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Paid Companions

Invisible Providers of Support for Older Adults in Long-Term Residential Care

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Older adults in care have **psycho-social needs**, e.g.,

- Emotional support
- Leisure, recreational activities
- Care influence/input
- Maintaining social and family connections
- Expression of identity and preferences

Care facilities increasingly challenged to meet these needs

= **reliance on private paid companions**



- How do paid companions experience their work?
- How do they interpret their roles and responsibilities?
- What are the broader implications?



Qualitative, in-depth, in-person interviews:

- **19** companions
 - 13 agency-employed
 - 6 independent
- **9** facility representatives
- **1** private home care agency representative



Dominant Experiential Theme

Feeling able to help, to make a difference

- Appreciation as feedback
- “Filling a gap” helps one feel needed

VS

Feeling useless, not making a difference

- Unappreciated
- Not being able to help



Role and Task Interpretations: Gap Filling

- Social, recreational engagement
- Emotional support
- Being a friend
- “Seeing the person”
- Making needs visible
- Supporting families
- Behavioural management
- Care tasks and “lending a hand”



Social, Emotional, Relational Support

- Facilitating engagement in programs
- One-to-one engagement: informal social interaction, visits, walks, getting out
- Emotional: talking, empathy, counselling, non-verbal communication, presence
- Relationships as rewarding (but can also be work)



[As a care aide, previously] I had a couple [residents] in the nursing home that I felt really close to, but yet I didn't have the time I do now and if I had it would've been nicer because I'm a people person and I want to talk to them, say 'hey, you're watching...' 'hey, that's a good one, eh, do you like that kind of music?'... But in a nursing home you might have [just] an extra two minutes or something and so I don't like the rushed structure and it is all 'dollars.'



Challenges – Making a Difference

“ [PCH client] just really regressed and there’s no real conversation going between us, she just wants to go to bed after lunch. She doesn’t recognise me, she has advanced dementia and I just felt like I wasn’t benefiting her to have a visit anymore...” (Agency companion)



Reward – Making a Difference

“It was nice to know that I was actually helping... When she would get upset by somebody else and I knew that I could comfort her, that was nice. Because, I just met [client] a couple of months ago and [she] already has full trust in me, so that was very nice” (Agency companion)



Boundary Issues?

“There is a kind of ‘quasi-volunteer’ paid companion that is a fixture here...and he goes a bit above and beyond, I know he’s thinking its in a good way but we’ve had to step in because...he was buying cigarettes for residents. Residents shouldn’t be giving him money. And he shouldn’t be using his own money. Either way it’s a lose-lose” (Rec supervisor)



Seeing the Person: independence, dignity and personalization

- Emphasis among independent cmps
- Tailoring activities, support to resident preferences and identities
- Symbolizes relationship
- ‘Extras,’ ‘luxuries,’ ‘going above & beyond’ (own role?)



Gap-filling or luxury?

“I get that one-on-one privilege and luxury, I can see the staff just running from people to people, sometimes very drained often. The luxury I have is to spend one-on-one time with people and to observe them, see what their needs are, see what makes them tick” (Independent companion)



“Extras”

“To have a companion to come in and to make sure that mom gets dressed, and if mom needs to have her nails done exactly right, to have her makeup done perfectly and her hair done – those are those extra things...and if it [otherwise] causes a lot of stress for that person? That’s when it makes sense to me that if you can afford it, you would have someone in...” (Rec supervisor)



Making Needs Visible: Advocating

- Greater emphasis among independent cmpps
- Articulating concerns about health, care, QoL
- Relaying resident preferences, complaints
- Balance between angering staff and maintaining good relationship



Example

“[Client’s daughter] said [the PCH] were wanting to change [client’s] diet and cut out all desserts and stuff and she said, ‘we just don’t want that, we want her to have as much fun as she can have. Who cares now?’ And so that was something that I heard from her, I would go by her word” (Independent companion)



Challenges

Re: when she relays concerns to her agency, who notifies family, but nothing happens:

“That kind of stuff bothers me because I want to keep pushing forward, trying to resolve the issue, whatever it is. And sometimes I’m sort of stopped. That bothers me...” (Agency companion)



Supporting Families/Family Relationships

- Emphasis among independent cmps
- Family's 'eyes and ears'
- Facilitating family relationships
- Easing family burden
- Liasion between staff and family



Example

*Re: calling the PCH client's daughter:
"I dial the [phone] number for him, and put it by his ear and cue him that she's actually yelling at him in the phone [laughs]. That's a really cool thing because...it's a continuation of that connection" (Agency companion)*



Example

“I’m just there twice week, but [client’s son] says he has a lot less anxiety so I guess I’m helping families by taking a bit of the load off. That’s my goal. And the other family, these are people with kids into activities and FT jobs and how much time do they have to go running for elderly parents with dementia? Who may be sleeping when they get there. So hopefully I’m helping relieve some of that” (Agency companion)



Behavioural Management

- Minimizing disruptive effect of difficult resident behaviours on workflow
- Companions help distract, divert agitated or potentially aggressive residents, fall risks, etc.
- Gap-filling in context of resource constraints



Example

Describing a PCH client who tends to cry out; when this happens, the companion takes her off the floor for walks:

“It’s helpful because [staff] don’t have the time to sit there and be with her...it’s times like that I can be a big help for the staff, the nurses and whatever” (Independent companion)



Challenges

- Discomfort, distress, emotional labour (personal impact)
- Some prefer not to work with these residents (*“I’m not equipped to handle those kinds of situations”*)



Care Tasks

- Facility variation re: cmp task involvement
- Roles more restricted than in clients' own homes
- Overall, however, little facility awareness
- Awareness of personal risk, and sometimes, desired less responsibility



Example

PCH nurses sometimes ask her for help: “I’m always very clear about saying I am not medically trained and not trained to do the lifts and things like that. I said if you want to direct me and I’m able to help you, I can, but I don’t want anyone assuming that I know how to handle... these different kinds of machines...” (Agency companion)



Example

“I am doing a lot of transfers from wheelchair to bed and things like that and I’m not sure if they know or care or if they would intervene... There is so much going on...I get the feeling that they see I’m with this fellow who is becoming more in danger mobility-wise...I get the feeling that it’s like ‘oh, she’s there we don’t have to worry about it...I’ve never had anybody intervene” (Independent companion)



Discussion and Implications

- “Little extras” versus gap-filling?
- Potential training needs?
- Relationships - ‘above and beyond’ or ?
- Agency vs. independent – differences?
- How do facilities use/regulate companions?
 - Behavioural management & care tasks
 - Potential for increasing regulation?
- Changing resident poplns
- Balance needs of system, residents,  **cmps**



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