

Recreation Services and Quality of Life in Continuing Care in Alberta

Executive Summary



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RESEARCH TEAM

Principal Investigators
Dr. Gordon Walker, University of Alberta
Dr. Robert Haennel, University of Alberta
Project Management
Ms. Sandra Woodhead Lyons, Executive Director, ICCER
Research Assistants
Ms. Maya Hari-Kishun, University of Alberta
Ms. Emily Dymchuk, ICCER
Ms. Janet Mayhew, ICCER
Dr. Heather Moquin, University of Alberta
Ms. Taoting Li, University of Alberta
Ms. Anne Le, Bethany Care Society
Research Team
Ms. Francine Drisner, CapitalCare
Ms. Renate Sainsbury, Lifestyle Options
Ms. Jennifer Grusing/Ms. Marilyn Willison-Leach, AgeCare
Dr. Vincella Thompson, Keyano College
Ms. Gail Thauberger, Bow Valley College
Ms. Bev Suntjens/Dr. Craig Hart, NorQuest College
Ms. Sarah James, Alberta Therapeutic Recreation Association

EXECUTIVE SUMMARY

Background and Methodology: In 2014, Alberta Health asked the Institute for Continuing Care Education and Research (ICCER) to develop a research proposal examining recreation services and quality of life (QOL) in supportive living (SL) and long term care (LTC) facilities in Alberta. After ethics approval was obtained, three separate studies were conducted.

Study 1 investigated who specifically provides recreation services in Alberta CC facilities using an online survey. To do so, a list of CC facilities was generated using the Alberta Health accommodation search page in conjunction with personal contact of CC facility operators by ICCER representatives. Of the 65 sites that participated, 38 (58%) were SL, 21 (32%) were LTC, and 6 (9%) were both. Results indicated that the majority of Full-Time Equivalent employees providing recreation services were, respectively, Recreation Therapy Assistants/Aides (31%), Health Care Aides (24%), and Recreation Therapists (17%). In contrast, the majority of Part-Time Equivalent employees providing recreation services were Recreation Therapy Assistants/Aides (52%) and Health Care Aides (23%).

Study 2 investigated how frequently CC residents participated in various types of recreation; who organized/facilitated their recreation services; and how satisfied residents were with their recreation. In addition, residents reported their QOL in terms of positive (e.g., calm) and negative (e.g., sad) affect, and life satisfaction. Statistical analyses were conducted to ascertain what factors impacted CC residents' overall recreation satisfaction as well as what factors influenced their QOL. To do so, an on-site survey was developed and then modified based on recommendations from two focus groups composed of CC recreation staff. Invitations were sent to CC facilities through various sources (e.g., Alberta Continuing Care Association, Alberta Seniors Housing Association, Alberta Health Services, Seniors' Health Zone Directors, ICCER membership). Trained research staff collected survey information from CC residents.

A total of 359 participants (SL, 47.1%; LTC, 52.9%) provided sufficiently complete information for the planned statistical analyses. Participants reported that: (a) they most often engaged in media activities, followed by social, relaxing, and exercise activities; (b) the recreation activities they participated in were most frequently organized by the resident staff, followed by self-organized, and then by family and friends; (c) their social and relaxation recreation needs were the most fully satisfied; and (d) overall, positive affect was slightly above the "Sometimes" mark; negative affect was slightly above the "Seldom" mark; and life satisfaction was marginally closer to the "Slightly Agree" than the "Neutral" mark. Consistent with recreation and QOL research (Kuykendall et al., 2015) and theory (Newman et al., 2014), frequency of recreation participation overall was found to have a significant, substantial, and positive effect on recreation satisfaction overall, above and beyond various socio-demographic factors. Also having significant and positive impacts on recreation satisfaction overall were (in decreasing order); whether: (a) the resident organized the recreation activity but the recreation staff facilitated it; (b) the resident organized the recreation activity on their own; and (c) the recreation staff organized the recreation activity. These findings suggest that residents might not only benefit from more frequent recreation participation but also by how their recreation services are organized/facilitated. The latter proposition is further supported by the finding that, if the resident organized the recreation activity but his or her family and/or friends fostered it, the resident's recreation satisfaction overall decreased. This may have been because residents perceived their autonomy was being "thwarted" (Deci & Ryan, 2000)—an issue that potentially could be ameliorated by having recreation staff trained in facilitative techniques work with residents' spouses, children, etc. Finally, overall recreation satisfaction was found to have a significant, substantial, and positive influence on both positive affect and life satisfaction, above and beyond various socio-demographic factors.

Study 3 investigated CC recreation staff's perceptions of residents' recreation and QOL. To do so, seven focus groups were conducted across Alberta. Six major themes were identified, with: (a) funding related issues (e.g., lack of funding); (b) staffing related issues (e.g., lack of staff, inconsistencies in staff training and education); (c) role clarity related issues (e.g., recreation activity provision vs. therapeutic recreation interventions, how recreation therapy differs from occupational therapy and physiotherapy therapy); (d) professionalism related issues (e.g., recreation being perceived as being "shunned and discredited"); (e) program related issues (e.g., diverse and complex populations); and (f) a lack of consensus on what QOL is and how it relates to CC residents' lives. Based on focus group findings, funding appears to be the overarching issue for CC recreation staff, regardless of role or organization, as it has a direct effect on staffing and programming and, in turn, it impacts role clarity, professionalism, and QOL.

Summary: Recreation services play an important role in improving or maintaining residents' quality of life. Recreation activities need to be resident-value driven and not organization-value driven. Results from this study suggest that within continuing care recreation services are provided by a host of non-regulated health care providers with diverse training. Further, findings suggest that there is value in employing trained individuals in providing recreation services. To improve the quality of recreation service and recreation therapy across the province, government needs to take steps to determine the core competency needed to provide the various recreation services and recreation therapy. To achieve this goal there needs to be collaboration between Professional Associations (e.g., Alberta Therapeutic Recreation Association, Therapy Assistant Association of Alberta) and post-secondary institutions including colleges (e.g., NorQuest, Bow Valley) and universities (e.g., University of Alberta) with the goal of setting educational standards for recreation therapy assistants and therapists.

Practice Related:

1. 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.
2. Recreation staff need to provide guidance to residents' friends and family members on how to facilitate residents' recreation without the former being perceived to be thwarting the latter's independence and autonomy.
3. Recreation staff need education and support on how to provide meaningful and effective information on residents at multidisciplinary case conferences.

Government Policy Related:

4. 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.
5. 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.

Provider Organization Policy Related:

6. Provider organizations need to provide ongoing education to all staff on the importance of recreation activities to residents.
7. 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.

Education Related:

8. 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.
9. Colleges in Alberta need to work together to provide consistent learning outcomes for recreation assistants/aides.
10. Post-secondary institutions in Alberta need to examine how they can improve quality of life in continuing care by better preparing health discipline students.

Research Related:

11. 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. Moreover, if the latter finding is confirmed, then applied research on how recreation staff could educate residents' family/friends to reduce the likelihood of autonomy thwarting could prove beneficial.
12. 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.
13. 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.