

RESEARCH SUMMARY

Staffing regulation in residential long-term care in Canada, Norway, and Germany. How does regulatory style impact frontline care?



What is this research about?

Residential long-term care facilities are not only places where people live, but also places where people work. It is important to see how larger forces – like political decisions or macro level regulation shape the working and living conditions in long-term residential care. How do different staffing regulations in different countries compare to one another? Despite residents' similar needs, staffing is regulated and organized very differently depending on the jurisdiction.

What did the researchers do?

Researchers were part of a team that conducted rapid ethnographies involving 291 interviews across 12 facilities, and field notes from hundreds of hours of observations in Canada, Norway and Germany. The researchers also compared staffing regulations in residential long-term care. They analysed the regulations along a prescriptive -

What you need to know:

Frontline care workers have less autonomy to be creative in meeting the needs of residents in a prescriptive regulatory environment like Ontario. In comparison, Norway, Germany and Manitoba have more interpretive environments, which results in more professional autonomy and more fluid and responsive care work.

interpretive continuum and compared frontline **dietary, activity and medications** programming in facilities across the three countries to determine how different **staffing regulations** impact the **potential for promising practices to emerge on the frontlines** of care work.

Prescriptive regulation was described as a tendency to identify which staff should do what work and when and how they should do it. **Interpretive regulation** involved broadly defining care without indicating which staff should do what, nor when and how they should do the work.



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What did the researchers find?

In Ontario, Canada, where there is a prescriptive environment, care workers have less autonomy to be creative in meeting residents' needs. The result is highly task-oriented care with less job autonomy. In contrast, Germany and Norway follow more interpretive regulation styles that involve relational and team-oriented care and more decision-making latitude.

The following associations were noted:

prescriptive regulatory jurisdictions tend to have a higher concentration of for-profit providers, have a lower ratio of professional to non-professional staff, and a sharper division of labour. In contrast, **interpretive regulatory environments** were associated with having a higher number of professionals relative to non-professional staff, more limited for-profit provision, a higher relative ratio of staff to residents, and a relational division of labour which promoted more fluid and responsive care work.

How can you use this research?

The regulatory approach to staffing – whether prescriptive or interpretive – has important consequences for front line care work in residential long-term care. Research and policy, then, need to examine how lack of funding and restrictive staffing conditions hinder the provision of good quality, flexible care.

About the project:

Re-imagining long-term residential care: an international study of promising practices

Principal Investigator: Pat Armstrong,

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Citation

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