No Time for Nice?
Exploring Health Care Aides’ Workplace Relationships in Long-Term Care

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Background

- Witnessing the power & impact of workplace relationships
- Systemic & structural challenges facing LTC
- Ongoing shortage of HCAs & retention/turnover issues
Incivility vs Bullying

• **Bullying**
  • Repeated misuse of power intended to **undermine, humiliate, or injure**
  • Frequent, hostile, persistent & power imbalance

• **Incivility**
  • **Low-intensity**, deviant act
  • **Violates workplace norms** for respectful interactions
  • **Ambiguous intent** to harm
Research Questions

• What are the types of WIB to which HCAs are exposed within LTC?
• How do social locations & broader organizational factors influence WIB experiences?
• How are HCAs’ working relationships impacted by WIB?
• What is the impact on care delivery?
Current Study

• Two not-for-profit care homes
• Female, mostly Caucasian & Canadian-born
  • Spent 10 years as HCA
• 33 in-depth interviews
  • 100 hours participant observation
... he came in and plunked this plate of bird seed down on the table. And he was like, ‘Here you go. Help yourself.’ Because he said, ‘You’re all a bunch of hens. You all just sit there and [makes chirping noise], right?’ It’s what happens. I don’t know, it’s part of the genetic makeup of women or something, that need to sit and talk about whatever? You see it and hear it all the time . . .

~ Emily
Relational Aggression

- Non-physical, manipulative & exclusionary social aggression
- Not readily observable to those not enmeshed within it
- Commonly employed when costs of direct aggression high
Social Locations & Organizational Context

• Greater visible order (hierarchy), greater invisible disorder
• High job demands & low job control
• Absent HCAs not replaced
Power Relations & Care Delivery

- Requesting Help
- Resisting Help
- Receiving Help
Requesting Help

…you start your day of at report & seriously…the other person will not even say a bloody word to you & you know, you go about your day, there’s still no contact, no eye contact, nothing. They just keep to themselves completely. So, then you know not to ask them for help.

~ Emily
Receiving Help

In all the places I’ve worked, when you first start or you’re coming in as a casual, they’ll just be like, “Sorry… you’re just going to have to wait.” Well, how long am I going to wait with somebody set up in a sling to be moved or taken off the toilet or put on the toilet? Where now if I say, “Hey, I need you for a second”, “OK, I’ll be right there”… And so now they’ve maybe seen that I am helpful & useful & I do my job well. And so now they’re like, OK, you can do it, you really do need help…

~ Brooke
Resisting Help/ing

Safety becomes an issue because care aides are cutting corners… especially if it’s not their resident. They’ll just do the bare minimum… because they don’t want to do it for the person they perceive as not doing their job that day… or they’ll just go & turn the call bell off & not help the resident because they don’t want to do that person’s work.

~ Sabrina
Fitting the Pieces Together

- Not just how many but **who** is on shift
- Structural challenges place limits upon HCAs’ helping behaviours
- Cohesive, collaborative relationships cannot be left to simply organically emerge
- Key role of supervisors & unit managers
- **Quality of care inextricably linked to quality of work life**
... to our participants, research team & funding partners

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