

Transcript PhD Visual Model  
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Understanding the Context and Social Processes that Shape Person- and Family-Centered Culture in Long-Term Care: The Pivotal Role of Personal Support Workers

1. This visual representation of the theoretical model of my doctoral study integrates the findings of the dimensional and situational analyses with a particular focus on the pivotal role personal support workers, referred to here as PSWs, play in the provision of person- and family-centered care in long-term care.
2. Motivated by deep caring, they attend to all aspects of care for residents with varying cognitive and physical abilities. Having the most physical contact with residents, PSWs are critical to their care.
3. This is a workforce that is rendered invisible and undervalued. Externally, there are health system influences that contribute to this, and internally, social and professional relationships unwittingly do so as well. Both are explained in this model.
4. The healthcare system and the long-term care system are both complex adaptive systems. In these systems a diversity of agents interact with each other and mutually affect each other, and by doing so, affect the behavior of the system as whole. As illustrated in this model, sometimes the intended behaviors have unintended consequences that are not immediately visible to all actors involved.
5. First there are the health system influences. This is a gendered workforce and there is an assumption that caring is natural, of low value and instinctual, rather than skilled work. PSWs are often not counted as healthcare workers and their skills, efforts, and responsibility are often not valued or recognized. This renders the workers and their work invisible.
6. Internal to the long-term care home, in addition to the PSW role, I have identified FOUR key roles. These are the roles of executive director, senior leadership team, nurse managers and that of residents and families. Each role is working to optimize care for the residents and is trying to be heard, valued and understood.
7. Each role is motivated by a desire to deliver quality person- and family-centered care. However, these well-intentioned behaviors can have unintended consequences as interpreted by those who see the system from a different perspective and have a different lived experience. In this study, they were found to have a negative influence on the role, value, visibility and wellbeing of PSWs.
8. The executive director has a strategic, externally facing advocacy role that seeks visibility as the result of a system that is underfunded and over capacity. The positive consequence

is increased external visibility of the long term care home to the provincial government and success in funding innovative projects.

9. The unintended consequence is that the Executive Director is less visible internally. This in turn, makes the PSWs feel unheard and surfaces feelings of resentment towards new innovations that are welcomed into the organization with little perceived awareness of the impact of these innovations on the working conditions of PSWs.
10. The Senior Leadership team translates the provincial guidelines and standards into the policies and programs for the home. With good understanding of the vision of the organization and full support from the executive director, this tightly-knit team feels valued and is united in its vision for care.
11. The internal policies leave PSWs with little autonomy and feeling rushed and excluded from care planning. Without mechanisms for input and feedback, they feel unappreciated, not listened to and unsupported.
12. Nurse managers have responsibility for the overall quality of care on the units. In managing the overall demands of operational and medical needs of all the residents on the unit, they manage relationships and problems to ensure the wellbeing of residents.
13. As nurse manager managers meet with residents, decide on care plans and solve problems for PSWs, this group's focus on tasks is increased and reinforced.
14. Residents seek and families advocate for social connection and meaningful stimulation. Sensing the workload of the PSWs, they want to lighten the burden for them and instead will solve problems directly with nurse managers.
15. Not including the PSWs directly in problem-solving means missing out on the most intimate understanding of residents' daily needs; the care perspective that this group brings.
16. These unintended consequences may be invisible to individuals in different roles when there is little opportunity for triangulation of perspectives within the organization. Limited interaction between roles reinforces this.
17. I refer to this invisibility as a systemic blind spot. The blind spot refers to the inability of each of the roles to see and understand the cumulative effect on the PSWs.
18. Complex organizations require the ability to think about situations in more than one way. When there is limited interaction between roles, as described by participants in this study, there is little opportunity for understanding of different perspectives and for system learning. And if culture is the accumulated shared learning and pattern of a system of beliefs, values and behaviors that may drop out of awareness, then understanding and unpacking this systemic blind spot and focusing on the role of PSWs is crucial in

fostering a person-and family-centered culture. It takes an understanding of all perspectives, by all roles for culture to change.