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My day as a Practical Nurse in a Nursing Home in Finland

I work in a nursing home in Finland, and I'd like to explain what happens during a typical morning shift as a practical nurse. In a typical morning shift we have one nurse and three practical nurses helping our 20 residents aged 79-98 years. All the residents are permanent which means that this is their home. Most of the rooms are private rooms, although we also have three double rooms. Each practical nurse has approximately 6-7 own residents per shift, and sometimes we work in pairs with those residents who need a lot of help. We promote the residents' physical and mental health, security and wellbeing. The residents have several medical conditions that we have to be aware of. For example, they have memory impairment, diabetes, Parkinson's disease, Alzheimer's disease, rheumatism, cerebral haemorrhage and mental health diseases. As a team member we also participate in the care of a dying elder.

7.00: The morning shift starts with us getting a short report from the night shift nurse. She explains us how the residents did during the night and if there was something special we should be aware of. We then divide the residents for each nurse in the day shift. We try to take care of the same residents in each shift, because it creates security for our residents, many of which have a memory disorder. They need familiar nurses to be around with. Familiarity of nurses and other staff promotes the residents' physical and mental health, security and wellbeing.

7.30: After the morning report we split up to different rooms. We greet good morning to the residents. We deal professionally with the residents and try to promote their well-being through interaction. Those who still want to sleep are allowed to do so. We respect our residents' own day cycles and routines. Some residents may need a routine blood pressure or blood sugar measurement so we perform those as well. At this time we also administer those medicines that have to be given into an empty stomach before the breakfast. We also administer eye drops and inhalations as needed. An important part of our work is to monitor the effects and combined effects of pharmaceuticals and recognize the most common

adverse and side effects. Anything aberrant needs to be reported to the Head Nurse and also to be documented into the patient files. We recognise the residents' pain and use different methods to relieve it (e.g. with massage or position change). We administer pain medicine as needed and as ordered by the doctor.

8.00: Most of the residents are able to walk independently with the aid of the walker to the dayhall where the breakfast is served. A couple of the residents are so weak that they need to be lifted with the help of the lifting device to the wheelchair and pushed to the day hall. There are always those who need to be fed in their own rooms. Either they are too weak to join the others or they are just not doing well. During the breakfast we also make sure that all the needed morning oral medications are being administered to the patients and the insulin injections given (one of the residents has a type 1 diabetes). Most of them take laxatives in the morning since constipation is quite usual with elderly people. For some residents we have to give enemas in order to get their bowels function. We, nurses, usually have a quick cup of coffee before starting the other chores.

9.00: After the breakfast we help the residents to wash themselves. We assist and guide them in tending to personal hygiene and dressing. Some residents are able to do everything by themselves, however most of them need 1-2 practical nurses to help. We shower those who have a "shower day". Before we take the patient in the shower, we make sure that everything we need is ready, so that we won't have to leave the patient all by herself in the bathroom. Security is really important in our work and also complying with the principles of aseptics and hygiene practices. During the morning chores we have a good chance to observe residents' skin if there is rash or pressure wounds. We put lotion if needed and help the residents to a good and comfortable position after assisting them back to the bed or the chair.

Those who don't need a full shower, we help otherwise, for example via a bedbath. Other typical chores in the mornings are: taking care of the wounds if needed (leg ulcers and pressure wounds most commonly), putting support stockings or dressings on, oral and foot care (including washing the dentures), changing the diapers, changing bed sheets or at least making the beds. Position change is really important in avoiding pressure wounds for those who stay mostly in bed and are not mobile themselves. When helping the residents we always try to use a rehabilitating approach, which means we let the residents to do as much possible by themselves. That helps them to maintain their own functional abilities. We also

try to maintain our own ergonomically correct working practices and use aid devices when needed.

Before leaving the room we make sure that the room looks nice and fresh and make sure that there isn't anything to block the patient. We really respect the aesthetic aspects of the environment, since it promotes the overall wellbeing of our residents.

10.30: By this time we are usually ready with the morning chores. All the residents are being helped to wash and dress themselves, and are usually being helped to the day hall thereafter. There, before lunch, we usually try to organize some nice activities for them. An essential part of our work is to guide activity groups with functional methods for residents of different functional abilities. At the same time we promote participation and interaction between the residents. We, for example, read a morning newspaper for them, play games (they love playing bingo), sing with them or give them a little massage. Some female residents enjoy their nails getting done. On a regular basis we organize and guide our residents thru a light physical exercise by using music, balls, poles etc. That helps to maintain their muscle strength.

11.00: Then we start preparing the lunch. We seat all the patients around their tables and start bringing everyone their meals. We also administer the medicines and make sure that everyone gets exactly their right dose at the right time. The resident with the diabetes gets her blood sugar measured and the right amount of insulin (according to the blood sugar level) is administered. Some residents have a special diet (celiac disease and lactose intolerance) so we have to make sure that they get the right portions. Those who can't eat themselves will be fed. After the lunch some residents want to return to their rooms to rest and take a nap. The rest stay in a day hall, watch the tv, listen to the music or read. After the residents' lunch, it's our time to have lunch.

12.00: Now it's time to write a report to the computer. As a team member, we create and update, together with the resident and their representative (usually a family member), a client-based written plan which supports the resident's participation and which we implement and assess. We actively cooperate with the families, regarding them as a meaningful resource for our resident. We document how the residents did, was there anything unusual, how they ate (we assess the client's nutritional status), bowel movements

etc. It's extremely important to document the care activities happening on a daily basis to make sure that the residents' legal protection is taken care of.

13.00: Now it's time to organize some nice activities for the residents again. At this time of the day we usually assist the residents outside and go for a little walk with them if the weather permits.

14.00: Coffee and a snack. Relatives might be visiting and joining the coffee. At this time the evening nurses arrive. We give them a short report on how the morning went. All the details are found from the patient files in the computer, so there's no need for a long oral report since it might take too much time from the care of the residents. Before I end my shift, I double check that I have documented everything that is needed.

15.00: Time to go home.

Working in a health care center ward is similar to working in a nursing home except in each shift we have about 4 nurses and 4 practical nurses and approximately 26 patients. There are 2-4 patients in one room. Each practical nurse has approximately 5-7 own patients per shift depending on their condition. We sometimes work as a pair with a nurse. Some of the patients are long term patients and some patients stay in our ward only approximately 4-14 days and return back home or a nursing home when they feel better. Most of the patients are old, aged 75-100 years. However, sometimes we have younger patients as well. We also have patients in a terminal care so we have to work according to the principles of terminal care and also support a dying patient's family in their grief work. Our work aims to be rehabilitative and aims to maintain patients' functional abilities.

Our patients have a large variety of chronic or common diseases such as chronic heart failure or other heart diseases, COPD, Parkinson's disease, Alzheimer's disease, rheumatism, cerebral haemorrhage, mental health and drug abuse diseases, arthritis and osteoporosis, sensory system diseases and handicaps only to mention some of them. Some

of them are just recovering from an operation (f.ex. total hip replacement surgery) and are being discharged back home after they have regained their independency.

In a health care ward practical nurses observe the client's or patient's vital functions: measure the client's or patient's body temperature, respiratory frequency, pulse, blood pressure and blood sugar correctly and recognize changes in the client's or patient's condition. Nurses also prepare, assists or perform treatments (e.g. wound care, catheter insertion, tube feeding, intensive oral and foot care, stoma care, remove stiches) and perform examinations (e.g. ECG) considering the client's or patient's special characteristics. One important task is also to recognize the client's or patient's pain and to use different methods to relieve it (such as position change, massage, cold packs and/or medication if needed).