SUPPORTING OUR LONG-TERM CARE TEAMS

Strategies for the Organization

Providence HEALTH CARE — How you want to be treated. | UBC THE UNIVERSITY OF BRITISH COLUMBIA | CHÉOS Centre for Health Evaluation & Outcome Sciences

Dear Long-term care leaders,

This 3 phase research study was carried out as a result of interdisciplinary LTC staff sharing their experiences, recommendations and hope for change. Our invitation to you, is that you consider these recommendations and opportunity to help reduce interdisciplinary LTC staff stress and burnout related to caring for dying residents.

PHASE 1 STUDY (2016) pre covid-19

How are interdisciplinary staff affected by resident deaths?

- Nearly 50% of PHC LTC staff experienced 1 or more symptoms of burnout
- Emotional exhaustion high
- Depersonalization low
- Personal accomplishment high
- Likelihood of burnout is associated with the experience of caring for dying residents

"Not knowing what to say to comfort families"

"No time to grieve and mourn the loss"

"The need for support...both clinical and emotional..."

PHASE 2 STUDY (2018)

Further explored challenges experienced by staff, strategies they found helpful and ways of incorporating into our work /life

Challenges...
Expectation
Communication
Acknowledgement
Support
Education

We found that multi-level strategies are needed to reduce risk of staff stress and burnout

"We're in healthcare but who's caring for us??"

PHASE 3 STUDY (2021)

Strategies for SELF and TEAM provided through HOPE LearningHub modules developed by the research team

Pilot study showed:

- 98% of PHC LTC staff participants found modules easy to understand
- 92% satisfied with the content
- 89% said they benefited from the modules

ORGANIZATIONAL STRATEGIES as recommended by research team and LTC staff participants

Target area	Strategies/Opportunities for the **ORGANIZATION** to support LTC staff
Psychosocial Support for staff	- Create/designate private space for staff to grieve, recharge and recover at each site - Restart in-house PHC psychosocial support for staff - Establish/train critical incident response team for each site - Flexibility in staff schedule and work assignments - Allow greater flexibility for staff (for education for evening/night crew and casuals, shift changes/hours to allow time to grieve and rejuvenate)
Comfort and privacy for families and resident near end of life	- Designated palliative care room for each neighborhood/unit (to ensure consistency of staff) for dying residents - Increase resources for comforts in palliative care room e.g. furniture, comfort baskets, DVD/music box for music
Effective communication internal & with external stakeholder (acute & community)	- Enhanced communication pathways between acute care and long-term care, community health and long-term care - Standardized communication system at all sites for informing staff (and volunteers) of residents decline and death
Education for staff	- Allow paid time for staff to participate in education on reducing burnout/stress related to caring for the dying residents, either online or in person paid time for related education and other learning - Death/dying significant part of LTC orientation - HOPE LearningHub modules (code 26536) as part of LTC orientation - Paid time for HOPE module completion for staff
Recognize and acknowledge the unique role and stressors facing LTC staff in caring for dying residents	- Regular dialogue between Senior management and staff - Promote a culture of safety where staff are able to raise concerns - Enhance awareness of LTC staff needs and facilitate their voice in the structure and provision of health care

Ultimately for multi-level strategies to be effectively integrated, they need to be:
Practiced by individuals and teams, embraced by leadership, shared through higher education and professional development and enhanced through further research/development.

https://professionalpractice.providencehealthcare.org/ltc-team-support

Contact: Joseph Puyat jpuyat@cheos.ubc.ca ; Karen Pott kpott@providencehealth.bc.ca

September 1st 2022