

Mind the gap: Is the Canadian long—term care workforce ready for a palliative care mandate?

LEAD AUTHOR

Paulette V. Hunter, University of Saskatchewan

CO-AUTHORS

Lynn McCleary, Brock University

Noori Akhtar-Danesh, McMaster University

Donna Goodridge, University of Saskatchewan

Thomas Hadjistavropoulos, University of Regina

Sharon Kaasalainen, McMaster University

Tamara Sussman, McGill University

Genevieve Thompson, University of Manitoba

Lorraine Venturato, University of Calgary

Abigail Wickson-Griffiths, University of Regina

This project was funded by the Canadian Institutes of Health Research.



BACKGROUND

- The last several years have seen a global movement calling for a palliative approach within long-term care (LTC)
- Currently, such an approach remains uncommon despite its obvious need

RESEARCH TOPIC

- The aim of this paper is to explore the readiness of Canadian LTC homes for a palliative care mandate by exploring (1) efficacy for palliative care, (2) self-reported patient-centered behaviour relevant to palliative care, and (3) quality of work life at LTC homes in four Canadian provinces

METHODOLOGY

- We led a cross-sectional design and gathered self-report data
- A survey was conducted in four separate long-term care homes in the provinces of Alberta, Saskatchewan, Manitoba, and Ontario
- Each employee working regularly at the home was invited to participate either personally or by workplace mail

KEY FINDINGS

- Our results suggest that staff involved in patient care feel more efficacious in palliative care as they gain more experience
- Strengths in readiness included a fairly robust quality in work experience; those involved in patient care are more likely to experience satisfaction at work
- Some identified weaknesses included an apparent failure to make gains in the practice of patient-centered care with increased work experience, a relatively greater vulnerability to burnout symptoms among direct care staff, and a higher (though still infrequent) risk of experiencing trauma for staff involved most directly in patient care

CONCLUSION

- These findings indicate that although the emotional wellbeing of the Canadian LTC workforce is unlikely to impede effective care, palliative care self-efficacy and person-centred care can be further cultivated in this context