

Determinants of Quality in Ontario LTC Homes

Phase 2: Staff Results

Understanding how care is delivered in organizations is essential to improving quality of care. The Determinants of Quality in Long Term Care (LTC) research project was launched in the summer of 2008 to increase understanding of how care is delivered in LTC facilities. The project consists of two phases. Phase 1 included a survey to all of Ontario's LTC Home Administrators and Directors of Care (DOC). Responses were received from 353 Homes. These Homes included all ownership types and represented every LHIN in the province. The results of that survey was sent to each Home by email in the Spring of 2009 and a provincial report is available at <http://www.hpme.utoronto.ca/Assets/hpme/research/kt/ltc-ww/Provincial+Results+Phase+1.pdf>.

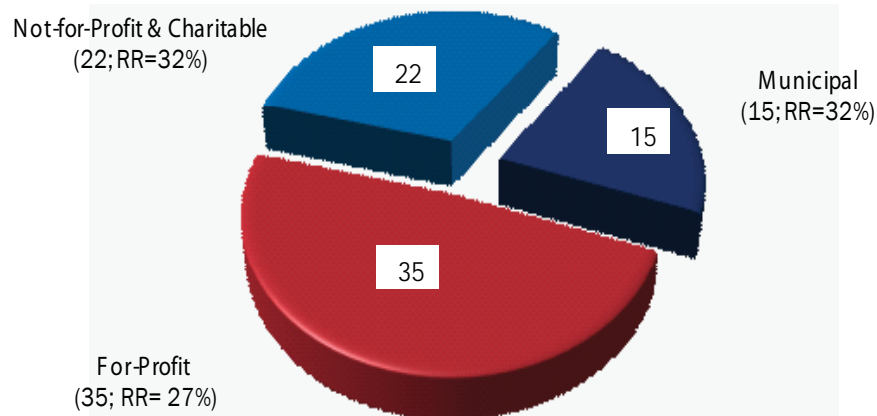
Phase 2 included a survey of all staff in a representative sample (by size, geography, and ownership) selected from the 353 Homes who participated in Phase 1. Participation by each Home was voluntary and we are pleased that 72 Homes agreed to take part including 15 Municipal, 22 Not-for-profit/Charitable, and 35 For-profit Homes. The survey was distrib-

uted by personnel at each Home and all full time and part time staff in all employment categories were eligible to receive a survey. Surveys were anonymously returned to the Study Team by the participants. A total of 2,513 surveys were returned. Response rates among the Homes varied from 3% to 69% with an average of 28%.

The purpose of this newsletter is to provide you with baseline information about the provincial results based on staff survey responses. Questions were based on standardized survey instruments that have been used in research studies of LTC staff or other health care settings. The results presented here are summary scores developed by combining the responses to several related questions. Summary scores developed in this way provide a better understanding of the subject area than responses to individual questions.

If you wish to review the survey or to find more information on the overall study you can visit our website at <http://www.hpme.utoronto.ca/about/research/hsr/projects/ltc.htm>.

LTC Homes in Study Sample



The portion size of pie is the percent of sample; Labels show ownership (n in sample; RR = average response rate across Homes).



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Culture & Leadership

Home Culture Type

Culture refers to an organization’s values and beliefs. In other industries there is evidence that the organization’s culture influences innovation and productivity. To obtain information on staff perceptions of the Home’s culture, respondents to the staff survey were asked to rate their level of agreement with various statements about the Home character and management style. Homes are then described as 1) Group (emphasizing loyalty and caring); 2) Developmental (emphasizing innovation and risk-taking); 3) Hierarchical (emphasizing rules and structure); and 4) Rational (emphasizing achievement and efficiency).

Key Observations:

- Staff responses suggest that they perceive a balance of culture. This may be because different staff within the Home have different perceptions or because all staff believe the Home has parts of each culture type. A balanced culture is considered best for quality improvement.

Leadership Practices

There is evidence that the type of leadership practiced within an organization influences the ability of an organization to be innovative, facilitate change, and attain higher levels of performance. To assess leadership practices in each Home, respondents were asked to rate their agreement with statements about the administrator or senior managers at the Home. E.g. “The administrator or senior managers describe a convincing vision of what our future could be like; recognizes people for their part in making projects successful; makes sure that people we work with stick to the principles and standards that we have agreed on.”

Key Observations:

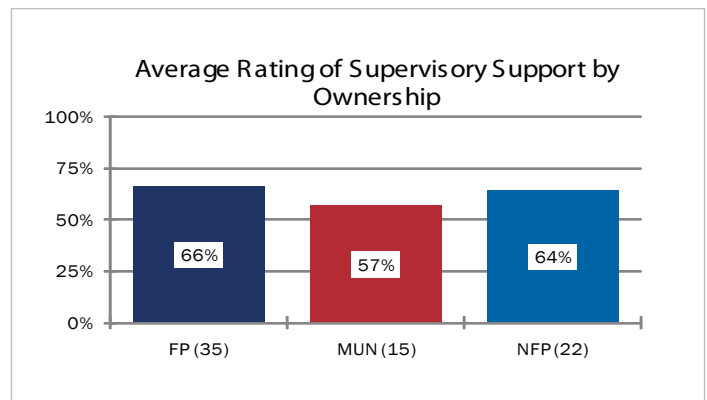
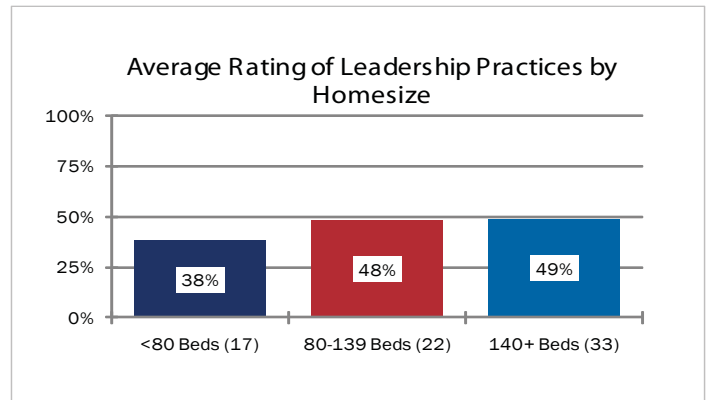
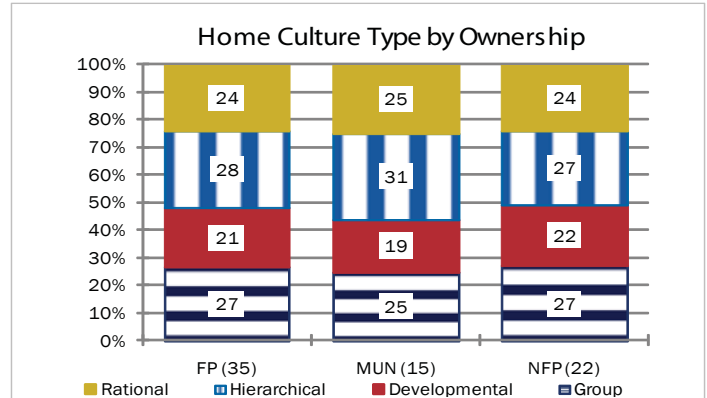
- Provincially, staff agreed or strongly agreed with fewer than half of the statements indicating that there may be an opportunity to improve the visibility of leadership within LTC Homes.
- Leadership practices appear to be weakest in Homes with fewer than 80 beds.

Supervisory Support

Previous studies have shown the critical role that supervisors play in the areas of job satisfaction, burn-out, and job turnover demonstrated by LTC staff. Further, staff who perceive support from their supervisors were more empathic and reliable. To assess the level of supervisory support perceived by staff the survey asked respondents to rate their feelings about a number of statements that described their supervisor, defined as the person who is most often in charge when they work. E.g. “My supervisor recognizes my ability to give good care; my supervisor tries to understand my point of view when I speak to them; my supervisor keeps me informed of major changes in the work environment or organization.”

Key Observations:

- Just about two-thirds of respondents agreed that their supervisors were supportive of staff.
- Our analysis of provincial data also showed that participating For-profit Homes had the highest level of reported supervisory support (66%) while the lowest level was found in participating Municipal Homes (57%).



Home Quality Improvement Activities

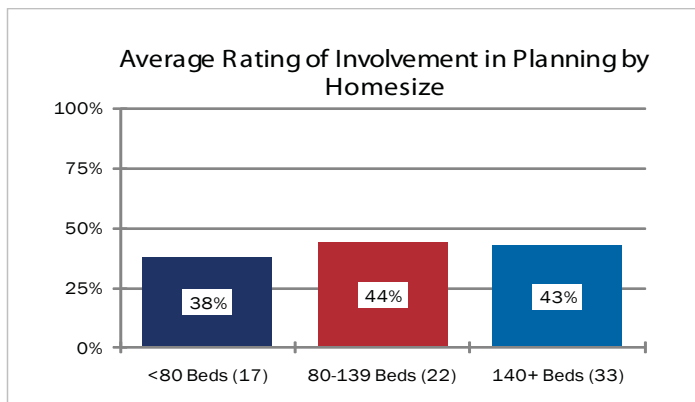
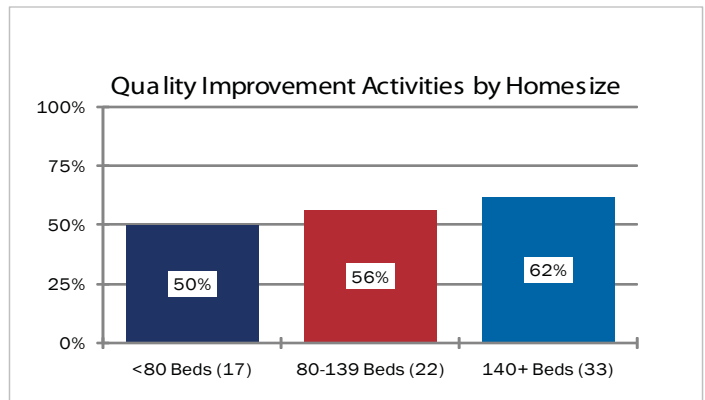
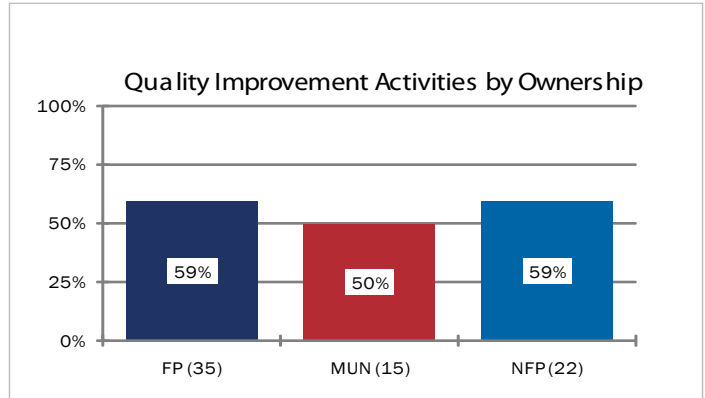
Quality Improvement

The success of a Home's quality improvement (QI) program is influenced by the tools used by the Home to identify areas for improvement and the ways in which staff are engaged in the QI program. Staff in LTC Homes responded to 10 questions related to QI about "How quality improvement happens at this Home." Examples of the statements rated include: "Staff are encouraged to develop new ways to deliver resident care and services; a system to monitor quality is in place in this Home."

Key Observations:

- Staff at Not-for-profit and For-profit Homes both had higher (59%) agreement that QI activities were in place in the Home compared to Municipal Homes (50%).
- Larger Homes had on average more QI practices in place: 62% of respondents in Homes with more than 140 beds agreed that QI activities were in place compared with just 50% in Homes with fewer than 80 beds.

All results were calculated by counting the percent of questions in each topic where staff responded "often" or "always". These scores were averaged to the home-level and then home-level averages were averaged within categories shown here.



Staff Involvement in Planning & Practice

Previous studies have shown that staff empowerment strategies are effective in promoting staff retention. Staff empowerment can be promoted by sharing work and organization-related information. The survey asked respondents to rate their agreement with six statements relating to their involvement in organizational planning and practice management. E.g. "I am involved in setting the goals for this Home; I am involved with creating our vision for the future; I am asked for my input when changes are planned."

Key Observations:

- Staff in Homes with fewer than 80 beds reported the lowest levels of involvement in planning with staff agreeing with only 38% of statements in this section of the survey.
- Participating Municipal Homes had lower perceived participation among staff in planning (34%) compared to For-profit and Not-for-profit Homes (44%). (Graph for ownership results not shown)

Support for Quality Improvement

Resident-Centered Care

It is important for LTC Homes to ensure that the resident voice is heard in order to assess quality of care and make necessary improvements. To accomplish this there is a consensus that objective information is needed including, structured resident assessment tools, and resident and family surveys. Staff were asked to rate their agreement with five statements related to resident-centered care. E.g. “This Home does a good job of assessing resident needs and wishes; the Home uses reports about residents to improve services; the Home uses the results of resident and family surveys when planning new services.”

Key Observations:

- 70% of staff at Not-for-profit and 72% of staff at For-profit Homes agreed that their Homes assessed resident needs and issues and used this information to plan services.

Continuity of Care

Organizations that support effective teamwork can improve the quality of residents’ care and reduce caregiver stress. Stable team membership enhances effectiveness and increases satisfaction among its members. The survey asked staff to answer two questions related to the continuity on their unit, as well as with specific residents: “How often are you assigned to work on the same unit; how often are you assigned to the same group of residents on a unit?”

Key Observations:

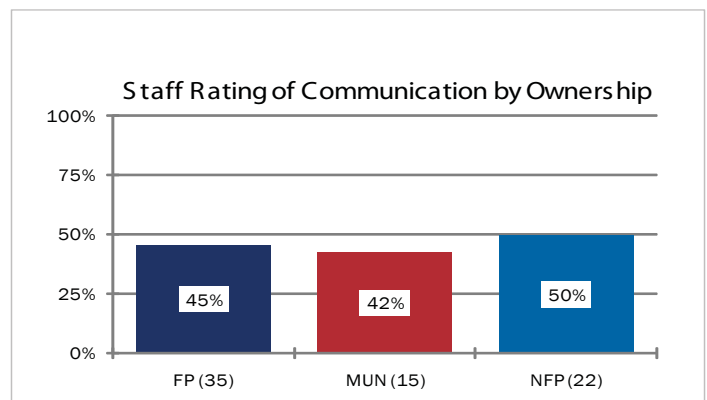
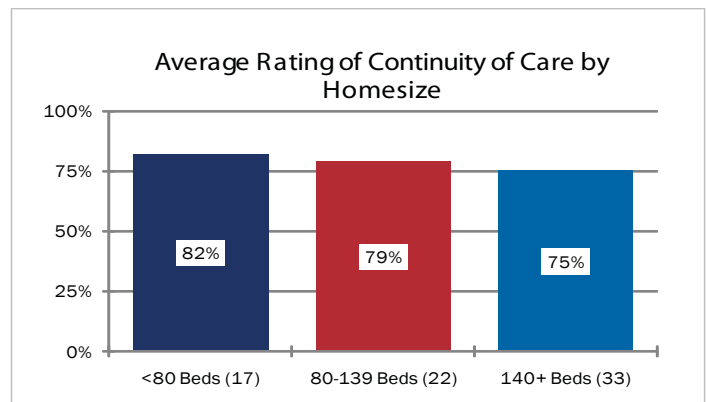
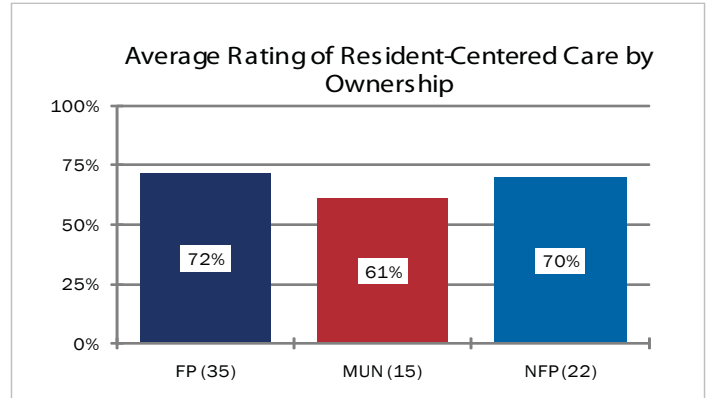
- 82% of staff in small Homes (less than 80 beds) agreed that they were “often” or “always” assigned to the same units and residents. Continuity was slightly lower in larger Homes (140 beds or more) declining to 75% of staff “often” or “always” assigned to the same units and residents.
- Overall most staff report that they provide care to the same residents on an ongoing basis. There was however geographic variation with 86% reporting continuity of care in rural Homes and 77% agreeing that there was continuity in urban Homes. (Graph for geographic results not shown)

Communication

Where communication is open, timely, and accurate there is a lower staff turnover rate as well as a more positive impact on the Home’s outcomes. To assess the characteristics of communication at a Home the survey asked staff to rate their agreement on a five point scale of 13 communication characteristics within the organization. E.g. “When a resident’s status changes, I get relevant information regarding their care.” Some questions were phrased negatively making this scale more precise but also more difficult for some staff to respond to (e.g. “The accuracy of information passed among the workers in this Home leaves much to be desired”).

Key Observations:

- Staff agreed with 50% or fewer of the questions relating to communication. Agreement with good communication practices was lowest in Municipal Homes (42%) and highest in Not-for-profit Homes (50%).



Workplace Health

Overall Work Environment

The work environment has an impact on LTC Home performance in a number of ways including turnover and quality of care. Lower turnover is associated with an organization that values and respects staff members. Homes with strategies to promote effective communication and team functioning have higher levels of performance in quality of care indicators. The survey asked staff to respond to two types of statements regarding their work environment at the Home. In some questions they were asked to rate their agreement with a statement. E.g. “Whether you have enough training to do your job; whether you have enough time to do your job; whether you have a chance to talk about your concerns.” In other questions they were asked to indicate on a scale of 1 to 10 their level of satisfaction with a number of work elements. E.g. “Rate your satisfaction with: your workload; your chances for more training; the care given to residents in this Home.”

Key Observations:

- Overall most staff reported nearly 70% agreement with the statements in this section indicating a strong positive reflection of the work environment. While Municipal Homes had lower ratings than For-profit and Not-for-profit, results were equivalent for larger and smaller Homes.

Intent to Change Jobs

High turnover among staff is an important indicator of dissatisfaction and costly to LTC management. High turnover is associated with decreased continuity of care and poorer resident outcomes. Staff who completed the survey were asked to rate their agreement with three statements relating to their intention to change jobs. E.g. “I will probably look for a job in the next year; I often think about quitting; right now I could find another job with another employer with about the same pay and benefits.”

Key Observations:

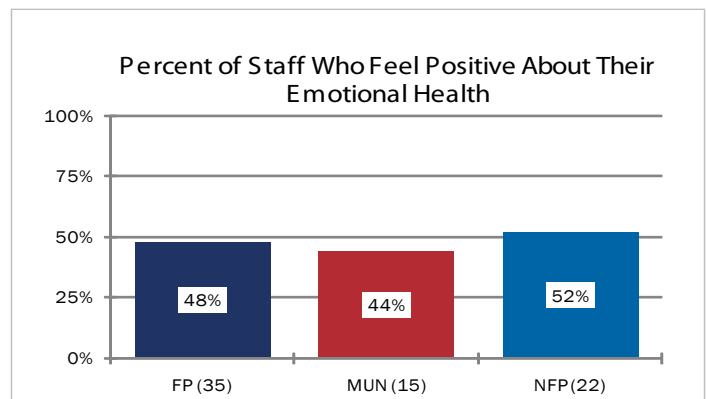
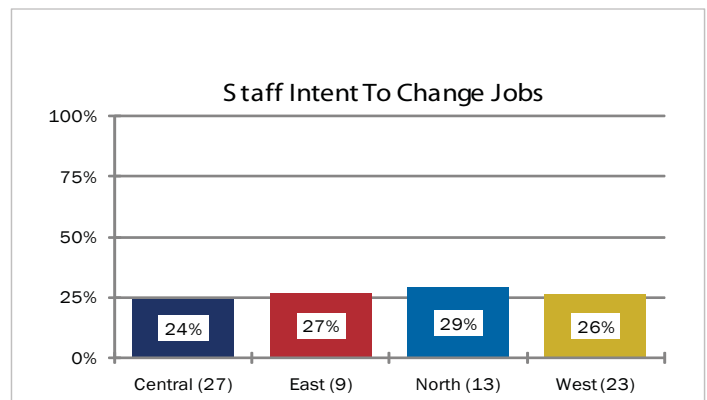
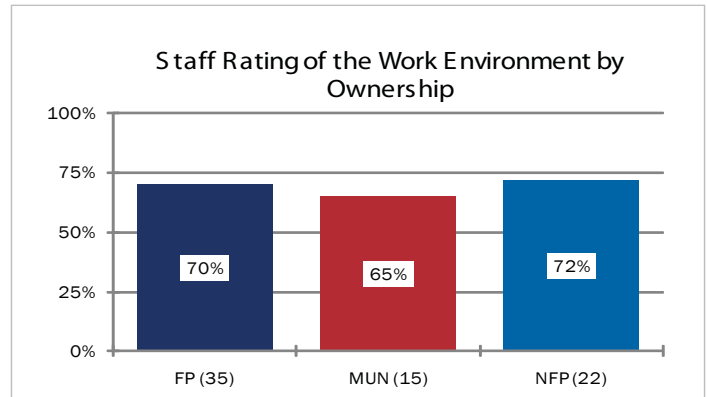
- About one quarter of all staff appear to be actively seeking new jobs. This is consistent with the actual rates of turnover among registered staff (RN and RPN) measured in the earlier Administrator survey, but higher than the PSW turnover rates.
- There was little variation in this measure across Home ownership or size. While slightly more staff in the North were looking for a new job.

Emotional Health

There is evidence that job related stress is a major problem among LTC staff and has an impact on job satisfaction. Factors affecting stress include communication patterns, staffing levels, workload, and supportive practices from supervisors. In this section the survey obtained information from staff on how frequently they experience a number of feelings. E.g. “I feel tired when I get up in the morning and have to face another day on the job; I feel frustrated by my job; I feel burned out from my work.” Scores are reported as the percent of staff who disagree or strongly disagree with these negative statements about the workplace so that score reflects the percent of staff who feel positive about their emotional health.

Key Observations:

- Staff felt most positive about their emotional health in Not-for-profit Homes, while Municipal Homes had the lowest ratings of emotional health among staff.



Homes are committed to the concept of continuous quality improvement in LTC. Support for quality improvement is critical to ensure the dignity and appropriate experience of residents and staff. The findings from our Administrator and DOC survey in Phase 1, and the staff survey responses reported in this newsletter begin to create an urgency and identify priority areas for quality and performance improvement activity in the province. This activity will help to build the evidence base for improvements in the work and Home environment in Ontario LTC. The Study Team wishes to thank each staff member who took the time out of their busy work schedules to complete the survey.

Study Team



Team Members

HPME: Walter P. Wodchis (P.I.), Whitney Berta, Katherine McGilton, Ann Tourangeau, Natalie Ceccato, Catherine Montgomery, Dina Franchi, Jane Weber, Chen Wu.

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Next Steps

Now that we have collected data from administrators and staff we will be merging the two surveys to find out what management and organizational practices affect staffing outcomes. This upcoming activity is possibly the most valuable opportunity to learn from current practices in Ontario LTC as we will be able to determine what Homes with excellent staff outcomes are doing to achieve such success. We will also be linking these data to clinical and satisfaction outcomes, as well as provincially reported information on compliance and complaints to find out which organizational and staff outcomes have the greatest effect on resident and regulatory outcomes. We will continue to communicate with you as these results become available. Please visit our website at <http://www.hpme.utoronto.ca/about/research/hsr/projects/ltc.htm> to stay informed about the findings and activities associated with this project.