

Staff Flexibility is Key to Improving Highly Regulated Long-Term Care Sector

KEY FINDINGS

The long-term care (LTC) policy context is characterized by risk-aversion and emphasis on safety that is often in tension with resident quality of life (QoL) preferences.

An analysis of LTC regulations across four Canadian jurisdictions (British Columbia, Alberta, Ontario, and Nova Scotia) revealed regulations that covered 11 resident QoL domains, albeit with an over-emphasis on safety, security, and order.

Each jurisdiction had some promising policy guidance, characterized by clear language supporting staff discretion and flexibility to navigate regulatory tensions and enhance resident-centred QoL.



STAFF ROLES & FLEXIBILITY IN POLICY

Staff roles in LTRC policy were described as:

- Vague, passive, or restricted
- Prescriptive description of staff roles, thus undermining resident QoL

Flexibility allows staff to use their discretion, pivot activities or tasks towards residents' preferences, and dedicating time to facilitate meaningful activity to enhance resident QoL rather than solely focusing solely on bio-medically oriented tasks and safety.

Policy guidance that supports staff flexibility and guidance can be leveraged to counter the current over-emphasis on safety, security, and order in LTC and to guide policy change

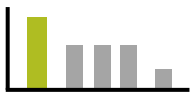


QUALITY OF LIFE DOMAINS PRESENT IN POLICY

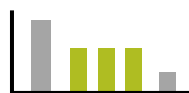
The majority of policies were *preoccupied with providing safe care* through adequate staffing, training, hiring practices, outlining staff activity such as administering medications or treatments.

Analysis found policy texts to support all 11 QoL domains in each province. However, the frequency of each QoL domain varied.

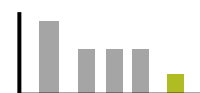
Safety, Security, & Order was the *most common* QoL domain coded in policy texts



Relationships, Physical Comfort, & Functional Competence were *occasionally* represented in policy



Dignity & Spiritual Well-Being were the *least common* QoL domain coded in policy texts



SUPPORT FOR QUALITY OF LIFE AND STAFF FLEXIBILITY IN MORE RECENT POLICY

There was tendency for *newer documents*—particularly the design regulations in Nova Scotia and Ontario—to reflect more QoL domains and stronger, interpretive language supporting staff flexibility and a “resident-centred approach” to enhancing resident QoL.

Prescriptive policy text
Less presence of QoL domains



Interpretive policy text
Greater presence of QoL domains

The conception of QoL has broadened in recent years having more of a presence in health care policy including the integration of more diverse QoL domains.

What This Research is About

As part of the larger SALTY project, *Stream 4 Examining Policy Context* sought to understand “how does provincial regulatory policy enable or inhibit QoL for residents in late life living LTC?”

How we Did it

Regulatory policies relevant to LTC and published prior to 2017 were analyzed in four Canadian jurisdictions: British Columbia, Alberta, Ontario, and Nova Scotia.

Policies were searched using the keywords “staff; employee; service provider; care aid; physician; doctor; nurse; and worker” to encompass all types of staff working in LTC. Policies were examined through a **QoL lens** conceptualized by Kane’s (2001) 11 QoL domains: Autonomy/Choice; Dignity; Food/Enjoyment; Functional Competence; Individuality; Meaningful Activity; Physical Comfort; Privacy; Relationships; Safety, Security and Order; and Spiritual Well-Being.

Full Article:

Hande, MJ., Keefe, J., & Taylor, D. (2021). Long-term residential care policy guidance for staff to support resident quality of life. *The Gerontologist*, 61(4), 1-12. <https://doi.org/10.1093/geront/gnaa176>

Why This is Important

Using a resident quality of life lens to examine a broad range of staff-related LTC regulations in Canada can help us locate promising rules to leverage LTC improvements now.

Interpretive, relational and resident-centred staff related policies offer promising guidance to support staff in enhancing resident quality of life.

How This Research Can be Used

Re-interpreting current policy through an asset-based staff lens can position staff in a more flexible environment to use their discretion and be in an active role and to improve resident QoL.

Managers may play a key role supporting staff in following this policy guidance.

About SALTY



SALTY is a pan-Canadian research project funded (2016 – 2020) by grants from the Canadian Institutes of Health Research (CIHR) and various research partners. The project aims to provide evidence to enhance resident quality of life during late life in LTC by integrating different research disciplines and actively engaging end users in our research. For more information on the project contact or follow us at:



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