

**EXPLORING PERCEPTIONS OF AGING AND AGEISM
AMONG PERSONAL SUPPORT WORKERS**

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ABSTRACT

Personal Support Workers (PSWs) contribute approximately 80% of the direct care provided to older adults in a variety of care settings. There is a dearth of research on PSW perspectives despite their essential role as part of multi-professional care teams. The objective of this study was to examine views on aging and ageism among PSWs who have provided care to older adults. Semi-structured interviews were conducted with 14 PSWs in Ontario, Canada. Reflexive thematic analysis was used to analyze and generate recurrent themes. Findings demarcate some existing gaps relating to views on aging and ageism among PSWs, indicating that the quality of training and education on aging and ageism are needed to support the care PSWs deliver. Understanding the impact of age-related bias on care delivery among PSWs may improve the care received that may, in turn, improve the quality of life for older care recipients.

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Table 1. Participants' Demographic Characteristics

LIST OF ACRONYMS

ADL	Activities of Daily Living
CAD	Canadian Dollar
COVID-19	Coronavirus Disease of 2019
LTCF	Long-Term Care Facility
PPE	Personal Protective Equipment
PSW	Personal Support Worker

CHAPTER 1: INTRODUCTION

In 2021, the population over the age of 65 years living in Ontario was recorded to be 2.8 million (18.4%), which is projected to increase to 4.4 million (20.3%) by 2046 (Ontario Populations Project, 2021). A significant portion of the aging population experiences multiple comorbidities and often requires assistive care (Afzal et al., 2018; Saari et al., 2017). As the older adult population continues to grow in Ontario and across Canada, the need to identify and address the gaps in the healthcare system becomes increasingly clear. Personal Support Workers (PSW) can help bridge those gaps by providing a continuum of nursing care services in institutional and broader community settings.

In Ontario, the formal title for this role is ‘Personal Support Worker’ (PSW); however, different jurisdictions, and thus the literature, uses several synonymous terms, including ‘healthcare aide/assistant, home support worker, nurse’s aide/assistant, personal care attendant, orderly, unlicensed personnel, care aide, and care worker’ (Afzal et al., 2018; Saari et al., 2017). All these terms represent unregulated health care workers. As such, PSWs do not have a defined scope of practice and are not governed by any regulated health professions college in Ontario. As a result, they are not formally recognized as members of a regulated or protected profession (Afzal et al., 2018; Berta et al., 2013; Hewko et al., 2015).

PSWs work regularly with older care recipients providing services that include, but are not limited to, the supervision or assistance with activities of daily living (ADLs), such as personal hygiene and light housework, to meet the assessed needs of their older clients (Ontario Personal Support Worker Association, 2014). PSWs currently constitute the largest part of Canada’s healthcare workers, where there are over 100,000 PSWs delivering care in Ontario alone, who provide up to 80% of direct care to older adults in the province (Afzal et al., 2018;

Berta et al., 2013; Lum et al., 2010). Their work allows those with chronic conditions who require care services the ability to remain within their community. PSWs work in a variety of settings but are most found in home care, community care, and long-term care facilities (LTCF) (Berta et al., 2013).

There were several periods when the Government of Ontario introduced incentives to increase the PSW graduate rate. For example, during the 2007-2008 financial crisis, which led to a significant slowdown in global economic activity and resulted in a net loss of 400,000 jobs in October 2008 (LaRochelle-Cote & Gilmore, 2009), the province responded with measures intended to support both economic recovery and long-term care services. In 2008, the government allocated \$107 million over three years to fund the training of 2,500 additional PSWs for LTCFs (2008 Ontario Budget: Budget Papers, 2008). This initiative allowed individuals interested in pursuing a career in personal support work to enrol in programs at participating private and public career colleges for free. A similar proposal was introduced in 2021 during the COVID-19 pandemic to address the severe shortage in frontline workers and the extreme demands that the lockdown placed on LTCFs. At the time, the Ontario government aimed to strengthen the healthcare system by easing the path in becoming a PSW (Government of Ontario, 2022). The Ontario government has since allocated an additional \$200 million to assist publicly funded colleges, private career colleges, and district school boards with the goal of training 16,200 more PSWs. PSW job postings have increased tremendously, with over 5,000 postings since 2021 (Government of Ontario, 2022).

PSWs play a critical role in healthcare professional teams, providing foundational insights for care planning due to their extensive direct contact with older clients (Lum et al., 2010). Despite their essential contributions, PSWs often struggle for professional recognition due

to the lack of a defined scope of practice and standardized job title (Afzal et al. 2018). Further, this workforce is predominantly comprised of women, persons of colour, and immigrants many of whom receive close to minimum wage and limited to no access to employee health benefits, such as healthcare insurance and paid sick leave (Booi et al., 2021; Grabowski, 2022; Zadgrodeney & Saks, 2017; Zallman et al., 2019). Existing research indicates that PSWs are frequently members of one or more marginalized social groups, particularly older racialized women with lower socio-economic status (Zadgrodeney & Saks, 2017). As such, understanding the intersection between their unregulated role and their social positioning is crucial.

The World Health Organization's Global Report on Ageism (2021) highlights the various ways age-based stereotypes, prejudice, and discrimination can manifest. It identifies three levels of ageism: institutional, interpersonal, and self-directed. Institutional ageism refers to the ageist practices embedded, either intentionally or unintentionally, into laws, policies, and regulations that shape society as a whole. This level often overlaps with interpersonal ageism, which occurs through individual interactions that are influenced by broader stereotypes and societal norms. These interactions may unfairly restrict opportunities or treat individuals differently due to age.

Self-directed ageism, or intrapersonal ageism, involves internalized age-based stereotypes that individuals hold about themselves or the aging process. For example, one may feel less competent or valued because of their age, while another may feel empowered or wise. Both positive and negative age stereotypes and self-perceptions can also shape social interactions and normative practices. Therefore, ageism operates in a reciprocal 'top-down' and 'bottom-up' manner. More specifically, institutional representations of aging influence interpersonal interactions and self-directed attitudes, which, in turn, reinforce broader ageist norms, and vice

versa. Recognizing the complexity and interconnectedness of these levels is essential to understanding how ageism is experienced and perpetuated in society.

Further, intersectionality (Crenshaw, 1989; 1991) provides the essential framework to examine how multiple and overlapping identities and social locations shape PSWs' experiences within and among groups of the healthcare system (Kelly et al., 2022). While intersectional approaches have been widely used in social justice research, in comparison, little attention has been given to PSWs in the Canadian aging care context, especially where a strong consideration of age as a social location and potential source of discrimination is found. An intersectional lens can help highlight the complex and layered realities of this workforce who provides essential care to older adults in the aging population.

Understanding the social positioning of PSWs also requires the examination of how societal stereotypes, prejudice, and discrimination shape perceptions of the older adults PSWs provide care to. The stereotype content model (Fiske et al., 2002) provides a useful way to understand how age-related stereotypes may influence the expectations and treatment of older people in care settings. More specifically, the stereotype content model suggests there are two primary dimensions of stereotype formation and activation: competence and warmth. Age stereotypes in particular typically exude low-competence and high-warmth due to the perceived nature of older adults in society as non-threatening but also incapable:

We suggest that for subordinate, non-competitive groups (elderly people), the positive stereotype of warmth acts jointly with the negative stereotype of low competence to maintain the advantage of more privileged groups (Fiske et al., 2002, p. 878).

This low-competence and high-warmth stereotyping can result in paternalistic and over-accommodating helping behaviours that are commonly documented in healthcare professions broadly, not yet specifically representing PSWs (Smith et al., 2022). Although hostile forms of

age stereotypes (low-competence and low-warmth) are noted and are shown to negatively affect care in older adults, it is worth noting that positive, or rather, pseudo-positive stereotypes can also cause harmful actions and outcomes.

Further, Kosberg (1983) explores age stereotypes within professional settings, coining the term ‘professional ageism.’ Kosberg defines aging as a process associated with physiological change resulting in a greater number of health challenges but argues that society has created layered harmful age stereotypes onto this reality. These stereotypes create a perceived divide between younger and older generations, to view older people as different from themselves, limiting older adults’ autonomy, access to resources, and social roles, ultimately dehumanizing the aging experience. The term “professional ageism” describes how healthcare professionals too often categorize older adults as “*bothersome*”, “*weak*”, “*frail*”, “*dependent*” within the healthcare system (Kosberg, 1983; Reyna et al., 2007). The introduction and adoption of this term highlights the concern and harmful impacts of age-related stigma in professional settings, where change has been slow (Dobbs, 2008; Eymard & Douglas, 2012; Jeyasingam et al., 2023). Given the limited research on this issue compared to other health professions, there is a critical need to explore the perspectives of PSWs specifically as they work the most closely with older adults in the healthcare system.

PSWs play a crucial yet often underrecognized role in healthcare, despite their extensive involvement in providing care to older adults. The undervaluation of PSWs is reflected in the way training programs have been structured and promoted, particularly through accelerated pathways aimed at filling labour shortages rather than enhancing professional standards, protection, and recognition. Given that PSWs are predominantly members of marginalized social groups who work closely with older adults, it is essential to examine their perspectives on aging,

ageism, and their role within the healthcare team. While research has largely focused on older adults' care experiences, less attention has been given to how professional ageism impacts PSWs themselves and whether these perceptions influence the quality of care provided. As such, this study seeks to fill this gap by exploring PSWs' perceptions of aging and ageism in Ontario, contributing to a broader understanding of PSW work experiences and potential areas for improvement in both workforce conditions and care outcomes.

CHAPTER 2: LITERATURE REVIEW

This section describes the existing studies that share similar designs or have informed the objectives of this research. While numerous studies were explored, most did not specifically focus on the role of PSWs role in an Ontarian or Canadian context. The literature largely overlooks how PSWs view aging and ageism, highlighting a gap in understanding their experiences and the impact on care delivery to older adults. Two key articles are discussed at the end of this review, providing critical insights that underscore the need for research on PSWs perceptions of aging and ageism.

Presently, research on aging perceptions within healthcare professional context is limited but developing. While several studies have explored the attitudes and expectations of older adults among nursing students, little attention has been given to PSWs. Smith and colleagues (2022) examined how aging attitudes and education among new graduate nurses influenced their intentions to work in gerontological or geriatric care. Participants included registered nurses and practical nurses who were predominantly female, older, and white. Their study found that nurses with previous experience working with older adults (e.g., geriatric clinical placements) were more likely to intend to continue their work with older adults. These findings suggest that enhancing nursing curricula with more immersive gerontological training may encourage more healthcare professionals to enter and remain in older adult care.

Another study by Gould et al. (2015) conducted three focus groups to examine nursing students' experiences and attitudes towards older adults. While students described caring for older adults as enjoyable, they simultaneously expressed reluctance and disinterest in pursuing geriatric nursing as a 'sub-par' career. This distinction suggested that caring for older adults and geriatric nursing may not be perceived as synonymous, raising questions about the underlying

factors shaping these perceptions. One possible explanation is the influence of high-warmth paternalism, as described in the stereotype content model, as it aligns with positive perceptions combining with negative aspects (Fiske et al., 2002), where older adults are viewed positively in terms of warmth but negatively in terms of competence. Given that PSWs frequently work in settings that serve older adults with complex care needs, understanding why healthcare trainees exhibit a disinterest in working with this population is critical. Therefore, further research is needed to explore whether similar dichotomies exist in other healthcare professions and to identify the qualities that encourage individuals into older adult care.

Research on healthcare professionals' attitudes towards aging has primarily been explored in broad terms. For example, Billings (2006) investigated age discrimination practices in a clinical setting in East Kent in the United Kingdom. Through six focus groups and a questionnaire, a total of 57 healthcare professionals—including district nurses, team leaders, specialist nurses, healthcare assistants (Ontario's equivalent of PSWs), rehabilitation staff, senior management, administration staff, health promotion representatives, etc.—reported instances of ageism and ageist care practices in the region. Examples included were inadequate assessments and neglect due to advanced age, and the exclusion of older patients from conversations with visiting nurses and doctors. Additionally, participants reported feelings of embarrassment and discomfort when discussing older adults' intimate and sexual relations and challenges in clinical judgements in resuscitation scenarios. Researchers indicated that findings could be viewed as ageist malpractice. Recommendations from that study emphasized the need for improved service development, communication, and education on caring for older adults, however, the applicability or implementation of the recommendations to a general healthcare group remains uncertain. These findings highlight the need for tailored studies examining views on aging and

ageism within specific healthcare professions, such as PSWs, to better inform worker and workforce training and development.

One study on care providers' stereotypes on aging was a quantitative study conducted by Reyna et al. (2007) in Australia, who surveyed 225 nurses, staff, and volunteers in residential care facilities. Most participants were white and attended some high school or college level education. Findings identified five common stereotypes of older adults, which were: curmudgeon, unpleasant, dependent, stagnant, and bitter. These results indicated that caregivers frequently associated aging and older people with negative traits. Education was identified as the strongest predictor of more positive attitudes towards older adults as individuals with greater levels of education were less likely to endorse negative age stereotypes (specifically curmudgeon, unpleasant, and stagnant types). However, direct contact with older adults did not appear to influence the attitudes towards older adults, suggesting that further research, specifically taking a qualitative approach, may be needed to more deeply explore and understand the complex nature of this relationship and other contributing factors.

While Reyna et al. (2007) found no association between direct contact and age stereotypes, Pekcetin et al. (2021) provided contradictory evidence, demonstrating that extended contact with older adults significantly and positively influenced attitudes toward older adults. In their single-blind randomized control trial conducted in Turkey, they examined how extended contact and interactions with older adults affected ageist helping attitudes in home care students. Most participants were female with moderate economic status living in a suburban area. Twenty-seven participants were randomly assigned to the intervention group, which received positive and theoretical aging education along with extended contact with community-dwelling older adults. The extended contact between the intervention group and the older adults included

gathering within the older adults' home to assist with ADLs for two hours once a week for a period of two months. Another 28 participants were assigned to a control group, which only received positive and theoretical aging education. All participants were given a pre- and post-trial questionnaire assessing attitudes towards older people and helping attitudes. The intervention group showed a reduction in negative ageist attitudes and an increase in positive perceptions. These findings align with Levy (2018) who asserts that positive education combined with positive contact with older adults can reduce ageism. Despite this finding, however, the underlying relationship dynamics between older adults and their care providers remain unclear, highlighting the need for qualitative research to help inform this gap and understand these interactions in greater depth.

In addition to the findings documented in these studies using focus groups and quantitative approaches, there are two studies which used a qualitative ethnographic approach in residential care facilities to explore the PSW role, aging perceptions, and ageism. Booi et al. (2021) conducted a qualitative analysis with care aides in Western Canada (equivalent to PSWs in Ontario) examining their roles in long-term residential care and how they perceive their position in society. Data from their field observations and semi-structured interviews with 31 care aides from one care facility were analyzed using reflexive thematic analysis. Booi et al.'s (2021) findings shed light on the challenging realities faced by care aides, particularly regarding their working conditions and societal perceptions. One of their themes, "Unprepared for the Work: 'Going in Blind'" captures the unregulated nature of their profession, where staff shortages and inadequate training force many to learn on the job, which can result in unreliable care services older adults receive. Participants expressed frustration over the discrepancy between their training and the realities of the workplace, where being short-staffed had become

the norm. Additionally, care aides reported experiencing stigma and a lack of recognition for their work, often being reduced to derogatory labels such as “ass-wiper” or “butt-wiper” that trivialize the complex and essential care they provide and dehumanize the older adults they provide care to. As previously mentioned, PSWs provide the majority of direct care for older adults in the community and in care facilities. However, systemic issues such as inadequate training, staff shortages, and a general lack of professional status and recognition contribute to the neglect of care providers, the quality of care delivered, and older adults. These challenges reflect the broader, underlying ageism within society, where the role of PSWs remains undervalued and misunderstood.

Dobbs et al. (2008) conducted their ethnographic study on stigma and ageism in residential care facilities across six care settings in Maryland, Florida. Their study included 309 participants that included residents, family members, and staff who were broadly referred to as ‘care staff’ in the study, which is equivalent to PSWs in Ontario. Field observations and semi-structured interview data were collected with the intention to highlight the residents’ lived-experiences in a residential care facility and the experiences with transitioning in, within, or out of the care facility. Findings revealed four overarching themes: ageism in LTCF; stigma related to physical and cognitive disease and illness; sociocultural aspects of stigma; retirement care and assisted living as a stigmatizing setting. Notably, staff perceptions were influenced by residents’ socio, economic, and cultural backgrounds, reporting differential treatment based on class, race, gender, and marital status. For example, differences in class were identified between staff and residents. One resident also reported a difference in treatment by staff members due to her economic and marital status:

I don't like the way they treat the residents here. It's a shame... If they [the staff] don't like you, they find a way to mistreat you without using their

hands. They treat me pretty well because of my husband because he was a judge. Doctors and judges and their wives are treated differently. The girls [referring to the staff] know the difference (Dobbs et al., 2008, p. 522).

Although this one participant observed preferential treatment, it also demonstrates that others faced mistreatment due to stigma and aging. Instances of stigma beyond age—relating to race, gender, and ethnicity—were also observed in Dobbs et al.'s (2008) research. These findings underscore how care staff, consciously or unconsciously, influence the quality and perhaps quantity of care older adults receive.

The results from these two studies demonstrate the need to examine the perceptions and experiences of PSWs for understanding and working towards addressing the existing gaps in healthcare for older adults. Findings highlight the need for standardized care practices that recognize the diversity and lived experiences of both staff and residents in LTCFs.

Rationale and Research Objective

As described above, numerous studies have explored aging and ageism among mostly other groups healthcare students and professionals (Billings, 2006; Gould et al., 2015; Paalsgard et al., 2022; Smith et al., 2022; Ugurlu et al., 2019) as well as in LTCFs (Booi et al., 2021; Dobbs et al., 2008). Although PSWs provide the majority of direct care to older adults, their perspectives and experiences remain underrepresented in the literature. Existing research on ageism in health professions that includes PSWs (e.g., Billings, 2006; Eymard & Douglas, 2012; Fernandez-Puerta et al., 2024; Jeyasingam et al., 2023; Smith et al., 2022) often combines them with other health professionals. As a result, it is difficult to identify which findings specifically relate to PSWs or to assess how experiences of ageism may differ both across and within professional groups. A more focused exploration of PSWs' unique experiences is therefore essential. Gaining a deeper understanding of PSWs' views on aging and ageism, in particular, is

necessary to explore the disparities in aging care services and the implications of professional ageism and ageism more broadly. While research has examined some factors that influence the care provided to older adults (Pekcetin et al., 2021; Reyna et al., 2007; Shinan-Altman et al., 2020), less attention has been given to how these aging perceptions and ageism experiences impact care the providers themselves, especially in relation to their intersecting identities and social locations (Booi et al., 2021; Liu & Liu 2022).

Additionally, there is a need for research that reflects the experiences of direct care providers in the Canadian landscape. Most of the existing research on PSWs and aging to date has been conducted outside Canada and may not transfer to different contexts. PSWs have received increased attention and additional government funding in recent years to increase the workforce in some Canadian provinces, yet there is very little research published on the PSW viewpoints on aging and ageism. While the Government of Ontario has introduced initiatives to facilitate the entry into the PSW profession, questions remain about who is responding to these incentives, how these changes are shaping the PSW role and healthcare system in Ontario broadly, and how experienced PSWs perceive new or recent PSW graduates. Addressing these uncertainties through research is essential for advancing care services in Ontario and improving the quality and quantity of care provided to older adults in the aging population. With these key points in mind, the objective of this study was to examine views on aging and ageism among PSWs.

CHAPTER 3: METHODS

This section outlines the methods used in the current study, including the reporting standards followed, the methodology, methods, and research design, as well as the evidence to support the reasons why these methods were employed. Information on the participants, including the inclusion criteria, recruitment process, and setting are described next. This section ends with the study procedure and data collection (i.e., interview procedure) as well as the data analysis process, including the approaches and software used when transcribing and analysing these data. Two reporting standards were referenced to prepare and disseminate the relevant content of this study: the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007) and the Standards for Reporting Qualitative Research (SRQR) (O'Brien et al., 2014). Both guidelines are widely recognized and used to ensure transparency, rigor, and comprehensiveness in qualitative research and research reporting.

Methodology

This study used a qualitative description methodological design with overtones of phenomenology to describe the first-person perspectives of a specific phenomenon (Sandelowski, 2000; Neergard et al., 2009). For this study, the 'phenomenon' refers to PSWs' thoughts, feelings, and experiences regarding aging and ageism in the context of working with and providing care to older adults. Consistent with the qualitative description methodology, for this study, a semi-structured interview guide was developed (see Appendix A) informed by existing knowledge from research and in the field (Neergard et al., 2009). This semi-structured interview guide was used to ensure that the intended topics were explored systematically and remained focused on PSW perceptions of and experiences with aging and ageism. The use of off-

script questions also allowed for a deeper exploration of discussion topics while simultaneously allowing conversations to flow freely and expand each question. Using a semi-structured qualitative interview approach for this study is also consistent with the existing literature previously reviewed regarding aging and ageism with healthcare professionals.

Questions on the interview guide were designed to encourage participants to reflect on their perceptions and experiences on aging and ageism and where they may stem from. The interview guide was also developed with an intersectional lens, ensuring that the identities and social locations of both PSWs and older care recipients were explored. Specifically, for the last part of the interview, participants were asked about their identities and social locations in relation to the research objective. By incorporating these dimensions, this study aimed to capture the complexities of aging and ageism in PSW and healthcare contexts, highlighting broader structural and social factors that influence care relationships and work experiences. Additional information about the participants is provided in the first part of the Results. This study received approval from York University's Office of Research Ethics (Protocol #: e2024-013).

Participants & Recruitment

Participants included PSWs in Ontario recruited through the professional connections and networks of the research team as well as on social media. An email script (see Appendix B) and a study infographic (see Appendix B) were sent to potential study participants to advertise the study that included the study title, researchers' names and contact information, estimated time to completion, and description of what participants would be asked to do and be asked about. This recruitment strategy was used in tandem with snowball sampling, which that involves asking existing participants at the end of each interview to refer other individuals in their professional networks who also fit the inclusion criteria and may be interested in participating.

Several inclusion criteria were applied. First, participants were required to be PSWs with at least one full year of PSW experience within the last five years in Ontario in any health care setting (e.g. community, LTCF). This timeframe ensured that participants could recall recent experiences while also being mindful of the impact of the COVID-19 pandemic on healthcare. Within this one year of experience, participants must have worked with older adult clients to ensure participants could speak to experiences relating to aging and ageism. Certification was not necessary, as this study included the perceptions of those who were certified and also not certified. Experience working with older adult clients had to extend beyond any education or training program requirements. As such, student internships and placements were not accepted as the one-year work experience criterion. However, participants could be either currently or previously employed. Participants were also required to be English-speaking to facilitate the semi-structured interviews. This language requirement served two purposes. It allowed the interviewer and participants to create rapport and productive conversations, which benefited data collection, and it created an easier and better participant representation in data collection and data analysis processes.

Setting & Procedure

Interviews were conducted online via Zoom at a day and time mutually agreed upon by both the participant and the researcher. To ensure privacy and comfort, participants were encouraged to choose a quiet, distraction-free location where they felt at ease discussing their experiences. Similarly, the researcher conducted the interviews from a secure and confidential setting. This approach helped create a conducive environment for open and meaningful conversations while maintaining ethical considerations related to participant confidentiality and data security. The Zoom meetings were also password-protected for digital security.

Informed consent was obtained prior to each interview. The informed consent document (see Appendix D) was emailed to each individual, signed electronically, and sent back to the researcher. Informed consent was discussed again at the first meeting, prior to the interview session, and obtained again verbally. Participant consent specifically for audio-recording was obtained for verbatim transcription to facilitate the data collection and analysis processes. With informed consent obtained, interviews were recorded using Zoom's audio transcription software. If participants did not consent to audio-recording the interview, then the researchers took hard-copy notes by hand during the interview that were expanded upon immediately following the interview. After each interview, including the ones audio-recorded, the researcher engaged in reflexive journaling to reflect upon the topics and conversations, as well as the thoughts, feelings, and reactions experienced during each interview. Recordings and transcripts were not returned to participants; however, the last question of each interview asked participants if there was anything they would like to ask or address that was not covered in the interview. This question provided the opportunity for participants to clarify their intended perspectives, or redact any portions of the interview, ensuring data rigor was maintained through each transcript. At the end of each interview, participants were thanked for their time and provided with the researcher's contact information for any follow-up questions or concerns. Following the interview, participants received a \$20 CAD honorarium as a token of appreciation for their time and contributions to the study.

Data Collection & Analysis

Fourteen interviews were conducted virtually via password-protected Zoom meetings, each lasting approximately 40 to 60 minutes. Data collection for the study began immediately following receiving research ethics approval from York University in February 2024 and

continued until August 2024 to ensure all prospective participants who inquired about the study were recruited. Data collection, data management, data analysis, and preliminary reporting of findings occurred simultaneously. For data collection, interviews were audio-recorded and auto-transcribed verbatim using Zoom's transcription tool. The researcher carefully reviewed each transcript in reference to the original audio-recording multiple times, making necessary corrections, to ensure each transcript was accurately produced and deidentified. Data familiarity was obtained through this listening and correcting process along with reading and rereading each transcript prior to the data analysis process.

Data analysis commenced soon after the first deidentified interview transcript was produced and continued until all interviews were completed. Coding for relevant and recurring themes took place using NVivo14 qualitative analysis software (QSR International Pty Ltd., 2023). Transcripts were analysed using reflexive thematic analysis (Braun & Clarke, 2006; 2019) that involves codifying words and phrases regarding the research questions, in terms of PSW perspectives, knowledge, and experiences of aging and ageism. As permitted in reflexive thematic analysis, a recursive process of analyzing themes, reviewing with the research team, and refining theme names took place to develop a detailed analysis and presentation for each theme. Regular meetings with the three-member research team (also including Deanna Vervaecke and Brad Meisner) involved discussing the transcripts, codes, coding, recurring patterns identified during the analysis, theme development, and reporting, all ensure low researcher inference descriptions as needed in qualitative description methodology. Further, an intersectional lens was also applied during the data analysis (Carbado et al., 2013; Crenshaw, 1989; 1991) to understand PSW's views on aging and ageism within their lived experiences, multiple identities, and social locations. These data analytical approaches supported the research

question by allowing conclusions to be made regarding critical and personal views on aging and ageism among PSWs in terms of older adult care.

CHAPTER 4: RESULTS

Section 1: Presentation of Participants

The results are reported on in two sections, with two and four parts respectively. Section 1 provides participant descriptive information by detailing both the Participant Descriptives (Section 1, Part A) and the Personal Support Workers' Own Accounts (Section 1, Part B), thereby offering a comprehensive understanding of the backgrounds, experiences, and perspectives of the study participants. Section 2 presents the findings in the following format: it first begins with findings that describe thoughts and feelings around topics of aging and older adults (Section 2, Part A). Part 2 builds off of the part previously mentioned by presenting the experiences of ageism that have manifested from these thoughts and feelings. These experiences also include behaviours or encounters received from others and also experiences that participants have witnessed. Part 3 addresses specific experiences that incorporate an overarching theme of intersectionality. These themes were extrapolated using an intersectional lens to highlight experiences people in this field have encountered with specific intersecting identities. Lastly, Part 4 highlights how professional ageism may be experienced in this field. This section presents the findings that highlight experiences of professional ageism shared between PSWs and their clients, but also cases where professional ageism is seen amongst peers.

Section 1, Part A: Participant Descriptives

A total of 14 participants were interviewed, with three self-identifying males and 11 self-identifying females. Six participants were born outside of Canada. Participants self-identified with a wide variety of racial backgrounds, including Canadian, Filipino, Italian, Persian, and Sri Lankan. On average, participants had about 7.7 years of PSW work experience, and half of the

group graduated from an accelerated PSW program. Almost all had experience working in retirement care settings or LTCF, except for those who had experience working in group homes and home care settings. More than half had previous experience caring for others outside of their PSW profession, specifically with family members. Table 1 summarizes the complete demographic characteristics provided by participants.

Table 1: Participants' Demographic Characteristics

Demographic Characteristic	Participants	Percentage
Age		
18-24	1	7%
25-54	11	79%
55-64	2	14%
65+	0	0%
Gender		
Male	3	21%
Female	11	79%
Race/Ethnicity		
Caucasian	6	43%
Filipino	6	43%
Persian	1	7%
Sri Lankan	1	7%
Sexual Identity		
Straight	10	71%
Gay	2	14%
Bisexual	1	7%
Pansexual	1	7%
Birthplace		
Born outside of Canada	6	43%
Born inside Canada	8	57%
Religion/Spiritual Organization		
Christian	3	21%
Spiritual	2	14%
None	9	64%
Financial Status		
Not secure	0	0
Secure	14	100%
PSW Education		
Accelerated	7	50%
Non-accelerated	5	36%
None	2	14%

Education (Outside PSW)		
BScN	2	14%
BSc	2	14%
College diploma	2	14%
None	8	57%
Current Occupation		
Full-time PSW	8	57%
Part-time PSW	2	14%
Registered nurse	1	7%
Other*	3	21%
Care Settings Experience**		
LTCF	11	79%
Retirement home	8	57%
Home care	5	36%
Adult day program	1	7%
Group home	3	21%
Client Condition Experience**		
Palliative care	14	100%
Dementia	14	100%
Physical disability/chronic care	1	7%
Psychological disorder	1	7%
Previous Experience Caring for Older Adults		
Yes	8	57%
No	6	43%

Notes:

* Three participants pursued careers unrelated to PSW work. One was a full-time personal trainer, one now works full-time in a manufacturing factory, and one returned to educational studies.

** Participants could select more than one answer.

Section 1, Part B: Personal Support Workers' Own Accounts

Before presenting the findings, it is essential to consider the personhood of the participants. As noted previously, the PSW role is commonly described as labour-intensive with often unclear responsibilities. Therefore, it is important to understand the backgrounds of these participants, including their identities and the paths that led them to the PSW role, as it in part reflects on how PSWs perceive their work with older people. For instance, Alice, who has worked as PSW for over 10 years, described the role as being “the eyes” of the resident’s healthcare. She continued, “*the PSW role, it’s like your skin. The first layer of the defense.*” From

her perspective, she described PSWs as the people, “*who have to know everything*” first, before other members of the interprofessional team, as PSWs are present during everyday ADLs of older clients.

Other participants mentioned the immense gratitude they feel for having the ability to help those in need and the ability to create a space for their clients to feel safe. For example, Sally reflected, “*it’s really rewarding in itself to know that you’re caring for them in a way that they feel safe with you.*” The dichotomy between the taxing labour and the rewarding pay-off of the role was common. Participants conveyed their dire need to highlight the taxing labour but would then layer their responses with acknowledging the rewards. Adam shared how he enjoyed working as a PSW, with some caveats: “*I enjoy working as a PSW, but it is a hard job. But there’s a lot of room for growth, which is nice, which is why I’ve stayed in the career*”.

A clear demonstration of passion for their role as PSWs was provided by each participant, through their unique experiences as to what keeps them motivated. Some participants (Alice; Rachel; Jack; Gina) expressed that they were originally looking for other careers in nursing or the healthcare field when a window of opportunity through an accelerated PSW program appeared. Four participants obtained their certification around 14 years ago, the same time the Ontario Government was offering free tuition for new PSW students to increase the workforce. One participant (Claire) explicitly shared that the sudden layoffs during the economic recession and the government incentivizing their interest played a significant role into pursuing the PSW field: “*Then the government, they actually offered me to go back to school. So, I pick PSW instead of nurse, and then, after 6 months, we graduated.*” Similar motivations were shared from other participants (Alice, Carey, Sally, Molly), as the role was promoted as ‘fast and easy’, enticing those who had financial instability or dependent children to care for.

A few participants also demonstrated their passion for working with older adults because of the uniqueness that comes from this population. For example, Mary and Denise shared that they resonated with the role because of practices and values similar to their culture. Some (Mary; Daisy; Jack; John; Molly) also used personal experiences of caring for their older family members as motivation, helping them prepare for the career while also preparing them to care for loved ones in the future (Adam; Jack). Specifically, participants described older adult clients to have qualities that stand out to them, that make their job enjoyable: *“I don’t know, sounds hokey, but I just I love the elderly, and I was very close with my grandmother. Actually, both my parents live with me now, I’m looking after them”* (Carey). When asked about their education or training, most could not recall aging-specific educational experience. Two common reasons given for this lack of recall was that the PSWs completed their programs years ago, and that aging-related topics that were discussed were only briefly mentioned.

Section 2: Presentation of Findings

For Section 2, Part A illustrates the perceptions of aging among PSWs, demonstrating their understanding of aging in three themes. These themes represent both negative and so-called positive perspectives on aging, including aging as a disease, fears of aging, and exceeding expectations. Part B describes the PSW’s perspectives and experiences of ageism, including interpersonal communication, combatting ageism, multilayered perceptions, neglect and inequalities, care facilities as assembly lines, and considerations of who should be held accountable. Part C outlines the PSWs’ perceptions and experiences of aging and ageism with an intersectional lens, including themes detailing the social locations of both older adults and PSWs. Part D describes ageism from a professional perspective, including nuanced dynamics between younger/new PSW graduates and older/experienced PSWs.

Section 2, Part A: Perceptions and Feelings About Aging

What Does Aging Look Like?

This part describes the thoughts and feelings participants had towards aging and their older adult clients. There were several recurring descriptors used to describe their cohort of clients that need to be acknowledged. These descriptors illustrated the perspectives that PSWs had of the older adult clients and the overall aging process, giving insight on what underlying views were present. In this part, three themes are described: Aging as a Disease, Fears of Aging, and Exceeding Aging Expectations.

Theme 1: Aging as a Disease

“It Just Feels Depressing, Just Watching Someone Waste Away”

This theme represents the consistent conversations with participants who described aging and their older adult clients in ways that alluded to viewing *aging as a disease*. Participants used the following terms to describe their clients: *fragile, dependent, lonely, degrading in mind*, and an overall *lack of cleanliness and helplessness*. Further, Adam expressed his feelings towards the environment his older adult clients are put in: *“It just feels depressing. Just watching someone waste away.”* Many participants reported feeling sorry for their clients, witnessing the state they were in and their living conditions, with some feeling of urgency to *“make the most of their time left.”* As Denise said, *“after diagnosis, [the client] could only have the range of around 500 days to live. So, you have to make the most approachable and person-centered care we can provide in those remaining days.”* This quote exemplifies the participant’s empathy and compassion for their clients, and their understanding of what a diagnosis means.

The language used to describe care delivery for older clients also elicited underlying perceptions of aging. For example, when asked about their thoughts and feelings about older adults changing with their education and experience, many referred to the work of providing care to clients as, *“having to deal with them.”* This phrasing was most present when discussing how their education prepared them for the role: *“Well, we had to learn how to deal with the old people right, and how we are to take care of them, based on their situations, or like character, like attitudes”* (Claire). Another example can be seen through Alice: *“Education, you have to know those things, because at least that way you know how to deal with them, like the behaviours that you can see under certain ages, or their physical changes that happens to their to their body. So, that way you’re not going to be surprised.”* The participant in this case emphasizes the importance of preparing workers for the role and what they might experience. PSWs tend to encounter older adults with multiple comorbidities with extensive care needs and it is clear in how Alice has expressed her concern that this feeling may be shared with other PSWs who witness traumatic cases as well.

Theme 2: Fears of Aging

“With Age, Everything Starts to Get Worse”

When asked about how experiences of working as a PSW changed their views on the aging process, many participants shared their own fears of aging. For example, Adam, a PSW with over 10 years of experience, spoke about how the nature of assisted living allowed him to reflect on his own parents anticipated aging journeys:

It’s made me take a step back with my family and realize that we only have maybe 20 years where we can be peers with our parents and, uh, communicate as, kind of, on the same level or be able to actually, like, have decent conversations. ‘Cause in the first stage, they’re taking care of you and then, in the end, you’re taking care of them.

This theme was also evident when Mary elaborated on her fear that her kids will choose the wrong nursing home: *“I always tell my kids, one day, I’m gonna be old. If my kids want nothing to do with me, if they put me in a nursing home, I’m hoping that they will pick the nicer nursing home because I know some places are not.”* In this quote, Mary suggests that there are some nursing homes that may not suit her wants and needs and, thus, fears leaving the choice of where she will one day reside up to her children.

Jack shared his fears of aging through his understanding of the aging process being associated with common ailments thought to be experienced with age: *“With age, things just start getting worse. Things just get harder because, like, you may lose vision and you might not be able to walk better. With age, there’s a lot of impact, like physically and mentally, and like all rounds of dimensional health.”* Relating to John’s perceptions of the aging process, his experiences motivated him to seek out a healthier lifestyle in hopes of combatting common ailments associated with age.

It really taught me how your actions on a day-to-day basis can lead up to the way you can be in the future, right? It can affect your body in the future... So, obviously being into the personal training field, I was able to witness, like, how those old people’s actions really affected them, like, as they were in a retirement home, right? A) They had, like, a really bad diet or B) they were smoking a lot, drinking a lot, or C), like, they didn’t even sleep enough, or a lot of other factors that played into their future... So, to me, I kinda applied those teachings onto myself about how to take care of myself, so I don’t have to be in a very bad physical state, as I’m older.

Fears of aging was a present and common theme in the thoughts and feelings among PSWs, where their PSW experiences shaped the way they thought and felt about their clients, their own, and others’ aging experiences.

Theme 3: Exceeding Aging Expectations

“Never Thought I Would be Best Friends with a 90-Year-Old”

In contrast to the negative perspectives described in the previous two themes, there were several instances of so-called ‘positive’ perceptions of aging and older clients mentioned during the interviews. These insights provided further understanding of how the participants view older adults, the aging process, and the PSW role. A recurring notion in this theme was the element of surprise, as participants expressed an age-defying astonishment when working with older adult clients who defied their expectations regarding their capabilities. To illustrate, Sally explained: *“I had a conversation with the resident just last week, who’s a hundred and two years old, and she was explaining to me, in detail, how she lost her hearing in World War II, and she was talking to me about it as though it was last week.”* A finding that was also mentioned in a surprising light was Daisy’s ability to find humour in her work at a LTCF dementia care unit:

In a positive light, they are so much fun! So, because I do work with dementia daily... even the ones that are aggressive, it’s hilarious, like, it’s fun, especially with dementia, every day is a different day, and it comes with new challenges and new fun.

Carey also commented on her surprise of making strong social connections with older adult clients from being a PSW: *“I never thought I would be best friends with a 90-year-old!”* Others shared similar experiences. In fact, Sally mentioned how these strong social connections can sometimes interfere with certain aspects of the job. Participants, like Sally, were surprised to experience difficulties maintaining professional–personal boundaries. Sally stated that she actively tries to set distancing boundaries with clients to avoid becoming personally attached to them because that makes it difficult to say goodbye: *“It’s a lot easier to lose a resident that you weren’t, like, emotionally attached to, that you didn’t have love for. When you lose a resident that you have love for, it’s like you’re losing a family member.”* Participants’ surprise that, despite

their older clients' advanced age and sometimes cognitive impairment, they could still have meaningful conversations, remember important things, be funny, etc. represents an implicit form of unacknowledged ageism.

Strong social connections were also mentioned in conversations about care quality. Many participants emphasized that the care quality delivered to their older clients should be the same as the care given to older family members. For example, Lisa said: "*At the end of the day, I always say, that you should treat every client like they are your grandpa or grandma.*" When caring for clients with the mindset of treating them like a family member, there seemed to be a notion that a more family-type level of care exceeds the current standard-type level care quality. Participants alluded that a change in such a mindset would help PSWs deliver the better or adequate quality of care and that this change is needed within PSW healthcare. To illustrate, Daisy, a full-time PSW with over 14 years experience, shared that she thinks the role should be reserved for individuals with certain special qualities that enable them to fulfill the high demands of providing care to older clients:

You have to put yourself in the mind frame of, like, if you become a PSW, you're not only caring for dementia, but you're caring for residents that cannot provide for themselves the way you can provide for them. So, it's a lot of mind over matter, right? Nobody really pictures themselves being able to clean up poop after an adult, or something like that, and I think it just takes a very special person to be able to do that.

This theme reveals that many participants expressed feelings of surprise when caring for their older adult clients. They shared a clear view of what they thought or assumed their clients were capable of and sometimes found that their clients were able to exceed their expectations. These experiences not only challenged their early expectations but also evolved their understanding of the PSW role over time.

Section 2, Part B: Experiences of Ageism

Where Do These Perceptions Manifest?

Part B describes how the thoughts and feelings detailed in Part A were reflected in the behaviours of PSWs towards older adults. It identifies the settings where ageism manifests, represented in three themes: Interpersonal Communication, Multilayered Perceptions, and the Structured Inequalities of Care Facility Assembly Lines. Part B ends with the description of the fourth theme on accountability, to describe the participants' views on addressing systemic ageism present in both care facilities and PSW education programs.

Theme 1: Interpersonal Communication

“Different Generations Tend to be a Bit More Comfortable with Certain Languages”

When discussing how they have witnessed older clients being treated differently because of their age, some participants drew connections between their and other's perceptions of aging, or of older adult clients, and how these views influenced their actions and interactions with older clients. At an interpersonal level, participants' views shaped communication, affecting PSW engagement with their older clients. Daisy shared a pivotal-learning moment early in her training as a PSW. As a new graduate, she admitted to believing in assuming most of her clients were hard of hearing and engaging in elderspeak, which resulted in a negative response from one client: *“She's like, ‘Why are you yelling at me?’ It brought me back down. Luckily for me, she had a sense of humor, because I was embarrassed. She starts laughing, and I'm like, ‘I'm so sorry, I've never met you before.’ That totally made me realize you don't have to approach everybody that way.”*

Similarly, Sally expressed witnessing her coworkers engaging in habits that she considered ageist due to the generalization of the ‘grandparent’ stereotype to all older people

(i.e., warm but incompetent), although the intention of such a comparison was made with good intentions of personalizing care:

So, we're told, like, don't do nicknames, don't baby talk. Like, they're people, they're adults. They're like, "I wouldn't sit here and talk to you like you were a baby, you wouldn't sit there and talk to me like I was a baby. So, why is it, that because they're in a wheelchair, or because they're frail, would we talk to them like they're a baby?" I have seen a lot of PSWs walk into multiple rooms and call every single woman "grandma" and call every single gentleman "grandpa" ... It doesn't always sit well.

This quote also demonstrates that Sally was reflecting on her training and of the importance of maintaining professional boundaries and approaching person-centered care for each client.

For instance, Jack spoke about his communication experiences as a frontline PSW worker during the COVID-19 pandemic: *"It's almost like a counselor. The way a counselor would talk to you. That's the way that you want to talk to an elderly person... You don't want to make them feel uncomfortable. If you're, like, changing them, you don't want to show any facial or nonverbal cues."* Jack concluded his thoughts on communication by emphasizing that it was his hands-on experience that facilitated his understanding of ageism, more so than his PSW training program. Likewise, John reflected on some key lessons from his work-specific experience as a PSW and the intergenerational contact that his career requires. He expressed a *"newfound skill"* in talking with older generations: *"What I developed from working with the elderly is learning how to speak with them, learning how to communicate with them, right? Because different generations tend to be a bit more comfortable with certain languages."* In this quote, John conveys his personal experience of how older adults have influenced his actions, specifically with interpersonal communication in the way he may approach future older adult clients.

Theme 2: Multilayered Perceptions and Actions

"They Were All Named Mary" ... "This One is a Different Mary"

While perceptions of aging among PSWs seemed to be moving towards a more inclusive approach, multiple or layered perceptions still existed, often containing implicit or subconscious ageist, and at times ableist, views. This theme of ‘multilayered perceptions’ refers to beliefs and attitudes about aging that, while striving for progress, still exhibit underlying layers of ageism. Some participants shared their perspectives on addressing or combating ageist views; however, upon closer inspection, these perspectives had elements and undertones of ageist views. For instance, John mentioned witnessing differences in how clients were treated based on the PSWs’ years of work experience, and he has, as a result, adopted a different view on aging:

I tend to see PSWs talk to the elderly as if they are friends. They’re the ones... who tend to get babied... the ones that are like a bit more unable to speak, unable to make sentences, or unable to walk on their own. They get treated like a baby. But, for me, I always treated them like any other human, just with different perks, because they can’t do certain things.

Although this statement appears non-ageist on the surface and advocates for individualism, it reflects an underlying view of ‘aging as a disease,’ representing aging as form of disability. In this view, having care needs is seen not as a natural aspect of aging but rather as ‘a perk’ or bonus in a person’s life. This perception is congruent with another participant’s beliefs on how older adult clients should be treated. Gina also witnessed other PSWs exhibiting bias toward their clients, stating, “*I think that they would treat them differently, not specifically based on their age, but based on their disability or based on their disease.*” While there was clear awareness of their client’s age and abilities, there was no explanation on how these factors should not influence care delivery.

Multilayered perceptions of aging are also demonstrated by Denise and her experiences working with older adult clients in the PSW healthcare sector. Unlike many PSWs, Denise did not hold a formal PSW certification. Rather, she obtained a diploma in social service work in

gerontology and bachelor's degree in nursing outside Canada. With many years of work and mentoring experience, she brought a unique experience to her role. When asked, '*What made you pursue a career as a PSW?*' her response revealed a more nuanced perspective:

I was taking social service worker [courses] during that time, and I wanted to learn so much about it. The first thing you need to do is expose yourself. I looked for a job where I can be with the seniors, so I can better understand them and, to be honest, the first and second day, they were all named 'Mary.' They all look the same for me... As time passed by, I was able to, kind of, differentiate, 'This one is a different person. This one is a different Mary.'

This quote depicts how Denise's perception of older people has developed; at first she appears to see all older people as the same, but as time progresses and as she interacts more with them, she is able to see them as individuals. Another example of layered perceptions can be seen in Daisy. She emphasized that every older adult is different, and that the diverse realities of older clientele almost never conform to common age stereotypes:

As I said one billion times in life, not everybody's the same. So, 'different jokes for different folks' is one of the things. It is safer just to not assume they're not always delicate in their old age. Sometimes they're younger, and a little more delicate than like 92-year-old 'Henrietta,' who is a beast and, I mean, if you have like a 60 something old lady. She could be like the most delicate thing ever.

Several observations can be made from this statement. First, gendered age stereotype is present in the choice of the hypothetical name used to represent for older adults. Similar to Denise who used the exemplar name 'Mary,' the name 'Henrietta' in this context also characterises older PSW clients. Second, Daisy's perspective reveals a contradiction. When asked if she could recall a time when she thought a client was treated differently based on their age, Daisy responded with, "*Oh, as a PSW? No, because they're all old... Like I said, I work with a very good team. We try to normalize our floor as much as possible.*" Daisy provides a clear example of

multilayered perceptions, where the intention is to move towards a more progressive viewpoint but simultaneously includes ageist views, and resulting acts, toward clients who are “*all old.*”

Theme 3: Inequalities and Care Facility Assembly Lines

“We Weren’t Prepared About What the Main Focus is For Our Role”

Many conversations also highlighted the unjust neglect observed in care services for older adult clients. This theme describes the inequalities that PSWs experience in both care facilities and home care, particularly due to the high demand for care and limited staff availability. These challenges were especially pronounced during the COVID-19 pandemic when restrictions resulted in extraordinary accommodations for clients. Participants also reflected on how this increased demand changed the tone of care work. Some described care facility environment resembling an assembly line, where repetitive tasks diminished the personalized aspect of care. As a result, many participants felt deprived of the full PSW professional experience, particularly those who were recent graduates entering the field during the pandemic.

Interviews revealed the harsh, but also possible realities of unjust neglect and care services for older clients. For example, assumptions about client’s cognitive and functional abilities sometimes led to discussions about potential deceit and malicious intent. Concerns about possible maltreatment of clients were also conveyed in the interviews. Jack acknowledged the harmfulness such actions could cause for clients: “*Because the more they age, the more their dementia gets worse.*” He claimed these assumptions lead some PSWs to misjudge clients and create opportunities for exploitation for personal gain. This quote showcases the real and possible outcomes that older people residing in care facilities may endure.

Participants expressed feeling unsupported and undervalued as PSWs compared to other healthcare professions, particularly by higher-level institutional and governmental decision

makers at that time. For example, Carey, who worked during the pandemic, described the stark imbalance in treatment between PSWs and nurses: “*The residents and nurses weren’t dying because they got all the PPEs [personal protective equipment]. We [PSWs] were, we weren’t given PPEs.*” Feelings of frustration were evident when participants reflected on their experiences during the pandemic. Jack, who was a new PSW graduate in the height of COVID-19, admitted to feeling a loss in applicable skills and proper training during this period. He explained that due to staffing shortages, new graduates were ‘thrown’ into LTCFs and expected to take on additional and repetitive tasks because of the staff shortage: “*It just kept getting repetitive, like, with changing briefs, giving them a shower... We weren’t prepared about what the main focus is for our role*”. Participants felt that higher-level institutions failed to adequately support aging and older adult services by prioritizing other healthcare professionals instead. This lack of support ultimately impacted both the quality of care provided to older adults and the training available for PSWs working in aging and older adult care services.

Some participants expressed relying on their own beliefs about what older adults need more than what they were taught in their training programs. Their beliefs about which tasks qualify as ADLs further highlighted gaps in understanding of how certain tasks should be approached in care work. Many participants described a disconnect between the formal education they were given and the realities of on-the-job training. Molly emphasized that, although training is important, the typical two- to three-month training period is insufficient: “*It’s one thing reading about it in a textbook, but to actually see it for your own eyes... It feels a lot different. We get to learn about it a lot more. So, I’m still learning... I have so many questions throughout the days.*” The importance of education was particularly apparent from Denise’s

experience, as she expressed the need to better prepare future PSWs for potential age discrimination in the field:

Aging is different from one culture to another. But if we don't understand, then it will be a form of ageism... Some people are discriminating without knowing, just because they're not knowledgeable about it... Aging is inevitable. It's unstoppable. But then there are proper ways to make aging enjoyable... like how caregivers should treat a person whose aging.

In this quote, Denise demonstrates how subconscious ageism can stem from a lack of education. While she recognizes the significant impact PSWs can have on clients' aging experiences, she also acknowledges the gap in training available to PSWs on how to deliver care to older clients that is free from unintended age bias.

The significance of inadequate training was prominent in discussions about the workload PSWs experienced, particularly during the COVID-19 pandemic. Participants reported a sense of homogeneity in their work due to the repetitive nature of their tasks and the limited ability to provide personalized care. Adam illustrates this topic by comparing LTCFs to a conveyer line system: *“With the long-term care facility, it just felt like a conveyor line for elderly people. You'd go from one client to the next. You got 50 minutes with one, 25 with maybe a more combative one, or someone that requires two people.”* He further detailed his experience across different care settings, including LTCFs, retirement homes, and home care settings. Adam described distinct differences across these care settings. He described LTCFs as *“mental health wards”* where majority of the clients were in a *“vegetative state.”* He shared that, unlike retirement home and home care settings, clients in LTCFs often had less autonomy over their care plans. However, he acknowledged that the tasks performed in these settings were purposeful and intended to serve the clients' best interests. Adam's views on home care can be summarized by the following quote: *“Depending on what level of care they are, you would have to re-approach*

them... Give it a little bit of buffer time, come back, try a different way of talking. Maybe have someone else come in and try, because they could just be upset with you.” This quote demonstrates participants’ experiences working across different care settings and that thoughtfulness in care work is possible and needed, depending on the type of care and care setting context. These practices can destigmatize LTCFs, in hopes of moving away from the age are older adult care stereotypes represented and reinforced by the conveyor line analogy. Another participant advocated against this “conveyor line” idea. Lisa stated: *“Everybody does the best they can with their residents. But I wish it was more empathetic. Like, more people coming in the field wanting to take care of [people] or wanting this job. Not because it’s just a job, you know? It’s not a grocery store. It’s not an assembly line. These are people.”*

Theme 4: Who Should Be Held Accountable?

“It’s Very Rare to See a PSW Who Doesn’t Care”

At the surface level, these aging perceptions may seem rooted in personal beliefs and anecdotal experiences. However, many of the personal and interpersonal challenges described by participants presented earlier, stem from broader institutional and societal contexts. For example, problems with staff shortages were cited as the cause of workplace tensions task-related problems. Participants expressed feeling resigned to the unrelenting demands of the PSW job and lack of support PSWs receive. Carey, for example, normalized this reality: *“It can be part of the job, I guess.”*

Alice also internalized the work-related tensions she felt when left without support: *“You’ll be mad or you’ll be frustrated, but then, that’s the job that you wanted... Yeah, it’s a pretty normal thing.”* However, several other participants, including Carey, Denise, Lisa, Daisy, all advocated for systemic changes, particularly in training, to improve care quality. For example,

Lisa shared the importance of proper training and mentorship: *“I just think that it all counts. When I’m getting trained by another person, like I’m going through school, and then I go to the nursing home when I’m getting trained by another PSW. That PSW needs to know that it’s my first time being in this nursing home. ‘You have to train me’... It’s all about the training.”*

Discussions also were centered on shifting accountability away from PSWs themselves. Denise, for example, defended the reputation of PSWs, arguing that the challenges they face extend beyond their control: *“Sometimes, a PSW, they hurry to finish loads of work and the quality of care is affected. It’s very rare to see a PSW who doesn’t care. They all care. It’s just that sometimes they cannot take the several workloads that is caused by short staffing.”* She further explained that some PSWs enter the profession simply as a career stepping stone into the healthcare field. However, Denise firmly concluded that such situations are uncommon and that short staffing, not the lack of dedication, is the primary factor affecting care quality.

Section 2, Part C: Perceptions of Aging Through an Intersectional Lens

“For That Reason. Because They’re Coming From a Different Kind of Life

Perceptions of aging were explored through an intersectional lens to consider how other social locations, in addition to age, informed or influenced participants’ perceptions, feelings, and actions. Participants shared their views on age in terms of different social locations that include, but were not limited to gender, sexual orientation, race, social-economic status, religion, language, and cultural backgrounds. Part C is divided into two themes. The first theme focuses on the social locations of older adult clients, examining how PSWs perceived their older adult clients based on intersecting social locations. The second theme explores clients’ perceptions of PSWs’ social locations, specifically how PSWs recalled older adult clients’ views of the PSW participants’ intersecting social locations.

Theme 1: Social Locations of Older Adult Clients

“Canada is a Melting Pot”

Results indicated that participants demonstrated biases toward older clients, often relying on their beliefs about age and cohort generations (e.g., Baby Boomers). However, they also recognized the importance of understanding clients’ social backgrounds and cultural upbringing as both were emphasized as important factors. Some participants emphasized the diversity and lived experiences their clients have and how important these identities and experiences are in creating trusting relationships. Many PSWs reported gaining a stronger understanding of different cultures through their direct interactions providing care to older clients by getting to know them personally. For instance, Daisy stated the following at one of the LTCF settings she worked in:

At one point, we’ve had a majority of Italian, so we would try our best to learn words of Italian. So we could put ourselves with them and at their level, and try to use that to our advantage... So that they would be comfortable with us quicker, especially if they were new... Or, like, Croatian and Serbian, you have to know there’s a difference between Croatians and Serbian. They’re not the same and they don’t get along. So you cannot mistake the two because you’ll lose your head... Canada is a melting pot and it’s nice to learn those backgrounds because it teaches you things as well.

In this quote, Daisy reported on the continuous learning experienced outside and beyond the PSW program that occurs on the job. She noted the importance of having relevant cultural and political knowledge that aligns with providing personalized care.

Also, Denise shared her thoughts regarding intersectionality, specifically how each client’s personality, preferences, and social identities should not only be considered but honoured in care delivery: *“I mean, you have to consider the race, the nationality, the gender. Why? Because you cannot change personality... You cannot change them. You have to just accept them, and be creative with your approach, and how you will provide your care.”* For Denise, the PSW

role extends beyond assisting with essential ADLs. It involves a commitment to person-centered care, which prioritizes understanding each client's history, culture, and social identities. She stressed that clients should not be expected or forced to conform to Western standards, or to the standards of the care setting they reside in, as clients carry their own personal beliefs and routines, to which they are accustomed.

Further, Denise stated that clients would experience a better quality of life if they were paired with PSWs of similar backgrounds or who are knowledgeable about their social identities: *“When you cater to their psychosocial [identities], in their specific needs, and if you respect their spiritual beliefs and religion, they try to be better. They take their medication on time with the nurses.”* Denise believes that when PSWs consider and honour clients' wants, needs, and backgrounds, such as religion and spiritual beliefs, they may be more receptive to care.

Other participants shared similar feelings towards culture and receiving care. For example, Jack felt that being surrounded by staff and peers who shared similar backgrounds and interests would allow clients to feel most comfortable, reflecting on his grandparents' experiences as examples as well:

The only places that I worked at, they were all Canadians... a few of them were of different origin, but they adapted to the Canadian lifestyle. So, I guess, if you're [the client is] comfortable with the Canadian lifestyle, and you're in a home that provides that kind of care—the kind of food that you're receiving, the communications, the care, people around you—the quality of life improves. But if I were to see someone from, someone like, Asian, and they were to be put into the home that I worked at, I think they would have trouble... For example, like, I'm Sri Lankan. I feel like if I were to see my Sri Lankan grandparents at that facility, they would have trouble with the kind of food that they're given. I feel like it would be hard for them to adjust to a place like that. But being in a similar place to who their community is, I feel like they would have a better quality of life. For that reason, because they're coming from a different kind of life. I don't think it'll be hard for them to blend.

Jack observed, at times, a lack of diversity among his clients, most of whom were or accustomed to a Westernized Canadian lifestyle. He suggested the quality of life could improve if clients were paired with PSWs or peers of similar cultural backgrounds. Molly also explained that this perspective is also shared by intake coordinators and managerial staff who assign rooms and help clients transition into retirement homes. She explained that her workplace intentionally pairs new clients with other existing clients who speak the same language to help facilitate with the home transition experience:

There was a lady, I wanna say German or Russian, one of the two. As soon as they knew that she was moving in, they put her at the exact same [dining room] table as the other lady who spoke the same language. For a while, she was like our translator for her. She'd be like, 'Oh, she needs this and that, and whatever'. So, she kinda looked out for her, so the managers made sure to introduce them right away. So that way, she did have somebody that she felt comfortable talking to.

It is important to note that, according to Molly, this approach was primarily used in cases of language barriers, while most clients were otherwise paired based on personality. However, when language barriers were present, intake staff observed that clients experienced a smoother transition when paired with an existing resident who spoke the same language.

When considering the broader picture, participants shared how they help their clients feel more comfortable based on identity and social location factors. Responses varied, as some believed equal treatment was essential for making clients trust PSWs and the care being delivered, while others felt that personalized care, tailored to each client's individual backgrounds, wants, and needs should be the method to provide care to clients. Jack provides an example of the perspective from those who advocated for equal treatment: *"Only if there's any restrictions that they want us to help with. But, other than that, no, everyone's equally treated the same. We would give the same kind of care unless there was a different kind of way that we had*

to give care for, which is usually written in our chart.” The next quote highlights the contrasting perspective from another participant, Sally, who shares a different approach to client engagement:

Language barriers never really affected the care that I give. It obviously sometimes makes it a little bit more difficult, not fully understanding everyone’s religion, or ethnicity, or race or culture, things like that. But, the thing is, if your resident isn’t fully able to tell you all the care that they need, they have a care plan, and you follow their care plan. But, if I go into a resident’s room and I know that they’re able to communicate with me, the care that they need. The first thing I’ll say is like, ‘Do you want to tell me how you want me to help you? Or, do you just want me to take care of it? Do you want me to come in and just clean you up and get you ready, or do you have a routine that you want to tell me?’

When comparing Jack’s response to Sally’s, Jack reveals his perception of equal treatment to clients relies on ensuring that everyone is treated and care the same way. With Sally’s approach to person centered care, she ensures that she acknowledges each person’s individual preferences to care needs; she remains mindful of the cultural backgrounds, language barriers, and other social identities that may need to be incorporated into their care needs. Through an intersectional lens, there is a distinct difference shown here in how someone may interpret equal treatment and person-centered care.

Theme 2: Social Locations of Personal Support Workers

“It’s the Generation That They Grew Up With”

Participants also discussed how their own identities and social locations influenced perceptions of aging, considering how their clients might view them. Lisa, for example, relied on her assumptions about what older clients may think and feel about her to, in turn, inform her understandings of them: *“It’s sad to say, but some of them [older clients] are afraid of some of our PSWs. Like a 102-year-old is afraid of the Black PSWs. You know, a lot of prejudice is from these groups of seniors. I’m saying it’s the seniors that are the prejudice ones.”* Lisa

acknowledged the role different dynamics play in building trust and, overall, in the quality of care delivered to clients. In addition to racial biases, several participants noted that gender also intersected with age. Many participants recalled experiencing gender bias from older clients, who tended to favour female-presenting PSWs over male PSWs. As a result, many PSWs felt frustrated with this bias as it would conflict with scheduling and care routines for other staff. To illustrate, Molly explained:

Most of them are okay with a male PSW. There is a few of them that don't want personal care being done by the male, but helping them out with other things, like portering, that's fine. But with bathroom needs, and stuff like that, they prefer not to have a male. I mean, that would be kind of hard on your partner, if you were working with a man, and you had all of them that were like, 'No, I don't want a man to toilet me.' It's like, 'Okay, well, now everyone has to be toileted by me, but what's my partner doing?' kind of thing. But, I mean, the one [male PSW] we do have, his hair is long hair. Some of the older residents mistake him for a woman.

Some participants showed an empathetic approach to understanding their clients' preferences, helping them come to terms with the unfair treatment. Jack, for example, explained how he often had to step aside for certain tasks when clients specifically requested female-only assistance and shared his initial feelings about the situation:

Sometimes I just sit out and do something else while the female PSW takes care of the patients. Usually, it's when they're bathing or like changing... In the beginning, I was just like, 'What? Why? It's the same thing. We're all caregivers.' But, I guess you need to understand the patient, and not base it off the way that I feel, because you're there for them. Everyone has their own preference, and I just came to accept that.

Further, Adam shared their experiences of gender discrimination from clients, attributing these acts to the generation clients grew up in: “*That kind of focus, on a certain area [referring to bathing a male client's private area], isn't wanted by an elderly man because they come from an era where that's gay.*” Jack reinforced this observation, explaining that gender bias was primarily experienced from clients rather than staff: “*Mainly, not even the staff, mainly the patients,*

*because some of them are from an older generation, and the PSW, like the caregiver profession, is stereotyped to be a more [*air quote gesture*] “female-based environment.”*” Another participant, John, also observed a gender-based difference in how female older clients responded to PSWs, indicating that client preferences varied based on both gender and age: *“I find a female to respond to me better... The male residents tend to like the younger PSWs to take care of them, and the female residents tend to like to have a younger male PSW to take care of them.”*

Cultural differences were also identified as a social location that influenced care delivery. Some participants expressed personal experiences of how their own identities and social locations affected their interactions with clients. For example, John felt that he was treated differently by clients based on his cultural background. However, he also acknowledged his clients’ perspectives as well:

We need to take into consideration how—even though some of them may come up really, racist—it’s the generation that they grew up with, right? So, a lot of them would assume that I was Chinese or even Latino, even though I’m Filipino. I have to really understand that they’re not just doing that to provoke me, right? It’s just more like because they grew up in a different time. The group with different lives, different slang, different words, and whatnot. Obviously, we were taught to not put stereotypes or prejudice on to them, but, at the same time, some of them would have some of that ageism towards me, because I was younger. So they’ll think, ‘Oh, you don’t know much’ or ‘You don’t know what you’re doing’ right. But, obviously, in order for me to have the occupation, I had to learn at least a decent amount of things.

When discussing the impact of language on care delivery, many participants identified language barriers as a significant challenge when clients and PSWs could not communicate in the same language. While some participants mentioned the advantages PSWs being multilingual, others emphasized that care quality is greatly affected when communication barriers exist. Lisa elaborated on this issue, with the following quote:

Yes, it does make a difference, especially if the person that—I'm not being judgmental on the prejudice—if the PSW can't speak English very well. How is the residents supposed to understand them? Their needs aren't being met because they can't understand each other. And if there's a resident that doesn't speak English, that's even 10 times worse, when we can't meet their needs. I can understand some things, but when I can't even understand when the PSW is saying something, what do you think the resident's feeling, you know? The language barrier is a big thing.

Lisa shared the importance of communication between healthcare workers and clients to ensure care quality. This finding relates back to language barriers experienced by clients. Participants noted that when PSWs experience difficulties with communicating effectively, with either their peers and clients, it can disrupt the trust in their ability to meet care needs. Some participants shared examples of positive interactions when clients were paired with PSWs from similar social backgrounds. In these cases, participants observed that clients responded more favourably to them and to receiving care and appeared to be more comfortable. Denise, for example, observed that clients with similar ethnic backgrounds felt more at ease with her:

I think with the Philippine culture, it's like they're happier with a Filipino caregiver, because they can joke around and they can easily say whatever they want. They trust you without even knowing you. As long as you're a Filipino, they trust you right away.

Denise empathized with the challenges clients face when transitioning into a LTCF or assisted care home. She reflected on her experiences, noting that clients were more likely to trust her if they shared similar socio-cultural backgrounds. As such, finding common ground with clients appeared to play a key role in shaping how clients receive care and how PSWs provide care and work. In sum, this theme explored perceptions of aging and ageism through an intersectional lens, examining how PSWs perceive and interact with older clients based on identities and social locations, as well as how clients' identities and social locations shape their perceptions of PSWs, as experienced by PSWs.

Section 2, Part D: Intraprofessional Ageism

“I Guess You Would Have to be Older to Learn”

The final part identified was PSWs' perceptions of aging within their own profession, towards other PSWs. Participants spoke about the complex age-related dynamics that exist among PSWs, expressing thoughts and feelings on, and experiences with, PSW colleagues based on perceived of age, experience, and care work abilities. Mary described this divide by categorizing PSWs into “older” and “new generation” workers, outlining the differences she has observed between the two groups:

To be honest, older PSWs are actually more matured and they're more understanding. In my opinion, anyway, it seems like they're there to help people. The new generation are just going into because it's just a job and it's easy to get in and there's a lot of demand. But they're not really good workers. They're not really into doing it [the job], they're not into it.

Similarly, Lisa, who self-identified as an experienced PSW, outlined a clear distinction between newer PSWs and those with more field experience:

I'm scared crapless of getting old. I think, 'Oh, my God, these people [new PSWs] are gonna be taking care of me when I'm old.' I hope they learn in their environment... I guess you would have to be older to learn. They have to get as old as me, I guess, or to see things, to start feeling pain in their back and in their knees, and understanding when you're getting old. I hope they become more empathetic... I'm thinking, 'Oh, my God. I'm scared!' I'm kind of a little scared of getting old. Cause, I'm already old, but older? That's my fear... There needs to be more training. There needs to be more... somehow. You guys have to get it in their little brains.

In this quote, Lisa expressed a fear of aging based on her experiences with newly graduated PSWs. She draws on her own aging process to inform her understanding of what aging is and how PSW care should be provided to older clients. Lisa believes that the newer and younger generation of PSWs, without similar lived experiences, would struggle to relate to older adult clients that would influence the quality of care they provide.

Responses from the opposing perspective were also identified in the interviews, among those who identified as the younger or new PSWs, who described their experiences of discrimination from their older and more experienced PSW peers. Sally felt particularly motivated to challenge the stereotypes placed on her and her peers by older PSW colleagues:

They don't like us, they don't. I mean, it's not that they all don't like us. I've seen both sides of it. I've walked in and I've seen different PSWs treat me different because of my age, and I've walked in and seen different PSWs get super excited because of my age. I mean, when I walk in and I get the PSW, that PSW, it excites me because, 'I get to prove you wrong,' because, every single time, by the end of the shift, I have the PSW saying, like, 'You're really good at this, like I would be happy to work with you again,' things like that. So, I get excited when I walk in, and they're kind of just like, "Oh, great! Like another one that's young and doesn't know what they're doing" or things like that. It's like, 'Nope.' I get to come in now, and I get to show you that, 'Yeah, I'm young, but I'm good at what I do, and I'm gonna make your shift easier today.'

Sally emphasized her excitement in her ability to defy ageist stereotypes of her older experienced peers, demonstrating a more developed understanding of age, experience, and ability. Other participants, who identified as new graduates or inexperienced, also commented on seeing a difference in care delivery from PSWs based on years of experience. The next example will expand on a quote that has been previously used. John mentioned:

Oh, yeah, I've seen that. It's usually the new PSWs that tend to speak [to older clients] like babies, right? But the ones more experienced are the ones that speak to them like regular human beings, like it's talking to a friend or whatnot... I tend to see the experienced PSWs talk to the elderly as if they are friends. They're the ones that tend to have stronger relationships [with older clients].

John's quote reveals what perspectives newer generation PSWs have, where a divide in "newer generation" or "older generation" PSWs and how they might deliver care. When asked to elaborate on these observations and whether they could be traced back to their training programs,

Gina disagreed. Instead, she attributed the PSW divide to individual's character and personal attitudes:

No, I don't think it's reflective of the program. At the end of the day, what you're doing for the elderly, aside from being there to emotionally support them and physically support them, you're basically doing what you would regularly do for yourself, on a regular day. So, I don't think it's a means of training because it is regular daily activities... I think it's just more so on people and their behaviours and who they are as individuals.

Gina further expanded on the age discrimination dynamics coming from older and more experienced PSWs and reflected on the origins of their assumptions about younger PSWs:

Well, I think, for the older age PSWs with seniority, they become a little bit more bitter, and I find that they become extremely territorial. Then you have 'a hit or miss.' Some people are very diligent in their work, and then others are not, but I find that some of them are very territorial. They're more hostile and feel that it is their right, as if they're entitled to certain rules in their position, that they feel that they are able to delegate off to others, which is unnecessary, because everyone should be treated as equals.

Together, these quotes reveal a clear imbalance between older, more experienced PSWs and younger, newly graduated PSWs, highlighting potential ageism within the profession. This apparent divide raises concern about, and calls attention to, how workplace dynamics impact care delivery. Newer graduate participants felt pressured by implied expectations from more experienced PSWs, which impacted their understanding of their work roles and responsibilities. Meanwhile, experienced workers expressed frustration, often attributing lower-quality work, to newer graduates, reinforcing generalized perceptions about their capabilities and capacities.

CHAPTER 5: DISCUSSION

This discussion section is divided into four parts, corresponding to the themes outlined in the results section, as follows: Part A: Perceptions and Feelings of Aging, Part B: Experiences of Ageism, Part C: Ageism through an Intersectional Lens, and Part D: Intraprofessional Ageism. Within each section, the main findings are identified and evaluated in relation to existing literature, and the finding implications are discussed. Additionally, based on the findings in each part, recommendations for future research are provided. Following the discussion of the four parts, the study strengths and limitations are presented, which is followed by the conclusion.

The purpose of this study was to explore the perceptions of aging and ageism among PSW. More specifically, it examined these perspectives among PSWs providing care services to older adult clients in Ontario, Canada. The findings align with existing literature on aging beliefs and attitudes in the healthcare professions, which will be discussed in detail below. However, the study also revealed novel and more nuanced understandings of aging and ageism in the PSW role and workplace, particularly in the interactions between younger/newer and older/experienced PSWs. As noted in the literature review, although several studies have touched upon views of aging and ageism in a healthcare context (e.g., Billings, 2006; Gould et al., 2015; Paalsgard et al., 2022; Smith et al., 2022; Ugurlu et al., 2019), very little existing research has addressed these topics among PSWs specifically as a distinct and unique healthcare professional group. As such, this study contributes to the broader literature on healthcare professionals' perceptions of and experiences with aging and ageism by including the unique perspectives of PSWs, who represent the part of the healthcare system that provides the majority of direct care to older adults. This study also contributes novel insights to the existing relevant research by situating these perspectives and experiences within the Canadian context.

Part A: Perceptions and Feelings About Aging

The findings of Part A demonstrated how PSWs understand and emotionally respond to aging through three key themes: Aging as a Disease, Fears of Aging, and Exceeding Aging Expectations. Participants often equated aging with illness and decline, reflecting broader age stereotypes and the nature of their care work. Many participants also expressed their own anxieties about aging, shaped by their daily exposure to older adults with complex health needs. At the same time, some PSWs recognized older clients who exceeded their expectations for older clients, also reflecting age stereotypes. Together, these themes reveal the complex and sometimes contradictory ways PSWs perceive aging and older adult clients in their professional and personal lives.

These results align with previous research relating to job satisfaction and the challenging realities associated with the PSW role (Booi et al., 2021). Previous research has described care work with the older adult population as ‘distasteful,’ ‘tedious,’ and ‘nasty,’ with evidence of stigmatizing labels associating older people to inevitable disease and illness (Dobbs et al., 2013). Similarly, most participants in this study expressed such ageist beliefs and attitudes in relation to disease, cognitive decline, and chronic illness. The language used by participants to describe aging in the context of their work and older clients reflect the language documented in the existing literature (e.g., Booi et al., 2021), often portraying aging using negative terms. Further, participants’ reflections also illustrated feelings of paternalistic prejudice (Fiske et al., 2002) as they described working with and witnessing older adults in ‘sad’ and ‘helpless’ states (Dobbs et al., 2021; Reyna 2007), reinforcing stigmatizing stereotypes of aging. The nature of PSW work, which involves the consistent exposure to older adult clients with multiple comorbidities and chronic illnesses, exacerbates these perceptions and feelings about aging and the conflation of aging and disease.

Anti-ageism strategies such as education on aging and increased intergenerational contact have been shown to significantly improve attitudes toward aging and reduce ageism (Burnes et al., 2019). Further, interventions that foster empathy and provide aging-specific knowledge have also been effective in reducing ageist attitudes (Martinez-Arnau et al., 2022). Existing literature also suggests other strategies for combatting the language used to describe older people, as well as the care provided to older people, by implementing alternative ways for age inclusive care. For example, Dobbs and colleagues (2008) advocated for increased dementia care settings in assisted living and other forms of care homes that do not excessively isolate older care recipients while providing care tailored to their specific needs, to avoid the implementation of care practices that associate aging and disease. The findings from this current study support such a recommendation to reduce stigmatizing beliefs of older care recipients. Many participants expressed a need for more dementia-specific training to reduce the amount of misunderstandings by staff and caregivers and to improve care quality. Expanding training opportunities for PSWs to learn about dementia care may also help reduce harmful age stereotypes that associate aging with disease by increasing PSWs' knowledge and comfort working with older adult clients with and without dementia.

The theme reflecting participants' fears of aging is congruent with previous studies on anxieties about aging (Barken et al., 2018; Brookman et al., 2022; Shinan-Altman et al., 2020). Several participants shared their concerns about their own aging, and that of their loved ones, which were shaped by their regular experiences and observations as a PSW of older adult clients. These experiences of aging anxiety reflect the emotional form of self-directed ageism, which may also contribute to reduced interest in working with older adults (Ayalon, 2022; Shinan-Altman et al., 2020). The exposure to the challenges and difficulties associated with multiple

comorbidities that are common in older adult care work may also increase the risk of professional ageism, which may have negative implications on the care quality delivered to older adults.

The current study results address the ongoing issue of negative beliefs and attitudes of aging and older people that continue to exist in older adult care settings. It is therefore important to address the ageism issue to ensure the care received by older adults is consistent and high quality. As such, there is a need for long-term care facilities and other older adult care settings to create opportunities for PSWs to reflect on and discuss their views on aging and their relationships with older clients. This could be facilitated through structured conversations or supportive workplace programs. Strategies such as enhancing knowledge about aging, improving both the quality and frequency of intergenerational communication, and promoting reflective thinking among younger adults have been identified as effective in improving ageism education and care for older people (Burnes et al., 2019; Rodriguez et al., 2024). These anti-ageism strategies could also equip PSWs with evidence-based resources to better understand and process their own feelings about aging, helping to reduce fears of aging and informing care leaders about how these fears influence PSWs' roles, responsibilities, and overall care delivery.

The current findings clearly demonstrate the presence of both negative and positive ageism among PSWs. The presence and effects of positive ageism are often difficult to recognize since 'positive' age stereotypes can be displayed both explicitly and implicitly and can sometimes be viewed as a compliment or an action taken on behalf of older people with good intentions (Vervaecke & Meisner, 2021). Often overlooked, the effects of positive ageism are understood to be just as potentially detrimental as negative ageism effects (Palmore, 1999). To illustrate, PSW participants described their older adult clients as "wise" and used expressions

such as “cute little old lady” (Daisy), which represents paternalizing positive ageism that can have harmful outcomes on older adults’ self-image and confidence. Age stereotypes often present themselves as complex and mixed, such as the “doddering but dear” age stereotype (Cuddy & Fiske, 2002), which depicts older people as needy and incompetent (negative) and simultaneously as loveable and warm (positive). The ‘doddering but dear’ age stereotype formation may be especially harmful in the PSW profession. An increase in education on both positive and negative age stereotypes, as recommended in the WHO Global Report on Ageism (2021), is encouraged to strengthen the quality of care delivered to older people.

In summary, Part A highlights the existing nuanced and potentially detrimental perceptions and feelings about aging and ageism among PSWs. Both negative ageism and so-called positive ageism were reflected the language used to describe older adults and their care. The consequences of these age stereotypes may increase the potential risk of decreased quality in care, reduced interest in caring for older people, and the internalization of ageist perceptions that can affect one’s health. Indeed, research has shown that changes in age attitudes and behaviours of healthcare providers can in fact affect the quality of care provided (Pekcetin et al., 2021). Future research and policy should investigate alternative models of the current structure of older adult care and settings that challenge ageist assumptions and offer more opportunities for PSWs to learn about aging, dementia, and the complexities of negative and positive age stereotypes.

Part B: Experiences of Ageism

The findings of Part B reflect the relationship between perceptions and resulting behaviour. More specifically, in the previous section, perceptions of aging and ageism were identified to demonstrate how participants’ thoughts and feelings inform how they may be influenced to act. Results indicated that these perceptions of aging and ageism influenced how

PSWs communicated with their clients, separating themselves from their clients based on their 'generation' or birth cohort. Further, participants often overgeneralized attributes, layered with both positive and negative perceptions, of older adult clients, in terms of their interests, care preferences, and cognitive abilities, by making assumptions based on when their clients were raised. Ageism was also noted by PSWs within the larger system and structures of healthcare more broadly, which was beyond the control and responsibility of the PSWs themselves.

Some participants described instances in which they or others engaged in elderspeak, a common form of ageist communication, and how their older adult clients challenged it. Others reflected on their education and training, which addressed this behaviour. Elderspeak has been very well-documented as a form of ageism that infantilizes older adults and renders them invisible (Dobbs et al., 2008; Shaw & Gorden, 2021). It is therefore unsurprising that participants recognized this issue. What stands out, however, are their efforts to resist and counteract it, suggesting that ongoing research on elderspeak has influenced actual healthcare education and practice. These accounts point to meaningful shifts in PSW training and underscore the importance of continuing to humanize the aging experience and raise awareness of age-based treatment in healthcare.

At the same time, this study shows that while PSWs may recognize unfair treatment and biased communication, some continue to use language that reflects generalized, negative, and inaccurate views of aging (e.g., 'frail,' 'helpless'). These multilayered perceptions suggest gaps in the quality or comprehensiveness of education on aging and ageism. The Stereotype Content Model (Fiske et al., 2002) illustrates that both negative stereotypes (low warmth, low competence) and so-called positive stereotypes (high warmth, low competence) can be harmful.

As Levy (2009) notes, positive age stereotypes often go unrecognized because they operate unconsciously, especially in a society where such views are deeply embedded.

This spectrum of ageism was evident in participant accounts. Only one participant, Gina, demonstrated a balanced and nuanced understanding of aging, emphasizing that PSWs should respond to clients based on disease presentation rather than chronological age. In contrast, another participant, John, expressed concern about older clients' vulnerability to exploitation, linking age directly with cognitive decline. Together, these perspectives highlight the urgent need to enhance education on aging, ageism, disability, and ableism to prevent older adult clients from stigma, neglect, and potential abuse. As such, PSW training programs and policies must address the multiple and intersecting forms of bias associated with aging and disability. Indeed, previous studies demonstrate that higher education is associated with fewer negative age stereotypes in healthcare settings (Reyna et al., 2007). However, there remains a lack of evidence specific to the PSW context (Hewko et al., 2015), which this study suggests is of critical importance.

The current study examined participants' views on education and perceptions of aging and ageism through tailored questions in the semi-structured interview guide. Among the four participants who had pursued higher education (bachelor's degree or above), no recurring patterns emerged, and thus no firm conclusions can be drawn. However, it is important to note that many participants reported little to no recollection of aging or ageism content in their formal training programs. Some attributed this issue to the time that had passed since completing their training, while others cited the accelerated nature of their program. This lack of retention suggests a deeper issue in the design and delivery of training. More specifically, either the aging and ageism content was not presented in a memorable or meaningful way, or it failed to

adequately engage PSW learners' attention. Compounding this issue, participants also expressed frustration that the knowledge provided in training, which often drew from textbooks, did not align with the practical skills needed in real healthcare settings.

Although PSWs work with clients across the lifespan, most will interact with older adults at some point in their careers. Yet participants consistently reported or recalled minimal to no formal education on aging, ageism, or the specific needs of older adults. This disconnect highlights a form of unintentional institutionalized ageism, such that the PSW educational system fails to equip PSWs with the knowledge, skills, and tools needed to critically understand and provide care for older adult clients. As a result from this lacking system, PSWs may perpetuate systemic ageism in healthcare and reinforce ageist assumptions, not through individual bias, but through structural oversight or neglect (Banerjee et al., 2015). These findings highlight the urgent need to incorporate purposeful, practical, and mandatory training on aging, ageism, disability, and ableism into PSW education, particularly in the context of older adult healthcare. Evidence suggests that interventions combining education on aging and ageism with intergenerational contact can significantly improve attitudes toward older adults (Burnes et al., 2019). Enhancing the transferability of education from theory into practice is essential and integrating more non-ageist immersive and experiential learning opportunities would help PSW students engage more meaningfully with the material. Understanding care work from the PSWs' and clients' perspectives could improve not only knowledge retention but also the alignment between educational content and workplace experiences. Addressing these institutional gaps is a necessary step toward reducing structural ageism and improving care outcomes for older adult clients.

Other findings also highlight how institutionalized and structural ageism can shape the experiences of PSWs, demonstrated through participants' feelings of being unprepared for their roles. These experiences align with previous research documenting insufficient education, inadequate onboarding, and limited workplace supports for PSWs (Afzal et al., 2018; Berta et al., 2013; Booi et al., 2021; Dobbs et al., 2008; Eymard & Douglas, 2008; Hewko et al., 2015; Saari et al., 2018). The unregulated and poorly defined nature of the PSW role in Ontario further reinforces healthcare job role and system structural confusion, making it difficult at times for PSWs to distinguish their responsibilities from those of other healthcare professionals. This ambiguity often results in task shifting from nurses to PSWs, contributing to increased workload and further marginalization and workplace issues (Zeytinoglu et al., 2014). It is therefore unsurprising that many participants expressed feeling unprepared for their role.

These institutional and system gaps were exacerbated during the COVID-19 pandemic, when PSWs faced heightened demands at a time with a dire workforce shortage. Participants described feeling overlooked in government decision-making processes and protocols, which appeared to prioritize nurses and other regulated health professionals. This experience of systemic devaluation is a form of institutional ageism, where PSWs, who primarily care for older adults, are poorly resourced and undervalued. Such treatment risks diminishing PSW motivation and job satisfaction further, and it contributes to negative perceptions of the profession (Barken et al., 2018; Chamberlain et al., 2016; Squires et al., 2015). These dynamics are particularly concerning given research indicating that ageist attitudes among care workers are linked to job satisfaction and retention (Liu & Liu, 2022), which may ultimately affect the quality of care provided to older adult clients.

Government responses to the PSW shortage (i.e., offering free tuition and implementing accelerated certification programs)—pronounced during the COVID-19 pandemic—were intended to address workforce demands, however, these strategies may have unintentionally reinforced negative perceptions of care work provided to older adults. These incentives suggest that external motivation is needed to attract individuals to work with older adult clients, reinforcing ageist narratives that portray elder care as undesirable or devalued (Dobbs et al., 2008). While these efforts addressed immediate labour gaps, they did not address deeper structural issues, such as the lack of regulation for PSWs. The continued absence of regulatory oversight can be seen as a key factor in sustaining structural ageism in the sector (Afzal et al., 2018; Saari et al., 2018).

To build a more sustainable and equitable PSW care system, structural changes are needed that go beyond incentivizing recruitment. These could include a greater recognition of PSWs as an essential part of healthcare teams, access to supports, resources, and continuing education, as well as work environments that allow for dignified and person-centred care, and the formal regulation of the PSW role. Without these systemic supports, many PSWs will likely remain constrained by institutional conditions that limit their ability to provide high-quality care and experience job satisfaction. Understanding who entered PSW programs during periods of incentivization, and how these conditions affected their care work perceptions and experiences (e.g., job satisfaction, intention to stay), could shed further light on how structural ageism shapes the PSW workforce and the broader aging care sector.

In the current study, participants reflected on their work environments in LTCFs, describing them as “assembly lines.” This metaphor that underscores the institutionalized discrimination and dehumanization of older adults in care. This finding aligns with previous

literature on the lack of autonomy, personhood, and community within assisted living and LTCF settings, particularly for residents with complex health needs (Banerjee et al., 2015; Booi et al., 2021; Dobbs et al., 2008; Farrell et al., 2022). Participants noted practices such as removing personal items (e.g., cigarettes, alcohol, or over-the-counter medication), which reflect broader structural attitudes toward risk and control rather than individualized agency and holistic care (Dobbs et al., 2008). These conditions and actions not only diminish older residents' dignity, but it also perpetuates a view of older adults as incapable and dependent.

These findings contribute to the existing literature on ageism within LTCFs and systems, showing how age- and ability-based stigma are embedded in the design, practices, and policies of care work and care settings. Importantly, this study must refrain from placing blame on PSWs for these institutional and health care system shortcomings. Instead, findings highlight how PSWs are influenced by and operate within structurally constrained systems, and how their perceptions and experiences reflect broader social and organizational factors of influence. For example, constant exposure to older adult clients with multiple comorbidities may lead to age stereotype confirmation bias, reinforcing negative perceptions of aging and thus ageism.

Although blame cannot be placed on PSWs, the responsibility for addressing ageism in healthcare is shared. More specifically, ageism must be addressed intrapersonally and interpersonally among and between PSWs and clients, which should be complemented with institutional and systems changes that pertain to how and where older adults live and receive care. For example, LTCF administrators must build more inclusive, person-centred care environments that affirm the rights, autonomy, and dignity of older residents (Banerjee et al., 2015). At the same time, government officials and policy makers must work to understand the

systemic pressures PSWs face and the institutional conditions that contribute to structural ageism in older adult care.

In summary, the themes identified in Part B underscore critical aging and ageism issues that future research, policy, and practice can meaningfully address. The findings reveal how perceptions of aging and ageism can translate into behaviours that may directly affect the quality of care provided to older adult clients. While some progress has been made, the study highlights persistent gaps in PSWs' knowledge and training related to aging and ageism, which remain a concern in their daily work. Importantly, the study also calls attention to institutional ageism within the PSW sector. Many challenges identified by PSWs stem from systemic issues beyond their own control. Addressing these requires action at the institutional level, including the provision of adequate resources, ongoing training, and stronger supports to enhance job satisfaction and the overall professional outlook for PSWs. Properly valuing and regulating the PSW profession is a necessary step toward improving the experiences of both care providers and recipients. These insights point to the need for structural change to better equip PSWs in delivering age-inclusive care.

Part C: Perceptions of Aging Through an Intersectional Lens

The findings of Part C contribute to a relatively new area of PSW research by addressing the important nuances of social identities, social locations, and social structures within the healthcare system that influence PSWs' experiences in relation to their older adult clients and the PSWs themselves. This lens is particularly important given that the PSW workforce is made up of diverse people who are predominantly comprised of older women of colour and individuals of lower socioeconomic status (Booi et al., 2021; Grabowski, 2022; Zadgrodeney & Saks, 2017; Zallman et al., 2019). Despite this diversity, few studies have explored PSWs' perspectives

through an intersectional lens (Amoako et al., 2024; Lightman, 2021; Smith et al., 2022).

Therefore, it is important to examine and understand the intersectional experiences that PSWs bring to and have in their work, and how it shapes their perceptions of, and interactions with, older adult clients.

Previous research has demonstrated that ageism intersects with gender, race, and class, which are factors that influence how older adults are viewed and treated in healthcare settings. For example, Dobbs et al. (2008) documented instances where stigma impacted client care, including clients who were grouped within facilities and how they were placed in social dining spaces. Men were allowed to sit with women at dining tables without comment, whereas women were criticized by both staff and peers, highlighting how gender norms and ageism intersect to result in differential gender-based treatment. Prior studies have also found that older residents were aware of internalized racism and classism from staff, demonstrating how structural inequalities influence daily care practices.

These patterns were also discussed in the current study, where participants reported witnessing differential treatment of older clients based on sociocultural identities. Participants described clients expressing discriminatory views, including differential treatment of staff and peers based on race or ethnicity. Some PSWs rationalized these behaviours as generational, discussing the lack of exposure to diversity, inclusion, and equity in the older clients' upbringing. However, such reasoning should not be acceptable. Rather, it is essential to recognize how older adult clients' biases influence PSWs and the care environment. It is also essential that institutions respond and prevent PSWs from experiencing discriminatory treatment. Future research, policy, and practice should explore strategies to work with and support PSWs facing these issues, such as informational workshops for clients, opportunities for open dialogue

about harmful biases, and formal support mechanisms from managers and administrators.

Providing these resources may also alleviate PSWs' need for emotional support, which is a gap identified in previous studies (Booi et al., 2021).

Language differences also emerged as a key component in PSW's delivery of care and the formation of client-staff relationships. Language barriers made care more challenging that sometimes led to PSWs perceiving clients as helpless or overly dependent. These experiences were shaped by the PSW's and/or clients' immigration and cultural backgrounds, which further complicated the perceptions of aging. Consistent with previous findings (Dobbs et al., 2008), language and cultural differences are shown to impact both how care is provided and how clients perceive their care. Several participants emphasized the importance of empathizing with clients' lived experiences, particularly when a shared language is absent. Importantly, many PSWs themselves are immigrants and/or members of racialized communities. It is therefore not surprising that participants reported facing their own challenges related to language and culture in the workplace. Previous research has shown that such challenges can influence clients' perceptions of immigrant PSWs and affect the quality of care relationships (Bourgeault et al., 2010). Together, these findings point to the need for intersectional strategies that strengthen communication and cultural understanding in healthcare settings, not only for clients but also for PSWs who are navigating these dynamics.

Despite the clear relevance and importance of these issues, research examining the intersections of identity in PSW work remains limited. While some studies explore race or gender individually (Amoako et al., 2024), most focus on job satisfaction (Rakovski & Price-Glynn, 2010; Smith et al., 2022) or are conducted in contexts outside of Ontario (Lightman, 2021). However, findings within the broader literature can help situate the current study findings.

For instance, Delgado-Ron et al. (2024) found that racialized and gender minority groups experienced higher moral distress and intentions to leave their healthcare professions, which was often tied to structural inequities and lack of advancement opportunities. Interestingly, white women reported higher distress than other groups, while white men reported the lowest job turnover rates. These patterns suggest that different structural barriers shape work experiences, satisfaction, and agency differently across different groups, and that absence of reported distress among some groups may reflect underreporting or alternative coping mechanisms, rather than a real absence of concern. In the current study, participants expressed varying degrees of agency in confronting inequality in their roles. Feelings of helplessness were more commonly reported by white participants, while Denise, who was Filipino, and moved into a managerial role, described feeling empowered to challenge ageist attitudes among her peers. This finding highlights how positionality and professional status intersect with identity to influence PSWs' sense of agency. Future research should examine how intersecting identities shape PSWs' capacities to advocate for themselves and their clients.

Although some literature exists on related healthcare professions (e.g., unpaid caregivers, transnational care workers), few studies focus specifically on PSWs within an intersectional framework (Cuesta et al., 2016; Debasey et al., 2022; Duijs et al., 2023; Ilagan et al., 2021; Shahbaz et al., 2023). As such, this study contributes to the emerging body of research by centring PSWs as a distinct group and recognizing the complexity of identities they bring into their roles. The current findings demonstrate the need to examine how social identities and locations influence perceptions of aging, expressions of ageism, and the delivery of older adult care. By integrating intersectional analysis, this study challenges assumptions that PSWs and

older clients are homogeneous groups, highlighting the broader social structures that shape healthcare, aging, and ageism in institutional settings.

The findings in Part C demonstrate how intersectional identities (e.g., race, gender, class, and immigrant status) shape PSWs' experiences, perceptions of older adult clients, and exposure to ageism and discrimination, as well as other forms of marginalization, within the healthcare system. As such, the current study emphasizes that both PSWs and older adult clients are embedded in their social identities, social locations, and healthcare social structures that influence their experiences, actions, relationships, and ability to give and receive inclusive and affirming care. The study calls for more intersectional research, training, practices, and policies that address these complexities and lived realities to support more inclusive, equitable care environments for both PSWs and their older adult clients.

Part D: Intraprofessional Ageism

Part D outlines an unexpected finding of this study was the presence of ageism among PSWs themselves, with both older and younger workers reporting differential treatment based on age within their profession. In this study, this ageism experience is referred to as intraprofessional ageism to describe age-related bias occurring within the same professional group. Intraprofessional ageism represents a distinct and underexplored phenomenon in the PSW context. More specifically, younger, newly graduated PSWs often described feeling the need to prove the others wrong, referring to older, more experienced colleagues who were perceived as dismissive and critical. These age-based tensions appear to negatively influence communication and collaboration among PSWs and perhaps impact the quality of care provided to clients.

In comparison to the existing literature, some studies portray care work environments as supportive and empowering (Booi et al., 2021), while others highlight challenges such as

workplace bullying, discrimination, mistrust, and peer policing among PSW staff (Booi et al., 2021; Cooke et al., 2019; Moyle et al., 2003). Although intraprofessional ageism has not been explicitly researched in the PSW context other than this current study, related research in nursing has examined workplace hazing, particularly during the transition of new graduates into the profession and how these individuals are treated by their experienced counterparts. For example, Kristensen and colleagues (2023) found that hazing is driven by motivations such as reinforcing group solidarity, asserting dominance, and testing commitment, and is associated with emotional exhaustion, reduced self-esteem, and lower job satisfaction. The current study reveals comparable behaviours, suggesting that similar intraprofessional age-related dynamics are occurring among PSWs.

Taken together, the findings in Part D highlight the need for further research on intraprofessional ageism within PSW and care settings. Addressing these issues is crucial for fostering age-inclusive practices, ensuring ethical care for all, and advancing intergenerational collaboration across the health sector. The results also point to the need for stronger team-building practices within PSW work culture. A deeper understanding of age- and experience-related workplace dynamics is essential for strengthening staff relationships, enhancing job satisfaction, and supporting the well-being and retention of PSWs.

Strengths & Limitations

The aim of this study was to explore perceptions of aging and ageism among PSWs. In the interpretation of the results, several strengths and limitations are important to consider. One key strength lies in the geographic focus of the study. Given that healthcare in Canada is provincially and territorially administered, policies and practices vary across the nation. By limiting participation to PSWs who work in Ontario, this study was able to generate context-

specific insights relevant to perceptions of aging and ageism in Ontario's healthcare system. However, it is also important to note that most participants lived and worked in the southwestern region of Ontario. As such, findings may not reflect the experiences of PSWs working in other areas of the province. Regardless, these settings have been largely unexamined in the existing literature and thus the study offers a valuable foundation for future research to explore the transferability of findings to other regions.

In terms of methods, the use of Zoom videoconferencing for interviews was both a strength and a limitation when compared to in-person interviews. On one hand, this online approach enabled flexible scheduling and broader geographic recruitment, allowing participants to join from the comfort of their own homes or a location of their choice. This flexibility may have increased participants' comfort in discussing sensitive topics. On the other hand, virtual interviews may have limited the interviewer's ability to build strong rapport, which is a key element in qualitative data collection. If this was the case, it could have affected the depth or openness of some participant responses. However, the privacy and familiarity of a home-based setting may have helped mitigate this limitation by providing a sense of safety and control during the interview process.

It is important to acknowledge that the current findings may be influenced by certain biases, such as subject-interviewer bias, social desirability bias, and self-selection bias. For example, participants may have underreported instances of hostile (negative) ageism or emphasized more socially acceptable forms, such as benevolent (positive) ageism. Given the sensitive and potentially polarizing nature of the topic, some participants may have been hesitant to disclose certain views or experiences. Additionally, PSWs with the most pronounced ageist attitudes may have opted not to participate, potentially limiting the range of perspectives

captured. Conversely, because participation was voluntary, those who chose to take part may have had a pre-existing interest in aging or ageism. Despite these limitations, the findings make clear that ageism exists within the PSW sector and underscore the need for further research and targeted interventions.

Some findings from this study reflect participants' indirect reporting and interpretation of the experiences of clients, caregivers, and other healthcare staff. This is not unexpected, as care work among PSWs is inherently relational. It is natural that PSWs would reflect on the perspectives of others within the care environment, given their close interactions with clients and care teams. However, these second-hand or indirect accounts may not accurately represent the views or experiences of those other groups. The primary aim of this study was to explore the perspectives of PSWs themselves, those who deliver direct care, at a professional level, and to examine the individuals and factors they view relevant to aging and ageism. However, future research would benefit from directly engaging with clients, caregivers, and other care team members to better understand their experiences of ageism within the PSW sector and in the settings where PSWs provide care.

Future research should also further examine how the intersectional experiences and gender dynamics reflected in participants' responses may be shaped by the specific identity and social location contexts in which PSWs find themselves and their care work. For example, future studies should also examine how perceptions of aging and ageism may differ among male-identifying PSWs, a perspective that was underrepresented in this study. Notably, there was an uneven distribution between participants who demonstrated a strong understanding of ageism in older adult care and those with limited awareness. As such, exploring the factors that contribute to these differences (e.g., demographic characteristics, educational background, or work setting)

would be valuable. The sample size of 14 participants limits the ability to observe such patterns in the current study and these research outcomes were not part of the aim of the current qualitative study. However, future research could adopt other methods that involve larger participant samples to examine descriptive and inferential results to answer these additional research aims. However, based on some of the novel findings identified in the current study, there is also a need for more qualitative research to explore and examine the perceptions of aging and experiences of ageism, including within the PSW profession, in even greater detail.

CHAPTER 6: CONCLUSION

This study explored how PSWs perceive aging and ageism in their care work, offering new insights into how these perspectives influence relationships with older adult clients, the PSW workforce, and the healthcare sector more broadly. Through semi-structured interviews and an intersectional approach, this research revealed that both negative and so-called positive age stereotypes are embedded in everyday care thoughts, feelings, language, and behaviours, with direct and indirect implications on the quality of care, staff-client dynamics, and PSW workplace culture. Participants expressed mixed understandings of what constitutes aging and ageism. Sometimes voicing a desire to challenge stereotypes while, simultaneously, reinforcing them. Importantly, ageist attitudes were not only directed toward older adult clients but also within the PSW cohort as well, which introduces a novel topic of inquiry identified in this study, which is intraprofessional ageism. This term is used to refer to the age- and experience-based divisions that exist between younger/newer and older/experienced PSWs, which appears to affect teamwork, job satisfaction, retention, etc. More research is needed to elucidate the presence and full effects of intraprofessional ageism.

Overall, the findings, reported across the four parts of this study, underscore that aging and ageism in PSW work are not only intrapersonal and interpersonal, but also institutional and structural. PSWs are influenced by, and operate within, systems that often undervalue both their care work as well as the lives of the older adult clients they serve. Persistent gaps in PSW education and training related to aging, ageism, and dementia were identified. These gaps are compounded by the unregulated and under-resourced nature of the PSW profession. These systemic issues reflect a broader form of institutionalized ageism that limits PSWs' capacity to deliver person-centered and age-inclusive care. This study also highlights how intersectional identities (e.g., race, gender, class, immigration status, etc.) shape PSWs' experiences of ageism

and additional forms of discrimination and marginalization. Both PSWs and older adult clients are embedded in social structures that influence how care is given and received. This study contributes to the limited but growing body of literature that adopts an intersectional lens in the context of direct PSW care work, which provides additional burgeoning evidence for future research, practice, and policy to build upon.

In sum, there is an urgent need for structural change at multiple levels to understand aging and address ageism in the healthcare sector. For example, PSW training programs should integrate more meaningful, equity-informed education on aging and ageism, while workplace environments must prioritize team building, respect, and support across generational and experiential lines. Further, policymakers must also work toward regulating and better supporting the PSW profession to ensure long-term sustainability and dignity in both work and care. Given the current proportion and projected growth of Ontario's older adult population, it is imperative to prioritize these issues. Doing so will not only improve outcomes for older adults who need care supports, but it will also recognize the complexity and value of PSWs and the essential care work they provide.

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APPENDICES

APPENDIX A — PART 1: INTERVIEW GUIDE

I would like to first thank you for being here, and I'm looking forward to our conversation. This study focuses on the views of aging and of older adults among Personal Support Workers in Ontario. I have some questions prepared that are meant to guide the conversation. There is no right or wrong answer for any of the questions asked. You reserve the right to skip any questions you do not feel comfortable answering, just simply let me know.

Do you have any questions before we begin?

1. To better understand your background as a current or previously experienced PSW, could you please tell me about yourself and an overall summary of how you came to be a PSW?
 - a. How did you hear about the profession?
 - b. What made you pursue a career as a PSW? What was most appealing about the job?
 - c. When did you get your certification?
2. Could you describe your education experience in becoming a PSW?
 - a. How would you describe your overall knowledge about aging? Knowledge about ageism?
 - b. Did your program help you in your understanding of aging or ageism? If so, how? If not, why not?
 - c. If applicable, can you describe any differences or similarities between your education of aging and ageism and your real work experience?

3. Do you think your experiences as a PSW have changed the way you think and feel about older people or the aging process?
 - a. Positive examples: respect, how wise clients are, patronizing/paternalizing comments?
 - b. Negative examples: fears of aging?
4. Do you think it's possible that a PSW's thoughts and feelings about aging or experiences with how older people might be treated differently change influences the care the older clients receive?
 - a. If so, how? (e.g., might be quality and/or of care, quantity of care)
 - b. If not, why not?
5. Can you recollect a time when you thought older people were being treated differently because of their age in your experiences as a PSW?
 - a. Probes: potential clients, current clients, between staff, etc.?
 - b. Discrimination seen from other care providers, discrimination towards themselves?
6. Do you think that an older person's race/ethnicity, nationality, gender, sexuality, class, religion/spiritual beliefs also influences the types of care that older clients receive from PSWs?
 - a. If so, how? If not, why not? Examples?
 - b. Do you think that clients were similar to you in terms of race/ethnicity, nationality, gender, sexuality, dis/ability, class, religion/spiritual beliefs that it would further improve the working relationships you have with clients or the care you provide to them?

7. Is there anything that you would like to add or clarify that was not covered in this interview?
 - a. Do you have any questions for me?

APPENDIX A — PART 2: DEMOGRAPHIC QUESTIONNAIRE

I would like to end the interview with some quick demographic questions. These questions will help us understand the information from the interviews. Again, you can choose to skip or not answer any question if you wish. Please just let me know.

1. What is your current age?
2. What is your gender?
3. What is your race or ethnicity?
4. Do you identify as straight, gay or lesbian, bisexual, trans, queer, etc.?
5. Do you have any disability that affects your physical, mental, or cognitive wellness?
6. Were you born in Canada?
7. What is your highest level of education, and additional certificates and qualifications?
8. Would you say that your household (including dependents) is financially secure? For example, paying monthly bills on time.
9. Do you identify with any religious or spiritual organization?
10. What care settings do you have experience working in (e.g., home care, long-term care, retirement homes)?
11. Who are the types of patients or clients you typically care for (e.g., age range, types of conditions, how many, etc.)?

APPENDIX B: EMAIL SCRIPT

Subject: Personal Support Worker Research Opportunity – Interview Participants Needed

Hello,

I hope this email finds you well. I'm inviting you to take part in a research study titled, "Exploring Views on Aging Among Personal Support Workers" being conducted by Casey Ann Arguelles and Dr. Brad Meisner at York University.

We are conducting virtual interviews on Zoom that will discuss views on aging and older adults among personal support workers in Ontario. The virtual interview will take approximately 45-60 minutes and will be guided by a set of predefined questions. We are looking for eligible participants who have at least 1 full year of work experience caring for older adults in the last 5 years as a personal support worker in Ontario. Responses to the interview questions will be anonymized and your information will be kept private and confidential. You will receive \$20.00 as a thank you for your time and expertise.

If you are interested in knowing more about the project, or are willing to participate, please contact the research team by replying to this email. If you have any questions, please do not hesitate to ask. Thank you for your consideration and we look forward to hearing from you.

Kind regards,

Casey Ann Arguelles, Graduate Student, York University, caseyann @yorku.ca

Brad Meisner, PhD, Associate Professor, York University, meisnerb @yorku.ca

APPENDIX C: INFOGRAPHIC

PERSONAL SUPPORT WORKER (PSW) RESEARCH OPPORTUNITY

1. Are you a PSW in Ontario ?
2. Do you have at least 1 year of work experience providing care to older people in the last 5 years?



If so, you are invited to share your views on aging and your experiences working with older people in an informal Zoom interview for approximately 40-60 minutes

You will receive \$20 as a thank you for sharing your time and expertise
All information is private and confidential



If interested or have questions, please contact Casey Ann Arguelles by email at: caseyann@yorku.ca

Research Ethics Protocol Approval: e####

YORK
UNIVERSITY

APPENDIX D: CONSENT FORM

Informed Consent Form – Information Page

Date of Project Approval: Feb 1st, 2024

Study Name: Exploring Views on Aging Among Personal Support Workers

Researchers: Casey Ann Arguelles, BSc (Hons); MSc Candidate; School of Kinesiology & Health Science; York University; caseyann @yorku.ca; Brad Meisner, PhD; Associate Professor; School of Kinesiology & Health Science; York University; meisnerb @yorku.ca

Purpose of the Research: To examine the views on aging and views on older people among personal support workers in Ontario.

What You Will Be Asked to Do in the Research: This study will require approximately 45-60 minutes of your time to complete an audio recorded one-on-one interview on Zoom. Virtual interviews will take place at a quiet and private location of your choice. The interview discussion will be guided by a set of open-ended questions that explore your views on aging and your experiences working with older adults. At the end of the interview discussion, you will be asked some demographic questions.

Risks and Discomforts: The risks associated with this interview-based study are minimal; however, the potential for risk remains. For example, there are potential emotional and data security risks. You may experience discomfort when discussing personal experiences or sensitive topics related to aging. To mitigate this potential risk, we will uphold ethical research practices by providing this informed consent form that clearly outlines the nature of the study. Further, data anonymization and confidentiality will be strictly maintained to protect participants' identities and any expressed personal experiences or sensitive topics. Data security risks should also be mentioned as interviews will take place on Zoom; a platform where privacy cannot be fully guaranteed in the event of third-party interception (more information below). To minimize the

likelihood of third-party interception, Zoom meetings will be password-protected, and participants will also have the option to use telephone interviews. These risks will be managed for participants by preserving privacy and confidentiality of individual participants through data management (e.g., anonymizing interview transcripts, safely securing paper and electronic data, etc.) and the larger sample of participants. The researchers will also work collaboratively with each participant to disseminate knowledge translation and ensure content truly reflects their perspectives and the level of information you would like to share. Finally, you are free to skip any question during the interview and/or leave the interview at any time.

Benefits of the Research and Benefits to You: Potential benefits from taking part in this research study may include sharing and reflecting on your experiences as an unregulated care provider. You may also find it cathartic to voice your experiences throughout the research process. You may also gain experience with research methods first-hand. This research will contribute to the literature in many ways including increasing the understanding of PSW roles in Ontario and Canadian contexts, exploring the impact of the PSW role for older adult care, and how PSWs contribute as essential members of direct care teams. Also, you will receive a \$20.00 e-transfer following the interview session as a thank you for sharing your time and expertise with us. If you decide to withdraw your consent at any point you are still entitled to this honorarium.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers, study staff, and colleagues either now, or in the future. If you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: All information you supply during the research will be held in confidence and be kept private. Unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Only the research team will have access to this information. No third parties will be informed of your choice to participate. When collecting the data, we will ensure that the rooms are private where others will not see or hear you. We will use a pseudonym (not your name) in our written and computerized records so that the information we have about you does not contain your name. Researchers will keep a link that identifies participants to their transcript data, but this detail will be kept secure and available only to the researchers. When emails are sent to you, there will be no identifiable return address or subject lines that disclose study participation. All electronic records, including audio recordings, will be kept secure in a password-protected file on the researcher's personal password-protected computer or on a York University secure firewalled server. All hard copy data will be safely stored in a locked facility for seven years, until August 2031, and only research staff will have access to this information. After this period has ended, the data will be destroyed using a paper shredder and deletion of electronic data, including audio recordings, via overwriting and reformatting of external drives. Confidentiality will be provided to the fullest extent possible by law.

Future Research Use: The data collected in this research project may be used in an anonymized and de-identified form by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo research ethics review at York University. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project

Use of Audio/Video-Conferencing Software: This study will use Zoom, an externally-hosted cloud-based service, to collect data. Recordings (audio/video) will be saved in a password-protected file to research team members' local computer, not the cloud-based service. However, when information is transmitted over the internet, privacy cannot be guaranteed. There is always a risk that your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use IP addresses or other information which could link you to your computer or electronic devices without informing you, there is a small risk with any platform, such as Zoom, that information collected on external servers fall outside the control of the research team. The researchers acknowledge that the host of the online products (e.g., Zoom communication technology) may automatically collect participant data without their knowledge (i.e., IP addresses). Although this information may be provided or made accessible to the researchers, it will not be used or saved without participants' consent on the researchers' system. Further, because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus the confidentiality and privacy of data cannot be guaranteed during web-based transmission. If you are concerned about these issues, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please contact Casey Ann Arguelles (caseyann @yorku.ca) or Brad Meisner (meisnerb @yorku.ca) for further information. Please note that it is the expectation that participants agree not to make any unauthorized recordings of the interview session.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Casey Ann Arguelles by e-mail (caseyann @yorku.ca) or Dr. Brad Meisner by email at (meisnerb @yorku.ca). This research has received

ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Director, Research Ethics in the Office of Research Ethics, Kaneff Tower, York University (e-mail ore@yorku.ca).

Informed Consent Form – Signature Page

Study Name: Exploring Views on Aging Among Personal Support Workers

Researchers: Brad Meisner, PhD (meisnerb @yorku.ca) and Casey Ann Arguelles, BSc (Hons)
(caseyann @yorku.ca)

Legal Rights and Signatures:

I _____, consent to participate in this research study. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form.

My signature below indicates my consent.

Signature _____

Date _____

Participant

Signature _____

Date _____

Interviewer/Researcher

ADDITIONAL CONSENT

1. Audio recording

I consent to the audio-recording of my interviews.

Signature _____

Date _____

Participant

2. Consent to waive anonymity

I consent to the use of my name in the publications arising from this research.

Signature _____

Date _____

Participant

3. Permission to use direct, unattributed quotations

- I consent to the use of my de-identified quotations in the publications arising from this research.

Signature _____

Date _____

Participant

APPENDIX E: RESEARCH ETHICS APPROVAL CERTIFICATE**OFFICE OF RESEARCH ETHICS (ORE)**

5th Floor, York Research Tower,
4700 Keele Street, Toronto ON
Canada M3J 1P3
Tel 416-736-5914, Fax 416-650-8197
www.research.yorku.ca

Memo

To: Brad Meisner, KAHS

From: Alison M. Collins-Mrakas, Sr. Manager and Policy Advisor, Research Ethics
(on behalf of the Chair, Human Participants Review Committee)

Issue Date: Thu Feb 01 2024

Expiry Date: Sat Feb 01 2025

RE: Exploring Views on Aging Among Personal Support Workers
Certificate #: e2024-013

I am writing to inform you that the Human Participants Review Sub-Committee has reviewed and approved the above project.

Should you have any questions, please feel free to contact me at: 416-736-5914 or via email at: acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
Sr. Manager and Policy Advisor,
Office of Research Ethics