

**An Approach to Enhancing ‘Ordinary’  
Practices of Good Treatment in Long-Term  
Care Centres (CHSLDs), Intermediate  
Resources (RIs) and Private Seniors’  
Residences (RPAs) in Quebec:  
Mobilizing All of the Actors Concerned**

**A Practical Guide to Applying the Approach**



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# Introduction

Originating in France, the notion of “good treatment” (*bientraitance*) is part of a worldwide trend to improve care provided to older adults. The approach was pioneered by the French government in the 2000s (Casagrande, 2016; Svandra, 2010) and is now attracting attention elsewhere in the French-speaking world, notably in Quebec. Several initiatives have been undertaken in recent years to develop good treatment practices in long-term care centres (CHSLDs) and to promote them across the province. The *Forum sur les meilleures pratiques en CHSLD* (forum on best practices in CHSLDs), held by the MSSS in May 2018, along with recent studies on these centres (Gagnon, 2021; Aubry et al., 2020) have shed light on a variety of practices conducive to good treatment in such settings. Despite certain organizational constraints, staff often find imaginative and creative ways to provide this type of care. Although good treatment practices in long-term care centres (CHSLDs), intermediate resources (RIs) and private seniors’ residences (RPAs) are numerous and varied, they are not well documented and are unknown outside the residences in which they have been developed.

The participatory approach presented here is based on two principles. The first is that good treatment means more than the absence of mistreatment.

The second is that good treatment practices deserve to be recognized and that those directly involved are best positioned to identify and promote them. This guide presents a two-pronged approach: collective reflection and discussion (through a World Café event) and ownership and recognition of existing good treatment practices towards older adults (within good treatment circles).

In a post-pandemic context, where existing problems in CHSLDs, RIs and RPAs have been exacerbated, it is important to implement an approach promoting good treatment practices to affirm the desire and capacity of these residences to provide caring environments and promote a true culture of good treatment based on the participation of all actors concerned.

Participating in an approach to promote good treatment in residences is also essential in a context where work in residential and care centres is often perceived in a negative light and undervalued. Practitioners and professionals are best positioned to describe these practices and facilitating factors. They are also the best qualified to identify obstacles to developing such practices. No good treatment policy will be effective without the active participation of those who are on the front lines, delivering care to older adults in these residences.



1

Good treatment means more than the absence of mistreatment.



2

Good treatment practices deserve to be recognized and those directly involved are best positioned to identify and promote them.

## 1. Why adopt an approach promoting good treatment practices in CHSLDs, RIs and RPAs?

The approach to promote good treatment practices proposed in this guide is valuable for at least three reasons:

1. It is simple, concrete and accessible to all;
2. The fact that you decide together on the good treatment practice to promote in your residence not only contributes to valuing the practice in question; it also motivates the individuals who collaborate in its implementation;
3. Discussing good treatment with residents, families, staff and managers; naming such practices in your setting; and identifying concrete conditions to support implementation of those good treatment practices leaves more room for autonomy, creative ideas and adaptation within your setting.

## 2. What is good treatment in CHSLDs, RIs and RPAs?

In developing our approach, we identified characteristics of good treatment based on three underlying principles:

1. Recognize older adults as actors in their own right and not as objects of care;
2. Emphasize good practices (rather than simply pointing out mistreatment) in order to encourage dialogue and get all actors in the residence on board;
3. Work in collaboration with others so that the multiple aspects of care, involving numerous individuals over a prolonged period, are aligned with the same objectives.

Good treatment involves **an interplay between attitudes** (sensitivity, flexibility, patience, etc.), **actions** (personalized responses, humour, special permissions, gifts, etc.) **and means** (techniques, technologies, etc.). **It is encouraged in settings that provide favourable conditions for implementation** (time, climate of trust, teamwork, etc.), and it is **subject to formal obligations or external norms** (living environment approach, certification, Act 6.3, etc.).

If I do a puzzle with her for maybe 10 minutes, it makes her day. Or if I stop to ask how she's doing. There's another woman who knits. I go to see what she's making and she asks me to help her pick out the best colours. That's the kind of care you can give in your day.

DENISE,  
Care aide



Good treatment may also be seen in terms of three dimensions:

1. **Descriptive**, because rather than defining it in a theoretical manner, several authors describe it as *a set of daily gestures which show that practitioners care about residents' well-being and are attentive to their feedback*;
2. **Normative**, because it is considered *a professional ideal that acts as a powerful shared and agreed-upon social norm*;
3. **Preventive**, because it allows people *to distance themselves from mistreatment*.

Furthermore, although good treatment is mainly observed in interpersonal relationships, it takes concrete form at the individual, relational, organizational, and environmental levels, and targets residents, their friends and family, and staff. In this sense, good treatment requires the implementation of an organizational culture (set of beliefs, values, philosophies, and attitudes in each setting that influences the behaviours of those who live or work there). It also includes a sociopolitical dimension (for example, a shortage of care aides (PABs), which can lead to situations of mistreatment, could reflect a social and political failure to recognize and value this type of work).

### 3. What does this approach to promote good treatment practices in CHSLDs, RIs and RPAs involve?

#### 3.1 The World Café

The World Café is a well-known method of collective consultation that involves a minimum of 12 participants. It can be used as a one-off event (large or small) or can be part of an ongoing approach, integrated into the residence's regular activities. The World Café process allows participants to collectively explore ideas and solutions in response to problems, issues, or challenges so that they can come up with new ideas (Brown and Isaacs, 2005). The fact that the discussion takes the form of a café opens new avenues and allows participants to move beyond a linear working logic. The World Café is a good way to exchange and discuss good treatment to better explain it and develop a shared vision.

The method has seven core design principles (Brown and Isaacs, 2005):

1. Define the implementation context and objectives;
2. Create a hospitable, café-style space (round tables, tablecloths, coffee, music, soft lighting, etc.);
3. Explore important questions and possible answers that will really make a difference in the residence;
4. Encourage all participants to contribute to the conversation;
5. Link participants' diverse perspectives (pollination principle);
6. Listen to get a coherent overview;
7. Share collective discoveries.

#### World Café objectives:

This process reveals how the actors involved (older residents, families, care personnel and managers) understand the notion of good treatment, how they appropriate and apply it in their day-to-day work, and what they consider to be obstacles and facilitators to its implementation.

This initial understanding and appropriation of the method is fundamental for any residence seeking to promote good treatment towards older adults.

<b>Preparing the room for a World Café event</b>	Participants are assigned to tables of four, with a discussion facilitator at each table. Plan for the appropriate number of tables according to the number of participants you are expecting. The tables should be sufficiently far apart to allow for discussion and movement. Provide cardboard sheets and markers. You can also place flowers and snacks on a separate table and play soft music.
<b>Required material</b>	<ul style="list-style-type: none"> <li>▪ A sufficient number of tables seating four people;</li> <li>▪ A sufficient number of chairs;</li> <li>▪ A sufficient number of cardboard sheets and markers;</li> <li>▪ A notebook on each table;</li> <li>▪ Coffee, beverages, snacks (optional);</li> <li>▪ Soft music (optional).</li> </ul>
<b>Process</b> (90 min. to 2 hrs., depending on available time <sup>1</sup> )	<p>A World Café event is conducted in waves (Brown and Isaacs, 2005):</p> <ul style="list-style-type: none"> <li>▪ <b>First wave:</b> the facilitator asks the group a question, sparking a discussion among the participants around a table. Each participant notes or sketches their ideas on the cardboard sheets provided and tries to connect their ideas with the other participants' ideas. After 20 to 30 minutes, the facilitator invites the participants to move to other tables. The facilitators remain at their tables.</li> <li>▪ New cardboard sheets are placed on the table and the process is repeated for a <b>second wave</b>, with a second question.</li> <li>▪ The procedure is then repeated for a <b>third and final wave</b>. The entire group then looks at the highlights of the discussions at each table.</li> </ul>
<b>Topics of discussion at a World Café event</b>	<ul style="list-style-type: none"> <li>▪ What is good treatment in the context of CHSLDs, RIs and RPAs?</li> <li>▪ What good treatment practices do you see in your setting?</li> <li>▪ How can we promote good treatment practices?</li> </ul> <p>The answers to these questions are written down in the notebooks provided on each table. Notes are also taken during the group discussion. The data gathered is therefore easily accessible for the next stage.</p>
<b>Participants in the World Café (minimum 12)</b>	Older residents, their family members, medical and administrative staff, kitchen and housekeeping staff, care aides (PABs), recreation specialists and others are all invited to participate in the World Café.

<sup>1</sup> To get as many participants as possible to join in, plan to hold the World Café at an optimal time (morning, afternoon, evening) according to your organizational reality. Ideally, employees who must travel outside their work shift to participate should be compensated, and those who are working should be replaced. You can also hold two World Café events to include night staff, for example.

### 3.2 The good treatment circle

Once the group discussion in the World Café has been held, a smaller committee chosen by participants will continue the reflection process in a good treatment circle. The circle is an opportunity for the committee members to deepen their understanding of good treatment and to identify practices to promote or reinforce it. The work within the circle is based on a simple, flexible, cost-effective, participatory approach that is accessible to all residences. Participants are motivated to recognize and maintain good treatment practices.

- **Stage 1:** Choose a good treatment practice to promote.
- **Stage 2:** Identify strategies to promote this practice.
- **Stage 3:** Plan the implementation of strategies to promote this practice.

#### Objectives of the good treatment circle:

The good treatment circle, inspired by well-known quality circles in the management sector and used in Quebec's health care network (Firbank et al., 2005), consists of discussion and work sessions to implement strategies promoting good treatment.

<b>Stage 1:</b> Choose a good treatment practice to promote	<p>You can choose a practice to promote during the good treatment circles from the list of practices identified in the World Café event. Review the list, discuss it as a group, and take the time to choose a practice that will engage all circle participants. It could take one or two meetings to decide on a practice, depending on how much time is allotted to each. Plan approximately three hours for this exercise. Your choice should:</p> <ul style="list-style-type: none"><li>a) Take into account the degree to which the practice is likely to mobilize actors in your residence;</li><li>b) Meet the conditions promoting good treatment set out in the <i>Governmental Action Plan to Counter Mistreatment of Older Adults 2017-2022</i>.<sup>2</sup></li></ul>
<b>Stage 2:</b> Identify strategies to promote this practice	<p>Once you have chosen a good treatment practice, you need to determine strategies to promote it. Several tools can be used in the good treatment circles to identify such strategies.</p> <ul style="list-style-type: none"><li>▪ Brainstorming exercise (to come up with ideas for strategies);</li><li>▪ Use a board to describe strategies, including the objective, the target audience, necessary resources, the required time, and the strengths and limitations of each proposed strategy;</li><li>▪ Prioritization exercise (nominal group technique, votes) if several strategies are chosen.</li></ul> <p>It could take one or two meetings to decide on a strategy, depending on how much time is allotted to each. Plan approximately three hours for this exercise.</p> <p><b>Examples of strategies to promote a good treatment practice:</b></p>

<sup>2</sup> 1) Placing the individual at the centre of actions taken;  
2) Encouraging the self-determination and empowerment of the older adult;  
3) Respecting the individual and their dignity so they feel well thought of, and can build self-esteem;  
4) Promoting social inclusion and participation to bring well-being to older adults who wish to end their isolation and contribute to society;  
5) Carrying out actions and interventions by combining hard skills (know-how) and soft (interpersonal) skills;  
6) Providing coordinated support in order to take the most appropriate actions for each dimension of the older adult's life, while respecting the choices made by them.

	<ul style="list-style-type: none"> <li>▪ Create a poster and hold a launch event</li> <li>▪ Produce a brochure and hold a launch event</li> <li>▪ Create and present a short play</li> <li>▪ Produce and screen a short video</li> <li>▪ Write a newspaper article</li> </ul> <p>See <b>annexes 1 and 2</b> for examples of strategies to promote good treatment practices (a summary document and a poster) in two of the three pilot sites where this approach was used.</p>
<b>Stage 3:</b> Plan the implementation of strategies to promote this practice	Once you have identified the strategy, it just needs to be implemented. Plan the time and resources required to do so. The time and number of meetings required will vary according to the strategy you have chosen. Producing a short video takes more time and human/material resources than writing a newspaper article. The implementation of the strategy to promote a good treatment practice must result from the collective work of all circle members to maintain the mobilizing effect of your approach.
<b>Participants in the good treatment circle (between 5 and 8 individuals)</b>	Among the World Café participants, identify one or several representatives to form a committee of 5 to 8 individuals: <ul style="list-style-type: none"> <li>▪ older residents and/or their family members</li> <li>▪ medical, administrative, kitchen or housekeeping staff</li> <li>▪ care aides (PABs)</li> <li>▪ practitioners (recreation, nutrition, etc.)</li> <li>▪ managers</li> </ul>

## 4. What are the obstacles to developing good treatment practices?

The promotion of good treatment practices in CHSLDs, RIs and RPAs might run into certain obstacles regarding:



These obstacles affect one another and are linked to the five main work issues in residential and care facilities:

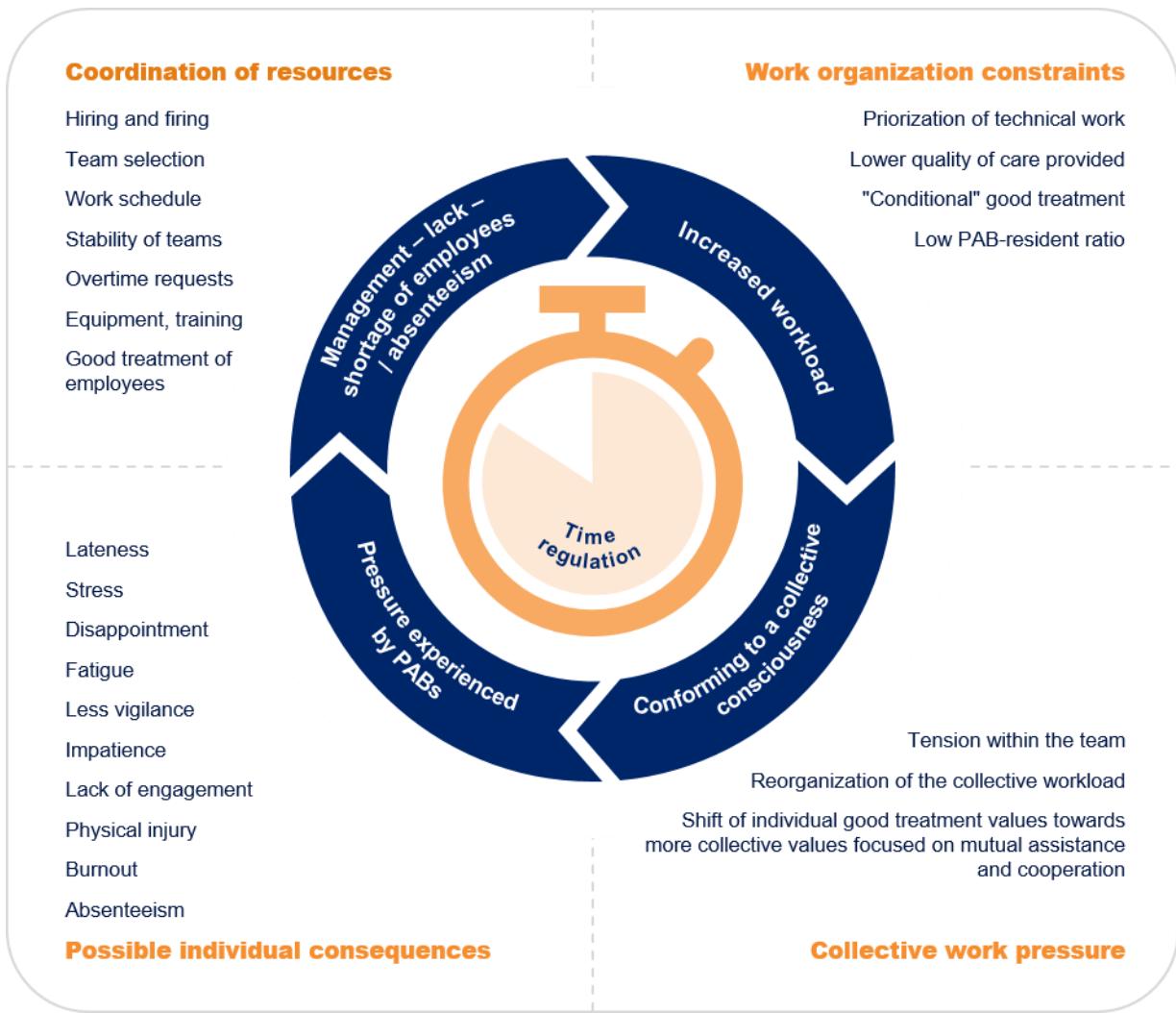
1. Lack of time;
2. Management of employees (lack or absence);
3. Work overload;
4. Internalization of a collective consciousness;
5. Pressures experienced.

Here is a concrete example illustrating these obstacles:

Good treatment sounds great, but it can be really tough in a residence where there isn't time [to apply it]. We have to do what we can, but a priority would definitely be time and the number of people on the floor—that would make all the difference. To meet residents' and employees' actual needs, we'd need a different structure. I think the current structure creates emergency situations—the work plans, the timing of each task, the list of tasks. It makes employees afraid they won't meet their targets. They have to watch their quotas, schedules and plans. It's a justification for actions that are totally crazy and people are becoming exhausted. The quality of care, the quality of our staff here is amazing: they have big hearts, but they're really tired. That's the reality. You mustn't lose sight of why you do this job, even if you feel like a robot sometimes. Working in a residence takes away the human side and you might even hope that there will be machines [organizations] that step in, because that's when mistreatment can become totally normal.

ÉLIZABETH,  
Care aide





**Figure 1 – Obstacles to the development of good treatment practices in CHSLDs, RIs and RPAs**

Source: adapted from Myrand (2021).

## 5. What are winning conditions for the development of good treatment practices?

Fortunately, several winning conditions can counter these obstacles and facilitate the development and implementation of good treatment practices:

- **Physical environment** (e.g., a clean, spacious, clean environment, a pleasant atmosphere with music or decorations, readily available adapted equipment);
- **Positive culture** (i.e., one that encourages good treatment);
- **Involvement of management** (e.g., managers are open to suggestions from staff and residents; they also recognize good treatment gestures and attitudes by making decisions that give people the time to adopt a good treatment approach);
- **Teamwork** (helps to promote communication, lighten workloads and share the most challenging situations);
- **Staff training** (adequate training of new hires and ongoing professional development);
- **Staff attitudes and skills** (patience, positivity, adaptation to individual needs);
- **Involvement of residents and their family members** (encourage them to take part in decision-making and activities).

Good treatment is a management team that treats its employees well. It'll show in our performance, residents will feel it, employees will be happier and more motivated about their work. It's a wheel.

FLORENCE,  
Care aide



## Conclusion

This participatory approach is straightforward and easy to implement. It helps to identify and promote good treatment practices according to the personal, relational, organizational, and environmental aspects of your residence. It also helps to create a work climate favourable to continuing and strengthening existing practices. The way it mobilizes actors around good treatment will convince you of its effectiveness.

The COVID-19 pandemic revealed the fragility of our health care system and marked a breaking point. This approach, among others, can be seen as a lever to improve the situation. Giving a voice to residents, their family members, caregivers, and staff; taking them into account, listening to their requests and working on solutions together; focusing your attention on the human being and not on performance at all costs; decentralizing care and giving back a measure of power to managers; making the health care and social services network more attractive for employees . . . these are just some examples of possible solutions offered by this approach.

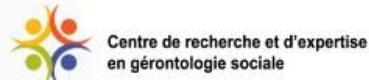
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# Annex 1: Summary document on good treatment at the Centre d'hébergement de Baie-Saint-Paul

## Good Treatment at the Centre d'hébergement de Baie-Saint-Paul

*What is good treatment? How is it expressed at our long-term care residence? We spoke to care aides (PABs), nurses, managers, specialized educators, personal care attendants and residents to find out what good treatment meant to them in their day-to-day routines. This is what they had to say.*



### GOOD TREATMENT

Good treatment is anything that promotes a resident's autonomy, dignity, safety and inclusion in the group.

It includes gestures and activities where the person's preferences, desires and tastes are taken into account. It means practices that respect the whole person, promote their well-being, and allow them to take part in activities.

Good treatment is above all reflected in attitudes: being concerned about others and wanting what's best for them. It is also reflected in behaviours: taking the time to listen and get to know the person; respecting the person's wishes; establishing a personal connection; ensuring the person's safety; recognizing their capacities; creating a climate of trust and respect; adapting to the person. Good treatment means taking good care of someone.

### SMALL GESTURES

Good treatment involves developing a personalized approach when it comes to care and the living environment. It means applying safe and quality care programs and practices (e.g., pairing up care aides (PABs) and residents, providing integration support to new residents, creating preference sheets and life histories).

But for the staff at the Centre d'hébergement de Baie-Saint-Paul, good treatment is above all small daily gestures and marks of attention: a shared smile, treats, special snacks (e.g., fudge) or affectionate words.

It involves breaking residents' isolation and highlighting their abilities by encouraging them to participate in activities of daily life and spending time in their company while keeping them busy. It means finding topics of conversation or games and strategies to make the person more comfortable in difficult or embarrassing situations — for example, dancing to go to the bathroom, playing music while dressing the person, or talking about their family and past work experiences. It involves taking care of the person's appearance to make them more comfortable and preserve their dignity and pride (hair styling, beauty care, makeup, perfume). It means offering the person a special snack or gift, or taking time to be with the person after a work shift. It means respecting, as much as possible, the person's tastes and preferences when it comes to activities and meals.

These small gestures are often simple and spontaneous. Yet they make a real difference in residents' lives. They help to humanize care and enhance residents' well-being. Good treatment mainly involves having good interpersonal skills and being present.

These small gestures are initiatives of the employees at the Centre d'hébergement de Baie-Saint-Paul. They see them as a way to show appreciation, respect and affection to residents while improving their quality of life. It's a way to make a difference in residents' lives and it's a source of motivation and satisfaction that gives meaning to their work.

## Examples of good treatment practices at our centre

### Humour



Employees use humour (irony and jokes) to downplay awkward or difficult situations.

Humour facilitates interactions, care and daily work. It introduces a note of lightness and can help to defuse a crisis, lower tensions and ease embarrassment. Rather than focusing on something conflictual or troublesome, employees use humour to shift the person's attention.

Humour can create a sense of mutual understanding and can bring people together. It helps staff see residents as individuals in their own right who can understand and laugh about their situation, who have desires, and who can take pleasure in things. We all enjoy having a good laugh. Sometimes it's the residents who use humour.

Humour is a two-way street.

Humour lets a person know you understand them, you're aware of their situation, and you're trying to make it less unpleasant by making it less dramatic. Humour also helps when providing care to individuals with cognitive impairments. It allows practitioners to assist the resident, to create a more natural and less formal contact, and to personalize the relationship and care provided.

Humour is not appropriate for all residents and all situations, but it does help to create a more relaxed atmosphere and maintain more positive relationships.



### Personal care and appearance



Dressing a person in nice clothing with jewelry and a splash of perfume, or putting their hair in curlers during their bath, will help the person feel good. Staff can help residents take care of themselves, providing care when necessary, thus making them happy.

The person will look good and feel proud. Employees have paid special attention to them and taken care of their appearance. They've allowed the person to look their very best. They've also taken the time to talk and listen to the person's stories and memories. Taking care of someone's appearance is also a way to relieve boredom and make them feel less lonely.

### Halloween



Our Halloween party, an employee initiative, is "a special moment." On October 31, "residents' eyes light up as they applaud the entrance of employees in costumes" as well as kids who come trick-or-treating. Employees bring candy and costumes for residents, giving them a chance to change their routine, take part in conversations, give and receive, and be sociable. The kids' presence is a nice surprise for residents.

The party brings back memories for them and helps to keep traditions alive. It is also a reflection of our employees' commitment and passion.

## Giving a little extra



For the staff at the Centre d'hébergement de Baie-Saint-Paul, good treatment is often something out of their regular routine and duties. It is time freely offered, a little "extra" in the form of special attention to the resident. It is a gift that lets the resident know they count. It is something different that shows the person they are unique. There is a lot of generosity in these small gestures.

These daily marks of attention are not obligatory and they take time, but they definitely improve residents' sense of well-being. It is mostly because they are special and personalized that these small gestures are a form of good treatment. They are something out of the ordinary, given in a spirit of respect for individuals and the residence, and with a desire to take care of residents.

### GOOD TREATMENT IS FACILITATED BY:

1. Employees' attitude and commitment (concern for others, acts of kindness);
2. The time employees are able to give to each resident;
3. Employees' skills (know-how, knowledge, social skills);
4. Teamwork (helping others on the job, sharing information);
5. The environment (small residence, adapted environment, available equipment);
6. Ongoing professional development (policies, programs).

### GOOD TREATMENT IS HINDERED BY:

1. Regulations and procedures (frequent changes, excessive accountability);
2. Safety rules applied with a rigid, "one-size-fits-all" approach;
3. Lack of resources (staff, time);
4. Lack of information (on residents, prejudices);
5. Communication problems among staff members;
6. Communication problems between staff and family members;
7. The environment (physical layout that impedes communication among employees).

## Research

The study titled *An Approach to Enhancing 'Ordinary' Practices of Good Treatment in Residential Settings in Quebec: Mobilizing All of the Actors Concerned* was completed between 2019 and 2021. At the Centre d'hébergement de Baie-Saint-Paul, the approach was implemented in four main stages: a World Café event, a good treatment circle, individual interviews and a summary review.

World Café	Good treatment circle	Individual interviews
Consultation with employees, residents and family members on good treatment at the CHSLD de Baie-Saint-Paul.	Discussion/work sessions to identify good treatment practices and develop promotion strategies.	Meeting with care aides (PABs) to identify winning strategies and obstacles to developing good treatment practices.

The team included Sophie Éthier (lead investigator); Éric Gagnon, Mélanie Couture and François Aubry (co-investigators); Anna Andrianova and Sandra Smale (research professionals); and Anna Myrand (research assistant).

The good treatment circle included Julie Huot and Karine Mailloux (unit managers); Cyril Tremblay and Martin Audet (residents); Sophie Bouchard (nurse); Cindy Lavoie, Mélanie Perron, Dana Guay, Nathalie Pigeon and Claudia Lavoie (care aides); and Cédrick Bilodeau (specialized educator).

## Good Treatment

### at the Centre d'hébergement de Baie-Saint-Paul

Organizational practices	What they provide and encourage
<b>1. Pairing up aides (PABs) and residents</b>	<ul style="list-style-type: none"> <li>Integration et adaptation to the environment</li> <li>Understanding of preferences</li> <li>Respect for differences</li> <li>Social inclusion</li> </ul>
<b>2. Involvement of residents in activities (e.g. delivering newspapers, organizing activities)</b>	<ul style="list-style-type: none"> <li>Understanding and respect for tastes and preferences</li> <li>Recognition and promotion of functional status</li> <li>Respect of autonomy</li> <li>Preservation of good relationships</li> <li>Social participation</li> </ul>
<b>3. Preference sheet on intake</b>	<ul style="list-style-type: none"> <li>Understanding and respect for tastes and preferences</li> <li>Recognition of capacities</li> <li>Better communication</li> <li>Understanding of needs</li> <li>Respect for autonomy</li> <li>Improved comfort and integration in the residence</li> </ul>
<b>4. Living environment approach</b>	<ul style="list-style-type: none"> <li>Understanding and respect for tastes and preferences</li> <li>Social inclusion and participation</li> <li>Integration and adaptation to the residence</li> <li>Respect de l'autonomie</li> </ul>
Individual initiatives	What they provide and encourage
<b>5. A concerted effort to meet specific requests</b>	<ul style="list-style-type: none"> <li>Knowledge of preferences</li> <li>Understanding of needs</li> <li>Respect for tastes and preferences</li> <li>Improved comfort</li> <li>Improved quality of life</li> </ul>
<b>6. Humour</b>	<ul style="list-style-type: none"> <li>Better communication</li> <li>Preservation of good relationships</li> <li>Social integration</li> <li>Reduced anxiety</li> <li>Improved quality of life</li> </ul>
<b>7. Personal care and appearance</b>	<ul style="list-style-type: none"> <li>Enhanced dignity</li> <li>Knowledge of preferences</li> <li>Respect for preferences</li> <li>Social integration</li> <li>Understanding of needs</li> </ul>



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## Annex 2: Poster on good treatment at Les Cotonniers private seniors' residence



### GOOD TREATMENT

Good treatment towards residents, friends and family members, and staff is expressed by the actions and attitudes of all. It is focused on individuals as they are, and is supported by the shared vision of the residence as a living environment.

### GOOD TREATMENT VALUES AT LES COTONNIERS RESIDENCE



Good treatment is a **process** on which we focus daily.



Good treatment practices must be **recognized** and **rewarded**.



Residents, family and friends, and staff help to build a caring **living environment**.



Residents are at home and it is important to **respect** their choices and belongings.



**Diverse activities** that are adapted to residents' needs contribute to their well-being.



Residents' **caregivers** are welcome and are encouraged to participate in daily life at the residence.

Developed as part of a research project funded by the FRQSC Concerted Actions program. Éthier, S., Couture, M., Gagnon, E., Aubry, F., Andrianova, A. and Smale, S. (2019-2021)

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## GOOD TREATMENT VALUES AT LES COTONNIERS RESIDENCE

### GOOD TREATMENT INVOLVES:



#### STAFF

- Be aware that you are interacting with people/human beings (for example, when providing care: take your time, explain the care you are providing and make direct eye contact).
- Adjust your actions to residents' state, rhythm and habits.
- Encourage residents to develop or maintain their autonomy.
- Regularly communicate with residents and their family and friends.
- Help your colleagues so you can all better meet residents' needs.
- Try to stay calm and empathetic in stressful situations.



#### RESIDENTS

- Cooperate with staff when receiving care and services.
- Be respectful towards others.



#### FAMILY AND FRIENDS

- Maintain a positive attitude when you are at the residence.
- Get involved in social activities at the residence.

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