

Seniors care in Alberta

A view from the front line



**Survey of CUPE members working in
Long Term Care, Geriatric Acute Care and
Seniors Residential Services in Alberta**

Residents need more time; better time means better care. Staff are doing the best they can but we need more time.

CUPE member working in Long Term Care

...the waiting list to get into more care is so long that too many of them are just existing and many are even alone. I love our residents here and would love to be able to just spend time with them. They deserve dignity and respect.

CUPE member working in seniors' residential service

In Alberta and all across Canada improvements in access to high quality, appropriate long term care and seniors residential services are an urgent priority. For more than five years the problems we face in Alberta have been the subject of extensive research, study and reporting¹. The problems identified include: shortage of long term care facilities; inadequate staffing levels, problems with recruitment and retention of staff, health and safety concerns; funding shortfalls and the shifting of costs and care responsibilities to individuals and their families.

¹ In 2005: *Report of the Auditor General on Seniors Care and Programs* (May 2005)
MLA Task Force on Continuing Care Health Service and Accommodation Standards (2005)

Sustainable Healthcare for Seniors- Keeping it Public. Parkland Institute. September 2008.
Demographic Planning Commission – Alberta Seniors and Community Supports – Findings Report. (December 2008)
A Workforce Strategy for Alberta's Health Sector – Alberta's 10 Year Strategy (2009)

These issues have been a priority for CUPE in Alberta both as a union representing over 31,000 workers, many in health care and related services and for all our members and their families living in Alberta communities.

Between June and October 2009, CUPE undertook a survey of members working in long term care, geriatric acute care and residential services for seniors to gather information about their experiences and issues of concern. We received a total of 561 responses from CUPE members working in facilities in Calgary, Edmonton, Medicine Hat, Lethbridge, Drumheller, Red Deer, Grande Prairie, Cold Lake, Westlock, Stettler, Raymond and Milk River.

The survey included questions addressing: resident care and working conditions, health and safety, training, work environment, relationships with management and staffing issues. The responses to the survey are summarized in this report.

Summary of Results²

Seventy three percent (73%) of all respondents report a problem that staffing levels not adequate to keep up with workload and resident needs.³

Two thirds (67%) of all respondents report an increase in work related duties, additional duties added to their jobs and increase in work related stress.

“Little or no time for staff to give “one-on-one” attention to residents” is a serious problem/sometimes a problem identified by 89% of respondents working in resident/patient care, in long term care and geriatric acute care facilities and 67% of respondents working in lodges and seniors residences.

More than half (53%) of all respondents report that equipment is out of date or in bad repair.

Eighty two percent (82%) of respondents working in residential facilities report “some residents require more health care support than can be provided in a lodge/residential setting”.

Details of the survey responses and selected comments are reported in the pages that follow. We have included extensive reference to the comments written by respondents as they provide a first hand and detailed information about the challenges we face and the changes that are urgently needed.

² **Note on Research Methodology** The responses to this survey are self selected and limited in terms of generalizability. However, the substantial number of responses (561 workers in seniors housing and long term and acute care facilities) does provide a very valuable qualitative report on workplace issues and priorities for improving the quality of services, supports and care available in Alberta. *The findings of this survey are consistent with and reinforce concerns that are being raised all across the province, in research reports, the media and by community members, seniors’ organizations and health service advocates.*

³ Percentages are based on positive survey responses e.g. “Yes” or “Serious Problem/Sometimes a Problem”. Details of responses to all questions are included in the charts attached.

The Future of Long Term Care and Services for Alberta Seniors

In October 2009, CUPE Alberta made a presentation to the Minister's Advisory Committee on Health. In the context of the broad discussion of health care issues, our presentation included the following recommendations specific to long term care and services for seniors:

- *The protections of medicare should be extended to residential long-term care.*
- *Long term care facilities should be expanded and publicly funded and operated on a not for profit basis.*
- *The transfer of long term care to assisted living must stop as it impedes access to required services, transfers costs and care to individuals and families, leads to inequitable access to services and promotes private profit at the expense of essential health care services.*
- *Provincially legislated quality of care standards and minimum staffing levels are essential for long term care facilities in order to secure care and quality of life for residents and health and safety of staff.*
- *Residential long term care, home and community care services must be expanded to meet the needs of Canadian seniors, as part of a comprehensive and integrated system.*

These recommendations were developed by reference to the recent CUPE in-depth study and research review **Residential long-term care in Canada: our vision for better seniors' care**⁴. This research along with many other contributions by health care and seniors organizations and advocates in Alberta and across Canada provide directions for a better future for services and quality of life in our communities.

⁴ CUPE Research Report is available at <http://cupe.ca/long-term-care/our-vision-research-paper> . CUPE Alberta Health Submission - <http://cupeab.cupe.ca/updir/cupeab/reports/CUPE%20AB%202009%2010%2020%20ministers%20advisory%20committee%20on%20health.pdf>

Resident Care and Working Conditions:

Resident Care:

- “Not enough time to meet residents’ care needs” was identified as a problem in long term care/acute geriatric care by 75% of respondents with direct care responsibilities. The same concern was identified by more than half (54%) of staff working in residential settings.
- In seniors’ residential services the following problems were identified:
 - “Some residents require more health care support than can be provided in Lodge/Residential settings” (83% of respondents).
 - “The facility is designed as housing for independent seniors but many seniors moving in now are not able to function independently” (74% of respondents).
 - “Residents are on waiting lists for long term care but spaces are not available to meet their needs” (71% of respondents).
 - “Residents and families are frustrated because the facility is not designed to meet health and mobility requirements” (44% of respondents).
- In long term care/geriatric acute care the following problems were identified:
 - “Challenges meeting the needs of residents of different ages with different care requirements” (64% of respondents providing direct resident/patient care).

Comments:

I know it’s hard for the residents to come into a lodge or long term care, but we as staff try to do our best to accommodate them and make them feel as much as at home as possible. It takes a strong and very caring person to work with residents; to understand them. Sometimes you have to put yourself in their shoes and see where they’re coming from ... I’ve worked in long term care for many years and gave everything I had; I would do it again. It is a very rewarding job to give something back.

Need to assess the resident (to decide) on what floor they properly suit or belong.

Residents need lots of attention sometimes when they are alone and nobody is there.

There should be 2 people doing medication. Especially in the morning there are about 70 residents to give medication including puffers, creams, eye drops, etc.

Medication delivery is very delicate job to do – it will take time and serious need to require a lot of concentration. You do not or should not take it lightly. It’s a matter of life and death. We are giving more than 60 residents medication and it’s not only 1 pill for 1 resident more like 1 or 20 or more pills.

I would love for us as staff to have more time in our work schedule to visit with residents or to make them “feel needed or important”.

(There are) not enough LTC beds available in our area or nursing homes.

Workload:

- Survey respondents identified the following changes affecting their work in recent years – “increase in usual work duties” (67%), “new duties added to your job” (65%), “increase in work related stress” (65%).
- Seventy four percent (74%) of respondents reported “workload causes stress/health problems” (serious problem/sometimes a problem).
- “Staff are required to give up time on unpaid breaks” is identified as a problem by 41% of respondents.

Comments:

We have more work load not enough time; it is very hard to help residents when they need it as soon as they need it. I think residents should come first but when there is not time, it is very hard to meet the needs of the residents. ...I feel so bad when we are rushing for time; we are here for the residents but it seems to me we are just passing them by.

Workload is way too heavy; also when a shortage of staff happens (we) should be given less to do so that we can maintain the cleanliness... It's a no win situation at the moment and staff are getting burnt out!

I do believe our position we “need time” to show compassion to residents when needed without it being held against us.

If we can get (full time work) to get full time pay I think we can do much better with our residents. All the needs will be met; less injury, less stress, clean work area, happy caregivers, happy residents.

...main concern is pressure ... to push/increase occupancy. In hospice an open bed means a death and having multiple deaths a day and pushes to fill those beds are burning us out. It is hard emotionally, psychosocially to have that constantly. Leaving the room to “air out” not only is respectful to the deceased, but is critical to the mental health of the staff.

Health and Safety

- Sixty percent (60%) of all respondents report “More health and safety concerns”.
- “Incidents where staff are injured or abused as a result of the action of residents” were reported as a problem by 82% of direct care staff in Long Term Care/Geriatric Acute care and 39% of respondents in residential settings.
- More than half (53%) of respondents in residential facilities report concerns about “staff working alone at night”.

Comments:

When we report health and safety issues, they take more than once to be reported before anything is done.

Residents that are hard to manage should not be here that are really aggressive and hard to direct.

Residents abuse staff.

Bringing residents that are not a right fit for long term care resident – that are very aggressive. This is not acute care we're in it is long term care.

WHMIS labelling is not on all chemical products.

Working alone with over 55 residents shouldn't be allowed – too much stress.

Training

- In long term care/geriatric acute care 59% of respondents providing direct care identify problems with “lack of training for lifting and assisting with mobility requirements of residents”.
- In residential facilities for seniors 62% of respondents identified as a concern “staff are not trained to provide support for residents with more complex health and mobility problems”.

Comments:

All staff who are resident/patient care staff should be trained in CPR/First Aid. They should have up to date certificates. More training in this area is very important.

Casual staff have not taken WHMIS course but still work with chemicals.

Most of the staff is not being trained properly. Please do something before a resident gets hurt.

Opportunity to learn new procedures (is needed).

Professional Development; not enough learning opportunities and no set plan to upgrade current training i.e. CPR.

Professional development does not seem to be a priority, no money to help support this.

More training opportunities especially in the housekeeping area for the improvement of having a clean environment.

Work environment

Facilities, equipment and supplies:

- In responses from all areas the following problems were identified:
 - Concerns for resident/public safety (poor equipment, ice on sidewalks, etc., 44% of respondents).
 - Building in poor condition (e.g. structural problems, major maintenance and upgrades needed, 41% of respondents).
 - Supplies for cleaning, maintenance are poor quality or not available as needed (44% of respondents).

Comments:

No wet vac for water floods, have asked for new floor scrubber; no response is given. This is discouraging when you have to mop hallways, kitchen, dining room and flooded toilets with no floor scrubber.

Never enough products for resident care, peri-wash, barrier creams, lotions, etc.

Leaking ceiling/plaster falling / Lights falling / Ice on sidewalks.

(We need) correct flooring and cleaning equipment.

With the age of some buildings; housing and maintenance are hard to stay on top of! Always behind schedule and so things get lost in paper work.

Management:

- Forty three percent (43%) of respondents to the survey report as a problem “duties and responsibilities of managers require clarification”.
- Managers lack of training/skills is identified as a problem in residential facilities by 39% of respondents and by 40% of staff providing direct care in Long Term Care/geriatric acute care facilities (resident care managers).

Comments:

Concerns raised by HCAs seem not being heard which causes them to feel unimportant.

To improve the relationships between management and staff – RESPECT.

Communication and cooperation is very important too and excluding gender, race and religion.

You need to hire better and trained managers.

Few opportunities to bring up concerns as a group e.g. staff meetings.

Managers seem to be not available. They are always locked in an office somewhere as a group.

Staffing

- Seventy three (73%) percent of respondents to the survey report as a problem “staffing levels not adequate to keep up with workload and resident needs”.
- Over half (53%) of respondents report working in regular full time positions. More than 44% of workers in part time positions would prefer full time positions. Out of 561 respondents, 145 workers (26% of respondents) regularly work at more than one job.
- Shortage of staff on weekends is reported as a problem by 58% of respondents in residential facilities and by 87% of respondents working in direct care positions in Long Term Care/geriatric acute care.
- Staffing not adequate to support response to an emergency (e.g. fire) was identified as a problem by 46% of respondents working in residential facilities for seniors.

Comments

Need more staff to work with the resident to meet the standards of good care to residents. Not in a rush always to (provide) care to residents.

Every position needs to be posted at all times.

Lack of staff on weekends is a serious concern.

Need more staff especially on dementia unit where there is more feeding.

Need more staff to give proper care especially for dementia.

Constantly working short staffed.

Shortage of staff occurring daily. Staff is being exploited when we're short and management gets the benefits, money wise – they gain.

We are tired of working short all the time.

We need more staff to give accurate care with respect to the residents.

Staffing issues: better scheduling, housekeeping increase staffing levels.

Staffing – Comments *(continued)*

For less stress we need better cooks and meal ideas; many people will not eat ...not great! Cold plates don't work. Need homemade food.

Not enough staff to assist patients (changing briefs etc. more often).

Need more call-in night staff / Work alone shifts at night are an issue.

We need housekeeping staff during the weekend like Saturday and Sunday.

There needs to be an LPN available to lodge residents, as well as assisted living residents.

Scheduling is not good. Full time positions are working 6 days and only 1 day off. 1 day off in health care is unacceptable, not good at all. All part time shifts are every weekend and nothing during the week; who wants this. There are ways to have better scheduling.

There are times when we are short staffed and do extra duties on another unit.

It is unsafe for ONE staff member to be on site ALONE, for resident and staff well being!

Always short of staff on weekends. Heavy work load.

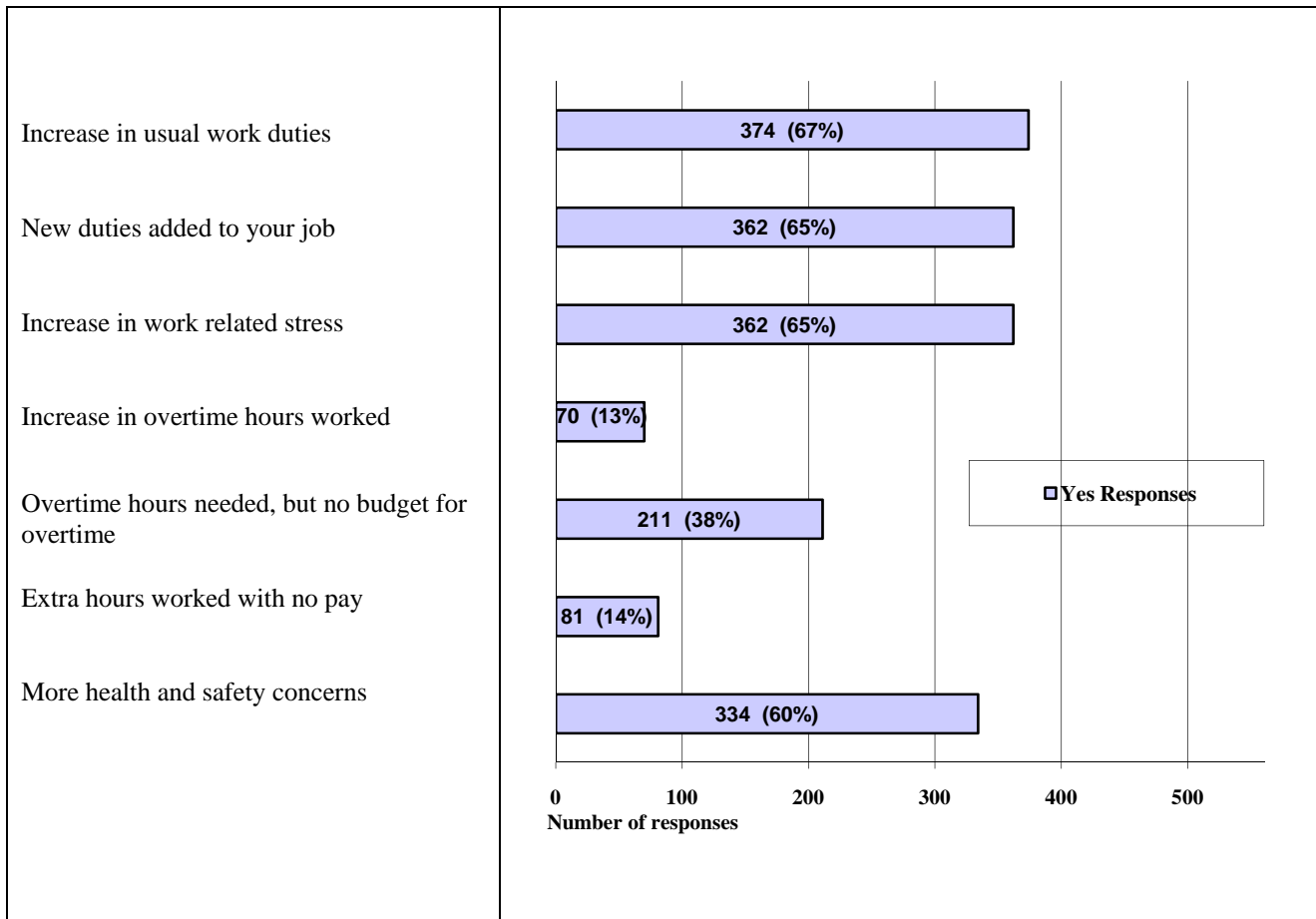
(Very little) night staff – one HCA and one LPN is not enough for night time. If there is a fire or serious emergency one HCA cannot do much for residents and many nights no LPN (is available) to help.

If the facilities were more up to date, increased staff and better wages and benefits plus a pension plan, then attracting and retaining staff would not be so hard to do.

SUMMARY OF RESULTS – Charts

WORKING CONDITIONS⁵

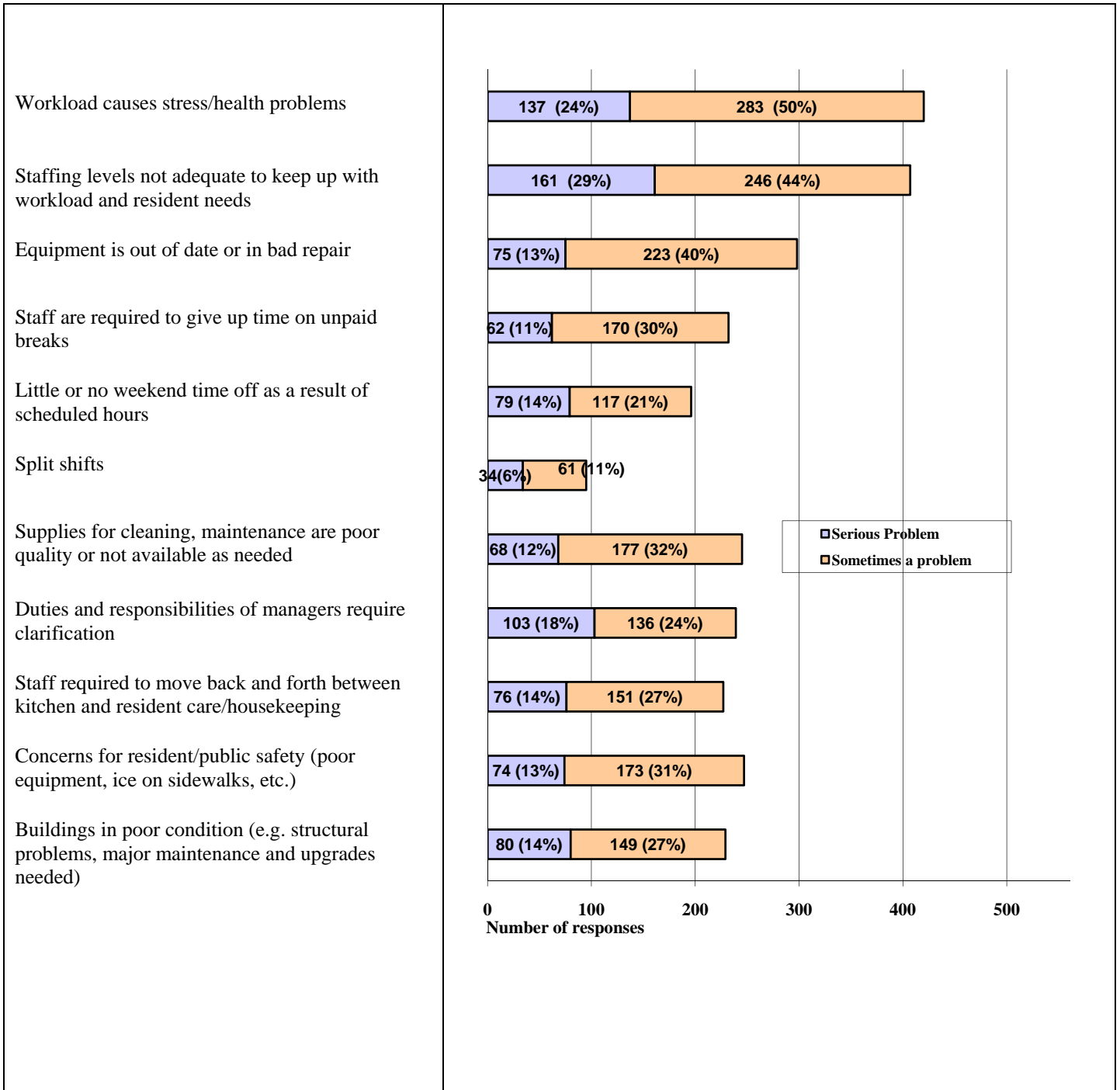
Have changes in services and staffing in recent years affected your work in any of the following ways?



⁵ Based on total responses (561) to the survey.

WORK ENVIRONMENT ISSUES

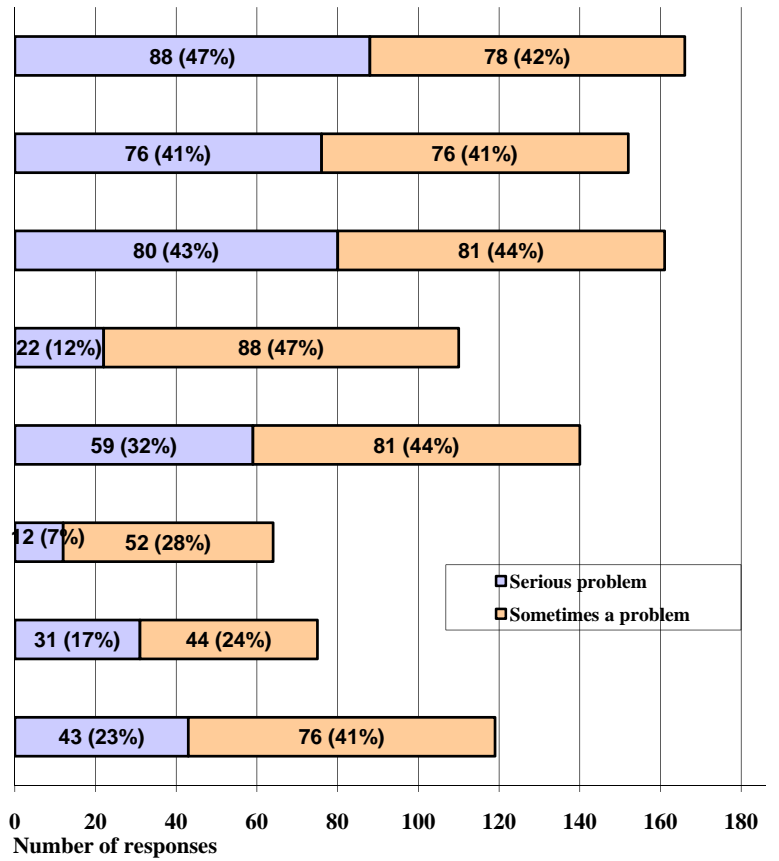
Please indicate below if any of the following are problems for you in your current job or in your work environment.



LONG TERM AND CONTINUING CARE SERVICES AND GERIATRIC CARE IN HOSPITALS ⁶

Service Issues

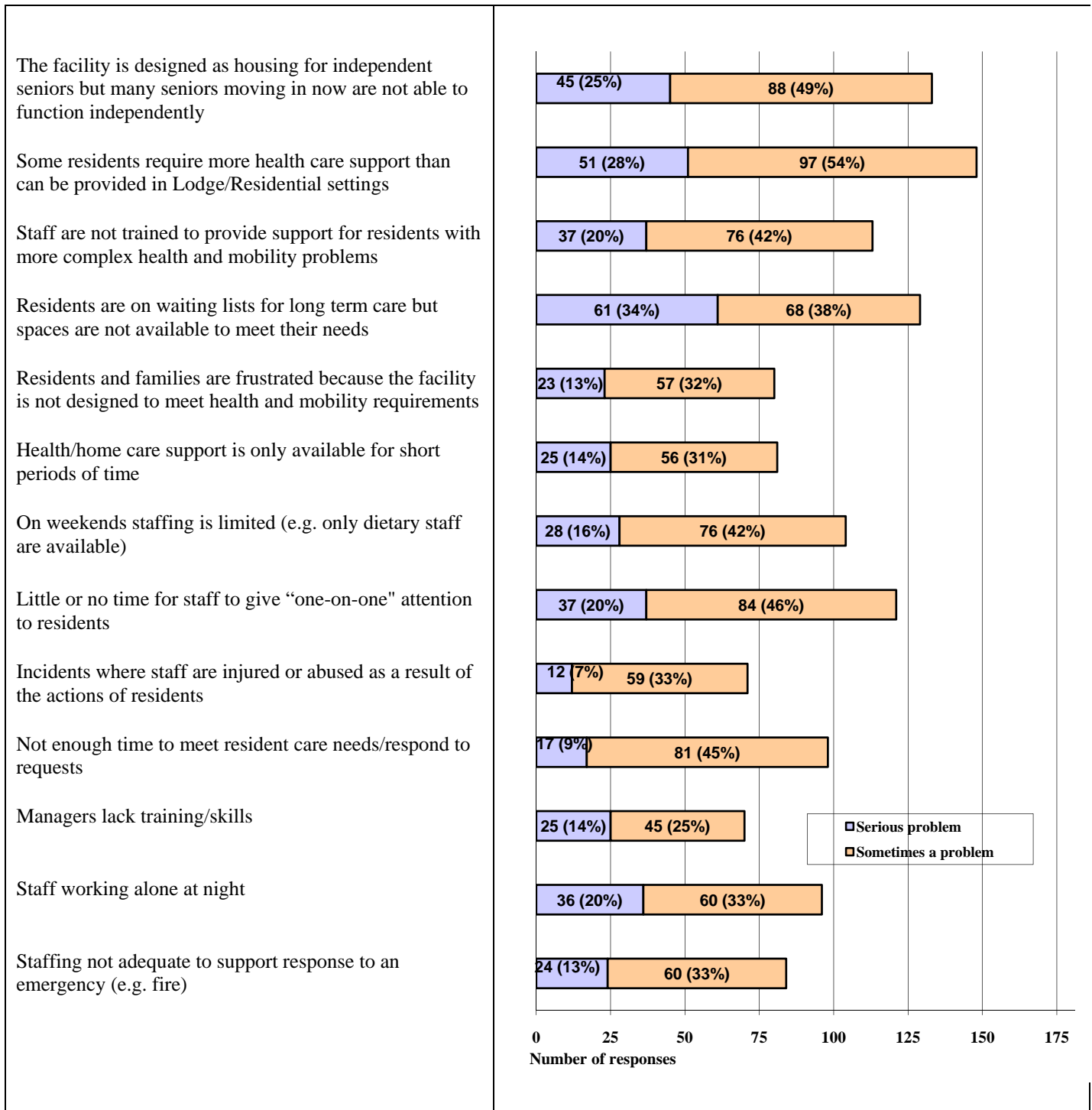
- Little or no time for staff to give “one-on-one” attention to residents
- Incidents where staff are injured or abused as a result of the actions of residents
- Shortage of staff on weekends
- Lack of training for lifting and assisting with mobility requirements of residents
- Not enough time to meet resident care needs e.g. bathing time
- Medications not available or not delivered on time
- Resident Care Managers lack training/skills
- Challenges meeting the needs of residents of different ages with different care requirements (Continuing Care)



⁶ Based on 186 responses from resident/patient care staff working in Long Term Care and Acute Geriatric Care facilities with direct care responsibilities. Respondents from other classification had large N/A or no response on these issues.

LODGES AND RESIDENTIAL FACILITIES FOR SENIORS

Please answer the following questions if you work in a Lodge or Residential Facility for Seniors.⁷



⁷ Based on all responses to this question from respondents working in lodges and residential facilities for seniors.

STAFFING ISSUES

Attracting and retaining staff is a priority concern for improving services in Alberta facilities for seniors. Please identify how important each of the following are to attracting and retaining staff in your workplace.

