

**AGING IN PLACE: OLDER ADULTS' PERSPECTIVE OF HOME SUPPORT
SERVICES IN NEW BRUNSWICK**

By

Norma Chinho

Bachelor of Arts in French and Philosophy, University of Zimbabwe, 2002
Master's of Business Administration, Midlands State University, 2009

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master's of Applied Health Services Research

in the Graduate Academic Unit of Interdisciplinary Studies

Supervisor: Emily Read, RN, CPT, Ph.D., Associate Professor, Faculty of
Nursing

Committee: Suzanne Dupuis-Blanchard, RN, Ph.D., Professor, Faculty of Health
Sciences and Community Services, Université de Moncton

Examining Board: Mary McKenna, Ph. D., Professor, Faculty of Kinesiology, Chair
Luc Thériault, Ph.D., Professor, Department of Sociology,
Faculty of Arts

This thesis is accepted by the
Dean of Graduate Studies

THE UNIVERSITY OF NEW BRUNSWICK

October, 2019

©Norma Chinho, 2020

ABSTRACT

Countries facing aging population challenges have to address them in patient-oriented, and evidence-based ways. Seniors desire to age in place. This concept in which one lives in his or her own home for as long as possible carries two-fold benefits. Seniors could live out their days in their homes and the government could potentially reduce seniors' hospitalizations and emergency visits. This would significantly decrease public health spending and improve the quality of life for the elderly. Previous senior home support services investigations in New Brunswick have used province-wide and Francophone perspectives, however, this study utilized a uniquely Anglophone point of view to add to the existing body of knowledge. An interpretive description methodology studied the perspectives of seniors receiving home support services which are publicly funded in New Brunswick. The knowledge gained from this investigation has the potential to further inform policy on serving seniors more effectively and efficiently with input from their own voices. Eight participants aged 65 and older and one caregiver were interviewed for this study. Findings show that seniors desire to age in their own homes and home support services enable this thus assist seniors to carry out successful daily life. However, seniors are experiencing significant gaps in home supports, with the most glaring ones occurring in rural New Brunswick. These gaps include home support worker staffing challenges and professional conduct issues which inevitably lead to unmet home support service needs. More still needs to be done to effectively address these gaps for seniors in the province of New Brunswick.

DEDICATION

Dedicated to the memory of my little sister Faith, the one without guile and the wind beneath my sails and to my parents Getrude and Levy Mashonganyika Chinho. I love you without cease.

ACKNOWLEDGMENTS

I wholly thank my thesis supervisor, Dr. Emily Read for going out on a limb and taking me on as a Graduate Research Assistant for the eHealth Innovations Partnership Program (eHIPP) study funded by the Canadian Institutes of Health Research. In this position, I learned researching skills hands-on, concentrating on seniors and aging. During my tenure, she patiently provided guidance and instruction, which allowed me to learn and become skilled in research, communication, and writing. Thank you, Dr. Read, you provide value in what you do. I would like to thank Dr. Suzanne Dupuis-Blanchard for agreeing to be on my thesis committee and the experience and knowledge she brought which afforded me the ground to learn from a master in matters of aging and qualitative research. I thank Dr. Cora Woolsey for her unending support and being my sounding board, always providing prompt feedback when I needed it for my thesis and conference presentations. I am eternally grateful to you folks. I further would like to make special mention of Dr. Mary McKenna whose spirit of friendship and openness marked my days at UNB. Thank you so much and never stop! I heartily thank my family, friends, and colleagues in the Masters of Applied Health Services Research (MAHSR) course who were there with me throughout the ups and downs which punctuated this journey. Your role was key to me getting to this destination. I am deeply grateful to you all! Finally, I thank all the participants who welcomed me into their homes and shared their experiences receiving home support services with me. What an honor! Your voices add insight and meaning to the field of home support services.

TABLE OF CONTENTS

ABSTRACT	ii
DEDICATION	iii
ACKNOWLEDGMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	xi
LIST OF ABBREVIATIONS	xii
APPENDICES	xiii
1.0 INTRODUCTION BACKGROUND AND SIGNIFICANCE	1
1.1 Background and Significance	1
1.2 Background of the Problem	3
1.3 Purpose of the Study	4
1.4 Research Questions	4
1.5 Significance of the Study	4
1.6 Summary	5
2.0 REVIEW OF THE LITERATURE	6
2.1 Literature review	6
2.2 Home Care and Home Support for Seniors in Canada	6
2.3 Home Care and Home Support Services in New Brunswick	9
2.4 Aging in Place	10
2.5 Emergent themes from related literature	12
2.5 Balancing seniors' needs for autonomy and assistance	12
2.6 Home support services' place in the continuum of care in health settings	13

2.7 HSWs' struggle to maintain a healthy professional distance and emotional attachments to home care clients	14
2.8 Challenges with limited scope of home support services being provided	15
2.9 Rationale for the study	16
2.10 Summary.....	17
3.0 METHODS	19
3.1 Introduction	19
3.2 Interpretive description	19
3.3 Strengths and Limitations of interpretive description	20
3.4 Rationale for the methodology	21
3.5 Philosophical Foundations	22
3.6 Design	23
3.7 Setting and participants	23
3.8 Inclusion and Exclusion Criteria	24
3.9 Sampling	24
3.10 Recruitment of Participants	25
3.11 Data Collection	27
3.12 Data Analysis	29
3.12 Establishing trustworthiness	30
3.13 Ethical considerations	31
3.14 Beneficence, Respect and Justice	31
3.15 Dissemination Plan	33

3.16 Conclusion	34
4.0 FINDINGS.....	35
4.1 Introduction.....	35
4.2 Demographic summary of participants.....	35
4.3 Main Findings	39
4.4 Transition of Senior Adults into the Home Support Program in New Brunswick	39
4.5 Service Delivery and Access	41
Service Sufficiency and Scheduling	41
Language Issues	45
Rotation and Turnover of HSW Staff.....	45
The City versus Rural New Brunswick.....	47
Information Dissemination about Governmental Services and Programs-the Gap	49
Summary of Service Delivery and Access	51
4.6 Home Support Services enable Participants to Age Comfortably in Place	51
Participants are at the mercy of the system	52
Home Support Workers are enabling seniors to Age in Place – “I cannot get along without them”.....	54
HSWs give Seniors Confidence in Managing Life Issues	55
Home Support allows seniors and their Caregivers to have Quality Time	56

Summary of how Home Support Services Allow Participants to Age Comfortably in Place	57
4.7 Barriers to a good Client-HSW relationship.....	58
Unprofessional conduct.....	59
Negotiating the Professional and Personal Boundaries between Seniors and Home Support Workers.....	64
Autonomy versus the need for Assistance – “the donkey work”... ..	65
Summary of the Barriers to good Client-HSW relationship.....	66
4.8 Facilitators to a good Client-HSW relationship.....	67
The making of an effective support worker	69
4.9 Conclusion.....	69
5.0 DISCUSSION	71
5.1 Introduction	71
5.2 Summary of Study Findings	72
5.3 Participants' Demographics	74
5.4 The Transition from autonomous individuals to receiving home support services	76
5.5 Service Delivery and Access	77
Service Sufficiency and Scheduling	77
Rotation and Turnover of HSW Staff.....	78
Language Issues	79
The City versus Rural New Brunswick.....	80
Information Dissemination about Governmental Services	

and Programs-the Gap	81
Summary of Service Delivery and Access	83
5.6 Home Support Services enable Participants to Age	
Comfortably in Place	83
Participants are at the mercy of the system	84
Home Support Workers are enabling seniors to	
Age in Place – “I cannot get along without them”	86
HSWs give Seniors Confidence in Managing Life Issues ...	87
Home Support allows seniors and their Caregivers to	
have Quality Time	87
Summary of how Home Support Services Allow Participants to Age Comfortably	
in Place	88
5.7 Barriers to a good Client-HSW relationship.....	89
Unprofessional conduct.....	89
Negotiating the Professional and Personal Boundaries	
between Seniors and Home Support Workers.....	91
Autonomy versus the need for Assistance – “the donkey work” ...	92
Summary of the Barriers to good Client-HSW relationship.....	93
5.8 Facilitators to a good Client-HSW relationship	
Makings of an effective HSW.....	93
Summary	94
5.9 Strengths and Limitations of the Study.....	95
5.10 Personal Reflections	97

5.11 IMPLICATIONS.....	99
5.12 RECOMMENDATIONS.....	109
5.13 Conclusion.....	112
REFERENCES	113
APPENDIX A: Letter of Information and Consent for the Client	124
APPENDIX B: Semi- structured interview guide for clients	129
APPENDIX C: Socio-demographic data and information of study participants...	131
APPENDIX D: Study Recruitment Flyer (also published on Kijiji)	132
APPENDIX E: Recruitment Flyer Locations	133
APPENDIX F: Participants Recruitment Advertisement Placed in the Food for Thought-Meals on Wheels Newsletter	134
APPENDIX G: Facebook Page for Participant Recruitment	135

[CURRICULUM VITAE]

LIST OF TABLES

Table 1: Home Care and Home Support for Seniors in Canada	7
Table 2: Demographic Data of the Study Participants	37

LIST OF ABBREVIATIONS

Activities of daily living (ADL)

Canadian Healthcare Association (CHA)

Canadian Institutes for Health Information (CIHI)

Canadian Institute of Health Research (CIHR)

Canadian Medical Association (CMA)

Chronic Obstructive Pulmonary Disease (COPD)

Home Support Worker (HSW)

Natural Sciences and Engineering Research Council of Canada (NSERC)

New Brunswick Health Council (NBCH)

Social Sciences and Humanities Research Council of Canada (SSHRC)

Tri-Council Policy Statement (TCPS)

Quality of Life (QoL)

LIST OF APPENDICES

APPENDIX A: Letter of Information and Consent for the Client	124
APPENDIX B: Semi-Structured Interview Guide for Clients	129
APPENDIX C: Socio-Demographic Data and Information of Study Participants	131
APPENDIX D: Study Recruitment Flyer (published on Kijiji as is)	132
APPENDIX E: Recruitment Flyer Locations	133
APPENDIX F: Participants Recruitment Advertisement placed in the Food for Thought-Meals on Wheels Newsletter	134
APPENDIX G: Facebook Page for Participant Recruitment	135

Aging in Place: Older Adults' Perspective of Home Support Services in New Brunswick

Chapter I

Introduction

This chapter introduces the background and significance of the problem to be investigated. Thereafter, we will look more into the background of the problem, the purpose of the study then state the research question. Finally, we outline the significance of the study.

Background and Significance

Due to the dramatic improvements in public health and sanitation, more Canadians are living longer. Longevity is a positive development; however, an unintentional consequence has been a drastically changing demographic where there are now more elderly adults compared to other age groups. In New Brunswick, 20.8% of the population are adults aged 65 years and older (Statistics Canada, 2018). This makes it the province with the highest proportion of seniors in the country. In the last few years, the province's overall population had been characterized by negative population growth (Statistics Canada, 2016) and increases due mainly to immigration (Statistics Canada, 2018). This, coupled with the increasing number of seniors, has serious implications for the province's healthcare landscape. Current findings are that seniors in Canada constitute about 16% of the population but are consuming about 46% of the public-sector health care funds (CIHI, 2017). Some of the seniors in this population tend to deal with increased comorbidities which make them more likely to be confined to the house

(Smith-Carrier et al., 2015; Smith-Carrier, 2017). A home care survey of the senior population found that 66% of seniors dealt with 3 or more chronic conditions (New Brunswick Health Council, 2012). This survey and other findings showed that a significant percentage of seniors in New Brunswick deal with chronic health conditions. In a recent report from the New Brunswick Health Council (2015; 2018), 54% of seniors reported living with hypertension, while 46% had arthritis and about 30% dealt with chronic pain. Despite the health challenges associated with increased functional decline, research has found that seniors want to age in place (Carver et al., 2018; Low et al., 2011; Mack et al. 1997; National Institute of Aging, 2017; New Brunswick Health Council, 2015). However, many seniors need support to stay at home comfortably, thereby highlighting the importance of home support services for this population (Government of Canada, 2019). As the senior population in Canada increases, there are concerted efforts by the federal and provincial governments to make home supports more accessible for seniors especially those who may not have the financial means or who may be living in more remote parts of the country (Government of Canada, 2019).

Appropriate and transformative healthcare programs are needed in the face of changing demographics as the number of seniors aged 65 and older increases (Statistics Canada, 2018) in the province thereby putting more pressure on long term care and emergency services at hospitals. There is a need to harness the efforts of different key stakeholders to provide care for seniors with reduced capacities to care for themselves. Among these stakeholders, in many cases, are family or friend caregivers who work closely with home support workers (HSWs). Friend and family caregivers, also widely known as informal caregivers, play a critical role in providing care for the elderly.

Working together with HSWs, they provide care to seniors who may otherwise have to be moved to nursing homes to receive increased levels of care, depending on their needs. In New Brunswick under the Long-Term Care program seniors can receive home support to assist them with different activities of daily living (ADLs) depending on their income levels (New Brunswick Health Council, 2012; 2015; 2019; Social Development, 2008). HSWs are crucial to the provision of these home support services for seniors within the province where approximately 4700 seniors are currently receiving home support services (Province of New Brunswick, 2017). Home support services in New Brunswick are provided to seniors through third parties and are managed for the provincial government by the Department of Social Development (New Brunswick Health Council, 2012; 2015; 2019).

Background of the Problem

This study came in the wake of a mixed-methods study on passive remote monitoring use by seniors which was underway in three Canadian provinces funded by the Canadian Institutes of Health Research through its eHealth Innovations Partnership Program (eHIPP) (CIHR, 2017). Preliminary findings related to the eHIPP study in the province of Nova Scotia showed that seniors were experiencing challenges when receiving home support services subsidized by the provincial government. This then highlighted the need to understand the perspectives of seniors concerning the home support services they are receiving to assist providers to comprehend the nuances related to this aspect of senior care and aging in place. We need to understand what seniors' perceptions are about the basket of services on offer. This understanding, along with how they wish to receive home support services, may shed light on what aspects of the service

delivery may need revamping to suit their individual needs. Findings from this qualitative study provide insights that can be translated into the province's aging policy and applied to practice.

Purpose of the Study

The purpose of the study was to describe and interpret the perceptions of seniors' personal experiences with the home support services they received in the province of New Brunswick.

Research Question

The study aimed to provide more insight into the perceptions of older adults concerning home support services. The study's key research question was to ascertain what can be learned from seniors' perceptions of the publicly-funded home support services that they were receiving in New Brunswick.

Significance of the Study

This study is significant for both the provincial government of New Brunswick and the province's seniors. New Brunswick has a Home First Program currently promoting aging in place in which different sectors including communities are increasingly sharing responsibilities of care (New Brunswick Health Council, 2012; 2015; Social Development, 2015). Furthermore, health and social support are determinants of health and some seniors may require critical home support services, a key role which the government should address effectively. Being cognizant of the fact that the population of older adults is increasing and the effects this may have on an already overburdened healthcare system, the Government of New Brunswick needs to harness home support services in a way that makes them increasingly responsive to clients'

needs. Knowing what the perceptions of the seniors who use this service and their expectations are, should shed light on what needs to be modified and improved upon to serve them better. This research set out to describe and interpret the perceptions of a few elderly New Brunswickers about the home support services they received and provided older adults with a valuable opportunity to articulate their experiences, how their needs are being met, as well as ongoing gaps in services. Ultimately, the findings could assist the government in improving home care service delivery and ensure that aging New Brunswickers receive services that are tailor-made for them in accordance with their needs and expectations. This study used a client-centered research approach, which aligned with the strategy for patient-oriented research.

Summary

Chapter 1 outlined the background of the problem, the purpose of the study, the key research question, and the significance of the study. This interpretive description study provided important findings with practical implications for seniors' publicly funded home support services in New Brunswick. In the next chapter, we outline the literature related to the proposed study and what past research on this topic has revealed, thereby putting it into context.

Chapter II

Literature review

This chapter provides a review of the literature related to the study. An initial general overview of home support services and home care in Canada is provided, followed by a description of how the service is offered in the province of New Brunswick. Thereafter, based on evidence gleaned from other studies on home support services for seniors, I will outline the themes from findings. Finally, I will position the study into context, displaying what necessitated the research in the province of New Brunswick, which serves as the rationale for the proposed study.

Home Care and Home Support for Older Adults in Canada

In Canada, the constitution sets out the responsibilities for the federal, territorial, and provincial governments (Canadian Healthcare Association, 2009; Health Council of Canada, 2012). Of particular importance for the current research, provinces are responsible for the organization, delivery, and funding of health and social services (with some financial assistance from the Federal government) (Canadian Healthcare Association, 2009; Health Council of Canada, 2012). As a consequence, home support and/or home care services provision for older adults differs from province to province since they are offered by the provincial governments which decide their own unique models of care.

In most Canadian provinces services to assist older adults at home are referred to as *home care* and are delivered under the provincial departments. Home care is defined as the delivery of health and social services to individuals living in the community (Sims-Gould & Martin-Matthews, 2010a). For most seniors, home is a term loaded with

meaning and there is a constant fear of losing it (Gillsjö et al., 2011). This, among a variety of other reasons, has necessitated the adoption and regulation of a home care model in recent years. To exemplify, in Saskatchewan, the service falls under the Department of Health, which has been offering home care services since 1983 under Continuing Care similar to British Columbia where, previously, it had been known as long-term care since 1978 (British Columbia Health Services, 2017; Canadian Healthcare Association, 2009; Saskatchewan Department of Health, 2018). Alberta also offers home care services under the Continuing Care System (Alberta Health Services, 2018). Under the home living branch of the continuing care system in Alberta, they provide both in-home professional health services and personal support services (Alberta Health Services, 2018). In other provinces, home care workers are called personal support workers (PSWs) (Saari et al., 2017). To contextualize these differences, table 1 below offers an overview of the provision of home care and home support services by provincial and territorial governments across the country.

Table 1: Home Care and Home Support for seniors in Canada- an overview

Province	Department and/or service name	Year established	Services structure
1. Alberta	Home Care under the Continuing Care System (Alberta Health Services, 2018)	1978	Provides in-home professional support services such as nursing and rehabilitation, and personal support services like homemaking, bathing or grooming assistance.
2. British Columbia	Home Support Services (British Columbia Health Services, 2017) initially from under the Long-Term Care program (1978) which was changed to Continuing Care from 1983	1978	All professional services are delivered by public employees, but home support services are delivered by private agencies
3. Manitoba	Home Care Program under Home Care Services (Manitoba Department of Health, Seniors and Active Living, 2018)	1974	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.

4. New Brunswick	<p>Department of Social Development offers Home support services (New Brunswick Department of Social Development, 2018).</p> <p>Department of Health offers home healthcare program through New Brunswick Extra-Mural Program (EMP New Brunswick Department of Health, 2018)</p>	1979	The Department of Social development handles home support services while the Department of Health handles home care services covering nursing and rehabilitation. All professional services are delivered by public employees, but home support services are delivered by private agencies
5. Newfoundland and Labrador	Department of Health and Community Services providing Home Care (Newfoundland and Labrador Department of Health and Community Services, 2016)	1975	All professional services are delivered by public employees, but home support services are delivered by private agencies
6. Northwest Territories	<p>Department of Health and Social Services offer Home Care under Continuing Care Services (Northwest Territories Department of Health and Social Services, 2018)</p>	1978	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.
7. Nova Scotia	Department of Health and Wellness under Home and Continuing Care offers Home Care services which include home support and nursing (Nova Scotia Department of Health and Wellness, 2018)	1988	Both public and private employees provide professional home care services; public employees provide the administration, and home support services are contracted out.
8. Nunavut	Department of Health and Wellness under Home and Continuing Care offers Home and Community Care (HCC) offering health and support services (Nunavut Department of Health, 2018)	2003	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.
9. Ontario	Department of Health and Long-Term Care offer Home Care and Community Services (Ontario Department of Health and Long-Term Care, 2018)	1970	Community Care Access Centre (CCAC) employees provide single-entry coordinating services, but all publicly paid professional home care and home support services are contracted to the private sector. A few CCACs deliver services through their employees.
10. Prince Edward Island	Department of Health and Wellness offers home care under the Home Care Program (Prince Edward Island Department of Health and Wellness, 2017)	1986	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.

11. Québec	Local Community Service Centres (CLSCs) offering home care support service (Quebec Ministry of Health and Social Services, 2018)	1972	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly
12. Saskatchewan	Department of Health offers Home Care services under the Continuing Care Program (Saskatchewan Department of Health, 2018)	1978	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.
13. Yukon	Department of Health and Social Services offers Home Care under the Continuing Care Program (Yukon Department of Health and Social Services, 2018)	1988	Provincial or territorial government employees manage and deliver both home care (which includes professional services such as nursing care) and home support services, related to personal care, housework, meals, shopping, and respite care directly; intermediate agencies either play a limited role or have no role at all.

Adapted from the Canadian Healthcare Association (2009) and several up-to-date provincial governmental websites cited in the table for current and relevant information.

Home Care and Home Support Services in New Brunswick

Unlike other provinces, New Brunswick has separated home care and home support services into two distinct services. Home care refers to care from a health care professional, such as a registered nurse, a licensed practical nurse (LPN) or registered dietitians at one's home and typically lasts 6-8 weeks (Canadian Healthcare Association, 2009; New Brunswick Department of Health, 2018; New Brunswick Health Council, 2019). Home care services are provided by the New Brunswick Department of Health, through the Extra-Mural Program (Canadian Healthcare Association, 2009; New Brunswick Department of Health, 2018; New Brunswick Health Council, 2019). Home support services, on the other hand, refer to assistance and help from unregulated health care providers in one's home, also known as in-home services, typically for a certain number of hours/weeks on a long-term basis under the Long Term Care program or Disability Support Program (New Brunswick Health Council, 2019; Social Development,

2018). Seniors can access both home care and home support services through a ‘single point of entry’ (Low et al., 2011). In New Brunswick, home support services are provided by Home Support Workers (HSWs) working with agencies under contract with the Department of Social Development or private individuals recruited by home support clients who are then reimbursed (New Brunswick Health Council, 2019; Social Development, 2018). HSWs work with adults who are 65 years of age and over, requiring long-term care at a cost paid fully or in part by the Government of New Brunswick through Social Development and the senior, depending on income (New Brunswick Health Council, 2019; Social Development, 2018). According to the provincial government’s website, the home support program provides ADL assistance in collaboration with caregivers or other informal support systems a care recipient might have at hand to assist with his/her care (New Brunswick Health Council, 2019; Social Development, 2018). Family or friend caregivers are helping seniors to age in their own homes and as the province of New Brunswick experiences greater proportions of seniors, more people will play this crucial role in the lives of their loved ones (Social Development, 2016). A concerted effort to promote the provision of care at home for seniors has been established in the provincial government’s Home First Strategy which offers more specialized care and supports for seniors to comfortably age in their communities (New Brunswick Department of Health, 2018; Social Development 2015).

Aging in place

Aging in place, a term that has gained popularity in research on aging issues and seniors refers to having older adults remain comfortably in their own homes or places of choice, which is not nursing care, for as long as possible (Peek et al., 2016). Research

shows that older adults want to live the rest of their lives in the homes they have owned and lived in for long periods of time where they have friends and family (Bagchus et al., 2015; Canadian Healthcare Association, 2009; Dupuis-Blanchard et al., 2013; Health Council of Canada, 2012; Social Development, 2015; Smith-Carrier et al., 2017; Wilson, 2012; Wister, 1992). There are several push factors for home care that allows seniors to age in place comfortably and independently in countries with aging demographics like Canada. Long waiting lists that are sometimes created by inappropriate hospitalization in the case of seniors coupled with long waits for beds in long-term care has necessitated looking at alternative care options (Canadian Healthcare Association, 2009; Canadian Medical Association, 2016; Health Council of Canada, 2012; Social Development, 2015). Moreover, the higher costs associated with hospitalization and the burden in general on the health system have resulted in governments seeking viable options in order to provide care. To this end, New Brunswick has created a Home First Strategy to harness the resources and capabilities in the province to enable seniors to age in their communities (Social Development, 2015).

Furthermore, research has found that seniors often struggle to acclimatize to nursing home environments (Hasson & Arnetz's, 2011; Kasepalu et al., 2014) which supports the need for governments and stakeholders to effectively promote aging in place. Seniors have been shown to find nursing homes not as homely and the services to not be in line with their personal habits as residents (Carver et al., 2018; Nakrem et al., 2013). These factors reduce their quality of life (QoL) and comfort compared to aging in place. This dissatisfaction has been shown to result in some seniors longing for their homes and familiar environments even after a long period of time in nursing homes, and

others also had lingering feelings of abandonment by their children or loved ones and in some cases separation from their spouses (Bagchus et al., 2015; Jack et al., 2016). Other seniors even harbored sentiments of homelessness when in nursing homes (Eriksson & Sandberg, 2008; Nakrem et al., 2013). Such dissatisfaction with nursing homes supports the argument for promoting aging in place (Allen et al., 2018).

Lastly, technological advancements are increasing the ability to provide home care by care teams, without the need to be in the same place (CIHR, 2017). These push factors have led governments to make concerted efforts to publicly funded home care where before it had not been the case or at the same level. This will become increasingly urgent in New Brunswick whose population of seniors aged 65 years and older is expected to reach over 25.7% by 2026 (Statistics Canada, 2016) and 31.3% by 2038 (Province of New Brunswick, 2017).

Emergent themes from related literature

Five themes emerged from the literature related to home support services. These include balancing seniors' needs for autonomy and assistance; home support services' place in the continuum of care in health settings; HSWs' struggle to maintain a healthy professional distance and emotional attachments to home care clients; challenges with the limited scope of home support services being provided; and the struggle to acclimatize to nursing homes - an argument for home care, which are discussed in detail.

Balancing seniors' needs for autonomy and assistance

Seniors treasure their independence, yet some come to a point in their lives when they need assistance with ADLs. Concerns about independence, fear of poor QoL, and isolation are some of the worries that plague seniors, causing unending anxieties

(O'Connor, 2014; Wilson, 2012). Homebound seniors have reported feeling a sense of loss due to the inability to carry out ADL without assistance (Czaja, 2016; Claes et al., 2015; Folden, 1990), especially those who, in their active years, had enjoyed very independent lives. They felt like burdens to people who provided care yet could not, however, do away with the assistance because it had developed into a necessity (Czaja, 2016; Claes et al., 2015). Furthermore, some seniors chose not to communicate feelings of depression, because they felt that their care providers are “all busy. They haven't got time to talk to you” (Mellor et al., 2008, p394). Some seniors also harbored sentiments that care providers were not concerned about the well-being of the people whom they served but rather cared only for their wages (Mellor et al., 2008). However, other research refuted this finding (Sims-Gould & Martin-Matthews, 2010b; Sims-Gould et al., 2010c), mentioning that some care providers are truly concerned about the people under their care.

Balancing independence and the sense of loneliness presents a challenge for seniors (Carlson et al., 2014; Dupuis-Blanchard et al. 2013). The fear of what could possibly go wrong when there is no one else to help in case of emergencies or falls proved to cause daily anxieties for some seniors (Doherty & DeWeaver, 2003; Dupuis-Blanchard et al. 2013). Hence, seniors must balance the need for autonomy and asking for and receiving support (Hautsalo et al., 2013; Vik & Eide, 2013).

Home support services' place in the continuum of care in health settings

Stakeholders involved in home support services have wide-ranging perceptions about the service. Many employers feel that home support services have no place in the continuum of care in health care systems (Martin-Matthews & Sims-Gould, 2008),

believing they belong in other categories not related to healthcare. In addition to this, they have reported serious challenges related to the recruitment and retention of staff in home support services (Low et al., 2011; Sims-Gould & Martin-Matthews, 2010a; Vik & Eide 2012), compounded by the complex needs and wants of the clients they served. The lack of uniformity in Canada from one province or territory to the next has meant that home care is very vulnerable to political changes, prioritization, and funding availability (Canadian Healthcare Association, 2009; Province of New Brunswick, 2017). More still has to be done to make home care an integral part of healthcare as its demand increases in the face of aging populations.

HSWs' struggle to maintain a healthy professional distance and emotional attachments to home care clients

There is a need for professional distance for HSWs working in home support services. However, the proximity to their clients in the home makes this a challenge. HSWs feel torn between maintaining a healthy professional distance and emotional attachments to their clients (Martin-Matthews & Sims-Gould, 2008). A good number of times, research indicates that some HSWs find themselves quenching fires from fights that may take place between their clients and either caregiver or their children (Sims-Gould & Martin-Matthews, 2010a; Sims-Gould et al., 2015; Vik & Eide 2012). They ended up being required somehow to provide more support than just the physical tasks they perform as they deal with the relational issues between their clients and the clients' families, amongst other key crises when executing tasks in-home.

Another issue perceived as a challenge by HSWs was performing their duties in unsafe home environments not suited to delivering healthcare services safely (Benjamin &

Matthias, 2004; Johnson & Noel, 2007; Storch et al., 2014). Hence, issues such as HSW training, the ability to safely lift clients, or handling garbage in-home were of great concern. In addition, for some HSW who may have clients who are prone to aggression and hazards like fire, this made for a continuous and keen source of concern and anxiety for the workers (Sims-Gould et al., 2011). Challenges maintaining a healthy emotional distance and attachment between the HSWs and their clients, along with safety concerns working in home environments, are some issues this category of employees encounter.

Challenges with the limited scope of home support services being provided

Many seniors feel that home support services are too limited in scope to meet their needs. For example, HSWs are not mandated to perform some tasks such as ironing, which have been shown to confuse seniors as they cannot understand why the services are this limited instead of being tailor-made (Gantert et al., 2009; Low et al., 2011; Sims-Gould & Martin-Matthews, 2010a; Vik & Eide, 2012). Seniors felt there is a need for targeted services depending on their needs as individuals and households. This is because some of them may not require services A, B or C, but require those not on offer. Therefore, seniors have a need for tailor-made service delivery, which they perceived to be key to satisfaction with home support services (Dupuis-Blanchard et al., 2013; Wilson, 2012). Further to that, seniors were frustrated with service scheduling and the staff rotations (Siegel et al., 2014; Vik & Eide, 2012). The lack of constancy and continuity of staff over time due to the personnel change through rotations, hindered the sense of familiarity thereby compromising seniors' QoL (Low et al., 2011; Province of New Brunswick, 2017). Seniors desire to depend on the services of the same HSWs who they

have become accustomed to, instead of acclimatizing to different ones who come on rotating schedules.

Rationale for the study

Findings from related literature indicated that there was a province-wide home support services study specific to New Brunswick that sought to understand how seniors experienced the services that they received which had 71% Anglophone and 29% Francophone as senior participants (Low et al., 2011). Moreover, a Francophone study was also carried out in 2013 (Dupuis-Blanchard et al., 2013) further furnishing more knowledge and data on home support services in the province. However, this current study needed to understand and learn older Anglophone adults' perspectives on home support services using interpretive description, a methodology that is novel that can assist us in gaining deeper insight and meanings about phenomena. Dupuis-Blanchard et al., (2013) found that there was a need for affordable and targeted home support services for older adults. Minority seniors have distinct needs and are a key population in a province like New Brunswick. Older adults in that study had sentiments of being overlooked by the system and alluded to a lack of political will to provide basics like ramps and escalators to make it easier for some of them who cannot walk on their own (Dupuis-Blanchard et al., 2013). Targeted services like meal delivery and transportation issues represented huge gaps that needed to be filled (Dupuis-Blanchard et al., 2013; Wilson, 2012). The province's policymakers, implementers, and aging care specialists need to know the perceptions of seniors within the Anglophone population with more current data and findings. This study contributes to knowledge by bringing a wealth of current information that could be added to the body of knowledge that exists while informing and

directing policy regarding home support services. Overall, findings offer evidentiary guidance for practice.

Home support services offer desirable benefits with win-win results. On the one hand, the elderly can age in place, a desire which has been well researched and documented (Dupuis-Blanchard et al., 2013; Bagchus et al., 2015; Smith-Carrier, et al., 2017; Wilson, 2012). On the other hand, the provincial government stands to benefit from cost savings through reduced hospitalizations, shorter hospital stays and decreased emergency visits by the senior population, outcomes that are associated with robust home support services (Canadian Healthcare Association, 2009; Province of New Brunswick, 2017). Findings show that there are currently 394 beds per day being used in the province for people who no longer need them and of this, a great number are seniors (Province of New Brunswick, 2017). More and more there is a need for an optimal match between seniors' needs and the home support services they receive. Therefore, this study is imperative. The study is patient-centered in nature, as it views seniors using home support services as stakeholders in the care that they receive and hence are part of the solution and improvement of the same.

Summary

In summary, this chapter has highlighted the findings in the literature related to home support services. Five themes which emerged were balancing seniors' needs for autonomy and assistance; sentiments that home support services have no place in the continuum of care in health settings; HSWs' struggle to maintain a healthy professional distance and emotional attachments to home care clients; challenges with the limited scope of home support services being provided; the struggle to acclimatize to nursing

homes - an argument for home care; and the rationale for the study. The literature provided a general understanding of the lived experiences and perceptions of different players engaged in the field of home support services. Finally, the rationale for the study outlined the push factors for this study in the province of New Brunswick.

Chapter III

Methods

Introduction

The study used an interpretive description methodology. This research approach is qualitative in nature and is a good fit for applied healthcare and clinical practice research (De Oliveira et al., 2017; Thorne, 2017). The study's data collection method was one-on-one semi-structured interviews and participant observation. This chapter explains in detail interpretive description as a qualitative methodology, its strengths, and limitations, the rationale for this methodology and its philosophical foundations. It further describes the research design including the sampling strategy, inclusion and exclusion criteria, and the setting, as well as issues related to data collection and analysis.

Interpretive description

The study used interpretive description, a methodology with a naturalistic and constructivist philosophical underpinning (Lincoln and Guba, 1985; Thorne, 2008, 2016a; Ültanir, 2012). Naturalists and constructivists propose that how we act is socially created by the environments we find ourselves in (Lincoln and Guba, 1985; Ültanir, 2012) hence it is also known as a methodology based on social construction (Thorne 2016a). Lincoln and Guba (1985) proposed that reality and our perception of the world is a human construct and cannot be studied in isolation from this context. Interpretive description was developed by Sally Thorne in the 1990s (Hunt, 2009b; Thorne, 2008, 2016b). Sally Thorne is a seasoned practitioner in the field of nursing and developed this qualitative methodology chiefly for nursing practice and applied health researchers, hence the method carries a lot of disciplinary logic for this field (Thorne, 2008, 2016b,

2017). It is not only concerned with describing phenomena as it is perceived by those who experience it, but is also concerned with its interpretation (Thorne, 2004, 2008, 2016a, 2016b, 2017). Therefore, interpretive description aims to interpret the findings from the data in a way that can be harnessed for evidence-based nursing and applied healthcare. It results in “constructed truths” based on findings and the understandings of experts in the field under study (Thorne, 2008 p26).

Several key qualitative methodologies have foundations in other areas of specialization for example sociology, anthropology and so forth. Thorne (2008, 2016b), found that these methodologies, when used by nursing researchers, did not meld well with the requirements of the nursing field which resulted in the birth of the interpretive description design. Interpretive description is essentially a methodology for nursing practice and applied health researchers, which made it a good fit for this study.

Strengths and limitations of interpretive description

The interpretive description has its own strengths and limitations. As a recently developed research methodology, it fosters new insights that are critical to the discipline of applied health (De Oliveira et al., 2017; Hunt, 2009a, 2009b). The methodology has the ability to produce findings that are relevant to practice, making it useful for policymakers, clinical stakeholders, service providers and experts (Hunt, 2009a; Thorne et al., 1997). Further to that, like other qualitative methodologies, it has coherent steps and a structure that a researcher can follow congruent to its objectives and boundaries, leading to thick descriptions and findings (Thorne, 2017). Due to its epistemological stance, it does not have disciplinary biases as is the case with other qualitative

methodologies committed to their historical disciplines (Hunt, 2009a; Thorne et al., 1997).

According to Hunt (2009a), an immediate limitation with such a recently developed methodology is that there are not that many resources from which to situate the methodology. Furthermore, he indicates that there is limited guidance regarding the degree to which one can interpret the findings (Hunt, 2009a) which according to Thorne et al. (2004) can significantly limit the usefulness of one's research results in relation to an application to practice. However, to circumvent this, as Morse (1994) states, qualitative researchers should and have taken risks when interpreting data. Hence while this may be a challenge it may also be a strength because it allows researchers to create new insights due to the unlimited degree to which findings can be interpreted within the logic of their discipline.

The rationale for the methodology

The proposed study described and interpreted the perceptions of home support services by seniors in New Brunswick using interpretive description. Interpretive description is concerned with the application of findings to clinical practice (De Oliveira 2017; Hunt, 2009a; Thorne, 2016a). It borrows from other qualitative designs and uses them to their full advantage in applied health research in a way that generates meaning and new interpretations to existing information (Thorne, 2016a). Therefore, it goes beyond description to interpret findings and expand upon the knowledge that already exists on this problem in a way that offers new insights. The findings in this study are important for New Brunswick which, as has been stated earlier currently has a population which is not only growing older but has been suffering from a net loss of youth, said to

be 1250 of people aged 15 to 24, in the last 20 years (Statistics Canada, 2016; Province of New Brunswick, 2017). With numbers of seniors expected to grow in the future, there is a need to address issues in a way that will be effective and mindful of these demographic projections. Hence this study was key to adding to the depth of what is known in terms of home support services and seniors.

Philosophical Foundations

The philosophical foundations of interpretive description are based on Lincoln and Guba's naturalistic paradigm (Thorne, 2016b). For Lincoln and Guba (1985), realities are multiple, constructed, and holistic. O'Leary (2017) further explains this epistemic stance calling it a postmodern epistemology in which the truth is "ambiguous, fluid and relative" (p.6). People play a large part in creating their own realities and ways of knowing, therefore different realities can explain the different phenomenon and resulting perceptions.

Lincoln and Guba (1985) posit that the researcher and participant's perspectives can merge and weave depending on these realities. Berger and Luckman (1967) sum it up by stating that knowledge seekers become the creators of knowledge which is applicable to the processes involved in knowing as it applies to applied health and nursing practice as proposed by Thorne (2016b). Moreover, related to these circumstances, generalizations are time and context-bound. For the authors the reasons certain realities exist the way they do is based on their constructs hence we cannot separate cause from effect due to mutual shaping (Lincoln & Guba, 1985). Participants cannot be understood separately from their environments. This naturalistic perspective guided how this study was undertaken. For instance, participants were observed in their natural settings

(Lincoln & Guba, 1985). All participants were observed and interviewed in their homes which brought a certain value to how the researcher described and interpreted the findings.

Design

The study involved in-depth one-on-one interviews with New Brunswick seniors who received publicly funded home support services. For this study, one interview was held with each participant in their home which allowed for observations of participants in their environments. Observation of non-verbal communication and cues was helpful in the interpretation of research findings. This is explained further in the data collection section.

Setting and Participants

Participants for the study were New Brunswickers, interviewed in their homes thereby allowing the researcher to observe them in natural settings (Hunt, 2009a; Lincoln & Guba, 1985; Thorne, 2008, 2016b). This assisted the researcher to interpret, align or provide checks between what was said and non-verbal cues as well as an observation of the participant's own environment and how they relate to it. This allowed the researcher to make meaningful interpretations of what was spoken and what was observed. The milieu of the participants provided subtle information in relation to what is communicated verbally which Lincoln and Guba (1985) called the natural setting. Since this is a master's level thesis, time and financial limitations resulted in the research being limited to urban Fredericton and rural communities in its proximity.

New Brunswick, one of the country's maritime provinces, has 8 cities, 26 towns, 61 villages, 1 regional municipality, and 8 rural communities (New Brunswick

Department of Environment and Local Government, 2019). Its capital Fredericton is a city of 58 220 people (Statistics Canada, 2016). The 2016 census showed that the province's rural communities had a population of 23 265, an 18.2% growth from the population of 19 686 in 2011 (Statistics Canada, 2016). In recent years the rural communities have faced many challenges key among them the dilapidation of infrastructure and a slackening in the delivery of governmental products and services such that a campaign called “rural lives matter” was launched in 2018 (Campbell, 2018).

Inclusion and Exclusion Criteria. This research study included English-speaking adults aged 65 years and above, receiving home support services provided by a third party for the provincial government’s Department of Social Development. They lived in urban Fredericton and rural communities in its proximity. Participants who did not meet these criteria or who are cognitively impaired were not included. Tri-Council Policy Statement (TCPS), which sets out guidelines and standards for carrying out research with human participants (CIHR, NSERC & SSHRC, 2014), indicates that those who are cognitively competent can communicate consent autonomously, thus for this research, only participants who contacted the researcher themselves and gave consent freely were considered. This hence excluded those who were cognitively impaired from the study.

Sampling. This study used a purposive sampling approach. Purposive or phenomenal sampling involves choosing participants with certain characteristics helping to ensure one gets different perspectives from different participants in a study (Patton, 1997; Smith-Carrier, 2015; Thorne, 2016b,). Purposeful sampling would assist the

researcher recruit informants who would be able to provide perspectives relating to the research question (Melnik & Fineout-Overholt, 2011).

This study involved older adults receiving home support services which had to be subsidized by the Department of Social Development and living in Fredericton-rural or urban. The study hence purposively selected eight participants with whom to hold in-depth discussions about their personal experiences receiving home support services within the province. Whilst Thorne (2016b) did not propose a specific number of study participants, Creswell and Poth (2017), posit that a reasonable sample size in qualitative research allows the building of rapport, getting in-depth knowledge of participants and reaching of data saturation. At six participants, the researcher was already starting to make sense of the data and reached saturation with eight participants when no new information was being generated from the interviews. Creswell and Poth (2017) posit that saturation in qualitative studies is reached when there is a scarcity of new information emerging from interviews.

Recruitment of Participants. The researcher advertised for recruitment of participants through Meals on Wheels Food for Thought Newsletter in December of 2018 which immediately resulted in recruiting three participants (see Appendix F). Thereafter recruitment flyers were posted in key areas of Fredericton (see Appendix D and Appendix E) where large numbers of people frequented such as libraries, big grocery stores like Sobeys and Atlantic Superstore and family-owned storefronts, physicians' offices, drugstores, cafés, fuel station shopfronts, the YMCA and churches among others (ref Appendix E). A radio announcement on CBC, a service which is offered free of charge, was also used. Additionally, an online advertisement on Kijiji (see Appendix D)

and a Facebook page were created for the study (see Appendix G) with due approval from the UNB REB, to increase the visibility of the study for participant recruitment purposes.

Most participants for this project learned about the study from the advertisement that appeared in the Food for Thought Newsletter of the Meals on Wheels of Fredericton. Meals on Wheels of Fredericton is a not-for-profit organization providing meals and social support to seniors and people living with disabilities (Meals on Wheels of Fredericton Inc., 2019). Initially, three participants reached out after they saw the advertisement in the newsletter in December 2018. They were eligible to be in the study and made the first participants of the study at the beginning of January 2019. Later, a caregiver, Ruby-Jo, indicated that she had been referred to the study by her Caregiver Support Group Coordinator who had seen the advertisement in the newsletter. Hence, in total, the newsletter advertisement worked better for recruitment purposes than all the other efforts because it resulted in the study getting half its participants. The flyers helped to disseminate information about the study because right after active days of distribution, many people reached out. However, some were either not in the eligible age range based on the study's inclusion criteria while others were indeed seniors but not receiving home support services at all or not being subsidized by the Department of Social Development. The flyers resulted in the recruitment of 2 eligible participants. Word of mouth at my church relayed by a church member who worked with seniors in the church resulted in 2 more participants. Overall, the newsletter had the widest reach for recruiting participants. The Kijiji advertisement, which I promoted by paying a few dollars to be featured on the first page of the platform, and Facebook did not result in any participants.

Data collection

Interested participants contacted the researcher using the contact information provided on the radio, newsletter or recruitment flyers. Once eligibility was determined on the phone, the researcher set up a time for the interview at a mutually convenient time. All interviews were held in the participants' homes. The in-depth interviews lasted approximately 35 to 75 minutes in duration. The in-depth interviews elicited information about the participants' experiences with home support services showing perceived benefits, efficacy as understood by the participants and challenges with the program as experienced in daily life. Data collection stopped at the point of saturation when no new or insightful information was being received from participants (Creswell & Poth, 2017; Thorne 2016b, 2017).

Furthermore, during the interviews, the researcher used naturalistic unstructured observation. This involved studying participants in their natural environment (McLeod, 2015). Having unstructured observations meant that I had no restriction on what could be observed. This allowed the researcher to watch for non-verbal communication and have a feel for participants in their own environments (Lincoln & Guba, 1985). For the researcher to get a fuller understanding of the participant, "observation influences what is seen" (Lincoln & Guba, 1985, p.39) and how it is interpreted. According to Thorne (2008), and Hunt (2009a), observations can also be used in interpretive description design studies. What I learned from observations and noted in my field journals during interviews was used alongside textual data to describe and interpret what participants said (Hunt, 2009a). Many of the participants happily showed me their agency provided home support services lists indicating all the services that were due to them. Another gentleman

with Chronic Obstructive Pulmonary Disease (COPD) showed me his oxygen tanks and how they worked, including a mobile one. Others had pets, which the researcher also was shown and got acquainted with their names. Family photographs and portraits, one created for a participant by her HSW, were also part of what the participants felt free to share and talk about. This provided materials for observation and gave the researcher an appreciation of the participant, his/her real environment, experiences, and story. It also gave the researcher a keen sense of the personal ownership of the data which was in the process of being collected. Observations of the participants in their environment provide fertile ground for researchers to see participants' honest and authentic experiences in another way. Thorne (2016b) invites researchers to watch and note what they see during participant observations, constantly considering alternative interpretations.

To maintain trustworthiness the researcher maintained an audit trail through field notes with jottings about occurrences relating to the study or the participants, recordings and member checking in which we verify participants' feedback for validation (Creswell & Poth, 2017). A further continuous replay of the recordings after interviews created first, second and third impressions and allowed the researcher to sift through what was said allowing for the initial formation of recurrent themes in a way that was helpful in the next interviews with other participants. First impressions were jotted down allowing a draft document was created to which I continuously added and edited material as it developed and used in the data coding process. This audit trail helps improve the credibility, accuracy, validity, and transferability of findings in qualitative studies (Creswell & Poth, 2017). The trail creates trustworthiness and integrity in the research because it allows us to retrace our footsteps. The researcher cross-checked preliminary

study findings with other aging specialists and professionals during the 36th Qualitative Analysis Conference which was held in Fredericton in May of 2019. This allowed for feedback from seasoned qualitative researchers who confirmed some of the findings on what seniors experience in the province (Thorne, 2016b). Thorne maintains that experts are often overlooked by researchers in our eagerness to give value and weight to patients' perspectives as if professionals and expert clinicians' knowledge carries no weight (Thorne, 2016b). The researcher believes that no resources to gain knowledge and understanding of the problem under study were to be overlooked or underestimated, hence the conference provided a platform for aging experts to give the researcher feedback on what the data from the study was saying.

Data analysis

All interviews were transcribed verbatim by the researcher, something which Thorne (2017) encouraged all neophyte researchers to do as this allows for one to not only get the feel of what was said but also how it was said. The complete experience is critical for the interpretation of findings. Data analysis was concurrent with data collections (Hunt, 2009a; Thorne, 2008) through field notes, this way I interpreted participants' perceptions, feelings, and experiences when they were still fresh which assisted to tie in observations to participants' words. Thorne (2016b) indicates that:

'... ongoing engagement with data is strategically employed to confirm, test, explore, and expand on the conceptualizations that begin to form as soon as you enter the field,' (p. 109).

A few of the verbatim transcripts were audited with the audio recording and then read, re-read and coded separately for common themes. Thereafter thematic analysis

which was recursive in nature was used to elucidate meanings from contributions by participants (Thorne, 2016a). Descriptive categories were created and arranged to reveal emerging themes, epiphanies and patterns. Similarities, differences, impacts, and perspectives as experienced by participants were used as guides to interpretation of meanings (Creswell & Poth, 2017).

Establishing trustworthiness: Credibility, Transferability, and Dependability

Member checking and triangulation were important to confirm findings while enhancing the credibility of the study (Thorne, 2016b). Member checking involves the researcher getting feedback from the participants during the interviews by confirming what they say for the accuracy or checking in with them about the information that has been mentioned by other participants to verify if experiences are commonly occurring (Creswell & Poth, 2017). The researcher used member-checking a lot to ensure that what the participant said was what the researcher understood them to be saying. This offered participant confirmation during interviews. Credibility and transferability were further built into the study by checks with field experts in the field of aging in conferences as suggested by Thorne (2016b). Expert feedback was valuable because of their valuable experience in the field under study. A reflective journal was kept which captured changing ideas and personal sentiments on the ongoing research. During the data analysis procedure memo writing and recording aided with trustworthiness and credibility and this was used liberally by the researcher as ideas changed and developed during the data analysis process (Bradbury-Jones, 2007; Cutcliffe & McKenna, 2004; Koch, 2006).

Ethical Considerations

Informed consent is a crucial part of research studies with guiding principles that researchers must follow to make sure that research participants' interests are protected (CIHR, NSERC & SSHRC, 2014; Thorne, 2016b). Thorne (2016b) indicates that the interpretive description research design is not likely to cause injury to participants. To meet TCPS requirements, this project was reviewed by the University of New Brunswick Research Ethics Board and is on file as REB2018-166.

Moreover, the study letter of information and consent form (see Appendix A) was written using lay language and avoid using unnecessary jargon to help the participant make an informed and free choice (Creswell & Poth, 2017). To make sure the language met this requirement it was checked to make sure that it was grade 8 on the Flesch-Kincaid Grade Level. Participants were informed that they could withdraw from the study at any time and that participation would not in any way compromise the home support services they were receiving from the provincial government of New Brunswick. This assurance was in line with the TCPS guidelines (CIHR, NSERC & SSHRC, 2014) on research involving human subjects and issues relating to the compulsion to participate.

Beneficence, Respect, and Justice

According to the guidelines of the TCPS (CIHR, NSERC & SSHRC, 2014) beneficence involves minimization of risk and harm to study participants. This study did not pose any risks to harm participants; however, when recounting some difficult events in life and relating to receiving home support services, some experienced feelings of vulnerability. Care was taken during the interviews to pause and ask a participant if he/she needed to stop the interview or if he/she needed time to recompose his/herself

when indications were that he/she had started to recount emotional life events that made him/her sad and teary. I let the participants cry if they needed to and offered a platform to talk through it or to change the subject matter we would have been discussing. It was important for the researcher to make sure that participants did not feel that they could not cry during the interview, or express deep emotions relating to the study. To redirect issues in which a participant had become overcome due to their experience with home support services, the researcher referred one participant to speak at length about their experience to her Social Worker who is also her case manager, hence was in a position to address the situation. The participant indicated that she was already in the process of speaking with her Social Worker. This re-empowered the participant enough to be cognizant of the active steps she was taking towards changing her experiences receiving home support services.

Furthermore, participants were told that they would contribute to the growth of knowledge related to home support services. Human dignity was accorded to participants (CIHR, NSERC & SSHRC, 2014) through the provision of sufficient information about the study through the letter of information (See appendix A) about the study and further explanations in person during one-on-one interviews where they were necessary. Participants were informed that they could contact the UNB REB at any time during the research if they had concerns about how the study was carried out and also that a final research summary would be available to them if they so desired.

Justice involves matters pertaining to confidentiality, privacy, and fairness (CIHR, NSERC & SSHRC, 2014). Participation was voluntary at several points in the study. First when they decided to call and inquire about the study, then agreeing to participate and set

up an interview date and then on the day of the interview, further agreeing to participate and to sign the consent form (see Appendix A). There were no rewards for participation awarded to participants except a token of appreciation which was given to each participant for dedicating their time to be interviewed which was duly approved for by UNB REB. Furthermore, participants were informed that the interviews would be recorded. Moreover, freedom to withdraw participation without penalty at any point or not answer certain questions if they chose not to, was adequately communicated to participants at the start of and during interviews.

Dissemination Plan

This study has New Brunswick home support services and key policy formulators and implementers at its center. Research has found that helping older adults to age in place is favored by policymakers in principle (Government of Canada, 2019; Peek et al., 2016). Meeting key stakeholders in aging care in the provincial government to talk through the findings of the research and generate dialogue is crucial. Highlighting some of the daily experiences of this study's participants may increase knowledge about service gaps that still exist and persist despite efforts to address them. The dialogue could lead to action to make the program more robust which could have tremendous benefits for seniors and the province. The benefits of improved home support services for the elderly may result in decreased hospitalizations and emergency visits, which will undoubtedly reduce overall pressure on the provincial healthcare system. Furthermore, the improved care of the elderly by HSWs and their caregivers would ensure that they can age comfortably in place hence removing the pressure from waiting times and lines for seniors to enter into nursing homes and long-term care. In New Brunswick, it takes

about 90 days to complete assessment for long term care (Province of New Brunswick, 2017), which means the road to long term care can be long and winding for would-be users.

Conclusion

Chapter 1 outlined the research background, purpose and significance of this study. Chapter II positioned this study well within related literature where the researcher analyzed prior research carried out on home support services. The researcher found a lot of the studies on seniors' home support services showing different perspectives of nurses, service providers and family members/caregivers amongst others. Chapter III concluded by highlighting issues related to the rationale and philosophical underpinnings of the interpretive description as the study design. It also shed light on trustworthiness issues and ethical considerations in line with TCPS (CIHR, NSERC & SSHRC, 2014) requirements.

Chapter IV

Findings

Introduction

In chapter four, the main findings of participants' perceptions concerning the home support services they received, which were subsidized by the Department of Social Development, are presented. This chapter focuses on the essence of participants' lived experiences and themes that emerged from their perceptions of home supports in the province of New Brunswick. The essence of their experience receiving home support services showed a heightened sense of vulnerability to the system and the need for good home support workers. Four key themes emerged from the data, which are: (1) service delivery and access (2) home support services enable participants to age comfortably in place (3) barriers to a good client-HSW relationship, and (4) facilitators to a good client-HSW relationship. These key themes are outlined utilizing subthemes that reveal participants' understandings, and experiences with the home support services offered to them in New Brunswick.

Demographic summary of participants

Participants' names are pseudonyms generated using an online pen name generator (Pen Name Generator, 2019). Five of the study participants were females ranging in age from 77 to 100 years old. The three male participants ranged in age from 75 to 81. When combined the senior participants' mean age was 82.6 years. A caregiver to one of the participants ended up being included in the study due to her extensive feedback and experiences caring for her elderly mother and the support she received from HSWs as revealed in the interview transcripts. Her pseudonym is also on the participants'

list below. (See table 2). Most participants have lived in Fredericton all their lives ranging from 81 to 100 years, while one gentleman was deported to Canada in 2014 after living in the United States for over 30 years. Half of the participants were widowed, while one was single and another was married. All the participants lived alone except one who had a live-in family member caregiver. Three of the participants had no children, yet others had children who lived nearby who visited them every so often. Half of the participants felt that their income was insufficient to meet their needs. The participants all dealt with several comorbidities including hypertension, heart problems, and arthritis which was consistent with provincial-wide findings on seniors having multiple chronic conditions (Province of New Brunswick, 2017). Of the three males, one had Chronic Obstructive Pulmonary Disease (COPD) and one had Parkinson's, conditions which challenged both their mobility in different ways. Two of the participants still managed to drive themselves, but six others had to depend on someone else to take them to doctor's appointments, church or outings. Three of the participants were experiencing depression and anxiety coupled with involuntary weight-loss. (See table 2).

Table 2: Participants' Socio-demographic Information

Participant pseudonym	Gender	Age	Location & length in community	Marital Status	Education	Self-rated health	Medical Conditions	Income Sufficiency	Children	Driving
Rick	Male	77	Urban - 40 years	Married	University	Poor	COPD	Yes (for the present)	3 (2 live nearby)	Yes
Darlene	Female	77	Rural - 36 years	Widowed	College	Good	Arthritis, hypertension, heart problem		3 (2 live nearby)	No
Eleanor	Female	81	Urban - 21 years	Separated	College	Poor	Arthritis, heart problem, problem to see or hear, involuntary weight-loss,	Yes	5 (1 lives nearby)	No
Olivia	Female	100	Rural - All her life	Widowed	Secondary	Good	Hypertension, heart problem, problem to see	Yes	2 (1 who lives with her)	No
Beatrice	Female	81	Rural - 11 years	Widowed	Primary	Poor	Arthritis, hypertension, problem to see or hear, sometimes depressed	Not all the time	3 (2 died from cancer, 1 son lives nearby)	Yes
Doug	Male	75	Urban - 5 years	Widowed	Primary	Good	Parkinson's, arthritis, hypertension, anxiety	No	No	No

Joyce	Female	89	Urban - 88 years	Single	College	Very good	Arthritis, depression	Yes	No	No
Paul	Male	81	Urban - 80 years	Single	Primary	Good	Arthritis, heart problem, problem to see or hear, involuntary weight-loss, diabetic	No	No	No
Ruby-Jo (family member caregiver)	Female	54	Rural	Single	-	-	-	-	-	-

Main Findings

Participants' perceptions of the home support services delivered by home support agencies or private individuals under the Long Term Care Program for the Department of Social Development will be presented in this section. In describing the participants' perceptions of home support services in the province of New Brunswick, the original research question will be addressed: What can be learned from seniors' perceptions of the publicly-funded home support services they are receiving in New Brunswick.

The Transition of Senior Adults into the Home Support Program in New Brunswick

An injury, emergency incident or hospitalization tended to signal the transition into the home support program in the province for some participants in this study. Some participants like Eleanor and Olivia indicated that they had fallen and broken their hips and got hospitalized. Others like Beatrice had received a cancer operation. Participants reported that at that point, before being discharged from the hospital, Extra-Mural took charge of the senior adult's discharge plan by arranging for home care and home support services. This involved planning and scheduling the necessary healthcare professionals depending on the unique needs of the senior in question like physiotherapists and nursing practitioners as well as the arrangement for home support which caters to ADL needs. Without such a plan in place, senior adults would not be discharged. To attest to this Eleanor said, "*I think it was Extra-Mural, right after I broke my hip and I was getting ready for me to come home.*" Ruby-Jo, a caregiver speaking on behalf of Olivia, her 100-year-old mother, indicated that:

Well, the discharge plan or is it the Social Worker, I think, I'm not sure, she might be a Nurse Practitioner, I don't know. But she, when it was time for Olivia to

come home, she sat us down and she said she would need help and I would recommend long-term and that was pretty much it. If she hadn't, if she doesn't have help then she wouldn't have been able to come home.

Most participants felt that the home support staff deployed from agencies working with Extra-Mural at their transition point to the home support program always worked very well. Ruby-Jo recounted how *“The first agency was assigned to us by Extra-Mural because Olivia’s application with the Department of Social Development wasn’t processed yet. So we got 4 weeks free of home support through Extra-Mural and they were pretty good.”* Agreeing with Ruby-Jo, Eleanor said *“Extra-Mural had people coming in. Then all the floors get scrubbed so often. They get done in the morning, and they get done in the afternoon. Yeah. These girls were really on the ball.”* However, the change from the staff of home support agencies on the Extra-Mural lists to those on the Department of Social Development lists signaled a downward spiral in the quality of service, most of the time. There were home support agencies that belonged uniquely to the Extra-Mural’s list and there were agencies belonging to the Department of Social Development list. From the participants’ recounts, quality of service went bad for some unexplained reason once they got staff from agencies on the Department of Social Development list. This led participants to want one list of home support agencies for both Extra-Mural and Social Development.

After the transition into the home, when a participant was now receiving home support services from the agencies on the Department of Social Development lists, participants showed that they were experiencing service delivery and access issues.

Moreover, participants showed how paramount the client and HSW relationship is in the program and how there were some facilitators as well as barriers to this relationship.

Service Delivery and Access

Home support service delivery and access for participants in the city were sufficient and much more efficient compared to those for participants in rural New Brunswick. Participants in the city expressed service satisfaction and indicated that they would “not add anything” to the basket of services they received and that they were “spoiled.” Due to these perceptions, we learned that participants in the city accessed the home support services they needed in a timely manner and experienced efficient service delivery. On the other hand, however, rural participants indicated that they were not getting sufficient home support services and access was generally difficult due to HSW staffing issues. From their perceptions we learned that services are not working as well as they should or as expected nor were they matching levels with that of their peers in the city. We learned that there were service sufficiency and scheduling difficulties for rural dwellers. Further, their experiences highlighted language issues, rotation, and turnover of HSW staff challenges, a disparity between receiving the service in the city compared to rural New Brunswick and the information dissemination gap in relation to government services and programs.

Service sufficiency and scheduling

Findings in this study showed that participants had different experiences in terms of service sufficiency. There were some participants who were having good experiences. These participants had sufficient home support services that were meeting their current needs. However, others were experiencing gaps and indicated that services were

inadequate. Rick, one of the participants who experienced good services, stated that “*I understand that on these services they can be increased as I need them, but I don’t need them increased yet. I am happy with the coverage that I have.*” He went on further to say “*They are all working very well. None of them is working poorly. I am spoiled.*” Darlene, who lived in rural New Brunswick, agreed with Rick and stated that:

They do household chores and they do the dishes, we have a social time where we play the game. Sometimes if I want them they’ll go up for the mail or they go to the grocery store for some groceries, if I need them. I don’t send them very much.

Joyce was happy and satisfied with service delivery and felt that the services were adequate for her needs. Similar to Rick, she indicated that there is no need for anything to be changed or added. She stated that “*With what I am receiving right now, I can’t see there would be any change at all, because everything so far is working.*” Doug too was receiving services that were adequate for his needs, he indicated that “*I’m fine just the way it is right now. To be honest with you, I’m very satisfied.*”

While those were positive experiences, other participants perceived serious service gaps that needed addressing. One such participant was Eleanor. In spite of appreciating the services, she felt the floors could be cleaned more frequently. Eleanor had this to say about the cleaning and dusting in relation to house-keeping:

They get my breakfast ready for me and keep my flask clean because I have got one of those things that sit on top. And one of them will make my bed in the morning. Another one will she will cook the extra things for a couple of days. But one thing I find that they miss is they don’t do the floor often enough. I might get it mopped once a week, but there are times when it doesn’t get swept. There are

times that they miss the bathroom floor and my bedroom floor. I don't think they do too much dusting.

Eleanor also added that in the end, she had to take her vacuum cleaner to the ceiling herself because *“there was 21 or 22 years of dust up there.”* Another participant, Beatrice stated that added to her limited capacity to do things for herself, HSWs were falling short. She recounted how she *“ask them to fill the water pitcher, they go home and they don't fill it. I have a hard time, you know, holding it. I can't do much with my hand.”* A hand injury has incapacitated this rural New Brunswicker, hence when the HSWs left without doing what she requested, she found it next to impossible to fulfill the tasks herself. She declared, *“Just to have someone to come in and clean the house properly, that's all I want. They are supposed to tidy the cupboards, they don't do it.”* Beatrice hastened to explain that when services were not being delivered as expected, it meant, in her opinion, that the system was defrauding the government. The failure to deliver adequate services as expected was a very sore point in participants' experiences.

Issues related to ironing services also came up and Rick indicated that he only wants the one HSW who comes to his house because, *“for instance, she is the only one with Kindred that can iron.”* Reiterating the fact that ironing is a lacking service, Beatrice stated that, *“I usually to do my own washing. No one will do the ironing.”* The ironing service gap meant that participants had to make alternative arrangements, which was not always easy, affordable or convenient for them.

It is noteworthy to highlight that in terms of service sufficiency, participants in this study were having mixed experiences. While some had access to adequate services

and they were being delivered to their satisfaction, others experienced gaps that needed to be addressed.

In this study, most participants did not have grievances when it came to their service scheduling times. However, for Olivia and Ruby-Jo there were significant struggles. Ruby-Jo explained the disadvantage of the time schedule that they had from the agency delivering services to them. She indicated that:

We don't like this 12 o'clock arrival because that's, your personal care takes place in the morning. And 12 o'clock is not the morning and I have complained about that and I haven't gotten anywhere with that. Last year it was supposed to be temporary, the girl didn't come until one o'clock. I can't leave Olivia in her pajamas until one o'clock. It's not fair to her, so I was getting her washed and dressed but I am not, for that. That's what she is paying the agency to do. I didn't complain, she said to me [HSW] can't come until 12 o'clock and I said no, it's not really ok. She said I'm sorry, I don't have any choice."

That Ruby-Jo had complained to the agency several times and there had been no change highlighted that this was an ongoing problem. Olivia reiterated that:

The only thing I think I would like to make a comment on and maybe a complaint is sitting and waiting in the morning, but I know I'm not the only one. So I guess it can't be helped, but who wants to sit in their nightshirt till 11 o'clock in the morning?

The service time schedule was a challenge especially in rural New Brunswick where Olivia and Ruby-Jo lived. This resulted in the service not working as well as desired for participants.

Language issues

A large number of people who live in Fredericton speak English (Province of New Brunswick, 2017), therefore language issues for most people rarely come up in terms of service delivery. However, Olivia and Ruby-Jo's experience indicated how language issues may play out in New Brunswick, the only bilingual province in Canada (Province of New Brunswick, 2017). They recounted how an agency once sent them someone who could only speak French. The agency kept insisting that the HSW spoke English, however, this was not the case as she could not communicate with her client. Ruby-Jo stated that:

They sent me someone who could hardly speak English. I knew when I was talking to her that she wasn't understanding what I was saying. It is very hard to communicate with somebody like that, she was a very nice LPN. A Licensed Practical Nurse. She was kind of a bonus, but Olivia couldn't communicate. She only stayed for about a month and she quit.

While no other language issues such as this case arose in the study, it is worth mentioning that these challenges existed and they caused frustration for home support clients.

Rotation and Turnover of HSW Staff

Service delivery and access have been shown in this study to be enabled or hampered by the HSW staff. There are several HSW staffing issues that participants raised as points of concern for the home support program. This had to do with the rotation of staff and the lack of or high turnover of HSW staff.

Rotation of HSW staff is a challenge in our province. Some of the study participants had as many as 5 HSWs on a rotational basis. In seniors' experiences, it

meant having to appreciate every personality each HSW brings with them which was summarized by Ruby-Jo when she stated, *“They all have different personalities, different quirks.”* The rotation coupled with the high staff turnover resulted in a constant stream of people alternating to come into one’s home at any one time, more especially so in rural communities. To participants, this compromised the privacy of the home. Ruby-Jo spoke on this experience for her mother and herself saying, *“Because we were used to these girls. It’s very invasive to have people in your home every day. It’s very invasive. And you know you get to know these girls but now you can’t have them anymore.”* Darlene and Eleanor were each getting 4 HSWs to their houses while Olivia had 5 HSWs. Eleanor said she had to *“use my memory”* to know which girl would be coming in the beginning because she had no list. Asked how she felt about having 5 HSWs coming to her house Olivia stated, *“Well, 5 is a lot!”* Having that many people coming to one’s house could take its toll even on the best of clients. Put in the mix of personalities and quirks, it would not be an easy experience. It should be noted, however, that it was not all participants who felt that having many HSWs was an issue. Darlene said, *“I don’t mind, they are lovely girls. I get to know more people.”*

Overall, the rotation of the HSW staff remained a serious issue for participants. This coupled with high staff turnover provided for an unending change to the people one had to acclimatize and get used to.

Past investigations have found that in New Brunswick, especially the rural areas, it is difficult to recruit and retain HSWs (Low et al., 2011). Participants in this study acknowledged that while they understood this to be a provincial issue, it did not attenuate the stress this brought onto them. Ruby-Jo indicated that she understood this challenge,

however, she showed that this knowledge did not, nonetheless, diminish the effects it had on them as a family unit. She said *“I understand that they don’t have enough workers and it’s very hard to find workers apparently. [A HSW] was really, really, really good, we really liked her and we were very sorry when she left.”* Joyce highlighted that she could not help but watch the HSWs, *“I really like”* go. She mentioned that with each new girl there was a negotiation as you *“take a chance on each one of them even if they are not what you expect and hope for.”* Darlene, speaking on the lack of staff, especially for the weekend shifts, said, *“I call the office and they say they couldn’t get someone.”* Beatrice, who was in the middle of looking for another agency since the one she had at that point did not have good HSWs, had this to say, *“My Social Worker, she calls, I call her a lot. She is looking for somebody. She understands how it must be. But it’s hard to find the girls, there is not many out there.”* Seniors receiving home support in New Brunswick desire continuity of staff (Low, 2011; Province of New Brunswick, 2017). This investigation showed that continuity of staff continued to be a problem due to staff rotations, and difficulty recruiting and retaining HSWs. As a result, participants experienced continuous anxieties and concerns about their ability to receive the home support services that they desired.

The City versus Rural New Brunswick

This study illuminated, as have findings in related studies, that there are very defined differences between receiving home support services in town and in the rural areas in New Brunswick (Low et al., 2011; Province of New Brunswick, 2017). Rick spoke at length about this saying rural communities are under siege as they are a *“forgotten part of our population.”* Rick had a sense that the government had dealt badly

with the rural part of the population to forcefully move everyone into urban areas. He stated that:

Successive governments in this province have tried to shut down rural New Brunswick by not snow plowing. They want people to move out of the countryside and over into the cities. That's where there are problems with the power, it's always the last place to get power restored. Always. Snow clearing is a problem, narrow roads, a lot of these roads are still gravel. There are no graders left. They just want to force people out there in the country out there and force them into the city. But these people can't afford to move to the city.

In this investigation, participants who lived in rural New Brunswick had more service struggles in comparison to those in the city. They struggled to get good HSWs and to retain them due to high staff turnover. There was less accountability asked of HSWs by agency bosses, hence the HSWs were reported by seniors to be more unprofessional and did not observe proper work hours. When not showing up for their shifts, participants reported that HSWs did not give a due warning and they had behaviors that potentially compromised their clients' health. In one incident, Ruby-Jo told how an HSW vomited in her bathroom but left without cleaning or explanation. The incident caused Ruby-Jo anxiety and worry because her mother who is susceptible to infections due to advanced age. Home support services are still a far cry from what they should be in rural New Brunswick. Participants perceive large service gaps and they have sentiments that politicians and successive governments have not done as much as they could for this “*forgotten part of our population.*”

Information Dissemination about Governmental Services and Programs

During the study, participants made it clear that there is a dearth of knowledge about governmental products, services, and programs that can potentially benefit them. Participants highlighted that many seniors may not be aware of the full benefits one can get from Extra-Mural, Blue Cross insurance, and Veterans Affairs, as some examples. Further to that, none of the participants knew about the Home First Strategy nor the benefits that a senior can experience using it to decrease the financial burden of adjusting their homes to fit requirements for a senior dwelling. On this subject referring to Extra-Mural services and benefits, Rick expressed concern by stating that *“Yeah, I don’t think, I have a suspicion that in the general population of elderly, I suspect the benefits that are available through Extra-Mural are not known.”* This gap resulted in seniors who are not aware of the benefit of going without or struggling on their own, while assistance was available to them either for free or at reduced costs. Eleanor highlighted this similar issue with the Blue Cross plan. She indicated that:

When seniors turn 65 they are not made really aware of the Blue Cross plan that costs \$21 per month that covers about 80% of a lot of things for you like foot-care and stuff like that. I don’t think they are made aware of that. I really don’t. I know somebody that’s 84 and she never got it and I don’t know if it was her or it was the system didn’t let her know. I don’t know. But now she has to pay \$40 a month for her foot care and doesn’t get anything back.

A cheaper health plan would greatly benefit more seniors for whom things like foot-care become key as part of grooming care. Ruby-Jo recounted her own challenge applying for the widow’s payments from the Veterans Affairs program for her mother. She stated:

They wouldn't give it to her and trying to get, applying for stuff from the federal government, it's just difficult to navigate, it's just awful. So getting that application filled and sent in and getting turned down was kind of disappointing but she doesn't qualify. But I just think there are probably all kinds of things that people don't know about, the available services for seniors.

Challenges, where participants did not have ready access to programs and services that were meant to benefit them, showed a major gap. The Home First Strategy is a unique province-wide program aimed at encouraging and assisting seniors to age in their communities comfortably (Social Development, 2015). However, all the participants interviewed for this study had not heard about it. Only Ruby-Jo, from the mother-daughter dyad and a family member caregiver to her 100-year-old mother, knew what the government of New Brunswick's Home First Strategy was. Ruby-Jo expanding on the Home First Strategy stated that:

There is a program available through the, I don't know I suppose it's Social Development, it's called Home First, they come in to do an assessment, give you some money like if you need grab bars, like a ramp. There is money available, I don't know how much but it's there on their website. It would be nice if we knew about these services that are available. It is not easy to find out.

Participants do not have ready access to information about the services and programs they have a right to either at reduced prices or subsidized fully by the government. This meant that participants are going without due to a lack of information and knowledge. The lack of information dissemination was affecting participants and they felt that the gap disenfranchised them profoundly. It resulted in them paying more for services from

already diminished and inadequate pension funds. This information had to be “*easy to find out,*” but it was not and governmental websites were “*just difficult*” to navigate.

Summary of Service Delivery and Access

Participants raised a lot of concerns related to the home support service delivery and access. In this section, we learned that some participants still struggled with service sufficiency and service times scheduling, language issues, and the rotation and turnover of HSW staff. Furthermore, from participants’ experiences and observations, there was a stark difference to service delivery in the city compared to the rural areas. The rural areas were not being prioritized and hence participants living in these areas were suffering the consequences. Lastly, participants highlighted that there was an information dissemination gap about governmental services and programs. Many participants remained unaware of programs and services like the Home First Strategy, which could have potentially benefitted them as senior citizens.

Home Support Services enable Participants to Age Comfortably in Place

HSWs are key to the successful delivery of home support services in the province. Similar to the services delivery and access aspect, participants in this study had mixed experiences, and therefore different perceptions about the HSWs who had and were working for them. Some experiences were quite positive while others were negative. In this section, I present findings on how home support services and HSWs, in participants’ judgment, allowed them to age in their own communities. I will highlight how participants at their advanced ages felt vulnerable, how good HSWs gave participants confidence in managing life issues and how they helped them “age in place.” Further, HSWs allowed seniors and their loved ones or family/friend caregivers to have quality

time, which was not always the case in their absence. Home support services were making the impossible possible by allowing participants to comfortably live out the rest of their lives in their own communities.

Participants are at the mercy of the system

Participants in this study had a heightened sense of their own vulnerability due to their reliance on their home support services and HSWs, accompanied by a constant sense of how their demise was close by. In some cases, participants' experiences with HSWs tended to increase this anxiety and preoccupation. Beatrice indicated her own sense of vulnerability and the thoughts that preoccupied her mind by saying:

I lay in bed last night and I think what about the old people? You know, about two months ago there was a woman in Montreal, she had a caretaker and she never bathed, she was full of bedsores and she died. She was in bed, she was so sick. That was on the news and I think she is dead now, but how many months did it take for her to get all those bedsores. So that means the girl wasn't washing her. I pray that God will send me good homemakers.

While the largest agitation for Beatrice was about HSWs and the relationship she had with them, other participants' struggles were defined by their health conditions. Rick, who had COPD, had a scare when they had no electricity in his neighborhood at one point. He reported that power issues occurred often-times in his part of the neighborhood. Recounting an incident that had him fearful about running out of his oxygen, "*I would have passed out right here on the floor. And without oxygen, I would have died right there on my floor.*" Dealing with serious health concerns gave participants serious preoccupations about their health statuses. Doug indicated how suffering from

Parkinson's made him vulnerable as an individual because he felt tired all the time and having good HSWs was crucial for him.

Joyce expressed sentiments that some of her peers experienced abuses but would not speak up for fear of placement into care. She said;

Some older people don't wanna leave their homes and they put up with a lot of stuff just to be able to stay in their homes. They are afraid to speak up, for fear if they do speak up and tell the truth of what is happening, then they gonna have to go somewhere else, you know to leave their home and whatever. And if they don't have any family members, which some of them don't, it's, you know, it really needs somebody to [watch out for]. Because as I say, that seniors there are not probably going to tell because she is afraid, or he is afraid that, you know, they might have to placed somewhere.

Participants in this study viewed themselves as a vulnerable population, and findings in this study showed that the source of these vulnerabilities came from different angles, not least of them were home support workers. To facilitate a good client-HSW relationship, HSWs had to be aware of participants' vulnerabilities and to not take advantage of them by playing on their inability to speak up for themselves for fear of being put into homes. Furthermore, HSWs had to attend to their duties in a way that decreased these preoccupations while allowing participants to have a decent quality of life.

Home Support Workers are enabling seniors to Age in Place – “I cannot get along without them”

Findings from this study showed that HSWs were indispensable to enabling participants to live alone in their homes. To facilitate a good client-HSW relationship, HSWs must fulfill their duties well. Participants in this study perceived HSWs to be the key to allowing them to remain in their communities. Olivia, a 100-year-old lady, and the study’s oldest participant said, “*Those girls fill in, so I can stay here.*” Rick added that:

Like, well I like the independence. I don’t want to, I shudder at the thought of the day coming where I will have to go to somewhere like where my wife is. I just shudder. A) There is cost and, B) There is the food. My God almighty! I can’t, here I have Meals on Wheels, I will have dinner and then I eat half of it and I warm up the other half for supper. Or I can, basically here is the other thing, I only eat when I am hungry. And they can’t run that place like that.

Rick cherished the independence that having HSWs allowed. Without HSWs he would lose that independence and the ability to “age in place.” Darlene expressed similar sentiments, stressing that there were certain things she could not do for herself anymore which HSWs assisted her with by saying, “*Well like they do a lot of things for me I can’t do myself. Like I couldn’t scrub the floor, I can’t sweep the floor and one of them made a batch of cookies.*” She declared, “*I cannot get along without them.*”

Doug adding to these voices, also indicated how the HSWs assistance was indispensable to him because:

They clean around the house, dusting, washing, the floor, bathroom, things like that, you know. I feel tired all the time because I don’t breathe good. I am short of

breath. If I go for a walk I have to go just a little ways and turn back, can't wait to get back home and sit down and things like that. If I need something at the store and I can't make it, they walk over. This is working, people are helping out and if it wasn't for that I don't know how I would be able to do it to make it without their help.

Overall, home support services assisted participants who would otherwise not be able to live in their own homes due to certain limitations or a lack of caregivers, to live comfortably in their own communities. By doing their duties, HSWs enabled participants to remain in their communities and to maintain their independence.

HSWs give Seniors Confidence in Managing Life Issues

By virtue of their presence in participants' lives, HSWs allowed participants to continue managing life's issues well. Their presence and service allowed participants to have confidence in spite of their health statuses. When they received home support services, participants confidently managed life issues they would not have otherwise managed. Rick attested to this fact by saying, "*I guess I have more confidence about my health. Now that I'm getting those services, I have more confidence.*" Eleanor recalled her previous experience handling cleaning tasks herself in her household by saying:

I couldn't do many of these things when I used to mop the floor. I would do the kitchen and it would probably take me about, I would sweep the floor and lay down and rest and I do part of the floor with that and the bathroom, I would take probably 3 or 4 turns and rest right each time in between.

For Eleanor, it had become a time-consuming exercise to clean her own home because rest was called for in-between. However, HSWs assisted her with housekeeping thereby letting her have the time to manage other life issues. Eleanor added that:

Well, I know I don't have to push myself, you know, I wouldn't be able to use the cake mixer and make a cake or something and I can't stand very long because my back hurts and my hip hurts from where it's healed from the break

HSWs gave senior adults in this study the independence and autonomy they desired while allowing them to be in their communities. This allowed them to not worry or 'push themselves' needlessly to carry out tasks they could not comfortably do anymore because they got the assistance that was necessary.

Home Support allows Seniors and their Caregivers to have Quality Time

Home support services allowed study participants and their loved ones to have precious quality time. In the process of caregiving and the challenges that may ensue on the client-caregiver relationship, quality time between senior adults and their loved ones could potentially decrease or cease altogether. However, participants perceived that home support services made quality time a possibility. Speaking on how her relationship with her husband, with whom she had separated, had improved, Eleanor said:

Well, it's a lot better than what it was when we were together and he looks out for me [her husband]. He will take me out shopping and get me to my appointments and he tucks me in bed at night and he gets my medications ready.

Olivia shared similar sentiments about how home support services allowed her daughter Ruby-Jo and herself to be 'pals in their later life' while giving Ruby-Jo the time she needed to herself. Olivia stated:

Ruby-Jo and I are pals in our late life. I guess I now relax because I know Ruby-Jo can get out. That means a lot. It's hard to be tied to an old woman and never get out of the house and I don't know anybody in the, well I do know a friend of hers in the neighborhood. But even the neighbors, I don't know them. And when Ruby-Jo goes and she has to go to town. She has to have appointments and go do her errands and all and they fill in really well.

Ruby-Jo echoed her mother's statement when she indicated that, "Well, Olivia has limitations that she didn't have before. She needs help with a lot of things. She has all those girls, just for the 2 hours it takes the strain off me." Whenever HSWs who she trusted were present with Olivia, Ruby-Jo allowed herself to not be involved with her elderly parent's care during those precious home support service hours. She indicated that:

I don't know if she was reading to her or she was just talking to her. She just comes to her and I'm out there doing my thing. And I don't really pay much attention. I feel like I can trust her.

Home support services, therefore, are an indispensable service allowing senior participants in this study to age comfortably in place, have quality time with their caregivers and also feel confident about their health and life.

Summary of how Home Support Services enable Participants to Age Comfortably in Place

Participants shared their experiences expressing how home support services allowed them to age comfortably in their communities. They indicated how they felt confident about their health, how they did not have to push themselves anymore to

complete tasks in the home and how home support services and HSWs allowed them to have quality time with their loved ones. In essence, participants felt that home support services allowed them to remain in their own communities, comfortably, for longer.

Barriers to a good Client-HSW relationship

Professionalism issues were perceived by several seniors in this study to be an ongoing concern particularly for seniors who dwelt in rural communities close to Fredericton. Findings from this study showed that participants in the city were having a much better experience with the professional conduct of their HSWs compared to seniors in rural areas. It is noteworthy to mention here that about five of the study participants had worked in either the health field or in the home support services field in their active years. This meant that they had high expectations of HSWs when it came to the home support services delivered to them. Eleanor had to this to say on this subject:

“I used to be a homemaker myself and I used to work 4 hours in each house that I went to. That was for the week. So I was busy for those 4 hours. Well, I always did the floor. I had a system that I followed when I did.

Recounting her own experiences as an HSW, Eleanor emphasized that just as in her days, HSWs had to have a system in place that they followed. Joyce added to Eleanor’s sentiments when she indicated that it was the HSW’s right to say what tasks she could and could not do. This helped avoid service gaps and client discontentment. Referring to her own experience as an HSW in her active years, Joyce said:

That was all just personal care, just looking after her and I had to do the full bed bath. You have to be able to do those things too. So you can have your choice of what you can do if they call you for certain jobs. They would call, somebody

needs someone, you let them know right then - I don't do this, I don't that, this is what I do.

Participants knew what quality of home support services to expect because they had served in HSWs capacities before. However, the services they received did not always match expectations because HSWs would not do what was expected of them due to perceived “laziness” or just not caring to do their duties. This was the case with housekeeping tasks involving the making of the beds. Some participants like Beatrice indicated that even after demonstrating to HSWs how to make the bed properly, the HSWs would still not make the beds as expected. This caused client disgruntlement and compromised a good client-HSW relationship, thereby acting as a serious barrier.

Unprofessional conduct

HSW's professionalism was of high concern to some participants. Participants in rural New Brunswick perceived HSWs to be lacking in professional conduct. Ruby-Jo recounted an experience with an HSW in a scenario where she felt that a change of staff was warranted. She expressed how an HSW:

She would bring her laptop with her and she would sit out on the kitchen table and she would do her office work instead of interacting with Olivia. I didn't trust them in my home and I didn't trust them with my mother. Olivia told me that she was afraid because she felt like she was by herself, because [HSW] was nowhere to be seen because she was in the kitchen doing her office work.

On another occasion, Ruby-Jo said that an HSW was negligent in how she handled an incident in a home with a senior adult of her mother's age. Ruby-Jo said “*She had thrown up in my bathroom. The seat was up and the vomit was all over the rim of the*

toilet, was all over the floor and she just left.” This scenario was a perceived health threat and Ruby-Jo feared that the HSW could have had a virus of some sort. Recounting events of that day Ruby-Jo said:

I was so, I was horrified, because I have a hard time with my own puke, but cleaning up somebody else's! If I had had a mask to put on, some rubber gloves and old clothes and I am thinking what if she has got the flu. I can't have germs around Olivia. So I had to disinfect the whole bathroom and anything I thought she touched, the dishes she had washed. Everything had to be scoured and scalded.”

Further abuses arose from heating issues in winter months. HSWs would heat up the home to as much as 30°C, which resulted in an astronomical power bill. Ruby-Jo said HSWs:

Would come and they would jack the heat up to like 30°C, like on a cold day like this, fine but on other days in the spring and walking in was like walking into a sauna. My power bill, I could hardly afford to pay it, it went up so high. As much as I said could you please like don't, like take the chill off the house, turn it down to maybe 20°C. Don't leave it at 35°C.

Besides the negligent use of the heating, the HSWs were neglecting their client. Ruby-Jo indicated that “*She was neglecting my mother. Olivia told me that she was afraid because she thought she was in the house by herself, because [HSW] was nowhere to be seen because she was in the kitchen doing her office work.*” HSW coming into the home with a laptop and attending to other business acted as a barrier to a good client-HSW relationship. It showed a lack of prioritization of the client and her needs or the

housekeeping tasks the HSW was assigned to do. This fractured the client-HSW relationship.

Inadequate grooming was also mentioned as a point of deep concern. Ruby-Jo stated that:

I noticed Olivia's skin was sticky and Olivia told me why her skin was sticky. They weren't rinsing her off. They wouldn't rinse the soap off [after the sponge bath]. So that's why my mother's skin was sticky, that was unacceptable.

Further expanding on grooming and how it fell short of expectations on many occasions, Beatrice said, *"They learn how to make beds, they know it but they don't do it. Like there are about 4 or 5 girls and I ask them to wash my hair and they won't."* Besides grooming issues, some participants felt that HSWs treated them with disrespect. Beatrice recounted incidences that she had had with a lot of HSWs. Retelling one incident she said, *"I had the one and then she got up and started to swear. She was sleeping all the time."* Beatrice further explained that:

They don't do what they learn. The other day I taught that girl how to take blood pressure. I taught another one the proper way to tuck in the sheets, I am always teaching them. I would say the whole system. I had, from November, I had about 5 or 6 girls and one was as bad as the other.

Beatrice was preoccupied with getting good HSWs and indicated that she experienced depression and anxiety symptoms due to this challenge and other factors. She had perceptions of being neglected and overlooked. She felt her needs as a senior citizen were ignored. Financial affairs were added to the number of challenges she faced. Beatrice indicated that HSWs overspent on groceries and lacked mindfulness on financial matters.

In one such incident, she recounted how *“I wanted a celebration cake for \$6. She came back with a Christmas cake for \$19. All the groceries that she got was for like a family of 4 or 5. And I said don’t forget I live alone.”* She added that HSWs *“Rip you off every way they can. Some of them don’t turn in the change. You know say it comes to just \$3, they just don’t mention it. They give you the receipt and they keep the change.”* On another occasion, an HSW who had accompanied Beatrice to get her Christmas shopping, instead *“Came over with two big bags of stuff. She did all her Christmas shopping on my time!”* This kind of conduct by HSWs acted as a barrier to a good client-HSW relationship. It created trust issues and client disgruntlement because it demonstrated a lack of respect, responsibility, and accountability towards the client.

In that Christmas shopping incident Beatrice said that in retrospect, had the HSW told her that she wanted to do her own shopping as well, Beatrice would have, *“Went and sat down, but I was way up at the other end and I was just looking all around for her, I couldn’t find her.”* Participants reported that after such incidents where trust and respect were fractured, they requested to not have the same HSW again. Beatrice requested not to have the same HSW to her house. Joyce, who had similar reactions after a bad client-HSW interaction, added that after a bad incident with an HSW, *“I would just call and tell them that I don’t want her back. She is no good. Some of them to be truthful it’s just being plain lazy. You know, it’s just, they do as little as possible.”*

Incidences of disrespect and lack of accountability by HSWs were a barrier to a good client-HSW relationship. Participants felt it necessary after one such incident to ask for someone else. After a client-HSW relationship fractured, a good relationship could not be easily reshaped because participants felt compelled to change the HSW at once.

When asked how many HSWs she had had through the years, Joyce said, “*Oh my gracious! It’s been so many, oh I would say probably about 8 or 10.*” Paul mentioned that some of them used to “*pickpocket.*” There were several other examples of seniors mentioning how HSWs were conducting themselves unprofessionally. This kind of conduct was viewed as unsavory and participants expressed feelings of instances of continuous disrespect by some HSWs, agency bosses and the home support system.

Beatrice expressed sentiments and concerns that HSWs were in effect ‘*stealing from the government*’ when they collected their wages but were not completing tasks to expectations and/or are coming to their shifts late or leaving their shifts early before completing tasks for the day. Beatrice highlighted this by saying:

All I can say is these girls should do their job. If they did the cleaning properly, you can go an hour early. But not when the job is half done, cause every time they leave that door, they are making \$30 and if each girl is doing that in the province, how much is the province going in all, me included? I feel guilty over it and that’s their problem and not mine.

Therefore these sentiments of HSWs' unprofessional conduct and those of HSWs getting their wages for hours they did not work, hence, in effect viewed as stealing from the government, fractured the good client-HSW relationship.

It is noteworthy to mention in this section that some participants viewed agency bosses as complicit in their ill-treatment as senior clients. This is because participants had perceptions of there being no ramifications of inappropriate conduct or accountability on the part of HSWs. Reports to agency bosses resulted in no consequences for the HSW which left participants feeling like their voices did not matter. In short, seniors felt that

HSWs and agencies were indifferent to their experiences. Which left their relationships starting on a bad footing.

Negotiating Professional and Personal Boundaries

The lack of professional and personal boundaries acted as a barrier to a good client-HSW relationship. This was especially true for the more junior HSWs working in rural New Brunswick. Beatrice advised that HSWs should “*be tactful when they talk to us*” because, in her own unique experience, some of the HSWs did not observe boundaries when speaking with seniors. Beatrice recounted how one HSW:

Came in one morning and she was crying and I said in the name of heavens, what is wrong with you? “My husband came home on the weekend, I don’t know how he expects me to find a boyfriend.” I mean, she was crying because her legal husband was home and she couldn’t have a boyfriend.

Beatrice felt that this was “no chat” for an HSW to be having with a client and she felt that as a senior she had her teenage years behind her and did not need this “*garbage*” in her house. In her recount of that incident, she lamented to the girl and told her:

I’m not interested in your private affairs. I said your affairs stay outside the door, mine stay in here. She said I am only telling you, I said I don’t want to hear it. I said I have other problems on my mind. We don’t need that, we have been through that when we were teenagers.

Eleanor from her own experience expressed how a “*little bit nose*” some HSWs could be. Being nose and not observing personal and professional boundaries affected the standing of the client-HSW relationship. HSWs had to be prudent when choosing subjects to talk about with their clients, failing which fractures the relationship. There

was a definite need for clear professional and personal boundaries between clients and HSWs.

Autonomy versus the need for Assistance – “the donkey work”

Participants were reluctant to ask for assistance. From this study, it stemmed from fear or the reluctance to give “the donkey work” to HSWs or for fear of appearing too demanding. The donkeywork as he described it was any work deemed to require extraneous strength like hauling groceries from the grocery store to the car or from the car to the house. Speaking to this Rick stated, *“I tell you what, I just, I’m just reluctant to ask [my HSW] do the donkey work.”* He further explained that *“I am reluctant to ask somebody like [my HSW] of all people to do the donkey work about getting the damn things carried out and carried in here. She is not young either.”* While Rick’s reason was understandable because his HSW was *“not young either,”* hauling groceries can be a part of the services a participant gets as a home support services client. There would need only be a prior agreement with the agency. The researcher got a sense that seniors were still negotiating with themselves what they could ask help with and what they could not. Eleanor similarly had such ponderings and indicated that *“I don’t know, maybe if I said something [about the poorly done dusting and the floors not being swept properly], but I don’t like doing that, because, it’s just me.”* Olivia shared similar sentiments when it came to asking for help from her caregiver. She said:

I put so much on Ruby-Jo. It’s funny today I thought I guess I have to make a mark every time I call her and ask her to do something for me and but I didn’t start today now that we were having company. But sometimes, in the night I once

had her up 4 times in the night. If I could relieve her of me calling her to the bathroom, it's a big thing that, that bothers me.

Concluding on this struggle of wishing she still had autonomy and not as much need for assistance, Olivia declared “*Getting old isn't a picnic.*”

Previous investigations have shown ongoing concerns with autonomy and the need for and asking for that assistance (Dupuis-Blanchard, 2013). This study has shown the same findings. Participants have certain perceptions about themselves asking too much whether of their HSWs or caregivers even when they cannot do those same things for themselves anymore. Further, they struggle to speak up about what they may perceive to be inadequate or poorly done work. This struggle acted as a barrier to a good client-HSW relationship because participants' need for assistance was now perpetual, taking Olivia's case where she required assistance to go to the bathroom. But because participants either held back or asked for as little as possible, this would result in them not getting as much out of their client-HSW relationship as they should. There need to be ways HSWs can facilitate and help senior adults to negotiate their autonomy and the need or asking for assistance.

Summary of the Barriers to good Client-HSW relationship

In the preceding section, participants' perceptions of what can act as barriers to a good client-HSW relationship were outlined. These ranged from the lack of boundaries between the professional and the personal to a continued tug of war between asking for assistance and the need for autonomy. Participants showed that asking for assistance was not always their strong point even when they needed that assistance. This acted as a

barrier to a good client-HSW relationship because participants did not always get exactly what they wanted for fear they would appear demanding or asking for too much.

Facilitators to a good Client-HSW relationship

There were some participants who had exemplary and highly professional HSWs serving them. The conduct of these HSWs facilitated their good client-HSW relationship. Therefore for this study, it is noteworthy to state that while professionalism challenges on the part of HSWs were concerns for some participants, others, especially in urban areas, had different experiences. Rick, who had only one HSW and was not affected by rotations of staff, said:

She is a nice individual and I don't want anybody else but her. She does the cleaning, she changes the bed. Washes the floors. She will do anything that I ask her within reason. I don't want anybody else but her. She is just excellent.

Some seniors acknowledged that they trust their HSWs and are happy they work for them. In this regard, Eleanor said, “Well, I get along good, I trust them.” Joyce had similar experiences to Eleanor. She declared that:

Now, this girl I mean she is honest as she can be. She would not take a penny or anything that didn't belong to her. She comes in and does whatever needs, she knows what to do and she knows what I want, what I like and she just comes in and does it.

Paul who shares the household with Joyce and was part of the brother-sister dyad in this study declared that their HSW is “as good as gold!” Doug affirmed this from his own personal experience, indicating that the HSWs he received at his house “Are pretty well professional from what I can see. I mean everyone that comes in through so far I have no

problem with whatsoever.” A good client-HSW relationship is easily attestable to as proven by these participants. These positive experiences would have to be emulated for participants in rural areas to have the same experiences.

Trust facilitated a good client-HSW relationship. Ruby-Jo had some HSWS she did not trust. She indicated that *“I didn’t trust them in my home and I didn’t trust them with my mother.”* However, through trial and error with about three agencies, the mother-daughter dyad finally HSWS staff. Ruby-Jo had this to say about her mother’s current set of 5 HSWS, *“Oh no, I could never complain about the girls, the girls are excellent and excellent with Olivia, aren’t they Olivia?”* To which Olivia happily replied, *“One of them brought the quilt that she quilted the other day and another one crochets, never stops. And they bring me those things to see and I appreciate it because I’m old and I don’t get out.”* These HSWS, *“Treat Olivia the way she should be treated, with great respect whereas with that agency it just kind of left her and ignored her,”* according to Ruby-Jo. Trust facilitated the relationship between Olivia and her HSWS as well as Ruby-Jo, her caregiver. Ruby-Jo felt comfortable and at ease leaving HSWS in charge of Olivia while she went outdoors do some gardening or for a smoke because she had confidence in the people taking care of her mother. Building and maintaining trust between the client and the HSWS was important for the relationship to function well.

Some participants in this study attested to how their HSWS demonstrated exceptional care and concern for them as their clients. One of Olivia’s HSWS demonstrated good client service when she wrote a poem for Olivia on the day she turned 99. It was an event Olivia retold with deep appreciation. Olivia concluded by saying, *“It*

works nicely for me and I have awfully good girls and they are happy and friendly, and that's all I ask."

The making of an effective support worker

When participants were asked what made a home support worker effective, they all felt that it was a matter of care and patience when interacting with seniors. Rick said *"Personal care in their work, care for their patients. I never met an individual that doesn't demonstrate that. They are just tremendous. The people that hire these people are to be commended."* Darlene added that her HSWs were effective because they were *"All very personable and they will do anything I ask of them. They are all pretty good."* Olivia summarized the makings of an effective HSW by saying, *"Pleasant personality of course. Understanding. Patient."* To which Ruby-Jo in agreement with Beatrice's sentiments declared that HSWs need,

"A lot of patience. Some of the homes that they go to, the people aren't very pleasant, the clients, you know, maybe somebody's got the beginning of Alzheimer's, you know, they are not very nice sometimes. It's not an easy job."

To summarize, seniors perceived that a good HSW had to be personable, care exceptionally well for his/her clients, have a pleasant personality, was understanding and above all patient, because in her line of work he/she met all kinds of people. These are some personal values that could facilitate a good client-HSW relationship.

Conclusion

In this chapter, the research study findings were described. The demographic characteristics of the participants were presented. This was followed by a discussion of the essence of participant's perceptions of the home support services and supporting

themes. While participants in the urban areas of New Brunswick were satisfied with the home support service delivery and access, the bulk of seniors in rural areas of the province still got poor services. These participants felt the brunt of bad home support services, unprofessional HSWs and unsupportive home support services agencies. Overall, this study showed that participants appreciated home support services and demonstrated how they felt they could age in place thanks to home supports because they are unable to “get along without them.” Home supports gave them confidence in managing life issues and allowed them to have quality time with their family member caregivers. Participants showed that professionalism is a key aspect of an HSW professional. Some participants perceived their HSWs to demonstrate good professional conduct while others felt that there was a lot that still needed to be done. Many affected participants recounted stories of disrespect and nonchalance displayed towards them by some HSWs. Getting ‘good homemakers’ therefore remained a preoccupation for many participants, especially those in the rural areas. Overall, home support services were indispensable to aiding participants in this study to age comfortably in their own communities. However, many of them had sentiments that more still needed to be done for all of them to experience the same levels of satisfaction whether they are rural or urban dwellers.

Chapter V

Discussion

Introduction

In this chapter, the research project findings are discussed at length. The aim of this study was to ascertain what could be learned from senior adults' perceptions of the home support services that they were receiving in New Brunswick. Using interpretive description, I learned important impressions and understanding seniors have of the home support services that they received. Participants living in the city generally expressed satisfaction with the home supports they received while those living in the rural areas indicated that they were facing a plethora of challenges. From this data, I developed themes in order to gain insight and appreciation of participants' multi-faceted perceptions, impressions, and understandings. These themes are now going to be discussed in relation to existing literature. The chapter starts with a summary of the study findings, followed by a discussion of participants' demographics and how they compare or contrast with related studies and provincial statistics. Thereafter, the themes developed from this investigation and how they relate to existing literature are highlighted. Then the strengths and limitations of the study will be stated. Included towards the end of the discussion are personal reflections which include the necessity of managing emotions during the research process. Lastly, the implications of the study for concerned stakeholders as well as future recommendations for policymakers, healthcare practitioners and research directions are made.

Summary of study findings

This investigation revealed key themes and subthemes that relate to home support service delivery and access, the preference by seniors to age in place, and what constitutes facilitators or barriers to a good client-HSW relationship. Overall these findings were consistent with those identified in related literature.

Efficient service delivery and access were revealed to be essential to the smooth functioning of home support services for seniors in the current study. Participants in this study showed that in terms of service delivery and access, service time schedules, worker recruitment and retention, and the basket of services on offer were problematic for them as service recipients similar to previous investigations (Dupuis et al., 2013; Gantert et al., 2009; Low et al., 2011; New Brunswick Health Council, 2019; Province of New Brunswick, 2017; Siegel et al., 2014; Sims-Gould & Martin-Matthews, 2010a; Vik & Eide, 2012). This was more so in rural New Brunswick where staff turnover is high (Low et al., 2011) and agencies lose HSWs as they either migrate to cities (New Brunswick Health Council, 2019; Province of New Brunswick, 2017; WHO, 2007) or move on to better employment opportunities. These key findings in the service delivery and access domain reiterate that workforce challenges such as recruitment and retention are prevalent within the province, acutely so in rural areas.

Moreover, participants in this study were happy to be aging in their own communities and indicated how home supports helped make this possible. Participants showed that they are managing life issues, having quality time with their caregivers and that their caregivers can get respite from caregiving, thanks to home support services findings which are consistent with past research (Bagchus et al., 2015; Carver et al.,

2018; Canadian Healthcare Association, 2009; Dupuis-Blanchard et al., 2013; Government of Canada, 2019; Health Council of Canada, 2012; Mack et al. 1997; National Institute of Aging, 2017; New Brunswick Health Council, 2015 & 2018; Peek et al., 2016; Province of New Brunswick, 2017; Social Development, 2015; Smith-Carrier et al., 2017; Wilson, 2012; Wister, 1992; WHO, 2007). This underlines the fact that publicly-funded home support services for seniors in New Brunswick are an essential service.

Seniors' relationships with their HSWs also featured as a central aspect of the quality of services seniors felt they received. Participants felt that for the establishment of a good client-HSW relationship, professional conduct was key as well as observing the boundaries between personal and professional interactions. Previous studies found that seniors struggled to keep the professional and personal boundaries between them and their HSWs (Sims-Gould & Martin-Matthews, 2010a; Vik & Eide 2012). These previous findings showed that HSWs dealt with more than their professional duties but went as far as to manage familial fights between their clients and family members (Sims-Gould & Martin-Matthews, 2010a; Sims-Gould et al., 2015; Vik & Eide 2012). This was in contrast to findings from the current investigation. Participants in this study revealed that HSWs were not observing the boundaries between the professional and the personal domains when interacting with them. They indicated that HSWs tended to discuss very personal subjects with them or they were "nosey" hence displayed a lack of tact or respect for boundaries. Overall, findings from this study and others suggest that establishing and maintaining professional boundaries is an important aspect of relationships between seniors and HSWs and that both parties have a role to play.

Previous research found that a good HSW knew his/her job and carried it out well (Low et al., 2011). Consistent with those findings, the current investigation found that facilitators to a good client-HSW relationship involved carrying out home support services tasks to expectation and to completion. Participants indicated that a good HSW also had to be patient and understanding because they met all kinds of clients in the process of doing their job.

The above section was a summary of this investigation's findings and how they relate to existing literature. These study findings are meaningful and important because they contribute to the body of existing knowledge on home support service delivery and access, the preference by seniors to age in their own communities, and what facilitates or hinders a good client-HSW relationship. Participants in this study expressed their personal perceptions thereby offering deeper insights into their experiences using their own voices. Increased knowledge about their experiences will shape and inform government policy direction on home support services aimed at older adults. Through participants' voices, perceptions and world-views as revealed from this study, we understand and learn that more still needs to be done in the home support program especially for older adults who call rural New Brunswick home. In the next section, participants' demographics and how they relate to existing literature are outlined.

Participants' demographics

In the current investigation, 62% of the participants lived in urban areas while 38% lived in rural areas, a trend which in contrast to the rest of Canada where 20% of seniors live in rural areas (Province of New Brunswick, 2017). Research indicates that there are more seniors in the province of New Brunswick than anywhere else in Canada

and that of these about 47% live in rural areas (Province of New Brunswick, 2017), a trend that almost mirrors the current study. These trends show us that seniors in New Brunswick are more likely to live in rural areas and are less likely to get sufficient home support services due to issues highlighted in this paper relating to home support services delivery and workforce challenges.

Half of the participants felt that their income was insufficient to meet their needs, a finding that is similar to related studies and surveys in the province (Dupuis-Blanchard et al., 2013; Low et al., 2011; Province of New Brunswick, 2017). Previous research shows that seniors with low income are likely to depend more on home support services to meet their needs (Low et al., 2011). However, because they were also more likely to live in rural areas, where service disparities exist, they did not always get their needs met.

All the participants in the investigation dealt with multiple chronic health conditions including hypertension, heart problems, and arthritis, which is consistent with current population health data in the province (New Brunswick Health Council, 2016; Province of New Brunswick, 2017). Additionally, three of the participants were experiencing depression and anxiety coupled with involuntary weight-loss. This mirrors findings in related literature which indicates that multiple morbidities had an effect on older adults' mental wellbeing (Grundberg et al., 2016). Some of the participants indicated that the anxiety they experienced was related to the challenges they faced with the failure to get good HSWs to meet their home support service needs.

In this section, the demographics of the study participants and how they related to existing literature were outlined. Overall, they match findings in other investigations on key areas like income, health and mental well-being. In the next section, the transition

challenges study participants faced from being autonomous to receiving home support services are discussed.

The transition from autonomous individuals to receiving home support services

Previous research has found that older adults especially those who were very independent in their active years, grappled with balancing between autonomy and asking for support and assistance (Hautsalo et al., 2013; Vik & Eide, 2013). Similarly, participants interviewed for this study expressed reservations about asking for some basic tasks of their HSWs such as hauling grocery shopping into their apartments and requests for more dusting or more frequent floor cleaning. One participant felt he could not ask his HSW to do the ‘donkey work.’ Any donkey work was felt to be hard work to ask of another, however, due to declining health, he himself could not do it. This showed that the participant still struggled with transitioning from his declining autonomy to requiring more assistance than before. This may have bearings on the stigma associated with dependency and the loss of autonomy and also the fear that one may appear to be burdensome (Bagchus et al., 2015; Hautsalo et al., 2013; Province of New Brunswick, 2019). Hence participants sometimes grappled with asking for assistance and support. This matched findings in the existing literature. Other services that some participants did not readily ask their HSWs to increase included having regular floor cleaning, dusting, making of beds or hauling groceries from the shops into the apartment.

In this section, the transitions of participants from being autonomous to asking for support were outlined. Participants had reservations about asking HSWs for more of certain home support services as they grappled with the transition from autonomous individuals to those receiving assistance. This was similar to findings in the existing

literature. In the next section, each of the study themes and subthemes is outlined in relation to how they compare to related literature.

Service delivery and access

Based on the findings in related literature and those reflected in this study, several challenges are presenting themselves in terms of home support service delivery in New Brunswick (Dupuis-Blanchard et al., 2013; Gantert et al., 2009; Low et al., 2011; New Brunswick Health Council, 2019; Province of New Brunswick, 2017; Siegel et al., 2014; Sims-Gould & Martin-Matthews, 2010a; Vik & Eide, 2012). In particular scheduling and turnover of HSWs, access to services in rural communities and access to information about government services and programs for seniors and language were identified as service delivery and access challenges by participants. Each of these will be discussed in greater detail below.

Service Sufficiency and Scheduling

This study revealed that there are dissimilar experiences for participants living in urban settings in comparison to those living in rural areas when it came to the sufficiency of home support service and their scheduling. Participants in urban settings showed that the home support services that they were receiving met their needs. They indicated that they received sufficient services to meet their ADL needs and they would not add anything to them except small adjustments here and there such as more floor cleaning, and dusting. However, participants in rural settings were struggling to get home support services delivered to their satisfaction due to numerous challenges such as not getting their beds made or made well and not receiving enough assistance with personal grooming. Others indicated struggles with service scheduling because the HSWs would

not come at expected times or would not come at all especially on Saturdays. This scenario became worse for the concerned participants in the winter-time because roads in rural New Brunswick became tougher to navigate (Campbell, 2018; Low et al., 2011). This was similar to other studies which revealed that seniors struggled to get sufficient home support services and receive them at desired times, resulting in their needs going unmet (Dupuis-Blanchard et al., 2013; Low et al., 2011; New Brunswick Health Council, 2019; Province of New Brunswick, 2019; Siegel et al., 2014; Vik & Eide, 2012). Other studies have indicated that this may be due to fewer service providers available in rural areas resulting in fewer options for seniors (Province of New Brunswick, 2017) while others mentioned a lack of political will and governments that may be choosing to concentrate more on the needs of the youths hence disadvantaging older adults (Dupuis-Blanchard et al., 2013). These findings in the current study and others suggest that governments are still struggling to offer home support services at the same levels of satisfaction for rural and urban seniors.

Rotation and Turnover of HSW Staff

Participants in the current study, mostly rural dwellers, stated that they struggled with the rotations of HSWs that they had to deal with. At any one time, participants indicated that they could have as many as five HSWs coming to their houses on rotation. They indicated that it was not easy to deal with that many different people who had different quirks and personalities. Moreover, due to the high turnover of HSWs, it meant even when they had gotten used to whichever set of HSWs who were rotating to come to their households, those HSWs could be changed at any time due to high staff turnover. High staff turnover often compromised the quality of service because the agencies tended

to lose good staff due to people's mobility for different reasons, either to the cities or outside the province, as revealed in existing literature (Province of New Brunswick, 2017). Participants showed that often they had to get used to new staff and personalities which compromised the connection and relationship they would have built between them and departing HSWs. Additionally, this affected the continuity of care and individual privacy. Similar findings have been reported by others in studies carried out in New Brunswick (Low et al., 2011; Province of New Brunswick, 2017), Canada-wide (Storch et al., 2014), Austria (Siegel et al., 2014) and Norway (Vik & Eide, 2012). For instance, Storch et al., (2014) found that "clients and family members indicated that it is frustrating to have to orient new HSWs to their home and to care needs and particular practices, over and over again" (p.11). In a New Brunswick study, Low et al., (2011) indicated that seniors were 'dissatisfied with the frequency with which homemakers were changed' (p.3). In a similar fashion, HSW staff rotations and turnover caused great concern for study participants living in rural New Brunswick. This lack of continuity compromised the sense of service satisfaction for seniors, affected their client-HSW relationships, and compromised the privacy of their dwellings, especially if the new replacement turned out to be bad at their job and they immediately had to ask that he/she be replaced. This finding in the current study and in related literature suggests that seniors struggle with HSW staff rotation and turnover and is indicative of a high likelihood of low service satisfaction.

Language Issues

One participant's experience in this study highlighted that there are ongoing language concerns in the province of New Brunswick as reflected in other studies

(Dupuis-Blanchard et al., 2013; Province of New Brunswick, 2019). The participant received a French-speaking HSW while she was Anglophone, resulting in a break-down of communication. Subsequently, the HSW quit. In New Brunswick, it is typically the opposite as French minorities may fail to get services delivered to them in French (Dupuis-Blanchard et al., 2013). However, this finding showed that this may occur within the Anglophone population as well, though not as frequently. This finding highlights some of the challenges some older adults may be grappling with when accessing and receiving services in their language of choice in New Brunswick, a bilingual province.

The City versus Rural New Brunswick

This study found that key disparities exist for seniors living in rural communities in various aspects of home support services compared to their urban-dwelling counterparts in the province. In New Brunswick, 47.2% of seniors live in rural areas (Province of New Brunswick, 2017) while only 20.5% of seniors live in rural areas in the rest of Canada (Province of New Brunswick, 2017). The current study showed that participants in rural New Brunswick fared much worse in terms of access to home support services and their delivery. They suffered more the brunt of rotation of HSWs in comparison to participants in the city and they were affected more by the shortage and turnover of HSWs. Moreover, the HSWs working in these remote areas were also less professional and conducted themselves in ways that displayed a lack of respect for professional and personal boundaries. Studies in related literature have indicated that these challenges faced by seniors in rural communities linked to HSWs staffing may be due to fewer service providers resulting in lesser options for seniors compared to urban settings (Province of New Brunswick, 2017). Furthermore, Low et al., (2011) indicated

that these disparities may be further compounded by the fact that HSWs have to pay their own transportation to clients' homes which may affect their availability. These HSWs staffing challenges for rural-dwelling participants in this study often resulted in them having to change home support services agencies often seeking out good HSWs. Generally speaking, participants in this study who lived in rural New Brunswick were experiencing a lower quality of home support services compared to their city-dwelling counterparts similar to findings in the literature. This suggests that service gaps are not being addressed and that incentives may not exist to make working in the rural areas more attractive for service providers and HSWs.

Informational gap about Governmental Services and Programs

Participants in this study lacked knowledge about government services and programs offered to them as seniors. Findings elsewhere show that seniors do not know about government services and programs that are relevant to them due to problems maneuvering the different platforms that exist (Province of New Brunswick, 2017). Similar to those findings in the literature, participants in this investigation lacked knowledge about the government products and services that could potentially benefit them such as the Home First Strategy. Through this strategy, a senior in New Brunswick can get up to \$1500 for minor in-home repairs (Province of New Brunswick, 2017; Social Development, 2015). This initiative can help seniors age more comfortably in their communities. However, participants evidently had no knowledge of it. Moreover, participants indicated that many of their peers did not know some services and programs that they could benefit from such as more affordable health insurance from the Blue Cross and the various benefits from Extra-Mural. This was thought to be more so for

senior adults in rural areas who did not always have ready access to the internet on account of location (Low et al., 2011) or due to the fact that they had low incomes (Province of New Brunswick, 2017). This was similar to participants in the current study who indicated that they do not readily have access to the internet neither are they technologically savvy enough to navigate websites where they may find information relating to government services and programs that may assist them. This finding suggests that seniors may not be readily using services and programs targeted at them due to a lack of knowledge, not a lack of desire. The trouble to navigate platforms online because of limited technological know-how may put them off continuing with a process to get a particular service resulting in many of them not availing themselves to these products and services.

Another gap noted from the findings in the current study was a lack of training services and assistance from the government relating to family member/friend caregivers. Findings in the literature reveal that caregivers benefit significantly from caregiving training (Hepburn et al., 2001). Hepburn et al. (2001), in a study carried out in the United States, found that after training, caregivers dealing with dementia care recipients experienced less burden and depression than those who had not received training. The only caregiver in the current study indicated that she struggled at the beginning with her caregiving role because nobody handed her a manual and told her how to care for her aging mother. This finding suggests that there are gaps that need to be filled by the government to provide caregivers to senior care recipients with much-needed training in this very important task.

Summary of Service Delivery and Access

Overall, home support service delivery and access were revealed to be problematic for participants in this study, supporting findings in New Brunswick and elsewhere. This was particularly evident for participants who lived in rural New Brunswick who experienced these challenges more acutely. Under the broader theme of service delivery and access, this section delved more into aspects of service sufficiency and scheduling, language issues, rotation, and turnover of HSW Staff. Furthermore, it looked at the city versus rural New Brunswick and information dissemination about governmental services and programs, subthemes revealed by analysis of the interview transcripts. In the next section, the benefits of home support services and how they enable older adults to age in their communities are reflected using the lens of participants' perceptions and experiences and what already exists in the related body of knowledge.

Home support services enable seniors to age comfortably in place

Research has consistently shown that seniors desire to age in their own home (Government of Canada, 2019; Mack et al. 1997; Menec & Brown, 2018; National Institute of Aging, 2017; New Brunswick Health Council, 2015 & 2018; Province of New Brunswick, 2017). Home supports are crucial for seniors who can no longer carry out all of their ADLs independently due to limiting factors like declining health or mobility. Consistent with findings by others (Dupuis-Blanchard et al., 2013; Low et al., 2011; National Institute of Aging, 2017; Province of New Brunswick; WHO, 2007), participants in this investigation indicated that they wish to remain in their own homes.

In this section, we delve into subthemes of the over-arching theme showing how home support services are enabling seniors to age comfortably in place and how the

subthemes fit in relation to existing literature. The subthemes include: participants being at the mercy of the system, HSWs as enabling seniors to age in place – “I cannot get along without them,” how HSWs give seniors confidence in managing life issues, home support allows seniors and their caregivers to have quality time and then proceed to a summary of the over-arching theme at the end.

Participants are at the mercy of the system

Participants in this investigation conveyed a sense of anxiety about their future and a lack of good home support services was tied to this. One participant with a complex health condition had constant scares that he would run out of oxygen and die right there on the floor in his home. Another participant recounted seeing a story on the news about a senior who had died, their body filled with bedsores. Her preoccupation was it can only have gotten to that level due to abuse and neglect by her HSW. Due to her experiences and struggles to get good HSWs she had perpetual worry and anxiety. A lack of good HSWs results in the client failing to get services he/she wants such as making beds, meal preparations or assistance with grooming as indicated by participants in the current study. This leads to a failure to create a client-HSW relationship, thus leading the client to ask for replacement HSWs or choosing to change agencies altogether. In their New Brunswick study, Low et al., (2011) found that the creation of a client-HSW relationship is the hallmark of a good HSW. Overall, perceptions of neglect and frailty heightened the participants in this study’s sense of vulnerability which may be directly linked to their feelings of anxiety and worry. Myall et al. (2009) drew similar conclusions in their Australian study showing that older adults with greater perceptions of their own vulnerability experienced increased anxiety and the likelihood of developing depressive

symptoms later on. This suggests that the perpetual worry and anxiety about one's health and getting good HSWs is not good for seniors' health in the long term.

When it came to financial standing, some participants in this study indicated that they had low incomes and experienced difficulties paying their rent, hence they were receiving financial assistance from the government. This is consistent with what has been noted in findings by Low et al., (2011) about older adults with low incomes relying on financial assistance from the government in New Brunswick. Most participants in the current study showed that their incomes could not meet their needs and that they had subsequently moved into much smaller dwellings to offset paying higher rentals in larger properties. Financial factors thus further featured as a source of vulnerability for some of the current study's participants.

These factors discussed above relating to preoccupations about getting good HSWs, health status- mental or physical and income made participants vulnerable members of the community. This is in line with other investigations showing that seniors with low-incomes are vulnerable members of the community and may, therefore, depend a lot more on governmental assistance (Golant, 2008; Low et al., 2011). My findings suggest that home support services which are subsidized by the government are assisting older adults such as those in this study to age in their own homes, however, for those in the rural areas, this may often-times not happen to desired levels of satisfaction due to the constant struggle to get good HSWs and issues relating to low incomes.

Home Support Workers are enabling seniors to Age in Place – “I cannot get along without them”

A key finding was that good HSWs enable participants to age comfortably in their own homes. Many seniors expressed satisfaction with the services they were getting highlighting that the HSWs they had serving them were of tremendous help to them. This is similar to findings from Low et al., (2011) who found that HSWs assisted older adults to maintain successful daily life. Participants in the current study indicated that they, “cannot get along without” home support services. The absence of home support services would decrease the likelihood of participants remaining in their communities, a fact which participants revealed gave them anxiety about going into homes or nursing care. They had perceptions that reflected fears about the quality of the food and the controlled structure of events in nursing homes which they deemed would not be in tune with their individual habits. Nakrem et al., (2013) in their study in Norway found that older adults struggled to mesh their personal habits with institutional routines which acted as a deterrent to opting for nursing homes for participants in the current study. Carver et al., (2018) indicated that the familiarity of one’s own home contributed meaningfully to successful aging and well-being which may not be the case in nursing care settings. One participant in the current study indicated that he could not eat on schedule and was thankful for the liberties living in his own home afforded him. This would not be the case in a nursing care facility due to planned schedules. This participant felt that having an HSW was enabling him to carry on daily life successfully. Most participants recounted alarming stories they had heard or witnessed in nursing care which filled them with trepidation about the likelihood of ending up there. They were therefore quite content to

be in their own homes thanks to home supports and the HSWs who assisted them. Generally speaking, home support services and HSWs are critical for enabling older adults to remain in their homes for longer.

HSWs give Seniors Confidence in Managing Life Issues

Another key finding was that the presence of HSWs to help participants with ADLs gave them confidence in managing life issues. They could carry out other tasks like paying their bills, go to the doctor or go out with family and friends, activities which may have been difficult without extra assistance. One participant indicated she took close to half a day trying to get her house clean before she had an HSW. This would have decreased the amount of time she could dedicate to other activities. However, thanks to home support services, now she can manage other life issues. This is consistent with other studies which found that seniors “can accomplish the activities crucial to successful daily life when they are able to weave together systems of formal home support and extramural health services with informal support networks made up of family, friends, and neighbors” (Low et al., 2011 p.8). Therefore, overall, home supports seem to be an enabler for seniors to remain in their own homes and to carry on their life activities successfully.

Home support allows seniors and their caregivers to have quality time

An important finding from this study was that home support services created time and space for seniors to have much-needed quality time with their family member caregivers. This could be difficult or impossible in the absence of HSWs because a caregiver would be occupied with caregiving tasks to the extent of forgoing quality or down-time. Furthermore, home support services provided caregivers respite from

caregiving, which allowed him/her to do other things with his/her free time. This takes off pressure from the caregiver, making sure that both the care recipient and caregiver experience decreased stress from a care situation. Hiyoshi-Taniguchi et al., (2018) in a Japanese study found that caregivers benefitted meaningfully from short respite periods provided for when home support services were included in the care plan. In the same vein Takai et al., (2009) in another Japanese study, found that caregivers who rendered continuous care potentially suffered more depressive symptoms and experienced a lower QoL. Home support services break this continuous loop thereby providing relief for caregivers. Overall, home support services and HSWs provide respite for caregivers thus allowing them and their care recipients to have quality time together while offering respite to the caregiver.

Summary of how Home Support Services Allow Participants to Age Comfortably in Place

Generally speaking, home supports allow seniors and their family/friend caregivers liberties and support that would not be present in other care settings. They allow seniors and their caregivers to have quality time which may not be easy in their absence. Therefore, home support services are helping seniors to live out their days in their homes while managing other life issues like paying their bills, going out with family and friends, as well as making doctor's appointments. This finding in this study contributes to the body of existing knowledge that home support services bring value to the quality of life for seniors and their family/friend caregivers in New Brunswick.

The next section elaborates on the theme concerning barriers to a good client-HSW relationship as revealed by this study's findings and what exists in related literature.

Barriers to a good client-HSW relationship

Although seniors felt that there were many benefits of home support services, this was often contingent on having a positive relationship with HSWs and consistent staffing. Participants in this study indicated that unprofessional conduct acted as a key barrier to a good client-HSW relationship. Further barriers that hindered the development of a good client-HSW relationship were the failure of HSWs to observe professional and personal boundaries. Furthermore, another significant barrier was the struggle for participants as senior adults to balance their declining autonomy and the need for support or asking for assistance. In this section, we look at what participants felt compromised and acted as barriers to a good client-HSW relationship and how this relates to the existing body of knowledge.

Unprofessional conduct

Findings from this current study are consistent with related literature indicating that some seniors harbored sentiments that HSWs were not overly concerned with their well-being and welfare but rather that they cared only for their wages. This is consistent with findings from an Australian study (Mellor et al., 2008) that showed older adults perceiving their HSWs to not be keen on the health and welfare of their clients but only cared about getting their own wages. This line of thought was raised by one of the participants who felt that HSWs did not care for their job or for the seniors whom they served, but rather cared only for the money they got paid. The participant went further to

indicate that by HSWs receiving wages for services they did not do, either because they would have arrived for their shift say 15 or 30 minutes late or left 15 or 30 minutes early, before the completion of tasks, they would be unjustly benefitting financially but also, in essence, be stealing from the government. For this participant, this scenario evoked feelings of guilt over potential waste and misspending for the government in the home support service program which is similar to findings from Low et al., (2011) a study which showed that older adults had concerns about fraud in the delivery of home support services especially the client-directed options. Participants in the current study felt that unprofessional HSW conduct involved not keeping work hours by either coming to work late or leaving early, not giving prior warning that one would not be coming in for that day, coming to the job and carrying out personal tasks such as working on one's laptop, being rude and disrespectful and not carrying out tasks as expected. Participants felt that these factors compromised and sometimes altogether ended any working relationship that existed because often-times one had to subsequently request agency employers for replacement personnel. Low et al., (2011) found that a good HSW is one who does her job without prompting and one with whom a senior can create a relationship.

Unprofessional HSW conduct acted as a barrier to the formation of a client-HSW relationship and often-times one episode of unprofessional conduct resulted in older adults not wanting to have that particular staff member work for them anymore.

Generally speaking, failure by HSWs to be professional and poor conduct hindered the development of a good client-HSW relationship. This finding suggests that professionalism, the ability to do required tasks to expectation and to create a relationship with a senior are necessary requisites for the creation of a good client-HSW relationship.

Negotiating the Professional and Personal Boundaries between seniors and Home Support Workers

The importance of the observance of professional and personal boundaries was a key finding reflected in this study. Research in the existing literature showed that HSWs feel torn between maintaining a healthy professional distance and emotional attachments to their clients (Martin-Matthews & Sims-Gould, 2008; Storch et al., 2014). These research findings indicated that some HSWs found themselves quenching fires from fights between their clients and either their caregiver or their children (Sims-Gould & Martin-Matthews, 2010a; Sims-Gould et al., 2015; Vik & Eide 2012). This was in contrast to the findings from this study in that seniors felt that HSWs did not observe the personal and professional boundaries when communicating with them. Most participants felt that some HSWs did not observe any boundaries when interacting with them and were not “tactful” in conversations with clients. This was different from other investigations in which it was HSWs who quenched fires indicating that there was a breakdown in the personal and professional boundaries due to the client encroaching upon it (Sims-Gould & Martin-Matthews, 2010a; Vik & Eide 2012; Storch et al., 2014). In a study in British Columbia (Sims-Gould & Martin-Matthews, 2010a) HSWs were shown to remain mindful to not encroach on their client’s private space and respected the boundaries that existed. In that study, it tended to be the clients who crossed the personal boundaries of their HSWs. In this current study, however, HSWs encroached onto the personal space of their clients, which affected the establishment of a good client-HSW relationship.

Participants indicated that tactless conversations burdened them unnecessarily with matters which they had long left behind in their youth. They intimated that at their ages they had other issues preoccupying their minds. Therefore, it was necessary for HSWs to observe professional and personal boundaries to avoid unwanted entanglements. To do this, HSWs had to leave their personal business outside their clients' homes and only concern themselves with their duties. Furthermore, training in client care for HSWs could really assist with some of these intersectional issues between the private and personal boundaries. This finding suggests that the non-observance of professional and private boundaries is undesirable and acts as a barrier to a good client-HSW relationship.

Autonomy versus the need for Assistance – “the donkey work”

Research shows that seniors struggle to find a balance between autonomy and the need for assistance (Hautsalo et al., 2013; Vik & Eide, 2013). Hautsalo et al., (2013) in a Finnish study found that seniors who were very independent in their active years found it difficult to strike a balance between autonomy and asking for support. Another study in Norway showed that most seniors felt like burdens to people who provided support to them, and some held off asking for help until it was too late (Vik & Eide, 2013). The researchers thought this may have been due to the fact that people from their participants' generations were not accustomed to identifying their needs and asking for assistance (Vik & Eide, 2013). Participants interviewed for the current study expressed similar reservations about asking for help with activities such as hauling grocery shopping into their apartments and requests for a bit more dusting and floor cleaning. One participant felt he could not ask his HSW to do the 'donkey work.' This matched findings from a

Dutch study (Bagchus et al., 2015) that seniors may sometimes feel like burdens to those who provided care for them, hence they would avoid asking for assistance altogether. One participant felt that seniors may not ask for assistance for fear of being deemed a burden or of appearing too pushy, needy or demanding similar to findings from an Australian study by Mellor et al., (2008). This perception by seniors affected the establishment of a connection and the creation of a good client-HSW relationship. Furthermore, it resulted in seniors having more unmet needs due to these needs not being known. This finding suggests that seniors may struggle to ask for assistance hence care providers and HSWs may have a role to play by frequently re-evaluating the services they provide to assess for client satisfaction on an ongoing basis.

Summary of the Barriers to good Client-HSW relationship

Participants in this study had similar sentiments to findings elsewhere that unprofessional conduct by HSWs compromised the creation and establishment of a good client-HSW relationship. Further, the inability to find a balance for autonomy and asking for assistance due to the stigma attached to dependency and fear of appearing burdensome meant that they could not easily ask for services that were already part of the basket of services being offered to them. These findings, which are in line with previous investigations, acted as barriers to a good client-HSW relationship.

Facilitators to a good client-HSW relationship - Makings of an effective HSW

Research in a previous study found that a good HSW knows and does exactly what he/she is supposed to do while an ineffective one is unreliable and unprofessional (Low et al., 2011). This was similar to the findings in the current study. Participants showed that when an HSW did not know their duties and tasks, it made them ineffective

and this affected the client-HSW relationship. Participants indicated that when they signed up to receive home support services, they wanted them to meet their expectations. Reports of some ineffective HSWs in this investigation were raised by participants who lived in rural areas. Participants in the city felt that their HSWs were effective and knew their duties and delivered as expected, most of the time. This helped facilitate a good client-HSW relationship because the staff was reliable and professional despite a few gaps noted here and there.

Participants in this study further indicated that patience and understanding were crucial qualities when asked what they thought would be the qualities that made for an effective HSW. Low et al. (2011) showed that seniors wanted an HSW who could communicate well, was motivated and had previously worked as an HSW. Consistent with these previous findings, participants in the current study felt that a good HSW knows how to do his/her job and creates a connection with them as a client. This information reinforces existing knowledge concerning what seniors perceive to be an effective HSW.

Summary

Themes and subthemes in this study were similar to findings in related literature. This was particularly so for service delivery and access for participants dwelling in rural New Brunswick. Participants highlighted issues relating to worker recruitment and retention. Furthermore, HSW rotation and turnover marked a lack of continuity in home supports, signaling a problem for participants to acclimatize to new faces and personalities each time changes occurred. This section pressed upon the reader the importance of home support services and how participants were happy to be able to

remain in their own communities for as long as possible. Participants, moreover, reported challenges accessing information about governmental services and programs that could benefit them which was similar to related literature. Some reported difficulties navigating governmental websites to access services meaning the platforms available were not easy for them to interact with. This resulted in participants and their peers going without services that could potentially benefit them. A recent survey in the province has shown a disparity in service quality and satisfaction between the rural and city folks similar to the findings in this study (New Brunswick Health Council, 2019). Participants in rural New Brunswick highlighted a plethora of challenges they face which their peers in the city do not experience. Hence, overall, the themes and subthemes which were revealed by the perceptions of participants in this study are related to what has been learned elsewhere in related literature. These finds add important knowledge to what is already known about the phenomena which were investigated.

Strengths of this Research Study

This investigation was novel in that it used an interpretive description qualitative methodology, the first of its kind, to the best of my knowledge, aimed at research relating to home support services in the province. The angle and approach of this current investigation helped us to gain an in-depth understanding of participants' perceptions of home support services thus assisting us to gain deeper insights and meanings they attach to the publicly funded program in New Brunswick. Since the province is constantly making changes to the home support program due to periodic changes in governments as well as to respond to a growing population of seniors, it is essential to know how seniors perceive the services over the time continuum (Government of Canada, 2019; New

Brunswick Health Council, 2019; Province of New Brunswick, 2017). This information would be useful for policy-makers and diverse stakeholders since it brings insights that shape future home support services and aging policies. Using participants' own voices, as offered in this study, provides context and thus make meaningful contributions out of their diverse experiences and perceptions.

The findings from this study benefit the existing body of knowledge and contribute to literature because they represent experiences of older adult participants using their voices from a different and novel qualitative methodology. Older adults are experts on their own lives (WHO, 2007) and governments could benefit from their knowledge and analyses when formulating policies aimed at them. Over the years, quantitative research surveys on home support services have been carried out in the province, for instance, the New Brunswick Health Council surveys carried out every 3 years. Other province-wide qualitative studies have been held including one aimed at Francophone seniors (Dupuis-Blanchard et al., 2013; Low et al., 2011). The current investigation, along with these studies provides critical feedback and findings meaningful for New Brunswick at this moment in time as the province grapples with an ever-growing aging population (Government of Canada, 2019; Province of New Brunswick, 2017; Social Development, 2015; Statistics Canada, 2018).

Limitations of the study

The key limitation of this study was that the sample was small with 5 participants from the small city of Fredericton and 3 participants from the rural area of the province. Hence the findings cannot be generalized to the entire population. Nonetheless, the intentions of qualitative studies are not to generalize findings but to get deeper and more

meaningful insights and understanding of phenomena (Creswell & Poth, 2017). Furthermore, there may have been selection bias in the study based on the fact that participants who took part were ready to do so compared to those who did not (Creswell & Poth, 2017). However, this did not make the findings extreme in nature. This investigation will allow other researchers to get insights from a different context, hence permitting them to apply the findings to a similar population, or being able to transfer them to other similar contexts.

Personal Reflections

During the research process, I faced some challenges especially in relation to participant recruitment. I used online platforms such as Kijiji and online bulletin boards through community websites, Meals on Wheels newsletter, research flyers, word-of-mouth, and social media. I got most of my participants, four in total, through the Meals on Wheels advertisement. Two were recruited through the flyers and two more were recruited through the church by word-of-mouth. Perhaps the difficulties recruiting were compounded by the fact that the research was carried out during the winter season and movement was limited for everyone due to severe snowstorms. On two occasions, I had to reschedule interview dates because of snowstorms. Despite these challenges, I am honored with all the insights from the participants who took part in the study. Their stories, some different and others similar offer us important insights into participants' experiences with home support services. Going forward, for recruitment purposes, I would encourage other researchers to count more on known platforms like bulletin boards and newsletters depending on the age group of their participants. In my case, the Meals on Wheels Food for Thought newsletter was a good call because many senior adults

count on the organization to get meals hence it has a wider readership in New Brunswick, compared to recruitment notices on Facebook.

It was important during the data collection process to manage emotions. Sieber and Stanley (1988) stated that some sensitive topics may cause distress to the researcher. The participants for this research ranging in age from 75 to 100 years old were vulnerable members of the population due to factors such as dealing with multiple chronic conditions and having low incomes. As a researcher I encountered this first hand, listening to them as they talked through their experiences receiving home support services. The participants in this study, while recounting events, had feelings of sadness, and anxiety which is similar to what is reported in other studies dealing in sensitive subject matter (Cowles, 1988). During interviews, I asked and allowed a participant to stop the interview if they so desired or allowed us to take a break. In other instances, we talked through a particularly sad matter. At any point, it was important to do what was more comfortable for the participant. For example, Rick recounted the challenges faced by his wife who had dementia and who was in a nursing home. It made him emotional and sad recounting how watching his wife made him so sad and helpless, especially when she kept asking when she would be coming home. During this time, Rick asked me to stop the recorder and we took a break while he recomposed himself. Thereafter, he indicated that we could carry on and I turned the recorder back on. Another participant when retelling how she was struggling with HSWs, broke down, revealing a deep vulnerability. When I asked her what steps she had taken to address the problem, she indicated that she was in on-going consultations and discussions with her Social Worker who was looking for a new agency to which she as a client could be attached. This helped

to redirect her towards the positive steps she was taking to address her situation. As a researcher, I appreciated participants' resilience and willingness to share their stories and welcoming me into their homes. To the best of my knowledge, I have not seen any related studies that highlighted emotional experiences in relation to home support services for older adults as shown by participants in the current study. However, research has shown that recounting sad or challenging events may cause feelings of sadness and anxiety (Cowles, 1988), which in some people may lead to being emotional as was the case for some of this investigation's participants. However, research has also been shown to have a cathartic effect for participants hence the experience may have provided relief to some degree (Biddle et al., 2013). The emotional accounts highlighted in this study underscored the meaningful impact that home support services and HSWs are having on seniors in New Brunswick. Overall, this highlighted the need for similar levels of service provision regardless of where one lives.

Implications of the Study Findings for Different Stakeholders

This study carries different and significant implications for key stakeholders offering home support services to senior members of our community, the seniors themselves and their family members or caregivers. In this section, I shall highlight the implications of the study's findings for the New Brunswick Department of Social Development, HSWs, seniors and family members of seniors receiving home support services.

Implications for the Department of Social Development

There are several meaningful implications from the findings of this study for the Department of Social Development. First, seniors and caregivers need to know what

services, programs and benefits the government is offering them without much difficulty or extended searching. Most seniors in this study did not know the services that were available through the Home First Strategy (New Brunswick Health Council, 2012; 2015; Province of New Brunswick, 2017; Social Development, 2015). Thus, there is an increased need for knowledge mobilization and uptake about the services and programs available to help citizens as intended beneficiaries. These efforts should not just be limited to online platforms and websites. This is because some seniors may not be able to afford internet costs due to the levels of their incomes, or they may be technologically averse or unaware as other investigations have shown (Carver et al., 2018; Government of Canada, 2019; Low et al., 2011). Moreover, Social Workers who manage cases for their clients and visit seniors for home support services assessments (Social Development, 2015) also have a role to play in spreading information about governmental services and programs. Existing efforts show that there is a New Brunswick Seniors' Guide to Services and Programs that are printed and distributed by the Department of Social Development and a seniors' information dedicated line (Government of Canada, 2019). Concerted efforts to get this information out should take as much priority as other tasks by the Department of Social Development staff. Seniors ought to know about services that will alleviate their financial and emotional burdens. This could include the provincial government employing platforms other than the online avenues. For instance, widespread advertisements in newsletters accessible to seniors and encouraging gatekeepers in communities to spread the word through word-of-mouth. The government could increase the printing and distribution of pamphlets prepared for these purposes (Social Development, 2018) through Social Workers, home care and HSWs as

well as encouraging older adults and their family members to share the information within their circles.

Second, despite efforts to establish and maintain standards of quality (Government of Canada, 2019; Government of New Brunswick, 2018; New Brunswick Health Council, 2019) seniors in this study indicated that when they were discharged from hospital and started receiving home support services, they initially received home support services from agencies on Extra-Mural lists. However, marked differences in service quality occurred at the point they started receiving home supports from agencies on the Department of Social Development lists. There was no clear indication of why this was so and no reasons were provided to explain why there were different home support agency lists for Extra-Mural and the Department of Social Development. The government could investigate this in order to gain an understanding of the phenomena. Especially since these differences were reported by participants living in rural New Brunswick, places we understand experience challenges with HSW staffing as indicated in this paper. Increased collaboration between the two governmental departments may further assist to root out the differences between home support services offered by these programs. Getting to the bottom of these differences may result in solutions that make the services more homogenous and ascertain equivalent levels of service satisfaction for beneficiaries regardless of whether Extra-Mural or Department of Social Development are coordinating the services they receive (New Brunswick Health Council, 2019). Consistency in service quality is important especially for rural seniors who cannot understand why the differences exist.

Third, research shows that recruiting and retaining HSWs is an ongoing problem for rural New Brunswick (Dupuis-Blanchard et al., 2013; Low et al., 2011; New Brunswick Health Council, 2019). We know that the province's rural areas have been affected by migration to cities or to other provinces which may account for shortages of HSW staff (Low et al., 2011; Province of New Brunswick, 2017). Furthermore, HSWs pay is low and there are no incentives for receiving home support work training (Province of New Brunswick, 2017). Importantly to note, some HSWs have to pay out of their pocket to get to their destinations for their shifts (Low et al., 2011), which may affect not only their remuneration but worker morale and motivation for the job. These HSW challenges signal a need for concerted efforts and engagement from all stakeholders, key among them the Department of Social Development and agencies to develop a strategy for dealing with the staffing issues of HSWs. Further, there is a need to enforce the code of conduct for HSWs (Government of New Brunswick, 2011).

Participants in this study indicated that not only are they dealing with never-ending rotations of staff, which may be expected in this field of service, however, the high staff turnovers and the lack of professionalism of some HSWs means that there are gaps that still exist (Low et al., 2011). Furthermore, indications from this study showed that in cases where an HSW conducted his/herself unprofessionally, it was reported that agency bosses remained indifferent despite seniors reporting to them seeking redress. Building a strategy together from the bottom up for agencies and the Department of Social Development may address some of these problems. A Pan-Canadian Study on safety in the home (Doran et al., 2013; Storch et al., 2014) called for standardized competencies for HSWs. This is urgently required for HSWs in New Brunswick. These

strategies and initiatives may be spearheaded through the existing Provincial Roundtable on Healthy Aging Strategy which sends recommendations to Ministers about aging care priorities (Government of New Brunswick, 2018). Standardizing expectations and adjusting HSWs wages to be competitive may go a long way in addressing the rampant lack of professionalism and staffing issues experienced especially in the rural areas of the province. HSWs do a very important job taking care of our senior population allowing them to age in their communities where they have a place and belong (Carver et al., 2018; WHO 2007). This benefits seniors who remain comfortable to live their days in communities of their choice and the government experiences savings from reductions in hospitalizations and long term care waiting lists (Canadian Healthcare Association, 2009; Canadian Medical Association, 2016; Health Council of Canada, 2012; Social Development, 2015). Hence, it is imperative that HSWs wages reflect the value they bring to society. Without concerted efforts, this problem will likely persist and even worsen. Something the province cannot afford in the face of a foreseeable growing senior population.

Additionally, participants from this investigation had their own suggestions to assist in solving this problem. They suggested on the spot HSW supervision. This is whereby supervisors come unannounced to homes where HSWs work, which is a direct method of supervision based on observation on the spot (Malik, 2017). Participants felt that this direct method of supervision could keep HSWs focused on their job. Others suggested that continuous training on how to work with seniors and what the job of an HSW entailed was necessary to change the lack of professionalism which speaks to issues of standardization of competencies for HSWs as has been referred to elsewhere in

this paper (Storch et al., 2014). Furthermore, seniors felt that home support work is challenging work and as such HSWs should be adequately remunerated. It behooves agencies to be advocates for their HSWs and work in close collaboration with the Department of Social Development on matters affecting their staff. This kind of collaboration is promoted based on findings in related literature (Storch et al., 2014). Increased collaboration will promote HSWs' working conditions, resulting in seniors, especially in rural parts of the province, getting quality home services and professional HSWs.

This study has meaningful implications for policymakers. There are still gaps in policies related to home support services for seniors. Surveys carried out by organizations like the New Brunswick Health Council (2019), showed that generally there are still lower levels of satisfaction attributed to home support services such as housekeeping, help with meals, grooming, transportation, and shopping. Both groups of people, seniors on the one hand and HSWs on the other are experiencing challenges delivering and receiving home supports. Policies should adequately address the needs of different stakeholders in a way that results in improved quality of life and generally reduced financial costs for the government. This involves making policies that promote equity, welfare and improved levels of satisfaction for service users despite where they live in the province (New Brunswick Health Council, 2019). Further, there should be concerted efforts to bring together stakeholders and make it a concern for everyone because they are part of the system. Despite the efforts of the Roundtable, which is an advisory group for Ministers on healthy aging priorities and initiatives in New Brunswick (Government of Canada, 2018), a recent home care and home support services survey (New Brunswick

Health Council, 2019) indicates that disparities on levels of satisfaction in home care and home support services persist with the latter performing less optimally. Hence the Roundtable still has a long way to go to help create a more equitable quality of home support services for older adults in the province.

Implications for HSWs

HSWs need to come together and advocate for their own unique needs. Research has found that poor working conditions, poor pay, inconsistent working hours and a lack of benefits affect HSW turnover rates (Nugent, 2007; Sims-Gould & Martin-Matthews, 2010a). Findings further indicate that HSWs are grossly disadvantaged because they have to pay for transportation to their shifts and that commute time is not remunerated (Nugent, 2007). Overall, this results in the state of affairs we find affecting the delivery of home support services to rural areas. Therefore, creating their own unions and speaking with one voice about their work is urgent and necessary. Research elsewhere has found that most HSWs belong to unions (Sims-Gould et al., 2015). However, these were general workers unions for all employees of that province and not HSW-specific unions. HSWs should mobilize and fight for their own cause to create, expect and receive integrity and respect in this para profession than is happening at present. This could involve HSWs calling for better wages, travel time and expenses reimbursement, consistent work schedules, training and clearly defined job descriptions (Nugent, 2007). Without this, many of their employers and clients will fail to confer to them the respect they deserve, as other investigations clearly indicate (Nugent, 2007; Sims-Gould et al., 2015; Sims-Gould & Martin-Matthews, 2010a).

HSWs' mental health and well-being are of crucial importance to be mindful of because their job is demanding and is performed in intimate and private environments. Related literature highlights that HSWs mental well-being has bearings on job stress, burnout and job turnover (Denton et al., 2002; Nugent, 2007; Sims-Gould & Martin-Matthews, 2010a). As was indicated earlier by one participant in this study, home support work is difficult due to the different personalities one meets, including some clients who may be dealing with health conditions that may make them aggressive (Storch et al., 2014). Family members and friend caregivers of the people they serve have also been shown to either enable or hinder how an HSW carries out their tasks (Sims-Gould et al., 2015). Hence HSWs need to remain mindful of their mental well-being and seek assistance when job stress and burnout become noticeable in order to ensure that their mental health is not compromised.

Implications of study findings for seniors

This study carries meaningful implications for seniors. Research has shown that some older adults who receive home support services may be vulnerable due to multiple chronic health conditions, and low incomes (Grundberg et al., 2016; Low et al., 2011). These factors affected the current study's participants which could account for why some suffered depressive and anxiety symptoms. Some of these depressive symptoms and anxieties were directly linked to the receipt of home support services as participants who lived in rural areas indicated that they were anxious to get good HSWs. Seniors living in rural New Brunswick must remain aware of the challenges faced by agencies in recruiting and retaining HSWs (Dupuis-Blanchard et al., 2013; Low et al., 2011; New Brunswick Health Council, 2019; Province of New Brunswick, 2017). There is a need

thus for seniors to manage their expectations but also continue to work closely with their Social Workers to get the best fit in terms of HSWs. Some participants indicated that after changing agencies for as many as 3 times, they finally had good HSWs, therefore seniors must continuously collaborate with their Social Worker to assist them in this respect. Furthermore, they have to manage HSWs' rotations as best they can, because this scenario may not change in the near future due to HSWs staffing challenges faced by the province of New Brunswick as highlighted elsewhere in this paper.

Another option seniors receiving home support services could explore in order to get good HSWs is client-directed services. While there may be trepidations about the administrative matters linked to the process as found in literature, learning how this needs to get done may help a senior secure an HSW directly and then get reimbursed by the Department of Social Development (Low et al., 2011). One participant in this study indicated that she was very satisfied with the HSW who worked for her under the client-directed method. This method may ascertain that a senior gets a good HSW because one head-hunts for this person on their own. Previous investigations showed that a great proportion of seniors in rural Miramichi and the Arcadian Peninsula used this method with outcomes that were quite positive (Low et al., 2011).

Lastly, home support services assist seniors to live in their own home for much longer. Participants in this study living in the city indicated that they were satisfied with their HSWs and that they could not get along without them. This was similar to sentiments by informants in other investigations (Low et al., 2011). Hence for seniors in the province who have not yet started receiving home support services and have needs which they cannot meet themselves relating to grooming, housekeeping, help with meals,

transportation, and shopping, they should opt for home support services. Home support services are assisting seniors to live in their own communities as evidence shows from this investigation. Seniors can carry out successful daily life activities and have quality time or offer respite to family or friend caregivers (Low et al., 2011; Province of New Brunswick, 2017). Home supports are a good option for seniors who wish to remain in their own homes.

Implications for Family Members of Seniors Receiving Home Support Services

A lot of the seniors interviewed for this study had no caregivers and lived alone. Some had children who lived nearby who could watch over them and advocate for their needs. However, some did not have children who lived nearby or who were closely involved with their care which made them more vulnerable to poor quality and insufficient home support services. As senior adult's family members, it is important to keep an eye out for your loved one's needs and advocate continuously for them. Without the support of family members or friends, seniors have worse experiences which cause aggravation and anxiety thereby affecting their ability to carry out successful daily life (Low et al., 2011). This compounds whatever chronic conditions they may have which has been noted in other studies to lead to earlier institutionalized care (Gruneir et al., 2013; Sims-Gould et al., 2015). Therefore, it is important for the family members of seniors receiving home support services to remain watchful, listen and ask their parents or loved ones if they are receiving the services as expected. An indifference by family or friends isolates the senior, making them feel more vulnerable. As their social support system, which may function as a financial one too, it should be a family member or loved one's priority to make sure that a senior adult is getting expected home support services

and recourse should be sought at the earliest opportunity if noted otherwise. In some cases where possible, client-directed services should be sought because they have been shown to offer more satisfaction in comparison to services managed for clients through agencies. Hence client-directed services may be an option more family members of seniors wanting home supports could explore.

Implications for future research

Future research on home support services could concentrate on the perspectives of HSWs. Their role in providing home supports is key and therefore, it is imperative for there to be a triangulation of information in order to get a complete picture. This study has thus far proffered an array of findings based on senior participants who are the recipients of home support services. It behooves us as researchers to know the experiences and impressions of those who deliver this service in the homes. Such research could glean meaningful insights that may assist stakeholders and policymakers to understand what the challenges are and come up with win-win solutions for both seniors and HSWs.

Recommendations

In this section, recommendations based on the study findings, general sentiments of the participants and the analysis and interpretation of the data, are stated. These recommendations were targeted at home support services industry players, government departments and agencies in general.

1. Concerted efforts to promote home support services from all stakeholders

There should be concerted efforts from all key players in the field of home support services to come together and scaffold for solutions to problems bedeviling the industry,

especially in rural New Brunswick. Home support services are cost-effective and seniors desire to live out their days in their own homes (Dupuis-Blanchard et al., 2013; Nugent, 2007; Sims-Gould & Martin-Matthews, 2010a). Hence, they offer the province less costly alternatives to care for our senior population. New Brunswick is going to experience an increase in the number of seniors in the foreseeable future. This, hence, calls for long term plans to address the concerns raised by participants in this study such as service delivery and access for seniors in the rural parts of the province, the challenges of a dearth of professionalism and HSW staffing issues. Nursing homes are already doing a number of activities such as transportation to assist seniors to age in their own communities (Dupuis-Blanchard & Gould, 2018). This is an already existing resource that the government could engage and deploy more fully to provide assistance with home support services in local rural communities, hence filling the gaps which exist at present.

2. Agencies to improve HSWs supervision, training, and accountability

Lack of HSW supervision, training, and accountability stuck out clearly from participants' perceptions in this study. Seniors indicated that despite complaining loudly about certain HSWs to their bosses, they were sometimes met with indifference or accused of lying. Getting an agency with good staff is difficult in rural New Brunswick and getting good HSWs may take time (Low et al., 2011). There should be arrangements made to make periodic visits for direct supervision in clients' homes to see HSWs at their job and to increase the repercussions for professional misconduct. HSW training also needs more standardization and support in order for staff to deliver the same level of services wherever they deliver services.

3. Increased collaboration between governmental departments

There is a need for increased collaboration between governmental departments, in this case, greater collaboration between the Department of Social Development and the Department of Health. Through the Department of Health, Extra-Mural provides home support services for older adults at the point of discharge from the hospital. Participants in this study indicated that these services were satisfactory. However, they indicated that the quality of the service changed once one started receiving home support services from agencies affiliated to the Department of Social Development. Increased collaboration and communication between departments would help decrease the differences in satisfaction levels with home support services. This can be done in an ongoing process within an environment that fosters openness and a keenness to work collaboratively to find lasting solutions. Evidentiary findings in the province already show that disparities exist on satisfaction levels between home care and home support services (New Brunswick Health Council, 2019). More collaboration and communication could reveal solutions each department can adopt for its use.

4. Promoting more use of client-directed services

Two study participants, Joyce and Paul, were receiving client-directed home supports and they were very satisfied with how it was working. This finding is in line with previous research findings on the concept (Low et al., 2011). Joyce indicated that their HSW calls their house her second home despite there being no blood relations between them. This indicated how well their relationship as client-HSW was working. Since she chose her HSW herself, she had an effective employee in comparison to receiving HSWs from agencies about whom she indicated had been unreliable and unprofessional. More seniors

could opt for this solution, however, there would have to be ways in which the process is easier to accomplish or have staff at the ready to assist clients to fill out and submit administrative forms for reimbursement. In short, as much as possible Social Development should make the reimbursement process seamless for would-be users so that more people choose it as an option for their home supports.

Conclusion

This chapter discussed the study findings and related them to the existing literature on home support services. The transitions to home support services were marred with challenges as seniors struggled to ask for and receive assistance as was found in other studies. Issues of recruitment and retention of HSWs were found to be an issue in this study as it has been elsewhere. Professional and emotional boundary struggles were also witnessed with seniors in this study indicating that some HSWs were “nosey” or did not observe boundaries on what to speak about with their clients. Implications of the findings of this study for different stakeholders in the home support service industry were also stated. Lastly, recommendations based on these findings were outlined. Home support services are critical for New Brunswick as a province with an aging population. Seniors desire to age in place. Home supports allow this to happen thereby benefiting seniors and the government in one go, resulting in a win-win situation.

References

- Alberta Health Services. (2018). Home living: Health services in your own home. Retrieved from <http://www.health.alberta.ca/services/continuing-care-system.html>
- Allen, J., Hutchinson, A. M., Brown, R., & Livingston, P. M. (2018). User experience and care for older people transitioning from hospital to home: Patients' and carers' perspectives. *Health Expectations*, 21(2), 518-527. doi:10.1111/hex.12646
- Bagchus, C., Dedding, C., & Bunders, J. G. (2015). 'I'm happy that I can still walk' - Participation of the elderly in home care as a specific group with specific needs and wishes. *Health Expectations*, 18(6), 2183-2191. doi:10.1111/hex.12188
- Benjamin, A. E., & Matthias, R. E. (2004). Work-life differences and outcomes for agency and consumer-directed home-care workers. *The Gerontologist*, 44(4), 479-88. <https://doi.org/10.1093/geront/44.4.479>
- Berger, P. I. & Luckman, T. (1967). *The social construction of reality: A treatise in the sociology of knowledge*. New York: Anchor.
- Biddle, L., Cooper, J., Owen-Smith, A., Klineberg, E., Bennewith, O., Hawton, K., & Gunnell, D. (2013). Qualitative interviewing with vulnerable populations: individuals' experiences of participating in suicide and self-harm based research. *Journal of affective disorders*, 145(3), 356-362.
- Bradbury-Jones, C. (2007). Enhancing rigor in qualitative health research: Exploring subjectivity through Peshkin's I's. *Journal of Advanced Nursing*, 59(3), 290-298.
- British Columbia Health Services. (2017). An Action plan to strengthen home and community care for seniors. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf>
- Campbell M. (2018, April 22). New Brunswickers band together to send the message that 'rural lives matter.' *Global News*. Retrieved from <https://globalnews.ca/news/4160446/new-brunswickers-rural-lives-matter/>
- Canadian Healthcare Association [CHA]. (2009). Home care in Canada: From the margins to the mainstream. Ottawa: Author.
- Canadian Institutes for Health Information [CIHI]. (2017). National health expenditure trends, 1975 to 2017. Ottawa: Author

- Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC] & Social Sciences and Humanities Research Council of Canada [SSHRC]. (2014). Tri-council policy statement: Ethical conduct for research involving humans. Retrieved from <https://www.brandonu.ca/research/files/TCPS2-2014.pdf>
- Canadian Institutes of Health Research [CIHR]. (2017). eHealth Innovations Partnership Program (eHIPP). Retrieved from <http://www.cihr-irsc.gc.ca/e/48614.html>
- Canadian Medical Association [CMA]. (2016). The state of seniors' healthcare in Canada. Ottawa: Author. Retrieved from <https://www.cma.ca/En/Lists/Medias/the-state-of-seniors-health-care-in-canada-september-2016.pdf>
- Carlson, E., Rämgård, M., Bolmsjö, I., & Bengtsson, M. (2014). Registered nurses' perceptions of their professional work in nursing homes and home-based care: A focus group study. *International Journal of Nursing Studies*, 51(5) 761-767. <https://doi.org/10.1016/j.ijnurstu.2013.10.002>
- Carver, L., Beamish, R., Phillips, S., & Villeneuve, M. (2018). A scoping review: Social participation as a cornerstone of successful aging in place among rural older adults. *Geriatrics*, 3(4), 75.
- Claes, V., Devriendt, E., Tournoy, J., & Milisen, K. (2015). Attitudes and perceptions of adults of 60 years and older towards in-home monitoring of activities of daily living with contactless sensors: An explorative study. *International Journal of Nursing Studies*, 52(1), 134-148.
- Creswell, J.W., & Poth, C.N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th Ed.). Los Angeles: Sage Publications.
- Cutcliffe, J. R., & McKenna, H. P. (2004). Expert qualitative researchers and the use of audit trails. *Journal of Advanced Nursing*, 45(2), 126–135.
- Czaja, S. J. (2016). Long-term care services and support systems for older adults: The role of technology. *American Psychologist*, 71(4), 294.
- Cowles, K. V. (1988). Issues in qualitative research on sensitive topics. *Western Journal of Nursing Research*, 10(2), 163-179.
- De Oliveira, R. A. A., Zago, M. M. F., & Thorne, S. E. (2017). Interaction between professionals and cancer survivors in the context of Brazilian and Canadian care.

Revista Latino-Americana de Enfermagem, 25, e2972. <http://doi.org/10.1590/1518-8345.2253.2972>

- Denton, M., Zeytinoglu, I., & Davies, S. (2002). Working in clients' homes: The impact on the mental health and well-being of visiting home care workers. *Home Health Care Services Quarterly*, 21(1), 1–27.
- Doherty, J. B., & DeWeaver, K. L. (2003). Critical incidents in the lives of elders with a disability: Factors leading to institutional placement. *Journal of Gerontological Social Work*, 38(4), 39-51. https://doi.org/10.1300/J083v38n04_05
- Doran, D.M., R. Blais, M.B. Harrison, J.P. Hirdes, G.R. Baker, A. Lang et al. (2013). Safety at home: A Pan-Canadian home care safety study. Edmonton: *Canadian Patient Safety Institute*. Retrieved from <http://www.patientsafetyinstitute.ca/English/research/commissionedResearch/SafetyatHome/Documents/Safety%20At%20Home%20Care.pdf>
- Dupuis-Blanchard, S., & Gould, O. N. (2018). Nursing homes without walls for aging in place. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 37(4), 442-449.
- Dupuis-Blanchard, S. M., Simard, M., Gould, O. N., & Villalon, L. (2013). The perception of seniors Francophones in a minority situation coping with the challenges and issues related to the maintenance at home in urban areas New Brunswickers. *Canadian Journal of Public Health-Revue Canadienne de Sante Publique*, 104(6 Suppl 1), S71-4.
- Eriksson, H., & Sandberg, J. (2008). Transitions in men's caring identities: Experiences from home-based care to nursing home placement. *International Journal of Older People Nursing*, 3(2), 131-137. <https://doi.org/10.1111/j.1748-3743.2007.00092.x>
- Folden, S. L. (1990). On the inside looking out: Perceptions of the homebound. *Journal of Gerontological Nursing*, 16(1), 9-15. Retrieved from <https://login.proxy.hil.unb.ca/login?url=https://search.proquest.com/docview/1021723284?accountid=14611>
- French-Bravo, M., & Crow, G. (2015). Shared governance: The role of buy-in in bringing about change. *Online journal of issues in nursing*, 20(2).
- Gantert, T. W., McWilliam, C. L., Ward-Griffin, C., & Allen, N. (2009). Working it out together: Family caregivers' perceptions of relationship-building with in-home service providers. *Canadian Journal of Nursing Research*, 41(3), 44-63.

- Gillsjö, C., Schwartz-Barcott, D., & von Post, I. (2011). Home: The place the older adult cannot imagine living without. *BMC Geriatrics*, *11*(1), 10. doi: 10.1186/1471-2318-11-10
- Golant, S. M. (2008). Commentary: Irrational exuberance for the aging in place of vulnerable low-income older homeowners. *Journal of Aging & Social Policy*, *20*(4), 379-397.
- Government of Canada. (2019). Core community supports to age in community. Retrieved from <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/core-community-supports.html>
- Government of New Brunswick. (2018). Terms of reference-provincial roundtable on healthy aging. Retrieved from <https://www2.gnb.ca/content/dam/gnb/Departments/sds/pdf/Seniors/TermsOfReference.pdf>
- Government of New Brunswick. (2011). Home Support Services Standards. Retrieved from <https://www2.gnb.ca/content/dam/gnb/Departments/sds/pdf/Standards/HomeSupportServicesStandards.pdf>
- Grundberg, Å., Hansson, A., Hillerås, P., & Religa, D. (2016). District nurses' perspectives on detecting mental health problems and promoting mental health among community-dwelling seniors with multimorbidity. *Journal of Clinical Nursing*, *25*(17-18), 2590-2599.
- Gruneir, A., Forrester, J., Camacho, X., Gill, SS., & Bronskill., SE. (2013). Gender differences in home care clients and admission to long-term care. *BMC Geriatrics*. 2013;13:48
- Hasson, H. & Arnetz, J. E. (2011), Care recipients' and family members' perceptions of the quality of older people care: a comparison of home-based care and nursing homes. *Journal of Clinical Nursing*, *20*: 1423-1435. doi:10.1111/j.1365-2702.2010.03469.x
- Hautsalo, K., Rantanen, A., & Astedt-Kurki, P. (2013). Family functioning, health, and social support assessed by aged home care clients and their family members. *Journal of clinical nursing*, *22*(19-20), 2953-2963. <https://doi.org/10.1111/j.1365-2702.2012.04335.x>
- Health Council of Canada. (2012). Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada? Toronto: Author.

- Hepburn, K. W., Tornatore, J., Center, B., & Ostwald, S. W. (2001). Dementia family caregiver training: affecting beliefs about caregiving and caregiver outcomes. *Journal of the American Geriatrics Society*, 49(4), 450-457.
- Hiyoshi-Taniguchi, K., Becker, C. B., & Kinoshita, A. (2018). What behavioral and psychological symptoms of dementia affect caregiver burnout? *Clinical gerontologist*, 41(3), 249-254.
- Hunt, M. R. (2009a). Strengths and challenges in the use of interpretive description: Reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research*, 19(9), 1284-129. <https://doi.org/10.1177/1049732309344612>
- Hunt, M.R., (2009b). Moral experience of Canadian healthcare professionals in humanitarian work. *Prehospital and Disaster Medicine*, 24(6), 518-524.
- Jack, B. A., Mitchell, T. K., Cope, L. C., & O'Brien, M., R. (2016). Supporting older people with cancer and life-limiting conditions dying at home: A qualitative study of patient and family caregiver experiences of hospice at home care. *Journal of Advanced Nursing*, 72(9), 2162-2172. <http://dx.doi.org/10.1111/jan.12983>
- Johnson, C. S., & Noel, M. (2007). Level of empowerment and health knowledge of home support workers providing care for frail elderly. *Home Health Care Services Quarterly*, 26(3), 61-80. https://doi.org/10.1300/J027v26n03_04
- Kasepalu, Ü., Laidmäe, V. I., & Tulva, T. (2014). The important things in the life of older people: Elderly women in social houses and home care. *Journal of Women & Aging*, 26(2), 182-202.
- Koch, T. (2006). Establishing rigor in qualitative research: The decision trail. *Journal of advanced nursing*, 53(1), 91-100.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol. 75). Sage
- Low, J., Thériault, L., Luke, A., Hollander, M., & van den Hoonaard, D. (2011). Sustainable home support for seniors in New Brunswick: Insights from seniors and social workers. *Department of Sociology, University of New Brunswick: Fredericton, Canada*.
- Mack, R., Salmoni, A., Viverais-Dressler, G., Elaine Porter, E., Garg R. (1997), Perceived risks to independent living: The views of older, community-dwelling adults. *The Gerontologist*, 37(6), 729-736

- Malik, U. (2017). Practical-3 Supervision in nursing services. IGNOU.
- Manitoba Department of Health, Seniors and Active Living. (2018). Your guide to home care services in Manitoba. Retrieved from <http://www.gov.mb.ca/health/homecare/index.html>
- Martin-Matthews, A., & Sims-Gould, J. (2008). Employers, home support workers, and elderly clients: Identifying key issues in delivery and receipt of home support. *Healthcare Quarterly*, 11(4): 69-75. doi:10.12927/hcq.2008.20073
- Menec, V., & Brown, C. (2018). Facilitators and Barriers to Becoming Age-Friendly: A Review. *Journal of aging & social policy*, 1-23.
- Melnyk, B. M., Fineout-Overholt, E. (2011). Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- McLeod, S. A. (2015, June 06). *Observation methods*. Retrieved from <https://www.simplypsychology.org/observation.html>
- Meals on Wheels of Fredericton Inc. 2019. Retrieved from <https://www.canadahelps.org/en/charities/meals-on-wheels-of-fredericton-inc/>
- Mellor, D., Davison, T., McCabe, M., & George, K. (2008). Professional carers' knowledge and response to depression among their aged-care clients: The care recipients' perspective. *Aging & Mental Health*, 12(3), 389-399.
- Morse, J. M. (Ed.). (1994). *Critical issues in qualitative research methods*. Thousand Oaks, CA: Sage
- Myall, B. R., Hine, D. W., Marks, A. D., Thorsteinsson, E. B., Brechman-Toussaint, M., & Samuels, C. A. (2009). Assessing individual differences in perceived vulnerability in older adults. *Personality and Individual Differences*, 46(1), 8-13.
- Nakrem, S., Vinsnes, A. G., Harkless, G. E., Paulsen, B., & Seim, A. (2013). Ambiguities: Residents' experience of 'nursing home as my home'. *International Journal of Older People Nursing*, 8(3), 216-225.
- National Institute of Aging. (2017). Aging in place: Growing old at home. Retrieved from <https://www.nia.nih.gov/health/aging-place-growing-old-homee>
- Newfoundland and Labrador Department of Health and Community Services. (2016). Provincial home support program review department of health & community services.

Retrieved from

https://www.health.gov.nl.ca/health/personsdisabilities/pdf/executive_report_phsp_review.pdf

New Brunswick Department of Environment and Local Government. (2019). Community Profiles. Retrieved from

https://www2.gnb.ca/content/gnb/en/departments/elg/local_government/content/community_profiles/list.html#rural

New Brunswick Department of Health. (2018). New Brunswick extra-mural program.

Retrieved from https://www.gnb.ca/0051/0384/pdf/services_seniors-e.pdf

New Brunswick Department of Social Development. (2018). Long term care for persons 65 and older. Retrieved from

<https://www2.gnb.ca/content/dam/gnb/Departments/sdds/pdf/LTC/LongTermCare-e.pdf>

New Brunswick Health Council [NBHC]. (2016). Chronic conditions and health service

quality: Are we meeting the need? Retrieved from <https://nbhc.ca/all-publications/chronic-conditions-and-health-service-quality-are-we-meeting-need>

New Brunswick Health Council [NBCH]. (2012). Home first strategy. Coordination and communication are key areas for improvement in-home services. Retrieved from

<https://www.nbhc.ca/press-release/coordination-and-communication-are-key-areas-improvement-home-services#.W0K1tzq0X4g>

New Brunswick Health Council [NBCH]. (2015). Home care survey. Retrieved from

https://www.nbhc.ca/sites/default/files/documents/home-care-survey-2015/home_care_survey_2015_community_22a_fredericton.pdf

New Brunswick Health Council [NBHC]. (2019). Beyond satisfaction: Results of the 2018 edition of the home care survey. Retrieved from

<https://www.nbhc.ca/beyond-satisfaction-results-2018-edition-home-care-survey#.XP-6iIhKhPY>

Nugent, L. S. (2007). Can't they get anything better? Home support workers call for change. *Home Health Care Services Quarterly*, 26(2), 21-39.

North West Territories Department of Health and Social Services. (2018). Home and

community care. Retrieved from <https://www.hss.gov.nt.ca/en/services/continuing-care-services/home-and-community-care>

Nova Scotia Department of Health and Wellness. (2018). What is home care? Retrieved

from <https://novascotia.ca/dhw/ccs/FactSheets/What-is-Home-Care.pdf>

- Nunavut Department of Health. (2018). Home and community care. Retrieved from <https://www.gov.nu.ca/health/information/home-and-continuing-care>
- O'Connor, M. (2014). A qualitative exploration of the experiences of people living alone and receiving community-based palliative care. *Journal of Palliative Medicine*, 17(2), 200-203. doi:10.1089/jpm.2013.0404
- O'Leary, Z. (2017). *The essential guide to doing your research project*. Sage.
- Ontario Department of Health and Long-Term Care. (2018). Home and community care: Putting patients and caregivers first. Retrieved from <http://www.health.gov.on.ca/en/public/programs/lhin/>
- Patton, M. Q. (1997). *Utilization focused evaluation*. Thousand Oaks, CA: Sage
- Peek, S. T., Luijkx, K. G., Rijnaard, M. D., Nieboer, M. E., van der Voort, C. S., Aarts, S., & Wouters, E. J. (2016). Older adults' reasons for using technology while aging in place. *Gerontology*, 62(2), 226-237.
- Pen Name Generator. 2019. <https://blog.reedsy.com/pen-name-generator/>
- Prince Edward Island Department of Health and Wellness. (2017). Health PEI: Home care program. Retrieved from <https://www.princeedwardisland.ca/en/information/health-pei/home-care-program>
- Province of New Brunswick. (2017). We are all in this together: An aging strategy for New Brunswick. Fredericton, Canada. Retrieved from <https://www2.gnb.ca/content/dam/gnb/Departments/sdds/pdf/Seniors/AnAgingStrategyForNB.pdf>
- Quebec Ministry of Health and Social Services. (2018). Programs and services for seniors. Retrieved from <http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/aines/Documents/Programs%20and%20Services%20for%20Seniors%202018.pdf>
- Saari, M., Patterson, E., Killackey, T., Raffaghello, J., Rowe, A., & Tourangeau, A. E. (2017). Home-based care: Barriers and facilitators to expanded personal support worker roles in Ontario, Canada. *Home Health Care Services Quarterly*, 36(3-4), 127-144.
- Saskatchewan Department of Health. (2018). Continuing care. Retrieved from <https://www.saskatchewan.ca/government/government-structure/ministries/health>

- Sieber, J.E., Stanley, B., (1988). Ethical and professional dimensions of socially sensitive research. *The American Psychologist*, 43(1), 49-55. doi: 10.1037//0003-066X.43
- Siegel, C., Hochgatterer, A., & Dorner, T. E. (2014). Contributions of ambient assisted living for health and quality of life in the elderly and care services-a qualitative analysis from the experts' perspective of care service professionals. *BMC Geriatrics*, 14(1), 112.
- Sims-Gould, J., & Martin-Matthews, A. (2010a). Strategies used by home support workers in the delivery of care to elderly clients. *Canadian Journal on Aging*, 29(1), 97-107.
- Sims-Gould, J., & Martin-Matthews, A. (2010b). We share the care: Family caregivers' experiences of their older relative receiving home support services. *Health & Social Care in the Community*, 18(4), 415-423. doi:10.1111/j.1365-2524.2010.00913.x
- Sims-Gould, J., Byrne, K., Craven, C., Martin-Matthews, A., & Keefe, J. (2010c). Why I became a home support worker: Recruitment in the home health sector. *Home Health Care Services Quarterly*, 29(4), 171-194.
- Sims-Gould, J., Byrne, K., Beck, C. & Martin-Matthews, A., (2011). Workers' experiences of crises in the delivery of home support services to older clients: A qualitative study. *Journal of Applied Gerontology*, 32(1), 31-50.
- Sims-Gould, J., Byrne, K., Tong, C., & Martin-Matthews, A. (2015). Home support workers' perceptions of family members of their older clients: A qualitative study. *BMC Geriatrics*, 15(1), 165.
- Smith-Carrier, T., Pham, T. N., Akhtar, S., Nowaczynski, M., Seddon, G., & Sinha, S. (2015). "A more rounded full care model": Interprofessional team members' perceptions of home-based primary care in Ontario, Canada. *Home Health Care Services Quarterly*, 34(3-4), 232-251.
- Smith-Carrier, T., Sinha, S. K., Nowaczynski, M., Akhtar, S., Seddon, G., & Pham, T. (2017). It 'makes you feel more like a person than a patient': Patients' experiences receiving home-based primary care (HBPC) in Ontario, Canada. *Health & Social Care in the Community*, 25(2), 723-733. doi:10.1111/hsc.12362
- Social Development. (2016). Caregivers' guide. Retrieved from <https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Seniors/CaregiversGuide.pdf>

- Social Development. (2015). Home first. Retrieved from <http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HomeFirst.pdf>
- Social Development. (2018). Long-term care services for seniors. Retrieved from http://www2.gnb.ca/content/gnb/en/departments/social_development/services/services_renderer.10115.Long-Term_Care_Services_for_Seniors.html
- Social Development. (2008). New Brunswick's Long-Term Care Strategy-Be independent. Longer. Retrieved from <http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/LTC/LongTermCareStrategy-e.pdf>
- Statistics Canada. (2016). New Brunswick census profile. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/>
- Statistics Canada. (2018). [Table 17-10-0005-01 Population estimates on July 1st, by age and sex](https://doi.org/10.25318/1710000501-eng). doi: <https://doi.org/10.25318/1710000501-eng>
- Storch, J., Curry, C. G., Stevenson, L., Macdonald, M., & Lang, A. (2014). Ethics and safety in home care: Perspectives on home support workers. *Nursing leadership*, 27(1), 76-96.
- Takai, M., Takahashi, M., Iwamitsu, Y., Ando, N., Okazaki, S., Nakajima, K., & Miyaoka, H. (2009). The experience of burnout among home caregivers of patients with dementia: Relations to depression and quality of life. *Archives of gerontology and geriatrics*, 49(1), e1-e5.
- Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20(2), 169-177.
- Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods*, 3(1), 1-11. <https://doi.org/10.1177/160940690400300101>
- Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.
- Thorne, S. (2016a). *Interpretive description*. Routledge.
- Thorne, S. (2016b). *Interpretive description: Qualitative research for applied practice*. Routledge.

- Thorne, S. (2017). What can qualitative studies offer in a world where evidence drives decisions? *Asia-Pacific Journal of Oncology Nursing*, 5(1), 43-45. doi: 10.4103/apjon.apjon_51_17
- Ültanir, E. (2012). An epistemological glance at the constructivist approach: Constructivist learning in Dewey, Piaget, and Montessori. *International Journal of Instruction*, 5(2), 1308-1470
- Vik, K., & Eide, A. H. (2012). The exhausting dilemmas faced by home-care service providers when enhancing participation among older adults receiving home care. *Scandinavian Journal of Caring Sciences*, 26(3), 528-536. doi:10.1111/j.1471-6712.2011.00960.x
- Vik, K., & Eide, A. H. (2013). Older adults who receive home-based services, on the verge of passivity: The perspective of service providers. *International Journal of Older People Nursing*, 8(2), 123-130. <https://doi.org/10.1111/j.1748-3743.2011.00305.x>
- World Health Organization. (2007). Global age-friendly cities: A guide. Retrieved from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf
- Wilson, A. (2012). Improving life satisfaction for the elderly living independently in the community: Care recipients' perspective of volunteers. *Social Work in Health Care*, 51(2), 125-139. doi: 10.1080/00981389.2011.602579
- Wister, A. V. (1992). Residential attitudes and knowledge, use, and future use of home support agencies. *Journal of Applied Gerontology*, 11(1) 84-100. doi: 10.1177/073346489201100107
- Yukon Department of Health and Social Services (2018). Continuing care. Retrieved from <http://www.hss.gov.yk.ca/continuing.php>

Appendix A: Letter of Information and Consent

Study Name: Aging in place: Older adults' perspective on home support services in New Brunswick

Principal Student Investigator:

Norma Chinho, BA, MBA, Graduate Research Assistant, Faculty of Nursing, University of New Brunswick, (506) 230-3843, nchinho@unb.ca

Student's Supervisor:

Dr. Emily A. Read, RN, CPT, Ph.D., Assistant Professor, Faculty of Nursing, University of New Brunswick, (506) 451-6846, eread@unb.ca

Letter of Information and Consent

Invitation to Participate

This letter is an invitation to take part in a study about the home support services that you receive. We want to understand the perceptions, experiences, and opinions of older adults using home support services funded by the Department of Social Development of the Government of New Brunswick. As a client receiving home support services, we invite you to participate in the study.

Purpose of the Letter

This letter has all the necessary information. It will help you to know if you qualify to participate in the study. The information will also help you decide if you want to be a part of the study.

Purpose of the Study

The purpose of this study is to understand seniors' perceptions of the home support services they receive. Home support services help seniors maintain their independence and remain safely in their homes for longer.

What You Need to Know

We will ask you about your experiences, perceptions, and opinions regarding the home support services you receive. This will include questions

about your experiences with your personal support worker(s). This interview is confidential.

As a participant, you will be interviewed in person at a time and location that suits you. You will be asked questions about your satisfaction with home support services and workers. We will ask about the concerns that you may have, and how you feel the service could be made better. You will also be asked about what made you decide to get home support services.

Inclusion Criteria

To be involved in this study, you must be an adult who:

- is 65 years or older
- is receiving home support services from the Department of Social Development
- can speak and read English

Exclusion Criteria

You cannot be involved in the study if you:

- are not an adult older than 65 years
- are not receiving home support services from the Department of Social Development
- are unable to speak and read English
- have cognitive impairment

How Many People Will Take Part in This Study?

In total, we will be interviewing about 10 to 15 older adults who meet the inclusion criteria above.

Study Procedures

There is one face-to-face interview. The interview will take about 45–60 minutes and will be audio recorded. It focuses on your experiences from before you started using home support services up to the time of the interview. The interviews will take place at an agreed-upon time and at a location where you feel most comfortable, such as your home.

You may be asked to participate in follow-up interviews. During the follow-up interview, we may ask you to explain more about what you talked about in the first interview.

Possible Risks and Harms

There are no known risks linked to this study. However, you may experience feelings of discomfort from remembering and talking about difficult circumstances. These may be about events leading to getting home support services or about your health and relationships. A list of support services is available free of charge, and you will be given access to them.

Possible Benefits

The information from this research may be of benefit to society by informing policies, improving service provision and delivery. It may also encourage future research to improve home care services for others or be of use in secondary research.

Costs to Participate

There are no costs to participate in the study.

Voluntary Participation

You can choose to be a part of the study. You may decide to stop participating in the study at any time, even after beginning interviews.

Conflict of Interest

There is no conflict of interest in this study.

Confidentiality

Immediately after your interview, the audio-recorded file will be transferred to a secure folder on a UNB computer. This computer is only accessible to Researchers. Personal information such as your name or your address will not be included in the data that we will put in writing from the interview. Data will only be seen by Norma Chinho and her supervisor, Dr. Read. Members of the UNB Research Ethics Board may want to see the data if monitoring of the study is found to be necessary. Data that could identify you personally will not be published, shared, or made public. If the results of the study are published, your personal information will not be included.

Representatives of the University of New Brunswick Research Ethics Board may contact you or require access to your study-related records. This is to

allow them to monitor the conduct of the research. The study findings will be shared in health research journals and conferences. The final reports will also be shared with organizations who make decisions about home support services.

Publication

For you to receive a copy of the study results or if you require further information, please contact Norma Chinho at (506)230-3843, nchinho@unb.ca.

Questions or Concerns:

Please contact Norma Chinho with any questions or concerns about the study at (506) 203 3843; nchinho@unb.ca. You may also contact the UNB Fredericton Research Ethics Board office at (506) 453-5189; ethics@unb.ca if you have concerns about the study.

This letter is yours to keep for future reference.

Title: Aging in place: Older adults' perspective of home support services in New Brunswick

Consent Form for Interviews

Thank you for reading the letter of information about the study. If you are happy to participate then please complete and sign the form below. Please initial the boxes below to confirm that you agree with each statement:

*Please,
Initial box:*

I confirm that I have read and understood the letter of information and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials, and will not be identified or identifiable in the report or reports that result from the research.

I agree for this interview to be tape-recorded. I understand that the audio recording made of this interview will be used only for analysis and that extracts from the interview, from which I would not be personally identified, may be used in any conference presentation, report or journal article developed as a result of the research. I understand that no other use will be made of the recording without my written permission and that no one outside the research team will be allowed access to the original recording.

I agree that my anonymized data will be kept for future research purposes such as publications related to this study after the completion of the study.

I agree to take part in this interview.

Name of participant

Date

Signature

Principal Investigator

Date

Signature

Copies: *Once this has been signed, the participant should receive a copy of the signed and dated participant consent form, and the letter of information. Another signed copy should be placed in the main project file which must be kept in a secure location.*

Appendix B: Semi-Structured Interview Guide for Clients

The client receiving home support services

Turn on the tape recorder.

“Thank you for agreeing to participate in this interview. I have a number of questions that I’d like to discuss with you about the home support services that you are receiving.

At any time, please let me know if you need an explanation, if you don’t understand a question, or if you want me to repeat something I have said. As outlined in the letter of information, this interview will be tape-recorded and I will be taking some notes while we talk. If you want to skip any questions or stop the interview at any time, please let me know.

Do you have any questions before we begin?”

If yes, answer questions and make notes.

If no, “Okay, let’s begin.”

1. I understand that you are receiving home support services. Please tell me about the home support services you are receiving right now.
2. Explain some of the services that are working best for you. What do you think is making them work so well?
3. Explain some services you feel are not working very well. What could be done to make them work better?
4. As part of your services, you have a personal support worker who comes to your home. Is it always the same person?
5. What has your experience been like with the personal support worker(s)?
6. What makes for an effective personal support worker?
7. Have you had any challenges with your personal support worker(s)? What may be done to address these challenges?
8. What would you like to see changed about the services provided by the home support program in New Brunswick?
9. Describe how home support services have made a difference to your [insert relationship] who is helping you with your care?
10. Do you think home support services are influencing your ability to remain safely in your home? Why or why not?
11. Have home support services changed your relationship with your [insert relationship] caregiver? How?
12. Have home support services changed your feelings about your health? How?

13. Describe how the location where you live influences the effectiveness of the home support services you are using?
14. Describe any challenges in home support services.
 - a) Can you explain that in more detail?
 - b) How do you think these challenges could be addressed?
15. What changes would you suggest to help the home support services become more useful for you?
16. Are there any changes that you think would make the services more useful for your caregivers who live nearby or far away?
17. What other types of home support services do you think would be useful for you?
18. What advice would you give other people who want to stay in their homes as long as possible?
19. How can we, as a society, address home support? At present? In the future?
20. What have you heard about the province's Home First Strategy? How have you benefitted from it?
21. Who made the decision to get these services? How was this decision made?

We are almost done with the interview but before we end

22. Are there any other comments you would like to make?
23. Is there anything we should have asked but didn't that we should know about?

Those are all of the questions that I had, so unless there is anything else, that is the end of our interview. Thank you so much for your time."





Appendix C: Socio-Demographic Data and Information of Study Participants

- 1) In what year were you born? _____
- 2) How long have you lived in this community? _____
- 3) Gender: Female Male
- 4) Civil status:
 Single Married Common-law Separated / divorced Widowed / Widowed
- 5) What is the highest level of education you have completed?
 Primary Secondary College (professional, technical) University
- 6) Compared with people in your age group, how do you rate your health?
 Excellent Very good Good Poor
- 7) Do you have the following health problems?
 Arthritis
 High pressure (hypertension)
 Heart problem
 Problem to see or hear
 Depression
 Anxiety
 Loss of appetite
 Involuntary weight loss
 Other: _____
- 8) Is your income sufficient to meet your needs?
 Yes No Refusal to answer
If no, explain . _____
- 9) Do you have children: Yes No
If yes how many? _____
How many live nearby? _____
- 10) Do you drive a car? Yes No

Appendix E: Recruitment Flyer Locations

1. Sunshine Diner 7 Brookmount St. by Delta
2. The Cabin Restaurant
3. Joe's Diner - Devon Ave.
4. Mama's Pub on Brookside Dr.
5. Cannon's Cross Pub on Riverside Dr.
6. Public Library 15 Carleton St.
7. Nashwaaksis Middle School
8. Co-op
9. Superstore Downtown
10. Superstore North
11. St. Mary's SuperMarket
12. Sobey's North
13. Sobey's South
14. Sobey's Downtown
15. Peter's Meat Market
16. Victory Market King St.
17. King's Place (need permission)
18. Regent Mall (Security)
19. Brookside Mall – NN
20. Ross Drug Rookwood Ave
21. Pharmasave Prospect St.
22. Lawton's Drugs in Brookside Mall
23. Pharma-choice in Gibson Medical Clinic on Canada St.
24. Multicultural Association
25. Stepping Stones Centre
26. Wu's Tai Chi Chuan
27. Grant –Harvey Rink
28. Willie O'Ree Arena
29. Fredericton Indoor Pool – Nashwaaksis School
30. Liquor Store on Union St.
31. Liquor Store in Brookside Mall
32. Boyce Farmers Market 2x
33. North Side Market 2X
34. Ultramar /Pizza Twice on Canada St. @ Crocket St.
35. Outdoor Poster-board on Queen St. In front of Tony's Music Box
36. Outdoor Poster board on Brunswick Street @ Carleton St by the Cemetery
37. Victoria Health Centre

**Appendix F: Participants Recruitment Advertisement Placed in the
Food for Thought-Meals on Wheels Newsletter**

RESOURCE GUIDE	
<div style="text-align: center;">  <p>ELDERDOG CANADA</p> </div> <div style="background-color: #D62728; color: white; padding: 5px; text-align: center;"> <p>ELDERDOG is a national registered charity dedicated to ageing people, ageing dogs, and the important connection they enjoy.</p> </div> <p>We offer:</p> <ul style="list-style-type: none"> • Minor grooming such as nail clipping or brushing • Help with long-term care planning • Temporary care during hospitalization • Transportation to and from vet or groomer • Foster care and re-homing <div style="text-align: center;">  </div> <p>For more information, please contact us at 1-855-336-4226 or email elderdogfredericton@gmail.com</p>	<div style="text-align: center;">  </div> <ul style="list-style-type: none"> ~ Free Delivery ~ Rewards Program ~ Medication Reviews ~ Flu Shots ~ Compliance Packaging ~ Home Health Sales & Rentals ~ Online Refills ~ Injections & Immunization ~ Travel Clinic ~ Ideal Protein Weight Loss Clinic <p align="center">Visit us at:</p> <div style="background-color: #E0FFE0; padding: 5px;"> <p align="center">402 Queen St.— 458-9951 1128 Smythe St.— 458-1898 206 Rookwood Ave.— 458-1187</p> </div> <p align="center">'Feeling Better Starts here!'</p>
 SENIOR OPINIONS WANTED	

Who : Senior adults aged 65 and over who are receiving home support services. **What**: A research study on senior's perspectives of home support services in New Brunswick



Where: Seniors living in Fredericton.

We will do **face-to-face interviews** with you (**45-60 minutes**) to hear your perspectives and experiences of receiving home support services offered by the Department of Social Development. Your participation is **voluntary** and your responses are **confidential**. All participants will receive a \$50 gift card. If you are interested in the study, please contact: **Norma Chinho** at **(506) 230-3843** or nchino@unb.ca. **Thank you!**

Appendix G: Facebook Page for Participant Recruitment



UNB Home Care Study for Seniors 65+



March 16 at 10:07 PM · 🌐

Seniors needed for a study



1
People Reached

0
Engagements

Boost Post

Like

Comment

Share



CURRICULUM VITAE

Norma Chinho

- 2002 Bachelor of Arts in French and Philosophy
University of Zimbabwe
Harare, Zimbabwe
- 2009 Master of Business Administration
Midlands State University,
Gweru, Midlands, Zimbabwe

Publications: None

Conference Presentations:

Chinho, N. & Read, E. A. (2019). Aging in place: Older adults' perspective of home support services in New Brunswick. University of New Brunswick Graduate Research Conference 2019, Fredericton, Canada. Oral Presentation

Chinho, N. & Read, E. A. (2019). Aging in place: Older adults' perspective of home support services in New Brunswick. 36th Annual Qualitative Analysis Conference 2019, Fredericton, Canada. Oral Presentation.

Chinho, N. & Read, E. A. (2019). Aging in place: Older adults' perspective of home support services in New Brunswick. Canadian Association on Gerontology Conference 2019, Moncton, Canada. Oral Presentation.