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Lisa Tschudi: Welcome to Love Doesn't Pay the Bills, where we make visible the often unseen experience of family caregiving.

Lisa Tschudi: I'm Lisa judy.

Lisa Tschudi: Steve Mullen is a family caregiver and is the co host with his wife Jennifer of Caregiving Gen X Style, a podcast about the experience of caring for elderly family members.

Lisa Tschudi: Welcome.

Steve Mullen: Thanks for having me.

Lisa Tschudi: Good to have you here.

Lisa Tschudi: Steve.

Lisa Tschudi: Can you describe for my audience a little bit of your caregiving experience real briefly?

Steve Mullen: Oh, wow.

Steve Mullen: Yeah, I'll try to keep it brief.

Steve Mullen: It started about, oh, I'd say 22 years ago.

Steve Mullen: 23 years ago, my father was diagnosed with brain cancer.

Steve Mullen: That's where the first time I really had to take care of someone to a family member.

Steve Mullen: And my mother did most of the heavy lifting, but she needed break, so I came over to their house several days a week, and I'd make him dinner and we'd watch TV shows, we'd watch football together.

Steve Mullen: And, you know, he was at this point, he already by the time it got to this point, he'd had a stroke caused by the brain cancer.

Steve Mullen: He was paralyzed on half of his body, and he was basically living in a hospital bed in the living room.

Steve Mullen: So that's kind of the first time I ever had to do anything like this.

Steve Mullen: And believe me, I learned an awful lot.

Steve Mullen: He did pass away in early 2001.

Steve Mullen: After that, things were kind of smooth.

Steve Mullen: My mother at that time was only, I believe, 60, 61, 62.

Steve Mullen: She was pretty early or pretty young rather.

Steve Mullen: But as time went on, she started needing more and more and more help.

Steve Mullen: And we got to when the covid pandemic started, it began bringing food to her and making sure she didn't go out to the grocery stores, even though she escaped occasionally.

Steve Mullen: But really, it got really hot and heavy.

Steve Mullen: Last summer, my motherinlaw had to go into the hospital.

Steve Mullen: She had a bowel impaction.

Steve Mullen: They had to remove half of her colon.

Steve Mullen: It was really rough recovery for her.

Steve Mullen: She was in the hospital for several weeks.

Steve Mullen: She was in skilled nursing for several weeks.

Steve Mullen: Right.

Steve Mullen: As she got home and was getting independent, my wife and I decided to go out of town for our anniversary.

Steve Mullen: While on our anniversary trip, we got a call from my mother's emergency button service that said she had fallen.

Steve Mullen: I got her on the phone.

Steve Mullen: She said, I'm fine.

Steve Mullen: I just slid down.

Steve Mullen: It's no big deal.

Steve Mullen: Half an hour later.

Lisa Tschudi: But you don't want to get no, really.

Steve Mullen: It's not when you're trying to enjoy and relax.

Steve Mullen: Yeah.

Steve Mullen: And then a half an hour later, I got a very similar call.

Steve Mullen: Got her.

Steve Mullen: She said it's fine.

Steve Mullen: Don't worry about it.

Steve Mullen: It's fine.

Steve Mullen: Long story short, what we found out is the evening went on when she kept telling me, it's fine, it's fine, it's fine.

Steve Mullen: It was not fine.

Steve Mullen: She lost control of her right leg and was stuck in bed because she couldn't walk anymore.

Steve Mullen: I managed to get some of her neighbors there and my brother ended up, after a time, was able to get himself to her.

Steve Mullen: So I can stay on vacation, but as soon as vacation was over, I had to rush over there.

Steve Mullen: It turns out she had a spinal cord.

Steve Mullen: Her spinal column was pinching her spinal cord and she needed emergency surgery or else she was going to be paralyzed in the ways down.

Steve Mullen: So after a few weeks of all the preps of us living with her, taking care of her, then she went into the hospital.

Steve Mullen: She had the surgery, went into a rehab institute where they said she's never going to walk again and needs to be in a facility where they're going to take care of it because she lived independently anymore.

Steve Mullen: So she went from there into a skilled nursing facility and rehab for another month to try to get stronger.

Steve Mullen: And from there she went into assisted living.

Steve Mullen: And that's where she is now.

Steve Mullen: And she does require she is at the highest level of care that the assisted living facility will give, which means I need to be over there in order to help take care of things or else they might say it might be time for you to go to a nursing home.

Steve Mullen: And that's not what we want at all.

Lisa Tschudi: I understand that for sure.

Lisa Tschudi: I think a lot of people who haven't yet had this experience, they would be thinking that, oh, if your relatives in this facility, then they're already taken care of.

Lisa Tschudi: It's been my experience that is not necessarily the case.

Lisa Tschudi: The family is still extremely important and often needs to be around.

Steve Mullen: Oh, absolutely.

Steve Mullen: I feel like there's on most days if I don't check in on most weeks anyway, if I don't check in and go see her at least several times, things just don't get done that are supposed to be getting done with.

Steve Mullen: They provide health care there.

Steve Mullen: They have nurse practitioners that provide health care as needed.

Steve Mullen: But frequently if I don't check in and stick my nose into it, things just don't get done.

Steve Mullen: And she's got continuing health issues that are related and semi related.

Steve Mullen: I mean, I forgot to mention she also has congestive heart failure which causes you can live with that for a long time, but it causes problems.

Lisa Tschudi: Yes.

Lisa Tschudi: So it's definitely ongoing care and monitoring.

Steve Mullen: Oh, absolutely, yeah.

Steve Mullen: My mother in law is back home and she's independent ish thankfully.

Steve Mullen: She has my wife and her my wife's brother are both local and they both pitch in a lot.

Lisa Tschudi: Yeah, that's really lucky.

Steve Mullen: It's something that I've said before.

Steve Mullen: They are the rare dual caregivers where they both do as much heavy lifting as the other.

Steve Mullen: And that just doesn't happen in my experience.

Steve Mullen: It's usually one if there's multiple siblings, one of them takes over and the other ones just date into the background.

Lisa Tschudi: Yes, I'm talking mostly about my daughter on this podcast, which is my very extensive caregiving experience.

Lisa Tschudi: And I also have had in the last two years, each of my parents and step parents have had significant health issues as well and luckily siblings have been able to do a lot, even from out of town.

Lisa Tschudi: And we have found facilities as well where most of the care is there and they have the consistency that we as family members really can't provide in that circumstance.

Lisa Tschudi: I'm already at capacity to share for my daughter and my brothers are out of town and that's been really necessary for us, for our parents, for sure.

Steve Mullen: Yeah, it's hard.

Steve Mullen: I mean, it's really hard in particular when you're the only one doing all the work and I mean, I do have an older brother, he lives two and a half hours away.

Steve Mullen: He's busy and that's the only thing I will say about it.

Steve Mullen: He's busy and I mean, I wish he would come down more.

Steve Mullen: He does call and it's been an ongoing thing.

Steve Mullen: Hopefully he ever listens to this and I don't think he'll ever come up.

Steve Mullen: But going all the way back to when my father was sick, he just stayed at arm's reach and I just think it's a comfort thing for him.

Steve Mullen: He's not comfortable with the hands on stuff that you have to do.

Steve Mullen: And on our podcast we did a whole episode on different types of caregivers and I find it fascinating just you put different types of individuals into the same situation and how they handle it.

Steve Mullen: Some people dive in and say, okay, I'm going to do this, I'm going to make things better.

Steve Mullen: Other people say, okay, I'm going to stand back here and watch that.

Lisa Tschudi: Sure.

Lisa Tschudi: And that can be, for a multitude of reasons, very caring, good people can choose to stay very hands off.

Lisa Tschudi: For example, in my response to my mother's care, I was already at capacity and beyond really with my daughter.

Lisa Tschudi: And I think that it is important to acknowledge human limits and human varying capabilities.

Steve Mullen: Sure.

Lisa Tschudi: That already existed.

Steve Mullen: Absolutely.

Steve Mullen: We talked about somebody, the type of person I don't really blame because I don't know if they can help themselves.

Steve Mullen: But we talked about the emotional caregiver and I feel like when the stuff really hits the fan, things are going bad, decisions have to be made, a caregiver has to stay calm and rational, but this type of person is somewhat incapable and they just kind of fall apart.

Steve Mullen: It's just how their emotions work and I don't blame them for it, but in the end they're not all that useful either in an emergency.

Lisa Tschudi: Yeah.

Lisa Tschudi: And there's some people who are fantastic in the day to day sense who are reliable and show up every day and might plan to avoid things becoming emergencies really, really well.

Lisa Tschudi: And that's more how I am and who are crap when it comes to the entire emergency happening right now.

Lisa Tschudi: Right?

Steve Mullen: Yeah.

Steve Mullen: I do find it fascinating.

Steve Mullen: Personality thing is fascinating to me, and we dove pretty heavily into that.

Lisa Tschudi: Yeah.

Lisa Tschudi: One of my questions I wanted to ask you is one that I feel like a lot of times caregivers don't get asked nearly enough, which is, tell me more about the motivation in your caregiving.

Lisa Tschudi: What is it you love about each of your parents that you're caregiving for?

Lisa Tschudi: What's awesome about your parents?

Steve Mullen: Yeah, I mean, I'll start with my mother in law.

Steve Mullen: I wasn't raised in a house that was particularly emotional or touchyfeely or huggy or anything along those lines, and she is all of those things.

Steve Mullen: And I'll never forget, first time I ever met her, my wife introduced me to her.

Steve Mullen: She came over and gave me a hug.

Steve Mullen: I stiffened up like, what are you doing, lady?

Steve Mullen: I don't know you.

Steve Mullen: And this is how my family is.

Steve Mullen: We don't hug, but she and her of course, her daughter, the one I married, kind of taught me to be a little more, show my emotions a little bit more, and she's really the most positive person I've ever met in my life.

Steve Mullen: And she's had health problems for so long.

Steve Mullen: She's got rheumatoid arthritis.

Steve Mullen: She's had to have multiple organs taken out, including part of her colon, but she somehow stays positive with it.

Steve Mullen: And I think that's an inspiration.

Steve Mullen: Really, it is.

Steve Mullen: And I think that's really, truly, I think her attitude may be one of the only reasons she's still with us, given all of her health problems.

Steve Mullen: So I pitch in with her as needed.

Steve Mullen: A few weeks ago, I had to go over and bandage up her arm and take her to the hospital because she kind of lost her balance and fell into a railing, and we were worried she broke a rib and she tore some skin.

Steve Mullen: So I pitch in, and I was the closest person my wife was at work, and my wife's brother lives a little further away, but still only 25 minutes.

Steve Mullen: But I'm ten, so I was the first person to get over there.

Steve Mullen: That's how I pitch in with her, with my mother.

Steve Mullen: I mean, we have had a relationship my whole life.

Steve Mullen: There's never really been huge problems, but I wouldn't exactly say we're close either.

Steve Mullen: We never really have been particularly close.

Steve Mullen: That's the only way I can say it.

Steve Mullen: I mean, back when she was independent, we didn't really talk all that much, but the way I look at it is someone needs to do this for her.

Steve Mullen: And I'm local.

Steve Mullen: Her assisted living is 15 minutes away, and she is the reason that I exist.

Steve Mullen: She's the reason that I am who I am.

Steve Mullen: Some good, some bad, but she is the reason that I am.

Steve Mullen: And she deserves to be taken care of, and she deserves to be safe and as happy and as healthy as physically possible.

Lisa Tschudi: What are the biggest challenges you face challenges.

Steve Mullen: I think it's the amount of time that goes into it, really.

Steve Mullen: From the time that we took that ill stated vacation where we were spending the whole time worrying about my mother back home, going all the way through now, even though she's been in a series of facilities, there's, just the time involved is difficult.

Steve Mullen: And this all started, like I said, for me, last fall, so fall 2021.

Steve Mullen: And at that point, I was at the hospital or the rehab institute, or the skilled nursing facility, or we were prepping her house for her to move, or we were prepping her house to sell it.

Steve Mullen: We were getting rid of all of her stuff.

Steve Mullen: The time involved, there's not much time for anything else, at least during that period.

Steve Mullen: Now is a little bit better, and we have our emergency times where you ramp it back up, but it's a little better now.

Steve Mullen: I go over there a few times a week and generally for a couple of hours, and hopefully if all is going smoothly, no more of my time is needed.

Steve Mullen: But last fall, I mean, I run my own business, I have a PR business, I also produce podcasts.

Steve Mullen: I wasn't able to work.

Steve Mullen: It just was awesome.

Steve Mullen: And thankfully, my clients actually just coincidentally just seemed to pull back right at that moment.

Steve Mullen: I don't know if it was because I wasn't in their face looking for work or what, but I couldn't work at all.

Steve Mullen: Thankfully, my wife has a full time job and she makes a nice salary and everything, and we're doing just fine, but it's hurt my business, and there's nothing really that could be done about it but the time and you take time away from your work, you take time away from your family.

Steve Mullen: We do have two kids.

Steve Mullen: They are both in college now.

Steve Mullen: At the time, our son was a senior in high school, and I'll never forget this is one thing that yeah, so before my mother went into the hospital, I was staying with her five days a week.

Steve Mullen: My brother would come down and stay with her a couple of days a week and we would take care of her.

Steve Mullen: We were basically her nurses 24 hours a day.

Steve Mullen: My wife and my actual anniversary fell while I was doing that.

Steve Mullen: A few days after we got back from this illustrated vacation.

Steve Mullen: And my wife said, we'll tell you what, I'll get some take out Italian and I'll bring it over from a place my mom really likes and we really like.

Steve Mullen: And our daughter was off of college already, but our son came along and I said, oh, hey, while you guys are here, I have to make a run over to the drugstore and get something from mom that I forgot to get.

Steve Mullen: Do you mind staying with her?

Steve Mullen: And my son piped up and said, Can I come with you?

Steve Mullen: And I said, well, will you have some grand urge to go to a drug store.

Steve Mullen: He said, no, I haven't seen you in two weeks.

Steve Mullen: And I just internally melted into a puddle.

Steve Mullen: I'm like, God d\*\*\*.

Steve Mullen: Yeah, you haven't.

Steve Mullen: And my son and I are clubs.

Steve Mullen: We like talking sports.

Steve Mullen: I've been very involved in his travel, soccer career and everything, and we enjoy spending time together.

Steve Mullen: And I get that.

Steve Mullen: I understand.

Steve Mullen: He understood what was going on.

Steve Mullen: It's not like he was a five or six year old saying, where's daddy?

Steve Mullen: I don't understand.

Steve Mullen: Where's Daddy?

Steve Mullen: He knew.

Steve Mullen: But it was still obviously I hadn't even thought about the fact that there was a teenager at home that was actually missing me while I was neck deep in this stuff and at times literally neck deep in stuff that I had to do with my mother.

Steve Mullen: Those are the hardest parts, really.

Lisa Tschudi: I hear that.

Lisa Tschudi: I can definitely relate for sure.

Lisa Tschudi: I've got older daughter who is not the one who has disabilities.

Lisa Tschudi: She's her sister's caregiver at this point now.

Lisa Tschudi: And despite the fact that we also have a business from home, we care for our younger daughter at home, all three of us.

Lisa Tschudi: My daughter will definitely pull either her dad or I aside to go run an errand to the drugstore, whatever.

Steve Mullen: Yeah, just for time, right?

Lisa Tschudi: Just I like sitting in the car and talking with you.

Lisa Tschudi: Okay.

Steve Mullen: It's tough.

Steve Mullen: And like I said, our daughter was already away, so we were able to keep in touch with her with FaceTime and whatnot.

Steve Mullen: But yeah, our son was the one that was home, and he wasn't seeing he didn't see his mother for quite a while while she was taking care of her mother, and then she didn't see me while I was taking care of my mother, and it kind of stunk for her and I didn't realize it.

Lisa Tschudi: How did you best navigate these challenges?

Steve Mullen: I think what I tried to do is when I was home, try to do stuff with my son.

Steve Mullen: And I mean, like I said, he totally understood.

Steve Mullen: He completely understood.

Steve Mullen: He's not a little kid.

Steve Mullen: He wasn't a little kid at the time, but I just tried to make a little bit more of an effort.

Steve Mullen: And like I said, it was made worse by the fact that we were on vacation for four nights.

Steve Mullen: And then I came home, packed a bag, and went immediately over to my mother's, where I stayed for five more days.

Steve Mullen: So that was a little unusual.

Steve Mullen: I wasn't generally staying away for that kind of stretch time.

Lisa Tschudi: It becomes a longer period all at once.

Steve Mullen: Yeah, there wasn't really anything I could do at the time because even if I wasn't staying with my mother, even when she was in the hospital, she was in pretty bad shape.

Steve Mullen: And I was there for six to 8 hours a day just trying to advocate for and make sure things got done because, again, I don't know how people stay at the hospital, particularly the elderly stay at a hospital without family members there to help them.

Steve Mullen: I have a hard time figuring that out because she was having a hard time.

Steve Mullen: She's very hard of hearing too.

Steve Mullen: She's 82.

Steve Mullen: These things happen.

Steve Mullen: But she would have a hard time even just calling up and ordering what she wanted for the next meal because she couldn't hear.

Steve Mullen: She couldn't hear over the phone.

Steve Mullen: The phone wasn't loud enough.

Steve Mullen: So simple things like that.

Steve Mullen: And getting the nurse for something.

Steve Mullen: And I know people obviously go into the hospital who don't have family around or maybe even don't have family, period.

Steve Mullen: I just don't know how they do it and get decent care while they're there.

Steve Mullen: I would love to know.

Lisa Tschudi: It's a very good point.

Steve Mullen: Anybody who's in that situation needs an advocate, and I don't know how they get by without it.

Steve Mullen: I really don't.

Steve Mullen: My wife would say the same thing.

Steve Mullen: So I would stay there for six or 8 hours during the day and try to get some work done while I was there.

Steve Mullen: And then my brother would come down when she was in the hospital.

Steve Mullen: At least my brother did come down a couple of days and gave me a break.

Steve Mullen: But after she got out of the hospital, it was basically all on me.

Lisa Tschudi: Yeah, there's definitely not a comprehensive way that someone who has extensive care needs can count on having them met without a lot of involvement from the informal side, from family or friends or somebody.

Lisa Tschudi: And not everybody's lucky enough to have that.

Lisa Tschudi: It's very true.

Lisa Tschudi: For various reasons.

Lisa Tschudi: Doesn't mean their family is all jerks, but for various reasons, not everybody has that family member who can and is willing to come and speak up to the nurses and say, hey, Mom's asking for food.

Lisa Tschudi: Did you not hear?

Lisa Tschudi: Or whatever it is.

Steve Mullen: Yeah, I would see people that were in neighboring rooms.

Steve Mullen: I never saw family members come in there and they literally were just sitting by themselves most of the time.

Steve Mullen: And that's kind of sad.

Steve Mullen: And thankfully, we're able to do these things for our mothers.

Lisa Tschudi: I worked in a rehab facility briefly for about six months, and there definitely was a big difference of when there was super involved family or we didn't see the family.

Lisa Tschudi: It would make a huge difference in quality, for sure.

Steve Mullen: So my hope is that the times when we weren't there or for those people who don't have family members that they're getting a little more attention than my mother got while I was there.

Lisa Tschudi: It's not always consistently the case.

Lisa Tschudi: Can you tell me about some of the things that did work for you when it comes to those formal kinds of care for your family members, your parents?

Lisa Tschudi: That went well.

Steve Mullen: It's just been such a learning process.

Steve Mullen: Neither my wife nor I knew anything about any of this stuff going into it.

Steve Mullen: I mean, obviously her mother had been in the hospital.

Steve Mullen: My mother had been in the hospital for whatever.

Steve Mullen: That surgery last fall was my mother's third back surgery over time.

Steve Mullen: And it just kept getting worse somehow.

Steve Mullen: But I don't know.

Steve Mullen: I mean, it's an ongoing education.

Steve Mullen: You learn something new about how stuff works or what works and what doesn't work pretty much every week.

Steve Mullen: I mean, we've learned when to advocate and when to back off a little bit, because if you over advocate, then sometimes that can bring out negative results.

Steve Mullen: But we've also learned, I mean, there have been times when I've had to the claws have had to come out.

Steve Mullen: And I don't know that I even realized I had those claws when it comes to my mother.

Steve Mullen: I mean, I know I have when it comes to my kids and my wife's are longer than mine even.

Steve Mullen: But there have been times when I did not feel like my mother was being taken care of and I had to get a little I guess, advocate loudly is what I would say.

Steve Mullen: And so I think it's just an ongoing education, and anybody who says they've got this stuff down is wrong.

Steve Mullen: I've done a lot of writing and prep for our podcast.

Steve Mullen: It actually started out it was originally going to be a book, and I've written 28 I guess you call them 28, 30 chapters.

Steve Mullen: I call them long essays.

Steve Mullen: But I wrote one on basically it said, don't get too comfortable because the minute you do things, that house of cards that you've been building so intricately will fall over.

Steve Mullen: So just when things start to seem to get smooth and you feel like, okay, it's under control.

Steve Mullen: Unfortunately, it might not be for very.

Lisa Tschudi: Long, I can tell you that.

Lisa Tschudi: In terms of caregiving, my daughter, we had a period of relative stability.

Lisa Tschudi: We had started to get services in place to hire caregivers to come in the home.

Lisa Tschudi: She was in a good place with a lot of her needs.

Lisa Tschudi: Her seizures were stabilized, she wasn't having anymore, and our house actually burned down.

Steve Mullen: Oh, my goodness.

Lisa Tschudi: It was a wildfire that took out our whole town.

Steve Mullen: That is extreme version of what I was talking about.

Steve Mullen: A very extreme version.

Lisa Tschudi: You never do know.

Lisa Tschudi: We've since restabilized really well.

Lisa Tschudi: We got really lucky in a lot of ways, but yeah, you never do know.

Lisa Tschudi: And my experience, the person with the disability was a child growing up, right?

Lisa Tschudi: So, of course, things are always changing over time, for sure.

Steve Mullen: And I mean, I think my example is a lot less extreme.

Steve Mullen: But over the summer, my wife and I, we realized we were about to become Esthers.

Steve Mullen: Our second child was going off to college, and we were thinking, oh, this fall, we can do this, and we can go do this, and we can go camping, and we can go whatever this, that, and the other and then my mother had to go into the hospital.

Steve Mullen: I went over to visit her on a Friday and she was rather confused, she wasn't making a lot of sense.

Steve Mullen: And we decided, okay, let's take her over to the hospital.

Steve Mullen: And she's got a history of UTIs.

Steve Mullen: And one thing you got to know about the elderly, particularly women, if they get a UTI, it can cause confusion that becomes much like dementia.

Steve Mullen: And sure, a lot of people don't.

Lisa Tschudi: Know that, but it's very true.

Steve Mullen: Yeah, it was funny because I had heard that before and of course, my daughter is a nursing student, so she knew immediately.

Steve Mullen: My wife had never heard that, which is interesting.

Steve Mullen: And this has happened a couple of times to my mom.

Steve Mullen: But anyway, I took over to the hospital after like 5 hours of waiting in the emergency room.

Steve Mullen: You know how that goes.

Steve Mullen: They finally got her back there and by this time she's literally speaking gibberish.

Steve Mullen: She's not even talking English anymore.

Steve Mullen: And they got her checked in.

Steve Mullen: Not only did she have a raging UTI and those were their words, raging UTI.

Steve Mullen: She also had Covid and also, coincidentally, a gastric bleed.

Steve Mullen: None of these things were related in any way, shape or form.

Steve Mullen: But the UCI was causing confusion, the COVID was making it worse.

Steve Mullen: And yes, she had a bleeding ulcer, which as it turns out, wasn't all that big of a deal.

Lisa Tschudi: It took care of itself, all these things together.

Steve Mullen: Oh, she sure did.

Lisa Tschudi: All the same time.

Steve Mullen: So, yeah, she was hospital for a week and a half.

Steve Mullen: She had to go into rehab for a week after that to try to get a little strengthened up.

Steve Mullen: But with the elderly, every time something like this happens, it seems like they get a little weaker and they don't come back all the way.

Steve Mullen: It's pretty rare, I would imagine, to come back all the way.

Steve Mullen: So it weakened her and our fall wasn't so great as a result of it.

Steve Mullen: So that's what I was talking about.

Steve Mullen: Stuff like that is going to come up and you're not going to see it coming.

Steve Mullen: And it's a negative viewpoint, but that's kind of how I am.

Steve Mullen: I try to, I guess, prepare for the worst and if something good happens, I'm surprised.

Lisa Tschudi: Yeah.

Lisa Tschudi: And use the times of things are going well to set yourself up as much as possible to handle some surprise.

Lisa Tschudi: We're going to take a break now.

Lisa Tschudi: Please stay right here and we'll be right back.

Lisa Tschudi: Thank you for sticking around.

Lisa Tschudi: We continue our conversation with Steve Mullen.

Lisa Tschudi: When it comes to learning to advocate and use the participating in the formal systems, are there things that you can say, like if you were in charge, if you could waive a magic wand, are there things that you would have done differently on the part of the formal systems?

Steve Mullen: How would I improve them?

Steve Mullen: Is basically with that way I think nurses will be paid a lot more and selfishly.

Steve Mullen: My wife, my daughter rather, is becoming a nurse.

Steve Mullen: She's going to be an RN, but I understand she also works at our local university hospital in a lower level role, is prepping to become a nurse.

Steve Mullen: That's her job in addition to going to school.

Steve Mullen: But I know a lot of what goes on in the background as a result of that.

Steve Mullen: And of course, having been in a lot of facilities with my mother, the nurses aren't paid nearly enough for the amount of work that they do.

Steve Mullen: And that's not just the nurses, but the CNAs are woefully underpaid, which is why all of the facilities where the CNAs do the heavy lifting, which is to say nursing homes, skilled nursing and assisted living facilities, they're pretty much run by the CNA.

Steve Mullen: It's a rotating.

Steve Mullen: The staff rotate so often that they don't get to know the residents or the patients.

Steve Mullen: And that's a big deal that we've had issues with where they didn't understand what was baseline for my mother and thought she was worse off than she was.

Steve Mullen: And the CNAs that knew her said, oh, no, that's just how she is.

Steve Mullen: Nothing to worry about.

Steve Mullen: No big deal.

Steve Mullen: Another one thought she needed to go to the hospital because she had a stroke.

Steve Mullen: She woke up confused from a nap, and they thought she had a stroke.

Steve Mullen: That's normal for 82 year old women.

Steve Mullen: Heck, I wake up confused from a stroke or from a nap, rather.

Steve Mullen: I don't.

Steve Mullen: I would wake up confused from a stroke, too.

Steve Mullen: But I think it's just better taking care of the people who have a job of taking care of our people, if that makes any sense at all.

Lisa Tschudi: That makes a lot of sense.

Lisa Tschudi: I hear you talking about the people actually day to day.

Steve Mullen: Right.

Steve Mullen: And the stuff do, frankly, I've done a lot of the stuff that they do for her and the assisted living, but there's things they do.

Steve Mullen: I know I don't want to do.

Lisa Tschudi: It.

Steve Mullen: And they deserve to be taken care of.

Lisa Tschudi: It can be very physically strenuous.

Steve Mullen: Absolutely.

Lisa Tschudi: It can be emotionally draining in a lot of ways.

Lisa Tschudi: It can be just rigorous in terms of the consistency that you need.

Lisa Tschudi: And when you don't pay people, then you lose that consistency.

Lisa Tschudi: And the people who are left get really quite burdened because there's not enough people to meet the need day and day out.

Lisa Tschudi: So that's a good place to leave it.

Steve Mullen: Okay.

Lisa Tschudi: I will say yeah.

Lisa Tschudi: Steve, can you take another moment to point people to where they can find you and your podcast?

Steve Mullen: Sure.

Steve Mullen: Our podcast is called Caregiving Gen X style.

Steve Mullen: And as I mentioned, we're a couple of Gen Xers, and we have found that so many people in our generation are being squished in the sandwich generation between taking care of their kids, even though their kids may be a little bit.

Steve Mullen: Older, you still take care of them, you still worry about them and also having to put a lot of time into their parents.

Steve Mullen: So that's kind of the whole idea behind the podcast.

Steve Mullen: Again.

Steve Mullen: It's caregiving Gen X style.

Steve Mullen: You can find it on any podcast service out there.

Steve Mullen: We're on all of the big ones apple, Google, any place you want to look.

Steve Mullen: Just do a search for the title, and you'll find it.

Lisa Tschudi: Thank you very much.

Lisa Tschudi: Steve.

Lisa Tschudi: This is love doesn't pay the bills.

Lisa Tschudi: I'm Lisa Chewy.

Lisa Tschudi: You can find me on your favorite podcast app.

Lisa Tschudi: You.