Appendix 3 – Site Visits Process

Contents:

1. Introduction letter to site
2. Rapid site switching process
3. Sample site visit schedule

1. Introduction letter to site

Description of Projects

“Re-imagining Long-term Residential Care: An International Study of Promising Practices” seeks to:

a) identify approaches to care, to work organization, to accountability, and to financing and ownership in long-term residential care that offer the most promising practices when the goal is to treat both providers and residents with dignity and respect, to understand care as a relationship and to take differences and equity into account, and
b) identify the contexts, regulations, funding and conditions that support these practices, allowing residents and providers to flourish.

Involving six countries and twelve jurisdictions, this interdisciplinary, international study involves a broad range of methods intended to provide both broad and detailed pictures of residential care facilities that take context into account in ways that bring fresh eyes to the research and allow us to learn from each other.

This is a Major Collaborative Research Initiative (MCRI), funded by the Social Sciences and Humanities Research Council (SSHRC).

“Healthy Ageing in Residential Places” (HARP) is a project nested within the larger study that seeks to:

a) develop new definitions of active, healthy ageing which include those who reside and those who work in long-term residential care
b) identify conditions which are the most promising in promoting and allowing active, healthy ageing for both staff and residents.

This is a European Research Area in Ageing 2 (ERA-AGE 2) project funded in Canada by the Canadian Institutes of Health Research (CIHR).

The main research technique is the application of a new method in this field – rapid ethnography focuses not on failures, but on identifying promising practices for conceptualizing and organizing long-term care, learning from and with other countries. Within each country, one or more jurisdictions have been identified where two sites will be chosen prior to entering the field.

Data will be collected in advance of a site visit detailing the demographic characteristics of staff and residents, the medical diagnosis of residents and the injury/illness rates of staff, the history of the residence, its philosophy and record, the regulations residents and staff must follow along with the funding and reporting mechanisms. Three specific kinds of research techniques will be used in the site visit — interviews, observation and photovoice — and templates will be developed for these techniques.
Pat Armstrong, Distinguished Research Professor of Sociology at York University, is the Principal Investigator.

2. Rapid Site Switching Process

Starting assumptions:

1. Context matters, and at multiple levels. It includes political economy, geography, social and physical structures and history
2. Interdisciplinary approaches apply different lens
3. Fresh eyes help us see different aspects, collective work central
4. Those who do the work provide an authentic picture
5. At the same time, multiple methods allow us to capture complexity as well as multiple views
6. Include entire range of players; researchers, managers, unions, volunteers, family, residents, all employees, representatives of families, residents, workers
7. Include all day and all night
8. Conditions of work are conditions of care
9. Care is understood as a relationship
10. Relationships among different categories of workers are important
11. Qualitative methods require both some consistency and considerable flexibility
12. Looking for promising practices also involves recognizing negative practices, asking for whom they are promising, under what conditions; being open to surprises
13. Gender, racialization, class, sexuality matter
14. Recognizing tensions and contradictions within and outside residences

Methods:

1. Development of a collective and interactive strategy; shared platform, introductions to ethnography, field note taking etc.
2. Site selection interviews with community organizations, policy makers and unions
3. Primary research team involving faculty and students from several countries for each site
4. Document analysis
5. Interviews-before, during and after site visit, based on interview guide
6. Observations
7. Photo-voice
8. Field notes
9. Debrief at site
10. Follow-up collective analysis

**Preparatory work and the research process:**

1. Site selection interviews and analysis
2. Establish relationship with site
3. Provide brochures and other background information on our project and method
4. Ethics review at the university and the site
5. Document collection - documents and materials on the design of, the work organization of its staff, and the policies and guidelines of the residence as a whole:
   1. The resident care policy
   2. The resident bill of rights and/or Mission Statement
   3. Any materials you may have on care philosophy
   4. The training manuals or orientation guides for new staff hires
   5. Orientation materials for residents and/or family members of residents
   6. A floor plan of the residence as a whole, including outdoor spaces
   7. The Policy and Procedures manual for all staff types
   8. The Collective Agreements for all unionized staff types
   9. The training manuals for all staff types, including volunteers
   10. Employee job descriptions for all staff types if these are not in the collective agreements
   11. The organizational chart
   12. Workplace health promotion documents and materials
   13. A copy of the Health and Safety manual
   14. Documents pertaining to the Health and Safety Committee
   15. Data on resident population by level of acuity and by demographic characteristics
   16. Data on staff by level of training and accreditation, numbers by type and demographic characteristics as well as turnover rates and absence/injury rates
   17. Resident and Family Council Policies
   18. Other: any documents/ materials relating to organizational practices, decision-making philosophies, care philosophies, and care work organization (for example, some sources for this information may include pamphlets/brochures, manuals produced for staff or visitors, documents produced by residents/family members’ councils, etc.)

6. Presentation on project to residential care community; provide poster and brochure to inform employees, residents and families
7. Meetings with other identified administration who can a) steer us to or provide us with background data; b) help us set up pre-interviews and interviews during the site visit
8. Preparation of background materials based on documents
9. Develop interview guides for pre-interviews, site interviews, with different guides for each group but common themes
10. Pre-interviews with administration, unions, family and resident councils
11. Team meeting to discuss most recent developments in methods and strategies
12. Organize tour of facility for entire team
13. Establish method for collecting, organizing and storing taped interviews
14. Prepare kits for researchers that include name tags, maps, background documents, multiple interview guides
15. Schedule observations and some interviews
16. Organize distribution of cameras for photovoice, developing photos and follow-up interviews
17. Observe on two floors, for four days, from 7 to 12, with two days in between, two researchers per floor keeping field notes
18. Interviews to be done during any of those times, with volunteers, family, residents, full range of staff, administration
19. Schedule meetings for team between observations days to assess gaps develop strategies to fill them, including more interviews, more observation
20. Debrief on site, collect remaining recorders with interviews
21. Transcribe and post interviews, field notes and ideas
22. Follow-up meeting to agree on next stage of analysis, based on review of the materials

3. Sample site visit schedule:

<table>
<thead>
<tr>
<th>Day 1 Monday (13)</th>
<th>Day 2 Tuesday (14)</th>
<th>Day 3 Wednesday (15) (meetings and interview day)</th>
<th>Day 4 Thursday (16) (meetings and interview day)</th>
<th>Day 5 Friday (17)</th>
<th>Day 6 Saturday (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 am -1pm</td>
<td>Palle</td>
<td>Robert</td>
<td>Robert</td>
<td>Martha</td>
<td>Jim</td>
</tr>
<tr>
<td></td>
<td>Sally</td>
<td>Tamara</td>
<td>Tamara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 pm - 7pm</td>
<td>Robert</td>
<td>Martha</td>
<td>Martha</td>
<td>Jim</td>
<td>Palle</td>
</tr>
<tr>
<td></td>
<td>Tamara</td>
<td>Jim</td>
<td>Jim</td>
<td></td>
<td>Sally</td>
</tr>
<tr>
<td>7 pm -12am</td>
<td>Martha</td>
<td>Palle</td>
<td>Palle</td>
<td>Robert</td>
<td>Tamara</td>
</tr>
<tr>
<td></td>
<td>Jim</td>
<td>Sally</td>
<td>Sally</td>
<td></td>
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</tbody>
</table>

Unit I (Dementia)
### Unit II (Photo-voice)

<table>
<thead>
<tr>
<th>Time</th>
<th>Participants</th>
<th>Time</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am - 1pm</td>
<td>Anders, Hugh, Ruth</td>
<td>1pm - 7pm</td>
<td>Hugh, Donna, Pauline, Jacqueline</td>
</tr>
<tr>
<td>1pm - 7pm</td>
<td>Hugh, Donna, Pauline, Jacqueline</td>
<td>7pm - 12am</td>
<td>Pauline, Anders, Ruth</td>
</tr>
<tr>
<td>7pm - 12am</td>
<td>Pauline, Anders, Ruth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following were considered:
1. An experienced participant with a first-time participant.
2. A 7pm-12am shift not followed immediately by a 7am-1pm shift.
3. Participants remain in the same unit.
4. Participants observe each shift at least once.
5. Two males not together