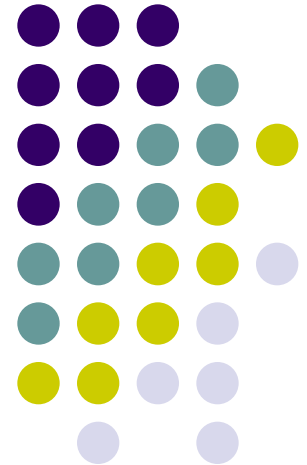


Broken Covenant: Health Care Aides’ ‘Experience of the Ethical’ in Caring for Dying Seniors in a Personal Care Home

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Statement of the Problem



- Canada's aging population
- Chronic health conditions
- Limited social support
- Functional Cognitive decline
- Admission to PCH until time of death

Statement of the Problem



- Majority of end-of-life care provided by Health Care Aides (HCAs)
- Minimal training in palliative care or ethics
- Ethical problems at end-of-life prevalent & complex





Statement of the Problem

- Micro-dimension of ordinary, day to day events not considered
- Contextual & interpersonal dimensions ignored





Statement of the Problem

- Unsatisfactory resolution of ethical issues = multiple negative consequences
- Voice of HCA's in clinical ethics virtually absent
- Understanding of ethical issues in practice incomplete



Research Question

- What is the essence of health care aides' lived experience of the ethical' in caring for dying seniors in personal care homes?





Research Plan

- Critical truths about reality found in people's lived experiences
- Interpretive phenomenological design
- a qualitative research method for gaining an insight into how an individual perceives a phenomenon.



Study Procedures

- Ethical approval and PCH site access
- Purposive sample of 12 health care aides meeting inclusion criteria
- Proprietary/non-prop. facilities



Study Procedures

- Face to face interviews
- Demographic data
- Field notes
- Data analysis



Findings: Demographic data

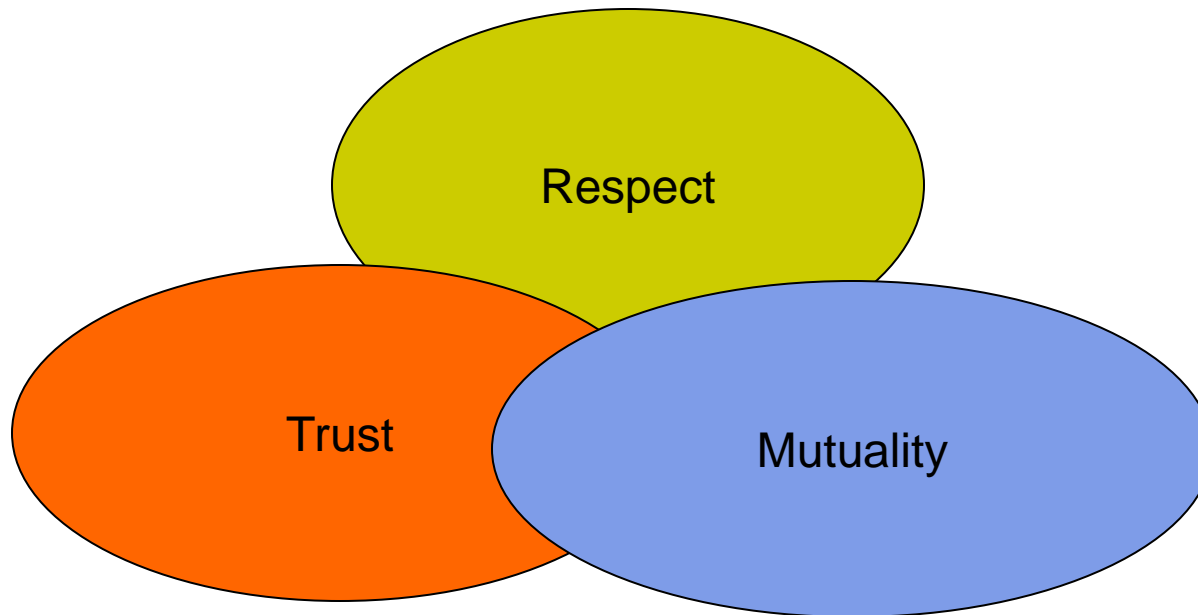
- Female
- 30-60 yrs old
- 7 mos. -30+ yrs experience
- HCA training
- 3/12 training in end of life care



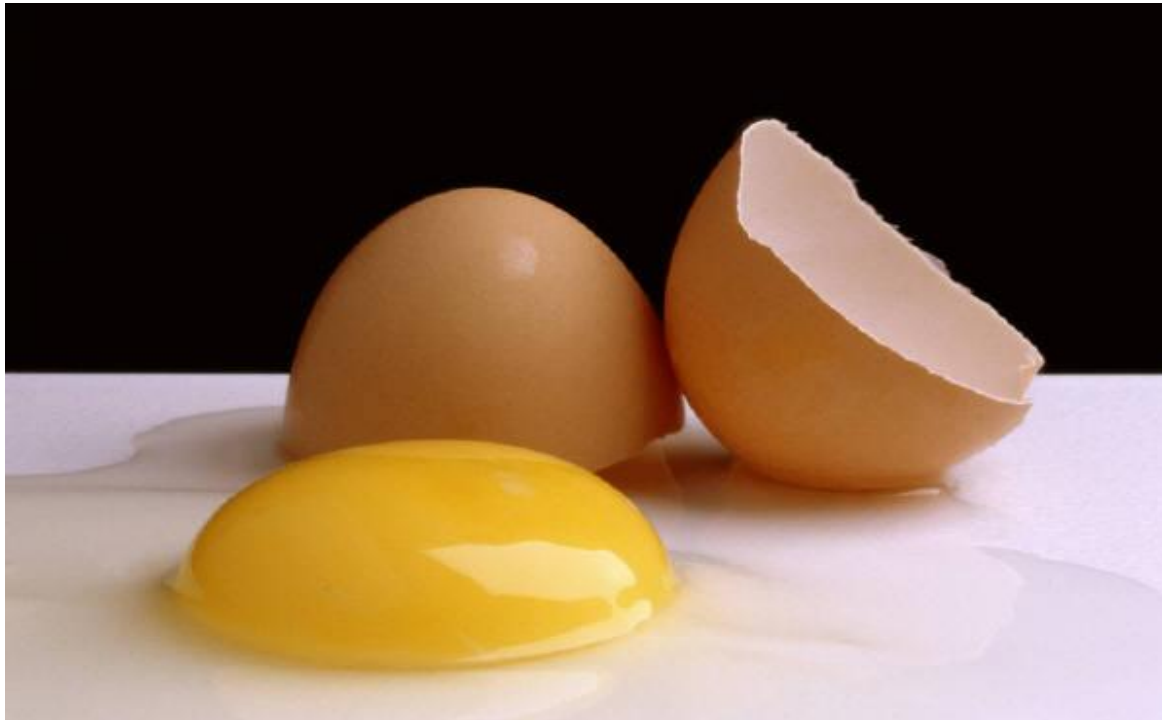
Findings



Relational Engagement



Broken Covenant



‘Experiences of the Ethical’



- Inadequate pain control
- Perfunctory care
- Resource issues (personnel & supplies)
- Disregard of resident wishes



Inadequate Pain Control:

- *“I just couldn’t stand seeing someone in so much pain. I felt helpless and really angry at the nurse and my superiors for not doing something.”*

Violation of trust

- resident’s belief that HCA will assist him/her in achieving positive outcomes
- reliance on another’s good will



Responses

**Inadequate pain
control**

- **Petition nurses**
- **Use higher chain of command**
- **Family teaching**
- **Suffer vicariously**



Perfunctory Care:

- *“These people are dying. Its not for us just to walk in the room, change their pad, slap lotion on them, and walk out.”*
- Lack of Respect
 - failure to treat others as inherently worthy
 - objectification of the resident



Responses

Perfunctory care

- Occasional chastisement
- Pick up the slack



Resource Issues

- “Its very challenging because they need a lot from us, but there’s no time. We have others to look after too.....
- Lack of Respect & Violation of Trust
 - worthy of care but not receiving it (rationing of care)
 - patterning of actions to make institution work→marginalizes engagement



Responses

- **Miss breaks/stay late to ensure resident didn't die alone**

Resource Issues

- **Challenge status quo through non-adherence to institutional routine**
- **Anxiety, frustration, altered sleep patterns**

Disregard of Resident Wishes Regarding Care



- *“They were going against what she wanted, left and right. And I knew what she wanted. No transfusions, no operations, and no CPR. And I knew what she wanted. They said she changed her mind. But there was no way. She was too confused to do that. I just don’t think that was right. Her rights were violated.....”*
 - Lack of respect, violation of trust, absence of mutuality (relationship as negotiated, collaborative process)
- unwillingness to/understand listen to HCA



Responses

**Disregarding of
Resident Wishes re
plan of care**

- **“Go to bat”**
- **Feeling a failure/devalued**
- **Pull back from advocating**



Discussion/Implications

- It is the relationship itself that supports and informs ethical reflection and decision making in HCAs
- Contextual factors impede relational engagement

Discussion/Implications



- Proximity and attachment calls HCAs to action (also overwhelms!)
- Attention to education & support needs



Discussion/Implications

- Need for pain management education
- Education in end-of-life care for HCAs
- Creative staffing solutions to allow for extra care needs of dying residents
- Opportunities for debriefing when ‘experiences of the ethical occur’

Future Directions



- Examination of staff, residents, families & care contexts in shaping relationships & fostering respect, trust & mutuality

Questions/Discussion

