

Nursing Home Care- Nursing Students as Carers Discussing and Addressing the Negatives; a Northern Ireland Perspective

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Abstract - *The quality of nursing home care is probably in many cases of a high standard. There are, however, examples where the quality of care in nursing homes presents a significant cause of concern. This paper explores and discusses some of the significant critiques and limitations to nursing home care within the UK, particularly and including end-of-life care. The paper also briefly explores some of the international literature by way of comparison. The paper incorporates two narrative accounts by first-year nursing students within Northern Ireland (UK), by way of reflection upon the delivery of quality care within nursing homes, from their perspective*

A. Aim: *To identify some of the characteristics contributing to the quality of holistic care within nursing homes*

B. Methods: *Two short narratives were drawn from the experiences of nursing home care within Northern Ireland. The narrators (and co-authors to the paper) are first-year student nurses who are also employed (part-time) as carers within nursing homes*

C. Conclusions and Recommendations: *Whilst the paper reflects on the state of care within some nursing homes, the paper also explores evidence of good nursing and care, together with evident quality in end-of-life care within two nursing homes, from the perspective of nursing home carers. The paper addresses the context of nursing home care and significant characteristics that reflect in the delivery of holistic care to nursing home residents, including the important role of a 'culture of care, ongoing and specialist training (particularly and including within end of life care) and the important impact in the quality of nursing home leadership. The paper concludes with some short recommendations to better develop practice within nursing homes*

Keywords - *Nursing Homes, person-centered Care, End of Life Care, Student Nurse Perspective.*

I. INTRODUCTION AND BACKGROUND

An Ageing Population. With an increasingly aging population, care homes within developed countries have become a major focus for maintaining a quality of life and nursing care needs for an increasing proportion of populations, needs which are widening and extending in complexity (1) (2). Within the UK, the title care home includes both facilities for (i) residential non-nursing care and (ii) residential care where there is significant nursing support (nursing homes). There are perhaps a little more than 5000 nursing homes within the UK, with just under ½ million elderly and disabled people living in care that includes nursing homes (3) (2). Possibly about 4% of the older population resides in long-term residential care, and for organizations such as BUPA, possibly three-quarters of the care delivered in care homes is nursing care (4). The gender variable in care homes is represented by a multiple of 2.8 female to male (3). The proportion of residents of care homes with dementia is progressively increasing (4). A significant proportion of the UK population is cared for within nursing homes (more than ¼ million for England and Wales in 2011). About 16% of those are aged 85 years and above, with an increasing proportion of older residents and with increasingly complex medical needs (3) (2). A 2007 BUPA report (4) suggests that nearly ½ of their care home residents were significantly disabled, with something in excess of 90% of residents reflecting 'high support needs'(p.7). The report also suggests that the historical distinction between residential care and nursing care is becoming progressively blurred, with the increasing dominance of a medical care model. Frost and Sullivan (5) estimate that care home demand by 2040 within the UK will exceed ¾ million residents. Approximately 20% of the UK care home capacity (including nursing homes) is provided by 10 large companies (5).

Nursing home care within the UK. Care homes within the United Kingdom developed from earlier 19th-century workhouses through to elderly care homes and through to care homes/nursing care homes. Possibly to some extent, that transition from



often very basic standards of care for the poor has colored the development of care home standards within the UK (4). For many of those patients/residents, the nursing home will be their last place of residence and care before palliative care needs emerge (6). The quality of nursing care seems to directly reflect the stability of the nursing home workforce-high levels of turnover in staff translate directly and negatively in terms of quality of care (7) (8). A significant proportion of the nursing home workforce in the UK is drawn from nurses and care assistants from overseas (9). The Care Quality Commission (14) (CQC) State of Care Report (UK) suggests in some significant cases, and nursing homes provide poorer standards and levels of care relative to care homes. Increases in the complexity of care and in recruiting and retaining staff sufficient to reflect the complex needs of an aging population were highlighted in the report. The report often noted poor services found in nursing homes, with 1/5 experiencing significant shortages of staff and, in some cases, ordering the closure of nursing homes or the imposition of 'special measures'. Popular perceptions of nursing homes within the UK can be substantially negative, negativity sometimes reflected in parts of the investigative media. Writing in a significant UK daily newspaper, 'the Guardian' Hardy (15) reports on often poor levels of staffing, high levels of staffing turnover, difficulties in recruitment and translation to poorer levels of care with a significant proportion functioning below an appropriate standard of quality. Similarly, Rigby is writing to another leading UK newspaper, 'the Telegraph'(16) - and reflecting on some of the details from the CQC Report (14)- details in a residents/patients daily experience, worrying deficits in care home quality care delivery. This was reported, particularly included nursing homes. Significant deficits included; staff shortages; lack of appropriate personal care; poor quality of hydration and nutrition provision; very poor standards of cleanliness; delays in residents and patients toileting and attention to personal needs; delays in response to call bells; lack of attention and generally poor and worryingly poor levels of care and attention. A 'task driven' approach to care limits 'meaningful engagement' with residents (10:p.5). In a review of the literature relating to care homes, Szczepura et al. (17) emphasize the need for (inter-alia) specialist nurse practitioners in geriatric care and the importance of the quality of leadership and presence of care- culture reflecting in quality of care. A culture of care will be evident not just within the personal, professional ethos and style of care delivery, but would be an intrinsic quality evident within the organization and nursing home management structure (2) (6) (10) (14) (17). The British Geriatrics Society (18) emphasizes the need for the more specific and practical delivery of holistic care to elderly care home residents, particularly and including acknowledgment of their

personal needs and personal requirements in terms of delivery of care. Fahey et al. (19) report generally inadequate standards and quality of medical care to nursing home residents/patients within a limited Bristol, UK study.

Northern Ireland (UK). Clear minimal standards are set for the delivery of nursing home care within Northern Ireland, including the ethos and culture of person-centered care, appropriate qualification and training of staff, and the quality of nursing home leadership and its translation to the quality of care (10). Within Northern, Ireland standards are enforced through the Regulation and Quality Improvement Authority (RQIA). Many nursing homes carry attestations to the quality of care, and many individuals would acknowledge both the quality of care delivered to them within nursing homes or delivered to those that they care for or about (7) (8) (13). Notwithstanding, there remain concerns in relation to the quality of nursing home care delivery.

Some International Comparisons. Stillman et al. (20), within a US study forming part of a larger study of palliative care within US nursing homes, suggest limitations include pain management, psychosocial support, approaches to advanced care planning and support for those experiencing or facing grief and bereavement; including other residents within nursing homes with little evidence, then of significant emphasis on palliative care within the training and development of nursing home staff (p.259). Similarly, Commadore et al. (21) within a Canadian study report concerns reflecting a substantially non-individualized routine, inadequate reflections of personal dietary needs, and lack of advocacy on behalf of many residents evident within a lack of physiological, psychological, economic, and social agency. Using data generated from electronic databases and long-term care reports, Kim et. (22), within a US study, suggest that staffing levels and particularly registered nurse staffing levels are key predictors of the quality of nursing home care. Nakrem et al. (23), in a review of international literature seeking to determine quality indicators for nursing home care, address the significant challenges faced by nursing homes globally to meet both the needs of providing a home for the elderly population within developed countries, but also the need to reflect and care to accelerate and complex health care needs; within some cases, an increasingly 'frail and vulnerable' aging population (p.849), as they move towards the end of life. Anderson et al. (24), whilst acknowledging the complexity of nursing homes, underlines the importance of effective leadership and its translation to the quality of care; the authors also emphasize the importance of an embedded and practically applied culture within nursing homes- translating to respect and quality of care. Similarly, Hunter et al. (25), in their study involving care home staff, note the importance of organizational support,

the organizational culture, and the personal attitudes of staff members as reflected in the quality of person-centered dementia care. Castle and Engberg (26), in a US study, suggest that staffing turnover/churn reflects negatively in terms of nursing home quality care delivery. Zimmerman et al. (27) again within a US study particularly explore dementia care within nursing homes; a fairly significant triangulated study, within which field methods include residential data, resident interviews, and observation. The authors suggest (inter-alia) the need for more specialist qualified nursing and care staff, more meaningful interaction and collaborative working with patients and relatives, and less focus on antipsychotic, sedative, and hypnotic medications (p.145). Birch and Draper (28), in a systematic literature review exploring particularly the context and experience of those suffering from dementia, suggest relatively poor accuracy in prognosis, sensitivity in communication, collaborative approaches to individualized care, respect for advanced directives, the importance and appropriateness of end of life setting and the need for high-quality and specialized palliative care delivery to those suffering from dementia; all significant issues relative to nursing home care. The quality of care delivery within nursing homes remains a significant challenge 'a persistent concern for consumers their relatives, policymakers and health care professionals'(1:p288)

II. AIMS

To identify some of the characteristics contributing to the quality of care within nursing homes and including palliative care, from a Northern Irish perspective.

III. METHODS

Two case examples were used to help inform the discussion and to evaluate perspectives of care. This involved 2 first-year nursing students who are also part-time care assistants in nursing homes within Northern Ireland and co-authors to this discussion and evaluation paper.

Zucker (29) suggests that case study/case review/case report are terms used somewhat loosely and to some extent interchangeably; significant is the issue of their professional application. Case studies can be representative or typical of the category, can present representations deviant to the typical (appearing to provide a contrast with the norm and thereby helping to inform an understanding of more generalized or typical examples) or representations that might be considered as likely to become more typical of the particular phenomena or category 'prototypical' (30:p.9). In addition, case studies can represent an explanation of causal links, exploratory of events and phenomena, or descriptive of the setting context and phenomena (31).

Whilst not formal case studies, the case examples/evaluations used within this discussion

paper employ some degree of case study methodology and application of critical appraisal (32) (31) (33) (29). They provide a perspective on nursing home care but also provide first-year nursing students with an introduction to an experience of research methodology and as introductory to nursing action research.

A. Case example1

As a student nurse with experience working in a nursing home, I am immensely passionate about the subject of caring for the elderly and how this can indeed be implemented to a high standard contrary to how it may be stereotyped. Caring for a lot of the most vulnerable in society, some of who are nearing the end of their life is a great honor.

The home that I work in is owned by one family, and it is the only home they own, and they emphasize that it is very much "family-owned and family-focused" The home itself is set in rural surroundings and is home to 59 residents in total with the majority being over the age of 80 and with a variety of different health issues. As a staff, we aim to provide the highest standard of care possible to meet the needs of our residents. Several times we have had experts in certain fields come into the home to deliver training that is focused on only one resident with a certain condition so that we as staff can provide that individual with the best care possible. This illustrates how it is not a one size fits all mentality in all nursing homes and that we care and value the needs of the individual.

Holistic care is something I see every day where I work; residents are given choices with things such as meals and what activities they wish to participate in. Staff not only aim to meet the physical needs of the residents, but they go way beyond that. They provide much-needed reassurance on a daily basis, often to those residents with dementia when they are feeling scared and alone. They share laughs and good times with the residents brightening up their day. They stay after their shift is over and chat and sing with the residents. This is what working in the care sector should be about not simply doing a task but rather seeing the person behind the task and taking the time to get to know them. I have witnessed numerous residents come to the home, and their mentality and condition improve tremendously. They make friends and build relationships with the staff, and become part of the family.

I have personally dealt with a lot of palliative care through my experience in the nursing home, and I see it as such an honor to make the resident last weeks and days on earth as comfortable and at ease as possible. We often have families stay around the clock when their loved one is very unwell; we provide the families with meals, somewhere to sleep but most importantly, with a listening ear and reassurance that we are with them. I had an instance when a family was staying around the clock, and we

did for them what we would do for anyone. They were so touched by how we handled their mum's passing and even stated that the care their mum had received made her passing away less painful for them because they knew she had been looked after at the end of her life.

My manager reminds staff that "we are working in the resident's home. They are not living in our workplace" This, I believe, is one of the keys to achieving a high standard of care in nursing homes, that we treat it like the residents home rather than an institution, where residents are treated with respect and dignity and where they feel safe, particularly as they approach the end of life.

Nursing homes need those who are willing to take charge and lead by example. You need to have a manager who knows the residents and is in touch with what is going on, on a day-to-day basis. You will see my manager every day chatting to residents, walking around the home, and speaking with staff. This creates a positive working environment as it makes management approachable, and having an open-door policy means that staff is more likely to inform management if there is something they are unhappy with or if high standards of care are not being met. We also have regular staff meetings where management and staff can air any concerns that they might have. Ultimately to everyone, the residents are the priority, and improving their lives is what we are striving for.

Unfortunately, staff turnover seems to be an issue in most nursing homes, finding those who genuinely care and want to do the job for these reasons. It is also extremely difficult to find and keep nurses as many newly qualified nurses do not see the advantages that working in a nursing home can bring. There are many skills to be developed that you may not develop in other clinical settings, and nurses within nursing homes carry a huge amount of responsibility.

To improve the general standard of care in nursing homes, there are a few things I feel that could be beneficial;

- ❖ Providing care assistants with mandatory training courses, which makes it a recognized profession that you have to work towards, would help to eliminate those who get into care work just for the sake of it, rather than because they have compassion for caring for others. This would help care assistants to feel valued and that they too have skills as the role they play is so vital and is the key to having good nursing home care standards and end of life care standards. This could also be good for providing more specialized training for nurses, broadening their skills so that working in a nursing home wasn't viewed by nurses as somewhere that you "lose your skills."
- ❖ I believe the key for each nursing home lies in the type of culture that you create, and this can

often come from the top down. Management must endeavor to create a culture of care where staff witness others going above and beyond for the residents, and then they too will follow suit. You can have staff that will "get the job done," but working with those in nursing homes should be about so much more than that, and it is up to each person in the place that they are working to create the culture. It takes time but eventually, the things that management used to have to remind staff to do will just become part of the culture of the home. Those in nursing homes should be treasured and told that they matter, that they are valuable, they are not simply a name over a bed, and this is their home until death if they so wish

B. Case example 2

I work in a rural private nursing home with 45 beds which is one of two nursing homes owned by a church organization. It has 45 beds and currently has 37 female residents and 8 males, ranging from the age of 72 to 103 - with the majority of residents being over the age of 85. Most residents are heavily dependent on all aspects of personal care, and only 1 resident can mobilize without any assistance. There is a range of individuals with different conditions cared for, including C.O.P.D., dementia, stroke, brain injury, Alzheimer's, and cancers. The vision for the nursing home is high quality, safe and effective care in a Christian setting for those who choose to live life in our Private Nursing Homes.

We aim to ensure the care we provide is person-centered for each resident in all aspects of their daily living. Choices are offered at mealtimes with individual likes and dislike taking into consideration. In some cases, residents may not have family or may have family who lives abroad and are not able to visit often. In these cases, staff will sometimes step in to purchase things for the resident, from toiletries to clothing. We also have dedicated activity staff who provide entertainment for the residents, and this can include music, arts & crafts, baking, flower arranging, reminiscence, birthday parties, devotions from different religious ministers, and family events such as BBQs and fun days. We also recently had raised allotment beds installed, which are easily accessed from wheelchair height so residents can take part.

Care staff have good relationships with residents and are aware of important dates such as birthdays and anniversaries, and are also sensitive to dates that may be emotional for residents, such as anniversaries of a loved one's death. As an example of this type of care, one of the residents who suffer from dementia can become very distressed at night, and the staff knows this, and they also know how to comfort her. One night when she was extremely

distressed and scared, a member of staff played the piano while the others sang hymns to her that she recognized. Although a simple action, this calmed and reassured the resident and made her more comfortable in her surroundings, and it is a better alternative to perhaps over-prescribing the resident on medication to keep her calm.

End of life care, especially in the nursing home environment, is more than caring for the individual; you also find as a staff team that you also care for the family's needs as well which can include, but is not limited to, making sleeping arrangements for the families in the nursing home so they can rest without leaving their loved one, offering food and refreshments and offering the use of facilities in the nursing home such as showers. After a certain point, the families and sometimes the resident themselves will request not to be taken to the hospital if their condition deteriorates. In a nursing home, the resident can be kept comfortable through effective pain management in an environment that they recognize with familiar faces and staff who know them and their likes and dislikes. As we are a church-owned organization, there is also significant spiritual care offered either by the resident's own minister or one who visits the home to take services.

Staff is kept informed of any extra training available which relates to elderly care. There is mandatory training that must be completed within a time frame of beginning employment; this includes more than just basic moving handling and infection control but safeguarding vulnerable adults, caring for people with dementia, and swallowing awareness.

Both my nurse manager and unit sister work shift as nurses and spend time on the floor talking to residents, families, and staff. I believe that this is key to delivering good care to residents as to when management makes decisions about the day-to-day running of the care home, they can make them with residents, families, and staff in mind. This also makes them appear more approachable to residents, families, and staff, and all can feel confident that they are listened to by management. Our management also carries out random supervisions of care staff so they are always aware of the quality of care provided and can assess any areas of concern should they arise.

Staff turnover in nursing homes can be very high, especially when it comes to nurses. Many nurses are not attracted to the idea of working in a nursing home for a number of reasons, such as nurses who work in a nursing home are not as respected as those who work in acute areas, and as student nurses, many nurses have advised me not to work in a nursing home as it's likely that I will lose my clinical skills. Personally, I find working with the elderly as a career immensely rewarding, and I don't think that

would change when I graduate as a nurse. In my current place of work we have a high level of staff morale, many careers have left to start new jobs and have returned a few months later as they miss the staff and residents. However, some don't come back as it can be hard for private sector nursing homes to compete with the high wages and incentives offered by the Trusts (*National Health Service*) and private agencies.

Nursing home quality can be improved by implementing both individualized and group activity planning for residents in nursing homes. Activities can greatly improve the quality of life of residents, so they feel they have more of a purpose, especially if they don't have a lot of communication with any family or friends. Individualized activity planning is also very important in the nursing home setting as some residents may no longer have the ability to join in activities such as baking or arts & crafts, but they may enjoy music or could be assisted in activities such as making a memory book. Having a vast range of activities going on decreases the chances of residents feeling like they have been institutionalized and can help to maintain their communication skills for as long as possible.

In addition, to improve the care in nursing homes, there need to be more incentives for nurses to work in them and stay for a period of time. Constant changing of staff can be distressing not only to the staff team but to the residents themselves as they have to get used to a new face. Offering preceptorship courses for newly qualified nurses may encourage some nurses to consider working in a nursing home.

Finally, quality of care in nursing homes could also be improved by having easier access to (*NHS*) Trust services such as speech and language, occupational therapy, physiotherapy, and particularly a more integrated and supportive end of life care.

IV. DISCUSSION AND CONCLUSIONS

The quality of nursing home care within the United Kingdom and internationally remains a challenge (1) (2). An increasing proportion of populations will live in and require end-of-life care within nursing homes (6) (4) (3). Nursing home care has sometimes been marred by poor levels of delivery of professional nursing care, including end-of-life care, exacerbated by high levels of staff turnover and workforce instability (20) (9) (11) (14). The two short narratives, while not providing any definitive understanding of the general level of nursing home care within Northern Ireland, both provide an interesting insight into quality care. The narratives reflect both the perspective of a nursing home carer but also a developing insight as first-year nursing students. The two outline narratives talk

significantly about the quality of care and a holistic approach to person-centered care delivery.

Key themes emerging from the two short case narratives reflect a culture of care, the sensitivity of palliative care delivery, the need for greater professionalism within the nursing home staff, and importantly the quality and focus of leadership. The narratives address the need for a more 'horticultural' approach to care rather than the often historical warehousing of the elderly (4) (5) as far as practical that holism should be clearly evident in individualized and person-centered care (18) (10) and particularly reflective at the end of life care (20) (6). Importantly, that care is a reflection of the underlying ethos and culture of a nursing home, a culture significantly dependent upon and determined by the quality of leadership (24) (10). Transformational styles of leadership reflect not just in embedding a care focus but perhaps in helping to stabilize a sometimes transitory nursing home workforce (24) (19) (10). The two narratives reflect the need for transformational styles of leadership in nursing homes to be evident in leadership approachability, visibility, and engagement. The narratives also talk to the need for both greater acknowledgment but also enhancement of the important professional role in nursing home care-facilitated by ongoing and qualitative teaching and training (20) (27) (18) (10). Finally, one of the narratives talks about the need for more integrated relationships and working practices between nursing homes and publicly-funded community primary health care, including within end-of-life care (14) (10).

The two case narratives by student nurses/carers, to some extent, sit in contrast to the more popular narrative, and in some experiences of nursing home care, might be seen as prototypical (27) (1) (14). They suggest that a culture of care can mirror patterns of behavior in carers but significantly, the quality of leadership can engage and transform attitudes to care - and significantly to end of life care delivery. Importantly, nurses and carers within nursing homes settings need to feel more encouraged, more valued, and more professionally facilitated.

V. RECOMMENDATIONS FOR PRACTICE

- ❖ Continue to work to professionalize and enhance the status and career opportunities within nursing homes, particularly and including qualifications for care assistants
- ❖ Continue to enforce a regulatory structure within nursing homes, but perhaps, more importantly, seek to engage and transform attitudes to care, 'the culture' of nursing home care
- ❖ Continue to work to identify and disseminate examples of good practice in nursing homes, particularly focusing on the quality of person-centered holistic care

- ❖ Focus upon the quality of leadership within nursing homes
- ❖ More strategically integrate private nursing home care and national health/public nursing to facilitate less competition for high-quality nursing resources
- ❖ More effectively integrate primary health care community facilities (including supportive end of life care) to nursing home care

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