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Practicum Report
April 18, 2005

**Building Bridges Between the Community
and A Long-Term Care Home**

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Acknowledgements

I would like to extend a sincere thank you to the Finnish Rest Home Society Inc. for welcoming a graduate student volunteer from the Laurentian University Humanities M.A. Programme into Hoivakoti Nursing Home.

Extreme gratitude goes out to my academic supervisor, Dr. Bruce Ward and my placement supervisor, Ms. Darlene Lyons, for their shared knowledge and guidance over the course of this practicum placement.

However, a very special thank you must go out to the dedicated members of the Finlandia Hoivakoti Family Council steering committee. Without your commitment, enthusiasm and shared knowledge, our Family Council would never have been able to get off the ground.

I. Facility Description and History

Finlandia Village is a four-stage seniors' residence in Sudbury, Ontario that sits on a 27 acre parcel of land on the north shore of Lake Ramsey. Birch, poplar and coniferous trees surround the well-kept grounds, which consist of open spaces, gardens, pathways and sitting areas. The natural park-like setting is inviting and transmits a peaceful atmosphere to residents and visitors alike. The attractive whitewashed stucco and brick buildings are all centrally located and connected by indoor and outdoor walkways, creating protected accessibility for all residents. Cathedral ceilings of tongue-and-groove cedar, pine beams, Finnish artwork and furniture styles as well as countless windows that let in an abundance of natural light and offer residents views of the numerous outdoor gardens and courtyards give the village a distinctively Finnish ambience. The Finnish people are well known for their love of nature and Finlandia Village is a testament to this.

Finlandia Village was founded by the Sudbury Finnish Rest Home Society Inc.(SFRHS), a non-profit charitable organization, whose mission is “to establish and maintain a continuum of care primarily for aged Finnish residents and also for others of similar cultural orientation, in the Region of Sudbury.” (Board of Directors of the SFRHS, 1) The society was chartered in 1982 and in 1985, opened Finlandia-Koti, a 90 unit independent-living apartment building for seniors. In 1992, Palvelukoti, a 46 unit

apartment complex for seniors needing assisted living was completed. Palvelukoti houses a large dining room, meeting rooms and a recreation centre, complete with a pool and Finnish saunas. The Rivitalo townhouses were opened in 1994 and comprise 16 units for seniors able to live independently. Hoivakoti, a 110 bed nursing home offering full care, was opened in the year 2000 and is the latest addition to Finlandia Village. The Finnish Rest Home Society aims to maintain the best aspects of Finnish culture, traditions, and language through outreach services, community support services, seniors' housing, residential care, nursing care, and limited chronic care.

My work placement was based out of the Hoivakoti nursing home. It is a bright, clean and spacious building that houses four care wings, each of which looks out onto enclosed courtyards, complete with benches and pergolas. The dining areas have an airy feel to them, owing to the high ceilings and abundance of natural light. Each wing has a television room and a quiet room for those who want to read or visit outside of their own quarters. The wooden ceilings, hall rails and furniture, as well as the beautifully upholstered sofas and chairs make for a home-like atmosphere. The corridors in the dementia wings were built in circular fashion so those who have a tendency to wander will never hit a "dead end" (which causes a more disillusioned and frustrated state). Security panels at the front door, as well as others in the building were put in place to ensure personal safety for seniors with cognitive impairments. Directly beside the main panel hangs a sign that states a "No Heavy Scent Policy," which guarantees the residents of the home will not be irritated by a visitor's overuse of perfume or cologne. Inside the second door sits a sign-in table and on it a pump-bottle sanitizer. Warnings and precautions such as these ensure the well-being and safety of the residents. However,

despite the thoughtful layout of the building, the natural light, the décor in the public areas and the surrounding gardens, Hoivakoti still possesses an institutional feel. Each wing and the residents' rooms have non-slip linoleum flooring, and those who share a room have only a hospital-like privacy curtain to divide the space. Staff trot quickly between wings, medicine dollies pass from room to room, and laundry and food services push their large carts through the halls, excusing themselves as they travel past the slower moving residents.

II. Placement Task

My placement task at Finlandia was to implement a Family Council for the families and friends of Hoivakoti residents. Over the years, councils made up of family members and friends of residents in long-term care have had a sporadic existence. However, "Family Councils" have become a bit of a buzz-word in long-term care homes across the province since the Minister of Health and Long-Term Care, George Smitherman, announced that his new budget would include funding for the new Family Councils Program (Canadian Press, 08/04). Based on a pilot project funded by the Ontario Trillium Foundation in 1998 and then again in 2001, the Family Council Project has turned into a sustainable program and has been given funding to provide services such as consultation, networking, training, information resources, and a website. Access to this information proved to be invaluable as I set out to initiate a Family Council.

My research began at the Family Councils Program website (www.familycouncils.net) where I learned that a Family Council is an organized, self-led, self-determining, independent group of families and friends of residents that focuses on protecting and improving the quality of life for residents and providing families with

mutual support and a voice in decisions that affect them and their loved one in the home. Family Councils welcome and support families and friends of new residents. They educate and advocate for continuity of care and a quality of life for residents who often feel vulnerable because they have lost their independence and can create a basis for greater communication between the home and families. Family Councils also foster community involvement, which enriches the lives of those living in a long term care home.

I came to this project as a gerontology graduate. My interdisciplinary studies involved interpreting and understanding the physical, psychological, emotional, and spiritual needs of an aging population. Through my years of study, I began to understand our historical and cultural perspectives on aging, the interplay between continuity and change along the life course, the theories behind understanding older people and the aging processes, and how transitions such as retirement and losing independence affect our sense of well-being in later life. I also began to recognize stereotypes, or rather, false frames of reference, and the underlying social values that result from labeling older adults. I entered this project with a greater understanding of the aging process than most and with a strong bias—I am an advocate for older people. Therefore, although I was pleased by the support I was given from upper management and staff, I was surprised by the lack of interest many families showed in helping create a Family Council. Out of the twenty-five families and friends who were ear-marked as people who might be interested in forming a council, only 5 family members committed to the project. I learned later, at a conference held by the Family Council Program, that recruitment is a common struggle faced by long-term care homes when initiating and maintaining Family Councils.

However, as is the case of the Finlandia Hoivakoti Family Council, it is the quality of the volunteers and not the numbers involved that give life to a council. The family and friends of the Family Council steering committee are all dedicated, enthusiastic, and outgoing individuals who have proved to be a self-starting group committed to building a strong Family Council.

III. Challenges

Over the course of my placement, I began to recognize a variety of challenges with which long-term care homes in Ontario must contend. Two of the most pressing deal with 1) the insufficient education of front-line workers, normally, Personal Support Workers, and 2) the gross under-funding of long-term care homes by the provincial government.

1) Education

The majority of front-line workers in nursing homes across Ontario are trained Personal Support Workers, more commonly known as PSWs or Health Care Aids. PSW training is offered by Ontario Community Colleges, Registered Private Career Colleges, the Adult Education division of some Boards of Education and not-for-profit organizations. According to the Ontario Community Support Association (OCSA), all training bodies teaching PSWs base their programs on the same curriculum, which was developed through a joint initiative with the Ontario Government and the OCSA. The PSW course is a minimum of 500 hours in length and focuses on task-oriented care, such as feeding, bathing, dressing and medicating people requiring care. These are known in

Gerontology literature as ADLs or Activities of Daily Living. While scanning a variety of course descriptions offered by numerous Ontario colleges, I came across only one college that, in their publicity, incorporated a humanistic approach to aging. However, after speaking to a graduate of that specific programme, I was told that the courses focused on ADLs and never were the terms “ethics” or “spirituality” included in classroom discussions. If the training of front-line workers does not include humanistic education, such as learning about the psychology, sociology, and spirituality of aging, these caregivers may graduate and enter the workforce with an insensitivity to many of the intrinsic needs of the aging individuals they are caring for. Finlandia Village, however, recognizes the void in PSW education, and although the government is setting the standard for caregiver training, the professional staff at Finlandia have indicated a need for in-house educational training sessions offering a more holistic approach to care. Finlandia is in the process of promoting education to create a facility where there is “excellence of practice,” which is a common term in the seniors’ care industry these days and a cliché which resonates well with accrediting organizations.

2) Funding

Educating front-line workers is not the only struggle faced by long-term care homes in Ontario. These care facilities are continually facing lack of funding. Long-term care homes in Ontario are provincially funded and regulated under the Long-Term Care Act, which was put in place in 1994. However, long-term care is administered by the Ministry of Health and is given less than 15% of the healthcare budget. This lack of funding is causing great concern for the care providers to an aging population.

Competition for funding is another obstacle long-term care homes face. On March 20, 2001, CBC Marketplace reported on a suggested connection between nursing home companies' contributions to the Ontario Conservatives and the government awarding of nursing-home beds to those same companies (the programme, entitled "Subsidizing long-term care facilities. Do campaign contributions count?" was based on a 4 year study conducted by York University political scientist Robert MacDermid). If there is some truth in this accusation, how do smaller privately run or charitable long-term care homes compete with the larger nursing-home business? They don't. Their only hope to acquire funding is through government accreditation. If nursing homes do not have accreditation, they are not eligible for government funding.

Accreditation is given through the Canadian Council on Health Services Accreditation (CCHSA). Four dimensions of quality of care are judged and awarded points in a 7 point numerical compliance. Those dimensions of quality of care are: responsiveness, system competency, client/community focus, and worklife. Each category has checklists that include items such as having a resident doctor, number of nurses per resident, having a resident hairdresser/barber, resident dietician, resident council, on-site chapel, etc. Although most board members and professional staff have humanistic values, implementing programs like a Family Council and educational training will increase Finlandia's accreditation standing.

IV. Discussion

1) Instrumental vs. Humanistic Values

The challenges facing Finlandia Village and many other long-term care homes in Ontario are what I interpret to be a conflict between instrumental and humanistic values. To help understand this conflict, I will turn to the work of Alasdair MacIntyre. In his classic work, *After Virtue*, MacIntyre offers a very interesting interpretation of organization ethics that relates to my discussion. He suggests that society embraces a collection of practices:

By a 'practice' I am going to mean any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended. (187)

Using MacIntyre's terminology, nursing-home care would be a "practice." The care of the clients would be the "internal goods" and the levels by which the front-line workers carry out their care would be the "standards of excellence." MacIntyre is not just talking about technical excellence, but also about moral excellence. The internal goods of any practice as performed by related workers, such as in the case of nursing-home care, always involve shared virtues. MacIntyre argues that the problem with any practice retaining its integrity is the way in which it relates to the concept and the reality of the institution. Writes MacIntyre:

Practices must not be confused with institutions.... Institutions are characteristically and necessarily concerned with what I have called external goods. They are involved in acquiring money and other material goods; they are

structured in terms of power and status, and they distribute money, power and status as rewards. Nor could they do otherwise if they are to sustain not only themselves, but also the practices of which they are the bearers. For no practices can survive for any length of time unsustained by institutions. Indeed so intimate is the relationship of the practices to institutions—and consequently of the goods external to the goods internal to the practices in question—that institutions and practices characteristically form a single causal order in which the ideals and the creativity of the practice are always vulnerable to the acquisitiveness of the institution in which the cooperative care for common goods of the practice is always vulnerable to the competitiveness of the institution. In this context the essential function of the virtues is clear. Without them, without justice, courage and truthfulness, practices could not resist the corrupting power of institutions.

(194)

MacIntyre's analysis fits the dilemma I see facing the nursing home in Finlandia Village. The practice and its internal goals are clear—care of the residents and unifying moral virtues like dignity, respect, compassion, and justice; however, the institutional reality for management, who are responsible for and subject to the policies and procedures of all provincial long-term care homes, is one of working with limited funding and meeting technical standards, which are rather sterile and empty of real humanness. I have met management and professional staff at Finlandia who are committed to both technical excellence and humanistic values in their work or practice, but the system *per se* is driven by instrumental values—efficiency, usefulness, cleanliness, safety, security, and of course, profit. What I find most disturbing is that the institution (in MacIntyre's

sense of the term) seems to take precedence over the psycho-social needs of individual residents. There are humanistic values implicit in the organization's literature, but in practice, because of the overwhelming physical needs of residents, these values are often diminished and suspended.

2) Human Needs

One of the most difficult aspects of care is meeting the needs of individuals. Human needs exist at different levels. Michael Ignatieff, in his 1984 work, *The Needs of Strangers*, discusses what he terms "natural" and "social" identities of human need. The natural being, according to Ignatieff, associates itself with our animal-like or biological similarity through our feelings of hunger, thirst, cold, exhaustion, loneliness and sexual passion. The social being, on the other hand, focuses on our social traits--differences such as the colour of our skin, our class, income, and history. These social differences, argues Ignatieff, are the basis of our obligations--meaning we feel responsible for our families, friends, neighbours, and community, essentially for those with whom we have a relationship, before we feel responsible for strangers. Ignatieff claims that needs cannot be based solely on our natural identity. If we were only to consider the needs of a natural being, we would merely be helping people survive. However, when we cater to the needs of the social being, needs such as love, friendship, and a desire to be understood--all of which grow out of relationships with family, friends and community--we help people remain human. Ignatieff explains how it is our social identity that differentiates us from animals:

The natural identity of need helps one to understand why the new language of universal claims—the language of universal human rights—makes so little headway against the claims of racial, tribal and social difference. The needs we actually share we share with animals. What is common to us matters much less than what differentiates us. What makes life precious for us is difference, not identity. We do not prize our equality. We think of ourselves not as human beings first, but as sons, and daughters, fathers and mothers, tribesmen, and neighbours. It is this dense web of relations and the meanings which they give to life that satisfies the needs which really matter to us. (29)

V. The Future Role of the Family Council

Can we expect an institutionalized setting, with its limited staff, the time constraints, and instrumental-based policies and procedures to look after the needs of the social being in older individuals? I think not. However, after numerous discussions with family members of Finlandia's nursing-home residents, I have learned that a majority of families feel that if their relative is fed three meals a day, is bathed and toileted regularly, exercised and given a social activity to choose from each day, then their needs are being met. Long-term care homes are very skilled at looking after the physical needs of our elderly population; however, as Ignatieff so rightly points out, there are other needs which can often be more challenging to meet. Nursing homes are beginning to realize the limitations put on them by budget restraints and government-regulated training; therefore, they are turning to the family and friends of residents for assistance. The professional caregivers in nursing homes are driven by tight schedules in order to meet just the

physical needs of residents in their care. In other words, they have responsibilities which do not permit them to address the social needs of the individuals they are caring for. So the hope behind Family Councils is that their members and other enlisted volunteers might offer support to family and friends within the institution as a way of maintaining continuity with the outside world or macro-community. MacIntyre talks about this in relation to his idea of “a narrative unity of a single life:”

At the beginning of this chapter I argued that in successfully identifying and understanding what someone else is doing we always move towards placing a particular episode in the context of a set of narrative histories, histories both of the individuals concerned and of the settings in which they act and suffer. It is now becoming clear that we render the actions of others intelligible in this way because action itself has a basically historical character. It is because we all live out narratives in our lives and because we understand our own lives in terms of the narratives that we live out that the form of narrative is appropriate for understanding the actions of others. Stories are lived before they are told—except in the case of fiction. (211-12)

MacIntyre goes on to say that our lives from birth to death are composed of stories or rather one story with many chapters. What unite the story are the virtues we live by or do not live by. We are, he writes, “accountable for the actions and experiences which compose a narratable life” (217). It is difficult, and may be impossible, for individuals in modern organizations, even in those called “care-giving,” to live out the narrative of their lives because their work is so defined and measured. Even caregivers in hospitals and nursing homes take on the character of robots carrying out timed functions, uttering

niceties to whomever they pass much like R2D2 and CP3O in the Star Wars trilogy. Here is where I see Family Councils exercising a critical function in changing the culture of long-term care homes. The volunteers I have met in Family Councils are all highly motivated individuals who are not playing roles (the bane of modern existence according to MacIntyre), but who are rather people who seem to live out a narrative unity of a single life. In other words, they walk their talk; they personify moral virtues in everything they do. Thus it is volunteers from Family Councils, along with other volunteers from a plethora of outside groups like churches and seniors' organizations, who can begin the long, demanding process of creating an ethics culture in long-term care homes like Finlandia. It is Family Council volunteers who can perhaps make humanistic virtues, as well as humanistic communication incarnate in the lives of residents and staff of long-term care homes like Finlandia.

The third idea in MacIntyre's typology of organizational ethics is "living traditions." As he explains:

A living tradition then is an historically extended, socially embodied argument and an argument precisely in part about the goods which constitute that tradition. Within a tradition the pursuit of goods extends through generations....hence the individual's search for his good or her good is generally and characteristically conducted within a context defined by those traditions of which the individual's life is a part and this is both true of those goods which are internal to practices and of the goods of a single life....traditions decay, disintegrate and disappear. What then sustains and strengthens traditions? What weakens and destroys them? The answer in key part is: the exercise or lack of exercise of the relevant virtues.

(222-23)

What MacIntyre is rightly pointing out is that all organizations or practices have traditions at the heart of which are corresponding virtues. However, in the modern, commodified world, traditions with their attendant virtues are often suppressed and lost. In the case of long-term care homes and hospitals, there are traditions that go back to medieval times, when, for instance, monasteries, particularly those in Ireland, had hospices attached to them where strangers, the sick, the demented and the aged were cared for with kindness by the sisters and monks. These traditions still survive, but because of the overwhelming demand for care and major government-imposed financial restraints, they have lost much of their vitality. Family Councils, I believe, though small in number, could begin the work of re-establishing these traditions, of making them living traditions by embodying in their work and programmes real face-to-face dialogue and caring. The wheel doesn't have to be re-invented; it just needs to start rolling again. Family Councils could give the wheel the necessary push.

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