

THE QUESTION

How are differences in staffing approaches and physical designs within Nova Scotia's nursing homes impacting resident quality of life?

Project Background

In Nova Scotia, the long term care sector has been undergoing significant changes as part of the Continuing Care Strategy. New and replacement nursing homes were built with physical designs that incorporate several smaller, households. The staffing-mix within households was adjusted to support continuing care assistants to perform personal care, as well as some household-level tasks such as housekeeping and dietary. These changes have implications for residents, their families, and staff but the impact of these changes were not fully understood.

The surveys conducted with residents, family, and staff sought to understand the impact of three models of care, defined by differences in physical design and staffing approach on resident quality of life. An unanticipated finding was that model of care did not directly influence resident quality of life across resident, family and staff perspectives. Rather, the results showed model of care had an indirect effect on resident quality of life through two other factors; relationships and home-likeness. In addition, working environment supported resident quality of life from the staff perspective.

Moving Forward

Findings from this research provide evidence that resident quality of life can be improved in all nursing homes, regardless of physical design or staffing approach, by addressing the quality of relationships, home-likeness, and the working environment.

This research has been shared and discussed with sector representatives, resulting in key actionable recommendations in three overarching areas; Policy, Practice, and Education.

For more information about this research, please visit our website at:

~~ www.careandconstruction.ca ~~

The Project Team



The project team included many partners: universities, nursing homes, health agencies, and government. Special thanks to the participating facilities, residents, family and staff who made this research possible.



This research was funded through a Partnerships for Health System Improvement grant from the Canadian Institutes of Health Research, in partnership with the Nova Scotia Health Research Foundation (2011-2015). (FRN# 114120)

Nursing Home Resident Quality of Life

Survey Findings
March, 2015



Care and Construction Assessing Differences in Nursing Home Models of Care on Resident Quality of Life

- ✓ Resident, Family and Staff Perspective
- ✓ Multi-disciplinary, Multi-Sectoral Team
- ✓ 23 Nursing Home Sites
- ✓ More than 1000 Participants...



Advancing Aging Research. Enhancing Seniors' Lives

Survey Results: What Supports Resident Quality of Life?

RELATIONSHIPS

From the resident, family and staff perspective, to enhance resident quality of life through relationships, it was important to:

Keep Communication Channels Open

For residents, good communication with staff included staff taking the time to have open, non-care related conversations. For family members, quality relationships with staff included a level of comfort voicing concerns, and trusting that staff would engage in friendly conversation.



Foster Respect

From the resident perspective, respect in personal relationships included feeling as though others valued their input, and that they played an important role in others' lives. Family and staff were asked about respect. From both perspectives, respect was related to resident quality of life.

Create Meaningful Interactions

For residents, meaningful interactions meant experiencing friendship with another resident or staff member, and that others enjoyed taking part in activities with them. Family members assessed resident quality of life to be higher if the design of the nursing home and staff supported friendships among residents.

HOME-LIKENESS

From the resident, family and staff perspective, to enhance resident quality of life through home-likeness, it was important that:

Nursing Homes Feel Like Home

For residents, home-likeness was captured in one statement “this place feels like home to me.” For family, the nursing home feeling “like home” was captured by assessing the warmth and coziness of the facility.



Nursing Home Looks Like Home

For family and staff physical features of home-likeness included cleanliness. It also included features that would not be associated with home-likeness, such as if the nursing home felt, “cold and sterile”.

Treat the Nursing Home as the Resident's Home

For family and staff, involvement of the community in the “life” of the nursing home was a feature of home-likeness. Family members indicated an attachment to the nursing home and that they felt welcome when they visited.

WORKING ENVIRONMENT

From the staff perspective, to enhance resident quality of life through working environment, it was important that:

Staff Feel Part of a Team with a Supportive Leader

Role clarity and transformational leadership within the workplace contributed to a more positive perception of resident quality of life. Staff valued transformational leadership, a style which includes offering encouragement, supporting staff decision-making, and fostering trust among team members.

Staff Have Some Control Over Their Day

Staff perceived resident quality of life to be higher when they felt like they had influence over their job, had the opportunity to make their own decisions, and when they felt like they had control over how they completed their work.



Staff Experience Growth in Their Job

The opportunity to grow and learn within their role was positively related to staff perceptions of resident quality of life. Specifically, when staff had the opportunity to use a wide range of existing skills and abilities, and continued to learn new skills they assessed resident quality of life to be better.

RELATIONSHIPS | HOME-LIKENESS | WORKING ENVIRONMENT

MATTER