

Care giving in old people's homes involves providing assistance with activities of daily living (walking, bathing, feeding, etc) and emotional support (companionship) for residents who often have reduced physical or mental capacity.

Problem

Physical and mental demands on staff are high. The home in question was originally designed for residents who were relatively independent, however as residents have aged, their dependency levels have naturally increased and some now require much greater support. As a result, staff have reported considerable physical and mental strain and there has been a marked increase in the rate of sickness absence from stress-related illnesses, such as depression and anxiety.

Assessing the risks and finding solutions

Workers, managers, safety representatives and specialist staff discussed the issue through the home's health and safety committee. It was found that there were predictable patterns in demands on caregivers, which allowed the following measures to be brought in:

- Work schedules were adjusted to increase staff numbers during hours of peak demand.
- The roles of auxiliary nursing staff were clarified to ensure that both they and specialist staff knew their responsibilities and needs regarding support.
- Greater power to make decisions was given to certain groups of workers.

Results

Care staff reported a more manageable workload, an increase in perceived support from management and other caregivers, and greater ownership of their work. Although some had greater responsibilities this was welcomed as a positive development.

The success of these interventions has also contributed to a substantial reduction in stress-related sickness absence.

- Problems of work overload and constrained resources can be reduced by targeting resources at particularly busy areas or times.
- Consulting with and involving staff and their representatives 'on the ground' is a simple way of ensuring that this is done effectively and fairly.