EXPLORING PROFESSIONAL QUALITY OF LIFE AMONG TR PRACTITIONERS WORKING IN LONG-TERM CARE HOMES.

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OUTLINE

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INTRODUCTION

- My experiences as a starting point.
- Research related to the culture of LTC homes shows growing systemic workplace issues such as dealing with continuing and complex health conditions, time constraints related to expectations and duties and high caseloads is impacting frontline staff’s sense of wellbeing as a helping professional (Barbosa, Nolan, Sousa, & Figueiredo, 2014; Broadaty, Draper, Low, 2003; Buhr & White, 2007; Duffy, Oyebode & Allen, 2009; McGilton, Boscart & Brown, 2014).
- Professional Quality of Life has been the subject of many studies in nursing, teaching, social work but has not been fully explored in Therapeutic Recreation.
- Le Blanc & Singleton (2008) argue that as a collective practitioners and academics need to be aware of the complexities of TR practice such as societal expectations and how work place cultures impact our day-to-day decision making to TR service delivery.
PURPOSE AND RESEARCH QUESTIONS

To explore the ordinary stories that shape Professional Quality of Life among TR practitioners.

What are the ordinary stories that shape PQoL among TR practitioners working in LTC homes?

- What kinds of positive lived experiences that shape PQoL?
- What kinds of negative lived experiences that shape PQoL?
- What do these stories reveal about PQoL working in LTC?
REVIEW OF LITERATURE

- Heavy workloads, time pressures, inadequate supports, and a lack of control, can create an environment of harm for residents and staff in LTC homes leading to stress and burnout (McGilton, Boscart & Brown, 2014; Ontario Health Coalition, 2008).

- **Unending dilemma:** the very reason that draws people to want to help others is what makes professionals most susceptible to emotional turmoil, stress, and strain (Austin et al., 2013; Bush, 2009; Boscarino, Adams, & Figley, 2010; Melvin, 2012; Sabo, 2006, 2011).

- Research is suggesting that although burnout can be high in LTC, individuals can still experience high levels of job efficacy (Estabrooks et al., 2015).
CONCEPTUAL FRAMEWORK

Professional quality of life

- Compassion fatigue
- Compassion satisfaction

- Burnout
- Secondary Trauma/Vicarious trauma
COMPASSION SATISFACTION “THE GOOD”

- Linked to happiness, joy, meaning, pleasure or contentment in the workplace (Stamm, 2013; Todaro- Fransceschi, 2013).

- Can also be described as the heartfelt moments we experience in being a helping professional (Todaro-Francseschi, 2013).

- Meaningful recognition and finding energizing moments in practice enhances feelings of worth which contributes to compassion satisfaction (Kelly, Runge & Spencer, 2015).

- This can come from interactions with residents, families and co-workers (Stamm, 2010).
CF was first introduced by Joinson (1992) as a nursing phenomenon related to losing a sense of connection to lose who are suffering.

Described as the ‘cost of caring’ and form of occupational stress (Figley, 2002; Sabo, 2006; Wetzel, & Brysiewicz, 2014) that goes beyond the everyday stress in proving care.

CF is defined as the intense, prolonged, continuous interaction with patients who experience trauma, which alters one physical, social and exposure to emotional, spiritual and intellectual states (Coetzee & Klopper, 2010).

Stamm (2010) suggests that CF is a combination of burnout and secondary stress.
Known as empty hearted or running on empty, or dispassionate about the work they do every day (Todaro-Franceschi, 2013).

Burnout is a stress phenomenon that unfolds gradually (Barker, 2012). Maslach (2003) indicated a multidimensional model of burnout:

- a) emotional exhaustion
- b) depersonalization
- c) sense of inefficacy

Key triggers are organizational/ work characteristics such as culture, caseloads, personal characteristics (Sabo, 2011).
SECONDARY/VICARIOUS TRAUMA

- Subcomponent of Compassion fatigue (2010).
- Identified as the behavioural and emotional reactions to the demands of being in a helping profession (Boscarino, Adams and Figley, 2010).
- Can appear from recalling traumatic memories and is linked to PTSD (Bride et al., 2007; Coetzee & Klopper, 2010; Sabo, 2006).
- Vicarious trauma; change in personal and professional belief system (Sabo, 2006, 2011).
- Grief, loss, and disenfranchised grief has been explored in LTC impacting job satisfaction (Anderson, 2008; Jenull & Bruner, 2008; Marcella & Lou Kelly, 2015).
Job titles, education/ qualifications to practice in LTC homes is inconsistent within Ontario ex R/TRO and or CTRS or non.

On going tension for TR practitioners in working within the Bio- medical model (Briscoe & Ari, 2015; Hebblethwaite, 2013).

Metaphors such as “juggling many ball” (Le Blanc & Singlton, 2008) and walking a fine line (Hutchison, 2009) have been used within the TR literature.

Briscoe (2012) started an important conversation related to navigating power through the professional practice challenges using relational theory within therapeutic relationships.

TR practitioners can experience moments of doubt, concern, challenge and second guessing themselves as professionals (Hall & Mark, 2015).
METHODOLOGY

Research design
- Narrative Inquiry - participants were asked to share stories of events and experiences that shape their PQoL.
- Experience is the beginning and end point of inquiry (Clandinin & Rosiek, 2007).

Participants
- Had to meet a criteria
- Received a 50 dollar gift card for participating
- Rose, Isabel, Louise and Leah

Data Analysis
MEETING THE PARTICIPANTS

- Each of the four TR practitioners in the study had unique accounts that have shaped their sense of Professional Quality of Life. I describe their accounts of what brought them into the field, snap shots of experiences of positive and negative experiences.
- Rose:
- Isabel:
- Louise:
- Leah
Their stories described the fullness of their days, while providing context to the physical landscape.

Participants found their work environment to be challenging – whether that was the result of the structure of the calendar, fitting programs between meal times and how fast paced the days are in LTC.

but their stories of stress were often juxtaposed with experiences of fulfilment.

These ordinary days revealed the many events and situations that can shape the professional landscape of a TR practitioner.

I re-constructed their stories and re- composed a typical day based on what they shared.
The Recreation Therapist will focus on large groups with no assessments required. Will take direction from family members, other staff with no education in TR and management. The successful candidate will be responsible for other undesirable jobs and responsibilities that other staff do not want to complete.

Qualifications

- University or College Degree in games.
- No experience in LTC.
- Knowledge of and delivery of programs such as Bingo, colouring pages, Connect Four and big events.
- Demonstrate effective time management by being in two places at once.
- Properly document the efficacy of practice or engage in self-reflective practices on a regular basis without having adequate time in your day.

Skills and Responsibilities

- “Put out fires” such as resident conflict, staff conflict, manage sundowning.
- Think on your feet when a program or situation goes array.
- Act as “the scapegoat” when residents are bored or experience responsive behaviours.
- Be willing to experience grief, loss, burnout, and moments of discomfort while at work or at home.
- Be “on stage” and/or have the personality of an “energizer bunny”
- Identify with waking up in the middle of night to think about work.
- Appreciate small moments that help you come through the doors every day.
- “Advocate for TR and be assertive” to help you navigate through challenging situations with residents, family and co-workers.
NARRATIVE THREADS

- Are the patterns and plotlines across field texts/ participants stories (Clandinin, 2013).
- 6 threads immerged answering the research questions what are the positive and negative stories that shape Professional Quality of Life.
- PQoL was linked to feelings experienced in relation to those with whom they work, tied in with the daily irritations with colleagues and professional challenges that often go unresolved.
- Their stories tended to focus on the tensions experienced between their personal philosophy of TR and workplace culture that goes counter to what they strive to achieve.
EXPERIENCES THAT FUEL THE SOUL AND IGNITE TR SPIRIT

- Describes the deep connection each practitioner received when interacting with residents.
- their stories revealed a synergy in witnessing residents experience joy or feel alive inside that helped confirm the need and existence for a TR practitioner.
- these experiences provided TR practitioners with joy, meaning, excitement, purpose, confidence in making a significant contribution to the home and the residents they serve.
- these small yet significant experiences nurtured their motivation and energized their passion for TR. Moments that Fuel the Soul appeared to be the wellspring to their internal rewards and professional energy that aligned and tapped into their TR philosophy – igniting their TR spirit.
EXPERIENCES OF PROFESSIONAL TENSION THAT THREATEN PQoL

- Describes the challenges and dilemmas that have left a lingering impact threatening their PQoL.
- As I looked across their professional journeys, I noticed how their stressful and vulnerable practice-related lived experiences evoked feelings of discomfort, anger, distress, conflict, fear, guilt, doubt, and feelings of being devalued or misunderstood. Often, these experiences re-occur across different situations but will often go unresolved.
- These experiences challenged their energy, motivation, sense of being, and overall purpose as a TR practitioner.
Within their stories, participants used metaphors of "battles", “wars” and “victories”.

Each openly shared stories of fighting against the system/environment, toxic relational dynamics, their willingness to challenge the status quo, the client mix and health challenges and being plagued by their own internal dialogue.

To find inner strength, each participant had to struggle with negative lived experiences. Their stories demonstrated a common focus in Developing Professional Valour by building confidence in standing up for themselves, and voicing the wishes of their residents.

Participants highlighted how reflecting on their experiences helped them learn from their setbacks. Each participant demonstrated self awareness and the ability to recognize when situations were getting the best of them.
the dominant plotline across most of their stories illustrated how complex and challenging it can be to work in a LTC environment.

These sentiments were also addressed in their narrative accounts, the story of an ordinary day and the interpretive job description found in chapter four.

What emerged was the contrasting perspectives of LTC landscapes among the four TR practitioners and the implications on their sense of PQoL.
Each participant suggested that status quo programming is not acceptable in their practice.

As the participants reflected on their experiences with me over the course of their career they revealed how important being challenged and having opportunities for growth were important to them over all sense of PQoL.

Participants wanted to be develop as a practitioner in hopes of better serving their clients.

Participants thrived when their days were busy and when they were engaged with their strengths as a practitioner.

Seeking out opportunities for challenge and change describes their longing to do better and be better personally and professionally.
Describes the challenges and dilemmas that have left a lingering impact *threatening* their PQoL.

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MAKING SENSE OF PQOL IN LTC – SO WHAT DID THESE STORIES REVEAL?

- Harmony / Disharmony within Relationships and the LTC Environment
- Institutional Lens / TR Lens
- Sense of fulfillment and feeling devalued as a TR practitioner in LTC.
- **Social** – Research needs to continue to look at how to find harmony and restore one’s inner calling. More training is needed for frontline staff on Compassion fatigue and work life balance.

- **Practical** – keep reflecting, turning inwardly, remember the small moments. Know that just because you had a bad day does not mean it is the end of your TR story. Use the PQoL to help determine frontline staff’s stress levels. This can also be used to identify workshops or support needed for staff.

**Personal:**

PQoL is a journey- it is life long. PQoL should be considered to have many cycles- constantly evolving.
LIMITATIONS TO STUDY

- Only females participated.
- These results are not generalizable to all lived experiences among TR practitioners in LTC homes nor does it fully represent TR practice as a whole.
- Not all stories of PQoL were presented here in this research.
- The conceptual framework restricted the kinds of questions asked in the interviews.
- My lived experiences impacted how I choose to represent the findings.
Although the challenges the TR practitioners may never go away, they are still able to remain committed to themselves and to those they serve.

They demonstrated self-awareness, determination and the ability to grow despite the turmoil and disharmony they experienced (sometimes daily).

This research demonstrated how they turned inwardly and connected with others to help them through their challenges.

Demonstrated the importance of spirituality in the work place and linking it to PQoL.

Stories offer a space to recognize turning points in our journey (looking backwards to look forwards).
QUESTIONS