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The role of the social worker in long-term care in Ontario: An exploratory qualitative study examining perspectives of social workers about their roles.

By

Candace Hind

A Dissertation

Submitted to the Faculty of Graduate Studies
through the School of Social Work
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy
at the University of Windsor

Windsor, Ontario, Canada

2023

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The role of the social worker in long-term care in Ontario: An exploratory qualitative study examining perspectives of social workers about their roles.

by

Candace Hind

APPROVED BY:

____
T. Sussman, External Examiner
McGill University

____
B. Warren
School of Dramatic Art

____
W. Ambrose-Miller
School of Social Work

____
P. Selmi
School of Social Work

____
J. Grant, Advisor
School of Social Work

May 29, 2023

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ABSTRACT

The role of the social worker in long-term care (LTC) in Ontario is a vital component of holistic, person-centred, multidisciplinary care. However, the social work role in LTC is not well understood and social workers can be underutilized in their roles due to this ambiguity. This study used ecological theory and constructivist grounded theory methodology to illuminate the theoretical properties of the role of social work, to examine its distinct lens on the multidisciplinary team in LTC, and to assist in developing social work scope and practice descriptions. Twelve registered social workers working in LTC in Ontario participated in intensive semi-structured interviews about their roles. The findings from this study illustrate the role of the social worker in LTC as fast paced and filled with many responsibilities and obligations that make "every day different". Five themes were identified *1. Building Trust and Relationship, 2. Meeting Needs in the LTC Environment, 3. Working in Collaboration, 4. Life Cycle of the Social Work Role in LTC, 5. Influencing the Culture of LTC*. Implications of the research are discussed for social work practice, policy, research, and education and include the recommendation that a social worker be mandated in every LTC home in the province. This would ensure that biopsychosocial care needs are addressed, communication facilitated with social workers as conduits and hubs for knowledge transfer, and the opportunity for social workers to contribute to transformational change from task and efficiency-oriented to value-based and relational models of care.

DEDICATION

I would like to dedicate this dissertation to the memory of my grandparents, with deep love to Bernard, Dorothy, Hank, Rosemary, and Aunt Marg. You taught me to believe in myself and the possibilities that can be at any age.

To my family, TJ, Carter and Hudson, Mom and Dad (Nancy and Brian Hind), Courtney, Katy. Thank you for your selfless and endless support. I dedicate this work to you with all my love.

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Chapter 1 Introduction

1.1 Introduction

The aim for this study was to illuminate the role of social workers in long term care in Ontario by interviewing them about their perspectives about their roles. The study aimed to use a framework of ecological theory and a grounded theory methodological approach to help delineate the theoretical properties of the role of the social worker in long-term care (LTC).

This dissertation is organized in five chapters. In this first chapter, I will expand upon the current context of the role of social work in LTC and the issues involved in the role being misunderstood and ambiguous in the LTC environment. In the rest of this first chapter, I will provide a literature review of the social work role in LTC. In Chapter 2, I will present the ecological theory framework for the study, Chapter 3 will examine the constructivist grounded theory methodology for the study, Chapter 4 the findings for the study, and Chapter 5 will conclude the study with recommendations, implications, and conclusions.

1.2 Current Context of the Social Work Role in LTC

Social workers working in long-term care (LTC) in Ontario are facing challenges, but are positioned, with their training, values, skills, and experiences to offer needed psychosocial care and help to create a better future for LTC and those it serves. Those who work under the title of Social Worker must have completed a minimum of four years of training in an accredited university program (BSW) and be registered with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) within the Province of

Ontario (Social Work and Social Service Work Act, 1998). Under this registration, social workers are accountable to a Code of Ethics (CASW, 2005) and must serve in the profession to maintain these ethics and values in providing evidence informed psychosocial care in all contexts where they practice social work.

In this chapter, I will review the literature related to the history and current context of LTC in Ontario, the role of social workers within LTC organizational culture, the social work role in LTC and responsibilities, ways that social workers help to meet needs in LTC, and social work effectiveness in LTC.

One of the greatest challenges that social workers experience is that their role is not well understood; which can bring feelings of ambiguity, under recognition of skills, and underfunding due to lack of understanding of the value of social work in LTC (Bern-Klug & Kramer, 2013; Hardy et al., 2020; A Lee et al., 2016; J Lee et al., 2022; Munn & Adorno, 2008; Simons et al., 2012; Wong, 2021). Ontario Association of Social Workers [OASW] (2020) stated that it is of great importance to increase understanding about the scope and capacities of social work in LTC; they suggested that the lack of clarity of the role of social work practice in LTC could impede social workers exercising their full potential in scope when working with interprofessional teams, residents, families, and other stakeholders (OASW, 2020). Bern-Klug & Kramer (2013) bring forth a similar consideration from a research standpoint. After conducting a systematic review of the literature of social work services in LTC in the US, they found that the literature speaks about what social workers could and should be doing according to their training and skills but falls “silent” (p.75e2) about what social workers are, in fact, doing as a distinct professional role in LTC homes. They add to the many calls for more research needed to create an encompassing description

of the ways that social workers can help and have influence in a landscape that is transforming through a cultural shift to person-centred and relational care (see Bern-Klug & Kramer, 2013; A Lee et al., 2016; J Lee et al., 2022; Munn & Adorno, 2008; OASW, 2020).

1.3 Current Context of LTC, Ontario

Recent calls to action have been resoundingly heard regarding reforming, reimaging, and even *fixing* the LTC sector across the country of Canada, particularly during the COVID 19 pandemic, which has had devastating effects to residents and staff (CASW, 2021; Government of Ontario, 2021, Ontario Long-Term Care Commission, 2021). During the first wave of the pandemic, eighty percent of deaths in the country due to the Covid 19 virus occurred in LTC (Canadian Institute for Health Information, 2020). The Ontario Long-Term Care COVID 19 Commission was formed in the province in July 2020 to investigate and make recommendations to find solutions and identify necessary changes that could create transformational reform and healing in a sector that has been characterized as broken (see Hockley et al., 2017). They heard hundreds of presentations and reviewed thousands of documents by a wide range of experts in the field (Ontario Long-Term Care COVID 19 Commission, 2021). A major recommendation from these proceedings was that the model of care provided in LTC must shift from a task and efficiency-oriented approach to a person-centred, relational approach, which creates individualized plans of care for each resident and prioritizes their preferences, dignity, values, and security (see Donnelly & MacEntee, 2016). Social workers are in a professional position with skills and training to help fulfill the recommendation and move toward this vision of care.

However, the social work role in LTC in Ontario is not mandated to date and, according to a LTC staffing study report by the Ministry of Long-Term Care, social workers comprise only 3 % of the staffing in LTC (Ministry of Long-Term Care, 2020). One of the recommendations from the staffing study was to increase allied health, including social workers, to meet a standard of 36 minutes of care per resident per day. This would ensure that social workers can provide stable mental health and psychosocial support in LTC. It would also ease the pressure of social work tasks falling to many other departments, such as nurses, personal support workers, activity aides, and administrators in addition to performing the roles for which they are trained (British Columbia Association of Social Workers [BCASW], 2019; OASW, 2020). Canadian Association of Social Workers [CASW] (2021) identifies the challenge of role definition as rooted in LTC structure, with LTC growing as a system with a piecemeal approach to care, where roles evolve rather than change because of strategic planning.

One of these pieces has been to form Behavioural Supports Ontario (BSO) to provide external support, which acts as an additional layer to augment internal LTC services. BSO was created in 2010 to support older adults in Ontario with complex and responsive behaviours associated with dementia, mental health, substance use and/or other neurological conditions and includes funding for supports and interventions within LTC homes (Gutmanis et al., 2015). The hours for this program are determined by the needs of the home and include on the floor immediate support by RN, RPN, PSW, and sometimes an RSW or RSSW who have taken supplementary non-pharmacological intervention training. These positions are mirrored by an external team that serves all LTC homes within a region and provides resources and recommendations to support internal teams. Today, BSO acts as a

psychosocial response to meet the needs in LTC in its current evolution. It has not been mandated that social workers are part of the BSO teams, despite their skills and training aligning with the mandate of the BSO functions.

1.4 Brief History-LTC in Ontario

To situate the role of the social worker in long-term care (LTC) in Ontario, Canada, it is important to understand the evolution of the broader system of LTC in which it serves.

Prior to the Industrial Revolution in the western world, the care of older persons and persons with disabilities who were unable to care for themselves independently was often considered to be a familial responsibility. The inability to care for oneself was seen as a personal issue and a moral failing (Emodi, 1977; Tyler, 2009). If older people did not have family, they could end up in vagrancy or even in jail (Emodi, 1977; Guest, 1997). Some cultural, religious, and fraternal organizations started to form early care homes. If they were not helped by those types of groups, older people who could not care for themselves ended up in poorhouses, which operated like workhouses, where one had to put in work in a shared environment to receive daily sustenance (Ontario Long-Term Care Covid 19 Commission, 2021). Those who were able to left the poorhouses, and mainly vulnerable older people remained. These poorhouses constitute the origins of many of today's long-term care homes (Emodi, 1977; Tyler, 2009).

It was not until after World War II that statutes began to regulate the provision of long-term care in Ontario, beginning with the Homes for the Aged and Rest Homes Act in 1949, which directed operations of long-term care in municipalities, and then the Charitable Institutions Act in 1951, which governed the operation of charitable homes (Banerjee,

2007). Several for-profit private homes which had been housing those in need of boarding and care continued to operate without regulations until all homes were brought together in one Ministry under the Ontario Nursing Homes Act of 1966 (Banerjee, 2007).

Although the Nursing Homes Act brought in regulations that care homes had to meet to receive licensing to provide care services, most provision of care continued to be through private profit and not for profit enterprises because long-term care services were not included in the Canada Health Act in 1966 (Ontario Long-Term Care Covid 19 Commission, 2021). These regulations have undergone review and addition and now number into the hundreds, culminating in the Ontario Long-Term Care Act in 2007, which introduced focus on the quality of life of residents, including it in the definition of quality of care (Banerjee, 2007). The inclusion of quality of life was furthered in the Fixing Long-Term Care Act in 2021, which was enacted in response to the COVID 19 pandemic and brought in a directive to focus on an interdisciplinary palliative approach to all care in LTC (Government of Ontario, 2022, Reg O.61 (2)). The palliative philosophy is to approach care holistically, and to address the emotional, psychological, social, cultural, and spiritual needs of residents. The palliative philosophy focuses on living meaningfully, without suffering to the greatest extent possible, and to acknowledge that death is a normal part of life without cure (García-Baquero Merino, 2018).

A result of this evolution of regulations and government oversight is that the provincial government now provides funding to homes to provide staff, food, and personal care to residents in homes that are licensed and meet regulatory requirements (Ontario Long-Term Care Covid 19 Commission, 2021). One of the regulatory requirements is that LTC homes are mandated to “ensure that there is a written description of the social work and

social services work provided in the home and that the work meets the residents' needs" (O. Reg. 79/10, Ontario Long-Term Care Homes Act, 2007). At issue in the province is that there is nothing in this regulation that outlines the role of the social worker to meet these needs (Ontario Association of Social Workers, 2020). The role of the social worker was not mandated with the enactment of the Fixing Long-Term Care Act (Government of Ontario, 2022). However, funding has been increased across all allied health professionals, which explicitly includes social work, with an additional 106.76 million allocated for the fiscal 2022-2023 year (Ontario Newsroom, 2022, March 15).

The formation of long-term care homes within the system has largely been a patchwork endeavour, with each home operating as its own ecological system. As the system of long-term care has evolved, this legislation surrounding operation, including the role of social worker, has been enacted by the province in which the homes are located in broad strokes. As LTC is a provincial and territorial responsibility in Canada, social work in LTC within each province and territory must be looked at individually and then thematic similarities and differences can be drawn across the country. Recently, Wong (2021) investigated social workers' understandings of their role in LTC in the province of British Columbia, Canada. There have been studies conducted about the social work role in LTC in the United States, where the role is mandated in homes with over 120 residents (see Bern-Klug et al., 2018; Kelchner, 2001; Simons et al., 2012; Singh, 2010; Solomon, 2004) and about aspects of the social work role in LTC in North America. These have provided evidence for how the role is situated in organizational culture, responsibilities, ways that social work helps, effectiveness, and training. To date, no similar studies have been

completed in the province of Ontario, Canada, where the majority of LTC residents (115,000) reside each year (Ontario Long-Term Care Association [OLTCA], 2019).

1.5 Social Work Role and LTC Organizational Culture

Several studies that examined aspects of the social work role found that this lack of role definition has led to the same ambiguity about where social workers fit into the organization culture of the LTC home (Bern-Klug & Kramer, 2013; Lee et al., 2016; Wong, 2021).

Munn and Adorno (2008) conducted four focus groups of social workers in LTC in the U.S. to talk about their social work role in palliative and end of life care. They found that, while social workers found this work to be meaningful and were valued by their interdisciplinary team, they often felt that there was not a specific role for them in the palliative process. The social workers interviewed stated that they either had to respond proactively and insert themselves into the environment to work with residents and families or they had to be invited. Participants in their study spoke about having a job description "on paper only" (p. 346) and they reported that they did whatever they judged was needed on the job, particularly what they felt that other professions did not want/were not trained to do.

Lee et al. (2016) conducted semi-structured interviews with social workers in LTC in the U.S. and had similar findings. Many of the social workers interviewed stated that they were the only social worker employed by the LTC home and that they needed to carve out roles for themselves. Some stated that this was empowering and that they felt needed and valued to be proactive in meeting the needs of residents and families. Others responded that

being the sole social work professional on the interdisciplinary team was overwhelming and that they needed to prove themselves and their worth to the organization daily.

Overall, studies found that social workers are often working as the sole social worker in the LTC home and that they are pulled in many directions in service to clients, families, and administration of the home, where they were looked to for various roles from counselling to instrumental needs such as finding lost items, intake and admissions, and marketing (Dhooper, 2011; Kelchner, 2001; Munn & Adorno, 2008; Simons et al., 2012). Research further found that many of these activities occurred on the same day, showing flexibility in a value driven, rather than task-specific oriented profession (J Lee et al., 2022; Wong, 2021). Sometimes, social workers found conflict as to where they fit in the organizational structure in LTC and whom they serve. Lev and Ayalon (2015) found this to be an obligation dilemma through their interviews in a qualitative study where social workers in LTC spoke of being situated at the intersection between the institution, residents, and families. The loyalties of the social worker appeared to be tested in each possible configuration of these parties, which created insecurities on the part of the social worker and even fears for their jobs when advocacy efforts were at odds with the needs of their employer.

1.6 Social Work Role in LTC and Responsibilities

The literature describes the role of the social worker in LTC as providing a wide range of instrumental and relational services to work with residents, families, and the LTC environment on bio-psycho-social-emotional-spiritual levels, according to their needs, values, and preferences. Numerous responsibilities, skills, and interventions are evident in

research, ranging from looking at mezzo practice social work responsibilities for care with residents and families at the end of life (Durepos et al., 2018; Munn & Adorno, 2008), liaising with family and loved ones throughout crisis and disaster situations such as COVID 19 (Bern-Klug & Beaulieu, 2020; Berg-Weger & Morley, 2020; Tenorio et al., 2020), and acting as the instrumental, psychosocial, and emotional support to "unbefriended" residents who do not have family nor loved ones (Chamberlain et al., 2020, p. 659) and are under state guardianship (Jackman et al., 2021). Even when studies are examining a specific area of social work practice in LTC, other responsibilities often become blended in the description, such as financial responsibilities at admissions, accounting for personal items, and arranging transportation and other services (Simons et al., 2012). Black (2006), in a study with separate focus groups of nurses and social workers, found that, when social workers and nurses had the same responsibilities for initiating and facilitating advanced care planning, they perceived their roles differently. Nurses reported giving routine pragmatic information to patients and families about medical conditions and interventions, and social workers reported working through complex interpersonal dynamics in a relational process over time. Although the two disciplines recognized the overlap of responsibilities, both acknowledged the roles as complementary, with nurses reporting that social workers had communication skills to work through what could be difficult family dynamics, and social workers reporting that they appreciated the nurses' abilities to provide education on specific medical procedures, such as CPR and feeding interventions. Wong (2021) found that the different approach of social workers in LTC may be because social workers perceive their roles in terms of values, instead of tasks, seeing their roles as including any number of activities that contributed to advocating for the most vulnerable, humanizing long-term care, balancing

self-determination, and safety, working with the various systems of influence at micro, mezzo, and macro levels, and facilitating collaboration and communication.

After conducting a systematic review of the literature on social services in LTC in the U.S. 2010-2020, Miller and colleagues (2021) concluded that responsibilities were vast and included screening, monitoring, care planning, and treatment with residents with mood disorders (anxiety, depression, mental health challenges), issues with cognition challenges and changes (delirium, dementia), working within family systems as it pertains to residents, helping residents cope with life changing and altering medical conditions, and developing meaningful civic engagement with residents. Further, they found that the social work responsibilities entailed advocacy; including upholding policies to address and advocate for human rights, residents' rights, disability rights, anti-ageism, ethical issues, and culturally appropriate care (p. 403).

Simons et al. (2012) highlight best practices in social work role functions in long term care. They include assessments, resident and family education, provision and/or referral for mental healthcare, coordination of discharge planning, documentation, case management, psychosocial and crisis interventions. They add that liaising with family members, advocating with and for residents, end of life planning, being a staff resource, supervising students, and participating in research are also important components of the role (p.190).

1.7 Social Work Role in LTC and Ways Social Work Helps

As described, the literature about the social work role in LTC outlines many responsibilities, but also indicates that there are other ways that social work contributes in overt and subtle ways to the overall social and psychological well-being of residents.

Hirdes and Stolee (2015) conducted a large-scale national cross-sectional survey about quality of life for residents in LTC in Canada with 928 LTC participants who were residents in LTC in the provinces of Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, and Saskatchewan. They found that 38.7 percent of residents reported positively that staff knew about the story of their life (p.155) and in the personal relationships domain, only 45.7 percent of residents reported that they considered another resident a close friend in the facility (p. 156). This study demonstrated substantive feelings of loneliness and isolation for residents living in LTC.

One of the ways that social workers address these feelings is by prioritizing gathering the life history of residents and working with them and their families in recognizing personhood. They often get to know residents in a whole person approach that can use various methodologies from clinical interview with the residents, going through memorabilia, photo albums, collaborating with family members and more (Malench, 2004; Sussman & Dupuis, 2014). They then can share knowledge with the team at the LTC to assist in providing person-centred care and developing relationships and interventions that meet the residents' individualized needs (Malench, 2004). In a recent study, Shippee et al. (2020) found that staff knowing the residents and their caregivers well was the highest indicator in satisfaction with LTC and social workers can play a pivotal role in creating these relationships.

This blends with work that social workers in LTC do to help residents adjust to the life change of living in LTC, which Sussman and Dupuis (2014) found to be a difficult and stressful experience for all residents interviewed in their qualitative study. They found that social workers could create interactions that facilitated better adjustment in the transition to

LTC. These included recognition and welcoming of new residents, such as signs on the door and greetings, introductions to staff and other residents, and listening to the residents' stories of their life and their transition to LTC (Sussman & Dupuis, 2014). This subtle work was found to be validating and reassuring to residents and could be done in conjunction with other role responsibilities. Otherwise, a standard admission to LTC without social work interventions was experienced as "shocking" (p. 444) and amplified discomfort with the transition and adjustment for residents. The social work role has been interpreted in this way as humanizing the experience of moving to and living in LTC (Wong, 2021).

1.8 Social Work Role in LTC and Effectiveness

Research regarding the effectiveness of social work roles in LTC is limited. Some have suggested that this is directly connected to lack of role description because it is difficult to place value to a position that is not well-described and understood (Hardy et al., 2020; Munn & Adorno, 2008; Simons et al., 2012). Simons and colleagues (2012) further posit that job descriptions for social work are often vague and broad, with specifics pointing out instrumental tasks, such as arranging transportation and admission documentation, which would not necessitate the specialized training of a qualified social work professional. Roberts and colleagues (2019) advanced this by linking social service staffing trends in LTC in the U.S. and how staffing levels and the qualifications of staff within this department affect quality and resident outcomes. They found that the presence of more qualified social workers reduced the presence of challenging behaviors among residents, including rejecting care and wandering, and that residents were prescribed fewer antipsychotic medications. They found that qualified social workers reduced responsive behaviours directed towards others (e.g., physically hitting, verbal threats), and self-imposed (e.g., pacing, self-harming

behaviors), both which have injurious and costly consequences and can detract from the ability of LTC staff to care for others in congregate living settings (p.3).

Simons and colleagues (2008) urge more research in areas of efficacy of social work in LTC and suggest that measurable variables within social work's contributions are identified to conduct such analysis. They point to studies such as Malench (2004) that employed chi square tests indicating improvements in quality-of-care indicators in LTC facilities where qualified social workers were employed as opposed to social service designees (unqualified).

Rizzo and Rowe (2016) conducted a systematic review of the literature about effectiveness and cost efficiency of social work with those over 50 years of age between 2004-2012. Some conclusions were that, although interventions described in social work literature demonstrated effectiveness and efficiency in the areas of care coordination, end of life care, and transitions in care, such as adjustment to LTC, much of the literature reviewed did not identify specific contributions of social workers within the interventions described. Their concern was that a lack of differentiation from other roles on teams could pose a threat to social work specific positions and urged further research into the unique contributions from social work practitioners that would be absent without representation from the discipline.

1.9 Conclusion

The literature about the role of the social worker in LTC highlights that it is a fluid and flexible role that can be an asset in the LTC environment by providing consulting on complex issues; providing advocacy as appropriate; counselling to help adapt, cope, and

restore in the LTC community; and performing instrumental tasks (Dhooper, 2011; Kelchner, 2001; Munn & Adorno, 2008; Simons et al., 2012). Yet, the social work role in LTC suffers from ambiguity and lack of role clarity. This can lead to underutilization, under recognition, and underfunding of the scope and capacities of the social worker (Bern-Klug & Kramer, 2013; Hardy et al., 2020; A Lee et al., 2016; J Lee et al., 2022; Munn & Adorno, 2008; Simons et al., 2012; Wong, 2021). The literature suggests that this may be structural in nature, as the entire system of LTC has been formed as a patchwork of conditions, usually in response to crisis, and not strategically planned (Emodi, 1977; Ontario Long-Term Care Covid 19 Commission, 2021).

The role of the social worker in LTC has been studied in relationship to LTC organizational culture, responsibilities, ways that social workers help to meet needs in LTC, and effectiveness. Overall, the literature tends to look at particular issues that the social worker is attending to such as resident adjustment to LTC (Sussman & Dupuis, 2014), the social work role at end of life (Munn & Adorno, 2008; Durepos et al., 2018), and building relationship with families (Malench, 2004).

There are studies that specifically focus on the role of the social worker in LTC (Beaulieu, 2021; Bern-Klug & Kramer, 2013; Hardy et al., 2020; Kelchner, 2001; A Lee et al., 2016; J Lee et al., 2022; Liu & Bern-Klug, 2013; Miller et al., 2021; Simons et al., 2012; Solomon, 2004; Wong, 2021). However, the overwhelming number of these studies come from the United States where the role has been federally mandated in LTC homes with over 120 capacity (Bern-Klug et al., 2018; Kelchner, 2001; Simons et al., 2012; Singh, 2010). Of the preceding citations, Wong (2021) was the sole investigator to study the role of the social worker in LTC as a focus in a Canadian context in the province of British Columbia. The

role is not mandated to date in any province or territory in Canada. There have been no studies found to date that focus on the role of the social worker in LTC in the province of Ontario.

The literature in this review about the role of the social worker has been spotty over time. As Wong (2021) pointed out, much of the literature reviewed is more than 10 years old. As mentioned, social work in LTC was written about more frequently in the early 2000s, possibly in reaction to surfacing ideas about LTC and Residents Rights which were enshrined in the Long-Term Care Act in 2007. Most recently, there appears to be a resurgence of literature about the role, particularly in response to the crisis of the COVID 19 pandemic which shone a spotlight on LTC and, therefore, what social workers were doing in LTC, due to the recognized vulnerability and suffering of residents (Bar-Asher et al., 2020; Bern-Klug & Beaulieu, 2020; Berg-Weger & Morley, 2020; Cadell et al., 2022; Miller et al., 2021; Tenorio et al., 2020; Teixeira et al., 2022).

Evidence of this gap in Canada is the length of time between the Canadian Association of Social Workers (CASW) publishing a position paper on the role of social workers in LTC in 2002, and no further such papers until a position paper, Don't *Go Back: Do Better Social Work, Covid-19, and Long-Term Care*, in response to the COVID 19 pandemic in 2021.

Chapter 2 Theoretical Framework

This study was guided by ecological theory, a view that situates the person in environment, as both acting upon their environment and simultaneously being shaped by that environment (Gitterman & Germain, 1976). This suits the descriptive aims of the study, to illuminate perceptions of social workers in LTC of their roles as they currently perform in them and how they are defining their scope, while engaged in the dynamics of shaping and being shaped by their environment.

2.1 Ecological Model

Ecological systems theory was developed by Bronfenbrenner (1979) as a way to conceptualize human development as being embedded within a system of layers of influence from proximal (immediate relationship in microsystem), to relationships between microsystems (mesosystem), and distal influences that may not relate with the individual directly but affect them nonetheless such as laws, values, and political processes (macrosystems) and the time period in the lifecourse of development (chronosystems). These systems are conceptualized as dynamic, overlapping, and demonstrate continuity and change in the biopsychosocial levels of development over time (Greenfield, 2012). Bronfenbrenner (1979) conceived of the individual being "nested" (p.3) at the centre of these structures "…each inside the other like a set of Russian dolls" (Bronfenbrenner, 1979, p. 3). To understand continuity and change at one level, the whole of the dynamics of these overlapping levels must be considered.

Ecological Theory and Social Work

Ecological theory represents the merging of two dialectical beginnings of the profession of social work in the late 19th century primarily in response to the Industrial Revolution; the settlement houses, which were primarily focused on society level issues and charity organization societies (COS), which worked on the level of intrapersonal changes within the individual (Närhi & Matthies, 2016). As social science studies progressed during the 1950s through the 1970s, they leaned towards the COS and adopted increasingly reductionist views, trying to narrow down human development to cognitive and behavioural responses at the individual level, and immediate personal relationships, such as the intimate relationship between parent and child (Crawford, 2020).

The ecological framework for social work presented a merging of these two foundations of the profession of settlement house and COS with an emphasis on the context of human development. Ecological theory focuses on the relationship between and among individual, interpersonal, social, and political elements to form a "person in environment" view of assessment, analysis, and intervention (Gitterman, 2014 a). This theory proposes that the person and their environments are inextricably linked and cannot be studied separately without consideration of their interactions (Werezak & Morgan, 2003). This view then became unique to social work in the study of the relationships between and among all given transactions in a holistic way of incorporating biopsychosocial development in an individual, interpersonal, social, and political context, as opposed to individual cognitive processes alone (Barber et al., 2021; Gitterman & Germain, 1976). The influence of the ecological perspective has shifted social work practice from viewing human development in a reductionist and often deficit-oriented model comprised of individual intrapersonal and intrapsychic elements, to a whole-person model inclusive of individual characteristics

situated in a multi-layered context (Crawford, 2020). The person in environment perspective that forms the basis of understanding in ecological theory which has become central in the current social work knowledge base and approaches in practice (Greene, 2017).

Key Assumptions

Key assumptions of ecological theory are that human beings are constantly in a reciprocal relationship; responding and adapting, both shaping and being shaped by their environments (Gitterman & Germain, 2008). An example of this transactional relationship is that a social worker may bring a relational approach to working with a client as part of a family system in a healthcare team that is focused on the individual. This can resonate in the environment of the practice which can then respond by becoming more welcoming to a family approach and instituting processes that are inclusive of the larger system of family and provide resources to include them in approaches, such as in pre-interviews for intervention and collaboration. This can then impact the social worker by providing them with tools and time to further this mezzo level work. These reverberations can continue in a circular effect, which continues to provide resources or restrictions to the work as the capacities and parameters are shaped in ongoing reciprocal responses.

Hallmarks of ecological theory are an emphasis on an egalitarian client- social worker relationship, primacy of the autonomy and self-determination of the client, reciprocity between the person and their environment, adaptation or ‘goodness of fit’, and partnership between social worker and client in assessment and appropriate interventions (Germain & Gitterman, 1987). Situating a person in environment approach considers the client as an expert in their own lives and circumstances and differs from other approaches

that are more prescriptive and professional as expert, as is evidenced in a medical model of diagnosis and treatment (Greene, 2017). In this theory, people and processes are in an ever-constant dialogue of relationship, reacting and responding with their changing environment, while changing with it and searching for equilibrium or 'fit'. Greenfield (2012) provides an example in their work with aging in place initiatives of working at the micro level with an individual's strengths, such as self-esteem and mastery, to meet the challenge of declining mobility and a home with stairs. They address these challenges by adapting the environment to enable movement between home levels and look at the effects of increased autonomy and ability to attend social functions according to the individual's wishes and preferences. The individual's sense of autonomy and self-direction is enhanced, which creates the opportunity to develop further roles, such as visiting with others outdoors, and determining their own lifestyle and schedule. These types of ecological exchanges affect our social roles, and humans cope, adapt, decline, progress, or evolve in reverberation. A role can shape the environment as it responds in these exchanges, by incorporating, adapting, and growth. Conversely, it can respond by shutting down possibilities by creating negative feedback circles in the environment (Gitterman & Germain, 2008, p.53)., such as if the individual chose not to use or did not have the resources to make adaptations in mobility such as chair lifts and became increasingly isolated. The same processes can affect the individual in adapting, coping, and growing in a role or conversely, taking in negative exchanges with the environment that lead toward deterioration and decline (Germain & Gitterman, 1987). These exchanges are seen in light of being viewed in historical, cultural, and contextual conditions (Gitterman & Germain, 2008). Some resources for adaptation will be available under differing economic, social, political, and historical conditions, such as access to programs

and funding for roles. These conditions can also govern the scarcity of resources which can limit possibilities in transactions.

Life Model

Gitterman, Germain, and Goldson extended ecological theory in social work in the life model formulation in 1972, when they set out to establish curriculum and bring together practice courses at a university social work program (Gitterman, 2009). The life model of ecological theory took elements of social justice into account, such as diversity in race, ethnicity, sex, age, socioeconomic status, sexual orientation, abilities, and physical/mental health challenges as part of the dynamics in these transactional exchanges between person and environment (Gitterman & Germain, 2008). All of the contextual factors are featured as ever present in all transactions and outcomes, which sets ecological theory apart from other theories that may look only at behavioural responses or cognitive processes that affect the person or the role (Bronfenbrenner, 1987). Therefore, a person negotiates a role with the environment through ongoing exchanges, as opposed to strictly individualistically by internal processes such as motivation, intelligence, and personal work ethic (Germain & Gitterman, 2008). Gitterman (2014 b) expands on these incorporations by speaking about adaptation and finding resources to bring congruence and compatibility between a person's mind, body, and environment in exchanges that create a better "fit" with their environments. These can include helping the person realize their optimal potential by creating opportunities and resources to thrive where one strength builds upon and sustains the other, such as increasing job, social opportunities, and possibilities for interconnectedness. An environment devoid of these opportunities can lead negative feedback loops that feature isolation and alienation (Gitterman, 2014 b).

Ecological theory applies to many settings, including developing theory regarding the role of the social worker in LTC. Gitterman and Heller (2011) spoke specifically about social work in interdisciplinary settings such as LTC and pointed out that professional roles and functions can be sometimes “blurred” (p. 201) by the variety of approaches, methods, and interventions inherent to other practice models in the environment. They advised that social workers could become influenced by the theories pertinent to the other professionals in their environment, such as the medical model, whereby social workers could be influenced to adopt problem-focused or reductionist views on the circumstances of clients. Gitterman and Heller (2011) encouraged social workers to consider the relational transactions between person and environment and context in interventions with their clients by adopting an ecological framework as a distinct social work approach. The primary method suggested for the practitioner in these settings is to assess for “goodness of fit” (p. 205) to calculate strengths and limitations with the person, in their physical, intellectual, emotional, and motivational resources, and their environment, such as family, social networks, organizations, and physical space (Gitterman & Heller, 2011). In their formulation, a social worker in LTC would be constantly seeking a balance of these intrapersonal and environmental resources to create an optimal goodness of fit with their environment, which would lead to a sense of mastery and personal growth. Conversely, Gitterman and Heller (2011) predict stress and conflict in environments where there are few personal and environmental supports for the role.

2.2 Strengths and Limitations of Ecological Model

Strengths of using the ecological model are that it takes an encompassing view of the ecology and all of the interactions, processes, and dynamics that are played out through the

transactions within it. This allows for the ability to not focus on individual problems, or a reductionist view of situations, rather the context must be considered in every formulation (Frey & Dupper, 2005; Gitterman & Heller, 2011).

Strengths also include that an ecological approach can incorporate many viewpoints and serve as a meta-theory in looking at phenomena, this can incorporate cognitive, behavioural, environmental, and policy factors in comprehensive approaches (Sallis et al., 2015).

Limitations of the ecological model have been that it is too abstract to be operationalized for concrete approaches in social work. This can pose difficulties in measuring the effectiveness of the model due to difficulty in operationalization (Rothery, 2008). Wakefield (1996) posited that a major limitation of ecological theory is that it does not address root problems and deeper psychic factors, by focusing on the present state of exchanges between the person and environment.

2.3 Ecological Theory as a Framework for Studying the Role of the Social Worker in LTC

Using ecological theory can facilitate greater understanding of the dynamics of the social work role in LTC. A person in environment approach has been used in many studies related to the role of the social worker in the LTC environment (see Liu & Bern-Klug, 2013; Sussman & Dupuis, 2014; Wong, 2021). For example, the ecological perspective has been used to describe interactions in the context of the LTC environment and taking a community approach to involving all actors in the environment such as relationships with residents, families, and staff (Wong, 2021). Wong (2021) further describes findings of the social

worker's relationship with the environment and their objective to create influence on the LTC culture to "humanize the environment" (p. 460) by tangible ways such as helping residents to personalize their room with decorations and subtle ways such as knowing their life history and warmth in interpersonal interactions Sussman and Dupuis (2014) took a person in environment lens to explore resident transition and adjustment to LTC and highlighted relationships with all actors and the physical environment itself as the resident strove to find meaning and belonging in the environment and constructed rituals and routines to increase their adaptability and fit in LTC. Their study found that there were multiple interconnected layers on the personal, interpersonal, and systemic levels that were occurring simultaneously as illustrated in the ecological perspective (Greenfield, 2012). Liu and Bern-Klug (2013) looked at social workers' growth and thriving in the LTC context and how this related to goodness of fit with the LTC ecology and social environment. They found that a sense of thriving for the social worker in their role is not an individual internal cognitive state, but a sense of congruence and positive transactions with the LTC environment, and included job autonomy, being treated as an important part of the team, having enough time to identify and meet resident needs, not having to do things that others could do, and being clear about what the social service role is in the LTC environment. All of these elements to job satisfaction and thriving for the social worker were found to have been made over time in reciprocal negotiations in the LTC environment.

2.4 Ecological Theory as Framework for this Study

Gitterman and Germain (2008) outlined seven major sets of ecological concepts that the life model comprises. These were the basis for developing questions that were used for the study to examine social workers' perceptions of their role in LTC in Ontario, Canada.

1) Ecological thinking and reciprocity of person-environment exchanges: Each shape and influences each other over time. This is not linear- it is seen in terms of feedback loops. Questions related to this were about perceptions of the social work role within the LTC environment at different levels of micro, mezzo, and macro practice. Questions further asked about the interplay and overlap of these levels in the LTC environment with the social work role.

2) Person-environment fit, adaptedness, adaptation: People strive to deal with and improve the ‘level of fit’ with their environments. A ‘good fit’ is seen as the availability of sufficient personal and environment resources to permit the individual to achieve comfortable adaptedness. A ‘poor fit’ result in the individual having a perception of insufficient resources and needs. This creates ‘stress’. Questions related to this were centred on where the social worker sees the role in the organization and what training and education is needed to fulfill their role.

3) Habitat and niche: Physical and social settings within a cultural context. If they do not support the growth, health, and social functioning of the individual; isolation, disorientation, helplessness is often likely. In this study, this relates to the exploration of the impacts of the culture in the LTC facility on the social work role.

4) Abuse or misuse of power, oppression, and social and technological pollution. Overall, Gitterman and Germain (2008) discussed this dimension more structurally as abuse of economic and political power, which leads to a host of poor outcomes that bleed into social pollution such as poverty, racism, and physical and social barriers to those with disabilities.

Questions were related to how the social workers in LTC relate to these dynamics in their LTC environment, drawing attention to differences among residents and staff.

5) The Life Course: Replaces sequential, universal lifespan language historically used in the literature. It is seen in the "Life Model" conception as nonuniform and considers human, environmental, cultural, and temporal concepts in viewing psychosocial functioning of individuals and groups. Questions related to years of social work practice in LTC for the purposes of this study and where the social worker saw themselves in the course of their role in consistency and change over time.

6) Life stressors, stress, and coping: Efforts are made to cope with stresses in the environment; by overcoming, reducing, or tolerating the stressors. When we perceive that we have the resources to cope effectively, we experience zest, relatedness, competence, and self-direction. Questions were related to what social workers enjoy about their role in LTC and the factors that create stress.

7) Resilience and protective factors: Ecological concept, complex person-environment transactions rather than simple attributes of a person. Questions related to those factors that helped LTC social workers to thrive, even during times of high stress.

(Adapted from Gitterman & Germain, 2008, pp. 53-66) Please see Table in Appendix A for a list of questions asked during interview of the participants and the direct relationship of the questions to ecological theory.

Overall, ecological theory guided the questions that were asked during the interviews with participants and responses that they gave reached all parameters of ecological theory as described in the life model formulation (Gitterman & Germain, 2008). Further, ecological

theory guided analysis of these data by taking in a whole view of the LTC as an ecological community, in an organismic view, and looking at the data as a community instead of at the individual level (Frey & Dupper, 2005). It also influenced the search for examples of the interplay between the social worker and environment, how they grew and contracted together, and how they shaped each other as the role of the social worker unfolded over time.

2.5 Strengths and Limitations of Using Ecological Model

Using the ecological model as a lens through which to study the role of the social worker in LTC in Ontario allowed us to understand the person in the LTC environment, which highlighted the ways in which instances of goodness of fit explained challenges and successes in the role (Gitterman & Knight, 2022). Using ecological theory led to the clear illustration of the ways in which the social work role was both shaping and being shaped by the environment in a reciprocal and transactional ways (Gitterman & Heller, 2011).

Limitations with using the ecological model are that, though the model is non-linear, the LTC environment and its reciprocal relationship with the social worker are seen as a static set of interactions (Gitterman & Heller, 2011). With that, it can be difficult to see possibilities and growth from these exchanges between the person and environment. Gitterman and Germain (2008) offered a way to compensate for this, which is seeing the social worker as active, in a constant state of change, in order to adapt, cope, and improve fit with their environment. This assisted the analysis by taking an ecological view that was not static, but engaged in a set of dynamic processes that included the entire LTC community in its view.

This chapter has situated this study in the theoretical lens of the ecological life model (Germain & Gitterman, 2008). Using the ecological model situates the participants as social workers who are part of a community. As will be seen, many of the results from the study draw attention to the ways in which social workers adapt, cope, and fit with the environment, both shaping it and being shaped by it in an ongoing and mutually influential process.

Chapter 3 Design and Methods

3.1 Study Design

This study used qualitative methodology to explore the role of social workers in long term care in Ontario. This chapter will describe the methodology of constructivist grounded theory and researcher positionality, recruitment, interview, data collection, and analysis.

3.2 Study Methodology

The methodology for this study aimed to illuminate the role of social workers in long-term care in Ontario by using a constructivist grounded theory approach to systematically delineate the theoretical properties of the role of the social worker in LTC in Ontario (Charmaz, 2014).

Grounded theory was originally developed by Glaser and Strauss (1967) as a way of developing theory from research data. They proposed that theory is grounded in the data and is discovered as it emerges, as opposed to being superimposed from pre-existing theory. Charmaz (2006) advanced grounded theory in an important way to the design of this study, which was a recognition that no researcher can be truly neutral and that knowledge of the literature and experience in the field can inform the researcher in asking the right questions to reveal theory that is inherent to the data. Therefore, theory was constructed through all sources of knowledge rather than discovered (Sebastian, 2019). Charmaz's (2014) constructivist grounded theory method entails a process of intensive interviewing of participants for their perspectives on their realities, reflexivity on the part of the researcher

through activities like coding, memo-writing, and attention to situational factors to build theory that represents the social construction of the social worker's worlds.

3.3 Research Question

The following research questions guided the study.

Q1: **How do social workers working in LTC in Ontario perceive their roles?**

Sub-questions explored included:

- Who do they primarily interact with?
- What are the goals of their work?
- Who do they consider members of their interdisciplinary team?
- What tasks do they highlight as major?
- How do they believe they contribute to the culture of the long-term care home?

3.4 Selection of Constructivist Grounded Theory Design

This study was exploratory in nature as the literature review has revealed a paucity of research of the roles of social workers in LTC in Ontario. Exploratory research is important in understudied areas as it elucidates description and new discoveries, particularly with grounded theory research designs (Stebbins, 2001). The exploratory approach used in this study was inductive as it was eliciting data from participants in the field and generating ideas about their perceptions of the social work role in LTC and how it related to the LTC environment. This served as a first tentative interpretative analysis of the scope and practice of the social work role in LTC in Ontario, in keeping with definitions of exploratory studies (Swedberg, 2020).

By using a constructivist grounded theory design, the social work role in LTC was captured as the researcher understood it to be perceived by practitioners in this setting. This study employed individual interviews of participants who use the title of Social Worker in LTC in Ontario to reveal concepts that are important for a richer understanding of the role in LTC. Additionally, the nature of this study further revealed components of the social work role that may be falling to other employees when LTC homes do not employ a social worker. It is even possible that certain roles may not be fulfilled at all at a given LTC home, representing gaps in care planning. Therefore, the questions informed by ecological theory (Gitterman & Germain, 2008) revealed current perceptions about the role, while the construction of theory from the underlying themes revealed possibilities in the construction of new directions and capacities. Constructivist grounded theory helped to establish perceptions of the status quo, which will be important to advance an area of social work that is still being realized.

3.5 Researcher Position and Reflexivity

I am a social work practitioner who has worked in the field of gerontology for nearly two decades in many environments; including retirement homes, active living centres, five hospitals, and 14 LTC homes. My principal place of practice is a rural LTC home where I have been the social worker of record for the past eight years. I have deep respect for the residents, families, and community that I serve. I also deeply respect the work of other social workers in LTC and value their insights and perspectives. Based on my experiences of working in LTC and sitting on various committees with other social workers in the field, my assumptions about the roles of other social workers are that they are engaged in a wide variety of activities with residents, staff, and families and are eager to speak about their

roles. My assumptions based on these experiences and the literature are that they are finding their roles ambiguous and in need of further definition to delineate their scope of practice. These assumptions were realized in the study when all 12 participants were recruited within two weeks of the study opening and all stated that they were thankful for the opportunity to share their perspectives of the role. According to the nature of constructivist grounded theory research, I endeavoured to formulate the questions based on literature and experience but let the participant perspectives lead the interviews and their representative data emerge from responses without imposing my own experiences (see Charmaz, 2014). I achieved this through journaling and writing my own theoretical memos about what I had heard and interpreted “between the lines” while continuing to question my own assumptions so that they were not imposed upon the views of others, in keeping with the qualitative method (Masana et al., 2021). Through this attention to my own experiences, I reminded myself that the participant was telling their own experience for the first time to an interviewer. Even though I had experienced phenomena, for instance, COVID 19 in my own practice, when the participant was speaking of it, I needed to be careful not to impose my own experiencesto remain open to their fresh story. My reflexivity on my own experiences informed me of what to look for, but not what I would ultimately find in this study. My experiences in the role helped me to “hear” the social workers in LTC whom I was interviewing and ask relevant prompts to elicit thick description. This was consistent with Charmaz (2021) and Johnson and colleagues (2010) who highlight that a researcher who “speaks the language” of the participant may be able to make connections that a naïve researcher would not be able to immediately make without immersion in their worlds.

3.6 Recruitment

Study participants were sought from those who use the title of Social Worker, work in a LTC home in Ontario, Canada, have held the social work position for a minimum of three months, and can converse in the English language in an interview conducted via Zoom technology for approximately one hour. The title of Social Worker can only be used by those registered with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) within the Province of Ontario (Social Work and Social Service Work Act, 1998).

To that end, relationships were formed with OASW (LTC sub-committee), Bruyere College/Family Council/Centre for Long-term Care Research and Innovation (CLRI), Social Workers in Gerontology (SWIG), Social Workers and Aging and Gerontology (SWAG) for recruitment. They posted recruitment notices on applicable web pages, social media, and meeting groups to advertise the opportunity for members who met the criteria of having the title social worker and working in a LTC home for a minimum of three months in Ontario, Canada (see Appendix B). These groups indicated their support and interest in the study's findings.

Recruitment via the channels listed above commenced upon University of Windsor Research Ethics Board's approval of the study. Potential participants were asked to contact the researcher to express interest in participating in the study and an email was sent out to confirm interest and set up a date and time to interview.

3.7 Sampling

As anticipated, many expressions of interest came in at the time of posting by those involved in the groups that advertised the study to form a convenience sample. Seventeen potential participants responded and received an email detailing the study procedures.

Potential participants were contacted and reminded about the study if they had not confirmed an interview time. Of these contacts, twelve confirmed a time to book an interview. Upon mutually deciding on an appointed time to hold the interview, participants were sent a confirmation email.

A total of twelve participants confirmed and completed the interview process. Interviews began on October 22, 2022, with Participant 01 and were completed on November 22, 2022, with Participant number 12.

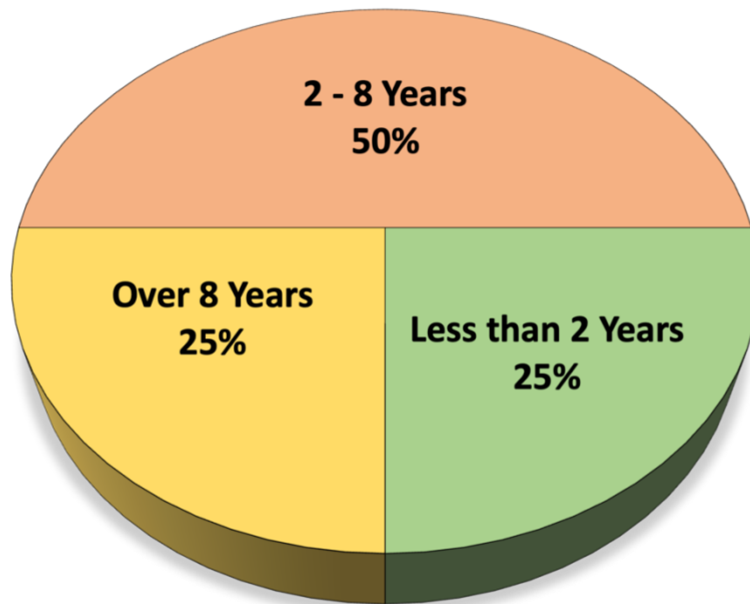
3.7.1 Demographic Profile of the Sample

Demographic questions asked the participants about gender identity, racial identity, length of time as a social worker in LTC, the degree for which they are a Registered Social Worker (BSW, MSW), number of beds in the LTC home where they work, number of social workers at their workplace, which capacity they work in (full-time, part-time, contract), and Ontario Health Region where they practice. Overall, the sample primarily self-identified as white and female (with the exception of one self-identified Asian female, and one self-identified white male).

Their experience in the role as a social worker in LTC ranged from 3 months to over 20 years as shown in Figure 1., with three participants early role development from 3 months to 18 months in the social work role in LTC, six participants mid-role development serving

from 3 years to 8 years, and three participants in later role development serving from 14 years to 20 + years.

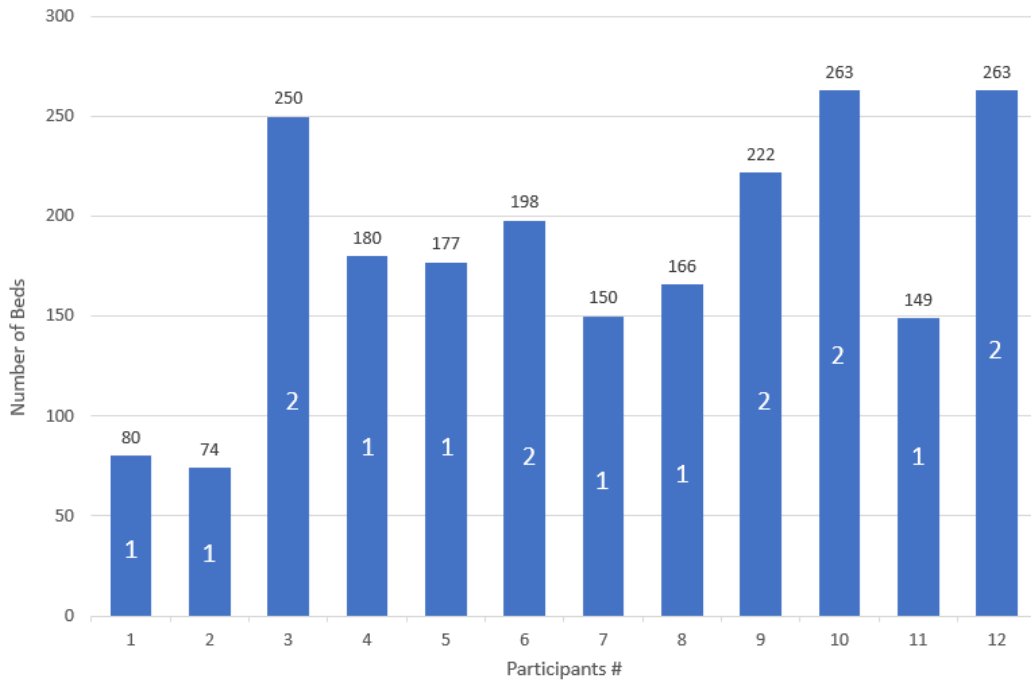
Figure 1 Participants by Length of Time in Social Work Role in LTC



Degrees for which the participants were registered with OCSWSSW were split fairly evenly with seven BSW and five MSW social workers in these LTC homes. Additional questions were asked about how many beds are in the homes where they serve and how many social workers are at the site as depicted in Figure 2. It was of note that the homes with the highest numbers of beds had the most MSW social workers. These homes, with

nearly and over 200 beds typically employed 2 or more social workers in full-time employment status.

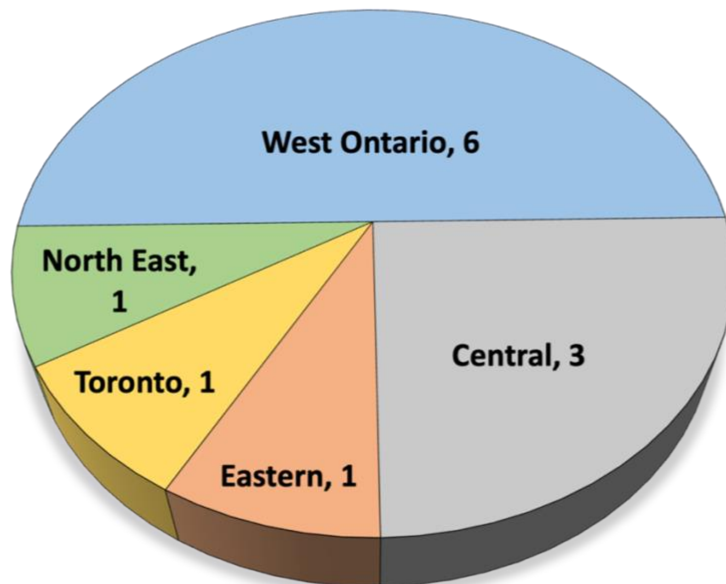
Figure 2 LTC Home Capacity and Number of Social Workers



Note. Numerals in white represent the number of social workers at the LTC home. Numerals on the bottom x axis correspond with the participants in the study to demonstrate variation in the number of beds in the homes where they work.

Work status for most participants was full time (10/12), there were no part-time employees, and two part time contract social workers. Participants practiced social work in nearly all areas of the province with representation of five out of six Ontario Health Regions: Northwest Region, East Region, Central Region, Toronto Region, West Region. (Ontario Health, 2023) as depicted in Figure 3. Most participants (6/12) practiced in the West Health Region, which was delineated as from Windsor, ON to Tobermory, ON with the exception of the Greater Toronto Area (Ontario Health, 2023). No participants practiced in the Northwest Region of Ontario, which extends from Parry Sound to James Bay, Ontario.

Figure 3 Location of Participant Practice in LTC Per Ontario Health Regions



As mentioned, all social workers included in the study met inclusion criteria, had worked in LTC with the registered title of social worker in the province of Ontario for a minimum of three months, and were willing to interview in the English language via Zoom technology.

3.7.2 Sample Size

According to Morse (2015), sample size for a good, grounded theory study depends on the topic and the scope of the inquiry. The intention is to reach saturation of data, where themes are repeated, and no new themes are generated. In the qualitative studies presented in the literature review about the role of the social worker in LTC, studies were able to reach this level of saturation and construct theory from data in semi-structured interviews with between 10-20 participants (e.g., Bern-Klug & Kramer, 2013- 20 participants; Sussman & Dupuis, 2014- 10 participants; Wong, 2021- 15 participants). A systematic review of qualitative studies using interviews by Guest, Bunce, and Johnson (2006) found that saturation occurred in interviews with an average of 12 participants with a nonprobabilistic sample size in qualitative research.

Recruitment for this study was ongoing from date of REB clearance (October 20, 2022) using a constant comparative method to reveal whether further interviews were warranted. At the point when topics had been grouped into categories that had distinct parameters, and with no new codes being created that could not be assigned to these categories, recruitment was ended at 12 participants for the study as saturation had been reached (Vasileiou et al., 2018). The decision to terminate recruitment for the study was supported by Malterud et al.

(2016) theory of informational power for qualitative interviewing. This theory asserts that it is informational power that can help determine when a study has reached saturation. It contends that the more information the sample holds directly relevant to the research question, the fewer participants are needed to yield rich information. Informational power was achieved in the study by meeting Malterud et al.'s (2016) criteria of having a narrow study aim (looking at experiences of social workers working in LTC as opposed to all social workers), specificity of the sample (Study criteria of registered social worker working at least three months with the title of social worker, as opposed to any worker in long-term care), a theoretical basis for the study (ecological theory), strong rapport and dialogue during interviews, and interviews that yielded thick and rich description.

3.8 Interviews

Interviews were conducted via Zoom Video Communications which has been recommended for qualitative interviewing because it offers a cloud-based videoconferencing service and provides for the secure recording of sessions by using a private and password protected computer (Archibald et al., 2019). The interviews were stored in a password protected file and manually transcribed in their entirety, with transcripts stored in the same file. Each participant was assigned a number, and timestamps that corresponded to their interview data for retrieval and identifiers (such as the visual recordings, names, and location) were removed from the file. These transcripts were uploaded to the university password protected One Drive system that could only be accessed by the researcher and supervisor, for increased security of the data and for maintenance of the data for the prescribed seven years.

The interviews, structured as intensive interviewing consistent with the tenets of constructivist grounded theory (Charmaz, 2014), ranged from 37 minutes (P:01) to 1 hour 40 minutes (P:10) with the other 10 averaging one hour in length. They were generative, one-sided conversations, gently guided by active listening prompts, such as repeating key phrases that the participant has introduced and asking them to expand on their thoughts using prompting questions.

3.9 Interview Guide

Interviews began with the first few questions in the Interview Guide with ensuring informed consent to use the data and affirmation that the participants met the inclusion criteria for the study (see Appendix C). All participants verbally confirmed their informed consent and that they met all inclusion criteria prior to the commencement of the interview.

After this, the researcher posed "content questions," consisting of semi-structured questions about the participants' perceptions of their social work role in LTC in areas that followed the tenets of ecological theory (Gitterman & Germain, 2008). The full interview guide with questions asked and prompts can be found in (see Appendix D). As the name suggests, the interview guide acted as a guide, but the direction changed according to expanding on ideas from responses, and a response to one question quite often yielded information sought in another. For instance, Charmaz (2014) illustrates examples where the responses to one question, and gentle probing for clarification of meaning, led to answers to other questions in the interview guide and to building theory by introducing new thoughts to the study. In this case, asking how the social worker in LTC perceives their role, in the first question, sometimes led to a participant talking about what they enjoy about their role,

which was the sixth question in the guide. By the end of the interview, the goal was to touch upon the dimensions suggested in the ecological theoretical framework (Gitterman & Germain, 2008) but led by the directions that the participant introduced to the conversation. For example, the dimension of ecological theory that was probed during the interviews was the fit between person and environment. Questions related to this were centred on where the social worker sees themselves in the social work role in the LTC and perceptions of personal and environmental resources. These included asking, “What do you enjoy about your role as a social worker in LTC?”, “What creates stress?” and further prompted by, “What are the most important skills you bring to your work as a social worker in LTC?”, “What important personal qualities do you bring to your work?” A series of demographic questions were added to the end of the interview, as suggested by Public Health Ontario (2021) to ask these questions after rapport had been established during the interview.

3.10 Field Notes and Memos

Detailed field notes were kept during the study and reviewed in an iterative process with each interview to help identify patterns that were emerging and questions that would be followed up on in successive interviews (Charmaz, 2014). One example of this was evident in Participant 01 responding to the question about enjoyment of role with including the word “confidence” and each interview expanding on that concept of confidence in the role of social work in LTC so that, by Participant 12, it became a follow-up prompting question to what they enjoyed about the role. Detailed theoretical memos were included throughout the coding process for the interviews. These included remarking upon the actions being taken and processes happening with the social worker in the role as opposed to concrete and static theoretical concepts (see Table 1).

As described, as the researcher, I had lived experience as a social worker in LTC and was able to make connections, field notes, memos, and informed analysis from interview and follow-up questions through all analytical stages (Charmaz 2014; Johnson et al. 2010).

Table 1 Example of Theoretical Memos During Coding Process

Memos	P	Time	Quotes
Seeing through the paperwork to the relationship. "Doing what you have to do" to get through the paperwork and to the relationship. Getting through the paperwork to be able to be present with the residents.	03	9:17	I mean I can see that admission and discharge, this paperwork and so on, right, but I think you see through the paperwork it is the relationship. And then there's a lot of standard practice that we need to be participating in the care conference, you have to participate in this standard assessment you have to do so, it ends up that we're doing a lot of things that we were supposed to do. So, we do those things first (laughs) and then we are left not so much time in terms of sitting and just really be present with the residents.
Feeling burdened by documentation and administrative tasks instead of connecting with others in the LTC environment.	04	21:02	It's very important to have proper documentation, and you know you're reaching out and you're connecting, and you have other obligations administratively.

3.11 Member Check

The study's rigor was increased by means of a member check by email at the end of the analysis stage when themes had emerged. This correspondence gave preliminary results

of the study and the five themes that emerged with representative quotes, thanked participants for their participation and sharing rich data, and invited any comments.

Five participants responded and all stated that they found the themes and quotes to be reflective of their experience. Four agreed and stated that they were interested in receiving the full dissertation at its completion and offered to help in the future if the opportunity arises. One participant noted that they hoped that this study highlighted the high level of skills and training of the social worker in LTC and that this work should be looked at as expertise in an area of healthcare that is often overlooked.

3.12 Data Analysis

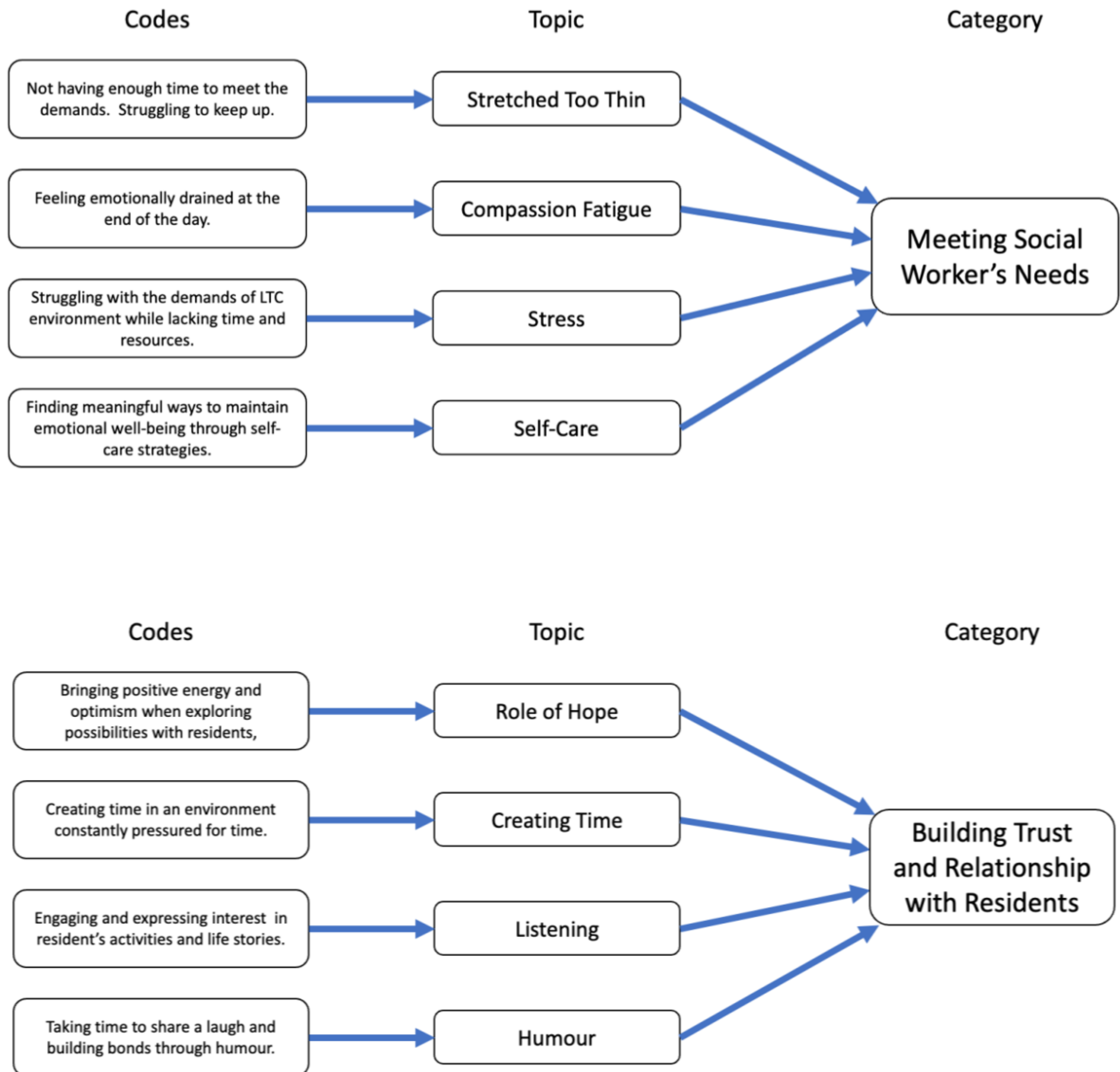
Data collection and analysis occurred simultaneously according to constructivist grounded theory procedure (Charmaz, 2014). Analysis began as soon as the first data were collected, in an initial coding process whereby the interviews were broken down into fragments, moving line by line, and then summed in units of meaning, represented by a label or 'code' given to this interpretation. These codes comprised the basic units of analysis and accounted for all data gathered from the interviews (Charmaz 2006, 2014). Coding took place using a Word document where the transcriptions were reviewed, corrected, and placed after Zoom recording. Coding was recorded in the margins of the interviews and accounted for all the data in a highlighted line-by-line format. This is also where theoretical memos and links were tracked and recorded using the comment functions in margins of the program. An example of the initial coding process for this study is illustrated in Table 2.

Table 2 Example of Initial Coding

Codes	P	T	Quotes
Seeing and prioritizing the personhood of the residents.	01	[4:38]	I look at a person from a personhood perspective, not their diagnosis, and I do everything possible to make sure that their lives have meaning.
Taking responsibility for the residents having a sense of dignity.	01	[21:49]	Because one of the things about poverty is, I am very proud of making sure that everybody has dignity.
Residents wanting someone to spend time with them and sit with them, which may be otherwise unavailable.	02	20:14	They want someone just to have time to sit with them if that's what they wish.

As subsequent interviews occurred, codes were reviewed in a process of constant comparison to look for similarities and differences between them, allowing the codes to begin to be grouped into 55 tentative topics emerging from the data. In the initial coding process, codes are to be considered provisional, comparative, and closely tied (or grounded) in the data (Charmaz, 2014). This was augmented by other informational sources such as from researcher memos and field notes that accompanied data collection. These data were grouped into topics due to like meaning, as illustrated in Figure 4. Some topics had very few quotes and therefore the validity of the topic as a category was questioned. For instance, the topic of “magic wand” was collapsed and data migrated to more appropriate categories. This is because some topic contents were valid as a concept but were clearer in meaning in relation to other categories which allowed the topic to be collapsed into these larger categories.

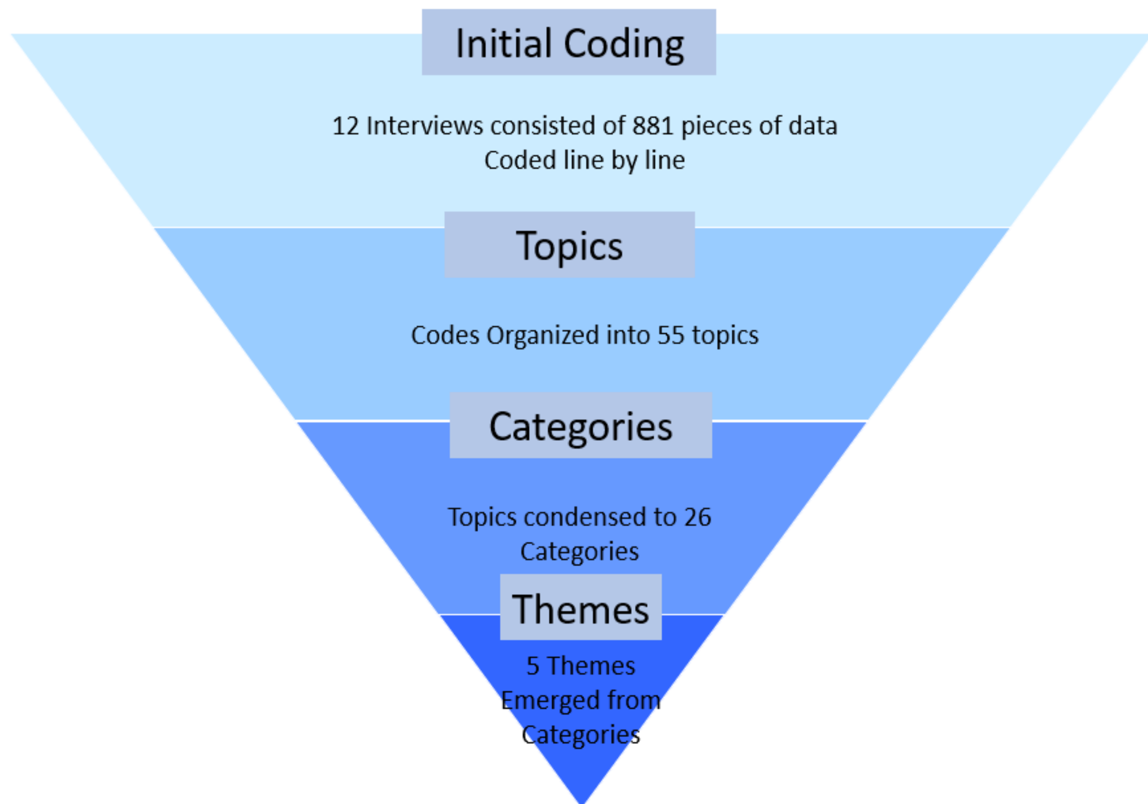
Figure 4 Examples of Grouping of Initial Codes to Topics to Categories



The second phase of data analysis entailed the process that Charmaz (2014) termed "focused coding" (p. 138), where topics were grouped together based on like meaning and codes, where they could be grouped to form potential categories by examination of quotes

and fit to categories by essence of the meaning. At this point, all codes and quotes were aligned and encapsulated by more abstract codes that linked the connections in the data to 26 discrete categories which could stand on their own as units for further analysis. These categories became saturated when there were no new codes generated from the data and the meaning units of the codes could fit tightly into these discrete categories (Hoare et al., 2012). This process of distilling the data as it emerges into broader theoretical categories is illustrated in Figure 5.

Figure 5 Constructivist Grounded Theory Analysis Process



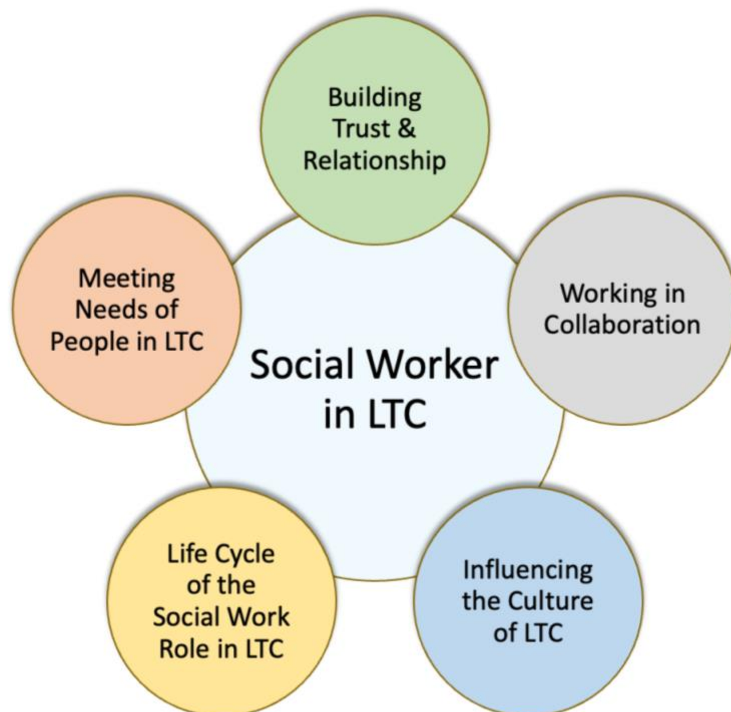
To advance to the next level of abstraction and analysis, these categories were grouped into overarching themes that aided in developing theory about the role of the social worker in LTC in Ontario. Data were considered to have reached saturation when no new properties could be found in the categories and no relationships or patterns were found (Charmaz, 2014). However, it was recognized by the researcher that data were becoming unwieldy as piles of paper and highlights were being manually manipulated by arranging and rearranging data in printed paper form in piles of paper on the floor. The deidentified interviews were exported to the database management program Filemaker Pro, which is recommended as a way to verify the properties of a category by assigning contingent parameters, allowing a way to manipulate and rearrange data to look for fit, and ultimately to assist in aligning the categories into larger and more abstract themes (Johnson et al., 2010).

Data were able to be flattened and compressed electronically in Filemaker Pro to piece apart 881 distinct pieces of data in the form of quotes, which corresponded to participant and timestamp. These were each assigned to programmed parameters of properties in a category. It was discovered that some topics were introduced throughout the interviews but did not form a discrete category with greater meaning. For instance, the topic of Covid 19 was introduced in all 12 interviews, but in different ways that pertained to their own discrete categories. Words or phrases that formed throughlines such as this were then defined as *keywords* that could be explored in relation to the categories and themes. In contrast, the topic of “Self-Care” of social worker in their role did not align with other data using that as a keyword. This helped the researcher to understand that “Self-care” aligned with “Meeting Needs”, in this case, of the social workers themselves in the environment.

This ultimately became a category and then had good fit with the broader theme of *Meeting the Needs of People in the LTC Environment*.

These themes were assigned to groups of categories which shared processes and actions. Themes were labelled to be descriptive and analytic of the shared meaning of the categories and helped to define theoretical parameters of the role of social worker in LTC in Ontario (Charmaz & Bryant, 2016). Themes that emerged from the theoretical sampling of data for this study were *1. Building Trust and Relationship, 2. Meeting the Needs of People in the LTC Environment, 3. Working in Collaboration, 4. Life Cycle of the Social Work Role in LTC, 5. Influencing the Culture of LTC* (see Figure 6)

Figure 6 Five Themes That Emerged from Analysis Process



To bolster rigor, properties that constituted the categories and themes were entered into Filemaker Pro to create a sorting system to match and confirm that quotes met their parameters. For instance, a quote from Participant 01 "But the home that never had a social worker, I've been there a year now and they're finally starting to understand my value." Was placed in the category of "Developing the Role", which was linked with the theme of "Life Cycle of the Social Worker in LTC". Quotes needed to provide description and explanation of a theoretical property to align with a category, which then needed to fit in the broader theme. If not, it required reconsideration of the fit. A ranking system was devised to ensure that all quotes fit into both categories and themes by these parameters, with a scale of 1-10, with 1 being unclear and unable to be used as representative of the category and theme, and 10 being definitely capturing the essence and description of the category and theme (see Figure 7) All 881 pieces of data were re-examined for fit to the properties of the categories and theme. If the data received a lower ranking, this was questioned as to fit. At times, when data were reassigned to a different category and theme for better fit, their ranking increased, which increased trustworthiness of the findings. At other times, a low ranking might indicate low quality and the quote was left in the data set to perhaps be used for other purposes than solely for the purpose of answering the research question. Overall, the ranking system improved the interpretative process of goodness of fit to category and theme.

Figure 7 Ranking System of Data to Representativeness of Category and Theme

Ranking System (1-10)

10 Excellent fit with category and theme

- Captures Essence, Ties Across Category and Theme- Representative Quote

9 Excellent fit with category and theme

- Captures Essence of Category and Theme as well as description- Potential for representative quote

8 Excellent fit with category and theme

- Fully descriptive- Consideration for representative quote

7 Good fit with category or theme

- Consideration for representative Quote

6 Good fit with category and theme

- Inclusion in data set- Cut off

5 Fair fit with category and theme

- Possible inclusion in data set

4 Appendix- Approaching good fit for category and theme

- Better fit elsewhere?

3 Appendix – Some elements of category

- Better fit elsewhere?

2 Unclear quote but some elements of category present

-Better fit elsewhere?

1 Unclear quote

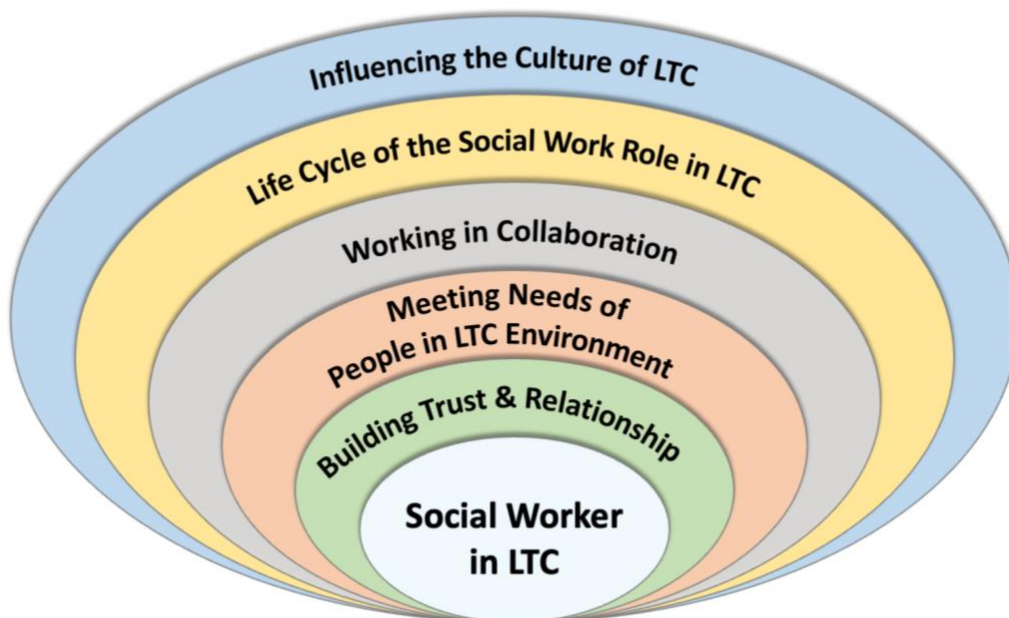
-Question why?

Chapter 4- Findings

4.0 Themes

The findings from this study include five themes that emerged from the data. They are *1. Building Trust and Relationship, 2. Meeting Needs in the LTC environment, 3. Working in Collaboration, 4. The Life Cycle of the Social Work Role in LTC 5. Influencing the LTC environment*. These have been listed in the order of as active and immediate in the social work role in LTC to broader changes related to the social work role influencing the culture in LTC in Ontario. This mirrors the nesting of the social work role in proximal to distal relationships as illustrated in the ecological theoretical basis for the study (Greenfield, 2012).

Figure 8 Theoretical Framework- Role of the Social Worker in LTC, Ontario



Note: From proximal to distal relationships in immediacy.

4.1 Theme 1- Building Trust and Relationship

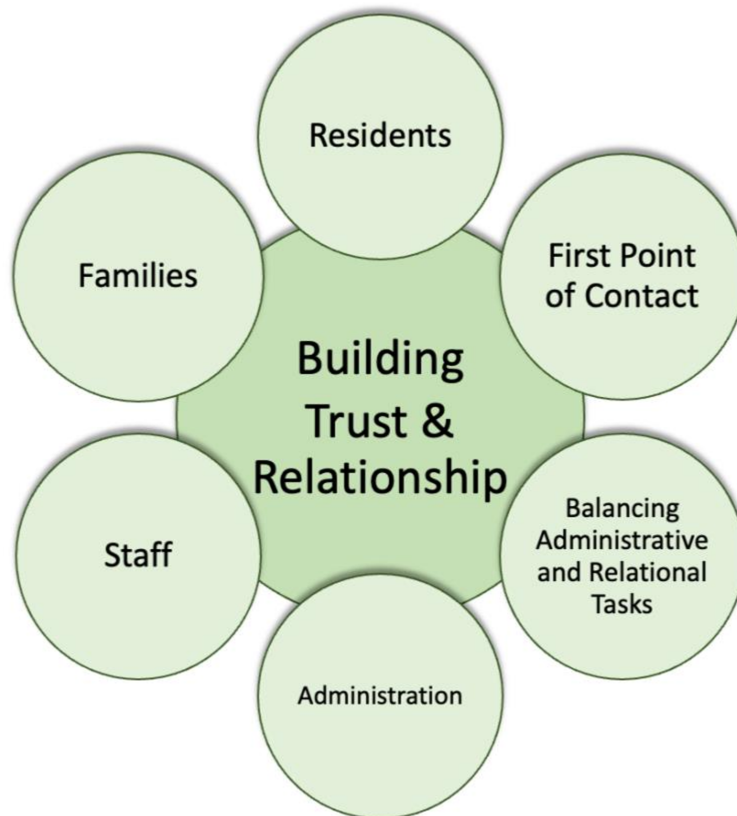
Building both trust and relationships in the LTC environment appeared as the cornerstone to working as a social worker in LTC in Ontario. All participants talked about the importance of relationships in performing the role of social worker. Many noted that the relationship began with establishing trust, "You have to make sure that they trust you." (P:02) Participants described creating trust with the social worker as coming from a non-judgmental place and with genuineness and warmth. The participants continued with encouraging curiosity, genuine interest, and sometimes rituals that involved qualities like humour and storytelling to develop rich relationships that could serve well should concerns become crises. Findings in this study include that social workers prioritize fostering relational care beginning with a foundation of trust,

> I think that's another key with social workers is that we know the importance of establishing rapport with our residents. So, with the rapport that kind of gives you trust, and when trust happens or rapport is established, then more things are kind of divulged and you're able to get to the root of the problem easier. So, we try to do that, yeah at admission time, during the transition because it's such a key time, and then we do our rounds… even just on informal like friendly visit type, we got to make sure that we're out there. Then just being kind of consistent with our roles, that kind of gives us them the trust to come to us. (Participant 09).

The details that participants shared help us to envision the processes used to build relationships. These multidimensional processes were captured in six categories comprising

the theme of building trust and relationship; being the first point of contact to create relationship for residents and families, building trust and relationship with residents, building trust and relationship with families, building trust and relationship with staff in the LTC environment, building trust and relationship with administration, and balancing administrative and relational tasks (Figure 9).

Figure 9 Theme 1- Building Trust and Relationship.



4.1.1 Being the First Point of Contact: Admissions

Relationships with residents and their families were often described as being fostered at pre-admission or admission of the resident to the LTC home. All participants spoke about welcoming residents and families to their LTC home and letting them know that their services are available. Many participants spoke about leading the admission process in the LTC, from reviewing applications to leading the entire process. Participant 09 describes being a first point of contact in the LTC home and building trust and relationship from there,

> We're the first point of contact for them. So, when they were moving into a home, again, it's such a scary time. Their view on us [social workers] is again, we were the first point contact, so we're that first trustworthy source and reliable source for them to basically reach out and get guidance from through the transition to long term care.

This could be seen as the basis for building strong relationships during a pivotal transition in life. Participants in the study were looking past the paperwork and checklists to see people who needed their assistance in coping with many life circumstances, such as transitioning levels of independence, moving to a new living place, their changing health, and stepping into new social roles. Participant 12 spoke about the importance of the social worker being able to go back to the beginning over and over to support people in all of the unfamiliar things inherent to the transition to living in LTC, understanding that it may be a process that the social worker has worked through many times, but it is entirely new for the resident and family.

> So, we're the first contact and so we provide sort of the mandatory consent documents, we call it our welcome package. So, there are things that are mandated that we need to

appropriately provide people. That's a big part of our job and then walking people through. Just the reality of not just moving to a new place, but really moving to a new phase of somebody's health and the progression of their disease. Helping families that are coming in sort of figure out what their role is moving forward... I know how helpful it is to provide information to people that answers questions that they didn't even know they had because they've never been through this before. I love the fact that I've been able to remember that every person that I'm working with for the first time is going through this for the first time. Even if it's the 300th time for me and I'm able to get back there, I really enjoy being able to sort of remember and start fresh with everybody.... (Participant 12).

4.1.2 Building Trust and Relationship with Residents

After serving as a first point of contact, social workers described using empathy and curiosity to understand residents and their worlds. The category of building trust and relationship with residents was the most robust category in this study which demonstrated the social worker's commitment to honour and serve the individual and their personhood. The social work role was seen as "a pillar" in LTC (Participant 04), in providing a critical supportive relationship during a time of tremendous change.

You're speaking about people who are going through massive changes and transitions in their lives. I always say, nobody pictures themselves going into long term care, imagine how that feels? Imagine you're walking into the setting. You're coming from your home. You're coming from your hospital. It doesn't matter if you've had this whole life of living independent in your own home. And you're coming into a space

> that's clinical, that's medical. You have people coming in and out of your room. Everything that you know about the world is different. Regardless of your cognitive ability at that time. Everything is different. Even if somebody who is very progressed with their dementia, they have the ability to know the difference. So, to have somebody there to identify, to support, to find ways to put in their personal care plan, individual care plan points that are going to be helpful for that person. (Participant 04)

They described joining with residents in broad and public ways, such as supporting Residents' Council, or participating in activities in groups at the LTC home, to sitting on the end of resident's beds sharing personal reminiscence and stories and holding a resident's hand when requested. This was presented as contrasting the typical interpersonal relations in the home with other staff, and nearly all participants spoke about prioritizing making time for relationship in what can be a task-oriented environment in LTC. The need for connection and relationship was consistently pointed out by all participants but was seen as heightened during the uncertainty of the COVID 19 pandemic.

> You know, PSWs go in, they come out. They don and doff, but we can go in and we sit there for long period of time. If they need to have that physical touch, that therapeutic physical touch, because they're worried or they're scared about what's going on around them, that's what we're there for. And if they cough on you while you're talking, we're not just going to walk away. We're going to sit there and be like 'I know you're feeling sick. It's OK, everything's gonna work out good.' And I think that's kind of like the good, the really nice thing about being a social worker in COVID and everything is that just gets to be that support and like hope for them. You're not going to run away from what can come from it. (Participant 02)

Social workers interviewed for this study spoke about building strong and intimate reciprocal relationships with residents using qualities such as warmth, positive regard, and humour. For instance, Participant 06 spoke about humorous rituals saying, “It's so important...a little joke or special connection, I have one resident who always says, ‘howdy doody’, so I always say, ‘doody howdy’. That's our exchange every time. And I have another resident who is the crocodile and I’m the alligator, all those little things, but it means you're someone special to me.” These types of rituals that they repeated brought smiles and warmth that were often undocumented in the workplace but helped to build foundations that could serve as bonds should the person enter a crisis and need formalized services at a later time. Participants spoke about building these bonds through knowing the people they serve well and learning about their life stories.

> I think it's the ability to connect with people... you have to like the people and enjoy the people. And I enjoy sometimes just sitting and talking to a senior and just listening to the story. Particularly when a new resident comes in, you know to me, he or she is a stranger and vice versa, so we get to know each other, and I have at that time that I would spend a lot more time to get to know the person to be able to listen and understand their story. Who's this person in front of me? And you know this, I always say that each person is a story. Every hand you shake, there's a story behind it... It’s almost like a book. Everybody is a book. (Participant 03)

The participants in this study spoke about authenticity and the ability to be genuine in these relationships as fundamental to building trust and relationship. This seemed to happen with developing consistency over time, with the social worker onsite and available for brief encounters such as “check ins” (P:01) as well as longer

interactions. They spoke about being able to face life situations and even end of life in partnership with the client, and reserving a space where residents felt emotionally safe and did not have to “put on the show” (P:01) to assuage the worries of others.

> They will tell me things they will not tell their family. I had wonderful lady and I go in and I see her during my rounds and when I went to see her, we talk about just, “I'm just too tired today." I said, "Just checking in on you." She said, “Yeah, I'm exhausted from putting on the show.” And I knew what that meant. What that meant was that she took all her energy that she had to be up and positive when her family visited. And with me, I was able to just acknowledge that just the simple part of holding her hand and knowing that I wanted to check in to make sure she was OK. That was enough. She could be real with me. Yeah, she could be real. (Participant 01)

4.1.2 Building Trust and Relationship with Families

Participants spoke about building trust and relationship with families in many of the same ways. The interviews often centred on the resident and building these relationships with families appeared as an extension of supporting the whole system of the resident. As participant 04 described,

> I always say, as much as I'm here for my residents, I'm here just as much for my families. I verbalize that to family all the time. Especially, if you have a resident who's not cognitively able to engage and is just, you know, not able to, the family, more often than not, really needs that support. So, sometimes I'm working more with families than I am with the resident. So, I can't say one without the other because they’re hand in hand. (Participant 04).

Sometimes the social worker is building relationship by providing psychoeducation, support with transition, and being a “go to” support person as the resident and families adjust to new lives and new roles. Participants spoke about helping families reframe their roles to having the ability to relate with their loved ones in personal ways, as “Dad”, instead of someone for whom they need to be a constant caregiver. In the midst of huge change and worry, this way of relating seemed to provide some relief and hope, As Participant 08 describes,

> On the family side, still helping with caregivers’ support, I do the essential caregiver designations for the home. Which is a new ministry standard with Covid. And then a lot of times is helping family understand like what dementia is, with the palliative process, it is active, end of life expectations for that. A lot of times what to expect if people have you know like Parkinson's or cancer or other things that are not quite dementia related but are still going to impact them in long term care... With families, kind of helping them navigate that transition too, so I help with admissions, so I do a family tour before and then on admission day I meet with the resident and their family to see if they have any questions. I find this helps a lot to build rapport for both kind of become a go to help them navigate. If they have questions for finance or questions for nursing, or the nurse practitioner. I find that often I'm supporting family in that transition from like caregiver back to spouse or caregiver back to being a daughter. Letting them know that it's OK to take those reigns off a little bit or it's OK to take some time to kind of separate themselves. They don't have to be that that caregiver watching every medication go in and, you know, mapping out their timelines. And they can just go in and visit back as a spouse or a child. (Participant 08)

Participant 05 goes about this in a bit of a different way, but the reassurances, and ability to help the family feel more relaxed and less worried about such a big transition are clear in her strategy,

> We send out a kit with all of our pictures on it so they can see a face and put a face to a name along with a goofy story about us. Like we just made it feel more person centered for the resident and also for the family too. Because people haven't really thought that the family needs a care plan too. So, we've created an active care plan for the family, they get phone calls at least three times a week including one before bed, just to say you know, 'Your dad or whomever had a great day today. He had a full lunch, he enjoyed the pie, actually we're gonna learn more about him, and he's sound asleep. And I hope you have a great sleep, too.' And it's just made, it's caring for the family system instead of 'This is the new resident.' (Participant 05)

Sometimes, relations with families do not go as smoothly as might be desired, and the social worker can take on a mediator role to take perspectives from all sides and try to come to resolution that includes more realistic expectations. Participant 06 speaks about this,

> I can go in and do the best I can. I can't say that its always the way everyone wants it to turn out. We don't always fix things or make things better, you know? Some folks that are just so involved in care, like resident families that are so involved. So, that's challenging for sure. They're very involved and sometimes have expectations that long-term care just can't meet. I think that would be a frustrating point. Trying to, you know, like they call the nursing station 20 times a day or they want Mom changed

> every half an hour. Really unrealistic expectations. Often, they want us to talk to the family about those things and you can see where they're coming from, though. You can see where the family's coming from. They want the best care. But we have to say, 'I'm sorry, but we can't do what you want us to do.' And that's kind of the downside of that. But I wouldn't say that social work magically fixes those relationships between the home and the families. Because it's just such a high area of concern. Like, it's just families are so overwrought and so concerned that it would take years to change. You know, it's usually based on something, I guess. But it would take years to impact that. We're not going to change it in one meeting or one care conference. (Participant 06)

4.1.3 Building Trust and Relationship with Staff

From the interviews with participants, it appeared important to build trust and relationship with staff. Relationships seemed to develop through spending time facing crises together, having outlets to be human with one another, and building trust that the social worker would always have the back of their coworkers and would seek solutions with them.

> My manager kind of says it best, said 'When something goes wrong who are they calling?' and it's usually the social workers. So, and that's the most general way of saying it, but it is true. And I think, even if it's a way of we're a trusted resource for people and we can problem solve. So, I think that's why people call us is because we have the skill set where we're trustworthy, we work ethically, and that's a good person to call in these tough situations, right? So, if we don't know the answer, then we'll figure it out, or we find it out, we find someone who can. (Participant 09).

In addition to being trusted for resourcefulness, exchanging encouraging messages and compliments seems to build relationship among the team. As Participant 01 states,

> Whereas my role with frontline is, we're in this together, problem solving, supporting. One of the things that because I'm actually on the floor is, it's the, you know, giving them a compliment, recognizing when they're giving exceptional good care. Yeah, they appreciate it.... When they're working short staffed, they're discouraged. They're feeling like they're down. Management, as my role has evolved has asked me to, you know, be supportive to staff. I'm allowed to, I make referrals to staff for community resources but I'm also sometimes I just I could take a few minutes and listen to what's going on for them, too. Yeah, but it's on the fly. It's because you have a relationship with them. (Participant 01).

Participants also reported being encouraged by staff recognizing the social worker's good work, as in the case of Participant 02,

> Staff even said that 'We need someone like you. You're doing your job. You're coming in. You're sitting on their beds when they have COVID. You're close to them. You're giving them that therapeutic touch with gloves on and stuff and you're still being in that room with them and not afraid of what you might get from it.' So that was a nice compliment to get.

Participants spoke about building trust and relationship with staff through navigating complex issues together that are part of the operations in LTC and are often not recognized in the worlds outside of the LTC community, such as disenfranchised grief, where LTC staff mourn the passing of a resident, but this grief is not publicly acknowledged and can be

thought of as part of their jobs (Tsui et al., 2019). Participant 04 offers some strategies that she employs to assist with coping.

> I'm the social worker and I'm here for the residents, but I find that I'm also providing so much support the staff. And that's supporting them sometimes in their personal lives, sometimes they just need to sort of have an ear, and that's OK. But most often it's professionally. I can give an example, coming into this home, I was speaking with an RPN [Registered Practical Nurse] and she was talking about how she feels when our residents come in and they pass, and just as quickly as they pass, somebody else gets brought in. And you're just sort of left with all of these feelings about this person that you cared for, that you've dedicated so much time to, and they're just gone. So, as a social worker, it's like OK what can I do to help with this? So, it's talking about, you know, we have a quilt we put over top of the body as they exit the building. And I'm talking about things that I've done in the other home that have been successful, calling "Code Butterfly", so all the staff line the hallway as the resident is exiting the building. And, as a social worker, it's a good point for me to see how people are reacting to this. And I can connect with staff, and I always thank them for all of their hard work for this resident. I validate their experiences. I validate their feelings. Like, it's a really good point to just connect with your staff and you can identify when somebody is really struggling. (Participant 04)

Participants recognized that building trusting relationships with colleagues sometimes meant working through some barriers. At times, participants spoke about feeling as though other LTC staff were unclear about their social work roles and whether they were being evaluated under the social work gaze. They talked about other LTC

workers expressing that social work created more work for them in the environment by asking questions and making observations. Participant 06 describes feeling as though the social worker is “not popular” at times for these reasons.

> I think one of the hardest things that I have is when staff sort of think things should be a certain way, and I have to go in and say, ‘It's not really OK to do that.’ ... Something like, ‘Maybe we shouldn’t be doing that,’ or ‘Did we care plan that? Is that really what we want to put in a care plan? Is that really an OK thing to say when you talk to a resident?... You're not popular. Because I feel like I'm always checking in with staff and talking to staff. I don't want to swear, but when I first started, I’d go in on a unit and I’d hear them say, “Here comes the f-ing social worker.” [laughs] Like, yeah, so not popular, right? (Participant 06)

4.1.4 Building Trust and Relationship with Administration

Many of the social workers interviewed described building trust with administration that they will be able to discern their priorities and use their strengths in order to meet the needs of the LTC community.

> I think it's really key that our leadership has really recognized the value of social work. I think he's been very good about kind of recognizing what various social workers are able to bring to the table and then inviting us to those tables. So there have been things that have been opened up for me that might not necessarily have been offered to other people or offered at other points in time. And so, I'm encouraged to sort of develop my own capacity in order to be able to contribute and participate. (Participant 12)

This trust included that the social worker would keep abreast of changes happening in the macro level of practice and up to date on legislation, policies, and promising practices.

> The role with administration, is very much I'm having to follow policies, procedures, legislation, ministry. We take a risk management role with administration. A lot of my referrals from administration are to make sure that people haven't been failed, any harm or neglect. (Participant 01)

Participants described the course for capacity of the role as being set by administration and leadership, from being new in the role and not having developed this trust.

> Yeah, right now, only being there for five months I still don't feel that kind of like connection with the administration that they're like 'Oh you're doing this for the good of residents.' Like, I still feel like they see me as, I don't wanna say not important. They see me as important. I think they do, they understand to a point, but they also think that I might be pushing things too far, in a sense… I ask, you know, PSW's and staff like that to come put a resident to bed and the administration would be like 'Oh well we're short staffed, so that just can't happen.' And I understand that. It's hard. [laughs] (Participant 02)

Whereas another participant (P:04) who is in their first year in the role, described the trust placed in the social worker by leadership as being pivotal in being able to perform to their full scope of practice.

> They are incredibly supportive. Especially the leadership team, they're so open. Especially because they haven't had a social worker before. So, when I come forward

with something and I say, ‘Based on my experience, this is what I think we should implement,’ or ‘This is what I want you to review’ or you know, analyze, whatever the case may be, or ‘This is kind of my observation and I just kind of wanted to bring that to your attention.’ They have been very receptive. So, when you're looking at that work culture, I think it starts and ends with leadership because without supportive leadership you can't go anywhere, and you can’t do anything. So, I'm very fortunate in that the leaders that we have here in the home are very open, progressive, forward thinking and just very receptive. So that makes or breaks the culture, in my opinion. (Participant 04)

4.1.5 Building Trust and Relationship- Balancing Administrative with Relational Tasks

Throughout the interviews, participants noted tensions between their understandings of being part of a value-based profession and prioritizing relational care and the task-oriented nature of LTC. Their roles were described as fast paced, and they often highlighted the need to strike a balance between needing to make split decisions for a large number of people and situations and creating and spending much time engaged in relational care.

> There are so many aspects. So then when I describe to people, I do psychosocial support for the residents. Such a big part of my job is the BSO lead of that thing. And then admissions and discharges because the turnover is, it's time consuming. It's getting more time consuming to admit people because you're admitting that many more people. Because the acuity is they’re older, sicker, and they're just not lasting as long. Right? And with all this stuff about people coming

out of hospital, it's more of a fast pace. We're not lollygagging with one admission every month from a retirement home. We're looking at this person. This person needs to be out of the hospital yesterday. Snap to it. (Participant 07)

The topic of admissions inspired a lot of questions about time for the participants. While they valued welcoming new residents to the LTC home, they sounded unsure if the tasks and paperwork involved around the actual admission process required a degree in social work and if it was the best use of their time and skills. Participant 05 described a complex relationship with the admission process and that their organization has now hired a social service worker to conduct the process in order for the social worker to spend more time doing complex clinical work, “The reading applications and everything else is, I can’t handle it, it’s like assembly work at times... I think the quality to work went by the wayside and it felt, just didn’t feel right because I knew the residents needed more time.” It seemed as though the social workers were trying to get the task of the paperwork completed in order to get to the people on the other side of it, which could be difficult if the number of admissions to the LTC home was high.

> Sometimes it's the administrative work, you know, like admissions for example. It comes very unexpected... when the new admission comes, boom, I wouldn't be able to go. [laughs] I don't know that until like the day before, and then I thought, ‘OK, I have an admission. I can't join you [at Morning Meeting].’ And sometimes the admission, it's out of our control. But I remember there was one time, my co-worker was on vacation for about 8 days, and I literally did an admission every single day. [laughs]…it was… a very bad, very bad arrangement in terms of supporting the resident because I don't remember the person, you know, the next day, I'm hearing a

> different story. Or I get confused with them... when I have a new admission, I wouldn't be able to go to the risk management meeting. So, imagine that eight days in a row, eight business days in a row. I was busy trying to meet with new people, trying to understand and remember as much as I can each person and the family members. Plus, I got totally disconnected with the rest of the residents for those eight business days, right? (Participant 03)

Overall, the role of the social worker was seen as a fast-paced balancing act from the time of welcoming a person to the LTC home throughout their journey there to end of life. It appears, as the skills and scope of the social worker were revealed, they were incorporated into more and more activities of the home, such as serving on teams and committees, while trying to uphold and maintain the fundamental trust and relationship with residents and others in the LTC community.

> We're really recognized as a key part of the team; we are not an ad hoc member of too many things. We're like a member member. And the downside of that is, of course, it means that you have to make sure you are not spending so much time in meetings or on projects that you aren't actually able to stop what you're doing and have time for the person that comes to your door or the phone call or… The preventative stuff, you know, knowing somebody is struggling and getting up there in offering some support before it's a crisis and the nurses calling to say, you know, whatever. 'They wanna leave,' or suicide or whatever. It doesn't need to get to that point. So that's always the balance. You need to make sure that you don't get so caught up in the things that you're able to do that you're missing this stuff that you really need to stay on top of. (Participant 12)

Staying in close relationship, so that needs could be identified and met in the LTC environment was a key part of the role that participants described, as well as strategies that they employed to meet these needs.

4.2 Theme 2- Meeting Needs of People in LTC Environment.

Participants in this study used a variety of skills and techniques to meet the instrumental and emotional needs of people in their LTC environment as well as employing strategies to meet their own self-care and coping needs. Many of these needs presented suddenly in their environment and social workers were balancing being able to be responsive in the moment with longer term goals, such as writing grants and serving the objectives of various committees. Overall, they described using a wide range of skills and training over the course of their role, and indeed, over the course of their day, with many remarking that "every day is different" (P:06) and required a wide range of varying skills and strengths to "meet the moment" (P:05). Participants described using complex skills such as counselling with cognitive behavioural therapy (P: 06) to grief counselling skills (P:01), and social work being the only profession trained to use these skills in their LTC environment. In addition to psychosocial and emotional skills, they related stories of bringing in personal instrumental resources that the resident identified as "special", such as Participant 10 searching through at least three stores after work hours to find a particular type of lollipop ("Blow Pop") that a resident indicated would bring comfort during a difficult time. Participants reported "flexibility" to be an important strength to bring to the role in LTC as reflected in this quote from P:09:

> I think that having [flexibility] as a quality is very important in social work in long term care because there is a lot of things that happen in long term care in terms of crises and different things that happen with residents and families and ever-changing policies…. So, like even today I had my whole day planned out… but then we had a medical episode from a resident, their family member outside in our lobby and obviously you have to pivot in that situation and be flexible and obviously that was a crisis management that I went to. … I actually had to disclose that to the resident, that their loved one had an episode, that was very hard, but being there for that resident in that moment with, I was with her for the entire morning basically until I came here. I thought that was a very important thing…If this, if this message wasn't delivered by a social worker, then I fear that it would have been a different, reaction. I think it was important for us with our skill set to deliver that message and support that resident in that hard time for her... I think the message probably would have been delivered, but there wouldn't have been that extra support. [If Social Work wasn't there]…I don't think [other staff] would have the…time to do that, but also the skill set to, to actually sit there and give that person good emotional support and active listening and counseling and grief counseling in that moment, and then having the ability to then again make a referral if needed, right…and I think they would be very alone and probably very scared and have to go through that grief process alone. Or at least until, if there's family, but that's not always a guarantee in long term care. (Participant 09)

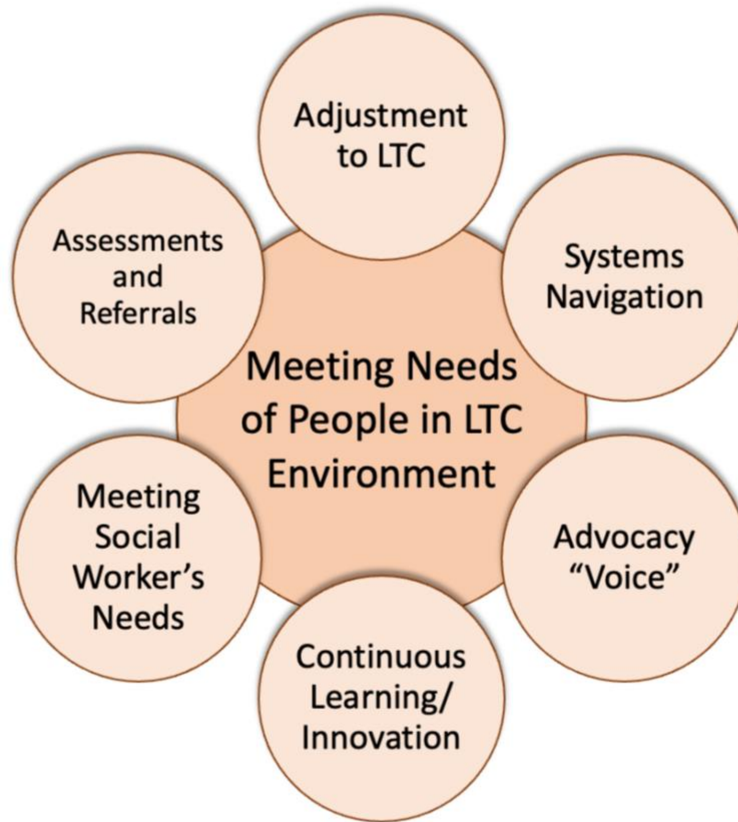
The type of flexibility described by participants was not only responding to immediate situational circumstances but was also being personally sensitive to interpersonal verbal

and non-verbal cues as well as changes within the environment, particularly communicating with those experiencing cognitive impairment.

> Communication, in general, verbal, and nonverbal. So, I find a lot of times I can say something, but with dementia the comprehension might not be there. So, understanding, you know, facial expression, tone of voice, eye contact, body language, all those different factors for nonverbal. And then I think being able to almost transform that personality side, so you know some residents appreciate it where you come in and you are really like fun spunky and other people find that too much. So being able to recognize what version of yourself that you need to kind of put front facing. I think another skill is being able to take information without making it seem like being able to articulate that you're hearing them, you're summarizing what they're saying without coming across as a robot or without, not seeming like you're interested like faking it and but also making sure that you're not crossing any boundaries of, you know, I'm a friend or something like that. So, knowing what boundaries to place, how to place them so that you're not breaking rapport. (Participant 08)

The theme of Meeting Needs of People in the LTC Environment encapsulated the theoretical properties of six categories: assessment and referrals (formal and informal), adjustment to LTC, system navigation, advocacy or being “a voice”, continuous learning and innovation, and meeting the social worker’s own needs (Figure 4.3).

Figure 10 Theme 2- Meeting Needs of People in LTC Environment.



4.2.1 Meeting Needs through Identification with Assessments and Referrals

Social workers who participated in this study all used a variety of ways to identify the needs in their LTC community through formal and informal assessments and referrals. Assessments included using tools such as the Geriatric Depression Scale (Scogin et al., 2000) and Cornell Scales for Depression in Dementia (Alexopoulos et al., 1988) as well as cognitive screening tools such as the Mini-Mental State Examination (Folstein et al., 1975) and Montreal Cognitive Assessment (Nasreddine et al., 2005). All participants spoke about responding to referrals to conduct these types of formal assessments as well as more informal and intuitive forms of assessment, according to the resident’s needs and preferences, as described by Participant 08:

> So, kind of figuring out what needs to happen there with openness and good listening skills… So, I think being able to recognize what somebody needs in that moment. And, you know, if it's comfort or if it’s humor or if it's space or anything like that, I think those are the big ones for sure... you know, they may be having a really crappy day and they don't want to talk about like, somebody will refer them to me and be like they're having a really bad day there. You know, they got in a fight with their spouse or something. By the time I go up there, they might have been talking to three different people about this. And when I come up, they’re just like, “Oh my God, I don't want to be asked about this again” and I will be like “OK cool, let’s go play Ping Pong.” Like, it's just like OK, let's go do something else, you know? (Participant 08)

Although social workers who participated in this study spoke about using their intuition and assessment skills to look at the resident and situation holistically, they also relied on formal and informal referrals to inform their practice in LTC. Several participants used the referral forms that they created to educate others in the interprofessional environment as to the scope of social workers and where they could best serve. This was a creative way to market the social work profession within the homes, as evidenced by the referral form that describes different dimensions that would comprise appropriate referrals to social work created by Participant 04 and colleagues,

> So, we were just able to identify, these are the key areas, and it’s a pretty big list, but these are the key areas that we need to focus on in these homes... Yeah, and I think especially, too, because the roles were new in both homes. So, people are like, “Yeah, we're getting a social worker." But they don't know how to utilize us, right? So, we have to come up with this [staff] referral form. And I was very clear. I'm not going to just wait for a form, like I'm going to actively engage with residents, and if I see you in passing and you’re like, “Oh hey, so and so may need you today”, like “They’re not themselves”, I'm gonna go see that person. I don't always need a formal form. It was kind of like a, let's put something out there so people know how to identify us, and we can have a formalized process, especially if it's like a bigger issue. Just to kind of keep everything organized but, it's not the be all end all. (Participant 04).

A caution is that the uptake of the referral form and assistance seems to depend on the environment that the social worker is in and how receptive it is to social work services. Although the strategy P:11 echoes P:04, the results were quite different, and residents continued to be referred to external sources, even though the social worker was present

onsite and available in the home. This moved the social worker to employ different strategies in helping to define their role in the LTC environment.

> Whereas when they're being referred out there, sitting on wait lists for months sometimes before someone will see them. And then I don't always get alerted that there's something going on. So, then these poor people are sitting there suffering with whatever they're struggling without getting the support that they need... I also have a referral form. So, we do have a referral form that can be filled out. However, no one has ever filled one out. I don't even think they know how to fill them out. [laughs] So I usually will just have someone knock on my door and say "Hey I think this person might need to see you. This is why. Can you please go see them?" So, then what I'll do is I'll write a referral form, so I have a record of who referred them and why they were referred and the date. (Participant 11)

Another caution in the environment in LTC when there is an uptake of the referral to social work is that the expectations from the interprofessional team may be unrealistic. Several participants expressed that an expectation was that a social worker would have some kind of "magic" and that a referral alone to social work was interpreted as "fixing the problem". Participant 03 explains,

> So, when the person, when the resident had behavioral issues or depressed or whatever, they all made referral to me and then they expected that I had a magic wand. That I might see the person and they'd say, "How is he still depressed?" And I'd say, "How is he not depressed?" (laughs) Right? … And I think that over time, that they have a little bit better understanding about what a social worker does. Because, it was

> at that time, my experience was very stressful and in a very nursing medical dominant setting, that people didn't know what a social worker did, and all they expected is the social worker will fix those behavior and fix those mood issues like that [snaps fingers]. (Participant 03)

4.2.2 Meeting Needs of People in their Adjustment to LTC

According to participants in this study, a key role for a social worker in LTC is having empathy for the resident and family transitioning into LTC and recognizing the importance of their needs as they make this transition. They expressed that the transition to LTC would feel unfamiliar to the residents and families, and that much sensitivity is required to help them to adjust to an environment that can be overwhelming, with tightly scheduled routines and practices. As Participant 11 explains,

> In my experience, a lot of family members and residents. There's a lot of stress and anxiety around this transition, which is, I totally appreciate it. Completely different thing than what you're used to. You're going into a completely like supervised environment, Essentially, it's, there's tons of people around you, all of a sudden you have like 149 roommates you were not anticipating happening. (Participant 11)

All of the social workers interviewed spoke about the adjustment period being a fragile time for the resident and using many strategies to help them feel safe, cared about, and supported. Most monitored the adjustment period right away, as Participant 03 explains,

> And then, when the person is settling in, especially the adjustment period, we will be checking on them, and see how they are adjustment, and if there are certain

things that are bothering them, emotional and so forth, that I will be visiting and helping them with the mood issue, and so on.

Most participants reported that they check in regarding adjustment with as smooth of a transition as possible for the resident and family as reflected by Participant 09,

> We’re transitioning them into the home to ensure that they have a good starting point to long term care, so providing them like that emotional support. We’ve even done, like people call me the IT guy because I've hooked up TV's and everything. So, I do all these other jobs for residents that they need… Now we've actually done a secondary follow up where myself, and prior to the initial care conference that happens at the six-week mark, I will go and meet them prior, around the three-week mark, just to see how the transition was going. So, they're all getting introduced. I introduce myself, both of us, we make sure that we're on the floor right when they move in and then we do rounds, we're administering the satisfaction surveys as well. (Participant 09)

4.2.3 Meeting Needs through Systems Navigation

The role of the social worker in LTC was described by participants in the study as having a unique vantage of the system within LTC and how they interplay with external systems outside of the LTC community. Participant 10 described the social work role as having different “sightlines” in being able to occupy a space between the internal community and the external resources to meet resident and family needs. Participants pointed out that most roles within LTC do not extend beyond the building or even a small area within the building, where the social work role sees the whole community and interacts with larger macro systems when needed. Participant 08 describes this contrast,

“I'm a free flyer, I can go where I want, when I want, which is nice to have that opportunity unless I'm scheduled somewhere else. But for the most part I do get to jump in and do whatever is needed in the moment.” This can include navigating the system within the home, as Participant 09 points out,

> I think it's the ability to see, and working collaboratively and knowing, being that kind of connector to being able to deliver in a circle of care that's important. So, connecting with understanding also…Either it’s a referral to the nursing team, or to a physiotherapist, or to the doctor, e-mail sites in public health. Maybe connecting someone, we did a lot of assessments and we're finding that there is a lack of social component, so making referrals out and connecting people virtually. Knowing our community well in what's offered, and I think that’s what's unique to social work is that we’re always kind of on the forefront of what we have available to us in community…So being able to know what resources are available in the community and linking those appropriately to where residents need them. (Participant 09)

Social workers in LTC described helping residents and families access programs that are difficult to navigate and feeling rewarded by successfully helping them connect in what can be experienced as murky systems. Participant 01 describes her social work role as,

> Connection to the community. I make a lot of connections for community programs that people are just not aware of. Takes a lot of time to keep up on everything from how to get grief counseling to how to plan an outing with your family. …I just worked on the new Canadian dental program today and we've been working at this for a while

> and a family called and said, “You’re not going to believe it. I just got my dental card.”, and I supported her through all of that paperwork. (Participant 01)

Participants described their work with formal parts of the system, such as Ontario Public Guardian & Trustee (to help residents who did not have a Power of Attorney), Canada Revenue Service, Ontario Disability Support Program, Old Age Security, and other public services. If they could not find ways to meet needs by navigating these traditional programs, some participants described going the extra mile by seeking community supports, as Participant 04 describes,

> I have a resident, and I'm in a more rural area here, so there's less supports, financial supports available for residents. So, for example, I have a resident who is 67 that was on ODSP [Ontario Disability Support Program]. I have another resident that was 66 and on ODSP and she was able to get extended health benefits, and she's able to get a new wheelchair that she really needs. So, I thought, ‘Why don't I do this for my other resident?’ He really needs a new wheelchair as well. I contact ODSP and you have 30 days after the file is closed to appeal and after that like, “Too bad. So sad”. But there's nothing else in the area to help this person. So, of course, I'm going to be reaching out to the Lions Club, Kinsmen Club, like all of these different clubs. But how is it that there's this need, and it's not just him, but there's nowhere to access funding without reaching out to the community? (Participant 04)

4.2.4 Meeting Needs Through Advocacy (A Voice)

Another skill that social workers bring to their role in LTC is advocacy, which is tied closely to system navigation, described above, but was distinct in using strategies to

gain access to programs and services in circumstances that presented obstacles to such access. Many of the participants, such as Participant 02, called this being “a voice”,

> How I perceive my role as a social worker in long term care… I see it as being a voice for residents that may need that extra push to make sure that their needs are being met and their rights are being met, and also a voice for families of residents in long term care, making sure that you know everything's up to their expectations um making sure they understand certain concepts of things. And, yeah, being a voice. I've had residents be… very disappointed once they're there for a few months and they’re not being given what they were promised when they came in.... Yeah, we can make that change to make sure that everything that we said was going to happen in long term care is happening for them, and they're not paying to just sit in a bed and eat three times a day.... Just being that little bit of, I want to say authority, but being that little bit of like staff person that they can come to and actually expect something to be done about it.

Sometimes the advocacy work of the social worker was at odds with other structures and dynamics in the resident’s life such as the organization that they worked for, or even with the resident’s own family structures. Participant 11 describes a situation where she is confronting strong feelings within her own organization to advocate in creative ways for the voice of the resident to be heard in his own language,

> So yeah, definitely advocacy is a big one. Especially, for instance, we have a resident who speaks Russian and English, and he's requested a translator because he feels like his English isn't good enough to convey his point to us. So, he wants to do a

> meeting with the translator, which we would have to pay for. And some staff were very against it. And I was like, we cannot refuse him. And they were like, “Well, under what law does that state?” And they wanted to refuse it, they didn't want to pay for it. And I said this person has a right and as a business we have to supply a translator... So, I actually ended up finding an organization in [Name of Town] that has translation services for any medical based businesses or businesses that support seniors and it's only $40 for an hour…but no one else would have known where to look... I feel like they probably would have continued to refuse a translator, or they would have told him to find a translator himself.

Social workers in LTC participating in the study spoke about being passionate in their advocacy, but sometimes feeling outnumbered as they often worked as the only social worker in the LTC home. This could lead to feelings of moral distress that they could not do enough (Fantus et al., 2017) and “missing people” who needed someone to help give them voice, as Participant 04 explains,

> But there needs to, again, it’s great that there’s an identification that social work needs to be in long-term care, and these homes, such as mine, are implementing it. But that is just a very first step of a big staircase. You know, there’s so much more that we could be doing. We should have more staff, more social workers. Like, just the advocacy piece that most people need, that’s just so missed, because they don’t have somebody to ask the right questions, to do the right support and advocacy. To really dig. You know? One of me and 180 residents. I know that I’m missing people. That’s a terrible feeling. I know I’m missing people.

4.2.5 Continuous learning/innovation

Participants in this study spoke about meeting needs in their LTC environment through continuous learning, from formalized university training to learning from experiences in the workplace and on interprofessional teams. Participants spoke about the need to keep up to date on rapid changes taking place in social, economic, political policies and practices and needing to have this knowledge at their fingertips to meet the needs presenting throughout each interaction in the environment. They spoke about learning formally through education and training, as well as constantly evaluating and incorporating information learned informally through reading and sourcing information online. Participant 01 described the work as," No two days are the same and it takes, it uses a lifetime of knowledge. I've been in healthcare for 15 years and this job uses every bit of training I've ever had." The need for continuous learning and innovation in application was seen vast, varied, and "exponentially growing", as Participant 07 describes,

> My learning has just gone exponentially through the roof because I am given these things or I just, you know, weasel my way into them somehow. And more knowledge is better if it helps the residents.... That every day there's an opportunity to learn something new. Because even if at the time I'm like, how did I even end up with this on my desk? Like how is this even a thing? But then six months from now, I get asked a random question at a care conference from a family, and I know the answer. And it helps them out because it alleviates their stress. Or I get a cold call from a family going, "I'm in crisis out here. I don't even know where to go. And I just found your number". You know? Those types of things. It's like, OK, well that that's it. That is what I enjoy, that I'm able to just pick up these pieces of knowledge that, you know,

maybe you're just periphery to a lot of other people, but I might think it might come in handy, so I'll just file it away. (Participant 07)

Most of the learning described by participants was independent and driven by the situations at hand that the social workers were facing. Participant 05 described this varied learning as an enjoyable part of the social work role in LTC,

> Everybody is your client here so (laughs) it’s never stopping it’s constantly changing and evolving depending on what’s going on with the government system, changes in legislations, it’s a big, huge puzzle and we navigate it every single day. We’ve got family dynamics, staff dynamics, financial changes that might happen, it’s just it’s non-stop learning and I find it a lot of fun. (Participant 05)

Participants described this learning as being necessary to meet the needs of the LTC community and a vital part of their role. Some participants wondered if the learning on so many different levels made the lines of the scope and practice of the social worker blurry as things that others in the environment did not know how to address fell to the social workers to learn and find solutions, “We try to ask the right person the right question... Because if there's nobody else- that’s social work, of course. Yeah, I'd like to be joking. But I'm totally not.” (Participant 10). Participant 06 suggested that social workers in LTC cannot be daunted by seeking solutions to challenges that may be new to them in order to find and meet needs that could otherwise “fall through the cracks”.

> Like I’ve met a few social workers who… just feel like, “That's not my job.” And really, social work can almost never say that. Because it almost always comes back to, it's gonna be your job, no one else is going to do it. Or you have to find out whose job

it is and get it done, because so many things fall through the cracks in long-term care. It's stunning. How much falls between the cracks, unless, and I feel like social workers find it. So, I think you have to be almost investigative, and curious, and not daunted by new things. Because, like, the weirdest things come up. Like I had medical assistance in dying come up two weeks ago, and I haven't dealt with that in years. So, you know, you have to get back up to date on what's the new legislation and procedure. And you can't be daunted by it because no one else, even though the position that was supposed to do it, they weren't gonna do it. So, you just have to be willing to take up anything... And it is not to value certain jobs or certain aspects of your job, because the smallest thing can be the biggest thing for the resident. You know, like I got a resident a TV and like, it changed his world. It's a small thing, but some other social workers would say, "I'm not doing that. Let Rec do that." And I'm like, "Let's just get it done."

4.2.6 Meeting the Social Worker's Needs in the LTC Environment

Social workers who participated in this study spoke about meeting their own needs for coping and self-care in order to continue to serve in what can be a grueling LTC 24 hour/ 365 day a year environment with grief, loss, a fast-pace, and many dynamics. They offered strategies that help them find congruence that allows them to live their lives inside and outside of the LTC environment. Participant 04 passed on advice about a routine commute where they have visual representation of landmarks where they allow themselves to think about work to a certain physical point, and then shift to thoughts about their homelife and what the needs are there, in order to compartmentalize thoughts about the experiences,

> I mean there's a piece of advice, I'll call it, that I heard a long time ago from one of my former managers. She said that when she's driving home, she will allow herself to think about work and then she will have, she would take the same route every day, and I do, too. So, you have a point on your route and once you reach that point, every time your mind goes back is like, “No, OK I gotta leave that back there”. So, it's that visualization and that representation. Like, it's not to say that's always going to work. But that's kind of one thing that I try and work through... And then sometimes you just can't. You can't stop thinking about it and in those moments, I allow myself, and I give myself permission. Because to be hard on myself and to say ‘Oh, I shouldn't be thinking about this’. Well, clearly trying to tell myself not to is not working. So, give myself permission to think about it and to feel it because what else am I going to do? And that, for me, is a part of self-care as well. Because, otherwise, you're just getting too hard on yourself and you're making the situation worse. (Participant 04)

Participants also spoke about needing to create boundaries within their working lives in order to maintain an equilibrium between their inside and outside LTC time. They spoke of keeping regular hours and making time for meals and rest (P:08) as well as recognizing that the work will never be done, and you can only do your best to do what you can each day, as Participant 07 describes,

> One more thing I wanted to mention, that is very important, I’ve just told my students is being able to set boundaries and understand for yourself in how you're going to reconcile everyday leaving here. And this goes across social work, is how you're going to compartmentalize your work. Because the work is never done. This is 24-hour facility. So not only getting your own personal work done that you got to do but

taking that emotional load of the things that you see and hear. Which applies to social work across the board and nursing... There's always the odd time where like, “Gee, I wonder about this person”, right? Like, I find that the way I can do it is, a family member put this to me one time when I was speaking at Residents Council, ‘How do you not cry everyday with the work that you do? How do you hear all these things and how do you not see these folks and not cry every day?’ And I thought about it, and I said because we're meeting your husband as Bob. Bob, right here in this moment, in this disease process, and this is Bob. How we know him. We don't have the emotional attachment. I don't mean that in a bad way. To you, your husband 30 years ago when you knew Bob, as Bob then, and you've seen the evolution of Bob. We haven't. We just see Bob right now, pleasantly confused, and he's good to just have the animatronic dog and have ice cream. He's great, he loves it. And that it's easy for us to meet them there and not have the emotional load that you've been carrying for 30 years... Yeah, we haven’t been grieving that person. I mean, we have our own way of doing that when people decline after they’ve been here for a while and that and we definitely have empathy, but we don't, we haven't carried that load of grief or emotional baggage and that person not being that person anymore. Bob’s always just been Bob right there to us.

4.3 Theme 3- Working in Collaboration

Working in collaboration was featured as a prominent part of the social work role when speaking with participants. This included many dimensions of working in interprofessional collaboration as being a conduit/conductor of knowledge translation, ensuring inclusion of the social work perspective on teams, and playing key roles on

these teams to help problem solve and "figure things out". Working in collaboration was highlighted as being part of interprofessional teams on the floor in the LTC home, consulting with others regarding ethical dilemmas, working with Behavioural Supports Ontario (BSO), and working with other external social workers who have formed networks to support one another and exchange information. This theme also includes perceptions of social workers about their role when they do not work in collaboration and describe their work as isolating, and akin to being "On an Island" (P:01). Though there are examples of successfully working in teams, some social workers may feel that they are "Part of every team. Which means that we're not really a part of any team." (P:12) which can lessen the distinctiveness of scope of practice for the social work role.

The multidimensional theme of Working in Collaboration emerged and was comprised of five categories: social worker playing a key role in collaboration, being a conduit and conductor of information, offering a social work perspective when working in collaboration such as mediation and negotiations during ethical dilemmas, feeling professionally isolated (On an island), transferring knowledge, and working with external teams such as Behavioural Supports Ontario (Figure 11).

Figure 11 Theme 3- Working in Collaboration

4.3.1 Working in Collaboration- Being a Conduit/Conductor in Knowledge Transfer

Participants spoke about the social work role as being a hub position for knowledge transfer within the LTC home. They spoke about providing communication and education within the home in focused ways, such as at in-service education sessions, as well as informally where they can bring communication forward throughout many levels in the home, as Participant 10 described,

> So, I see us as being the communicator and the synthesizer. Like we synthesize a huge package of information, and I didn't really know all that parsing articles in my MSW like that's what it's good for, like I can plow through the 75 pages. Turn it into one page and send that out so Physio knows the equipment is coming or I send it in to

check in and see. Like equipment coming, equipment not coming, whatever. Then physio's got their cue. The oxygen is coming or needed. We need an air mattress, or we need whatever. The team's got the cue. The nurse can talk to maintenance. So here I feel like we're the hub. We report to the administrator, so we have a direct line of communication. And we're part of the management support team. We don't, we don't have direct staff, but we have a very big voice at that table. (Participant 10)

Acting as a conduit can help to give voice to other staff members who may not have the opportunity to transfer valuable information to others in the LTC home due to the nature of their schedule and responsibilities in one area of the LTC home.

Building connections within the home. Everybody so busy doing their job that I do an awful lot of huddles to transfer information from frontline staff to other people. The PSW's are a wealth of information, but they're so busy doing the doing that their ideas need to be brought forward on how to help out the residents. (Participant 01)

Participants in this study spoke about social workers offering a different perspective from the traditional medical model that was the foundation for LTC homes. They spoke about their role as offering a perspective that is committed to including the psychosocial context in their views, with a range of applications from decision-making internal to the LTC home to interpreting legislation where the interpretation of "one word can make a difference" (P:07).

Several participants also mentioned that they view the role of the social worker as ensuring that all voices are being heard and considered in teams, and that ironically, their perspective could be considered unique in promoting the inclusion of all perspectives on

the team. Participants described harnessing the abilities of all team members to realize tailored solutions in “whole person” approaches instead of by discipline.

Participant 04 explained,

> If you're looking at the psychosocial, you know you have to look at the entire person and what makes up that entire person. And there's only so much that medicine and pharmacological sorts of approaches can really target and can really support…. And if you're seeing somebody exit seeking you know, historically from the very medical model, it's to sedate or it's to give, you know, certain medications to help level them off, but what if we instead engage with recreation, what if we engage with the family, and have that more interactive approach? And you know sometimes it takes somebody like a social worker to really see the bigger picture and pull out all these pieces together and identify what needs to be done and to work collaboratively with the team. (Participant 04)

Participants spoke about using their contribution of a social work perspective to help the team view psychosocial aspects, such as in family dynamics. They also spoke about bringing a psychosocial view to what had been considered strictly medical matters, such as bariatric teams, falls prevention teams, and skin integrity teams and helping these teams explore reasons why a person may be performing actions that exacerbate biological conditions (P: 08). Participants in this study spoke about the social worker playing a key role in the LTC environment in communicating and coordinating many different aspects of care for residents outside of the medical realm and space for others to perform to their scope in their roles. As participant 07 explained,

> Like it's just like I think about it, and I think, not to toot my own horn here, but like if you ask the management team they'd say, maybe like "There's no way. We couldn't do it. There's no way we could do it without you doing the things you do" Because it means that frees up time and space for nursing… Also, various committees. So, I'm on falls committee because obviously when somebody is restless or you know falling, often times it's not necessarily because it's a health-related issue, you know? So, we belong in there. And the pain and palliative committee, obviously natural fit there. And then with the antipsychotic reduction program because if you're trying to get somebody off medication, again, what are we going to try to do for this person then if there's still some behaviors happening. So, all of those things and then care conferences. I attend them and I speak to any social work involvement or the result of the MMSE [Mini Mental Status Exam]. Yeah, every now and then there might be a family dynamic issue or families are struggling. (Participant 07)

4.3.2 Mediation and Negotiation

Sometimes, the social work perspective seemed to be one of mediation and the negotiation of many different professional lenses to help to reach agreement in approaches.

> I think it's also important to be able to work with a team. Because you know, with the multidisciplinary team, everybody brings in their own perspective and their own way of looking at things and they don't always align sometimes. So be able to listen and respect and the whole sense of collaboration. You have to have that skill to be able to collaborate with people who might not think the same might not see things the same and be able to negotiate. Be able to understand where the person is coming from and

> why he or she make that kind of judgment and be able to work on consensus. And another thing that I think social work is important in long term care is that we do actually differ in very many ways in terms of looking at the cases. (Participant 03).

Participants described using intensive mediation and negotiation skills particularly in taking a lead role with the team in consultations and working through complex and sensitive scenarios such as ethical dilemmas. These types of dilemmas have been defined as "the need to choose from among two or more morally acceptable options or between equally unacceptable courses of action, when one choice prevents selection of the other." (Ong et al., 2012, p.11). In the task-oriented environment of LTC (Wong, 2021), there is little time for other professions in the LTC environment to work collaboratively at considering the dilemmas at hand and courses of action. The social workers spoke about providing the needed educational background, professional roots in ethics, and continuous learning about pertinent legislation, considerations of all stakeholders, and professional judgement as being of assistance in consulting about ethics as a major part of their roles. This has led to social workers being tapped to lead national teams regarding ethics in LTC homes (P:05) and others regularly offering consultation in their homes about situations that arise daily and involve this complex work. As Participant 06 describes,

> Social workers seem to be, always be, in my homes, anyway. They always expect social workers to lead the Ethics Team or Ethic Reviews, or bring up any ethical issues at meetings, that type of thing. They would always expect social work to do that. Which is good, there's an expectation that we'll do the most thorough, that kind of a most ethical [laughs]. I don't have another word for it. The most ethical review and

recommendations because It's part of our duty being social workers... When I first started, they didn't have an Ethics Committee. That came about five years into my work in that region. And it was led by a physician when they started it… But he did invite social work to the table, always. (Participant 06)

Participant 06 continued by giving an example of an ethical dilemma that she had recently consulted on which involved weighing the rights of a resident to smoke outside with assistance, with the rights of those giving assistance to object to being around smoke and accompaniment in varying weather conditions. In this case, the situation required the social worker to engage in mediation and renegotiation over time to make sure that all perspectives were viewed and to find solutions that worked for all parties.

4.3.3 Working in Collaboration with External Teams Including Behavioural Supports Ontario

The social workers in LTC who participated in this study all spoke about relationships with Behavioural Supports Ontario (BSO), whether they were working with BSO team members, referring to external BSO resources, or even serving as the BSO Lead for their facility in addition to their social work responsibilities. Social workers in this study reported that they felt that the work of BSO fell within the scope and practice of their role, but although many had a relationship with BSO, they were not always directly involved, and in the case of Participant 03 were disconnected in collaboration with the BSO program,

I heard that at some homes the social worker is actually the BSO Lead, but not in our setting. I found it a lot of times and I mentioned it to the team, too, that I found that there is a little bit of disconnect. In terms of, we make a referral to the BSO, do they

actually do the thing? And I don't really exactly know what they're doing. I might have to go to the notes and say "Oh, this is what they do." So, in terms of collaboration, I don't think that we're functioning in an optimal way. (Participant 03)

However, some participants were collaborating intensively with the BSO programs in their LTC homes and expressed that this was a "natural fit" with social work to serve as the lead for the home, as Participant 07 explains,

…such a big part of my job is the BSO lead. I think when I came, when I first started this position, it was the natural fit, I think because it was a corporate project and it would be just when BSO [Behavioural Supports Ontario] first started to be a thing and it just seemed to make sense, I mean. Meds are not my scope of practice. So, what is the purpose of BSO is to try nonpharmacologic interventions, which then is my scope. So, then I think it's just a natural fit in terms of figuring out the, you know, person in environment. Pieces of their personhood and figuring all that out, talking with the family, doing all those things and it just seems like a natural fit. Like it just seems like social work doesn't have to work that hard at it to already have that lens. So, it just makes sense, right? We're already coming at it from a trauma-informed practice lens, and all of these other things, that you know, are steps to learning when you get into BSO. Where we already are, you know, kind of pointed in that direction just naturally for our profession. Family dynamics and the whole thing. (Participant 07)

4.3.4 Working in Collaboration but Feeling Professionally Isolated (On an island)

Although all of the social workers interviewed for this study described working in collaboration with others as being a core part of their role in LTC, many described a type of professional isolation in a medically dominated sphere or being "on an island" (P:01) akin to feeling alone in a crowded room.

> Long term care is so medical based. Like that they approach everything with a very medical frame. That it makes it very challenging to make room for social work. So, when I'm offering a different lens to look at things through, I think they really struggle with trying to look through that lens. I do find it very isolating being the only social worker. The other social workers I only meet with virtually because again, we're all across Ontario, so we can't meet in person. But I do find it, like, very isolating and I know my colleagues, like my fellow social workers, have echoed the same feelings. So, it can be very isolating. My administrator is so fantastic, she is super supportive, she's a fantastic boss and she asks questions, and I find she has a much easier time seeing things from a social work lens if I offer her an alternative perspective. And she's always asking my opinion, which is fantastic. But my other colleagues, no one really asked me my opinion. They kind of just like delegate things to me, but nobody actually wants my input. And I do know my other social work colleagues don't, their administrators are not as supportive as mine is. (Participant 11)

The positive side was that the social workers enjoyed independence and autonomy in their roles; however, this was tempered with expressing that they missed the ability to have mentorship and peer debriefing with other social workers,

One of the struggles I do have, especially in this current role, is that I don't have another social worker here who has more experience than me, to learn from. So, it's very lonely, in that regard and it's frustrating at times, because you kind of wish that you could have more support. And you could have that somebody to guide you, they can teach you... Especially, because most homes only have one social worker, so in and of itself, it's a very lonely isolating role that you typically don't have that connection others, to really debrief, in a way that I think, only another social worker could understand and support you through. It's like, "I need the social worker right now" and I don't have one. (Participant 04)

Participant 07 spoke about feeling as though they are not seen or heard as a social worker in LTC and that this lack of belonging stemmed from the corporate structure not understanding or describing their role, and that the social work role was largely comprised of "other duties" and spaces that they carved out for themselves in the LTC environment.

I feel that 'other duties as assigned by supervisor' ends up being a disproportionate chunk of my job description. (laughs) In looking back, I've tried to look for a better job description. I've emailed corporate about this in the last several months and they don't even have one for me at corporate. So, it was unrelated to my actual work. It was really more of an administrative piece with vacation time. I was inquiring about that I would like a copy of my job description and that and they were like, 'We actually can't find one.' So, then I thought, 'OK, that's interesting because I've got more than enough work here to be doing, so there should be one. Oftentimes there's moments where I don't feel seen or heard as a social worker in long-term care. And that really just, you

> know, that hit that part of me that day that I was like 'OK, that's actually true in some respects.' (Participant 07)

A remedy for this sense of professional isolation was reported to be found in social workers coming together in groups where they could lean on the experience and expertise of other social workers working in LTC in Ontario, within their own corporate chains and "sister homes" (P:04) and within larger groups such as the Centres for Learning Research and Innovation in LTC (CLRI) Social Work/Social Service Work Community of Practice (https://clri-ltc.ca/resource/socialwork-cop/)

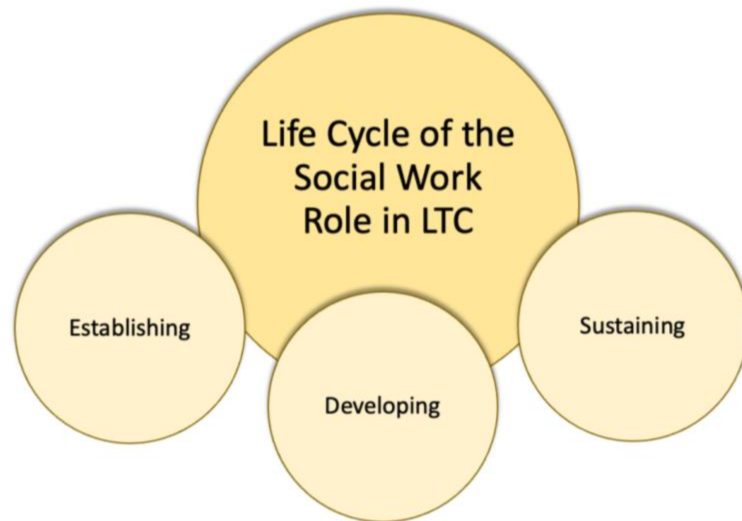
> That's why I'm so grateful for the social work group for social workers in long-term care in Ontario, that it is available. Because, without that, I would be very limited with my support, so that has to be a factor for me as well. Albeit it's a new one for me. But it's massive, massive support. You know, you have this community of other social workers that you can lean into, and to what they're progressing towards is like, the live website, where you can tune in at any point. You don't have to wait for the monthly meeting. That's massive. (Participant 04)

4. 4 Theme 4- Life Cycle of the Social Worker in LTC

A theme that emerged from the interviews is that there is a life cycle (McGregor & Millar, 2020) in the role for both the social worker and the social work role itself in the environment of the particular LTC home. For some homes, the social work role in the LTC home had been in existence for 20 years, whereas for other homes, it was a completely new role in the environment and there were adjustments occurring, despite the number of years that someone had been a registered social worker. Participants in this

study had lengths of service as social workers in LTC, ranging from 3 months to over 20 years. They described the life cycle of the social worker in LTC during three phases, establishing a new role, developing the social work role, and sustaining the social work role over time (Figure 12).

Figure 12 Theme 4- Life Cycle of the Social Work Role in LTC.



4.4.1 Life Cycle of the Social Work Role in LTC- Establishing a New Role

Participants in the study spoke about initiating and establishing social work roles in their LTC homes, with some undergoing the process currently in social work programs that were new to the homes and had existed for under one year (P: 02; P: 04; P: 08; P: 11). Of the participants who were initiating new roles, only one was also a new Registered Social Worker in their first social work job.

4.4.1.1 Figuring out a new role. How to utilize the social worker?

Participants 04 and 11 were both in positions that were newly created in the LTC homes and reported contrasting experiences with the reception in their LTC communities,

> It's kind of unique in my current role, as I've said, because I'm the first social worker here…So, I am seeing a trend in a lot of long-term care homes where there wasn't a social worker before and there's now funding, and support of the role in long-term care. Which should have been here all along. So, it's kind of interesting in my area because I have experience working in another home where I was a social worker and there has been a long-standing established role of a social work in long-term care. Whereas I'm coming here, and everybody is just so grateful. (Participant 04)

Participant 11 said,

> So, the job description was written very beautifully. And it was a lot of like, counselling, supporting families and resident's emotional health, connecting them to community resources, supporting like relationship building and conflict resolution for families and residents. I was like, 'Oh, this sounds right up my alley. It's like what I'm doing just with [another age group], but instead with a different population.' And when I got there, after having done interviewing, I got there and met the social worker and she's like, 'There's no policies in place, there's no structure to the day, is just kind of like if you see a resident needs help, you just sort of ask if it's OK and then put yourself into this situation.' So, it was very unstructured, which I'm not used to... But it's not what I anticipated when I signed up.

Participant 11 advised that the social work position needs to be planned in its creation and that the candidate for the role understand that they are establishing the position from the ground up before embarking on it.

> I would say I think people need to do their research before they just create something. It kind of seems like this will role was created with no thought whatsoever. They got funding from the ministry, and they were like, ‘Yup, let's create a role.’ And they didn't put any effort whatsoever into figuring out what it was going to look like, how it would change things, what it would mean. And they left it up to the people they hired. And to some degree, I feel like I've been duped a little bit because nobody told me any of this before I agreed to take a position. And if I had known this, I don't think I would have taken it to be very honest. Yeah, like. I did not sign up to create a program from ground up, and if I like, if I had been told this, I don't know, maybe I would've, I doubt it, but you may have been able to find a more suitable candidate who has experience building a program from ground up.

4.4.1.2 Finding Your Place.

Participants spoke about their initial impressions of working in LTC and in social work finding their place. Some participants talked about awkward adjustments to the LTC environment and not having any kind of roadmap or mentorship when they began,

> I don't think the training plan of how to get there has been determined. Pre pandemic nobody wanted to be a social worker and students didn't want a placement in long term care, right? The pandemic opened their eyes up and realize that there's a lot going on

in healthcare, and long-term care is a great way to get involved in healthcare... (Participant 01)

For participant 12, this even included lack of welcome from the other Social Workers.

I'm sad to say I didn't really have any support within my department… But yeah, I don't know if it was just busyness or newness or just maybe they've been there so long they kind of forgot what it was like to be new. We had a practice of using the board room to have a welcome tea for new people. And so, my welcome tea was the day that I arrived at like 2:00 PM and none of the others, like the other two social workers were both on-site. Neither one showed up. And I didn't know anybody else that happened to wander in. Like I don't even know where the bathroom was, so my orientation was pretty horrific. So, but again. Again, I learned from that. I'm able to recognize what that might have been about for other people, but I'm very determined never for that to be somebody else's experience if I have anything to do with it.

Participant 02 spoke about trying to navigate a path for the social work role that models what a “good social worker” does and exploring what the boundaries are,

Yeah, you’re trying to be that middle person and you want to understand the situation and the staff but you're also there to be the advocate for residents. So, I think that's where a lot of weird relationships come in with other staff. It’s because they don't understand. And you want to try to make them understand or like help them understand. I think that just comes with time… Something that I've found with not having a social worker at the home before, it can be pretty difficult trying to explain your role to them. Yeah, so it's been pretty… It's been trying to set a good example of

what a social worker is, while not pushing boundaries with the staff and stuff like that. It can definitely be a challenge, finding your place within the home at first, and just trying to find that good boundary and good relationships with everyone, the residents, the families, the staff. (Participant 02)

Participant 03 spoke about expectations from others in the LTC environment that seemed unrealistic when establishing the role,

> I was actually the first social worker in my long-term care. So, they didn't have that role before. So, all they knew is that the social worker is a nice person. They went and talked to the people, they talked to the residents. And their mentality was someone who's not happy, ‘Just go talk to the social worker.’ And then I think that the formula is that ‘if you're not happy, talk to the social worker, and then you should be happy again.’ (laughs) I wish I had that ability. (Participant 03)

Participant 08 spoke about using personal strengths in initiating the social work role and carving out the scope based on a combination of need and what the social worker does well,

> If you're coming into something that's not as established, you have that flexibility… I think it really comes back to knowing who you are as a social worker as opposed to what the position itself is... just that adaptability, but it comes into if it's established or not and what you're able to bring or what you can bring. But I think it does come down to that general basis of residents, family, and liaison to community resources and then just however the home needs it and what you're able to bring to it.

4.4.1.3 Prove Yourself.

Participants spoke about a process of proving not only themselves personally, but of proving that the social work role has a legitimate and necessary place in LTC.

> I'm in three different long term care homes, and each one of my homes are different. But the home that never had a social worker, I've been there a year now and they're finally starting to understand my value. They didn't even know what to do with a social worker, which is the first two homes understood that I'm a valuable resource and contributor to the multidisciplinary approach. But, until you're there they don't understand that you're just a wealth of knowledge, very different than anybody else in the building. (Participant 01)

Participants 04 and 11 reported different relationships between the professions of social work and nursing in their LTC homes.

> So, I remember the social worker at the time telling me that with nurses like you really have to prove yourself. Like there's a whole phrase of like "Nurses eat their young." I'm not sure if you're familiar with that? It's a longstanding phrase in nursing is that "They eat their young", you gotta prove yourself. I'm not finding that here but that's one dynamic that you know is night and day between the two homes. Here nursing, I think is just so open and so receptive to any kind of assistance that you can provide them. Because, of course, if I'm helping with the mental health piece, if I'm helping with the emotional health piece… they were the ones that were doing like a lot of that beforehand or the PSWs [Personal Support Workers] were so they're very open and receptive especially here to my role because they see the need. (Participant 04)

By contrast, Participant 11 spoke about a different experience of establishing the social work role in the LTC home where they did not feel welcomed.

> I have had some pushback. I've had some people, in a not so nice way, question what I was doing, and I just stay very calm and like just remind them of my experience and I think to being very young does not help me in this situation, my administrator's really fantastic. So, if I like most of the time, she will ask me, so I don't have to insert myself when it comes to like stuff with her. But she is very good if I do insert myself, she said… And she'll even say, like, what do you need from me to support you with that?...And I mean she had also talked about how what she had envisioned for the role… but other staff have definitely pushed back a bit and be like, 'Well, what do you know?' Or like 'Why are you saying that?'…So, it hasn't always been the easiest… I think to I have spent a lot of time trying to prove myself to them. Like, I think they almost need proof that I'm good at what I do (Participant 11)

Participant 08 explained that the initiation of the social work position had been strategically planned and compares now working in the social work role specifically with having "worn other hats" in the LTC environment generally,

> So, my position, I came into long term care as a Registered Social Worker. At the time it wasn't the title of social work that I was working under, it was actually under recreation and rehab. So, I use a lot of my skills kind of to tweak the program a little bit to be more of a therapeutic approach and then, as time came on, it was recognized by the management team. But how important as a designated social worker would be

> because it was just so much, so much need for it that we weren't able to accommodate to families and residents. So, they created this like the specific social work position that I applied for, and I ended up getting earlier this summer. So, the last six months I've been just solely social work and it's ever evolving still, but it's fantastic at the same time just to be able to really support people in a way that you have enough time to support people. I think that was the biggest thing is people who want to talk, and I'd be on the go with all these other hats that I had to wear. And so being able to just take that time to sit with somebody and like listen and, you know, provide feedback or just be there has been influential and wonderful... Yeah, so they hired me. My boss had mentioned that specifically they were looking to fill the position previously with a Registered Social Worker because they knew that was a component that was missing in the home. And that was kind of an opportunity to get a social worker in the home without having a position available. So, it was intentional. (Participant 08)

4.4.1.4 Learning the Social Work Role in LTC Takes Time and Experience.

Participants 08 and 07 spoke about the trajectory of learning when establishing the social work role in LTC and that it is a process involving observation, experiences, and relationship building over time. Participant 08 projected that this process would involve at least one month of observation, and another six months to find the path to initiate the role,

> So, I think if we had, if I had to move to another home right now, the first thing I would do is take a good month to recognize what the culture is and what the needs are of that home and then go from there…I would say a good month just for strictly observation. I think learning curve for the building would be at least six. Just to

recognize who does what and what's happening. Maybe behind like you know behind the scenes for that sort of thing, but a good month to recognize you know what is existing...So, I think it's different, it's going to be different for each (Participant 08)

Based on experience, Participant 07 projected that it would take a minimum of one year to feel confident after establishing the social work role in LTC,

> When I left here, a year after my when I was done at a year contract, I just felt that I was confident to do the job…The various diagnoses, health and otherwise. Just the admission, just how the long-term care system even worked and dealing with family dynamics as a result of that, took me a full year to just even get my finger on some of that. Let alone all these other little pieces... A full year to understand really even, to read through the Act, and see it...But to see the general run-of-the-mill stuff, I would say a whole year. You're going to see the different things. You know you're going to have a family who was really upset about something. You're going to have to go "Woo, shouldn't have admitted that person". Have to discharge somebody. Have to do all of that stuff that's probably going to happen in a year. (Participant 07)

4.4.2 Life Cycle of the Social Work Role in LTC- Developing the Social Work Role

Participants spoke about a period after establishing the social work role where the LTC environment seems to accept and appreciate the role and then learns to capitalize on their strengths, including encouraging relationships with all stakeholders, creating referrals to the social workers, involving social workers on committees, internal and external teams

and conferences, grant writing, program evaluation. Participant 01 commented on becoming more and more involved,

> I get referred on everything now. Now every new admission, every situation, as soon as I walk in the building they'll say, "You're not going to believe what happened this week." and they're very interested on my take and input. Yeah, the roles just get stronger, the longer you're there, the roles get stronger.

Participant 12 commented on this expansion and explained that it seemed to be a natural progression in the life cycle of the social worker in LTC if they are able to express their skills and strengths and the system realizes how to optimize them,

> I think the position can evolve and can become greater if people see the potential for it to become something bigger. Based on. You know. If you have a position that's sort of this big [makes small circle with hands] and you hire somebody into it and you realize they could bring this much to it [expands fingers and distance between hands], why wouldn't you expand the role? But to the same degree it requires that person to be able to express everything they are able to do, right?

Once this role development is underway and social workers are being asked to join a multitude of tasks, Participant 08 spoke about creating boundaries and having selectivity of focus to be able to sustain the expanding position,

> I think it's more so just in the moment adaptation. So if it's something that if I have time to look into it and research and figure out it out sometimes I would like if it's coming from my managers, then I'll be like, well, 'it's not really social work but I can look into it,' you know, I kind of put that, little note in there, be like 'not really

something that I should be doing necessarily, but I'll help with it.' It's also because our position is fairly new and ever changing. I'll just have that conversation be like 'Is there something that you need me to do because if I do, I can't do this.' So, It really comes down to that. Like just keeping those boundaries of just that work life balance and then like, I can't fit that into an 8-4 with all of these things. So, kind of pick or choose what, 'What would you prefer me to focus on?' (Participant 08)

Participants in this study described how the social work role appears to unfold through many duties, and that these can sometimes be temporary as the environment recognizes where their skills can be best used. Participant 05 spoke about the role beginning with tours and admissions, and that this was overwhelming from ethical, emotional, and clinical time standpoints, and that the social work role has evolved past those duties,

Knowing that… so I know that I got 3 residents actively at end of life by seeing their palliative performance scale score and knowing their families there, and knowing there is nothing I can do because the occupancy is not at 97% and the staff feeling the same way. … I'm reading applications for people I may never meet. That felt the worst to me…But just reading tedious amounts of paperwork, just stacks and stacks of it every day for people that I'll never meet. It's merely just to get on a waitlist, or booking tour date calls, or running the tours and having to walk by a room where someone is actively dying and I'm here advertising the home with a tour kit. It made no sense and it felt wrong. So, if it ever went back to that model, I think I would really have to rethink my journey professionally. Now that I've felt the change back to what it can be. (Participant 05)

4.4.3 Life Cycle of the Social Work Role in LTC- Sustaining the Social Work Role

When asked what sustains the social worker in LTC role, participants gave many examples that included genuine curiosity about people and their stories, flexible schedules, adaptation and flexibility in an ever-changing LTC environment, and a genuine love for the social work role in LTC. Most participants enjoyed gaining the respect of the community and the expansion of their roles to suit their strengths. Notably most of the roles of the participants in the study began as part time roles and were moved to full-time. Participant 12 observed that this may be in the "utilization" of the role to full scope of practice and moving away from the idea that social work can be seen as a "luxury item."

> If I think of how social work is often utilized. Versus my experience in the setting that I'm in. I'm aware that many times social work is often seen as a bit of a luxury or a soft service. When they're used part time and specifically for, you know, very valuable sort of counselling skills or clinical social work with a particular resident and it's usually driven by a problem or an issue. It's just it's such a narrow use of what we're actually able to contribute. So, I'm aware that for many long-term care homes, social work is seen in that sort of more limited clinical counselling role. In other places, I think depending on how the social worker sort of sees themselves and does the work, social work might be used more like a companion or volunteer might be used, and we get a little bit of that. Like we have residents that don't have somebody to accompany them to an appointment. And, you know, there are circumstances where my colleague and I recognize that that needs to happen and it's often helpful that we're a social worker

> because we can kind of see the bigger picture as well and kind of asking questions and support the resident. (Participant 12)

Participant 08 spoke about a key skill in social work staying relevant over time is being able to be adaptable and flexible to meet the needs as they happen and not be boxed into a limited description of the role and duties as the pressing issues of the time can change cyclically,

> I think that, too, like when it comes down to the job description, it's nice that it's so for us at least it's, it is fluid and it's very high levels so that you do have that ability to adapt as needed. So, like for example right now I would say a common trend is that it's supporting with like the caregivers and families visiting who aren't able to, but in a year from now. I think, or say a year ago, it wasn't even that was helping residents who hadn't seen somebody else outside of the building, you know, for a year and a half. So then being able to bring in people from the community and then so now it's family and then a year from now it's going to be something else. So, if you have that really set structure, job description. Or that set routine that's like it's this and this and this. Then you're not going to be able to adapt with what that need is for the culture of the home at the time. (Participant 08)

Participant 06 spoke further about being able to adapt and not feel as stressed over time in the role, and coming to the realization that not everything can be "fixed" by any profession, but to feel that social workers in LTC are doing the best as they are able to enhance quality of life in LTC,

I think I still get stressed by being overworked. You know, trying to see too many people and trying to support, trying to make things work. I don't know. I don't feel the kind of stress that I used to at all. Cause you kind of see it all…I feel that I'm more realistic. I know that we really don't make changes. Lots of times, we really don't. We hope we do. And we might smooth things a bit. We might help people feel little bit better but, the longer I'm in long term care, the more I realize, like, medicine isn't going to solve everything, and neither is social work. We're just not gonna fix or cure or make anything perfect. So, we just do what we can. (Participant 06)

Participant 10 responded that a genuine affection and appreciation of others in the LTC environment, of learning, and the opportunity to do both can sustain people in the social work role in LTC over time,

And I love the team. I love learning from the team. It sort of followed getting to do education at 40, right? Like, yeah, just love it forever and then some. I love being part of the like interdisciplinary team and working together to sort of make the best plan. I love learning from the positions. I do, I love my job. (Participant 10)

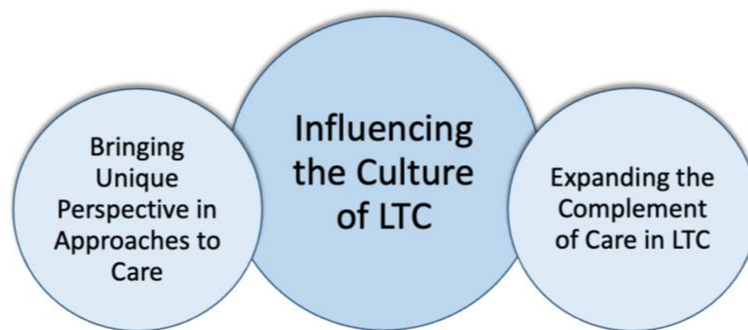
4.5 Theme 5- Influencing the Culture of LTC

Participants in this study spoke about influencing the culture in LTC through the profession's focus on anti-oppressive practice, bringing a unique perspective in approaches to care by commitment to the social work Code of Ethics (CASW, 2005) and Resident's Rights (Fixing LTC Act, 2021), and by expanding the complement of care, while using the lens of social work values and perspectives in holistic care. Social workers in this study spoke about subtle changes that came from asking questions about

traditional thoughts and practices in LTC and modelling respectful and inclusive approaches. The social workers in this study recognized that a shift from task orientation to value orientation and person-centred care in LTC is a team effort within entire LTC communities, and that the work of the social worker plays only one small but powerful part.

The fifth theme that emerged in this study was Influencing the Culture of Long-Term Care which encapsulated data which fell into two broad categories; social work approaches to care, by using social work values in the LTC environment, by following the social work Code of Ethics in upholding Residents Rights and working within the model of care led by anti-oppressive practice and by expanding the complement of care to include a psychosocial social work approach to create a more holistic model of care (Figure 13).

Figure 13 Theme 5- Influencing the Culture of LTC.



4.5.1 Influencing the Culture of LTC- Bringing Unique Perspective in Approaches to Care

All of the participants in this study spoke about how their social work roles brought unique perspectives on approaches to care in the LTC environment that contributed to a shift in LTC culture to focus on person-centred and holistic care that is evidence-based. They also spoke about a focus on anti-oppressive practice and upholding Resident's Rights as being central to their social work role.

> LTC used to be so task focused, and it didn't need to be. It required a huge shift in thinking in order to change the behavior which changed how to feel and how we feel about social work and nursing care and physio care and all of it in LTC and we see this as holistic health care now. (Participant 05)

Participant 05 spoke about a project that social work has initiated to evaluate how this holistic care and presence of a social worker on the floor can form a ripple effect to create positive changes and influence how LTC approaches health reporting and tracking to look at outcomes differently.

> So, we've been doing assessments for depression, anxiety, and overall well-being for residents before and after having a care plan that was developed with the social worker... Their quality data stats are phenomenal so I can't argue with data statistics when you can look from before the project and after when a social worker was on the floor... (Participant 05)

Many participants talked about their unique approaches being informed by this holistic approach in pushing the LTC sector to look beyond immediate physical needs

and see broader needs for support and community in the context of the lifecourse. Participant 03 spoke about the need to develop a LTC culture that values support that is often intangible,

> Because I think you and I live, we don't just eat and sleep and are cared for. There's a huge part of emotion and connection. In fact, a lot of times if you have the right support, be it professional or non-professional, or family. That will help you sustain a lot of storms. But the sad part that a lot of time, because it's not touchable, that people don't see how important that is. I mean, we're all going to be dealing with death. We are all going to be dealing with health deterioration. No one is going to get away from that. But how we weather those storms is the support, it's your mood, it's having activities, and people connection, and knowing that someone is there for you. To be able to listen and walk with you through that journey. That is what helps us to weather the hard times in life. But you know I think, and fair enough, for medical, their training is about the medication and how many times we change the incontinence products and stuff.

Addressing these needs in creative ways holds the potential for alternative options in how support can be provided in LTC. All participants spoke about creative and innovative ways to support by addressing psycho-social-emotional needs using a wide variety of strategies. Participant 05 gave an example of providing support to families in a unique way that is not part of the protocols and regimes in LTC.

> We had a resident living here, in his home, and he was dying. And so, I just called his wife, I said "Hi, how are you?" Dead silence. She called my phone every day and I

told her she could just use my phone as a journal if she just wanted to talk. Even if I wasn't here. And she did. She actively called my phone every single day and left a message for [Social Worker Name]. And that was her verbal journal to get through his death. And she would end it and I always said if you wanted me to call, tell me. If it's an expression that helps you sleep say, "No need to call. This is a journal entry." We called it a telephone journal and it was so helpful for her; she took me up on it….And the outcomes are so tremendously positive, they can't get that from the nursing team our model is bio, psycho, social, emotional, spiritual. It's not a biomedical model. Right? And that's not what they need. (Participant 05)

Participants spoke about social workers developing the confidence to challenge the LTC culture to be inclusive with a wider range voices and experiences than were represented in the traditional medical model. Participant 12 spoke about the importance of offering alternative perspectives such as social work in LTC,

I think it's important for a social worker to sort of really be able to reflect upon and be confident in their skills, and abilities, and knowledge. So often the role that we can play that has value is devil's advocate or an alternate perspective. It's in recognizing if somebody is more vulnerable or marginalized and making sure that we invite the team to create space for a different perspective. Sometimes it's pushing back… Like I think you need to be confident, and you need to know, as a social worker that your perspective is not less than. It's certainly different at times, but it's not less than, you know, the healthcare perspective, or the medical perspective. (Participant 12)

Anti-Oppressive Practice.

When asked how the culture of their organization supports anti-oppressive social work practice, including supporting those with disabilities, experiencing racism, poverty, ageism, sexism, heterosexism, or other oppressions while living in LTC, all of the social workers who participated in this study spoke about intentional and thoughtful strategies. They agreed that progress in these areas has been made and that social work has played pivotal roles; however, they also agreed that "We have a long way to go." (P:01). Participants in this study also included additional ways of looking at oppression and marginalization and who might be experiencing these while living in LTC., such as residents who are younger than those generally thought of as living in the setting. As Participant 02 explains,

> They do do a good job of handling anti oppressive situations. But I would also say that it does need a lot of improvement. And I think that's kind of where social work comes in. To help that kind of move forward…They're not used to young people in their 40s and 50s coming in and having disabilities. So, I think that we still have like a long way to kind of get to that anti-oppression with disabilities... A lot of staff doesn't realize that you can't treat them the same as someone who's 85 compared to someone who is 45. (Participant 02).

Participants spoke about the social worker being in a position to ask questions and stimulate necessary conversations that might otherwise not happen to spur new ways of thinking about inclusion, needs, and rights in the LTC environment. Participant 10 spoke about good intentions, but pointed out blind spots in the structural system by asking questions,

> If a resident fits in the box of what's expected in long term care, I think we do it incredibly well. I don't think we're doing it as well as we should be. So that's a piece I tried to bring in terms of just raising the conversations. … And they [said], "We don't have any gay people here. You're joking, right? We don't have, we don't have residents who are comfortable being gay in our community is what we've got." We don't not have gay people? So those pieces of and so many of them I feel are bigger maybe than [LTC home] Like the legislation says, we have male rooms and female rooms. What if you had the same sex partner? How does that feel if your, if your partner is then living with another man, how does that feel?... But do we have those conversations? No, of course we don't…do we consider that a gay man might become more comfortable living with a woman? Would he feel that was more appropriate for his partner? We don't have those conversations. So, we do some of it really well, but I think there is lots and lots of space for improvement in that area. (Participant 10)

Participants spoke about helping to bring autonomy, identity, and choice to the forefront in a LTC system that can be dehumanizing due to the focus on efficiency with large numbers of people living in communal LTC settings. Participant 12 explained that social workers in LTC are often able to help look at the whole person instead of the diagnoses and make the resident "visible" because the social worker does not have a particular focus on a medical need and are trained and oriented to looking at psychosocial needs.

> That there is a real power inequity and we're dealing with vulnerable and marginalized people, people who are at risk of continuing to be marginalized and often become invisible even, despite our good words. It's very easy to talk about somebody without

them being part of the conversation in healthcare. So, we're very conscious of that. I don't think we do a really good job though. Like there are often some tensions around cultural practices or even things like a specific diet… it's often just too much work and there's only one resident and so the resident or family is expected to compromise and to accept something less…there's many times when I think we ignore things, and we even refuse to acknowledge or maybe we're blatantly unaware of. … I'm very sensitive to people being invisible. And they become quickly invisible as soon as they come through our doors, or they are at risk of becoming invisible. I think it happens with people who might not speak English…They get labeled and avoided, so they become invisible too, even though they're like the biggest presence in the room...We can't just do what's easiest for us, that's not never OK, but it happens all the time in long term care… Our [social work] agenda is to make sure that the resident and their family are represented and has a voice…. So that's why I think social work is uniquely positioned. We don't have a specific health care agenda. I think we have a very clear sense that things need to be person centered and inclusive and respectful. And we need to find ways of equalizing the power differential (Participant 12)

Promoting Awareness of Resident's Rights.

Participants in this study spoke frequently about their role in promoting awareness of Resident's Rights, which were enshrined in the Long-Term Care Act, 2007 and now augmented in the Fixing Long-Term Care Act, 2021 (Government of Ontario, 2021), noting that they aligned closely with social work's Code of Ethics (CASW, 2005). They spoke about the social worker reinforcing concepts like autonomy, self-determination, and choice for as long as possible,

> Basically, being able to give residents a voice and continue to reinforce their ability to have choice and make choices, I think is the biggest part, too, in our role. To know that they are still able to make choices and continue to advocate for them and those that might not be able to, we can advocate on behalf of them to try to really reinforce their rights as residents and their rights as people. (Participant 09)

They spoke about deconstructing complex areas, such as capacity and consent, and helping those in the LTC environment appreciate that there are nuances to this concept,

> A part of what I do a lot of the time or conversations I have is ‘Capacity is not a blanket thing.’ It's not a label to slap on that’s permanent. It literally waxes and wanes throughout the day, sometimes hour to hour, depending on the person, the diagnosis, and they can be capable of one decision and not have another. So, it's a lot of that, having just those conversations and then advocacy work with just reminding people of those rights. That things are so fluid. (Participant 07)

When asked about their reflection that there is an increasing visibility to the role of the social worker in LTC over their 20-year career, Participant 06 offered that it was an awareness of the vulnerability of those living in LTC and practices that could be considered abuse and that the role of social worker in LTC had emanated from awareness of abuse,

> What actually may have also changed a lot, I saw a big change over the years, was resident abuse. Massive changes, like, when I started, we didn't really know about it. We didn't really educate about it. We didn't talk about it. We didn't call everyday

things abuse. You know when staff would decide what to feed somebody, because "Oh, you're getting fat. I'm not gonna give you dessert today". Well, that's resident abuse. So, I think that knowledge of resident abuse helped to look at the vulnerability of residents, why they're so vulnerable… And I think that abuse aspect really changed things in long-term care. (Participant 06)

Participant 06 goes on to give a current example of the social worker continuing to raise conversations about Resident Rights, even if the wishes of the Power of Attorney contradict with the resident's wishes themselves, in a LTC environment that has traditionally followed the direction of the Substitute Decision Maker voice,

I get aggravated when I see a resident rights not upheld. Like, I mean that sounds petty but, it can be really petty things. Like I found out a resident, the daughter puts her sunglasses on this resident and expects all the staff to have these sunglasses on. Like the whole time the resident is awake. And the resident like, "Oh, I don't want to wear these. Take these off." And the rest of the staff are doing it, they're putting sunglasses on the resident who doesn't want them on, and there's no medical reason for them, And they're afraid of the daughter. And I said, 'But the resident has the right to decide if she wants to wear sunglasses. And if she's uncomfortable, she doesn't need to wear them.' And they're afraid to do anything about it, so they're just all doing what the daughter says. And I said that's not OK, so I get agitated. I'm stressed. Because we have to do something about that. (Participant 06)

Overall, the social workers interviewed in this study stated that they perceived the social work role as an advocate for Resident's Rights could influence the culture of LTC

by knowing the legislation well, transferring this knowledge, and active advocacy to acknowledge autonomy and self-determination of those in the LTC community. This was seen as part of the many layers to the social work role in LTC, as Participant 07 explains,

> It is so much more than just going and seeing if somebody, you know, so much more than just addressing the immediate need of psychosocial support. And that sounds like "just" that is not just anything. That's a huge job in and of itself. But I'm not just here to go in and say, 'OK, they seem to be OK. They're done crying now.' Like it's, it's so much more than that, right? And I don't think people really understand the intricacies and how could they unless you work here?...when you come out with a legislation that's got, you know, whatever 27 Residents Rights. Just that's in the first page. We should be in here. That's it. (Participant 07)

4.5.2. Influencing the Culture of LTC- Expanding the Complement of Care in LTC

All participants interviewed for this study reported that they find the social work role was important in the complement of services in LTC and expressed that more voices becoming accepted as part of the multi-disciplinary team elevated the diversity of professionals and completeness of care. Participants reported that social work made different interpretations of events and circumstances, offered necessary services that increased the capacity for support in homes, and created space in a time compressed medical environment to provide psychosocial and emotional care.

While they appreciated and worked closely with the biomedical professionals in LTC homes, they spoke about the necessity of medical and non-medical perspectives in multidisciplinary/interdisciplinary work.

Absolutely, particularly the biggest team in the long-term care is- nursing and doctor…I think it's important to [also] have non-medical perspectives when we discuss issues. (Participant 03)

Participant 03 furthers with discussion of how Infection Prevention and Control (IPAC) was prioritized during the COVID-19 pandemic, and that a social work interpretation could offer different courses of action,

And when the pandemic happened then all these infection control trumps everything, right? So, it seems to be and almost almost almost sounds fairly just legitimate that people cannot visit. And like we had a resident who passed away and the wife was in the room, the younger son was in the room. But the oldest son was not able to come in time, and the older son requests to go up to see dad even though he passed away and his request was the denied…So, infection control trumped everything…So, if you are interpreting from a nursing perspective as opposed to interpreting from a social workers perspective, it probably turns out that the action is a little bit different… (Participant 03)

Participant 12 gave an example of how the social work role in LTC can increase the capacity for the LTC team by taking time to investigate and discover the roots of issues to understand the needs in the LTC community,

So, today I learned that one of my residents is actively dying and her finances are managed by Public Guardian. She has a sister that has been somewhat involved with healthcare decision-making. But there hasn't been a lot of decisions to be made. This woman is dealing with the, you know, devastating progressive illness, terrible, genetic

And so you know, the concern of nursing is there wasn't a funeral home on file. So, they asked if I could find out from the family what funeral home it was. Well, it's a much bigger conversation. And if I didn't sort of understand that that might have been the only question that I asked. That might have been my conversation with the sister. But my conversation with the sister was around: Had she been through this before? And when was the last time she'd been in to see the resident? Which turned out not for a couple of years because she lives with a partner who is very immune compromised and so she's been exceptionally cautious about being exposed COVID. So, she'd not chosen to come in. And she really wanted to, So, we were able to talk about what could we do to make that possible for her? And when would it be really important for her to be able to do that? And what might she see? So today when we were talking, you know, had she been through this before and so this is what you might see or hear or feel. She had tracked down and an estranged family member, a daughter who lives in another part of the country on Facebook and had made sure she was aware of what was happening. Had made arrangements to make sure that we were aware that the resident's wish was to be cremated and for her ashes to be sent to be placed with her late husband. None of that had to do with what funeral home she wanted. Nobody was going to ask those questions... And so, it's sort of taking on those little logistical pieces, too. But no one else in our organization I don't think would have that perspective to know that those were all the moving pieces... To understand that, you know, somebody is often able to identify the one thing that they think we need to deal with. But we need to take the time to recognize that it is often bigger. (Participant 12)

Participant 09 reflected how a crisis in a LTC home was supported and wondered how it might be experienced in a home that does not have a social worker available in the complement of care,

> I think like even today like having an emotional moment and reflecting after it, after and just knowing that 'Yes. If our social work team wasn't able to support this person. How difficult that would have been for that person?' It would have been… It's a scary thought and that's what kind of keeps me going, is that. Having someone have a social worker there in those times of need, those really hard crisis times... it scared me that a resident…could be having to suffer through these moments alone and without guidance and without support. Without the understanding, without maybe hope, without being connected to possibility and connected to other supports…Kind of gives me some reassurance that, you know, we can continue to do this, and social workers can keep kind of being a positive force in the home that we can be there for the hard moments, but we can also prevent as well. (Participant 09)

This chapter has presented the findings from the study exploring social workers' perceptions of their roles in Long Term Care in Ontario. These findings reflected participants perspectives within the five themes of 1. *Building Trust and Relationship, 2. Meeting Needs in the LTC environment, 3. Working in Collaboration, 4. The Life Cycle of the Social Work Role in LTC 5. Influencing the Culture of LTC*. These included their perspectives in proximate relationships such as prioritizing relational care and fostering trust, to perspectives of distal relationships such as influencing the culture of LTC as a whole through broadening the complement of care and using and modelling anti-

oppressive practice in their work. In the next chapter, these findings will be discussed in light of the existing literature.

Chapter 5- Discussion

This chapter situates the findings from this study in relation to the literature about the role of the social worker working in LTC and provides interpretations as their relevance to social workers' perceptions of their role in LTC in Ontario. It also discusses how this study contributes to social work knowledge and moves the literature about social work and LTC forward. This discussion of the findings will provide answers to the research questions of how social workers working in LTC in Ontario perceive their roles, who they primarily interact with, the goals of their work, how they situate themselves as members of their interprofessional teams, their major tasks, and how they believe they contribute to the culture of LTC.

5.1 Review of Research Questions to be answered:

Research Question

Q1: How do social workers working in LTC in Ontario perceive their roles?

Sub-questions explored:

- Who do they primarily interact with?
- What are the goals of their work?
- Who do they consider members of their interdisciplinary team?
- What tasks do they highlight as major?
- How do they believe they contribute to the culture of the long-term care home?

The overarching research question in the study is what are the perceptions of social workers about their roles in LTC, Ontario?, and relates to the literature review that found that the answer to this question could illuminate answers to address feelings of ambiguity,

under recognition of skills, and underfunding due to lack of undertstanding of the value of the social work role in LTC (Bern-Klug & Kramer, 2013; Lee et al., 2016; Munn & Adorno, 2008; Simons et al., 2012; Wong, 2021). The findings illuminate a departure from the speculation in Bern-Klug & Kramer (2013) about what social workers could and should be doing in LTC, to illuminate what they, in fact, are doing to serve the LTC community in their roles.

Five themes emerged from the data in this study that provide us with answers to the research questions and fulfill the aims of the study.

1. Building Trust and Relationship,

2. Meeting Needs in the LTC Environment,

3. Working in Collaboration,

4. Life Cycle of the Social Work Role in LTC,

5. Influencing the Culture of LTC

5.2 Perceptions of LTC Social Workers in Ontario about Their Roles

The findings from this study support the literature that describes the role of the social worker in LTC as fast paced and filled with many responsibilities and obligations that make "every day different" (Hardy et al., 2020; A. Lee et al, 2016; Lev & Ayalon, 2015; Wong, 2021). Studies have shown this type of variety, from poignant relational moments, such as during end of life (Durepos et al., 2018; Munn & Adorno, 2008) to instrumental tasks, such as arranging transportation and finding lost articles (Simons et al., 2012). Participants

expressed tensions that align with the literature about how their time is best spent and whether the task at hand was commensurate with their skills and training, given the time needed for attention to increasingly complex individual and group situations. Social workers were torn between meeting complex psychosocial needs and instrumental needs such as finding lost items, arranging transportation, and completing paperwork for admissions that might not require their specialized training (Jackman, 2021; Simons et al., 2012). Directions for the role were often decided autonomously by the social worker as guided by their values and ethics (J. Lee et al., 2022; Liu & Bern-Klug, 2013). Although this autonomy could be a key to thriving for social workers, it could also be experienced as professional isolation (A. Lee et al., 2016; Liu & Bern-Klug, 2013). Overall, participants in this study agreed with the literature that their roles were meaningful (A. Lee et al., 2016) and vital to the LTC home (BCASW, 2019) but lacked in role clarity, which could lead to misunderstanding and underutilization of their skills (Craig & Muskat, 2013). Perceptions were that social workers needed to exhibit a level of confidence to assert their skills in matters that were psychosocial in nature while respecting the medical scopes of practice that are predominant in this milieu (Ambrose-Miller & Ashcroft, 2016; Munn & Adorno, 2008). This could be seen as acting as a sort of "glue" (Cootes et al., 2022; Craig & Muskat, 2013) that fills a space between for internal and external systems to the LTC and holds their relationships together. The role was seen as expanding and taking on more responsibilities when the environment recognizes and understands its capabilities. This seemed to be accelerated by periods of high need and spotlight on the LTC environment, such as was experienced during the COVID 19 pandemic (Bar-Asher et al., 2020; Cadell et al., 2022).

5.3 Building Trust and Relationship

Studies have shown building trust and relationship to be at the core of social work (Beresford et al., 2008; Grant & Mandell, 2016). The findings of this study contribute to this knowledge by speaking about how social workers intentionally build trust and relationship in LTC as one of their main goals, by viewing each person as a life story to learn and gathering life history while building trust by engaging in reciprocal interactional exchanges, such as self-disclosure, humour, and reminiscence activities (Grant & Mandell, 2016; Sussman & Dupuis, 2014). Findings indicated that this occurs sometimes while engaging in emotionally intimate discussion and physical proximity, such as being permitted to sit on a resident's bed while looking at photos and reminiscence, or holding their hand as they discussed topics that were emotionally difficult.

In a national study of 928 residents of LTC in Canada about their quality of life, Hirdes and Stolee (2015) found that only 38.7 % of residents surveyed reported that staff knew about the story of their life (p.155). In that study, residents' perception of their quality of life in LTC home showed identified areas for improvement, such as assessing their life story and supporting the development of meaningful connections with others. Residents reported that they felt that these types of connections and quality of life were as important to them as length of their lives (p. 158). It is clear the participants in this study see building relationships as one of their central tasks in the social work role and take pride in knowing the life history of the residents well, modelling making meaningful connections, and prioritizing how taking this time contributes to quality of life.

This building of trust and relationship aligned with the research by Sussman and Dupuis (2014) and was described by participants as best established early in the process of moving to LTC so that the relationships would grow, and the social worker could be there

for the resident and family from pre-admission to end of life. J. Lee et al. (2022) asserted that this would help in a preventative way to support and mediate any concerns before they become crises. Social workers in this study seemed to acknowledge this, highlighting that residents may be able to confide in the social worker "Things that they will not even share with their family." (P:01). This allows residents and family to work through issues as adults with autonomy and not feel that they need to worry others or divulge information that they are uncomfortable with sharing with loved ones.

The primacy of the relationship referred not only to relationship between the social worker and others, but to helping to foster and build relationships in the LTC community, between residents and family, residents and staff, families and staff, and residents with one another. Participants described the social worker as playing key roles in this way as supports, communicators, and conduits through which information and relationships could grow (Kelchner, 2001; Malench, 2004; Miller et al., 2021). An example of this role was highlighted during the COVID 19 pandemic and aligns with Bern-Klug & Beaulieu's (2020) findings of the social worker playing a key liaison to the family during crisis, when maintaining connection was more important than ever. Social workers helped to adapt and facilitate communications through windows, over the phone, virtually, and through newsletters during heightened emotional times that required high levels of empathy and sensitivity (Berg-Weger & Morley, 2020; Bern-Klug & Beaulieu, 2020).

Malench (2004) and Sussman and Dupuis (2014) observed the importance of building trust and relationship with families such as getting to know a resident and family and their story gradually, inviting residents and family to first meals, and encouraging them to stay close with their loved one by recording family stories in scrapbooks and photo albums,

while making sure that they were displayed and accessible. Findings from this study demonstrate that these relational foundations were of great importance during times of crisis and were assets to the LTC community to have a base of trust, deep knowledge, and empathy when interventions needed to be employed in split seconds “on the fly”. This included building relationships with staff and the social worker being able to provide insights that foster staff’s relationship with residents and loved ones, be trusted in decision making, stay abreast on emerging policies, legislation, and provide counsel and mediation, as necessary. Findings from this study also suggest that although crisis highlighted these needs for trust and relationship at every level in the home, they were crucial to be present at all times in LTC and were central to the role of the social worker.

A finding that it is particularly noteworthy from this study was the notion of “time”. Participants in this study noted that building trust and relationship took time, and that they needed to devote time intentionally and explicitly to this endeavour (Beresford, 2008; Grant & Mandell, 2016). It seemed that they needed to create this time by choosing to slow things down and relinquish other duties that could be fulfilled, sometimes in stark contrast to the environmental expectations of the LTC home in its task based and time constrained atmosphere. Grant and Mandell (2016) found that recipients of this devoted time appreciated the connection and found it satisfactory in the therapeutic alliance. However, this could be at odds with the environmental demands of concrete outcomes, such as case notes, formal assessments, and number of clients seen in a day.

5.4 Meeting the Needs in the LTC Environment

Findings from this study contribute to the literature about how the social worker meets a wide range of relational and instrumental needs in the LTC environment. Participants described that needs were identified through formal and informal assessments, such as psychosocial screening, environmental scans of needs, and on the spot assessment of mood and circumstances. These assessments were ongoing and related to all stages in a resident's stay in the LTC home, from transition and adjustment to LTC home to end of life with anticipatory grief and bereavement of family and staff after the resident passes. They also described referrals to social work made by others that could be specific to a situation or to ask for collaboration in puzzling scenarios and consulting on complex ethical dilemmas in practice.

However, participants in this study explained the needs they see in terms of obligation dilemmas, in the contexts that Lev & Ayalon (2015) described: (1) the tension between the obligations to the resident and to management and other staff, (2) the tension between the obligations to the resident's family and to management and other staff, and (3) the tension between the obligations to the resident and to his or her own family (p. 11). Participants gave examples of these dimensions as the need to negotiate terms for interpersonal conflict, such as between family and resident expectations for care, behaviours such as eating and smoking, and physical space allowances for personal furnishings. Participants described their role in resolving these tensions as being a mediator, conduit for information exchange, and advocate. Of these parts of the social work role, participants expressed that advocacy was often most important, in helping to navigate barriers to access to resources and sharing in power by amplifying the "voice" of residents and family in making choices, values, and preferences heard by decision-makers in the LTC environment.

Participants expressed that these needs were particularly heightened for residents in LTC without loved ones' involvement in their lives for a variety of reasons, including fractured relationships with family and outliving loved ones (BCASW, 2019; Chamberlain et al., 2019). At times, social workers were prompted to mediate in these relationships, and problem-solve, such as assistance when a family member cannot visit due to lack of transportation (Miller et al., 2021). At other times, participants described acting as surrogate family to a resident and providing emotional, instrumental, and advocacy support.

As is evident, according to participants, the social work role requires flexibility in working with multiple stakeholders to address a vast range of needs in the LTC home. This appeared to be accomplished by taking an ecological approach to the LTC environment, including the entire LTC community and outside partners. This also included seeing the LTC community in its ecology as part of the broader community in which it is situated by networking and knowing the community resources well and how to navigate internal and external systems. Participant 10 referred to the perspective of the social worker in LTC as having broader "sightlines" in their scope, what Oliver (2013) called "boundary spanning" (p. 773) in that the social work role is unique in encompassing the view of the entire community and creating bridges within and across internal and external systems. This ecological perspective allows social workers to use all their abilities in meeting needs from micro interpersonal conflicts, such as between roommates and schedules in the home, to macro policy efforts such as advocating with policymakers for national standards in LTC. Taking an ecological collective approach directs social workers to draw from strengths in the LTC environment, instead of being

pulled in the direction of deficits in only responding to referrals for crisis (Frey & Dupper, 2005). This allows the social worker to create new possibilities for problem solving and innovation. Participants in this study suggested that they were able to use this ecological perspective to engage in continuous learning and innovation to meet challenges, both familiar and novel, in the environment and use the lessons learned on many levels in LTC in a process of continual growth (Cootes et al., 2022).

The ecological perspective also included participants themselves recognizing their needs in the LTC environment. Participants expressed that addressing their own needs for creating boundaries within a complex and challenging LTC environment was vital to guard against burn-out, compassion fatigue, and secondary trauma from "what you see and hear". (P:07) They spoke about strategies for coping and self-care as they viewed creating boundaries and working through own issues to remain present and responsive as part of their role (Grant & Mandell, 2016).

5.5 Working in Collaboration

Participants in this study spoke about the social work role collaborating throughout all levels of practice in LTC, from forming therapeutic alliances with residents and families, to being co-investigators with all staff including dietary, physiotherapy, nursing, physicians, personal support workers, housekeeping, and recreational staff. While striving to serve as key members on the interdisciplinary team in LTC, participants expressed that this was met with varying success depending on the identification of the scope of the role by others in the environment and receptivity to the social worker's input and perspective.

An ecological perspective looks at the "goodness of fit" with the environment (Gitterman & Knight, 2022) and a good fit is determined by both the individual being able to respond and shape the environment in positive directions, while the environment responds and is shaped positively by the individual. In this case, in the ecological view, the ease and benefit of collaboration with others in the LTC environment indicate goodness of fit with the social worker. When there was clarity of the role for others in the LTC environment and they could see where the social worker benefitted and made a unique contribution, the environment responded by accepting and appreciating the social worker's perspective. This usually came with time and exposure to the role, as well as the social worker having a sort of confidence to carve out their own role and demonstrate their knowledge and capabilities (Ambrose-Miller & Ashcroft, 2016; Hugman, 2009). Participants in this study used the term "Prove yourself" at multiple instances throughout the interviews, which indicated that the impetus and communication of the role was through demonstration and modelling in the environment. Participants agreed with the literature that their environments either did not have detailed job descriptions for the social work role, or that they were neglected as "on paper only" in favour of the social worker being able to respond to the environment in the moment (Hugman, 2009; A. Lee et al., 2016; Munn & Adorno, 2008). Most participants in this study described being able to make key contributions and assist the environments in collaborative work, such as with making decisions regarding ethical dilemmas and participating on BSO teams. As the environment recognized and learned from experience with the social work role, some became leads internally, provincially, and nationally in these efforts. However, some participants felt that their contributions were not yet received or valued in their environments and that their skills were being "underutilized" (P:11) in the

environment. This was explained by Lee et al. (2022) as having "blurred lines" (p. 72) where the staff do not know to go to the social worker for psychosocial issues and how to make an appropriate referral or consultation with them. King and Ross (2003), in their study with nurses and social workers, found that nurses tended to be critical of the social work role when it was ambiguous to them and hardened the traditional boundaries of their own roles to not be inclusive to social work.

One of the strategies that participants used to orient, educate, and give clarity to their roles on the collaborative team was to create detailed referral forms, that outlined in checkboxes matters that the social worker should be included in, as a way to suggest areas within the social work scope. They also modelled the social work role by jumping in and demonstrating their capabilities in a way that was described as "inserting" themselves into situations. In addition to modelling and being present on the floor, participants described using many methods to enhance the profile of their capabilities: attending activities events; presenting at internal in-service trainings; being present for Resident and Family Councils; participating in report at shift change; and having informal conversations with others about their roles. This presence and being identifiable in their social work roles lead to the recognition detailed in Craig and Muskat (2013) that social workers identify many more resident psychosocial issues than their physician peers, are closer to service users than most disciplines in the environment and provide a more robust continuum of resident care coordination and support (p. 7). Proving their work and capabilities in this manner, Oliver (2013) suggests, leads to knowledge and comfort with including the social worker in collaborative work because social work is not as intuitively recognized within the context for others, as say, a doctor or nurse whom people may have played as characters as far back

as childhood (p. 774). Oliver (2013) theorized that others in the environment need to see the social worker in action to be able to call for them with the same ease that they might see on a television program calling for a doctor.

An unexpected finding in this study is that participants recognized that proving yourself requires a sense of "confidence" that needs to be nurtured, developed, and accessed by the social worker, particularly when working in collaboration in LTC. They described confidence as a personal quality, but also that it could be built upon through a blend of education, skills, experience, training, and observation of the confident modelling of others in the LTC environment. The word confidence has also been used in the literature examining the social work role in health care settings as related to projecting capability and being invited to participate and belongingness in the interdisciplinary team (Ambrose-Miller & Ashcroft, 2016; Grant & Mandell, 2016; J.L. Lee, 2022). This confidence seems to build over time and experience and can be part of others in the environment, such as administrators, placing trust in the social worker to help to make key contributions and decisions (A.A. Lee et al., 2016).

As much as social workers are often working in collaboration and with many people, participants in this study spoke of professional isolation (A. Lee et al., 2016) or feeling like "I'm on an island" (P:01). Indeed, studies described social workers as taking on increasingly complex caseloads while often being the only social worker at the LTC home (Chamberlain et al., 2020; A. Lee et al., 2016; J. Lee et al., 2022). Simons et al. (2012) note that, in conditions of professional isolation, all members of the care team, including social workers, need to be trained to work effectively and collaboratively, and to articulate their role clearly to other team members to be able to deliver effective

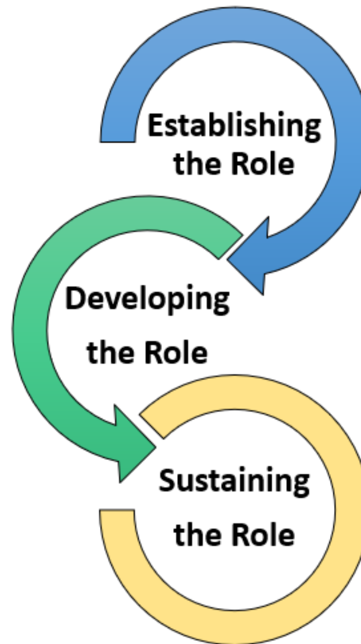
psychosocial services. (p. 190). As with the ecological description (Gitterman & McKnight, 2022), the team must allow the social worker to shape the environment and the social worker must allow themselves to be shaped by the environment in offering their contributions and capacities. Participants suggested that this could be worked on internally by offering further opportunities to collaborate, and could be assisted by outside groups such as the CLRI Social Work Community of Practice, where other social workers in LTC meet and exchange ideas about how they can contribute in their long-term care environments and offer mutual advice, education, and peer support (https://clri-ltc.ca/resource/socialwork-cop/).

5.6 Life Cycle of the Social Work Role in LTC

An important contribution to the social work literature that emerged from this study is that there is a life cycle (McGregor & Millar, 2020) of the social work role within the environment of the LTC home. For some LTC homes, the social work role had been in existence for 20 years, whereas for other homes, it was a completely new role in the environment and there were adjustments occurring, despite the number of years that someone had been a registered social worker. Participants in this study described three phases of the role, which were establishing and initiating the social work role, developing the role, and sustaining the role in the LTC home over time. In each phase, there were responses from the LTC environment as the social work role was shaping and being shaped by this environment, fitting an ecological perspective (Gitterman & Germain, 2008) as a process, rather than a static position that one enters and remains the same over time.

The term life cycle has been most often used in relationship to developmental stages over the life course (Hutchison, 2005; Neugarten,1979) or biological life cycles such as during the lifespan (R Lee., 2013) of humans. However, it has also been applied as a way of viewing a series of changes or processes involved in a role in the time that it exists, with applications to family roles (Wetchler, 1985), therapeutic groups (Birnbaum & Cicchetti, 2005), and academia (Tower et al., 2015). McGregor and Millar (2020) applied a lifecycle approach to social work and parenting and used Cairney's (2019) "generic lifecycle policy" (p. 32), which includes five stages in the lifecycle: agenda setting, policy formulation, implementation, evaluation, and succession or termination. McGregor and Millar (2020) suggested that the lifecycle is applied in this way to illustrate a logical flow of a process and to point to phases in development that can be understood as unfolding with spaces for intervention. The lifecycle is also useful to be able to conceptualize complex phenomena and break them down for detailed analysis, as opposed to merely looking at them from a single static viewpoint (McGregor & Millar, 2020). An important contribution of this study is that findings suggest a framework could comprise a life cycle of role of the social worker in LTC and included three stages that unfold over time as a process within an ecological context. The stages suggested are establishing, developing, and sustaining the role over time (Figure 14).

Figure 14 Stages in the Life Cycle of the Social Worker in LTC.



Participants spoke of the early establishment of a new social work role in the LTC environment as a period where both the social worker and the LTC home are exploring the scope and capacities of the role due to unfamiliarity. As discussed in the collaboration theme, many participants described this initial period as "Prove yourself", which aligns with the findings of A.. Lee et al. (2016) that the sole social worker in the building represents the profession for the facility and must demonstrate the value of the social work role and that the work would not be otherwise accomplished without the role (Munn & Adorno, 2008). In an ecological sense, this appeared to be the environment looking for proof of social work as a presence and asset to the LTC environment in the initial stages.

Circumstances and scenarios arise during this early period and the social worker responds with their skills and training in a way that provides a different perspective from the traditional biomedical approaches that are the foundation of LTC homes as described by Emodi (1977). However, there are tensions about trying to fit a value-based role into the task-oriented structure of LTC (Wong, 2021). Participants in this study spoke of trying to find a balance between providing relational care and administrative tasks as they negotiated their roles in a task-based environment. Sometimes participants described this as including feeling valued in the environment for paperwork generated during assessments, admissions, and case notes, while the social workers prioritized relational care and human interactions. Grant and Mandell (2016) describe this as the social worker caught up in the paperwork and engaged in efforts to increase efficiency and measurable effectiveness, rather than the value of the relationships that they prioritize establishing, and typically measured by those who are far removed from these social work relationships (p. 697). The findings for this study agreed with this literature, as it appeared that the social workers were attempting to get through the paperwork to get to the people.

One of the first undertakings for the social worker in the new role is to find their own place of belonging in the LTC structure, so that they can be relied upon to be responsive to matters of psychosocial care in ethical and holistic ways. This process of finding a place in the environment appears to involve a degree of trialing whereby the social worker is invited to participate or conversely "inserts themselves" (P:07) into circumstances, such as end-of-life care (Munn & Adorno, 2008). Hugman (2009) warns that, in this initial stage of carving out a role for the social worker, "If social work cannot

show that it can do certain things, then its authority will be challenged." (p.1143). Participants spoke about this trajectory of learning and finding their own path while demonstrating the capabilities of the social work role in LTC. At the same time, participants pointed out that the LTC environment is learning to absorb, accept, and understand the social work role and to have confidence in it as well (Dhooper, 2011) In this stage, finding a place in the home and carving out a role can result in the social worker being involved in most dimensions of the LTC home (Simons et al., 2012).

The alternative is that the social work role can be placed at risk by the social worker not being adequately trained to provide clinical services and not understanding or clearly articulating their role, which can allow the LTC environment to view the social worker narrowly, as performing concrete tasks, such as completing admissions paperwork, arranging transportation, making appointments, and finding lost items (Simons et al., 2012). Depending on the shared vision of the social worker and the LTC home environment, the social work role continues to evolve as an integrated and integral role or remains static in performing these concrete tasks.

If the LTC environment and the social worker exhibit a good fit (Gitterman & Knight, 2022) and the role is trusted, they begin to work symbiotically. It appeared that, as the skills and scope of the social worker were revealed, they were incorporated into more and more activities of the home, such as serving on teams and committees, while trying to uphold and maintain fundamental trust and relationship with residents and others in the LTC community. It's as though the LTC environment "catches on" to the skills and capacities that social workers bring and expands the role to include them on micro, mezzo, and macro levels from working on complex interpersonal and intrapsychic

scenarios to grant writing and advocacy at the policy level (Craig & Muskat, 2013). Dhooper (2011) explains this transition as the social worker moving from task-oriented roles in areas such as admissions, financial arrangements, and recreational activities to include the participation of the social worker in most dimensions of the LTC home functions. In Dhooper's (2011) concept, the expansion of the role would include having the ability to work with complex cases that require focus, provide services to the entire LTC community, advocate at policy levels, and engage with the broader community environment. This may be the stage where the social worker would begin to implement some boundaries in the role to retain compassion and prevent professional burn out (Grant & Mandell, 2016). Grant and Mandell (2016) found that social workers offered skills and knowledge in many areas but setting boundaries for social workers to prioritize work in relational ways and aligning with the social work values allowed social workers to focus on creating meaningful relationships and resist managerialism. Liu and Bern-Klug (2013) found that social work directors in the US could be described as thriving when they were able to work to their full scope and skills in LTC and were able to focus on psychosocial areas without being pulled into tasks that could be more appropriately assigned within the LTC environment. It is as though social workers in LTC are empowered in this development stage when they have the autonomy to choose where their energy and focus are employed and how to best serve the LTC community using their skills (Kim & Stoner, 2008; Liu & Bern-Klug, 2013).

Participants who were in a sustaining stage in the life cycle of the social worker in a LTC home spoke about working in the LTC environment in an integrated and reciprocal relationship and being able to recognize and anticipate needs in the

environment. This appeared to signify that the LTC community had accepted the social work role and was balancing job demands and resources (Geisler et al., 2019).

Participants in this study spoke about feeling increasingly relaxed as they learned from their experiences to adapt and respond in ways that have proven to be beneficial over the time of the role, leading to feelings of accomplishment, job fulfillment, and relational reciprocity in the LTC environment (Eldh et al., 2016). They learned to prioritize needs, realizing over time that not all problems are solvable and that not everything can be “fixed” by any profession. They also noted that there is comfort in knowing that you are doing the best that you can to help people to adapt, restore, and cope with life challenges. This was a meaningful contribution from the study as it provides assurances to social workers who may be feeling disheartened that they cannot “fix” everything, from interpersonal issues to entrenched multisystemic problems (Moore et al., 2017, p. 110), and that the social work role continues to optimize quality of life for those in the LTC community without the initial expectations of “magic”. Buchbinder (2007) found the same expectancy to “fix everything” was prominent in his early career as a social worker (p.170) and that he found over time that he understood and accepted that he could not perform magic, but that “I will walk with you step by step and we’ll face expectations and disappointments” (p.170).

Expectations in the LTC environment for the social worker were also described as changing over the period of time that the social worker was in the role, with history and context. Participants who had been in the LTC environment had seen the implementation of palliative, pain, and anti-psychotic reduction committees and had joined them. They had also witnessed the implementation of the BSO program, and a shift to person-centred

care that were all not present when they started in the social work role. When in the role initially, they were expected to address all of these areas in one referral to social work, and over time, the environment learned that it took an entire culture shift to adequately respond to such areas of care.

A key suggestion from Participant 08 was that, although there is not as much stress with experience, it is imperative for social workers in LTC to remain relevant and up to date and able to respond to trends, crises, and new needs that may arise.

A caution by participants at this sustaining stage in the life cycle is that the knowledge and experience of the social worker may make a difficult and complex job look easy to outsiders and decision makers. Beresford (2008) advised that qualities such as ability to build relationships, helping to make complex systems accessible and navigable, and sharing of power might be seen as strengths by service users, but reduce external recognition of the social worker. The intentional relatability and accessibility of the social worker may cloak a distinct body of knowledge, area of skilled expertise, values, and training, giving a mistaken impression that the social work role is a job that anyone could fulfill.

Indeed, participants cautioned that, if the clinical skills are not explicit, the role could be seen as being able to be performed by someone without the theoretical educational background, such as volunteers. Participant 12 highlighted that the social work role has necessary clinical skills and a rigorous training background to meet highly complex needs in the environment by the ability to "See the bigger picture as well and asking questions to support the resident.: (P:12). Seeing a bigger picture and taking a

macro view in putting the pieces together professionally has been evident in the role of the social worker (Cootes et al., 2022) but is largely seen as being an invisible contribution being made by an experienced social worker in the environment.

Participants and the literature, however, cite tangible differences in the presence of a registered social worker in the staffing mix. Roberts et al. (2019) noted reduction in wandering, rejecting care, and antipsychotic use in LTC homes with qualified social workers in the U.S. as opposed to social services designees who do not have degrees in social work (Roberts et al., 2019). Concerns of being replaced by volunteers were validated in research noting a neoliberal influence has led to LTC systems in many countries trying to replace paid social work professionals with volunteers. Van Bochove et al., (2018) explored these concerns and found that having a qualified social worker in LTC as opposed to volunteers brought differences in knowledge, skills, professional responsibilities, and obligations. They found that the work of professional social workers could be enhanced by coordinating planned use of volunteers to supplement their work in the LTC environment, but that the social work role was demarked as coordinating larger responsibilities and view of the systems within the LTC homes that could not be replaced by volunteers. Indeed, concerns of the participants in the sustaining stage of the social work role in LTC did not appear to be with regards to their own role within the LTC homes, but in looking towards the sustaining of the social work role in general in LTC across the system.

5.7 Influencing the Culture of LTC

Although participants in this study described social justice and LTC as having "a long way to go", they were optimistic about the contributions of the role of social work

within the system in advancing anti-oppressive practice and person-centred care and upholding of Resident Rights and human rights. A key to this was that the role of a registered social worker, under the protected title of "social worker", answers to the Code of Ethics for the profession which guides social workers to uphold the ethics of respect for the inherent dignity and worth of all persons, pursuit of social justice, service to humanity, integrity in professional practice, confidentiality and competence in professional practice (CASW 2005). The role of the social worker is based first in ethics before position and organizational policy. CASW (2021) has called upon the social work profession for leadership in these areas in LTC and has highlighted the concomitant advancement of social justice, not only in immediate social work practice, but as part of a cultural shift among the entire LTC sector.

LTC is a major sector of healthcare in Ontario (Ontario Ministry of Health and Long-Term Care, 2023). However, there is a pervasive view within the healthcare system that there is a hierarchical structure, with hospital work seen as the top, and LTC viewed as a lower level as typified by wages, qualifications, and professional status (Smith et al., 2022). This stratification was highlighted during the COVID 19 pandemic when the focus for resources was on hospitals, for such items as ventilators and equipment, while overlooking the needs in LTC where the majority of people who died of COVID 19 resided (Faghanipour et al., 2020).

LTC as a system, has been characterized as oppressive, related to residents and families (Faghanipour et al., 2020), but also to staff as it predominately employs those who are vulnerable to precarious work and exploitation; women, immigrants, and racialized people (Braedley et al., 2018; Syed, 2020; Syed & Ahmad, 2021). Working in

LTC has been described as long hours, a tremendous number of tasks, physically arduous, emotionally taxing, and often facing disrespect and discrimination (Braedley et al., 2018) Combining these with ageist and ableist attitudes has led some who are qualified to not aspire to work in LTC (Rush et al., 2017). Participants in this study spoke about seeing their social work role as a "calling" and that their social work viewpoints could create change at personal and structural levels to create visibility to what can be invisible struggles and create change. Findings from this study agree with Phillipowsky (2020) in the suggestion that social workers can be transformative in the healthcare culture by their focus on social determinants of health and issues such as life experiences, equality, poverty, and poor housing, instead of only biomedical pathology which characterizes the setting. Although it was found that this influence could be hampered by biomedical dominating psychosocial views in integrated healthcare services, social workers have been able to create change from within the system by recognizing challenges and using a strengths-based approach to find holistic solutions (Phillipowsky, 2020). Participants in this study described their role as change agents in the ecology of the LTC, taking into account the experiences of all of the actors within the system as well as the LTC structure as a whole. They spoke about taking a community approach to their work and including everyone in their scope, preferring to work in a preventative, rather than crisis oriented ecological approach (Frey & Dupper, 2005; J Lee et al., 2022).

A contribution of this study to the literature is that it represents the voices of participants expressing goals to influence the culture of LTC to be more progressive, inclusive, and equitable in the homes where they serve. Participants spoke about the social worker being able to ask questions and stimulate necessary conversations, that

might otherwise not happen, to spur new ways of thinking about inclusion, needs, and rights in the LTC environment. Findings supported the literature about social workers in LTC that recognizes differing needs amongst those who may feel marginalized and not accounted for in medical investigations, such as younger residents (Marshall et al., 2012), those with communication and language barriers (Jackman et al., 2021), those lacking meaningful interactions with others (Chamberlain, 2020), and those living with the impacts of trauma (Bent-Goodley, 2019; Kusmaul et al., 2022). Participants spoke about integrating anti-oppressive practice and person-centred care in all their approaches, from interactions with residents, families, and staff to leading macro level interventions that affect culture level shifts to person-centred dementia care. Participants also highlighted bringing awareness of the importance of Residents Rights (Fixing LTC Act, 2021) and continued advocacy to have these rights upheld as a unique focus of social work in the LTC environment and use of the social worker's proactivity in legal knowledge of rights, Acts, and policy (Willis et al., 2022).

An example of macro interventions included leading the adoption of the Butterfly Model approach, which personalizes the physical landscapes of the home and provides training for each member of staff and aligns with social work values by placing priorities on emotional and relational care over task and routine and has been shown to uplift the entire ecology of the LTC home (Vogel, 2018). However, studies have shown that person-centred care initiatives, such as implementation of the Butterfly Model, are not as effective in the absence of an ethos of relational care, where multidirectional relationships are established with a foundation of prioritizing time for mutual giving and sharing of values, preferences, interests, and life story (Rockwell, 2012). Studies have shown that

LTC workers in the medical model (RN, RPN, PSW) experience obligation dilemmas when trying to provide relational care, in that task-oriented medical attention supersedes relationship building and can become neglected as extraneous to their perceived core duties in an environment where time is scarce (Banarjee et al., 2015; Braedley, 2018; Ludlow et al., 2021). Participants in this study described relationship building as central to their role and not extraneous. In this way, bringing the foundations of relational care in person-centred care to the structure of the LTC home as being an prioritized as the central role of an embedded staff (Rockwell, 2012). The social worker in LTC cannot be "pulled" from this role to serve another function because devoting time to interpersonal and relational work defines the social work role.

Overall, findings from this study illustrate that social work is part of a movement to truly multidisciplinary care, which will be a shift away from a monolithic medical model, recognizing the strengths that the medical professionals bring, but diversifying the care and the needs that are recognized and prioritized in the LTC community. As social determinants of health are increasingly acknowledged as being more than considerations, but integral to providing healthcare (de Saxe Zerden, 2020), there is a shift from "nursing home" to "multidisciplinary home" in order to meet pressing needs that address cultural, ethnic, linguistic, religious, gender, race, self-determination, and human rights (Beaulieu, 2021; CASW, 2021; Jackman et al., 2021). Every strong element in the complement of care makes the environment more holistic and confronts the stigma of LTC as being the last stop in a medical journey to consider it as another chapter of life in which the story has yet to be written (Berg-Weger & Morley, 2020; Sussman & Dupuis, 2014). This

includes the story of LTC and how social work can influence the sector as it is reimagined.

5.8 Limitations of Study

While this study was able to make contributions to increase the understanding of the social work role in LTC in Ontario, there were several limitations to the study that are important to note. Although participants volunteered from many parts of the province of Ontario, there were no participants from the northern health region in the province. Therefore, the study cannot be representative of the perceptions of all social workers working in LTC in Ontario and can only describe the perceptions of those who came forward in this study. Further research may purposively seek participation from all parts of the province. As this study aimed to explore perspectives of social workers in LTC in Ontario, there were no comparisons made nationally, and further research may also aim to study differences and similarities of social workers in LTC in Canada with purposive sampling that reflect the experiences across provinces and territories. The key to this may also include examination of the delivery of psychosocial care that may not be represented by those using the title of Social Worker, and how this type of care is provided across jurisdictions.

Another limitation of this study might be that of participant bias. Participants self-selected to volunteer for this study after hearing about the opportunity from social work networking sources SWIG, SWAG, CLRI- Social Work Community of Practice, and OASW. There may be differences between social workers who belong to these types of networks and those who do not, in terms of investment in the social work role. There may have been some social desirability bias with participants (Bergen & Labonte, 2020), as they

were often the sole representative of the social work discipline at their homes and may have wanted to represent the work well. Additionally, studies have shown that, if social workers lack confidence in their distinct role, they may adopt the goals of their organization and be defined by them (Grant & Mandell, 2016; Oliver, 2013) Although this was not evident in the findings, it is possible that social workers who identify more with the organization than the profession would not have participated in this study. It could be advantageous to use methods in future research that will capture data about the role of the social worker in LTC that require less personal investment, such as anonymous quantitative survey methodologies.

The investigator in this study has been in the role of the social worker in LTC for many years. This was advantageous in many ways to this study as the meanings of responses could be understood and furthered through mutual understanding of the LTC environment and terms used. However, it is possible that novel information could be seen as routine by the researcher and not pursued fully (Chenail, 2011).

Conducting the interviews via Zoom online technology was advantageous in being able to interview participants across geography and in a timely manner, with the ability to schedule interviews from across Ontario without travel time. Participants may have found this to be an accessible way to contribute. However, although body language and gestures were captured during the interviews via Zoom, the whole range of experience of the social worker in their environment could not be captured, presenting a limitation for this study. Future research may wish to follow a more ethnographical methodology to observe the social work role in the LTC environment. Several participants volunteered for the researcher to shadow them as a suggestion during the interviews. In terms of technical limitations, Zoom technology presented only minor challenges during this study, however, may have

precluded some from participating, particularly from remote and rural areas where high speed internet connections may not be as accessible or stable (Gray et al., 2020).

Chapter 6- Recommendations and Implications

This study has illuminated the role of the social worker in LTC in Ontario as an expansive role that can be of benefit to the LTC community. The findings from this study suggest several broad recommendations for social work in LTC in the areas of practice, policy, research, and education in hopes that they will continue with implementing the role and discovering further means to contribute to social work and LTC. Recommendations are followed by pointing out specific areas for continued implementation and exploration.

6.1 Practice

Recommendation: Create and maintain space and time in LTC for social work to engage in knowledge transfer.

One of the most resounding components of findings from this study and the literature was the strong role that social workers play in LTC as communicators, conduits, and knowledge transfer agents within and among all levels of the LTC home (Ambrose-Miller & Ashcroft, 2016; Simons et al., 2012; Sussman & Dupuis, 2014; Wong, 2021). This recommendation supports social workers' involvement in these activities, including active participation in care conferences, shift change reports, protocols for an automatic referral to social work for new admissions, and continued monitoring for adjustment to the LTC environment. It is encouraged that social workers are represented on all Professional Advisory Committees and like functions of the LTC home to capture their unique perspectives and contributions for guidance in care (Ashcroft et al., 2018).

Time needs to be prioritized for knowledge gathering and transfer in making connections and building relationships within the home, with administration, staff, residents, and families. This time should include admission to LTC and throughout residency in the LTC home. Although relationships can be enhanced in immediate "on the fly" circumstances, findings include that building trust and relationship requires a foundation by the social worker spending dedicated time in an intentional way, particularly in the LTC environment where it can be a scarce commodity (Beresford, 2008; Grant & Mandell, 2016; Malench, 2004; Sussman & Dupuis, 2014; Tenorio et al., 2020).

There also needs to be time allocated for social workers in LTC to network with other social workers in fostering development in the discipline and field. Participants in this study spoke about carving their own path in professional isolation and needing to meet with other social workers in formal and informal formations to deepen their own understandings about their role and capacities to inform their social work identity and practice (Ashcroft et al., 2018; Miller et al., 2021; Oliver, 2013; Simons et al., 2012).

Dedicated time is recommended for networking and making connections in the broader community and systems as an inherent part of the social work role. Social workers require a breadth of knowledge of these resources and up to date information about policy to be effective in their role and serve as a liaison for the LTC home and the macro community (Kelchner, 2001; Malench, 2004; Miller et al., 2021; Willis et al., 2022).

Social work should be included in the complement of registered staff on policy briefings and in-service trainings, as well as other practice activities reserved for "Registered Staff".

6.2 Policy

Recommendation: Policy instituted at the regulatory level to mandate the inclusion of social work in all LTC homes in the province of Ontario and in their core functions.

It is recommended that a social worker be legislatively mandated in each LTC home in the province of Ontario to provide adequate services in psychosocial and mental health care (CASW, 2002, 2021; J L Lee et al., 2022; OASW, 2020; 2021). It is recommended that this role be accompanied by a job description and expectations for the role which includes dedicated time to building required components of relational care, such as time to build relationships within the LTC home and to create external links to outside resources. This time will be in line with recommendations from the Ontario LTC Covid 19 Commission (2021) of 60 minutes of allied healthcare per resident per day.

Along with the above recommendation that social workers must be mandated in all LTC homes, all social workers retained to serve in LTC homes must be registered with Ontario College of Social Workers and Social Service Workers as a Registered Social Worker (RSW). There have been many titles issued to roles that are filled by social workers, but this will assure that those occupying a mandated social work position are educated and trained to fulfill the duties of a social worker, and not blanketed in a general social "services" role. A caution about this blanketing has been noted in the United States, where a social "services" role was mandated in all LTC homes with over 120 capacity, but without licensing regulations. This has resulted in the majority of social service designees filling a social work role (no title protection) not holding degrees in social work, despite evidenced needs for this education and background (Bern-Klug et al., 2018; Bern-Klug & Beaulieu, 2020; Kusmaul

et al., 2022). Malench (2004) asserted that social work professional registration should be on par with the obligatory registration of other professionals in the environment, such as medical directors, nursing, physiotherapy, and dietary registration and licensing.

As there are so many titles involved in the care of residents and families, policy must be implemented that social workers make themselves known by title (RSW), to create understanding of who is providing psychosocial services in LTC residential settings. This can assist with building trust and relationship with the social work role. This recommendation aligns with practice guidelines for nurses and other medical professionals in the setting who must introduce themselves by name and designation (College of Nurses of Ontario, 2023). An example in the U.S, in some states nurses must be identified by designation in a minimum of 18-point font on name badges regardless of job title (State of California, 1999). Staff can learn about and how to work with the social work role through informal and formal professional interactions and modelling by clearly identifying the social work role in the environment (Ashcroft et al., 2018; Ambrose-Miller & Ashcroft, 2016).

The findings from this study suggest that social workers should be represented on ethics teams in LTC, including informal and formal ethics committees and discussions. Molterer et al. (2020) describes the contribution that social workers can make as “relational logic of care” (p.95) where everyone’s needs, contributions, and prospects are taken into consideration in ethical decision making, whereas other professions may bring a “professional logic” that is based on “justice and non-maleficence” (p. 95). In other words, social workers can serve a role in rounding out the perspectives on the team to include advocating for the whole person amidst medical perspectives that may offer less relational and more legal types of perspectives.

Inclusion in ethical discussions and committees using a relational logic would assist with Lev & Ayalon's (2015) proposed obligation dilemma in that all needs would be considered and weighed in the complex tensions of (1) the tension between the obligations to the resident and to management and other staff, (2) the tension between the obligations to the resident's family and to management and other staff, and (3) the tension between the obligations to the resident and to his or her own family (p. 13) This recommendation would be for social worker's to contribute to navigating ethical dilemmas within the home and bring forth suggestions with these tensions and relationships in mind.

6.3 Research

Recommendation: Research to be undertaken to further explore the role of the social worker in LTC in Ontario.

Some questions that arose from this study were:

- How would findings stay consistent or differ using different theoretical lenses? For instance, how would the findings change if the interview guide was derived from questions from theory of relational social work (Tosone, 2004)? How would they change when looking at the implementation of person-centred care (Rockwell, 2012)?
- When is it appropriate for the interprofessional team to make a referral to social work? Is there an appropriate time for early intervention. How do social workers intervene at the level of concerns become they become crises (J Lee et al., 2022)? What is identified as a psychosocial concern? The findings from this study indicate that there are strategies that could be employed to alert staff to an appropriate referral

and when it should be made. This could be done with trialing standardized referral forms to social work in LTC and conducting a document analysis of electronic medical records, such as PointClickCare in Ontario to show trends in referrals to social work and the reasons that they are made (see Sussman et al., 2022).

- How do other professionals/residents/family members see social work role in LTC? There have been some explorations into this from the experience of social work availability when needed (Munn et al., 2008) to social workers playing pivotal roles in the eyes of family with transition to LTC (Malench, 2004). Although social work was mentioned in studies as playing a role, others' impression of the social work role within the LTC setting have not often been sought. J Lee et al. (2022) spoke about interviewing other workers about their perceptions of the social work role in one LTC home and found that none of the participants found any disadvantages, only advantages of having the role at their home. What might be the results of studies that conduct the same sort of interviews in different LTC settings in Ontario after being introduced to the role? As the research about the role of the social worker in LTC in Ontario is still in its infancy, an exploratory qualitative study is suggested and could involve focus groups with participating LTC workers such as nurses, physicians, personal support workers and administrators to discuss how they see the social work role in the LTC environment (see Hardy et al., 2020).
- How does the role of social work collaborate on interprofessional teams in LTC? How do social workers integrate with these interprofessional teams and what is the interplay of their own identities as social workers, ethics, and values in the team? This research recommendation might overlap with the research recommended above

about other views. However, separate studies are recommended that explore the role of the social worker specifically in team-based work in LTC as has been studied in hospital settings (see Ambrose-Miller & Ashcroft, 2016; Ashcroft et al., 2018). How do the Codes of Ethics for the different professions (i.e., MD, RN, RSW) interact and interplay with their roles on the team and in the LTC environment?

- What attracts social workers to the role in LTC? How to make this an aspirational position? What helps social workers to thrive in this role? Liu & Bern-Klug (2013) studied this by conducting a cross sectional analysis of quantitative survey data from social workers in LTC in the USA. A suggestion would be to replicate this study in Ontario, Canada and solicit the feedback from social workers in LTC about what attracted them to the role and sustainability of the role.
- How does the presence of a social worker in the LTC home influence the culture of LTC? Barber et al. (2021) found that the presence of younger residents in LTC influenced the culture of the home by studying that one component in the LTC environment. As there are LTC homes that have social workers and those that do not, could there be differences measured related to the presence of a social worker in the LTC versus in homes where they are not?

6.4 Education

Recommendation: To include the study of gerontology in consistent curriculums in university undergraduate and graduate courses, and specifically, the opportunity to study social work practice in LTC.

Findings from this study revealed that a strong asset to social workers in LTC is flexibility and the ability to take "Every bit of training I've ever had" (P:01) and use it in multiple applications. Education for the social work role in LTC includes broad social work training encompassing course content in assessment, communication, and facilitation, and working in interprofessional teams.

Outside of education within course curriculums, it is recommended that schools of social work include a consistent offering of courses specifically in aging and gerontology, with the opportunity to specialize in this area of psychosocial care including biopsychosocial aspects of aging (Beaulieu, 2021) and system navigation in gerontology (Beaulieu, 2013). This will raise awareness of gerontology as a career choice and provide instruction in the skills for practicing social work in the LTC environment, independently and as a team member. This course should aim to develop the "confidence" that participants spoke about in this study to work quite often as the sole social worker in the LTC, and make independent choices about assessment, screenings, interventions, and solutions. This education is needed to be focused on the social work role and its contributions. An example of the kind of course envisioned in this recommendation is offered at Thompson Rivers University in British Columbia (Kondrashov, 2022).

Recommendation: To offer professional learning opportunities to social workers in LTC or those planning to career transition in the direction of LTC.

A consistent offering of courses offered on a part-time or seminar series could act as part of the professional development plan required by the OCSWSSW to be able to hone skills in

long-term care such as foundational social work in LTC courses, or for those who are specializing in LTC post-graduation from their social work program of study.

Recommendation: Continue to offer educational opportunities about implementing person-centred care, including tailored learning opportunities for social workers in LTC to learn from a "person in environment" (PIE) approach.

This study highlights the strength of the PIE or ecological approaches in understanding the relationship of the "person in environment" between the social work role, in this case and the environment, but also as the social worker as part of the ecology in the LTC environment. In early classes, have a LTC social worker in to illustrate the use of these perspectives. They may talk about how the environment is shifting to person-centred and palliative care as another frame for "person in environment". How does this shift inform our teaching and learning about using an ecological perspective in LTC? Practical courses could include, how do social workers chart to reflect person in environment and person-centred care? (Sussman et al., 2022).

Recommendation: Increase educational opportunities for social workers to learn about how to work in interdisciplinary teams in LTC, perhaps adding LTC specific models to healthcare offerings.

As regards curriculum development, more innovative and interdisciplinary programs are called for such that students from diverse backgrounds (e.g., nursing, medical, business, and social work students) can have opportunities to learn together in practice situations that draw on the strengths of these disciplines and students can learn more about how to work together

and respect one another's expertise going in to the LTC environment. (Ambrose-Miller & Ashcroft, 2016; A Lee et al., 2016; J Lee et al., 2022).

6.5 Conclusions

This section will conclude this study by summarizing how the research met the aims of exploring social workers perceptions of the social work role in LTC in Ontario and their scope and capacities. It shares some final thoughts about the increased understanding of the social work role that has arisen through this study.

Aims of this study

The study aims were to increase understanding of the role of the social worker in long-term care (LTC) in Ontario. It contributed to this understanding by social workers sharing dimensions of their role and illuminated how their talents, skills, and training further the practice of social work in LTC in their scope and capacities.

The study met its aims through intensive interviews with twelve social workers who were registered with the OCSWSSW and had been working under the title of "Social Worker" in LTC for a minimum of three months about their roles in LTC and exploring the dimensions from an ecological theoretical perspective (Gitterman & Germain, 2008). Interview questions probed these dimensions by inquiring about the domains that Gitterman and Germain (2008) outlined to obtain a fulsome view of the person in environment; in this case, the social worker in the environment of LTC: 1) Ecological thinking and reciprocity of person-environment exchanges, 2) Person-environment fit, adaptedness, adaptation, 3) Habitat and niche: Physical and social settings within a cultural context. 4) Abuse or misuse of power, oppression, and social and technological pollution. 5) The life course 6) Life

stressors, stress, and coping, .7) Resilience and protective factors (Please see Appendix A) Thus, the data obtained were underpinned by this theoretical perspective in that the questions asked elicited responses in each of the domains according to ecological theory (Gitterman & Germain, 2008).

This study methodology followed a constructivist grounded theory approach (Charmaz, 2014). This methodology suited the study well and allowed for following up on novel concepts, such as "role confidence," the role of humour in building trust and relationship, and a life cycle to the role.

Participants provided rich information that described their scope and practice in the social work role in LTC. The constructivist grounded theory analytical framework of initial coding, focused coding, and memoing aided in the capturing the dimensions of the role of the social worker in LTC in Ontario with five themes emerging, *1. Building Trust and Relationship, 2. Meeting Needs in the LTC environment, 3. Working in Collaboration, 4. The Life Cycle of the Social Work Role in LTC 5. Influencing the LTC environment*.

These themes and their subcategories were able to capture a rich illustration of the perceptions of participants who were social workers in LTC in Ontario about how their personal qualities, skills, and training further the practice of social work in LTC in their scope and capacities. Findings from this study suggested that the social work role is a fast-paced role that spans the whole LTC home and addresses issues at micro, mezzo, and macro practice levels. There was a different sense of time for social workers in LTC: Although they moved quickly between interactions, findings indicated a sense of creating time to meet their

goals of providing relational care, with consideration of their social work values and ethics in each scenario.

Findings further indicated that the role of the social worker in LTC involves integrating knowledge and intuitive feelings from the environment, having a heightened awareness of relationships, anticipation of needs, and incorporating knowledge of resources that can be useful within and external to the LTC home. The role was described as constantly keeping an awareness and openness to opportunities to act for the benefit of those in the LTC environment.

The social work role can be seen as a "hub" within the LTC environment and social workers are consistently in a process of integration, communication, and facilitation of relationships, whether it be with administration, staff, residents, families, resources from the broader community, or specialized teams such as BSO. This study suggests that the social work role is not a static role and is constantly expanding and evolving in tandem with needs of the LTC home within changing historical contexts. These elements of the social work role necessitate ongoing formal and informal learning and contact with other social workers to share their experiences, exchange resources, and provide support.

While the study provided insights to meaningful and uplifting times in the social work role in LTC, it also revealed that the role was frequently central to complex matters involving conflict, trauma, and end of life. Findings from this study illuminated needs for supervision, debriefing, and self-care for the social worker to sustain this role in LTC. It was found that, if the social worker in LTC can achieve equilibrium in the balance of meeting their own needs and the needs of the environment, they can further influence the culture of

the LTC towards a place of meeting needs in a more holistic, relational, and person-centred approach to care.

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APPENDICES

Appendix A- Relationship of ecological theory and interview guide questions.

Concept	**Relation to Study**	**Relation to Proposed Questions**
1) Ecological thinking and reciprocity of person-environment exchanges.	Each shape and influences each other over time. This is not linear- it is seen in terms of feedback loops. Although levels of interaction always affect each other, the theory seeks a holistic balance.	1)How do you perceive your role as a social worker in long-term care? Prompt: If you could tell another person who does not know what you do, how would you describe your role? Prompt: What are the three activities that you see as most important to your role? Prompt: How would you describe your work at different levels of practice? (micro, mezzo, macro)?
2) Person-environment fit, adaptedness, adaptation	People strive to deal with and improve the 'level of fit' with their environments. A 'good fit' is seen as the availability of sufficient personal and environmental resources to permit the individual to achieve comfortable adaptedness. A 'poor fit' result in the individual having a perception of insufficient resources and needs. This creates 'stress'.	Questions related to this are centred on where the social worker sees themselves in the role in the LTC and perceptions of personal and environmental resources. 2) What do you enjoy about your role as a social worker in LTC? What creates stress?

		Prompt: What are the most important skills you bring to your work as a social worker in LTC? Prompt: What important qualities do you bring to your work? Prompt: What advice would you give to other social workers in LTC?
3) Habitat and niche: Physical and social settings within a cultural context.	If they do not support the growth, health, and social functioning of the individual; isolation, disorientation, helplessness is often likely.	How does the culture in the LTC facility support or hinder their social work role? 3) How does the culture of your organization support social work? Prompt: How does the culture in the LTC home support or hinder the social work role? Prompt: How does your role contribute to the culture of the LTC home?
4) Abuse or misuse of power, oppression, and social and technological pollution.	Gitterman and Germain (2008) discuss this dimension structurally as abuse of economic and political power, which leads to a host of poor outcomes that bleed into social pollution such as poverty, racism, and physical and social barriers to those with disabilities.	How do the social workers in LTC relate to these dynamics in their LTC environment? 4)How does the culture of your organization support anti-oppressive social work practice? Prompt: How do you support those with disabilities, experiencing

		racism, poverty, ageism, sexism, heterosexism, or other oppressions?
5) The Life Course: Replaces the term life cycle, historically used in the literature. It is seen as non-uniform in the Life Model theory.	Relates to years of social work practice in LTC for the purposes of this study and where the social worker has found their role in the culture of their LTC environment.	5)Do you believe the social work role is important to LTC? Why/why not? Prompt: In what ways do you see the role of social worker as unique from the roles of other professionals working in long term care?
6) Life stressors, stress, and coping.	Efforts are made to cope with stresses in the environment; by overcoming, reducing, or tolerating the stressors. When we perceive that we have the resources to cope effectively, we experience zest, relatedness, competence, and self-direction	6)What do you enjoy about your role as a social worker in LTC? What creates stress for you in your role as a social worker in LTC?
7) Resilience and protective factors.	. Ecological concept, complex person-environment transactions rather than simple attributes of a person	What factors can be identified within the environment for LTC social workers that allow for coping and resilience in the social work role? 7)What kind of factors allow you to sustain your role as a social worker in LTC? Prompt: How would you describe the things that keep you going in this role?

Appendix B- Study Recruitment Poster

University of Windsor

The Role of the Social Worker in Long-Term Care in Ontario: A Qualitative Study

Volunteer Participants Needed!

This study is seeking perspectives of registered social workers who work in long-term care in the Province of Ontario and use the title of Social Worker. If this sounds like you, we would love to hear your insights in an exploratory study to look at the scope and practice of your role. Please let us know if you would be interested and available for an interview of about an hour in length that we could schedule at your preferred time. Interviews will be conducted in the English language. Thank you in advance for your consideration of this request.

Do you currently work as a social worker in Long Term Care in Ontario? Have you held the position for at least three months?

Are you interested in being interviewed online about your experiences in this role?

We would love to hear from you! For more information or to express your interest in setting up a time to interview, please email: Candace Hind hind3@uwindsor.ca

What is Involved?

Interviews will take place remotely by Zoom Professional technology online and will be audiotaped.

Interviews will be conducted by Candace Hind, MSW, RSW, and under the supervision of Dr. Jill Grant, MSW, PhD., Associate Professor, School of Social Work, University of Windsor.

This study is a part of dissertation research for the PhD in Social Work, University of Windsor.

This research has been cleared by the Research Ethics Board at the University of Windsor. REB Number: 42333

Appendix C- Study Informed Consent

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: The role of the social worker in long-term care in Ontario: An exploratory qualitative study examining perspectives of social workers about their roles.

You are asked to participate in a research study conducted by Candace Hind, MSW, RSW, PhD Candidate, and Supervisor Dr. Jill Grant, from the School of Social Work at the University of Windsor, the results of which will contribute to a doctoral dissertation.

PURPOSE OF THE STUDY

This study aims to increase social work understanding of the role of the social worker in long-term care (LTC) in Ontario, as well as increase the understanding of residents and family, colleagues working on interdisciplinary teams, administrators, decision-makers, and other stakeholders of LTC. It can contribute to social workers sharing dimensions of their role to illuminate how their talents, skills, and training can further the practice of social work in LTC in their scope and capacities.

PROCEDURES

If you volunteer to participate in this study, you will be asked to participate in an interview of approximately one hour in length about your social work role in LTC. You will be asked to review an informed consent form prior to the interview time that we schedule, and for your verbal consent to be interviewed when we meet, so that your information can be analysed and included in this study.

You will be asked to participate in an interview that will take place remotely by Zoom Professional technology online and will be audiotaped.

Interviews will be conducted by Candace Hind, MSW, RSW (hind3@uwindsor.ca) and under the supervision of Dr. Jill Grant, MSW, PhD. (jgrant@uwindsor.ca), Associate Professor, School of Social Work, University of Windsor.

POTENTIAL RISKS AND DISCOMFORTS

This interview presents minimal risk above reasonable risks of life, and you can choose not to answer any question if it causes discomfort to you. Some questions may cause some discomfort in recounting stressful experiences in the social work role. In LTC. Interviews will be conducted by Candace Hind, a trained and registered MSW, RSW. If you know Candace Hind and would prefer to be interviewed by someone else, this will be arranged upon request. We advise you to find a private place to interview to minimize any risks to you.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are no direct benefits to you for your involvement in the project.

COMPENSATION FOR PARTICIPATION

Participants will receive no compensation for participation in this study.

CONFIDENTIALITY

Interviews will be conducted and recorded on Zoom Conference Technology (Professional version) and transcripts will be stored in password protected file on a private computer. Data will be assigned a unique participant code number and separated from identifying information. Only the researcher and supervisor will have access to the data, which will be retained for analysis purposes until December 1, 2022. After this time, the researcher will maintain the de-identified information in a password protected OneDrive system for a period of seven years, as per research protocol.

PARTICIPATION AND WITHDRAWAL

Participation in this study is voluntary and participants can withdraw without consequences at any time during data collection until the results are de-identified and analysed (until December 1, 2022) Participants can withdraw by contacting the researcher by email at hind3@uwindsor.ca. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

You may choose to receive preliminary findings from this study, once the data is analysed, deidentified, and quotes chosen, in order to provide feedback and to check for accuracy. Please indicate if you would like to receive these preliminary findings by email.

A summary of the research findings from this study will be available to view at the completion of analysis of data (projected January 2023) at the REB/Leddy Library's Summary for Participant platform at the following link: https://scholar.uwindsor.ca/research-result-summaries/

SUBSEQUENT USE OF DATA

These data may be used in subsequent studies, in publications, and in presentations.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: The Office of Research Ethics, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I understand the information provided for the study The role of the social worker in long-term care in Ontario: An exploratory qualitative study examining perspectives of social workers about their roles, **as** described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

____
Name of Participant

____________________________________ __________________
Signature of Participant Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

____
Signature of Investigator Date: August 30,2022

Appendix D- Interview Guide

Interview Guide

Thank you for participating in this study. Before we begin, I'd like to ask you a few questions.

1. **Are you a registered social worker working in LTC in Ontario?**
2. **What is the degree for which you are a registered social worker (RSW)? (BSW, MSW)**
3. **Have you worked as a social worker in LTC for three months?**
4. **How long have you worked as a social worker (RSW) in LTC in Ontario?**

5. **How do you perceive your role as a social worker in long-term care?**

Prompt: If you could tell another person who does not know what you do, how would you describe your role?

Prompt: What are the three activities that you see as most important to your role?

Prompt: How would you describe your work at different levels of practice? (Micro, mezzo, macro)?

6. What do you enjoy about your role as a social worker in LTC?

Prompt: What are the most important skills you bring to your work as a social worker in LTC?

Prompt: What important qualities do you bring to your work?

Prompt: What advice would you give to other social workers in LTC?

7. What creates stress in your role as a social worker in LTC?

8.. How does the culture in the LTC facility support your social work role?

Prompt: How does the culture in the LTC home hinder the social work role?

Prompt: How does your role contribute to the overall culture of the LTC home?

9. **How would you describe the relationship of the social work role to others in the LTC community where you work?**

Prompt: Administration?

Prompt: Colleagues?

Prompt: Clients?

Prompt: Families?

10. **How do you negotiate what social work does with others in the LTC community where you work?**

Prompt: Administration?

Prompt: Colleagues?

Prompt: Clients?

Prompt: Families?

11. **How does the culture of your organization support anti-oppressive social work practice?**

Prompts: How do you support-

Those with disabilities, experiencing racism, poverty, ageism, sexism, heterosexism, or other oppressions in LTC?

12. **Do you believe the social work role is important to LTC? Why/why not?**

Prompt: In what ways do you see the role of social worker as unique from the roles of other professionals working in long term care?

13. **What kind of factors allow you to sustain your role as a social worker in LTC?**

Prompt: How would you describe the things that keep you going in this role?

14. **Is there anything else that you would like us to know about your experience as a social worker in LTC?**

I just have a few additional questions I would like to ask you before we wrap up.

14. **What is your gender identity?**

15. **Which race category best describes you? Select all that apply from the options I will read out:**

Race categories	Description/examples
Black	African, Afro-Caribbean, African-Canadian descent
East Asian	Chinese, Korean, Japanese, Taiwanese descent
Latino	Latin American, Hispanic descent
Middle Eastern	Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, etc.
South Asian	South Asian descent, e.g. East Indian, Pakistani, Sri Lankan, Indo-Caribbean, etc.
Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, other Southeast Asian descent
White	European descent
Another race category	Another race category (write-in response)

(Public Health Ontario, 2021)

16. **In what part of Ontario is your LTC home located (by Ontario Health areas)?**

- - North-East Region (Parry Sound, Sault Saint Marie, Hudson Bay, James Bay)
- - North-West Ontario (Thunder Bay, Kenora)
- - Eastern Ontario (Scarborough, Deep River, Hawkesbury)
- - Central Ontario (Mississauga, Huntsville, Orangeville, Markham)
- - Toronto Ontario (serving 73 unique urban neighbourhoods across Toronto)
- - West Ontario (Waterloo to Windsor, Tobermory to Niagara Falls)

17. **What capacity do you work in (e.g., full-time, part-time, contract)?**

Thank you for your interest and participation.

VITA AUCTORIS

NAME:	Candace Hind
PLACE OF BIRTH:	Canton, New York
CITIZENSHIP:	Canadian/U.S.
EDUCATION:	University of Windsor, B.A [H], Psychology & Dramatic Art, Windsor, ON, 2008
	University of Windsor, MSW, Windsor, ON, 2013
	University of Windsor, PH.D., Windsor, ON, 2023