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Stakeholder Theory Approach to Personal Support Work: A Case Study of 'Home Care Workers' Co-operative'

Simon Berge and Koudima Bokoumbo

Canada's ageing population relies on an eldercare system focused on a shareholder, for-profit, institutional approach that considers caregivers as labourers and expenses. As a result, personal support workers (PSWs) are leaving the care sector due to poor pay, erratic work hours and poor working environments created by long-term care facilities reducing costs to improve profit margins. This paper will examine the empowerment of the PSW stakeholder group through a co-operative organisational model focused on stakeholder management. In response to poor working conditions, a group of PSWs established a worker co-operative focused on home-based eldercare and the improvement of PSW working conditions. This exploratory case study will consist of documentary analysis and a survey. The results compare the workers' experiences to an earlier survey of PSWs, suggesting that the co-operative model allows for greater empowerment and engagement of the workers. The paper concludes by considering the practical implications for healthcare delivery.

Introduction

Ontario's eldercare system has attempted to reconcile the competing dialectics of for-profit organisation, home environment, and healthcare institution while utilising a shareholder organisational model. Chivers and Krienbernegg (2017, p. 140) provide a detailed outline of how the development of the institutional care system in Ontario, from poor house to our current shareholder-based long-term care system, created this dialectic. The authors outline how institutions attempted to be both home and hospital, while engaging in profit-making operations. Each component of this fractured dialectic focuses on different outcomes that are antithetical to each other, creating conflict within the system that exists to this day.

The for-profit eldercare system has a corporate approach to evaluation of services and measure of success that are antithetical to the provisioning of care (Berta et al., 2014; MacDonald, 1998; Poldrugovac et al., 2020). Berta et al. (2014) suggested that the dominant mechanisms for measuring system performance in long-term care (LTC) have been financial incentives, oversight, regulations, and information. The authors indicated that healthcare professionalism which focused on quality care only played a minor role in outcome measures because LTCs rely heavily on unregulated personal support workers (PSWs). The use of an unregulated workforce speaks to the cost containment approach used in shareholder LTCs, as they maintain the minimal involvement of professional staff to reduce labour costs (Berta et al., 2014, p. 140):

There is minimal physician oversight with managerial and clinical roles carried out predominantly by registered nurses (RN) and registered practical nurses (RPN). Most of the direct resident care (~80%) is delivered by unregulated workers — healthcare aides (HCAs) and personal support workers (PSWs).

The reliance on unregulated workers, such as healthcare aides and PSWs, has left the eldercare system vulnerable to staffing issues. Ontario LTC facilities maintain worker shortages of 5 to 10 PSWs in a single 24-hour period. The situation is worse in northern and rural areas of Ontario with staff shortages between 20 and 50 PSWs per care centre (Ontario Health Coalition, 2020). This issue is more severe for francophone and Indigenous communities that are ageing at a faster rate than the general population and need culturally and linguistically appropriate care (Tayab & Narushima, 2015). These staff shortages affect quality of care as residents go without basic care functions such as toileting or bathing (Ontario Health Coalition, 2020).

This quality of care is further affected as Ontario's PSWs leave the care sector due to dissatisfaction with their pay, hours of work, benefits, heavy workload, and lack of support from their supervisors and managers. These exit factors are a result of the marketisation of the home care sector, as PSWs are seen as an expense and a drain on profit (Denton et al., 2006). Ontario's Long-term Care Staffing Study found that about 40 percent of PSWs leave the healthcare sector within one year of training due to stress and burnout related to staffing shortages (Ontario Health Coalition, 2020). The existing chronic undersupply of PSWs in LTCs led to disaster during the COVID-19 pandemic as the Ontario Government was forced to deploy the Canadian Armed Forces (CAF) to address care issues. The issues found in the CAF's report are remarkably unsettling, including a clear need for a greater staff compliment, particularly professionals in LTC facilities. Some example notations from the CAF's report show the lack of focus on staffing by the shareholder, for-profit LTC facilities (Mialkowski, 2020, pp. A-2/3):

- a. LTFC [Long Term Care Facility] is severely understaffed during day due to resident comorbidities and needs (need more PSWs, RPNs, and RNs).
- b. MDs not present and have to be accessed by phone (not always within reach).
- c. The staffing is such that it is impossible to provide care at a pace that is appropriate to each resident or allow them any kind of independence. (example [sic]: a resident states he would like to ambulate to the toilet, a PSWs says, "no, I just changed him". Or people often sedated with narcotics when they are likely just sad or depressed in a context where there isn't the staffing to support the level of care and companionship needed.

These numerous incidents of poor quality care within LTC facilities show a clear focus on minimal staffing levels, poor training, and accountability standards. Berta et al. (2014) suggest, however, that inclusion of professional staff within LTC may not be the answer to improved quality of care, as professional staffing levels are minimal in LTCs. The authors suggest a unionised approach to empowering workers within the eldercare sector:

While professionalism as traditionally constructed may play less of a role in LTC, there may be a future for unions to play a role in ensuring standards of care. The Canadian Union of Public Employees (CUPE) represents 24,000 workers, and the Canadian Auto Workers Union (CAW) represents 16,000 workers in Ontario's LTC sectors (Berta et al., 2014, p. 140).

A unionised approach could provide workers with a collective voice within a competitive system, emphasising the inclusion of this stakeholder group. According to Denton et al. (2006) the restructuring of the Ontario care system from its initial non-profit delivery system to what is known as managed competition (a.k.a. market-based system) has intensified the turnover of staff as a result of a focus on shareholders' need for profit (Ontario Community Support Association, 2022; Stone, 2001). This traditional view of the firm as shareholder-focused speaks to the fractured dialectic that minimises provision of the home and healthcare components in favour of shareholder wealth generation. Stakeholder theory's view that organisations should meet a broader set of interest than amassing shareholder wealth would help guide the eldercare system away from a strong focus on profit and toward integration of the home and healthcare components of the dialectic (Freeman, 2010).

This paper will explore a case study of a PSW worker co-operative and outline the views of the worker-members, as stakeholders, on their work environment. The survey responses of the worker-members will be compared to a 2009 survey conducted by the Canadian Research Network for Care in the Community (CRNCC) in partnership with the Personal Support Network of Ontario (PSNO) and the Ontario Community Support Association (OCSA) (Lum et al., 2010). The CRNCC survey sought to gauge the attitudes of PSWs on issues of importance in their sector. By comparing the worker-member responses to the 2009 CRNCC broader PSW survey this paper outlines the difference engaged PSW stakeholders can have on employee attitudes and perceptions within the eldercare system.

This paper will show how co-operative empowerment can address the fractured dialectic between profit, home environment, and healthcare institution that defines the eldercare system in Ontario.

To present the stakeholder, co-operative approach to eldercare, this paper provides an outline of the exploratory case study which uses documentary analysis and survey methods. The survey results will be presented along with comparable survey questions from the CRNCC survey to allow for comparative analysis. The conclusions show that the worker co-operative model is a promising approach to the empowerment of PSWs within the care sector. The worker co-op model creates a more equitable work environment, and a greater focus on the quality of care for Canada's elderly.

Theoretical Analysis and Presentation

Stakeholder theory includes social performance measures along with financial outcomes which fits the eldercare systems' need to address the for-profit, home environment and healthcare institution components of the dialectic (Hansen & Vedung, 2010; Van der Laan et al., 2008). The inclusion of a broader group of stakeholders within the strategic management of an organisation can be seen as an ethical requirement as well as a source of competitive advantage, as quality of care would be promoted alongside profit making (Plaza-Úbeda et al., 2010). This is unlike the shareholder approach that has marketised the system and is highly focused on profit-making for a single stakeholder group (namely, shareholders).

Denton et al. (2003) suggest that the care sector's move toward a market-based system leads to LTC contracts being awarded based on political views and goals rather than on transparent, consistently used standards for care. As a result of taking a competitive, market-based approach to eldercare, working conditions for staff and living conditions for residents were not considered legitimate concerns when evaluating or awarding contracts, leaving these stakeholders out of the discussion on eldercare (Aronson et al., 2004; Denton et al., 2003). A market-based approach meant that staff were labelled as expenses rather than valid stakeholders and caregivers. As a result, this stakeholder group is seen as a dispensable factor within the organisational cost structure. In contrast, if we take a stakeholder theory viewpoint of eldercare organisations, we will see the role of caregivers empowered as a valid stakeholder group. This approach would allow a focus on development of the system as a healthcare institution and home environment rather than solely a profit-making system for shareholder wealth.

The focus on shareholder wealth promotes the financialisation of care. This commodification of care as part of the neoliberalist view of market primacy removes care from the control of the worker or community and into the hands of owners. Bird et al. (2022) state that in the UK, the commodification of care and the resulting consolidation of ownership of the care sector is creating a market failure, as care services take a back seat to profit maximisation and places a 'squeeze' on the terms and conditions of care providers. This conflict between profit and provisioning of care creates an unsustainable system where highly qualified workers capable of providing high quality care are seen as an expense and are pushed out of the system in favour of low cost workers (Humphries et al., 2016; Pollock, 2021).

Dawson and Surpin (2000) suggest that direct-care workers must be treated as a scarce and valuable resource, but to accomplish this change in perspective, industry norms and practices as well as public policy need to change. In this paper, it is argued that the industry norms and practices that need to change are centred around the switch from competitive, market-based shareholder approach to stakeholder management. A worker co-operative model focused on stakeholder engagement could provide the basis to enact professional style standards through self-management along with a union-style concern for workers that would empower PSWs to engage in caregiving healthcare and reduce the profit motive within the system. The exploratory study that follows examines these issues by comparing survey results of a PSW worker co-operative with older CRNCC data (Lum et al., 2010).

Methods

This study utilised an exploratory case study approach to investigate the development of a worker-centric organisation within the eldercare sector in Ontario, Canada (Rubin & Babbie, 1993). To date there has been minimal research in the area of worker co-operative PSW organisations due to the lack of their presence in the sector. As a result of the COVID-19 pandemic placing a spotlight on the horrific working and living conditions in LTC facilities in Ontario, a PSW worker co-operative was established in 2020. It agreed to take part in the study. The use of an exploratory case study approach will help address the lack of detailed preliminary research in this area and is an acceptable method to move forward with this research (Yin & Campbell, 2018).

The approach used in this study is characterised by guided empirical inquiry in which the contemporary phenomenon of organisational development is investigated within its real-life context. Use of this exploratory design is useful to separate unique phenomena from the existing context, as seen in the responses found in the CRNCC survey (Lum et al., 2010). The study design also addresses the presence of multiple sources of evidence, as seen in the eldercare sector in Ontario. The context of this study is a PSW worker co-operative in a mid-sized city in Ontario, Canada. All activities completed during this study received ethics approval from the University of Winnipeg Human Research Ethics Board prior to beginning the research.

The case study included both a document review and survey. The case study examined documentation related to the PSW worker co-operative provided by the organisation (meeting minutes, policies and procedures, incorporation documents, by-laws, and media releases) as well as online documentation. The survey mirrored the 2009 CRNCC survey (Lum et al., 2010) to allow for comparative analysis. An online survey was distributed to co-operative members via email. A follow-up email was sent after two weeks to encourage completion of the survey. The survey used a combination of Likert Scale and open-ended questions to encourage participation and free expression of views.

While the aim of the work is to better understand the nature of the burgeoning worker co-operative sector and those PSWs that engage in the sector, the study is limited by the number of PSW worker co-operatives. As Bird et al. (2022) remind us, the overall worker co-op care sector has not grown as significantly in either the UK or Canada.

Case Description

At the time of writing, the PSW worker co-operative that engaged with this study has been in operation for approximately one year in a mid-sized city in Ontario, Canada. Three PSWs founded the worker co-operative, which has grown to 16 PSWs since its inception in 2020.

In contrast to traditional companies, the co-operative workers participate in profit allocation, oversight, and management of the organisation using democratic practices. Workers own the majority of the equity in the business, and control the voting shares (internal document, 2021). The focus on worker control was seen as a means of properly applying standards of care, which the founders felt were not being applied in the for-profit sector where staff were seen as expenses and not a value-add.

Because of [the] short staffing issues, [P]SWs were forced to make tough decisions regarding client care, [and] sometimes had to make decisions regarding their safety and not following care plans properly just to get the job done (Galloway, 2022, para. 10).

Unlike for-profit organisations, the PSW workers' co-operative sees their role as providing better working conditions and empowerment that, in turn, encourages PSWs to remain in the eldercare system.

Workers have a meaningful role in the business, as they contribute to and benefit from the success of a company that they co-own. Jobs at worker co-operatives tend to be longer term, offer extensive skills training, and provide better wages than similar jobs in conventional companies. Furthermore, worker co-operatives offer opportunities for greater participation in management and governance decisions that help the business succeed. By placing workers' needs ahead of profits, they address the root cause of economic disparity (internal document, 2021).

In addition to the focus on improved working conditions, the PSW worker co-operative seeks to fill a gap in the existing approach to eldercare. The current system was seen as focusing on a shareholder institutional approach to eldercare rather than home care. The PSW worker co-operative provides supports for Ontarians wishing to age at home.

With all of the focus on LTC facilities, however, the co-operative believed that the solution preferred by most people was being neglected, i.e., ageing at home.

“Most people would much rather age at home than be moved to a long-term care home, but we simply don't provide adequate home care services to allow this to happen”, says Russ Christianson, a Co-op Developer who has helped launch over 200 co-operatives in his over three-decade long career (Ontario Co-operative Association, 2021, para. 3).

As with many new organisations, the forecast for surplus (profit) for the PSW worker co-operative was a negative \$440 (CAN) in the first year. The revenue was anticipated at \$99,890 (CAN) to fund services provided by three full members and two full-time equivalents (FTEs) (internal document, 2021). The actuals for the PSW worker co-operative for the first year of operation provided a positive surplus of approximately \$2,000 with revenues of \$119,557 (CAN) funding three full members and five FTEs (internal document, 2021). The reason full membership in the worker co-operative remains at three is due to the service requirement for membership of 480 hours and a minimum of six consecutive months of service with an average of 20 hours/week (internal document, 2021).

Survey Results

The response rate was 64% (9 respondents of 14). The findings will be presented by demographics, leadership, and culture.

Demographics

Questions on demographics were meant to outline the gender, age, ethnicity, and education level of the workers within the PSW worker co-operative, to compare to the CRNCC survey results (Lum et al., 2010) which outlines the larger Ontario PSW population.

Gender — Much like the larger PSW population in Ontario of which 96% identify as female (Lum, 2009), 100% of the PSWs working in the co-operative identify as female.

Age — The PSW worker co-operative is slightly younger than the broader PSW sector at 40-49 years of age, compared to 50-59.

Ethnicity — Within the broader Ontario PSW population, the majority of workers identify as White (77.2%) (Lum et al., 2010). In the co-operative, 89% identified as White with 11% indicating Indigenous ethnicity. It was not possible to compare Indigenous ethnicity of the sample to the broader PSW population, as CRNCC data did not include Indigenous ethnicity.

Education level — The broader survey of PSWs outline the educational attainment of a PSW Certificate for 88% of the participants, much like the co-operative sample survey that indicated 89%. Education within the broader population is more varied than the sample population with a mix of college (25.2%) and high school (14.6%) level attainment. The co-operative sample population maintained a mix of educational attainment at college (89%) and university level (22%). Sample population members typically obtained additional education following PSW certification at university level.

Questions were also directed toward the value of experiential knowledge (tacit knowledge) on the PSW's profession. The broader PSW survey questioned participants on this tacit knowledge asking the value of on-the-ground experience. The results of the broader survey indicated that 69% either agreed (42.2%) or strongly agreed (26.8%) that experiential knowledge was valued. In comparison, the co-operative sample survey indicated 66.7% agreed and 33.3% strongly agreed that their tacit knowledge was valued.

Leadership

The sample survey moved participants from the educational questions on attainment and value, to focus on leadership education. Participants were asked if they felt they had sufficient education to be effective in their role as a PSW. Sample survey participants indicated that they had sufficient training (50% agreed, 50% strongly agreed). The PSWs in the sample outlined areas for further education such as:

Continual review and practice of the latest standard protocols in health and safety procedures when working with the vulnerable and equipment (Participant 101, 2022).

Palliative care courses. More leadership courses (Participant 113, 2022).

More hands-on training with individual clients, based on their needs. We work with clients with different needs and abilities, so it's important to know more about their specific needs, such as diabetes control, MS, spinal cord injuries etc. (Participant 116, 2022).

The broader PSW survey concluded that additional training was required as a result of the increasing complexity of client care. Ontario PSWs indicate more training is needed in areas of mental health (64%) and chronic disease management (63%). Over half indicate more training is required in medication management (59%), LGBT seniors (54%), dementia (52%), and palliative care (51%) (Lum et al., 2010, p. 12). The CRNCC report on the broader sector indicated that the non-standardised approach to PSW training could result in quality of care issues. The non-standardised training categorises PSWs as unregulated health care workers with no professional oversight.

Non-standardised training raises several issues. First, there are aspects of patient-centred care that are not currently addressed in the existing curriculum such as mental health or culturally appropriate care. Of particular note is the lack of sexuality and ageing education for PSWs (Lum, 2009). Workplace safety concerns exist as PSWs face elders with dementia who act out violently and must contend with changing legislative requirements for patient care. Finally, issues of elder abuse or family dynamics remain absent from educational curriculum.

The broader PSWs survey indicated that PSWs felt disempowered when it comes to defining and accessing educational supports that would allow them to provide better quality care for their clients. The worker co-operative PSWs, however, are empowered to define their educational needs and develop plans to enact educational training as part of the fifth co-operative principle of education, training, and information (International Co-operative Alliance, 2018).

Both surveys examined the question of the value of PSWs' experience and education in the multi-disciplinary teams in which they function. The broader PSW survey indicated that just over two-thirds of respondents (66.4%) agree that they are valued as a member of a multidisciplinary team. This two-thirds response is equivalent to the 62.5% in the sample survey. The broader survey provided responses in the strongly disagree (5.5%) and disagree responses (9.5%) for this question on value in a multidisciplinary team. The sample survey did not have any responses in the disagree or strongly disagree categories as sample survey respondents felt valued in their teams. Both the broader and sample survey provided responses that their value in a front-line multi-disciplinary team was 'so-so' or 'only seen from time-to-time' at 18.6% and 37.5%, respectively. These responses indicate that the PSWs only feel valued temporarily or when situations arise where their skills are need.

The perceived value of PSWs within a multi-disciplinary team affects PSWs’ decisions to exit the workforce. The sample survey directly asked PSWs their intention to remain in the workforce. The response was that the majority (75%) sought to remain for 10 or more years. This response rate is somewhat higher than the broader survey indicating that 70.6% would remain in the workforce for 10 or more years. The broader survey did provide a wider range of responses indicating that the larger PSW population is expected to see some turn-over of the workforce with some respondents (6.7%) leaving within a year and nearly 30% leaving within 5 years (Lum et al., 2010). The sample survey did not have any respondents indicating they would leave the eldercare sector within a year. The sample response indicated that the participants planned on leaving only after a minimum of 5 years (25% of respondents) where the broader survey indicated that approximately 30% would leave in 5 years.

To understand the reasons PSWs might choose to leave the workforce both the broader and sample survey asked what factors would affect such a decision. The three significant factors that influence PSWs to leave the sector are seen in Table 1 — Factors persuading PSWs to leave the sector.

Table 1 — Factors persuading PSWs to leave the sector

Broader Survey Factors (Lum et al., 2010)	Sample Survey Factors
Job with better pay and schedule (45% respondents indicated as a factor)	Dissatisfied with working conditions (75% respondents indicated as a factor)
Dissatisfaction with working conditions (44% respondents indicated as a factor)	Infection control (67% respondents indicated as a factor)
Dissatisfaction with pay (43% respondents indicated as a factor)	Bullying in the workplace (50% respondents indicated as a factor)
Not enough working hours (42% respondents indicated as a factor)	Occupational health and safety issues (43% respondents indicated as a factor)

Both the broader and sample survey indicated difficulty with a client was the least important factor in deciding to exit the PSW workforce. The broader PSW survey clearly indicated that pay and scheduling were the major motivator for leaving the workforce. The sample survey indicated working conditions (excessive workload) was the main factor in deciding to exit the workforce.

Building our understanding of the workforce environment the survey turned to asking about the challenges faced by PSWs. The broader survey indicated that:

- Almost 2/3 of respondents (65%) indicated that their “pay is too low” and approximately one in four (26%) are “unclear about what their pay includes”.
- 45% say they have “too few hours” to work, or that “schedules are inconsistent” and unpredictable (37%) (Lum et al., 2010, p. 19).

The sample survey, however, presented different responses to this query indicating that limited career opportunities and high workloads were two key drivers for the decision to exit the workforce. The lowest factors PSWs considered in their decision to exit the workforce in the sample survey was that there was no union and work was too complex.

Scheduling appears to be a key area of dissatisfaction as outlined by the broader survey. The sample survey responses indicated that scheduling is not a major issue with 66% (44% Often and 22% Always) indicating there is sufficient time for client care. One comment of note outlines the nature of scheduling on PSWs decisions to remain in the workforce:

As long as PSWs have schedules that don’t over work them, that guilt for not having the time to do their jobs is not pushed on them, and their wages and schedules reflect their experience on the job and their lifestyle, by giving them more options and choice, I feel PSWs will remain in healthcare until retirement (Participant 101, 2022).

Culture

The culture category is not reflected within the CRNCC survey and is meant to outline the role of organisational culture within a care sector organisation. Survey questions on culture focus on the perceived goals of the organisation, differences between the worker co-operative and existing PSW firms, as well as the importance of culture in client care.

The first question asked about the perceived goal of the organisation. The overarching theme of the responses was worker empowerment in client care through improved working environments.

Worker involvement in the company and quality care (Participant 109, 2022).

Empowerment of workers, better care for clients (Participant 113, 2022).

To provide exceptional care to our clients and clients' families. Positive support for their workers (Participant 110, 2022).

The perceived goal was seen as different from for-profit firms with a distinct emphasis on the empowerment within the co-operative model for workers to enact client care:

Yes, it aims to empower PSW's with recognition of their experience. Allowing them an opportunity to be involved in decision making (Participant 101, 2022).

We are a not for profit worker co-op, our motivator is client care and fair and democratic work (Participant 117, 2022).

The next questions within the sample survey focused on communication of the goal within the organisation. Respondents were asked how often the organisation meets to discuss the goal. A response indicating minimal communication was provided with 12.5% indicating they meet once a month and 75% indicating such a meeting has never happened. Communication of the organisational culture between colleagues produced mixed results with 25% suggesting communication about the organisation's goal occurs once a month or not at all, and 12.5% suggest it either occurs weekly or every day. Even given the mixed results on goal communication, the perceived strength of the culture within the co-operative was rated as Strong to Very Strong by 89% of respondents.

Discussion

The dialectic of for-profit, home environment and healthcare institution has been skewed toward the for-profit component to the extent that the system has neglected the client and worker stakeholders within the system. Quality of care seen in Ontario LTC facilities outlined by the CAF was disturbing. Lower staffing levels and non-standardised training are not the priorities of worker or client stakeholders in the system. The influence of one stakeholder group, shareholders, over the sector can be seen in the poor pay, poor work environment and non-standardised educational requirements for workers. Focusing the goals of the eldercare system on shareholders' needs means that other stakeholder groups are left without a voice to outline their concerns and needs.

The PSWs that work in the eldercare sector have been excluded from the management of the system and relegated to the role of worker within a for-profit institutional setting. Downward pressure is placed on wages and workhours to reduce costs for the organisation as a result of the focus on shareholder profits. This worker-employer relationship comes from a traditional shareholder approach to organisational management where workers are seen as a cost and not a value-add. The response from the CRCCN broader survey clearly showed that a third of PSWs did not feel valued within their healthcare teams or their organisations as their pay was considered too low and their work environment of poor quality (erratic scheduling and heavy workloads). The worker co-operative survey, on the other hand, showed that all PSWs felt that their work environment provided adequate pay and time for client care. The workers within

the worker co-operative also focused on improving their education to ensure quality of care standards were met.

The poor work environment does not just affect PSWs. The elderly, i.e., the clients, who rely on PSWs to provide the majority of care are also affected. Staff shortages leave the elderly without adequate or even basic care. The focus on shareholder wealth does not encourage educational attainment to address quality of care or the increasing complexity of care in mental health, chronic disease management, medication management, dementia, and palliative care. The responses by PSWs in the broader survey clearly outlined the need for greater education in these areas of eldercare to ensure that quality of care is provided. These included: infection control as a result of the pandemic, workplace bullying, and occupational health and safety training. The call for additional training for PSWs speaks to the need to re-focus the for-profit, home environment and healthcare institution dialectic towards quality standards within the home and healthcare components. As stakeholders within the eldercare system, PSWs are attempting to refocus the system through the development of a worker co-operative that provides a voice to this stakeholder group.

The goal of the worker co-operative was the empowerment of workers to enact client care. This meant that worker co-operative PSWs were focused on educational advancement to obtain greater client care skills. The surveys clearly show that PSWs see a need for more advanced training opportunities to enhance their skills to provide for the needs of their clients. Both the sample and larger PSW groups see the need for training in palliative and mental care, together with the need for hands-on training being made more readily available. The current shareholder approach, however, remains focused on utilising unregulated workers, allowing for a larger employment pool that puts downward pressure on wages, and allows for flexible hiring and scheduling to meet the need for workers rather than client care.

As there is no standard certification or registration for PSWs, for-profit employers can hire low skilled workers for minimal cost. These workers are disempowered by the system that provides minimal working hours and low pay. If the eldercare system were to enact an approach based on stakeholder theory, the system would include social performance along with financial outcomes that emphasise client care and promote worker empowerment. At present, with the emphasis on shareholder management, PSWs within the for-profit eldercare sector have a mix of educational backgrounds that include high school (15%) providing employers with greater power over employees as they can pick from a broad labour pool. Non-standardised educational attainment by care workers makes it impossible to provide mental or social health outcomes for clients, but allows for a larger employee market for employers. In contrast to the Lum et al. (2010) broader survey, education and skill attainment is higher in the worker co-operative, with each PSW member attaining post-secondary education to develop skills to successfully address the complexity of care rather than profit maximisation.

Even if we consider that formal education is not the sole measure for skill development, then we must look to experiential learning, or hands-on training, as a valid means of skill development. This would mean that employers within the for-profit care sector would value experience. Lum et al. (2010) indicated, however, that approximately one-third of respondents felt that their current hands-on training (experience) was not valued and as a result they were not valued within a multidisciplinary team. This is distinctly different from the co-operative survey responses with all PSWs in the co-operative feeling that their experience was valued and two-thirds feeling it was valued often or always.

The value of PSWs' work within the eldercare system can also be seen in the scheduling of that work. Of note within the responses from the broader PSW survey is the emphasis on availability of work. With the focus of the for-profit care system on cost reduction, or the marketisation of home care (Denton et al., 2006), there has been an increase in the casualisation of work. Many PSWs remain in part-time, temporary work that leaves them vulnerable to erratic scheduling within the for-profit system. This move to erratic scheduling favours the for-profit providers. The worker co-operative PSWs do not appear to focus on the issue of lack of hours, but instead

focus on lack of advancement and high workloads as their key concerns within the system as both affect client care. The worker co-operative PSWs wish to provide greater services, but are experiencing resource and capacity issues which affect their ability to provide the quality care for a growing client base.

Defining the quality of care is part of the stakeholder empowerment within the culture of the worker co-operative. Their PSWs responded to the inclusion of a culture of empowerment by outlining key worker-co-operative values such as a fair and democratic work environment. Empowerment and inclusion in the organisational decision-making process was seen as a means of defining and providing exceptional care for their clients and families, while ensuring a fair work environment. Again, this emphasises quality care over profits. Worker co-operative PSWs also act as voices for their elderly clients, ensuring that this stakeholder group is also involved in decision-making within the eldercare system.

It is a change in perspective on empowerment within the system that the PSW worker co-operative seeks to implement. The PSW co-operative sees their members as a value-add and in need of a voice within the eldercare system, rather than a cost. Empowered PSWs incorporate the home-environment (client care) with their skills in healthcare (healthcare institution) into an organisation that does not focus primarily on profit-making. Unlike the broader PSW survey where pay, benefits, and scheduling are the main concerns, the PSW co-operative has changed the view of their PSW membership toward worker empowerment for client care.

Conclusion

The PSW worker co-operative is changing the focus of PSW work toward addressing the fractured dialectic of profit, home, and healthcare by utilising a stakeholder approach to empower PSWs. Results from this exploratory study suggest that as a non-profit organisation focused on improving the working conditions for its members, the PSW worker co-operative is changing the perception of PSWs from a cost to a value-add. As stakeholders within the worker co-operative the PSWs are empowered to build a home for their clients while effecting change to improve client healthcare.

As long as the current for-profit system focuses on shareholder concerns such as pay, benefits and scheduling for their existing PSWs, it will continue to ignore the value of PSWs within the system which is to act as a voice for healthcare workers as well as the elderly which they care for. Shareholder management will make it impossible to address the profit, home, healthcare dialectic within the system as it promotes profits over client care.

Practical Implications

The eldercare sector in Ontario, Canada will continue to struggle to provide quality care if the organisations involved see caregivers as costs and not valued stakeholders. Engagement and empowerment of a broader array of interested parties such as caregivers, elders, family, and friends as stakeholders within the eldercare system will produce a more resilient and quality driven eldercare sector. The co-operative approach to empowering stakeholders through democratic engagement should encourage existing workers to remain and new workers to enter the system. Democratic empowerment will also encourage workers to take active roles in client care decisions that will affect the quality of care provided by the system.

While the worker co-operative model does allow for engagement and empowerment of its workers, there are stakeholders that are missing. The elders receiving care, the family and friend caregivers that currently volunteer in the system to fill the gaps in care are missing. From a theoretical perspective these groups are stakeholders within the system and their needs and wants should be addressed to create a resilient eldercare sector. The co-operative model can include multiple stakeholder groups in the democratic process through the multi-stakeholder

(solidarity) co-operative model. This multi-stakeholder model requires a robust governance system that allows for equality and equity within the democratic governance process. A multi-stakeholder model would encourage a move away from the profit motive as the shareholder's engagement would be minimised, or diluted, through greater engagement of a more diverse group of stakeholders focused on healthcare and the home environment.

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