

Wendy Elliott. File - SaltWire Network (in the newspaper today?)

More years ago than I can count I went with my mother to visit her mom in the nursing home where she lived. I remember the locked ward was kind of scary and any attempt to converse was impossible.

When we got back into the car my mother grabbed the steering wheel passionately and said, "if I ever get like that shoot me." When her turn came those words haunted me.

Fortunately, my father left her well fixed. She could afford a private room and private home care services delivered every day in a for-profit nursing home, where the staff were constantly stretched. Still and all, that desiccated room was a difficult place to be.

Visiting you got to see who never had visitors, who called upon the Almighty long and loudly and whose personality was transformed in the grip of Alzheimer's. You also learned that residents wore 12-hour diapers and got a bath once a week.

Once I was distressed enough at the patient/staff ratio I got in touch with a provincial representative. A day or two later I was told the ratio complied with requirements under legislation. Never mind the empty hallways and unheard pleas.

My mother passed on four years ago, so I was happy last week to read that maybe change is in the works. The current Liberal government has been told by the three-person expert panel it established that "overstressed" nursing homes are not capable of meeting the complex needs of today's residents. There is no question that staffing needs to be improved at long-term care facilities. The panel's first recommendation is that staff are in need of immediate support. The report called on the Nova Scotia government to hire long-term care assistants as soon as possible to help full-time staff – if such staff can be found.

The panel was set up by Health and Wellness Minister Randy Delorey in September after media reports about one deadly case of bedsores, which raised serious issues about the quality of care in these facilities. More than 150 cases of bedsores were found in a follow-up.

"Government accepts the intent of all the recommendations and will work toward implementing them based on the timelines suggested by the panel," said Delorey in a release. "Government is already working on many of the recommendations. This shows me we are on the right track to making improvements in long-term care."

How long is change going to take? We have 6,900 nursing home beds and 900 residential care facility beds in Nova Scotia that serve about 11,000 people each year. Increased staffing was sorely needed four years ago based on my personal observations.

The Nova Scotia Nurses Union has said clearly it wants to see legislated hours of care. Others are calling for higher wages for nursing home staff. Meanwhile, our opposition parties say the panel could be giving the province an umbrella to hide under before doing anything to improve funding.

Last fall NDP leader Gary Burrill suggested it would cost something like \$60 million more a year to improve nursing home care. He was certainly right in saying, "we need to mandate staff-to-patient ratios so that there can be a way of addressing the fact that people in nursing homes today need more care than nursing home residents did just a few years ago."

Proper wound care, patient and staff safety, and the appropriate care and protection of the vulnerable persons who inhabit our province's long-term care homes is vital. It is important both to patients at the end of their lives and the peace of mind of family members.

Hi Wendy,

I read your article "Long Term Care can be Beldam" and I wanted to respond to it from a deeper perspective. People find themselves in need of long term care because the care they need surpasses what we can do at home. Perhaps we lack the time, or the personality characteristics to provide for the needs of a loved one, combined with the advanced skills, or equipment that are needed to take care of the person. In your article I hear you say that as family members or loved ones of the resident, we should be able to trust that the person we love is being cared for the way we would do it if we ourselves were looking after the person; in a dignified and accommodating way that acknowledges who we are, our values and cultural background. We want to know that they are being comforted and clean and happy. That the essential ingredient that we want for our loved one is 'caring'; the humanity that may be lacking sometimes in favor of completing the assigned care tasks. I agree with what you say, but I don't think that having more staff would necessarily improve the 'care' factor.

After 15 years of working in the long term care sector as an educator and counselling therapist who supports clinical teams, I believe an increase in staffing ratios will not completely resolve the care issues you describe at nursing homes because it ignores a deeper issue that will continue to have a negative impact on the provision of quality care until we acknowledge it. If we are going to do better, we don't just need to have more bodies doing the work, we need to understand and respect the intensity and depth of this type of work and support the people who come to it as a vocation; preserving their health so that they can continue to care for people with the same enthusiasm that they came to it with.

Providing long term care involves the creation of relationships that are intimate. Front line caregivers in long term care homes are asked not only to provide assistance with the activities of daily living such as the bathing, shaving, dressing, hair and skin care but to simultaneously do the listening, observation, emotional connecting and responding to the challenges that caring for persons that have deep cognitive and /or physical fragility involves. In addition, the caregiver knows that everyone in their care is in decline; the people they work with are never going to be cured or 'get better', they simply do their best to comfort and provide for a person as best they can in an environment with many individuals with different needs and personalities and continuously dwindling resources. With the current wait times for a long term placement, a care team adjusts to the death of a resident and a new person in that bed within a few days; the person who died gone and a new person and intimate relationship of caring and individual service plan to be created and followed. These are the realities of frontline caregiving in long term care, and over time the natural human reaction to these circumstances is fatigue.

I believe that working in long term care should be considered a speciality. Just as we understand that the frail bodies of the elderly people in care homes respond differently to medications, and that flu and simple infections can cause death, we need to understand that working with people who are journeying toward a perhaps expected yet frightening stage in their lives involves a special kind of person and intentional professional preparation. Staffing challenges, absenteeism and disability issues describe a need for improved working conditions including the legislation of minimum staff to resident ratios, but they also describe a group of people who have reduced capacity to give resulting from experiencing a cumulative number of unresolved challenges of caring for people who are suffering. The single most important resource that we have in caring for people is our caregivers, and I think we all know what it's like to feel alone when we are suffering. How can we expect to provide intimate care if it is not even acknowledged that this deep intimacy must be balanced with the same quality of self-care?

Organizations and governments need to face the fact that our front line caregivers are compassion fatigued, and that current working conditions and lack of support and understanding contribute to the number of people who are adversely affected by fatigue and those they care for; people who are so depleted cannot deliver quality care or service. More people on the job isn't enough unless we improve the working conditions that caregivers find themselves in when they come on and as they progress in their careers so that they can continue to show up with the room to hold the challenges that they face in providing person centred care.