Caring for sick a strain on families

The Statistics Canada General Social Survey has determined that 2.8 million Canadian adults provided informal care for someone with long-term health or physical limitations in 1996. The need to provide this care has affected the caregivers’ lives in a variety of ways.

Nearly half of all informal care providers reported that these efforts restricted their social life, with males and females affected almost equally (44% versus 47%). Similar proportions of males and females (46% versus 42%, respectively) reported incurring additional expenses while providing care. However, twice as many women (27%) as men (12%) reported adverse impacts on their own health. Changes in sleep patterns were reported by 31% of females and 26% of males.

The age of the caregiver had an impact on the prevalence of some of the burdens related to providing informal care. More than half of caregivers aged 20–24 (57%) reported restrictions to their social life, compared with only 34% of those aged 65–74. Only 32% of respondents aged 20–24 reported incurring extra expenses, compared with 54% of those in the 35–44 age group and 50% of those aged 45–54. Caregivers in the 35–44 age range were more likely to report adverse effects on their own health (29%) than those aged 25 to 34 (18%) and 65 to 74 (18%). Nova Scotia and Ontario residents were most likely to report restricted social activities (53% and 51%), while caregivers in PEI and Saskatchewan were least likely to have experienced such restrictions. Only 14% of caregivers in Nova Scotia reported adverse effects to their own health, compared with 29% of Manitobans. — Shelley Martin, CMA

Pediatric hospitals scrambling in wake of nursing shortage

Although many issues were discussed during the recent annual conference of the Canadian Association of Pediatric Hospitals, nursing recruitment was singled out for special attention. “The message is pretty simple,” said Heather Mass, chief of nursing at the BC Children’s and Women’s Health Centre. “Educate more nurses and stop cutting schools of nursing.”

According to an update provided at the conference, children’s hospitals across the country are already facing a serious nursing shortage. The Hospital for Sick Children in Toronto is responding by trying to become a “magnet organization” that has low staff turnover and competes successfully with other local hospitals for nurses. Dr. Jean Reeder, the chief of nursing at Sick Kids, says magnet organizations promote career development, give nurses control over their areas of practice and encourage a collaborative atmosphere. At Sick Kids, where the average age of nurses is 33 — the North American average is 45 — there are 1300 registered nurses on the payroll, including 23 nurse practitioners. Reeder has spearheaded ongoing recruitment activities with a Web site and a campaign aimed at bringing Canadian nurses home from the US. Its slogan? “Come back and care for Canada’s kids.”

If recruiting is a challenge for Sick Kids, a pediatric mecca, it is a nightmare for other centres. In Quebec, 40% of the 1999 graduating class from McGill University left the province because salary rates were not competitive. In Newfoundland, the shortage was worsened by a switch to longer baccalaureate training, which meant that there was no graduating class from which to recruit. In Vancouver, the shortage of nurses has led to the cancellation of surgery. As a grim Isobel Boyle, nursing director for the Child Health Program at the Winnipeg Health Authority, told her colleagues: “See you at the job fairs.” — Charlotte Gray, Ottawa