

COVID-19 CADTH Health Technology Review

Long-Term Care Personal Support Workers' Resilience and Wellness

This report was published on July 8, 2021.

To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

Version: 1.0
Publication Date: July 2021
Report Length: 12 Pages

Cite As: *Long-Term Care Personal Support Workers' Resilience and Wellness*. Ottawa: CADTH; 2021 July. (CADTH health technology review).

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Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Key Messages

- Interventions aimed at improving personal support workers' (PSWs') well-being are key — both for improving PSWs' emotional health and resilience, and improving PSW retention.¹ It is widely recognized that unregulated PSWs in long-term care face challenges in the workplace that undermine well-being, job satisfaction, and employee retention.¹ These challenges stem from factors such as the demanding physical and emotional nature of their work, the long and unsocial work hours, the low pay and status, and the lack of connections to professional bodies or organizations, among others.¹
- CADTH conducted a limited literature search and identified:
 - 10 primary studies looking at various interventions aimed at improving PSW well-being in long-term care (LTC). These included interventions aimed directly at improving PSWs' resilience and emotional well-being, indirect interventions aimed at improving resident care (and, in turn, improving PSWs' experience at work), and a general educational intervention aimed at improving nursing assistant satisfaction and intention to seek employment in nursing homes.
 - One systematic review that reviewed 30 studies.

Purpose and Context

Challenges related to the COVID-19 pandemic have led to increased concern for resilience and wellness of unregulated personal support workers (PSWs) in long-term care (LTC) facilities. It is widely recognized that PSWs face challenges in the workplace that may undermine well-being, job satisfaction, and employee retention.¹ These challenges stem from factors such as the demanding physical and emotional nature of their work, the long and unsocial work hours, the low pay and status, and the lack of connections to professional bodies or organizations, among others.¹

This report summarizes identified literature on interventions that have been implemented to improve unregulated PSWs' well-being.

Question

What strategies and interventions have been used and/or evaluated to improve unregulated PSW staff resilience, well-being, and health-related outcomes in long-term care facilities?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE via OVID, CINAHL, the Cochrane Database of Systematic Reviews, the international HTA database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were unregulated personal support workers and long-term care. No filters were applied to limit the retrieval by study

type. The search was also limited to English-language documents published between January 1, 2016 and April 12, 2021.

Inclusion and Exclusion Criteria

Table 1 that follows summarizes the inclusion criteria. Studies and/or documents were included if they implemented strategies or interventions to improve well-being metrics (e.g., resilience, engagement) for unregulated PSWs in LTC. Studies and/or documents were excluded if they proposed interventions that could or should be implemented but did not provide any information to indicate that they actually had been implemented

Table 1: Inclusion Criteria (Population, Interventions, and Outcomes)

Population	Unregulated personal support workers in long-term care facilities (this includes a number of roles; e.g., health care aides, personal care workers, home support workers, care assistants, patient services assistants, nursing attendants, nursing aides, nursing assistants, continuing care assistants, orderlies)
Intervention(s)	A diverse range of strategies, interventions, and programs that have been used to improve the staff outcomes identified in “outcomes of interest.” <ul style="list-style-type: none"> • Various models of care in LTC that provide resident care in a manner that also improves worker satisfaction and staff outcomes could also be of interest (e.g., PIECES, gentle care, slow care, dementia villages, and so forth)
Outcome(s)	<ul style="list-style-type: none"> • Staff resilience, well-being, and health-related outcomes, including physical and mental health, burnout, resilience, depression, stress, anxiety • Staff engagement, job satisfaction, attrition, intervention to leave and staff empowerment may also be relevant outcomes and indicators for some interventions • Overall, outcomes of interest pertain to factors related to “strengthening the workforce” through intervening to improve these staff outcomes

LTC = long-term care; **PIECES = holistic model** “incorporating Physical, Intellectual, and Emotional health, supportive strategies to maximize Capabilities, the individual’s social and physical Environment, and his/her Social self (cultural, spiritual, Life Story).”

Summary Methods

Members of CADTH’s Implementation Support and Knowledge Mobilization (ISKM) team screened the identified literature. After reviewing titles and abstracts, resources (studies or other reports and documents) that met the inclusion criteria and were deemed potentially relevant to the question of interest were selected for full-text review and data extraction. One ISKM team member then developed this summary document highlighting key information. Of note, the resources included in this report were not critically appraised for their methodological rigour and quality.

Evidence to Date

A total of 446 citations were identified in the formal limited literature search. Thirteen citations were found with the grey literature search. Overall, 10 primary studies and one systematic review on the topic met the inclusion criteria and have been summarized here.

Primary Studies:

- Five studies²⁻⁶ examined interventions aimed at directly improving PSWs’ resilience and emotional well-being:
 - The interventions included self-compassion training, compassion fatigue awareness and self-care skills education, acceptance and commitment therapy (ACT), a person-centred care (PCC)-based psychoeducational (PE) intervention for direct care workers

caring for patients with dementia (that specifically included a component on emotional support for care workers), and a COMmunity of Practice And Safety Support (COMPASS) Total Worker Health intervention for home care workers.

- All 5 interventions were evaluated and the authors of each reported positive findings regarding the impact on various aspects of PSWs' well-being. A more detailed summary of the specific outcomes and results for each study can be found in Table 2, as well as a summary of the tools and methods used for evaluation.
- Four studies⁷⁻¹⁰ examined interventions aimed at improving resident care (and, in turn, indirectly improving PSWs' experience at work):
 - The interventions included a Korean Function-Focused Care Program (K-FFCP), intentional rounding (IR), Dementia Care Mapping (DCM), and a high-fidelity simulation (HFS) intervention aimed at training unregulated care providers in LTC homes to have increased confidence communicating about the topics of death and dying.
 - All 4 interventions were evaluated. The authors reported positive findings for K-FFCP, IR, and HFS; however, the authors for the DCM study reported no positive significant effect and a tendency toward a negative effect regarding the primary outcome of caregiver attitudes toward dementia. A more detailed summary of the specific outcomes and results for each study can be found in Table 2, as well as a summary of the tools and methods used for evaluation.
- One study¹¹ examined a general educational intervention — the Living Classroom (LC) — aimed at improving nursing assistant satisfaction and intention to seek employment in nursing homes. This intervention was evaluated and the authors reported positive results. A more detailed summary can be found in Table 2.

Systematic Review:

- One systematic review¹ was identified that addressed the question around the current evidence for best practice to support the resilience and retention of front-line care workers in care homes for older people. The review qualitatively synthesized a total of 30 studies on the topic and provided a thematic synthesis associated with general best practices in supporting resilience and retention of front-line care workers in care homes for older people. Key themes that emerged from the literature were culture of care, content of work, connectedness with colleagues, characteristics and competencies of care, home leaders, and caring during a crisis.

Overall, there is evidence available on some interventions aimed at improving PSWs' well-being in LTC settings. The goal of this report was to summarize the available literature and not to determine its quality.

Summary of Individual Studies and Systematic Review

Table 2 that follows summarizes each of the individual studies and systematic reviews including the type of intervention and strategy implemented, a description of the intervention or strategy, the PSW outcomes, the findings and author conclusions, and whether or not the intervention or strategy was evaluated. Links to the full articles have also been included for reference purposes.

Table 2: Summary of Individual Studies and Systematic Reviews

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
Interventions aimed at improving PSWs’ resilience and emotional well-being						
Bluth et al., 2021 ²	<u>Self-compassion training for certified nurse assistants in nursing homes</u> Non-randomized study (pre-post intervention)	Self-compassion training for CNAs who work in NHs	In one NH, participants received an 8-week, 2.5-hour session (20 hours total) group intervention. At the time of recruitment for NHs 2 and 3, a briefer format (6-weeks, 1-hour session, 6 hours total) became available and was preferred by CNAs, thus both NHs 2 and 3 participants received a 6-hour group intervention.	Intervention attendance, retention, and acceptability; self-compassion, stress, burnout, depression, and attitudes toward residents with dementia, and job satisfaction pre-, post-, 3-month post-, and 6-month post-intervention were assessed	The authors reported improvements in self-compassion at all time periods, as well as improvements in stress and depression at 3 months but not 6 months. They did not find a significant change in job satisfaction. Overall, they conclude that self-compassion interventions are feasible and acceptable, and that they show promise for managing stress, as well as improving well-being and compassion toward residents.	Yes Measurement of program attendance in addition to participant feedback pre-, post-, 3-month post-, and 6-month post-intervention
Dreher et al., 2019	<u>Improving Retention Among Certified Nursing Assistants Through Compassion Fatigue Awareness and Self-Care Skills Education</u> Non-randomized study (pre-post intervention)	Compassion fatigue awareness and self-care skills education	The intervention was a 90-minute evidence-based program on compassion fatigue awareness and multiple self-care skill strategies for CNA retention.	PSW outcomes: CNAs’ level of compassion satisfaction, burnout, and secondary traumatic stress at 3 time points	The authors found that CNA retention was increased and noted improvements in CNA compassion satisfaction, burnout, and secondary traumatic stress scores. They concluded that this compassion fatigue awareness and self-care skills education program was an effective, low-cost intervention.	Yes A preintervention demographic survey, a postexperience survey, and the ProQOL tool with measurements taken at 3 time points: preintervention, 1 month post-intervention, and 3 months post-intervention

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
O'Brien et al., 2019 ⁴	<u>Group-Based Acceptance and Commitment Therapy for Nurses and Nurse Aides Working in Long-Term Care Residential Settings</u> Randomized non-blinded study	ACT	Participants (nurses and nurse aides) were randomly assigned to either the ACT group (a 2-session group-based ACT intervention) or the control group. The intervention topics included acceptance, mindfulness, psychological flexibility, willingness to experience discomfort, present-moment focus, self-as-context, values identification, and values-congruent committed action.	Outcomes measured included days missed due to injury, frequency of work-based injuries, musculoskeletal complaints, mental health symptoms, and overall satisfaction with the intervention	The authors reported fewer days missed due to injury and a reduction in mental health symptoms for participants in the ACT group compared to the control group. Additionally, they noted that participants in the ACT group rated the intervention favourably. They concluded that this intervention could promote improvements in well-being for nurses and nurse aides in long-term care.	Yes Participants completed baseline and 1-month follow-up outcome measures.
Barbosa et al., 2016 ⁵	<u>Effects of a Psychoeducational Intervention for Direct Care Workers Caring for People With Dementia: Results From a 6-Month Follow-Up Study</u> Non-randomized study	A psychoeducational intervention	PCC-based PE intervention for DCWs caring for people with dementia Note: This intervention specifically included an emotional support component in addition to dementia-related education (it was compared to a control group with dementia-related education, only, but no emotional support component).	DCWs' perceived stress, burnout, and job dissatisfaction	The authors reported a significant decrease in care workers' burnout and a significant improvement in several communicative behaviours (e.g., involvement), in addition to decreased stress at 6 months. No effects were found for job satisfaction.	Yes Self-administrated instruments and video-recorded morning care sessions were used to collect data at baseline, immediately, and 6 months after the intervention. Specific tools used included the Portuguese version of the Perceived Stress Scale, the Maslach Burnout Inventory Human Services Survey, and the short-form Minnesota

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
						Satisfaction Questionnaire. The purpose of the video-recordings was to capture person-centred communication.
Olson et al., 2016 ⁶	Safety and Health Support for Home Care Workers: The COMPASS Randomized Controlled Trial Randomized controlled trial	COMmunity of Practice And Safety Support (COMPASS) Total Worker Health intervention for home care workers	This was a 12-month intervention (scripted and peer-led) that involved education in safety, health, and well-being; goal-setting and self-monitoring; and structured social support.	Metrics were collected at baseline, 6 months, and 12 months. Primary outcomes included workers' experienced community of practice (i.e., people engaged in a common activity who interact regularly for shared learning and improvement), as well as well-being, daily fruit and vegetable consumption, reduced daily consumption of high-fat and high-sugar foods, days per week with 30 minutes of moderate exercise, and safe behaviours and conditions when working in homes. Secondary outcomes included evaluation of caregivers' performance and behaviours, caregivers' perceived stress, musculoskeletal symptoms, injuries and	The authors reported that the intervention led to significant and sustained improvements in workers' experienced community of practice. Additional outcomes with significant improvements included the use of ergonomic tools or techniques for physical work, safety communication with consumers and employers, hazard correction in homes, fruit and vegetable consumption, lost work days because of injury, high-density lipoprotein cholesterol, and grip strength. The authors concluded that the intervention was effective for improving home care workers' social resources, and noted that it simultaneously impacted both safety and health factors.	Yes Surveys and objective physical measurements. Examples of tools used within surveys included the Short-Form Health Survey version 2.0 for well-being, the home care client satisfaction inventory, and the PSS, among others

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
				illnesses, and physical health.		
Interventions aimed at improving resident care (and in turn indirectly improving personal care workers' experience at work)						
Jung et al., 2020 ⁷	The effect of function-focused care on long-term care workers in South Korea Non-randomized study	K-FFCP	An educational program on function-focused care in long-term care settings	PSW outcomes: long-term care workers' knowledge, self-efficacy, and outcome expectations about function-focused care, as well as their job satisfaction	The authors reported that K-FFCP had a significant effect on knowledge, efficacy, outcome expectation, and job satisfaction.	Yes Outcomes were assessed via scales, and outcomes that could not be measured using scales were assessed through a focus group interview.
Jenko et al., 2019 ⁸	Intentional Rounding With Certified Nursing Assistants in Long-Term Care: A Pilot Project Non-randomized study (pre-post intervention)	IR	IR is a strategy used by predominantly acute care nursing staff to proactively address patients' needs at regular and consistent intervals. This was a pilot of IR with CNAs in a skilled nursing facility	Uptake of IR over 10 weeks of implementation and CNAs' perceptions of the intervention	The authors reported that the data suggest that IR was well-received by CNAs and that it changed practice patterns regarding quality, safety, and satisfaction.	Yes Uptake of IR over 10 weeks of implementation was measured, in addition to CNAs' perceptions of the intervention
Dichter et al., 2017 ⁹	Dementia care mapping in nursing homes: effects on caregiver attitudes, job satisfaction, and burnout: A quasi-experimental trial Quasi-experimental trial	DCM	DCM is an internationally recognized intervention in dementia research and care. Its goal is the implementation of person-centred care (which is assumed to increase dementia-friendly caregiver attitudes and job satisfaction, as well as to decrease caregiver burnout).	Caregiver attitudes toward dementia, job satisfaction, and burnout	The authors reported no significant effect (and a tendency toward a negative effect) of the DCM method on caregiver attitudes toward dementia, job satisfaction, and burnout. However, they noted that this may have been impacted by the findings of the process evaluation, which found substantial deviation in adherence to the	Yes Tools used for evaluation were the Approaches to Dementia Questionnaire, the Copenhagen Psychosocial Questionnaire, and the Copenhagen Burnout Inventory.

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
					intervention across nursing home units.	
Kortes-Miller et al., 2016 ¹⁰	<u>Dying With Carolyn: Using Simulation to Improve Communication Skills of Unregulated Care Providers Working in Long-Term Care</u> Non-randomized study (pre-post intervention)	HFS	HFS is an educational intervention designed to improve unregulated care providers' abilities to communicate about death and dying in palliative care settings.	Unregulated care providers' confidence and skills to communicate about death and dying in long-term care homes	The authors reported statistically significant improvements in care providers' self-efficacy scores related to communicating about death and dying, and end-of-life care, following the HFS intervention. The authors therefore recommended HFS as an innovative training strategy to improve palliative care communication in long-term care homes.	Yes Quantitative data were collected for participants' self-efficacy scores related to communicating about death and dying, and end-of-life care, and qualitative data were collected regarding participants' perceptions of the intervention.
General educational interventions						
Boscart et al., 2017 ¹¹	<u>Changing the Impact of Nursing Assistants' Education in Seniors' Care: the Living Classroom in Long-Term Care</u> Non-randomized study (pre-post intervention)	LC	The LC is a collaboration between a nursing home group and a community college. It offers a collaborative approach to integrated learning where NA students, college faculty, NH teams, residents, and families engage in a culture of learning, thereby offering students an experience where they can gain more exposure to and	NA satisfaction and intention to seek employment in NHs	The authors noted that, to date, 300 NA students have successfully completed this program and the students indicated high satisfaction with the program and an increased intention to seek employment in NHs. The authors concluded that the LC is an effective learning approach that could be instrumental in contributing to a capable workforce caring for seniors.	Yes Student satisfaction with the LC and intention to seek employment in NHs was evaluated.

Author/ organization, year	Title, source type, and article link	Type of intervention/ strategy	Description of intervention/ strategy	PSW outcomes identified	Conclusions/summary — use of intervention and/or effects on PSW outcomes	Intervention evaluated (yes/no)
			confidence in actual NH settings, in addition to learning from staff who work there.			
Other (literature reviews on the topic)						
Johnston et al., 2020 ¹²	<u>Supporting the resilience and retention of frontline care workers in care homes for older people: A scoping review and thematic synthesis</u> Scoping review and thematic synthesis	Multiple interventions and strategies	Multiple interventions and strategies aimed at supporting the resilience and retention of front-line care workers in care homes for older people were reviewed.	Resilience and retention of front-line care workers in care homes for older people	A total of 30 studies were included in this review. The authors noted that evidence for best practice in supporting the resilience and retention of front-line care workers in care homes is extremely limited, of variable quality, and lacks generalizability. They noted that the review identified multiple factors that had been suggested to be associated with best practices in supporting resilience and retention, but few of these had been robustly tested. Finally, the thematic synthesis identified the following analytical themes: culture of care, content of work, connectedness of colleagues, characteristics and competencies of care, home care leaders, and caring during a crisis.	This will vary as multiple studies and resources are included.

ACT = acceptance and commitment therapy; CNA = certified nursing assistant; COMPASS = COMMunity of Practice And Safety Support; DCM = dementia care mapping; DCW = direct care worker; HFS = high-fidelity simulation; IR = intentional rounding; K-FFCP = Korean Function-Focused Care Program; LC = Living Classroom; NA = nursing assistant; NH = nursing home; PCC = person-centred care; PE = psychoeducational; ProQoL = Professional Quality of Life Scale, version; W = personal support worker.

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