

Skills for Long-term Residential Care Workshop, May 20, 2015

There is a broad consensus that changing population needs and demographics in long-term residential care mean acquiring greater skill and training is required.

There is less agreement, however, on what skills are required, who should have these skills, and how the work should be divided.

That there is a need to change how we approach skills from the perspective of political economy and the socio-technical structure.

Is caring a skill?

Care work is inherently relational, rather than transactional so the first major element is the degree of marketization of care services; whether outsourcing from state or public provision or direct care funding in the form of voucher system - will speak to the tension and dynamic between direct care provider and recipient of care.

Marketization inherently about 'cost containment'; private sector innovation in the form almost exclusively of efficiency in care provision. Marketization also speaks to commodification of labour and care provision.

Is caring a profession?

PSWs perform the bulk of unregulated care provision and their capacity in terms of skills is linked to the delegation and/or exemption of regulated acts in Ontario.

Need to appreciate the role of professional regulation in ordering care provision and defining 'scope of practice' and educational qualifications/requirements. PSW currently conceived as "adjuncts" - especially in an auxiliary or subordinate relationship to other regulated care providers as well as more fundamentally, the care recipient.

Low staffing levels have been documented for decades as a critical concern in long-term care which directly impacts quality of care and resident quality of life and staff quality of work-life.

Instead of focusing solely on labor processes that deskill and limit control (as much of the rich political economy literature does, in this journal and elsewhere), or on individualized formal learning (as much of the management literature does), we need to ask what prevents people from developing and using the skills they need for their work, and how time can be factored into skill assessment.

A practical concern with skills in health care

PSWs and other direct care providers ought to be co-designers or co-managers with residents/patients working in a collegial and participatory partnership to improve services; working from an inclusive and collaborative frame; re-integrating the medical/nursing training and clinical expertise with patient life experiences and their inherent commitment to positive outcomes.

The banner of autonomy, empowerment, emancipation and self-determination is one both patients and care providers should march behind.

Care should promote self-management, if not co-management and certainly not dependency.