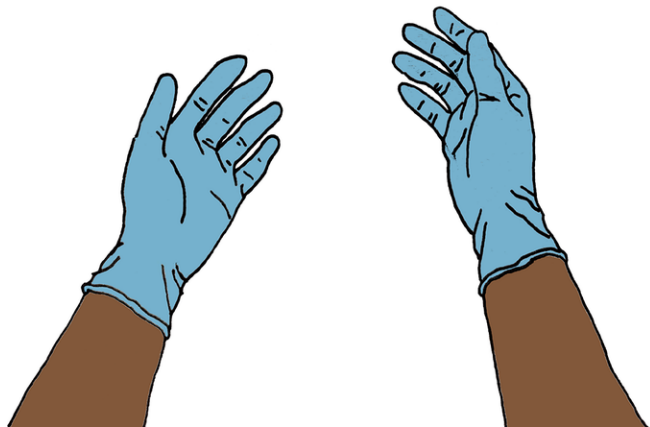


WHAT THE WORK TAKES

Stories from Continuing Care
Home Workers



Where these stories began

This zine began with interviews with 46 continuing care home workers. We asked what makes the work meaningful and what gets in the way of good care. They spoke about skilled care and the everyday pressures and harms they face.

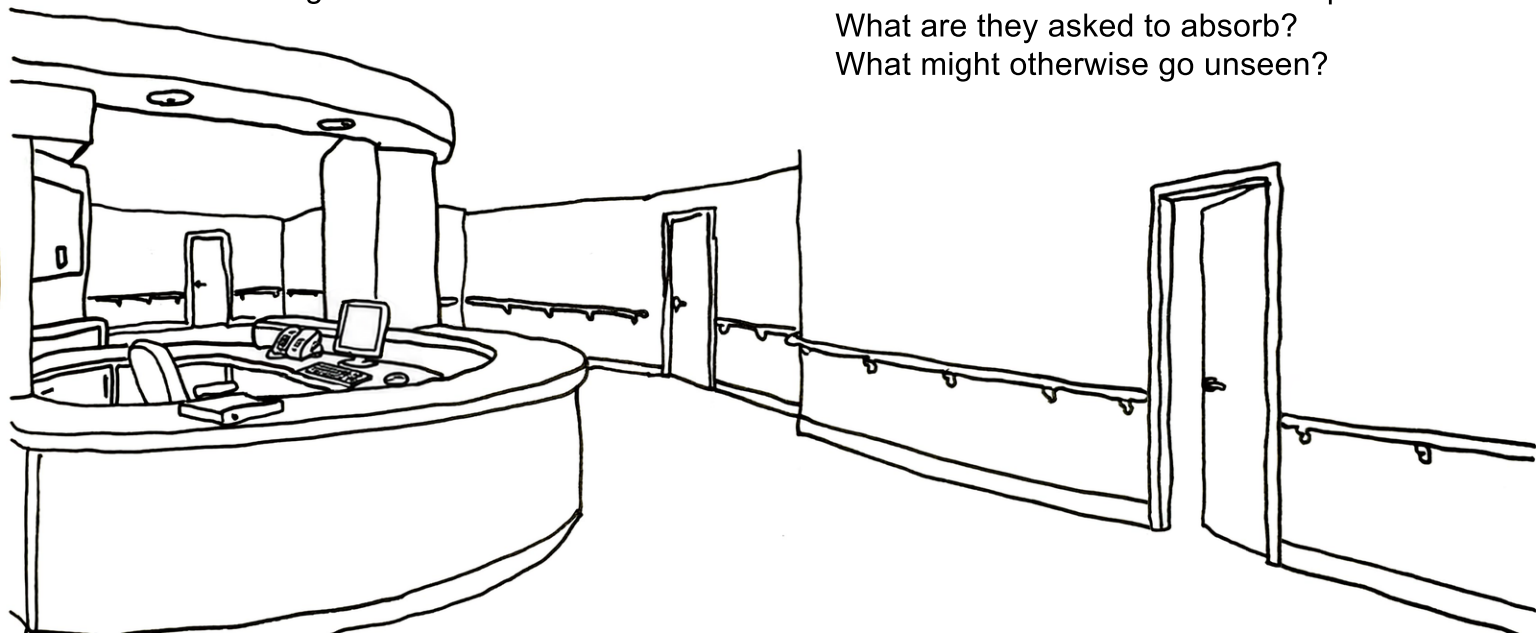
Our aim is to bring it all into view.

As you read

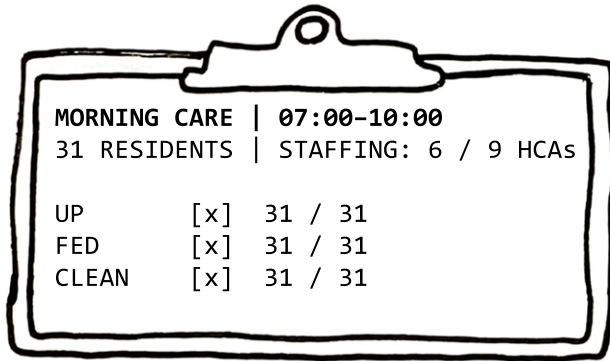
Continuing care brings people with different needs and histories into close contact.

Workers read situations throughout the day, deciding what is needed and how to respond.

What do workers know and make possible?
What are they asked to absorb?
What might otherwise go unseen?



Everything Is Done



Everything is done.

Nobody is complaining



other than us.

We hurt ourselves.

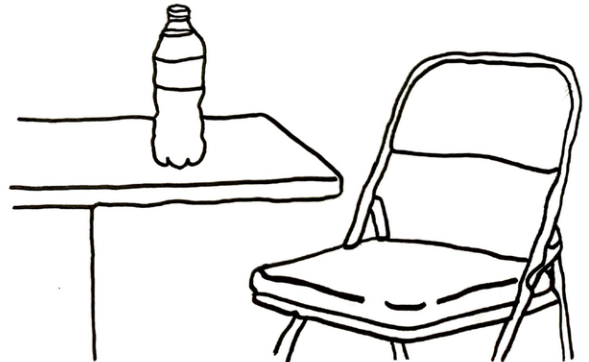
We rush ourselves.



We don't go to the washroom.

We don't drink water.

The ones that are not our priority,
we don't go to see them as often
as we know we should.



I'm Not Right

I walked into her room,
and she looked at me and said,
'I'm not right.' I said, 'Okay. I'll go get
the Nurse.'

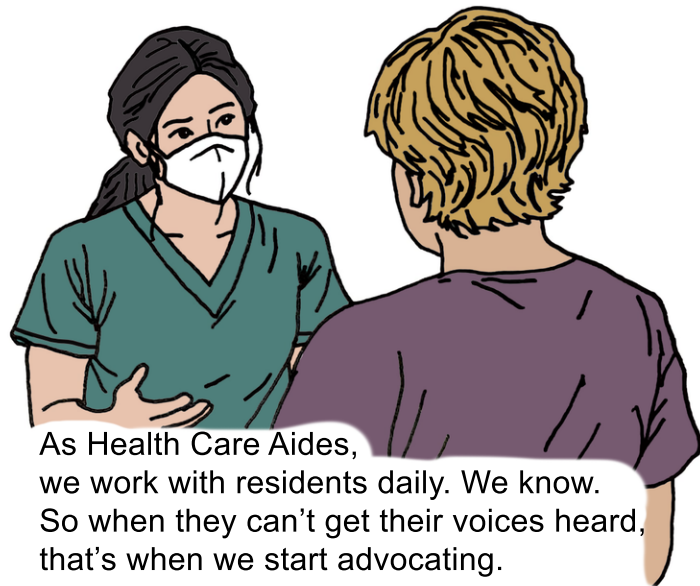
I went to the Nurse and said,
'This resident doesn't look right.'

The Nurse told me,
'Oh, she's fine.'



I said,
'No, no, no, no. There's something going on.'
I think I hounded that poor Nurse for an hour
before they sent her to the hospital.

She had a blood clot in her brain,
and needed surgery. She made a full recovery.



As Health Care Aides,
we work with residents daily. We know.
So when they can't get their voices heard,
that's when we start advocating.

I'm just happy she got what she needed.

Telekinesis

We've all worked together a long time.
Our teamwork sometimes feels like
telekinesis.

It's almost like we're talking
in a different language.
We're in unison.



It can be a little uncanny.



When we work
with casuals,
we have to write
things down,
spell things out.

In our heads,
we've calculated
our whole day.
Now we've got to
recalculate,
recalibrate.

It's just a lot of guidance.
And that can be exhausting
at the end of the day.

Seven Days' Interval

I can show you here—scratches.
Sometimes a resident will grab you anywhere.

They still have a good grip.
Sometimes you cannot avoid it.

But they have dementia, you know.



One solution is to cut their fingernails.
But if they are agitated, stop.
Just don't force them.
Re-approach another day in a good mood.

Sometimes I finish the left hand.

Three days, maybe seven days' interval

the other hand waits.



I Just Go First

One resident, Jake,
he's got a lot of bruises
on his arms right now.

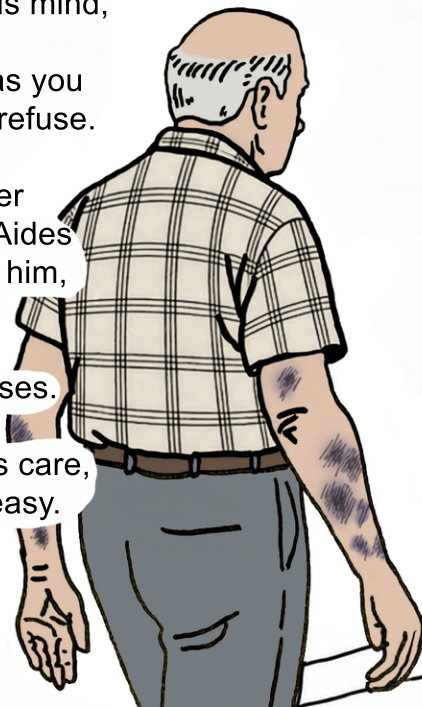
I don't know what is
going on in his mind,

but as soon as you
hold him, he refuse.

I've seen other
Health Care Aides
trying to hold him,

struggling
when he refuses.

When I do his care,
it goes very easy.



I don't even hold him. I just go first.

You want to bring him into his room?
just tell him like this—

'Come on, let's go to your room.'

He come. He follow.

I don't need
to exert effort
or anything.

I just discovered
that one

because you have
to try everything

to do their care,
right?



That's Mine

My teachers said to us,
'You will experience every scenario.'

There are super funny dementia ladies.

There are creepy old dudes

(and old ladies can get weird
with younger men too).

I try to give them the benefit
of the doubt usually.

But sometimes I have moments
where I'm like,

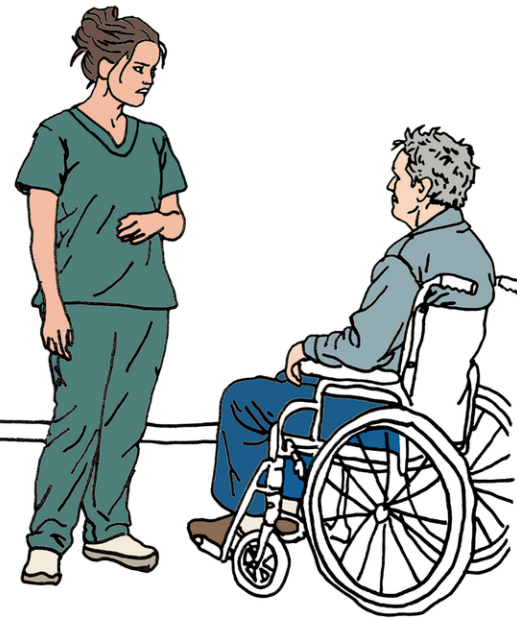
'No, I'm not going to stand
for that actually.'

So it's never super harmful or...

I did have one guy that was quite persistent,
but the firmer I got, the more he backed off.

Like 'That's not meant to be touched.
That's mine. It's okay, you didn't mean that.

But you know what, that's not part of my job.'



She Would Look At My Hands

After I changed her,
I grabbed my dirty towels, the garbage.
She would look at my hands—
what I was holding.
Maybe because of my skin colour.

I'm not sure.

I asked my work partner,
'does this person do this to you?'
And my partner said, 'no.'
I'm like, okay...



I usually work the night shift.
Most of the residents are sleeping.

They don't really notice you.

Maybe they don't notice
your skin colour, right?



Line Of Fire

A Health Care Aide of colour can enter a room, and a resident will berate them.

The Nurse of the same colour can enter the same room, and there's no issue.

It's just the difference in authority, right?

The Nurse has the pills.

My Nurses are really good about not putting somebody in the line of fire.



When I was in training back in the '80s, if a resident said something negative to you

you had to always believe they were sick—not in their right mind.

You just had to kind of put that aside and provide the care, right?

I don't think we should put that aside.

It needs to be brought to the forefront.



Just See

*A concordance poem assembled from 8 workers' transcripts.
Each selected sentence contains "just," "see," or both.*

I **just**, I feel very honoured that I get to work with these folks every day.

We're busy, but you don't **see** our busy because we're quiet about it.

You **see** the results immediately when you look after people, and it **just** makes you feel good you're helping somebody.

They can recognize you and you recognize them and they are happy to **see** you.

If not, they will **just see** you as a regular worker.

She would **just** look at me.

I want to be nice, I want to love, but you **see** some residents be racist against you.

If I stress myself or if I keep complaining, I guess it's **just** going to affect my health.

When they **see** the other Canadians, white, they're so like them.

And then you can **see** facial expression, that there's a welcoming and then they're against this colour.

There **just** isn't any tolerance for those types of behaviours.

So I **just** accepted it.

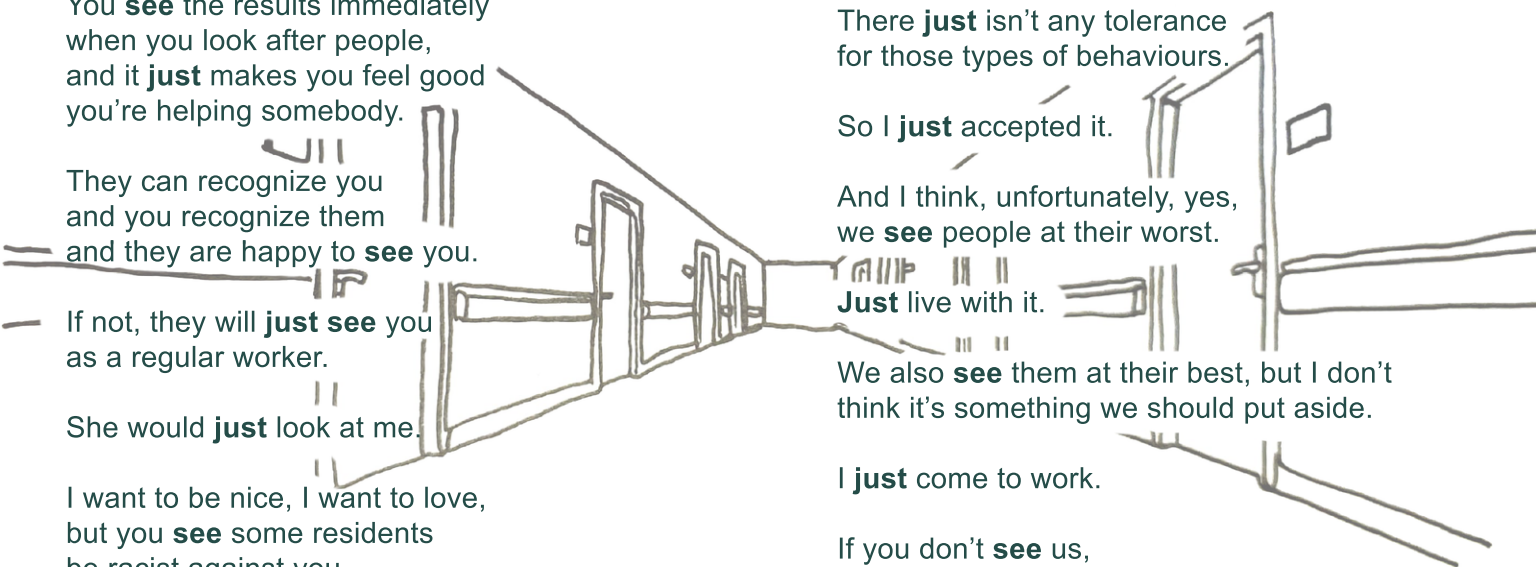
And I think, unfortunately, yes, we **see** people at their worst.

Just live with it.

We also **see** them at their best, but I don't think it's something we should put aside.

I **just** come to work.

If you don't **see** us, it's because we're in a room.



What Do You See Now?

Looking back now, consider how workers make good care possible, and what it takes for them to do so.

What do these stories ask us to see about what continuing care is, and what it could be?

What do workplaces need to recognize, support, and take responsibility for?

What could be improved?
Who would need to act?



Read the zine online.
Share a reflection.
Tell us what other stories
need to be heard.

With thanks to the continuing care workers who shared their experiences with us.

Any names used in the stories are pseudonyms.

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