

The Challenging Reality Of...

This paper was submitted as part of the requirements for CNUR 400: Social, Political and Economic Perspectives in Nursing in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program by Jelea Tyndall, Nursing Student; Leslie Buschow, Nursing Student; Shelbie Babyak, Nursing Student; Melissa Bishop, Nursing Student and Ann-Marie Urban, Assistant Professor, Faculty of Nursing, University of Regina.

The Challenging Reality of Caring for Residents in Long-Term Care Facilities

Recent news reports have outlined that long-term care facilities are not providing quality care for their residents (Ombudsman Saskatchewan, 2015). Several issues have led to diminishing levels of the quality of care including chronic understaffing in long-term care (LTC) facilities, high resident-to-nurse ratios and a mismatch of education and skill mix within the healthcare team. As students in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program that will soon be graduating, this is a concern for us because it jeopardizes patient safety and increases the risk for Registered Nurses (RNs) and other healthcare providers to experience burnout since we cannot provide the optimal care that we have been taught to provide to all patients. In order to change these issues, we believe policies must be implemented that address staffing issues and resident-to-staff ratios, thereby directly improving the quality of care for those living in LTC facilities.

The Issues in Long-term Care Facilities

Recently, reports have surfaced in Canada and particularly in Saskatchewan regarding concerns about the quality of care received by residents in LTC facilities (Harrington et al., 2012; Ombudsman Saskatchewan, 2015). Many LTC facilities are dealing with issues that negatively affect the care of the residents, the most common being understaffing, high resident-to-staff ratios, and staff with mixed educational backgrounds and skills experience (Harrington et al., 2012; Splisbury et al., 2011).

Because staffing standards in Canada are the responsibility of each provincial government, the gap between standards expected and the demands in LTC facilities to meet required staffing levels is problematic (Tak, Benefield & Mahoney, 2010). Sub-standard care outcomes have been linked to low numbers of nursing staff, which makes it difficult to meet increasing resident care needs (Harrington et al., 2012). Research demonstrates that increasing the number of nursing staff decreases the number of pressure ulcers experienced by residents, the use of physical restraints (e.g. groin restraints), and the use of urinary catheters (Harrington et al., 2012). The benefits associated with increased staffing levels underscore the importance of adequate nurse staffing standards and levels.

Staffing becomes a challenge when the number of nurses required to meet the multidimensional and complex needs of LTC residents are unknown (Splisbury et al., 2011). RNs also have to manage an increasing resident workload, and on one occasion, it was reported that there was one RN to 147 residents in one Regina LTC facility (Ombudsman Saskatchewan, 2015). In spite of resident requirements, a finite number of staff members are available. Saskatchewan has a legislated two-hour per resident minimum staffing standard, however, this is less than half of recommended number for safe quality care (Canadian Federation of Nursing Unions, 2012).

To add, guidelines surrounding staffing do not establish the skill-mix that LTC homes require (Ombudsman Saskatchewan, 2015). There is usually a team of RNs and/or Registered Psychiatric Nurses (RPNs), Licensed Practical Nurses (LPNs) and Continuing Care Aides (CCAs) who care for LTC residents (McGregor et al., 2010). Due to a shortage of CCAs, who typically provide personal care to residents, there was a provision made by the Ministry to have “conditional” hires, allowing individuals a set time period to earn their CCA certificate (Ombudsman Saskatchewan, 2015). Although the Special Home Act specifies that an RN or RPN must be present to supervise care, some LTC facilities require only that an RN or RPN be on call overnight instead of having a presence in the building (Ombudsman Saskatchewan, 2015; Saskatchewan Regulation, 2011). This presents a daily challenge to ensure that there is a sufficient number and mix of healthcare providers to provide care, even in cases where this is less than the required standard.

Another challenge is recruiting and retaining staff in long-term care facilities (Splisbury et al., 2011). High turnover rates, employee stability, training and/or experience (or the lack thereof) of available staff, and the physical layout of LTC facilities are all factors in determining the quality of care received by LTC residents (Splisbury et al., 2011). Delivering resident care in LTC facilities is labour intensive; Canadian workers have frequently reported feeling physically and mentally exhausted after their work day due to a combination of high demands and little control over their daily work requirements (Daly & Szebehely, 2012).

“Research demonstrates that increasing the number of nursing staff decreases the number of pressure ulcers experienced by residents”

Significance to Registered Nurses

The impact of sub-standard staffing levels on nurses can result in not completing some important tasks, for example, that promised conversation with a resident or a family member or taking the necessary time to chart specific details of a dressing change—not just the measurements and products used but the impact that particular wound is having on that resident. As a result, nurse burnout and moral distress is common, because they cannot provide the care that they would like too. It is difficult to proclaim job satisfaction when nurses can't identify that they did one thing well, in their opinion, in that shift. As potential RNs who currently work in the CCA role, we have witnessed and experienced these effects.

The Need for Change

No one benefits from staffing shortages in LTC facilities. Shortages affect not only the nursing and support staff but more importantly, the quality of care patients in LTC facilities are receiving. Staffing shortages cause nurses to have increased workloads, longer working hours, and more overtime shifts ultimately leading to fatigue, restlessness, inadequate sleep, pain, and deficits in performance and reaction time (Keller, 2009; Bae, 2012). These working conditions cause a stressful environment for nurses and more importantly, an unsafe place for residents. The quality of care is also influenced by poor team communication which leads to mistakes, not toileting residents in a timely manner which causes skin breakdown, and ineffective pain relief due to missed medications. Resident care is suffering due to the lack of staffing and other priorities within care facilities.

Both nursing staff and family members of loved ones receiving care in nursing homes have advocated for an increase in staffing. While everyone benefits from nursing shortages being resolved, however, we believe the focus should be on improving patient care. Sufficient nursing positions in LTC facilities would not only improve patient outcomes, but it would reduce burnout rates and increase job satisfaction (Aylward, Gaudine & Bennett, 2011). Health care organizations and government would benefit as well because they would pay less overtime therefore decreasing their budget and spending that extra money on supplying graduate nurses with full-time jobs (Lobo et al., 2013). Most importantly, patient care would improve if the staffing shortage was resolved. Nurses would be able to spend the appropriate amount of time with residents thereby improving their quality of life.

However, the best outcomes of the residents in LTC, is often not considered. The quality of care these patients deserve gets lost in debates about funding and staffing issues. While it is important that nurses feel satisfied with their work, the focus should be on the quality of care the residents deserve and are not getting because nurses do not have sufficient time to care for them.

“the focus should be on the quality of care the residents deserve and are not getting”

Strategies for Change

We believe that there are several strategies that should be considered to successfully improve the quality of care given in LTC facilities. One key strategy focuses on increasing the number of caregivers in the work force, which would help to benefit the entire healthcare team. This strategy has two subcategories according to Wiener (2002), which include staffing ratios and staff training.

As stated previously, adequate staffing is crucial in order to successfully maintain an LTC facility, as “poor quality care has been associated with inadequate nurse staffing and poor skills mix” (Spilsbury et al., 2011). However, facilities are unable to increase nursing staff because of limited funding from the government and the expense of increasing labour costs. The shortage of staff also results in other issues about supervising unregulated workers. “High nurse staffing costs have raised concerns about the roles and responsibilities of RNs and support workers in nursing homes to ensure efficient use of the available workforce resource” (Spilsbury et al., 2011).

Given the recent number of incidents reported in Saskatchewan where staff members and families have expressed concern about the level of care residents are receiving due to the lack of staff on duty and the training of those caring for residents, something must be done. There is potential for necessary action and new legislation regarding appropriate staffing and staff- to-patient ratios. We suggest a letter writing campaign; and if that is not enough for the Ministry of Health to comply with the needs of the growing senior population then further lobbying and advocating for LTC residents must be done.

Conclusion

Since the provincial government determines staffing policies, such policies must support and promote effective change in order to ensure adequate staffing. In order to influence policy change, there must be contact with political officials that outlines the current staffing issue and how it is affecting the LTC population. Currently, there are unsafe resident-to-staff ratios in many LTC facilities; this imbalance places resident safety in jeopardy and contributes to increased staff fatigue. Due to the growing need for LTC placements within Canada, it is crucial for nurses and those in political positions to recognize the safety risks overshadowing staff and patients. As nurses advocate for improving the quality of care in LTC facilities they will also be improving patient safety and wellbeing.

“policies must support and promote effective change”

References

- Aylward, M., Gaudine, A., & Bennett, L. (2011). Nurse recruitment and retention in rural newfoundland and Labrador communities: The experiences of healthcare managers. *Online Journal of Rural Nursing & Health Care*, 11(1), 54-69.
- Bae, S. (2012). Nursing Overtime: Why, How Much, and Under What Working Conditions? *Nursing Economic\$,* 30(2), 60-72.
- Canadian Federation of Nursing Unions. (2012). *Continuing Care: Canadians Federation of Nursing Unions backgrounder*. Retrieved from https://nursesunions.ca/sites/default/files/2011.backgrounder.continuing_care.pdf
- Daly, T., & Szebehely, M. (2012). Unheard voices, unmapped terrain: Care work in long-term residential care for older people in Canada and Sweden. *International Journal of Social Welfare*, 21(2), 139-148. doi:10.1111/j.1468-2397.2011.00806.x
- Harrington, C., Choiniere, J., Goldmann, M., Jacobsen, F. F., Lloyd, L., McGregor, M., & ... Szebehely, M. (2012). Nursing home staffing standards and staffing levels in six countries. *Journal of Nursing Scholarship*, 44(1), 88-98. doi:10.1111/j.1547-5069.2011.01430.x
- Keller, S. (2009). Effects of extended work shifts and shift work on patient safety, productivity, and employee health. *American Association of Occupational Health Nurses Journal*, 57(12), 497-502. doi:10.3928/08910162-20091116-01
- McGregor, M. J., Tate, R. B., Ronald, L. A., McGrail, K. M., Cox, M. B., Berta, W., & Broemeling, A. (2010). Trends in long-term care staffing by facility ownership in british columbia, 1996 to 2006. *Health Reports*, 21(4), 27.
- Ombudsman Saskatchewan. (2015). *Taking care: An ombudsman investigation into the care provided to Margaret Warholm while a resident at the Santa Maria Senior Citizens Home*. Retrieved from <https://www.ombudsman.sk.ca/uploads/files/news/81/taking-care---report.pdf>
- Saskatchewan Regulation. (2011). *The housing and special-care homes regulations*. Retrieved from <http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/SR34-66.pdf>
- Spilsbury, K., Hewitt, C., Stirk, L., & Bowman, C. (2011). The relationship between nurse staffing and quality of care in nursing homes: A systematic review. *International Journal of Nursing Studies*, 48(6), 732-750. doi:10.1016/j.ijnurstu.2011.02.014
- Wiener, J., (2002). An assessment of strategies for improving quality of care in nursing homes. *The Gerontologist*. 43(2), 19-27. doi: 10.1093/geront/43.suppl_2.19