Quality of Life in dementia



# Quality of Life in Dementia

- Measuring QoL rather than dementia symptoms provides more specific information about the well-being of a person with dementia.
- These factors are significantly influenced by care processes, care relationships and the care environment



## What do we need to understand and meet staffing needs?

Clear....

Profiles of residents

Profiles of the workforce

Profiles of the work environment

... and an understanding of how  
they inter-relate and interact

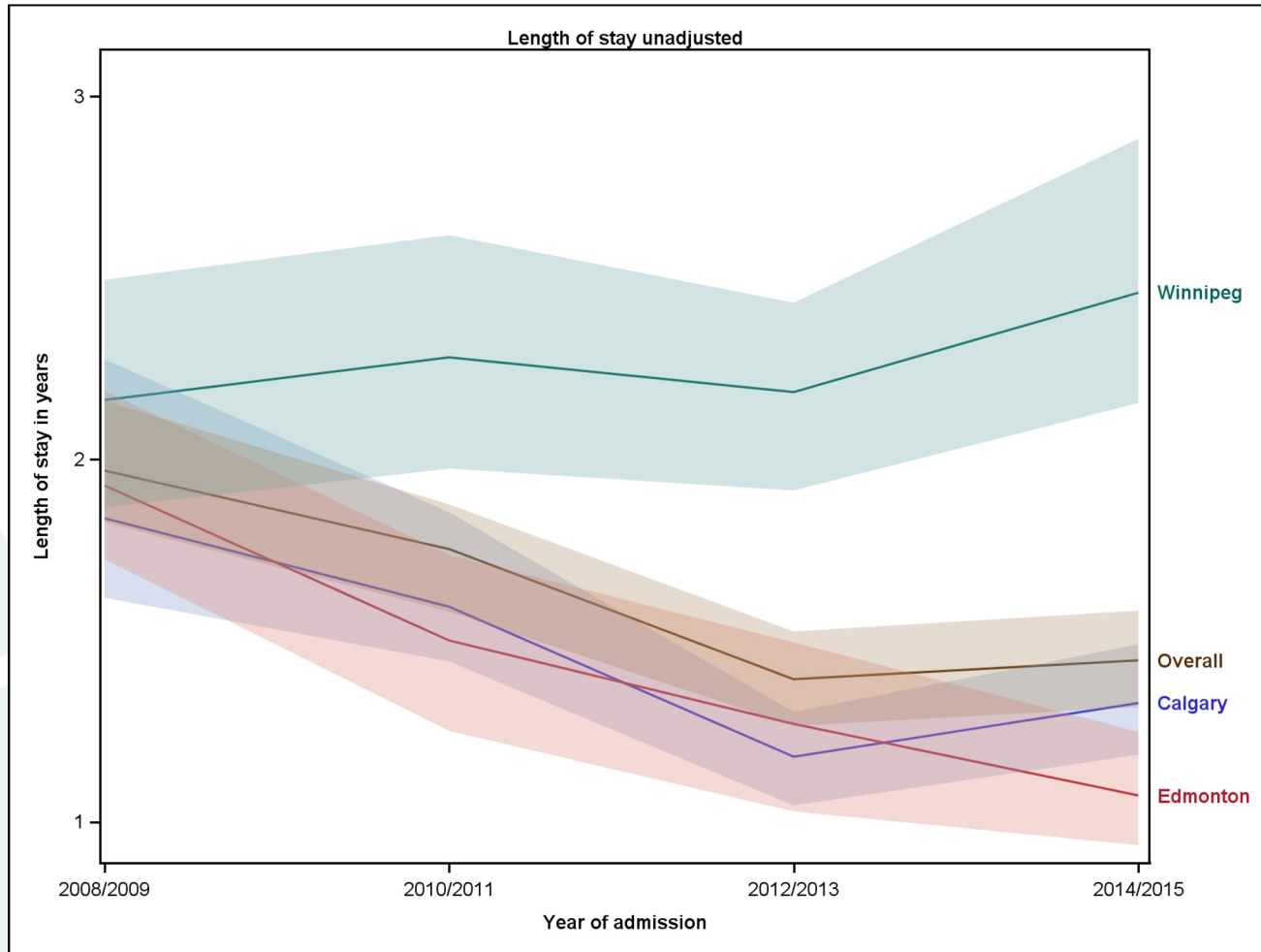
Estabrooks, C.A. (2021) Staffing for quality in Canadian long-term care homes. *Healthcare Papers*. 20(1): 40-50.  
<https://doi.org/10.12927/hcpap.2021.26641>

Haunch, K., et al. (2021). Understanding the Staff Behaviours that Promote Quality for Older People Living in Long Term Care Facilities: A Realist Review. *International Journal of Nursing Studies* 117: 103905. [doi:10.1016/j.ijnurstu.2021.103905](https://doi.org/10.1016/j.ijnurstu.2021.103905)

# 1. Resident profiles

- Reasonably robust data on residents but not well developed and consistent examinations over time of how these have changed and what that means, especially for resources
- Data on resident care quality is good across most but not all of the country, most use a standardized system (RAI-MDS)
- No jurisdiction systematically collects subjective resident quality of life data – arguably the most important outcome
- Significant gaps in capturing and understanding diversity among residents

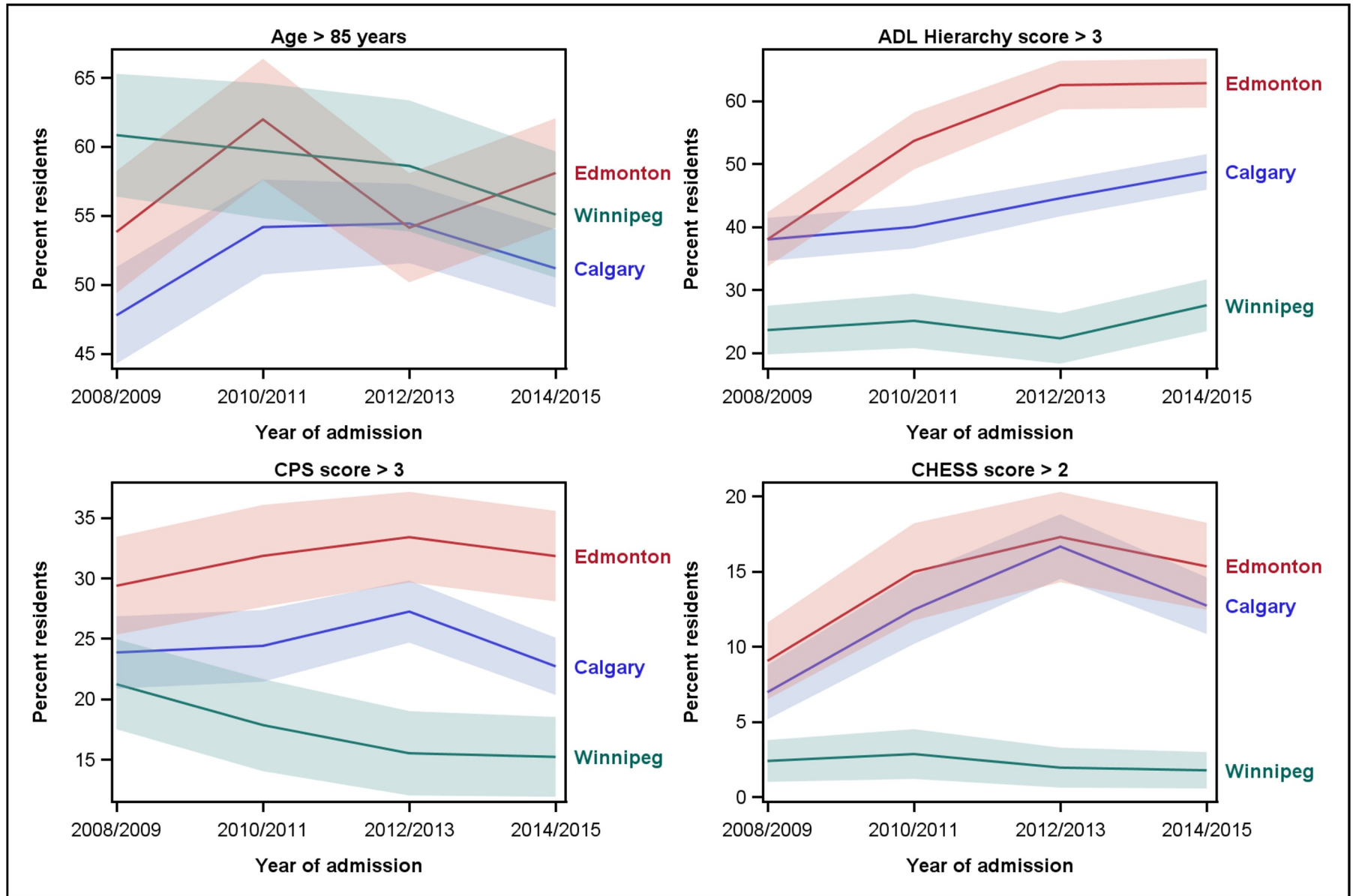
# Length of stay



Hoben, M. et al. (2019). Changes in length of stay in Western Canadian nursing homes (2008–2017), JAMDA.



# Changes in resident characteristics over same period



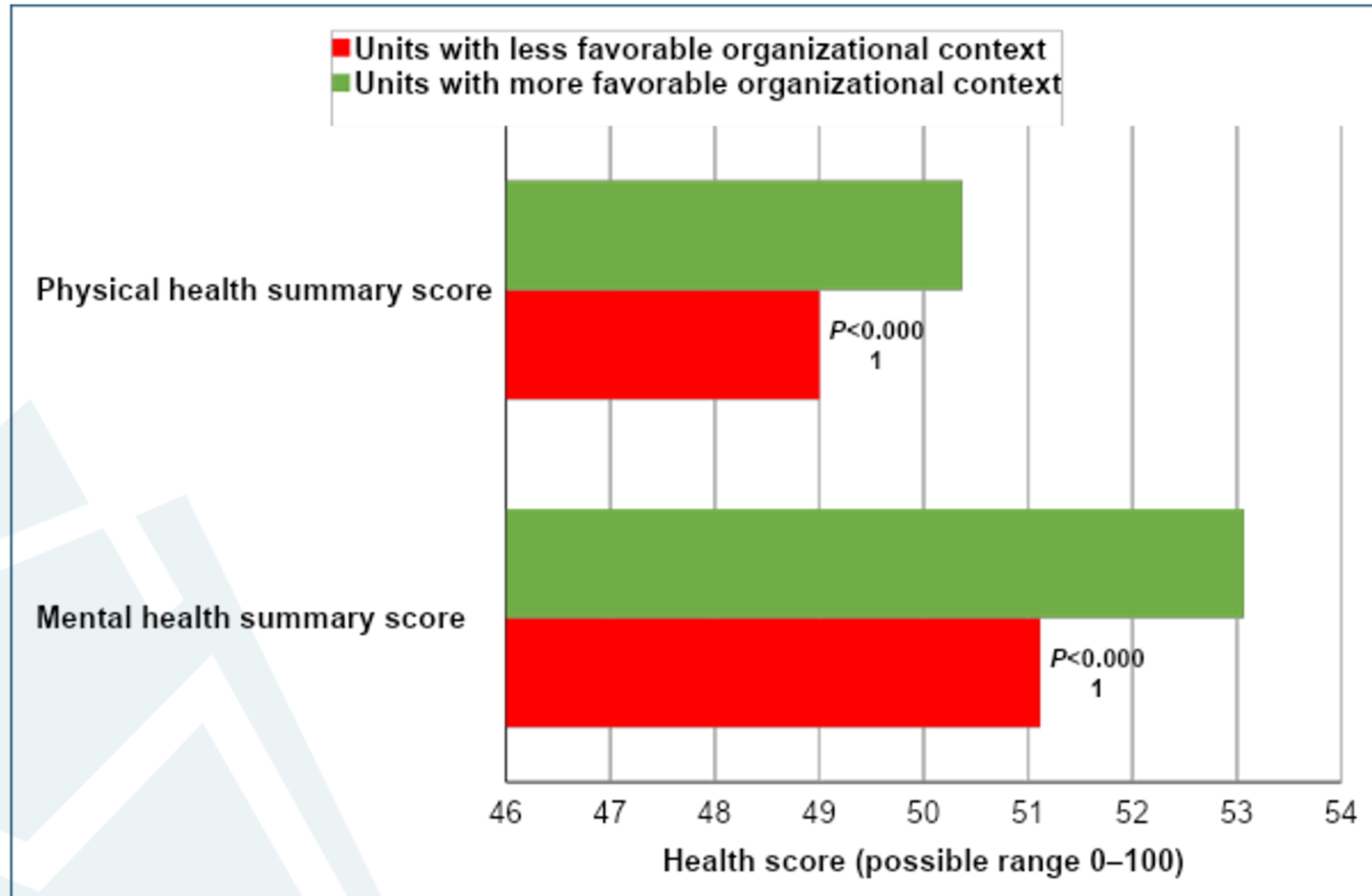


## 2. Work environment profiles

“The conditions of work are the conditions of care”

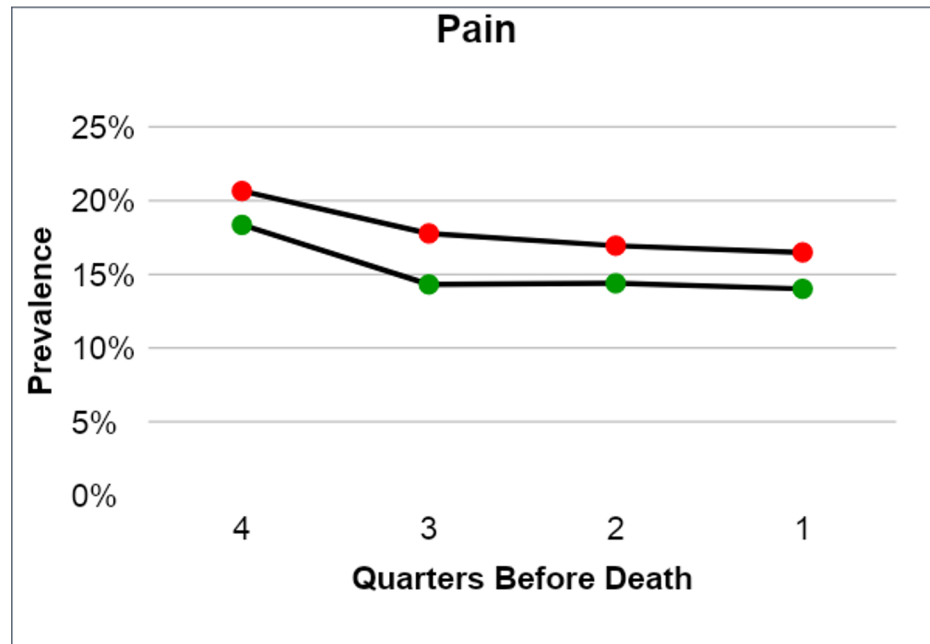
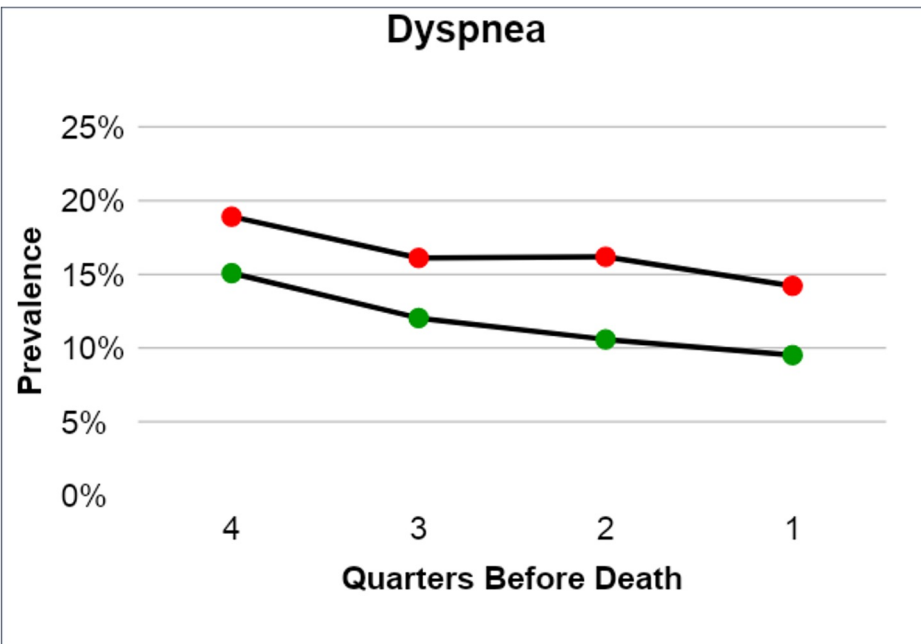
- Provinces, regions and zones have structural data related to ownership, profit status, size, age of buildings, etc. ... but this is not the work environment at the point of care
- We have evidence broadly, and that is AB specific, that work environment influences resident care and staff work life quality in measurable ways

## Better care unit work context is associated with better physical/mental health in care aides



## A better work environment is associated with lower symptom burden at end of life in residents with dementia

RAI-MDS 2.0 data from 3,647 residents  
in 36 TREC 1.0 facilities in AB, SK, MB, 2008-2012

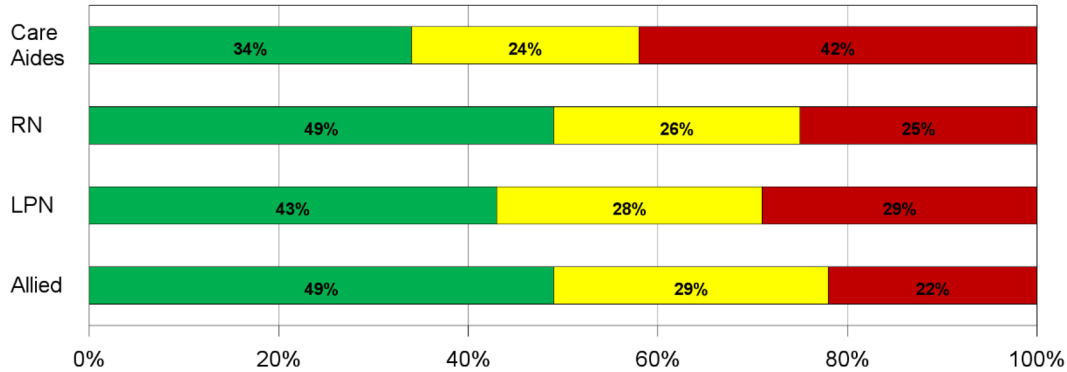


**Green = more favorable context**  
**Red = less favorable context**  
( $P_{\text{Ctxt}} < .0001$ ;  $P_{\text{time}} < .0001$ )

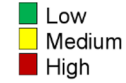
## 3. Staff profiles

- Data are limited for all workers in LTC and in particular the large care aide workforce
- Lack basic demographic data and data that would tell us about the significant diversity in this workforce
- Lack data on quality of work life and general health
- Lack data on mental health and well-being
- Recommendations for hours of care and skill mix, while limited, do exist but beware of the context in which they were made, when they were made, and how solid is the support

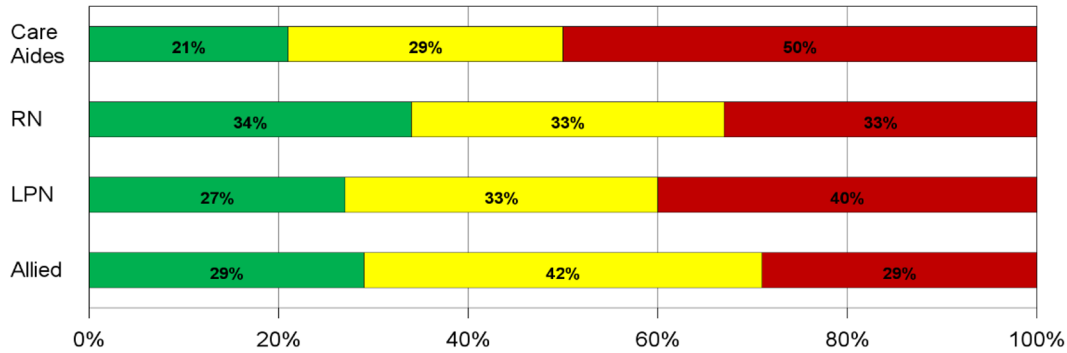
### Emotional Exhaustion



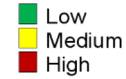
Burnout Risk Level



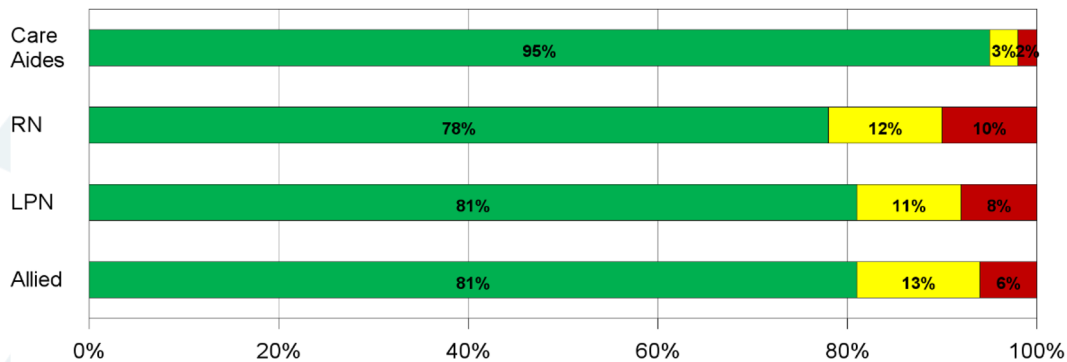
### Cynicism



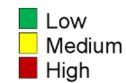
Burnout Risk Level



### Efficacy



Burnout Risk Level



# Burnout Pre-COVID



**Burnout**  
**Reduced compassion satisfaction**



**Traumatic stress**  
**Compassion satisfaction remains high**



**Restoring Trust:  
COVID-19 and The Future of Long-Term Care**  
*June 2020*



*A Policy Briefing by the Working Group on Long-Term Care*

- **Address the workforce**
- **Create and support a positive interaction of residents, staff & work environment**