Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Te Kura Pūkenga Tangata

When morals and markets collide: Towards an exploration of an ethics of care within the rest home sector

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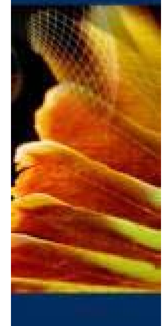
Te Kunenga ki Pūrehuroa



Presentation overview

- **Growing concerns about the quality of care in rest homes**
- **The impact of neo-liberal markets in health care**
- **Caring ethics/an ethic of care within the rest home sector**
- **Neo-liberalism and governance practices**
- **Quality of care**
- **The political work of individualised explanations for adverse outcomes/inadequate care**
- **Towards an ethics of care**

"Christchurch rest home slated for inadequate care" (Stuff.com, October 6th, 2009):

Inadequate staffing and governance at a Christchurch rest home led to a lack of care, deteriorating health and sometimes squalid conditions for two of its patients, reports show.

The Health and Disability Commissioner reports released today followed complaints from the families of patients at Villa Gardens Home and Hospital in Addington.

One of the patients was found to have not showered for more than a year.

Two staff and the home's owner, Oceania Care Company (previously Eldercare), have been censured for breaches of the Code of Health and Disability Services Consumers' Rights.

Deputy Commissioner Rae Lamb said improvements had been made over the past year, but a toxic work environment and lack of resources contributed to the situation.

"There has been mounting public concern around issues of poor care in rest homes and residential facilities" (Tony Ryall, 1 October, 2009).

Concerns about the quality of care in rest homes in western countries are common.

The 'main protagonists':

- Academia
- The mass media
- Policy makers/governmental/national

(Comondore et al., 2009).

In at least the Health & Disability Commissioner's case, most concerns about rest homes seem to be about a lack of communication, poor monitoring of medical conditions and poor quality of care.

Health & Disability Commissioner- Te Toihau Hauora, Hauātanga - Mozilla Firefox

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And from one of the main ‘policy makers’, the main concern is…

Hon Tony Ryall, Minister of Health

1 October 2009 Media Statement

“It is vitally important to maintain public confidence in the standard of care being provided in the country’s rest homes. Certification and auditing, and publishing results should provide residents and their families with an assurance of quality care,” Mr Ryall said.

*The impact of Neo-liberal markets in health care

- **Deregulation exposes social services to market ideologies and techniques**
- **Increased privatisation of public services**
- **Decentralisation and contracting out of social services**
- **Efficiencies associated with economies of scale**
- **Reduced public spending**
- **Increasing managerialism**

Neo-liberal markets in health care, continued:

- **Rise of consumer ethic and individualistic lifestyle choices**
- **Freedom of choice (understood as negative freedom)**
- **A reframing of public issues as private troubles**
- **Detachment from community and meaningful human relationships**

(Armstrong, 2008; Cheyne, O'Brien & Belgrave, 2008)

Changes in ownership and provision of rest home care within the neo-liberal marketplace

Pre 2000:

Provision of care through mainly localised private providers and the voluntary sector.

Post 2000 trends:

‘For profit’

Commercialisation and diversification of residential facilities.

Increasing rationalisation of ownership by corporate players, e.g.:

• **Oceania Group**	**63 facilities**
• **Ryman Group**	**23 facilities**
• **Bupa Care Services**	**25 facilities**

State regulation and funding within a neo-liberal environment (‘market forces’).

Presently, the state supports rest home care for those older people in need, but at the same time studies by independent consultants have demonstrated underfunding of at least 25 percent for rest-home care and 25 percent for dementia care (O’Connor, 2004; Payne-Harker, 2004).

This, it is argued, has led to consequences such as shortages of trained staff leading to potentially inadequate care for residents.

N.B. Low wages within the sector may be traced back to the *Employment Contracts Act* (1990) which introduced:

- Individual negotiation of employment contracts over national awards
- A downward spiral of wage adjustments and working conditions (Haultain, 2004)

The individualisation of responsibility

The reframing of public issues as private troubles promotes a culture in which individuals (nurses, GPs, managers and care-givers) tend to bear the brunt of blame for instances involving inadequate care regardless of the difficulties of contextual circumstances…

…for instance…

Personal responsibility …continued

"Ms A had worked a ten-hour shift on 9 November, was on call over the night of the 9th and 10th November, and returned on 10th November for another day's work.
Ms S advised me that Ms A's judgement may have been affected by the long hours she had worked, but that her actions…were "a major nursing failure…. "

Opinion: Ms F (caregiver), no breach; Rest Home - no breach; Mrs A (nurse) – breach.

(Extract from Case 02/17106, Health & Disability Commissioner's Office, 2004).

Rest homes as underfunded institutions

"Trend: Nursing home investors cut costs to the bone"
(*New York Times*, 24/09/2007)

"Call for fresh look at rest home funding"
(*Dominion Post*, 23/03/2009)

Underfunding of at least 25% (O'Connor, 2004; Payne-Harker, 2004).

- **= Shortages of trained staff**
- **= Inadequate care?**

Rest homes as underfunded…2

“Ten years ago there was a return on capital so that when the providers got into the sector, they knew that the risk they were taking on balanced with the benefits they received from the government.

Since that day the government has never kept up with the funding, so that we now have a situation where providers cannot pay a decent level of wages; they have to pay low wages, because that's the only way they can survive, and there is no return on their investment.

So they were encouraged to get into the sector because the government didn't want to do it and now the government's not willing to fund them to the appropriate level.”

(Martin Taylor, ‘Insight’: Radio NZ, 12 May 2005).

Staff as untrained…

“In residential care, older people are primarily cared for by healthcare assistants (nurse aides, nurse assistants, caregivers)—less than 25% of whom have vocational qualifications, thus confirming the belief…that healthcare assistants are essentially untrained personnel reliant on the employer to provide training and professional supervision”

(Smith, Kerse & Parsons, 2005, p. 1).

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…and unregulated

"Healthcare assistants work without the obligation imposed by registration or enrolment, without a professional code of ethics, and without professional codes of practice enforced in courts of law. It is also a low-income workforce, and a significant number in the Auckland region have English as a second language"

(Smith, Kerse & Parsons, 2005, p. 1).

*Caring ethics in rest homes

The use of the term '*an ethic of care*' within a rest home implies that there is an ethic within the practices of the staff that is based predominantly on caring as a complete moral response to the health needs of others.

Because quality of care in rest homes is largely dependent on healthcare assistants (Drinkwater, 1997), this ethic underpins the importance of the inter-personal relationship that should necessarily exist between each caregiver and each resident.

This relationship is expected to be well established in rest homes because it occurs over a period of time. These relationships always occur within specific contexts, which may be described as socio-cultural, political, and personal.

Elements of an ethic of care

1. **Meeting of human needs through;**
   - Individualised care
   - Advocating for others
2. **Responding to relational commitments;**
   - Nurtured and sustained by dialogue and mutual concern.
   - Dependency on carer recognised
3. **Close attention to context**
   - Ethical relationships always occur within specific socio-cultural, political and personal contexts

N.B. The wider institutional context sets the overall ethical climate, which is itself related to the wider regulatory and market climates

The caring ethical climate

What should such a climate support?

It would support a moral approach to caring that focuses on meeting the needs of others within relationships in specific contexts:

- **Establishing purposeful relationships**
- **Maintaining trust**
- **Being personally involved**
- **Exhibiting moral values and character**
- **Committing to caring**
- **Being compassionate**

(Woods, 1999).

*Neo-liberalism and governance practices

Neo-liberalism depend upon:

1. **The rule of the market.**
2. **Cutting public expenditure for social services.**
3. **Deregulation.**
4. **Privatisation.**
5. **Eliminating the concept of the ‘public good’ or ‘community’ and replacing it with "individual responsibility."**

Complex systems

Neo-liberal forms of managerialism "require a focus on the tools, techniques and technologies that allow for governing at a distance by defining tasks and processes as quantitative procedures" (Armstrong, 2008 p.14).

Such complex systems:

Increase opportunities for organisational non-conformity and the production of (large scale) mistakes.

Potentially limit the effectiveness of individually orientated services and care provision (Armstrong, 2008).

This is inadequate in terms of measuring human centred care.

Governmentality

Forms of governmentality enable control at a distance.

The Age Related Residential Care Services Agreement is example of the administered society at work.

It is what Foucault would call a form of *governmentality* – that operates through bureaucratic surveillance and control of service providers.

Enforces conformity through forms of auditing which contain an implied punitive threat (e.g. withholding payments, threats of closure, sanctions, and, of course, public humiliation…)

"Officials close gagging rest home" (New Zealand Herald, April 15th, 2009).
"Name and shame plan for bad rest homes" (New Zealand Herald, July 5th).

Commercial sensitivity

A recent Scandinavian study found that …

"inadequate care may occur and continue in secrecy if staff are not willing to report such incidents" (Malmedal, Hammervold & Saveman, 2009, p.744).

The Ministry of Health has investigated more than 40 rest homes over the past two years [and there are others] …However, the Ministry claims that disclosing the names of other providers "could unreasonably prejudice the commercial position" of the homes… ("Rest Home Roulette", 2009).

Closed social systems increase the likelihood that abuse will emerge and become normalised.

Commercial sensitivity prevents the open sharing of information enhancing opportunities for abuse.

The decontextualisation of health care

Rationalised and uniform services are cheaper than small scale, individually tailored services.

Economic imperatives, related to economies of scale, promote standardised (population based and/or collective) approaches to health care provision.

The homogenisation of services/care facilitates the deconstruction of individuality (Kenney, 2009: Petersen, 1997).

These trends are incompatible with an ethic of care.

The mechanisms of control

Ministry of Health

District Health Boards

[Age Related Residential Care Services Contract (2009)]

Corporations (?)

Policies and procedures are forms of governmentality, that enable organisations such as DHBs, the MoH and large corporations to exert control at a distance.

National standards, enforced through certification, auditing and spot checks are examples of governance practices.

They are forms of regulation promoted by governments in order to create a stable context for interaction (Armstrong, 2008).

Late news! 1 October, 2009: 'Spot audits for rest homes begin today.'

*Quality of care: The effects of state regulation, markets and localised rest home practices

Quality of care is not adequately measured through 'satisfaction surveys'.

When nursing and/or caregiver morale declines, the quality of patient care declines (Altman & Cohen, 2009; Boland, 2009).

Morale may decline when individuals within a complex market orientated and highly regulated system no longer consider that they have a role as a contributor towards the common good, or in ethical terms, towards common humanity.

The consequences of work related dissatisfaction or loss of morale

"…the more the nursing aides were dissatisfied with their work conditions and work characteristics, the more they were found to exhibit negative attitudes to the elderly people…"

(Shinan-Altman & Cohen, 2009, p. 676).

Adverse clinical outcomes are associated with inadequate staff numbers, increasing workloads and workplace stress, hurried or delayed care…

Adverse clinical outcomes in rest homes can be measured as increases in:

- Urinary incontinence
- Falls
- Weight loss
- Infectious diseases
- Decubitus ulcers
- Deterioration in physical functioning
- Behavioural, emotional or cognitive problems

(Mullan & Harrington, 2001)

Belhaven

NEWS

Horror at penalty for gagging at rest home

THE sentence given to a rest-home worker who gagged a resident with tape has "horrified" a lobby group and raised concerns about the training of staff in rest homes.

Mafoafuga Misiagi, 41, was convicted of common assault and sentenced to [illegible] hours' community work in a reserved judgment delivered by Judge Allison Sinclair in Auckland District Court yesterday.

Misiagi was working at Belhaven Rest Home in the Auckland suburb of Epsom when she gagged the resident for being "too noisy". She denied the charge.

During the trial, witnesses said the resident, called Miss A, often taped her own mouth shut and got some comfort wearing the tape.

In a police interview, Misiagi said Miss A put the tape on herself and Misiagi had reapplied it when it came off.

Judge Sinclair told Misiagi: "I accept that your conduct was not motivated by any maliciousness and you did not mean any ill will to Miss A, but you did not have consent."

Such conduct could never be condoned.

Misiagi's lawyer, Geoff Wells, said that she was sorry about what happened.

"Her big concern is that she has been portrayed as some sort of monster. Although it was wrong, there was no malice or violence involved."

But Grey Power national secretary Bill Atkinson said he was horrified at the sentence.

"This is basically assault on an older person who cannot defend themself."

Irrespective of Miss A putting tape over her mouth, she deserved to be treated with respect.

"People are often in rest homes because they have difficult behaviour and staff should recognise that."

New Zealand Nursing Organisation industrial adviser Rob Haultain said: "There is a massive issue around a lack of training."

The majority of workers giving care in rest homes were untrained and not registered nurses, Mr Haultain said.

Untrained workers often lacked skills to cope with difficult residents.

Mr Atkinson said most rest homes were good, but there were bad operators.

Grey Power wanted spot checks of rest homes instead of notified audits where operators could clean up their act for inspectors. The case came to light in June last year when a tradesman at Belhaven used his cellphone to photograph Miss A.

Miss A's family said at the time that they were shocked, but did not believe staff or management were to blame. They did not want Miss A moved from Belhaven.

The Health Ministry closed Belhaven last July and Auckland District Health Board cancelled its funding contract.

Staff reporter, NZPA

Source: ***Dominion Post,*** **28/07/09 p.A5**

*The political work of individualised explanations for adverse outcomes/ inadequate care

- **Diverts attention from the social and economic shaping of the rest home sector.**
- **Suggests that individuals and facilities are solely responsible for the care they provide.**
- **Constructs existing inequities, such as chronic underfunding and staff shortages, low wages, lack of training, within the rest home sector as natural and inevitable.**
- **Blames the victim (rest homes and/or staff).**
- **Suggests that the government need not intervene to address inequities and the adverse outcomes that are associated with underfunding and staff shortages.**

*Towards an ethic of care

a) Despite these concerns we were constantly made aware of nurses' commitment to providing care in difficult circumstances as evidenced by one nurse's statement;

"it is only my huge concern and affection for the residents that keeps me coming back"

b) The findings revealed a staff group with a fairly high level of job dissatisfaction and stress, who were, nevertheless, very committed to the nursing home.

(*Carryer, Hansen & Blakey, in press, p.7).*

c) "I consider the personal care of this seriously ill man demonstrates kindness, appropriate care and compassion from the staff concerned, RN [Ms B], Careworker [Ms D] and [Dr C] — a compassionate Doctor distressed at another resident's pain and discomfort" (H & DC, Opinion 06HDC15897, p.13).

Conclusion

An ethic of care cannot thrive in a climate where:

i) Individuals working at rest homes are blamed for situations that are often the result of several factors, many of which are outside of their control.

ii) When the aims of a 'for profit' business and the aims of a care-based service do not match.

iii) Economic imperatives promote cost cutting and dangerous understaffing in the provision of care.

iv) Policies and regulations are applied in a punitive fashion.

v) It may be easily buried under the weight of market and regulatory forces.

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