Notice of the Final Oral Examination for the Degree of Doctor of Philosophy of

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“Dementia Care Provision: Residential Care Aides’ Experiences”

Interdisciplinary Studies

Thursday, December 10, 2015
11:30AM
David Turpin Building
Room A136

Supervisory Committee:
Dr. Neena Chappell, Department of Sociology, University of Victoria (Supervisor)
Dr. Kelli Stajduhar, School of Nursing, UVic (Co-Supervisor)
Dr. Denise Cloutier, Department of Geography, UVic (Member)
Dr. Habib Chaudhury, Department of Gerontology, Simon Fraser University (Outside Member)

External Examiner:
Dr. Elaine Wiersma, Health Sciences, Lakehead University

Chair of Oral Examination:
Dr. John Walsh, Department of Educational Psychology and Leadership Studies, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

The purpose of this study was to examine Residential Care Aides’ (RCAs) experiences of good quality dementia care provision. Informed by a political economy perspective, I sought to understand how RCAs conceptualize quality dementia care, whether such conceptualizations are reflected in their daily care practice and how the organizational care context impedes or facilitates such care provision. Drawing on a focused ethnographic approach, I utilized in-depth interviews, participant observation and the review of selected documents to contextualize RCAs’ experiences within the organizational care environment.

Over a 12-month period, in-depth interviews with 29 staff (21 RCAs, 3 LPNs and 5 managers) and 239 hours of participant observation were conducted in four small-scale dementia units in two nursing homes in British Columbia, Canada. In-depth interviews yielded information-rich data about RCAs’ care experiences and their relationships with residents, while participant observation afforded the opportunity to strategically link RCAs’ actions and interactions with what was said, a feature missing from much of the previous research examining staff perceptions of quality dementia care. A select review of facility documents and provincial Licensing regulations provided additional insight regarding the relevance of the larger structural context for RCAs’ care experiences.

In general, RCAs conceptualized, and exhibited in their daily physical care provision, quality dementia care as that which focused on tangible care outcomes (i.e., keeping residents clean, comfortable, calm and happy), on their care approach (i.e., delivering care in a compassionate, patient and affectionate manner) and was guided by family ideology (i.e., invoking of family metaphors). Inherent in their care provision was a sense of role tension, as they sought to incorporate social interaction with task completion and their co-workers’ conflicting expectations. Study findings also illustrated how, in the face of continued disempowerment and organizational constraints, RCAs sought to provide quality dementia care by negotiating their peer and supervisory relationships and selectively breaking formal and informal policies/procedures. Salient to RCAs’ experiences of personhood was the limited recognition and appreciation they received from management and the manner in which work-life balance, staffing coverage, human resource management practices and limited information sharing further devalued them and their work.

Study findings draw attention to the importance of: acknowledging the role of structural constraints in the pervasiveness of a task-oriented work culture; attending to (and facilitating) staff personhood; facilitating supportive peer and supervisory relationships and; fostering effective management practices as a means of potentially improving care quality. As such, the study sheds important light on what RCAs require within their work environments to help facilitate resident well-being, reinforcing the assertion that residents’ care conditions are inextricably linked to RCAs’ care work conditions.

Keywords: residential care aides, care provision, quality dementia care, person-centred care, personhood, organizational constraints, organizational context