UNTYPICAL STRIKE IN FRENCH OLD PEOPLE'S HOMES

In France roughly 600 000 people live in about 7500 EHPAD -homes for old people with medical equipment and care- and 400 000 professionals work there. Over 30% of the personnel declared being on strike Tuesday 30th January all over France, according to official statistics. They have been supported by 7 trade-unions, their own managers, unions of doctors, associations of managers working for old people, associations of retired people, volunteers and residents' families. They came together in large towns or stopped working at their working place. All claim their distress regarding their working conditions and the correlated unacceptable impact on the "patients" they are supposed to respect, care for and help living in dignity.

Highly alarming indicators have been noticed for years, such as high turn-over of personnel, absenteeism on medical or psychological grounds, professional accidents, lack of candidates for caring jobs, local strikes in 2017. In 2006 the target of the "Plan de solidarité grand âge" was to reach one carer for one highly dependent resident, while the average rate was 0.57. This objective has not been reached.

WHY SO MUCH SUFFERING?

Causes are many, complex and interrelated:

- Caring jobs in EHPAD are <u>extremely physical and psychologically demanding</u>. Most residents are over 80 years old and some of them are greatly dependent. Due to the <u>stress</u> <u>for continuously higher productivity and/or lack of human resources</u>, equipment or <u>supplies</u>, professionals suffer from not accomplishing their tasks in a way to respect dignity and needs of the old person.
- They themselves underline the <u>lack of educational background and professional training and conscientiousness</u> of some of them, due to the <u>lack of candidates</u>, the difficulties met by interim resources in such jobs where it is <u>essential to cope with individual needs and personalities of old, dependent people</u>, the impact of permanent adaptation of the organization to cope with absenteeism.
- An <u>administrative</u>, financial management disconnected of the groundwork, many managers being in charge of several homes and having no more time for human contacts. For the same objective of scale economies, <u>food is more and more often delivered from centralized cooking units instead of having a cooking unit attached to the home and able to adapt meals to the specific needs of older people. Because of <u>lack of available budgets the carers' work cannot be complemented with cultural</u>, <u>physical</u>, <u>leisure activities organized by specialists such as art or music therapists</u>, <u>psychometricians</u>, <u>animators</u>. All these facts contribute to the residents' suffering and rebound on carers.</u>

Although the Ministry of Solidarities and Health declared understand the anger and exhaustion of carers after the staff had received a delegation of professionals nothing new and concrete seems to have been suggested.

WHAT COULD HELP?

"We were what you are, you will be what we are". (Sentence written at the entry of the French Marcq-en-Baroeul cemetery) Remembering such a truth, solutions respecting old people and professionals could probably be found with the cooperation of all stakeholders, such as:

- <u>better recognition of the service delivered by the professionals</u> through adapted wages policies, improved training, careers paths, and more consideration,
- reviewed and perhaps more flexible split of tasks and responsibilities between professionals to efficiently take into account the specificities of the institutions and the evolving needs of the residents
- reinforced integration of volunteers,
- recognition of family carers' contribution to the society and development of structures to care for old people during day time in order to make it easier for them to stay at home or to stay with their family.
- <u>Larger implementation of palliative care</u> in old people's homes, delivered by well-trained professionals who therefore would have the necessary resources to cope with the overwhelming situation of accompanying residents when they come to the very last days of their life, to relieve their suffering and to create a peaceful environment for them and for their families.
- Encourage old people to express their "anticipated directives", how far they wish medical treatments or acts to be implemented, whom they recognize as the person to decide for them if they are unable to do it, although it is very difficult to foresee in details long in advance what might happen in our life and how we will react then. However this could help professionals to decide how best to behave.

Some people also foresee the replacement of human resources by robots and cameras as it is already done in some countries. This can help in many respects but does not answer the need for human contacts and links so often expressed by old people.

At the end of the day the true question is: which place do we reserve to these people to whom we owe so much and who can still bring a lot to the society despite their weaknesses and their handicaps if we devote time to listen to them, to look at them, to consider them. If the society respects old people it will also respect professionals and give them adequate working conditions. Professionals' abuse ends up with old people's abuse.

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