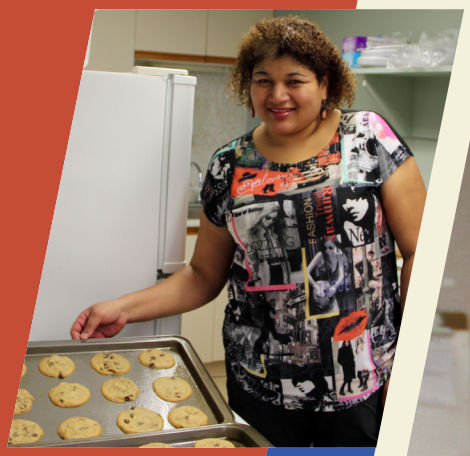
CARING FOR A WEEK:
Workload and Staffing Survey



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CUPE HEALTH CARE WORKERS

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INTRODUCTION

Understaffing and workload are critical issues in continuing care in Saskatchewan. There have been many stories in the media about understaffing and the impact on residents.

In fall 2015, CUPE and the CUPE Saskatchewan Health Care Council of Unions launched a research project to measure understaffing and workload in continuing care in Saskatchewan. CUPE and the Health Care Council designed a survey project that would provide a "snapshot" of member experiences.

In early September 2015, the Ministry of Health and employers in each of the five health regions were formally notified of the survey.

CUPE distributed surveys to members working in five of Saskatchewan's thirteen health regions. Over 400 members completed the confidential surveys representing close to 30% of CUPE members working in eleven care facilities selected for the research.

Members recorded their daily work experience over a one week rotation to measure how much our members in continuing care are working short, working overtime, and not able to do all the necessary care responsibilities in a shift.

For the week of September 20 to 26, 2015, members answered daily questions at the end of each shift in the workbook provided. At the end of the week, they filled out final "Reflections."

Continuing care includes long-term care, community care and home care, but for the purpose of this report we focused on long term care.

Demographics:

- Members representing 15 classifications completed the survey. Continuing Care Assistants provided the majority of respondents (62.5%) followed by Food Services Workers (7.7%).
- While 20.4% of respondents worked at one facility, the remaining 79.6% were spread fairly evenly across the other 10 facilities.
- One health region was represented in 28.1% of surveys while the remaining respondents were spread fairly evenly across the remaining four regions with two regions at 21.6% and 20.4%, and the remaining two regions at 14.9% each.
- There was a fairly even urban/rural split.
- The majority of respondents worked full time (67.6%).
- While 25.4% of respondents had worked 5 years or less in health care, 60% had worked 10.5 years or more and 26.9% had 20+ years in health care.
- Respondents reported 20.2% of their time over the week was spent on tasks other than direct personal care including administrative work, Lean exercises, support work and other activities.
- Of those working overtime, 17.9% reported working unpaid overtime. Cooks reported working the most unpaid overtime hours.

WHAT DO HEALTH CARE WORKERS IN CONTINUING CARE LOVE MOST ABOUT THEIR JOBS?

The Residents

Health care workers in continuing care report overwhelmingly that what they love most about their job is the residents for whom they provide care. Specifically, health care workers love caring for, helping and looking after their residents.

Workers shared many stories about the care they provide residents and the results they see when their residents are cared for with dignity, respect and compassion.

Workers described caring, helping and looking after residents as:

a. Making them smile, laugh, and making them happy.
b. Talking to them, visiting and chatting.
c. Providing personal care and doing for them what they aren't able to do for themselves.
d. Spending time with them.
e. Listening to stories, learning their history.
f. Contributing to their quality of life and independence.
g. Interacting with them.
h. Helping them feel safe and secure, being a comfort to them.
i. Connecting with them.

When sharing what they love most about their job, health care workers identified what the result is, or what happens, when they care for, help and look after their residents in these ways:

a. It is personally rewarding to health care workers.
b. It contributes to the residents' quality of life.
c. The residents smile, laugh and are happy.
d. It makes a difference in the residents' lives.
e. The residents express their gratitude, say "thank you" or in some way recognize the caring work of the health care workers.
f. Makes the workplace feel like a second home and family.

WHAT CHALLENGES OR FRUSTRATIONS DO HEALTH CARE WORKERS EXPERIENCE ON THE JOB?

Staffing Levels

Health care workers report feeling frustrated and challenged by staffing levels, stating that frustrations and challenges were the result of low or insufficient staffing levels including that they were working "short staffed".

There are many reasons for the work to be challenging or frustrating, such as extra and increasing workloads, staffing replacements not being called in, workers absent due to training, special events, as well as scheduling of shifts. There are reports that low levels or short staffing happen "all the time", "always", and that it is "routine" to work with a "skeleton" staff. Workers identify a domino effect from one shift to the next when staffing levels are low or shifts are short staffed, which increase challenges and frustrations.

Workers also report frustrations and challenges related to the "mix" of staff assigned to a shift. Workers feel they are doing other workers' job responsibilities at times due to an inappropriate mix of staff. Frustrations and challenges also arise when staff are not appropriately trained or qualified for the job.

Workload

Workers report experiencing challenges and feeling frustrated due to heavy and increasing workloads. In particular, workers describe feeling anxious about the quality of care they are providing and that safety risks increase for both workers and residents as workloads increase. A variety of reasons are given for why workloads are heavy, including "not enough staff". Many stories are told about heavy workloads and the effects on residents. Workers with ten years and more in health care (60% of respondents) are particularly frustrated with increasing workloads as they know what a reasonable workload is. Workers report missing breaks, coming early, and staying late in order to complete work responsibilities.

Workers feel challenged and frustrated at "always" having to rush through their workday. Many workers describe feeling exhausted. Others are concerned about an increasing risk of injury to themselves and their residents as a result of rushing due to increasing workloads.

Workers report the following challenges and frustrations due to inadequate staffing and increasing workloads:

1. Workers report not having enough time for …

a. ***Providing Proper Care*** - Workers report feeling frustrated and challenged at not being able to provide "real care", "quality care" or "adequate service" to both residents and families of residents. They feel frustrated when unable to serve, or when underserving, the "needs" of their residents.

b. ***Breaks*** – Workers report breaks being shortened and missing breaks entirely.

c. ***Everything*** – Workers report not having enough time to do "everything" that is expected of them. They report that they are unable to complete their "usual duties".

d. ***Response Time*** – Workers report frustration and challenges when they are unable to respond to their residents in a timely manner. This includes responding to resident call buzzers, meeting toileting needs, and assisting or transporting their residents to meals. Workers are concerned about residents' increasing frustration levels when call buzzers go unanswered for lengthy periods, of residents soiling themselves, and of residents having to rush through, and at times not be permitted to complete, eating their meals.

e. ***Charting, Reporting and Paperwork*** – Workers express frustration and challenges with extra paperwork and a lack of time to report and/or chart. This is sometimes identified as related to Lean time constraints.

f. ***Cleaning*** – Workers are frustrated by a lack of time to properly clean residents' rooms, furniture and closets. Workers express concern with infection control due to lack of time to clean properly and thoroughly.

g. ***Food and Hydration*** – Workers report frustration and challenges when they are unable to properly nourish and hydrate their residents. They are concerned when their residents miss juice and snack breaks because workers are pressured for time. Meals are often rushed or late due to heavy workload in getting residents to the dining room. Workers are frustrated when their residents are forced to eat meals in bed when workers do not have enough time to get their residents up, dressed and ready for the dining room. Workers are also frustrated when meals are unavailable for their residents who sleep through meals for various reasons.

h. ***One-on-One and Emotional Care*** - Workers report challenges with providing their residents with any, enough, or appropriate one-on-one and emotional care. Workers report that limited time is available for providing care to their residents because of other support work that has to be done at specific times. One worker writes:

"Many of our residents just needed someone to talk with them or sit with them. We didn't get time for comforting or soothing today."

Another writes:

"I did not have enough time to help a resident feel safe because of lack of staff and a 'time clock' type of work environment."

i. ***Baths and Walking*** – Workers express frustration and challenges with meeting the bathing needs of their residents as well as a lack of time to walk their residents.

2. Inefficient Systems

a. ***Laundry / Linens*** – There are many reports from workers of challenges and frustrations with laundry and linens. There are numerous reports of being low or short on linens and clothing, of no linens being available for bathing, of repeatedly being low or short on linens on certain days, as well as inefficient distribution of linens.

b. ***Scheduling*** – There are many reports of challenges and frustrations related to scheduling, for example, on-call being inefficient, breaks scheduled at inappropriate times, lab hours inconvenient, and poor scheduling to accommodate health emergencies with residents.

c. ***Safety*** – Workers express frustrations and challenges related to their and to their residents' safety. This is due to a variety of factors, including the high ratio of residents to health care workers; working short contributing to accidents, mishaps and falls because of fatigue; doing lifts on their own; and injuries due to hurrying. One health care worker reports:

"not having enough staff to meet the needs of the residents, ensuring their safety is a huge concern."

d. ***Equipment*** – Workers report frustrations and challenges related to equipment that is broken or of poor quality, of not enough equipment including slings for lifts and computers for reporting, and of not having hot water for baths, all which affect the quality of care provided to residents.

e. ***Monitoring, Surveillance and a "Timeclock" Approach*** – Workers report frustrations and challenges related to the intense monitoring and surveillance of their work. This is experienced as coming from both management and the public. Some workers feel they are being constantly reminded what to do despite knowing their job responsibilities. Some workers feel "[you are]

graded on every aspect of and every minute of your shift."

Others report frustrations with

"trying to do the job on a time schedule"

and the difficulties of providing care to their residents

"because of other 'support' work that has to be done at specific times."

f. ***Lack of Communication*** – Workers report frustrations and challenges due to poor communication between staff, between staff and supervisors, and between staff and management.

3. Residents and Families – Health care workers feel frustrated and challenged when increasing workloads and low staffing levels mean they are not able to spend the time needed by both residents and families. Some residents become "impatient" with long waits, "angry" "violent", "combative", and "aggressive." Workers also report that the families of their residents also express frustrations directly to them when frontline health care workers are unable to spend appropriate amounts of time with residents and family.

WHAT ARE HEALTH CARE WORKERS UNABLE TO DO?

"Proper" Personal Care

Many workers report that they are unable to provide proper personal care for all their residents because workers simply don't have enough time. Workers report that some days only certain of their residents receive "proper" personal care. On those days, some residents receive minimal, "not enough," delayed and sometimes no personal care. There are days workers are unable to complete personal care due to heavy or too large a workload. A frequent example is that residents with Alzheimer's require more care and at a slower pace than some other residents.

Quality Time, More Time, More Attentive Care

More than all other comments, workers report being unable to spend quality time with their residents – they are unable to "be there" for their residents. This is typically identified as talking, listening, visiting, chatting, and having conversations with their residents. Workers describe wanting to get to know their residents better in order to provide "quality" care.

Workers report that many of their residents do not receive adequate emotional support particularly if they are depressed or lonely. Residents needing support when they are dying as well as at times of family bereavement or crisis are not supported appropriately due to heavy workloads. Workers report they are unable to give adequate time to their residents in order to ask if they need anything or to address any concerns they might have, including personal or confidential issues.

Workers know that spending an appropriate amount of time allows confused residents to settle and that rushing overwhelms many residents. Many workers want to spend more time with their residents to allow them to be more attentive to the individual needs of residents.

Personal Care May Be Completed, but It's Rushed

Workers report that they are always rushing to complete personal care tasks. Workers identify that simply completing personal care tasks is not enough for their residents. They express a desire to work at the pace of their residents rather than feeling like they are always rushing them. Some workers report that rushing overwhelms their residents and overlooks mental or emotional care. When rushing, workers do not feel that they are providing thorough care. With more time, workers can be more attentive and provide better care to their residents.

Timely Responses

Workers report being unable to respond in a timely manner to their residents' requests and call bells. In particular, workers are unable to respond in a timely manner to their residents' toileting needs, resulting in residents soiling themselves or their bed linens. Workers also report being unable to empty catheter bags in a timely manner. Personal care isn't always completed in a timely manner, resulting in their residents being unable to go to the dining room for meals or unable to get to bed on time.

Creating Dependence Rather than Supporting Independence

Workers report that the combination of heavy workload and rushing means they will perform certain personal care tasks for their residents rather than assisting or supporting the residents to complete the tasks themselves. When workers have responsibility for too many residents, it is faster for the workers to do the tasks themselves. Health care workers recognize that this is not appropriate or proper care for independent residents as it creates dependence on the workers, further increasing workloads.

Resident Rooms and Belongings

Workers report that while minimal cleaning of resident rooms takes place, there is much that does not get completed. For example, rarely is anything "extra" done such as tidying and cleaning closets and drawers. At times, residents' beds remain unmade due to heavy workload. Workers find it difficult to find time to repair and label their residents' clothing.

Physical Needs

Workers report that they are unable to meet many personal, physical needs of their residents:

a. ***Food and Fluids*** - There are reports of workers being unable to feed or provide foods and hydration to their residents as part of proper personal care. For example, with heavy workloads, workers are unable to get all their residents out of bed and to the dining room for meals – most often breakfast but also for dinner and supper. These residents must have their meals in bed as their personal care has not been completed. Workers report being unable to get their residents some food items such as condiments (cream and sugar for their coffee) or their preferred food items. Workers are unable to assist feeding their residents before their food gets cold and sometimes are unable to assist them at all. At times their residents do not receive snacks between meals and are hungry.

b. ***Toileting*** – Workers report being unable to respond in a timely manner to their residents' toileting requests. Workers are not able to take their residents to the toilet soon enough or frequently enough. In addition, their residents are sometimes rushed through the toileting process. Some residents spend long periods of time in soiled garments, pads or bedding.

c. ***Bathing and Washing*** – Workers report being unable to bathe and/or wash their residents often enough or long enough. Baths are frequently rushed. Washing and bathing might also be incomplete. Workers express a desire to wash their residents better or properly, including providing better perineal care.

d. ***Skin Checks and Lotions*** – Workers report not being able to check their residents' skin health frequently enough. They also are unable to lotion or provide other skin care.

e. ***Back and Foot Rubs*** – Workers report being unable to provide back and foot rubs when needed.

f. ***Teeth and Mouth Care*** – Workers report being unable to provide frequent enough teeth cleaning and mouth care.

g. ***Nail Care*** – Workers report being unable to provide frequent enough nail care, particularly for residents with diabetes.

h. ***Grooming*** – Workers report being unable to provide enough or adequate grooming, including minimal hair care, infrequent shaves for men, or to fulfil requests from their residents to apply makeup such as for special occasions.

i. ***Walking*** – Workers report being unable to take their residents for walks, whether for recreation, as part of a walking program, to soothe confused residents, or for outings such as walking outdoors.

WHAT CARE WOULD HEALTH CARE WORKERS PROVIDE IF THEY HAD MORE TIME?

Health care workers provided a long list of care they would provide if they had more time to spend with residents:

Appearance and Hygiene

a. Hair
b. Nails
c. Lotions
d. Personal care
e. Foot and back rubs, massages
f. Grooming
g. Makeup
h. Shaving
i. Teeth and mouth care
j. Proper hygiene
k. Toileting

Visiting and Conversations

a. "Just sitting and talking to them. We hardly get to do that."
b. "We don't have the time to sit down with them and they deserve the time."
c. "This is the most desperate need for our residents – personal time spent just listening to them."

Quality of Life and Quality of Care

a. "[I would want to make] the resident feel like they are always first."
b. "It seems like you only have time to do care on them … never get to just be a friend to them. Lots of residents have no family or friends visiting – they only have us."
c. "Organize belongings in closet to promote independence."
d. "I would encourage the residents to be more independent instead of rushing with their care. We take away their independence."
e. "People with dementia deserve more of our time…. You can't rush these folks and I feel we are doing exactly that more and more."
f. "To make the nursing home feel more like a home (baking, pictures to stimulate more of their senses)."
g. "Provide better more gentle care."
h. "I would like to do more mentally stimulating activities with them."
i. "Hold their hands."

Walks

a. "Sometimes we do not have enough time in a day to be able to walk all the people on our walking program."

Activities – Social Events and Outings

Listening, including to the Stories of Their Lives

a. "I used to have time and energy to talk with people and hear their stories – no time now."

One-on-One Care

Emotional Care

a. "More actual conversation than task/ program related duties. Some are starved for attention and a visit."
b. "I would listen to them. A lot of them are lonely and they just want someone to talk to and listen to them."
c. "Make them feel appreciated."
d. "Spending time to talk about their … feelings."
e. "Getting to know them better – just not physical things."
f. "Do more things that make them smile."
g. "Have time to … make them feel important."

Spending Time

Sitting with Them

Reading to Them

Properly Addressing Questions, Concerns and Requests

a. "Have time to more adequately address concerns and problems."
b. "Listening to their concerns and needs because most of the time we don't have enough time to talk with them due to our workload."
c. "Take more time to serve the residents and give them the things they want at meals"
d. "Listening to their concerns and having the time to follow through with them."

Tidying, Organizing and Cleaning Residents' Rooms, Closets and Clothes

a. "Organize belongings in closet to promote independence."
b. "I would like to help them better organize their dressers and closets – thus allowing more time for conversation and rapport. This would allow the resident time to get to know me as well. This is a win/win situation."

Washing / Bathing

Relationship Building

Exercises / Physiotherapy

Feeding / Eating Support

a. "Making sure everyone is properly hydrated."
b. "More snacks to make sure they're getting enough supplements."

ADDITIONAL COMMENTS

When given the opportunity at the end of the survey to provide any additional comments, health care workers chose to speak about management and treatment of staff.

Workers' comments revealed a strong tone of frustration. Workers reported on the difficulties they had completing the survey due to heavy workloads and having to work through breaks. They spoke of low morale. Workers who had worked in health care for many years described a decline in staffing levels and a deterioration in resident care and in the treatment of staff.

Workers were critical of management, reporting on poor communication, lack of trust, and constant negative feedback. Many workers feel they are not listened to despite their direct experience with residents and years of service in the health care field. There are also signs of infighting and discord amongst staff as a result of cumulative frustrations related to workload and staffing issues.

Responses are categorized as follows:

Staffing Levels

a. *"We ... are these residents' family in a lot of ways. When family is not here for them they deserve the best of care possible and for that to happen more time is needed to care for them. It is not fair to them and ... not fair to the [front line health care workers] trying to accomplish some days what feels is impossible."*

b. *"In the past year or more housekeepers have NOT been replaced when it was a 3 man day. This is the first week in that time that we have finally been replaced. I think maybe coincidence?"*

c. *"Being short staffed means residents are getting less care as not enough time to spend with residents that are not so demanding.*

d. *"Working short has become the new 'norm'."*

e. *"Tired of working short and working overtime. The residents are suffering and so am I. The aches and pains are starting to take its toll – getting sick more often."*

f. *"Our level of care has increased over the ten years that I've been here. Yet our level of staff has not."*

Workload

a. *"We need to have our breaks, including meal breaks each shift."*

b. *"This survey has come too late. Our summer months are hectic to the point of dangerous."*

c. *"We get behind and are late getting into the dining room in the mornings because we want to try to give everyone adequate time in the morning instead of throwing the blankets off in the mornings, putting clothes on them and shoving them out the door to have breakfast."*

d. *"Quality of care has dropped dramatically because of the high demands to do the same with less."*

e. *"If we are short staffed ... we are still expected to get everything done."*

Treatment of Staff

a. *"No one should feel the stress we do when working. We care for others and we need calmer days/evenings/nights. Adequate staffing would be helpful."*

b. *"I have worked in health care for 19 years and in the last 5-7 years the quality of care, staff morale and job satisfaction has gone down so badly.... It seems when staff give ideas to management on how to elevate the short staffed areas ... they will not listen."*

c. *"It takes a toll on staff when they're run ragged working short – people become bitter and stressed making it harder on the residents and other staff."*

d. *"Staff morale is down."*

e. *"The staff are degraded as far as respect. The staff are the last thing that is important, we are all based on numbers. If we get the right numbers ... we get a gold star, silver star like we are in grade 1 or 2.... I got gold and silver stars in Grade 1 & 2 – not at the workplace. I think I and every worker deserves a little more respect.... That's degrading."*

f. *"I've been employed at [facility name] for 12 years and I loved my job but for the past 3 years I feel like what I do does not matter."*

Management

a. *"They say our main focus is the 'resident care' but in all reality it is NOT. $$$ is! ... Telling [residents] they have to WAIT should not be an option."*

b. *"Managers need to be compassionate towards residents and staff. The manager just cares about numbers and percentage."*

c. *"I think management needs to get more advice and direction from [front line staff]."*

Systems

a. *"Too much time spent running looking for supplies."*

b. *"We are constantly out of linen. Never have enough slings for the lifts."*

c. *"Supplies in every house should be set up the same. That way relief staff and overtime staff don't spend precious time searching for things."*

Programming

a. *We are spending so much time with these extra duties and I feel the residents are bored. No time to spend time talking with residents or doing little extra things for them."*

b. *"It would be nice to get new programs instead of the same things all the time. I'm sure the residents would enjoy something new and exciting every once in a while."*

c. *"On weekends and every other Friday there is no staff in activities which makes for a really long day for our residents as we do not have enough time to spend with them."*

d. *"One on one with Alzheimer's residents, or someone to keep them busy doing things in evenings would really help."*

Teamwork / Cooperation

a. *"There is not much teamwork."*

b. *"Staff working every shift should coordinate with each other or have the same principles."*

The System

a. *"I respected my superiors ... for years. I was treated well.... [Now] I can truly say our system has failed and I feel very sorry for our residents."*

RECOMMENDATIONS

In conclusion

This report highlights some of the major issues facing residents, their families and health care providers in Saskatchewan's continuing care centres. Fortunately, our research also shows that there is a clear path forward to building a system that works for everyone.

To solve the inequities and uneven standards of care, CUPE recommends that the Saskatchewan government:

- Establish provincially-legislated quality of care standards for residential continuing care facilities, including minimum staffing levels.
- Increase staffing (direct care and support staff) in residential continuing care facilities.
- Provide safe and healthy work environments that support high quality care.

Furthermore, we call on the government to implement the recommendations outlined in the Saskatchewan Ombudsman 2015 report

"Taking Care: An Ombudsman investigation into the care provided to Margaret Warholm while a resident at the Santa Maria Senior Citizens Home",

especially Recommendation 19 which reads:

That the Ministry of Health, in consultation with the health regions and other stakeholders:

a) Identify the care needs of current and future long term care residents.
b) Identify the factors affecting the quality of long term care delivery.
c) Develop and implement a strategy to meet the needs of long term care residents and to address the factors affecting the quality of long term care in Saskatchewan; and make the strategy public.


KAREN