10 myths about long-term care nursing

Ageist assumptions about caring for the elderly may deter RNs from choosing to work in this rewarding specialty

By Lesley Young

If you’ve never nursed in long-term care (LTC), you’re probably harbouring at least one misconception about how it stacks up against the fast-paced world of acute care.

“When I teach our first year nursing program, I ask students where they see themselves five years after graduation. I can count on a pinhead the number interested in gerontology nursing,” says Beryl Cable-Williams, RN and faculty member at Peterborough’s Trent University. Students don’t realize that many patients in acute care are elderly, and that’s only expected to increase given the major demographic shift afoot in Canada. In 2026, one in five Canadians will be over the age of 65; in 2001 it was one in eight. That means many of the ageist assumptions we are guilty of making about caring for the elderly are increasingly less exclusive to long-term care.

In fact, you may just find, what with increasing media attention, new Long-Term Care Homes Act regulations in Ontario, and growing awareness of the importance of LTC, that gerontology could be the new “in” career in nursing. Okay, so most RNs in LTC agree we’re a few years away from the next Grey’s Anatomy being set in a nursing home, but they are eager to bust some of the more pervasive myths and cast the image of LTC in a more positive and realistic light.

I’ll lose my skills if I get into LTC nursing

Of all the misperceptions that surround the field, this one is the most omnipresent, according to RNs in LTC. Cable-Williams contends that initial placements in LTC leave students with the wrong impression because they typically get exposed to only basic skill development. “It’s a good early experience for skill development, but it gives them a skewed notion of what LTC is all about.” Saima Shaikh, a Toronto-based LTC RN for 15 years, says: “If anything, long-term care nursing requires superb leadership skills and outstanding assessment skills.” She explains there is often only one RN on duty in a LTC setting, and that nurse is responsible for supervising large numbers of staff. She’s also quick to point out how patients in LTC are not the same as they were 20 years ago: “Their needs are far more complex.” Nurses in LTC also develop excellent communication and interpersonal skills, she adds.
“Families are informed advocates for family members. You have to be able to communicate, apply diplomacy and negotiate all of the time.”

**LTC is the backwater of nursing**
RN Pamela Rowe proudly points out that her facility, Region of Durham Hillsdale Estates in Oshawa (where she is manager of nursing practice), is one of the only LTC homes in Durham Region that offers peritoneal dialysis onsite. “We are extremely progressive in our treatments,” she notes, adding that LTC, while still in need of better funding, is hardly a backwater of nursing. In fact, she’s seen acute care nurses who move to LTC who don’t know how to use the latest equipment. Cable-Williams points out that LTC was a pioneer of the social model of caring, which shifted the focus away from seeing residents as patients.

**When I need casual work, I’ll try LTC because it is so easy and slow-paced**
Just like every field of nursing, LTC has its own unique, intense demands. To assume that it is easier than another field, which nurses often do (including Shaikh, who switched from acute care to LTC after having kids), is a big mistake. “I’ve had staff come from a hospital setting, who, after two weeks, can’t do it,” says Shaikh. “The patient load is 30 residents to one nurse. You’re supervising unregulated health-care workers. There’s also 30 sets of families (of residents) to communicate with on a regular basis. Plus there’s hefty case management, what with liaisons between specialists such as dietitians, massage therapists, doctors, the family and that’s not counting the medication…” Add to that needs of residents, and, well, point taken.

**The pay is bad in LTC nursing**
RN Joni Wilson, Director of Care at Peterborough’s St. Joseph’s at Fleming, says her pay is on par with RNs at hospitals. Rowe at Hillsdale Estates adds that Durham Region provides excellent benefits and wages to its nursing staff. While both admit there are some LTC homes that might not pay as much as they should, that is fast becoming the exception, not the rule. With the shortage of RNs in LTC, organizations like St. Joseph’s at Fleming are using everything they can to hold on to staff, adds Wilson. A quick assessment of the demographic shift and shortage of nurses suggests the situation will continue to work in nurses’ favour.

**I’ll just be spinning my wheels in LTC**
Because of the nature of LTC, nurses have true opportunities to affect practice change and the culture of the environment, according to Shaikh. “An RN in long-term care is very much part of the leadership team.” For example, she says, you can put together a fall prevention program to minimize injuries. The bonus? Thanks to the “long” in LTC, you really get to witness the results of care in residents over the long run, unlike other settings where patients come and go as quickly as your shifts.
**Patients go to LTC to die**
This myth goes hand-in-hand with the stigma that LTC is depressing. Says Wilson: “People do improve once they come into LTC. Often, they have not been getting the kind of care they need and when they do, the turnaround can be remarkable.” She recalls how one resident on a secured unit took ownership over weeding in the garden. “He was able to feel like he was doing something, that he was needed. It alleviated some of his anxiety and prevented some behavioural issues.” Wilson believes LTC nursing also allows nurses to be advocates for a group of people who are vulnerable and often treated as unimportant in our society’s culture. Cable-Williams points out that in order to break down some of the stigma surrounding LTC, we need to stop trying to separate living from dying. “We need to imagine living and dying occurring simultaneously, and that while we’re doing that, we are having the best life possible.” She adds that it is remarkable how many nursing students have not spoken with someone in their 80s and 90s. “They are always surprised by how cool residents are.”

**I won’t get to do any bedside caring in LTC**
Every nurse interviewed for this article said this just isn’t true. While there is plenty of administrative work for the RNs in LTC, there are also many opportunities to provide hands-on care for residents. “You do not lose touch with your bedside nursing abilities,” says Shaikh. She explains that RNs get to know residents over a very long time. “They share stories with you and you build relationships. You get close with their families. It’s a more intimate type of nursing.”

**LTC settings aren’t the gold standard for care**
Cable-Williams says the media are largely responsible for a negative image of LTC environments: “A recent Metroland series entitled “Crisis in Long-Term Care” highlighted the shortcomings of the system, but did not provide any perspectives from residents and families who are very satisfied with their experiences.” Nursing homes have a dismal heritage as the poor houses of decades ago, explains Cable-Williams. The culture that exists inside LTC homes is quite different from other nursing settings, in a surprisingly wonderful way, adds Rowe. She explains how Hillsdale Estates is a modern, friendly, resident-focused environment supported by pet therapy. A fireplace, spacious sitting areas, a tuck shop and a café all welcome you as you enter the home. “It’s so inviting when you walk in the door...there’s a lot of personality...inside these walls.”

**RNs are totally on their own in LTC nursing**
Mary Bawden, RN and nursing professor at the University of Western Ontario in London, refutes the notion that RNs work in isolation. “You get a real sense of being a part of a team in LTC. You work with registered practical nurses and personal support workers, and develop incredibly strong working relationships.”
Rowe adds that it’s necessary to establish professional trust with staff in order to stay on top of residents’ health because they are often the closest with residents.

**LTC nursing is not fulfilling**

Every single nurse interviewed for this article said that LTC nursing is a more intimate kind of nursing, the kind that enables you to develop long lasting, enriching attachments to your patients. Rowe, who has practised in acute care in the past, says former roles never allowed her to offer those little extras for patients: “Just to sit at the bedside, take the time to hold a resident’s hand, and talk about whatever bothers them that day.” The smiles you receive and the relationships you build in LTC nursing are priceless, she adds. “It’s both enriching and an honour to work in LTC.

You can’t underestimate the trusting relationships you form with each and every resident. What your heart puts into it, you receive back tenfold.”

*Lesley Young is a freelance writer and editor in Newmarket. This feature originally appeared in the September/October 2010 issue of Registered Nurse Journal, the flagship publication of the Registered Nurses’ Association of Ontario (RNAO).*

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