Recreation and Quality of Life in Continuing Care Study: An Overview for the Continuing Care Branch, Alberta Health

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Data Collection Team

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Presentation Outline

- ICCER and the CNDRN
- Recreation services and QOL in continuing care examined using three studies:
  - Online site survey
  - Resident survey
  - Focus groups with recreation staff
- Study recommendations
- Next steps

Institute for Continuing Care Education and Research (ICCER)

A network of post-secondary institutions and continuing care providers collaborating to improve continuing care in Alberta by:

- encouraging research
- translating knowledge into better practice
- enhancing education
- informing policy

Needs Identification

Ten Themes Identified

Theme	Sub- Themes
Mental Health related issues	Challenging behaviors Care for non- dementia clients Client Mix
Education related issues	Adult Learning Effectiveness and outcomes HCA Training
System navigation and transition of care	Information and Education Assessment Impact on clients and families
Technology for adult learning and point of care	Point of care learning Communication Literacy (ESL)
Role definition within the CC sector	Nursing professions Rehabilitation/Recreation professions

Ten Themes Identified

Working with families	Family's role Families as CC clients The overlooked value of family's knowledge
Staff retention and recruitment	Recruitment (numbers/appropriate interpersonal skills) Retention (expectations, value of work, temporary staff)
Caregiving	Attitudes and attributes of caregivers Caregiving and couples in the CC sector Impact of habits and addictions
Intercultural issues	Clients' cultural backgrounds Staff's cultural backgrounds
Need for Recreation and Rehabilitation staff	**Need evidence to support funding**

RT & QOL Study

- Study 1 - On-line survey of all continuing care facilities in Alberta
- Study 2 - Surveys with residents in both supportive living and long term care across Alberta
- Study 3 - Focus groups with recreation staff across Alberta

Study One: Purpose

- The purpose of this study was to gain a better understanding of who specifically provides recreation programs and services in continuing care facilities in Alberta.
- An online survey resulted in useable data from 65 sites across the province.

Staff Involved in Recreation

Type of Staff	Full-Time Equivalent (FTE)	Percent of Total FTEs	Part-Time Equivalent (PTE)	Percent of Total PTEs
Recreation Therapists	27.0	17%	11.0	7%
Recreation Therapy Assistants/Aides	48.7	31%	82.6	52%
Activity Coordinators	15.1	10%	3.8	2%
Nurses (RNs, RPNs, and LPNs)	6.3	4%	3.7	2%
Health Care Aides	37.9	24%	36.9	23%
Occupational Therapists / Physiotherapists	0.3	0%	1.2	1%
Rehabilitation Assistants	4.1	3%	0.8	1%
Front-Desk Staff / Administrative Staff	3.7	2%	2.3	1%
Volunteer Coordinators	2.3	1%	3.5	2%
Other	10.8	7%	13.7	9%
Total	156.3	100%	159.4	100%

Study One: Limitations

- Some sites' email addresses listed on the Alberta Health accommodation search page were not up-to-date, and therefore 31 of the 217 emails that were sent out bounced back.
- The total number of hours FTE and PTE staff work each week could also vary across sites.

Study Two: Purpose

- The purpose of this study was to provide greater insight into how:

1. frequently CC residents participated in various types of recreation activities;
2. satisfied residents were with their recreation; and
3. how residents evaluated their quality of life.

QOL, SWB, & Recreation Research

Subjective Well-Being (SWB):

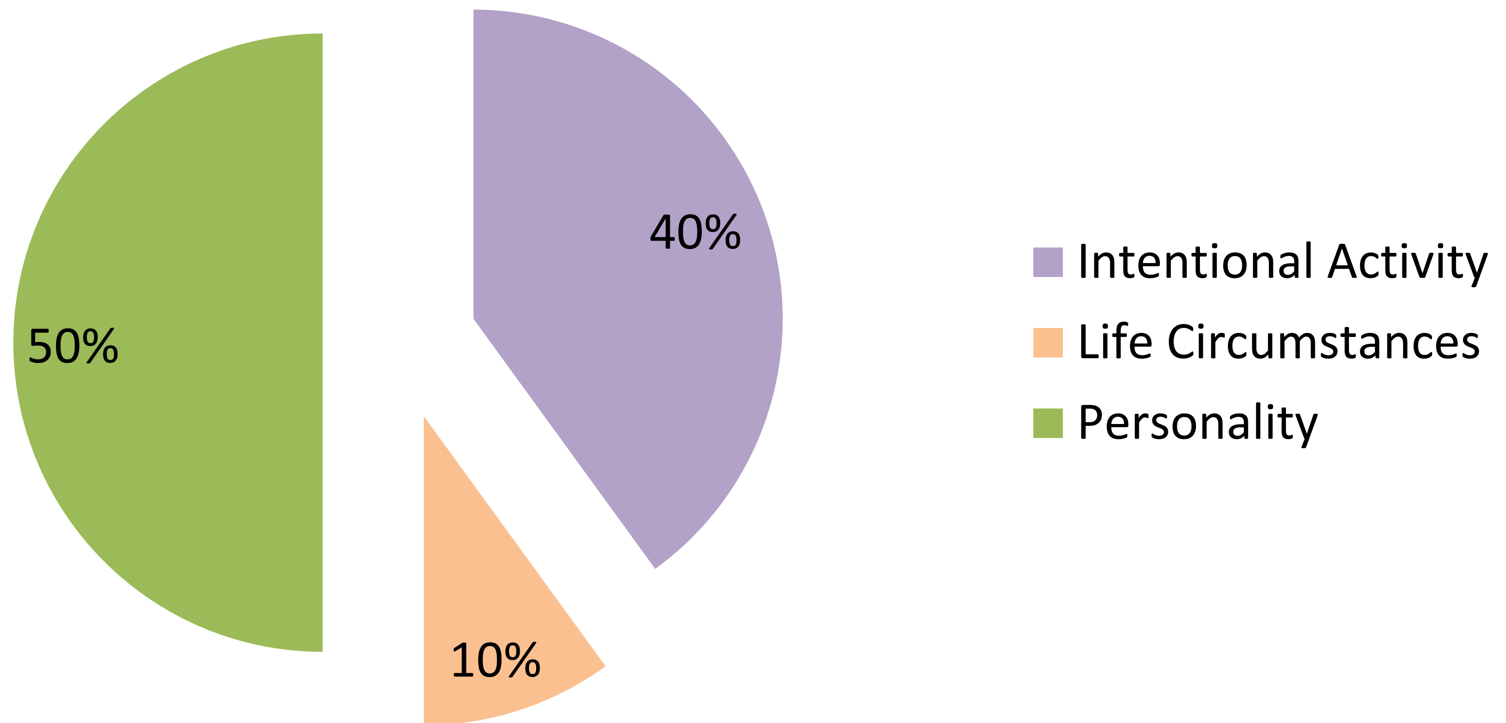
- "is one measure of the **quality of life** of an individual and of societies" (Diener et al., 2003, p. 405).
- SWB involves a person's:

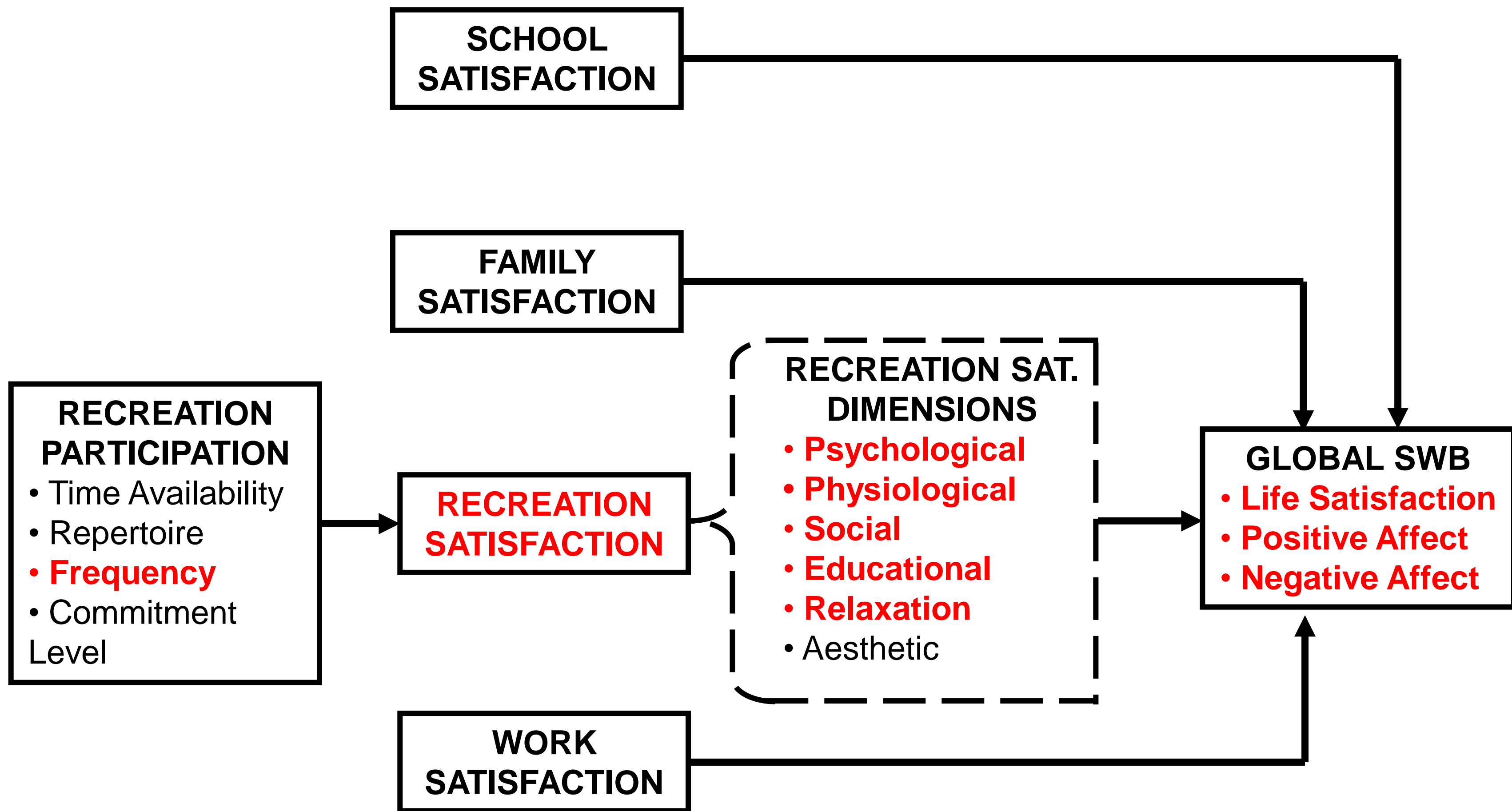
1. **Affective** evaluation of her/his life. E.g., higher levels of joy, contentment, and especially happiness, and lower levels of anxiety, sadness, nervous, etc.

QOL, SWB, & Recreation Research

2. **Cognitive** evaluation of his/her life. For example, overall life satisfaction, but also satisfaction with certain aspects of one's life, such as:
   a. personal health, community connectedness, etc.
   b. the domains of recreation, paid work, family, etc.

QOL, SWB, & Recreation Research





Bottom-Up Subjective Well-Being Model

(Based on Beard & Ragheb, 1980; Diener, 1984; Newman et al., 2014; Tinsley & Tinsley, 1986)

Resident Surveys – Data Collection

- On-site survey data collected in:

Beaumont	Calgary	Edmonton
Fort McMurray	Grande Prairie	Lamont
Leduc	Lethbridge	Medicine Hat
Sherwood Park	Vegreville	

- Data collected from 419 residents.
  - 50% in LTC and 50% in assisted/supportive living
  - 66% female; 50% widowed; 50% born pre-1930
  - 78% required mobility assistance in the facility

Resident Surveys – Demographics

- Usable data were obtained from 359 participants: 234 were female (65.2%); approximately half were widowed (48.8%); and the mean age was 80.1 years.
- Participants were split roughly evenly between SL and LTC facilities (47.1% and 52.9%, respectively).
- A majority (78.6%) of participants reported having physical mobility difficulties.

Recreation Frequency

Type of Recreation Activity	Mean Frequency: All Participants	Mean Frequency: SL Participants	Mean Frequency: LTC Participants
Outdoor (e.g. parks visits)	2.24	2.27	2.21
Games (e.g. playing cards)	2.69	2.96	2.45
Social (e.g. visiting with friends/family)	3.61	3.70	3.54
Exercise (e.g. fitness classes)	3.41	3.56	3.27
Media (e.g. watching television)	4.19	4.24	4.14
Artistic/Creative (e.g. crafts)	2.54	2.55	2.53
Special Events Outside the Facility	2.26	2.44	2.10
Relaxing (e.g. resting)	3.56	3.49	3.61
Spiritual (e.g. Church services)	2.88	2.91	2.86
Recreation Activities Overall	3.04	3.12	2.97

Note. 1=Never. 2=Seldom. 3=Sometimes. 4=Often. 5=Very Often.

Recreation Satisfaction

Type of Recreation Satisfaction	Mean Frequency: All Participants	Mean Frequency: SL Participants	Mean Frequency: LTC Participants
Social (e.g. My recreation activities helped me develop close relationships with others)	**3.49**	**3.57**	**3.41**
Psychological (e.g. My recreation activities gave me self-confidence)	**3.12**	**3.20**	**3.05**
Physiological (e.g. My recreation activities helped me stay physically healthy)	**3.13**	**3.24**	**3.03**
Relaxation (e.g. My recreation activities helped me reduce my stress)	**3.44**	**3.56**	**3.33**
Educational (e.g. My recreation activities increased my knowledge about things around me)	**3.01**	**3.04**	**2.97**
Overall Recreation Satisfaction	**3.24**	**3.32**	**3.16**
***Note*. 1=Never. 2=Seldom. 3=Sometimes. 4=Often. 5=Very Often.**			

Residents' Quality of Life - Affect

Quality of Life: Affect	Mean Frequency: All Participants	Mean Frequency: SL Participants	Mean Frequency: LTC Participants
Positive (e.g. calm, content, excited)	**3.29**	**3.35**	**3.24**
Negative (e.g. sad, nervous, angry)	**2.30**	**2.29**	**2.30**
***Note*. 1=Never. 2=Seldom. 3=Sometimes. 4=Often. 5=Very Often.**			

Residents' Quality of Life - Life Satisfaction

Quality of Life: Life Satisfaction	**Mean Agreement: All Participants**	**Mean Agreement: SL Participants**	**Mean Agreement: LTC Participants**
Life Satisfaction (e.g. These are the best years of my life)	**3.61**	**3.69**	**3.53**
***Note*. 1=Strongly Disagree. 2=Disagree. 3=Neutral. 4=Slightly Agree. 5=Strongly Agree.**			

Study Two : Conclusion

- Our results are largely congruent with other recreation and SWB studies (although ours is the only one that has looked at CC residents).
- For example, a recent analysis of over 50 comparable studies (Kuykendall et al., 2015) led these researchers to state that recreation "engagement is at least as important, or even more important for SWB than other types of life domains" (p. 392).

Study Two: Limitations

- Data collection took place during the October–March time period. This meant some potential sites were unable to participate due to winter weather conditions and outbreak of flu and norovirus.
- Although respondents were able to report their participation in “other recreation activities” that were not listed in the survey, this information could not be included in the statistical analyses. Thus, our mean recreation participation frequency scores may be under-estimated.

Study Three: Purpose

- The purpose of this study was to gain a better understanding of continuing care recreation staffs’ perceptions of residents’ recreation and quality of life.

Focus Groups

- Focus groups held in:
  - Fort McMurray
  - Grande Prairie
  - Edmonton and area (2)
  - Calgary and area (2)
  - Lethbridge (including Medicine Hat)

  - A total of 39 recreation staff participated

Focus Group Results

- Six major themes identified:
  1. Funding
  2. Staffing
  3. Role clarity
  4. Professionalism
  5. Programming challenges
  6. Differences in perspectives on quality of life

Theme One: Funding

A. Budgets
B. Funding Model

“You want as many opportunities as you can for your clients or residents, and you have a cap; this is what you’re given and that’s what you have to use for the entire year and it’s not necessarily enough.”

“So I would say that’s another barrier, a big one, is the funding model.”

Theme Two: Staffing

A. Lack of staff
B. Education and training
C. Volunteers
D. Locations
E. Safety

"For me my biggest concern always is the staffing and what we are able to provide to people."

"I've had, I've a terrible time keeping staff; I, in the past, I've usually ended up hiring people that have degrees, which is mainly why they don't stay and I'll either, right now I've someone who is very qualified and she is a rec. therapist and she is working as an RTA right now."

- “And even when you have volunteer run programs, there’s still that element of supervision and training and…See we never let volunteer do a program independently. A staff is always there.”

- "I think it's just funding for the North is always lacking like it can be compared, if you compare to other facilities ... yeah, other locations. It's about [community] size."

- "And also though our licensing body, ATRA, we have an obligation to be safe and we have to treat and assess as appropriately as we can. Pick something that’s completely inappropriate for that client if they’re unable to walk, obviously we can’t pick something that involves mobility because it’s not possible, so…"

Theme Three: Role Clarity

A. Responsibilities
B. Confusion of the "therapies"
C. Therapeutic recreation vs activities
D. RAI MDS 2.0 and RAI Home Care

- “We’re also expected to not only run therapeutic programs, social programs, outings, special events and then we’re all supposed to take care of all the building decorations for all the seasonal activities. So our expectations, the expectations are huge on us plus attend all the care conferences, attend all the ID meetings, I personally attend 6 ID meetings a week for about 1hr to 1and 1/2hr each one.”

- “Sometimes since recreation is kind of a newer therapy, maybe less common knowledge like as OT a lot of people know what that is than recreation. A lot of the individuals think well it’s bingo! Or it’s playing games type of thing. Maybe lack of knowledge from other disciplines, not like is a bad way, but it just might be nice if they knew a little bit more about the therapeutic sides instead of just the daily activities that we do, there’s a lot more to it.

- “So lot of places have hired activity coordinators who may or may not have education or have even a background therapeutic recreation, and there has been a really…we’ve spent probably 10 years trying to define the difference between a recreation therapist and a therapeutic recreation program and an activity coordinator and activity programs, so there is like two totally different things happening…”

- “They have even gone as far as filling in our care plan information. And previous sites I’ve been at in LTC, they’ve filled in our MDS, and it’s “No, I don’t fill in your RNs stuff, I don’t know anything about your RN, I’m not a nurse, so [don’t fill out the recreation therapy section].”

Theme Four: Professionalism

A. Recreation is “shunned and discredited”
B. Regional variability

- “They still have that stereotype we are doing just play. So we have to keep on correcting the thought and show them, I guess to show them.”
- “…our professional association, Alberta Therapeutic Recreation, has submitted to the government that we become part of the Health Professions Act and so we are waiting on pins and needles for that, because I think that will be a big change for our profession.”

Theme Five: Programming Challenges

A. Diverse and complex populations
B. Staff and administrator attitudes
C. Volunteers
D. Programming space

- “We have an age range of 24 to 102 in that building so rec for us is a little bit challenging, sometimes to get all our people in wanting to come to programs. So we have a variety of different things that we offer 7 days a week programming to hit all the people. “

- “So everybody needs a volunteer and there seems to be fewer and fewer people volunteering and if they do it might be for one month or for shorter period of time.”
- “…one large auditorium we use for the Adult Day Programs for residents from the community come in 4 days a week can use that. So my main space is used 4 days a week.”

Theme Six: Differences in Perception of QOL

A. Lack of consensus as to what quality of life is.

- “I mean, you know, it’s about the residents and their choice, their independence and what they want to or don’t want to do.”
- “I think if your mind and your body and spirit is active then I think your quality is enhanced.”

Study Three: Limitations

- Organizational attitudes and funding model
- Limitations – Christmas, Alberta winter weather, ‘outbreak’ season.

Recommendations

We made a series of 13 recommendations related to:

- Practice
- Government Policy
- Provider Organization Policy
- Education
- Research

Recommendations

Practice Related:

- There is a need for additional staff resources to provide more recreation opportunities directly, as well as to facilitate residents' self-organized recreation. Recreation staff must have the training and advanced education to successfully do so.
- Recreation staff need education and support on how to provide meaningful and effective information on residents at multidisciplinary case conferences.

Recommendations

Government Policy Related:

- Alberta Health, Alberta Innovation & Advanced Education, and Alberta Health Services need to be engaged in work to align education, roles and responsibilities, and job descriptions of recreation services to ensure consistency throughout the province.
- Alberta Health and Alberta Health Services need to review funding policies for recreation services in order to better support quality of life in all streams of continuing care and to provide an overarching vision for recreation services in continuing care.

Recommendations

Provider Organization Policy Related:

- Provider organizations need to provide ongoing education to all staff on the importance of recreation activities to residents.
- Provider organizations should encourage culture shifts that support all staff supporting recreation activities 24/7, not just when recreation staff are at work. This would require a shift from the clinical focus to the social realm.

Recommendations

Education Related:

- Post-secondary institutions and Professional Associations/Colleges in Alberta need to work together to ensure better integration of training and education for recreation staff (assistants and therapists), other therapies (OT & PT), health care aides, and regulated nursing staff.
- Colleges in Alberta need to work together to provide consistent learning outcomes for recreation assistants/aides.
- Post-secondary institutions in Alberta need to examine how they can improve QOL in continuing care by better preparing health discipline students.

Recommendations

Research Related:

- Recreation service modes have not been examined previously, nor have their effects on recreation satisfaction. Further research on this concept is therefore necessary, especially given it appears to have both positive and negative impacts.

Recommendations

- Although life satisfaction and positive and negative affect are the two most commonly researched dimensions of QOL, there are others. “Eudaimonic” well-being, for example, focuses on feelings of vitality, meaning and purpose, personal growth, etc. Given recreation has also been found to effect this QOL aspect, future research on this relationship in CC facilities is recommended.
- A longitudinal follow-up to this study should be conducted to examine the same variables, but over multiple points in time, in order to confirm our study’s findings.

Next Steps

- Dissemination through publications and conference presentation.
- Encouraging further research into recreation related issues.

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