

Reconciling the care environment and the living environment in long-term care facilities

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

Direction de l'évaluation et du soutien à
l'amélioration des modes d'intervention –
services sociaux et santé mentale

SUMMARY

Reconciling the care environment and the living environment in long-term care facilities

In 2015, the Commission de la santé et des services sociaux portant sur les conditions de vie des adultes hébergés en centre d'hébergement et de soins de longue durée (Health and Social Services Commission on Living Conditions in Long-term Care Facilities) (CHSLDs) called attention to the tension that exists between the care environment and living environment in long-term care facilities and recommended the deployment of care initiatives that would promote a better balance between these two environments. Subsequently, the Direction générale des aînés et des proches aidants of the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national d'excellence en santé et en services sociaux (INESSS) to shed light on potential ways of promoting a balance between the care environment and the living environment in CHSLDs, using Québec and international experiential, contextual and scientific data.

To achieve this objective, four key questions were formulated:

1. What are the main **tensions** between the care environment and the living environment?
2. What **factors can influence** the balance between the care environment and the living environment?
3. What are the **potential ways** of promoting a balance between the care environment and the living environment?
4. What **evaluation strategies** can promote a better balance between the care environment and the living environment?

Methodology

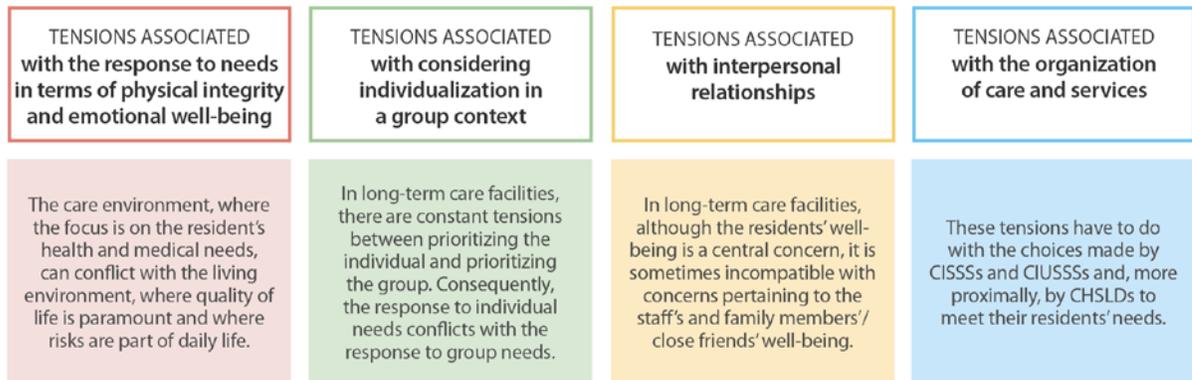
To answer these questions, we conducted a literature search and held consultations with various stakeholders. In all, 129 publications from scientific journals and 134 other documents were selected. More than 30 people (long-term care residents, family members/close friends, members of a user committee, health professionals, managers and an evaluation expert) were consulted by means of individual interviews or group sessions. A 12-member working committee was also involved in the project to ensure that it met the needs expressed by the health and social services system. Information was collected through an iterative process with back and forth between the literature and the data gathered during the consultations.

Results

Question 1: Main tensions between the care environment and the living environment

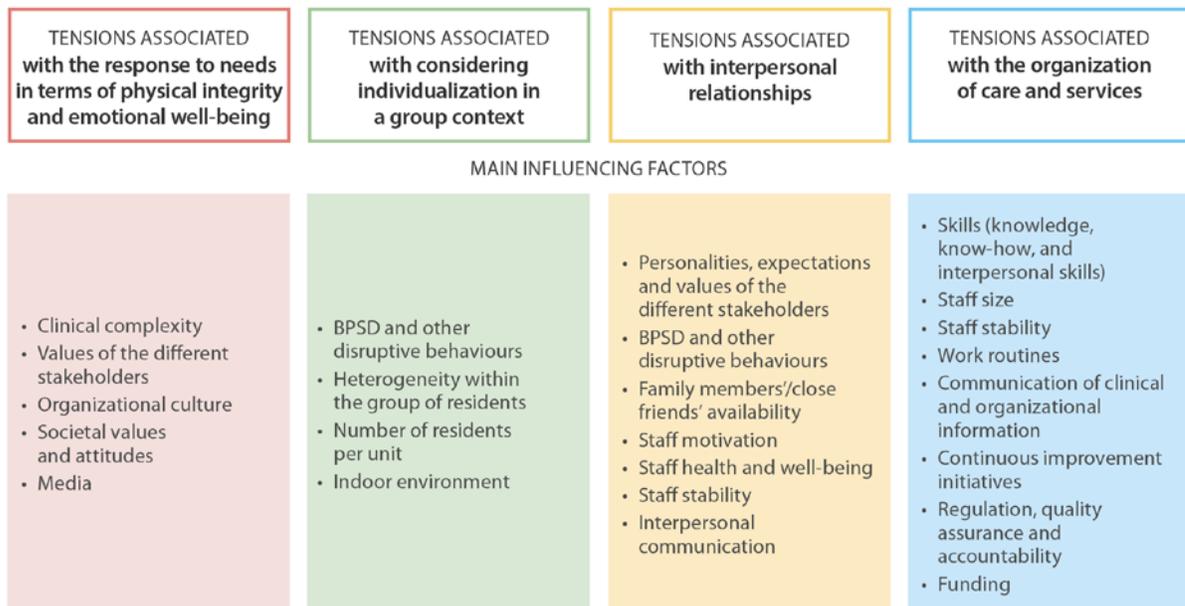
Various ethical issues or dilemmas underlie the major tensions between the care environment and the living environment. They involve values that may be in conflict when seeking a balance between the care environment and the living environment, such as dignity, health, safety, freedom, decision-making autonomy and respect.

The many tensions identified between the care environment and the living environment in CHSLDs have been divided into four main groups that can coexist and overlap.



Question 2: Factors that can influence the balance between the care environment and the living environment

The findings reveal that there is a multitude of factors that can facilitate or hinder the achievement of a balance between the care environment and the living environment in CHSLDs. The main factors that act on the four groups of tensions are shown in the following figure.



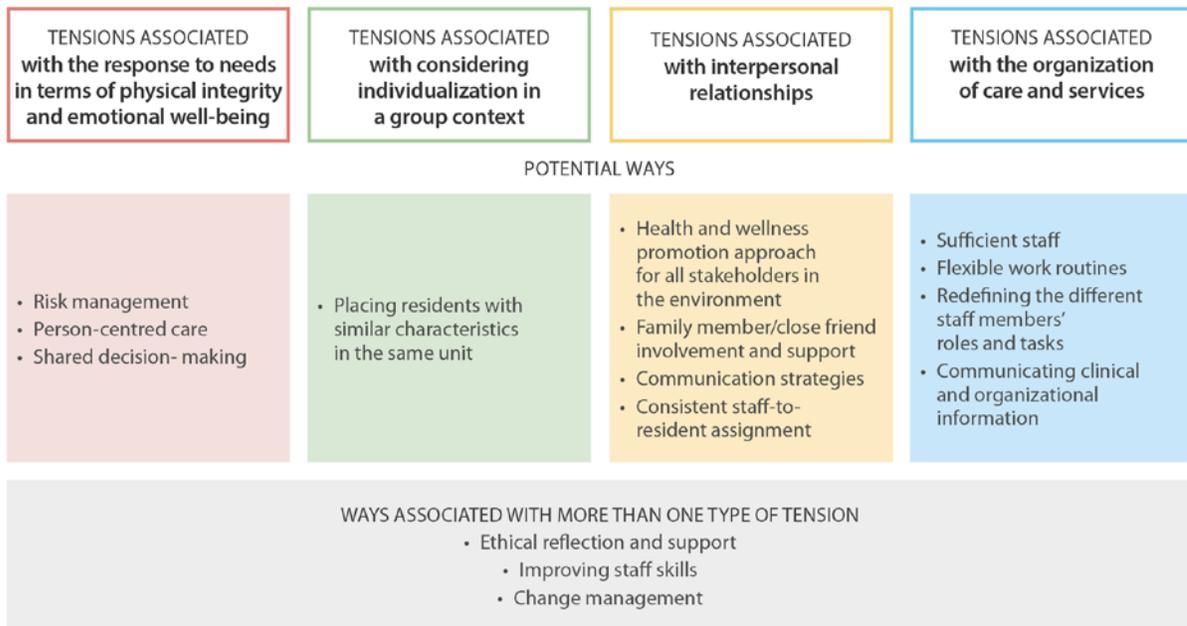
BPSD: Behavioural and psychological symptoms of dementia.

Question 3: Potential ways of promoting a balance between the care environment and the living environment

First, it is proposed that the word "balance", which means "the correct proportion between two opposing elements", be replaced with the word "reconciliation", which means "the action of making things compatible". Indeed, since the care environment and the living environment are not in opposition to each other, "reconciliation" better reflects their synergy and interdependence for ensuring the residents' quality of care and quality of life.

In order to be able to act on the factors that influence this reconciliation, a multitude of ways were identified. Of these, 15 were selected, in collaboration with the working committee, on the basis of their relevance, feasibility, acceptability and innovativeness. They are described as "potential" because they have not been systematically evaluated. They should therefore not be considered a reflection of "best practices".

The potential ways selected are grouped under the four main tensions in the figure below. Although each way is associated with one of these tensions, they can influence each other and act convergently for a better reconciliation of the care environment and the living environment. In addition, three ways can be associated with more than one tension.



Question 4: Evaluation strategies that can promote a balance between the care environment and the living environment

With regard to evaluation, it was noted that applying the evaluation criteria used by the main bodies that assess the quality of care and the living environment in CHSLDs does not significantly hinder the reconciliation of the care environment and the living environment, but that applying the resulting recommendations can pose a challenge in terms of coordination between CHSLDs and other CISSS and CIUSSS teams.

Interdepartmental partnership therefore seems essential for ensuring consistency in the implementation of the recommendations.

In addition, several evaluation strategies aimed at promoting the reconciliation of the care environment and the living environment in long-term care facilities are proposed, namely, using tools and indicators to evaluate the implementation of the 15 potential ways listed above, using patient-reported outcome measures (PROMs), assessing quality of life, and taking into consideration the residents' and their family members'/close friends' perception of the care and services. Because of the limitations of the various indicators and questionnaires in accurately capturing the reality experienced in long-term care facilities, evaluations should be conducted on an ongoing basis and pool the various stakeholders' views. Also, a comprehensive and integrated analysis of the various indicators selected should be performed.

Conclusion

This report identifies four main groups of tensions encountered in the search for a balance between the care environment and the living environment in long-term care facilities. Numerous factors associated with these four groups of tensions are described, and 15 potential ways of reconciling the two environments are discussed. As well, strategies pertaining to evaluation processes are proposed to foster this reconciliation. Therefore, in conjunction with other initiatives underway in Québec society, these results will be able to help improve the quality of life of CHSLD residents.

*Institut national
d'excellence en santé
et en services sociaux*

Québec 

Siège social

2535, boulevard Laurier, 5^e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, 12^e étage, bureau 1200
Montréal (Québec) H3A 2S9
514 873-2563
inesss.qc.ca

