ON THE MOVE AND WORKING ALONE: A STUDY OF NEWFOUNDLAND AND LABRADOR HOME CARE WORKERS

by

© Kathleen Fitzpatrick

A dissertation submitted to the

School of Graduate Studies

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Department of Sociology

June 1, 2023

Memorial University of Newfoundland and Labrador

Abstract

Home care workers provide paraprofessional services to adults who require additional support to live within their homes. This manuscript dissertation examines Newfoundland and Labrador home care workers' employment-related geographical mobility (mobility to, from, and as part of work) and its consequences for these workers. Guided by insights from feminist political economy, it uses a mixed-methods approach comprising semi-structured interviews, a review of government policies, online collective agreements, census data, and an internet search for the term 'Newfoundland Ladies.'

Chapter Two (manuscript #1) documents the dominant patterns of work-related mobility of two groups of home care workers, unionized workers in St. John's, Newfoundland who engage in daily local commutes (to one or more clients daily) and Southwest Newfoundland workers who commute up to thirteen hours for extended periods to work in Nova Scotia to provide live-in care. It examines the drivers and the multiscalar everyday rhythms of these two groups of home care workers and documents ways these mobilities influence the working conditions, the occupational health and safety risks, and the types of precarity associated with each. Chapter Three (manuscript #2) examines how the rhythms of place influence and are influenced by Southwest Newfoundland interprovincial E-RGM rhythms, examines the power relations found in these workers' everyday lives, and highlights mobile place-making. Chapter Four (manuscript #3) explores the complex commuting patterns of unionized home care workers and the corresponding work-related health and safety risks and reviews if the

government and home care agency policies and collective agreements mitigate or exacerbate these risks.

The dissertation contributes to the home care work and mobility literatures in three ways. First, it brings to the home care literature a mobility lens and offers recommendations to reduce related occupational health and safety risks. Second, it adds to the intersectional rhythmanalysis literature by comparing the rhythms of two forms of employment-related geographical mobility, argues that the rhythms of place are critical in understanding related rhythms, and combines elements of place ballet with intersectional rhythmanalysis to reveal mobile place-making processes. Third, it adds to the mobility literature by comparing interprovincial home care workers to workers engaged in daily local commutes and the accompanying rhythms, working conditions, and health and safety risks.

General Summary

Home care work is one of the fastest-growing jobs in Newfoundland and Labrador's (NL) health care sector. Home care work in this thesis includes cooking, cleaning, personal care, and companionship and can involve a range of work-related mobilities (schedules and commutes) from brief visits to one or many homes to full-time, 24-hour live-in care. This research explores the challenges of care work for NL unionized workers and interprovincially-mobile, live-in home care workers. It compares the most common work schedules and commutes of unionized St. John's workers to Southwest Newfoundland home care workers who provide live-in care to Nova Scotian clients. It examines how work schedules and commutes influence work experiences and health and safety risks. It considers the links between paid care work and domestic work. Lastly, it identifies factors that influence work-related mobilities.

This research used a qualitatively-driven mixed methods approach that included semi-structured interviews with home care workers, home care agency representatives, and key informants, and analysis of government and home care agency policies and collective agreements, observations, and internet searches. St. John's unionized home care workers worked various shifts ranging from caring for one client to caring for multiple clients daily. Some worked split shifts and had irregular hours and incomes. The hourly rate was $13.25 with benefits. They were eligible for employment insurance benefits. If injured on the job, they were eligible for workers' compensation benefits.

In contrast, SWNL home care workers travelled up to 13 hours to provide live-in care for clients living in Nova Scotia. They cared for their clients for two or more weeks

and then travelled home. Their daily rate was between $90 to $150 ($6.50/hour). Some home care workers were paid for travel costs but not their commuting time. They did not receive benefits and were not eligible for Employment Insurance benefits if paid in cash. Some of the factors influencing the work schedules and commutes include:

- Family responsibilities,
- employment opportunities,
- transportation systems,
- client's needs and wants,
- home care agency scheduling,
- and government funding.

Both groups experienced health and safety risks related to their commute, working alone in private homes, and insufficient information about the client and workplace. This research offers recommendations to help improve the health and safety of these vulnerable workers.

Co-Authorship Statement (Chapter Four: On the Move and Working Alone: Policies and Experiences of Unionized Newfoundland and Labrador Home Care Workers)

My contributions to the paper included developing the research design, securing ethics approval, recruitment of participants, carrying out the research, transcribing the interviews, analysing the data, writing the first draft and revising subsequent drafts. Barb Neis contributed to the paper by suggesting the application of the PDR model to the findings, helping with the organization of the paper, development of the argument, and extensive editing. My contribution to the paper was approximately 85% and Barbara Neis' contribution was approximately 15%.

Acknowledgements

This dissertation would not have been possible without the kind support of many people. First, I would like to thank the home care workers, home care representatives, and key informants (including union representatives, government representatives, and community leaders) who offered their time to talk with me. Thank you for sharing your knowledge, insight, and inspiring stories.

I would like to express my deepest gratitude to my co-supervisors, Barbara Neis and Nicole Power. Thank you for your support, patience, and guidance through all stages of my Ph.D. and for your mentorship. It has been a long journey with life constantly getting in the way, and I appreciate your continuing support. It has been a privilege and an honor to have you as co-supervisors.

I would like to thank Linda Cullum for her involvement in the early days of my Ph.D. program and Lynda Harling Stalker for being on my committee and for providing thoughtful feedback on my dissertation. Thank you to Lisa Kaida for your time and assistance working with census data and your support and advice.

This dissertation contains two published papers. Chapter Four, "On the move and working alone: Policy implications of the experiences of unionized Newfoundland and Labrador home care workers," is co-authored with Barbara Neis. This article is an **"Accepted/Original Manuscript"** of an article published by Taylor & Francis Group in *Policy and Practice in Health and Safety* in 2015, Volume 10 Issue 2 and online January 5, 2016, available online: https://www.tandfonline.com/10.1080/14774003.2015.11667817 copyright © Institution

of Occupational Safety and Health, reprinted by permission of Taylor & Francis Ltd, http://www.tandfonline.com on behalf of Institution of Occupational Safety and Health. Chapter Two, 'Revealing the extraordinary in the ordinary': rhythmanalysis and employment-related geographical mobilities of Newfoundland and Labrador home care workers" is an ''**Accepted/Original Manuscript'** of an article published in *Applied Mobilities* by Taylor & Francis Group on August 28, 2020, available online: https://www.tandfonline.com/10.1080/23800127.2020.1804701. It is in a special issue entitled "Quilting points and cracking points: Engaging rhythmanalysis in critiques of precarious work-related mobilities."

Thank you to Lachlan Barber and Emily Reid-Musson, and to Jennifer Jones-Travers for their helpful and constructive feedback on my second article, and anonymous reviewers for both articles. Thank you, Sharon Roseman, for organizing the On The Move writing group and Marit Aure and Adam Parry for their feedback and support. Several others reviewed and offered feedback on earlier drafts of my work, including Katherine Lippel, Miranda Monster, Christine Knott, and Amanda Butt. Thank you for your feedback and support.

Some of my best memories of Graduate School at Memorial University involve the time I spent at the SafetyNet Centre. While living in St. John's, I was very fortunate to have office space at SafetyNet. While there, I spent countless hours working on my thesis, discussing theories, and being part of a supportive community. Many wonderful people shared this office space, and I would like to thank Barb Neis, Ange Drake, Amanda Butt, Christine Knott, Chrissy Vincent, Kristen Lowitt, and Stephanie Sodero for their camaraderie and many kitchen conversations, lunches, and birthday celebrations.

I would also like to acknowledge the funding I received for this research: Memorial University Graduate Fellowship – Sociology Department, Atlantic RURAL Centre Fellowship, CIHR Team in Gender, Environment and Health, and SafetyNet. The research was also funded by the On the Move Partnership: Employment-Related Geographical Mobility in the Canadian Context, a project of the SafetyNet Centre for Occupational Health & Safety Research at Memorial University. On the Move is supported by the Social Sciences and Humanities Research Council through its Partnership Grants funding opportunity (Appl ID 895- 2011-1019), the Research & Development Corporation of Newfoundland and Labrador, the Canada Foundation for Innovation, and numerous university and community partners in Canada and elsewhere.

I would like to acknowledge access to confidential census data through my Research Data Centre project 15-SSH-NFLD-4476, entitled "Labour markets, mobility, and place: A comparison between St. John's and Southwest Newfoundland." Thank you to the Statistics Canada Research Data Centre for reviewing my proposal and authorizing access to census data. Also, thank you to ICEHR for reviewing and approving my ethics application.

I would like to acknowledge and thank Charlie Conway, a cartographer in the Geography Department at Memorial University, for creating the map illustrating the location of the two case studies, Southwest Newfoundland & St. John's.

Thank you to Dr. Tamara Daly, York University School of Health Policy & Management, Dr. Allyson Stokes, Department of Sociology, Memorial University, and Dr. Vicki S. Hallett, Gender Studies, Memorial University, examiners of my dissertation, for your insightful comments on my dissertation.

Pursuing a Ph.D. as an older student disrupts family life, and I would like to thank my family for their understanding. Especially, I would like to thank my children Jenny Jones-Travers and Robbie Jones, and my dad, Jim Fitzpatrick, for their continued encouragement and support.

Finally, a special thank-you to my husband, Rod Jones. Thank you for encouraging me to pursue my dream of doing a Ph.D. and moving with me across the country from the west coast to the east coast to do the degree at Memorial University and then back to B.C to be closer to family. Thank you for believing in me. I could not have completed this dissertation without you.

List of Tables

List of Figures

List of Abbreviations

CBC	Canada Broadcasting Corporation
CERB	Canada Emergency Response Benefit
E-RGM	Employment-related geographical mobility
ICEHR	Interdisciplinary Committee on Ethics in Human Research
NL	Newfoundland and Labrador
NS	Nova Scotia
OHS	Occupational Health and Safety
PDR	Pressure, disorganization, and regulatory
SWNL	Southwest Newfoundland

Table of Contents

Chapter One: Introduction and Overview

> If you don't want to starve, I guess you have to go somewheres else to work. . . What do you get on welfare as a single parent – nothing. It's like everything. I guess you do it because it's a job. Source: Eileen Leaman, *Where the Women Went* Canadian Broadcasting Corporation, 2008. https://www.cbc.ca/player/play/1367614024

Eileen Leaman is one of four live-in home care workers living in Southwest Newfoundland (SWNL) and working in the adjacent province of Nova Scotia featured in the Canadian Broadcasting Corporation's (CBC) 2008 documentary *Where the Women Went.* Based on the information in the documentary, at the time, she travelled by car, ferry, taxi, and shuttle bus for up to thirteen hours to work a two-week rotation providing live-in home care services (cooking, cleaning, personal care, and companionship) to elderly clients or adults with cognitive or physical disabilities. It was this documentary and its stories of lives like hers that triggered my interest in studying home care workers in Newfoundland and Labrador.

Home care workers in SWNL live in small towns and very small communities in a rural area. Some commonly travel short distances locally to and between workplaces providing care for one or more clients during their workday but others, like Eileen, are interprovincial migrant workers. Conversely, in Newfoundland's capital city, St. John's, many home care workers commute short distances to care for their clients; some travel to multiple clients with only thirty minutes to travel between workplaces, while others work split shifts and have extended workdays. A small number of home care workers in St. John's are from the Philippines and provide live-in care (Pittman, 2012), and like other women from the global south who care for the elderly in the global north are part of the

global care chain (Hochschild, 2002; Parreñas, R. S. 2000; Yeates, 2004). Additionally, women from eastern European countries also care for the elderly and those who need care in wealthier countries (Chau, 2020; Pelzelmayer, 2016). The literature on global care chains misses interprovincial migrants like those in SWNL, and the literature on urban home care workers pays insufficient attention to their complex mobilities.

In this manuscript dissertation, I explore the employment-related geographical mobility (E-RGM) (mobility to, from and within work) within the working lives of Newfoundland and Labrador (NL) home care workers living in two regions, St. John's

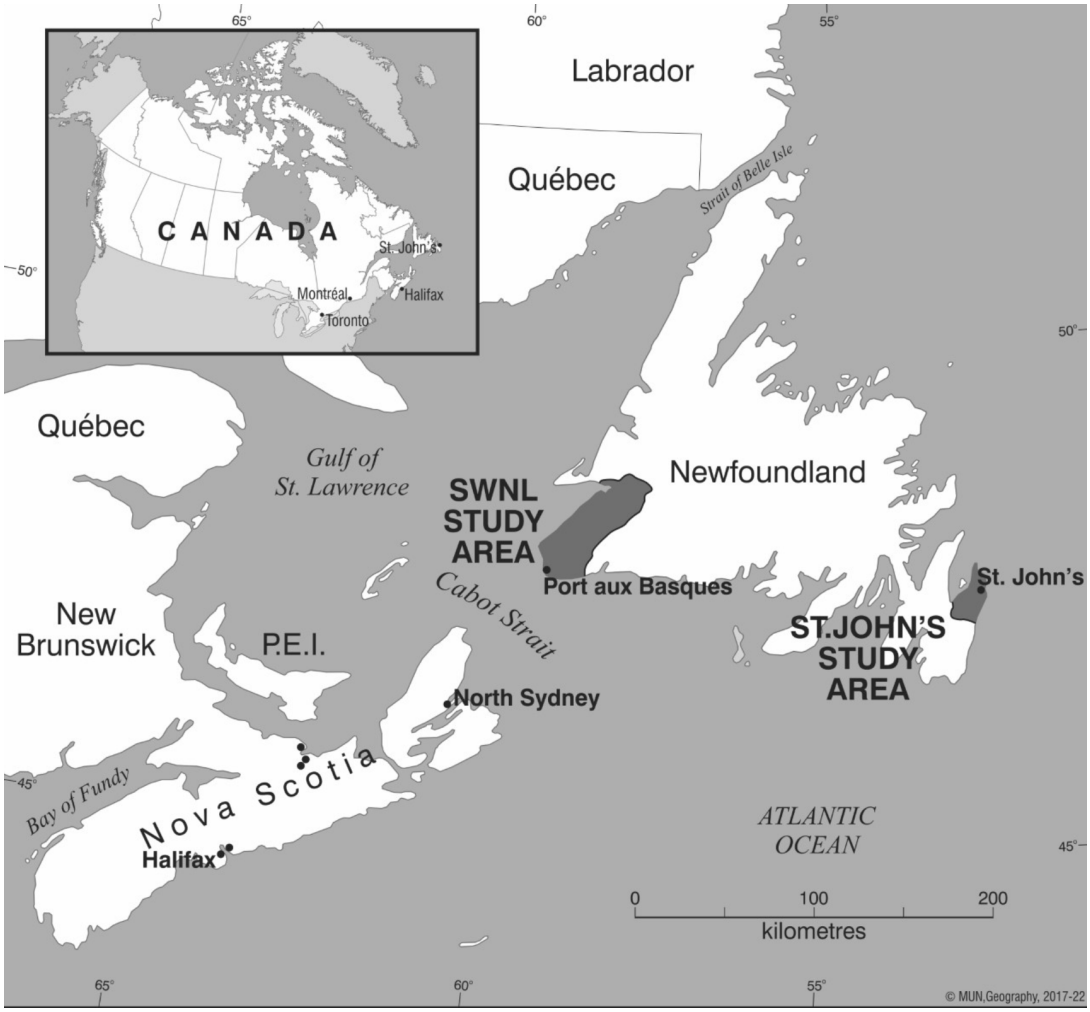

Figure 1.1 Southwest Newfoundland and St. John's study areas

Metropolitan Area, and Southwest Newfoundland (SWNL) (Figure 1.1). My Ph.D. research project compares different patterns of work-related mobility and how these influence the working conditions and occupational health and safety (OHS) risks facing NL home care workers. It explores the complex rhythms of everyday life of St. John's and SWNL home care workers and how these influence and are influenced by their work-related mobilities. It also identifies the drivers of home care workers' mobility. This chapter begins by situating this research within the literatures on home care work, mobility studies, rhythmanalysis, and place. This literature review is followed by presentation of the research questions and a discussion about the methods. The methods section includes a summary description of all interviewed home care workers, a brief discussion outlining the size and types of home care agencies whose representatives I spoke with, and a breakdown of the informants interviewed. In the last section, the dissertation overview briefly describes the remaining chapters and states how the findings contribute to the research on home care workers, mobility and work including theoretical and empirical contributions, and their relevance for policy.

Women's care work, and other forms of work, have material, ideological and discursive roots (Armstrong et al., 2008). Historically, there has been and continues to be a gendered division of labour where women are primarily responsible for care work within the home. Women are not innately better caregivers than men, but women are socialized throughout their lives to be caregivers through social relationships, processes, and structures (Armstrong & Armstrong, 2004). Through their daily activities, women (re)produce the gendered division of labour. Cultural values and social norms shape women's and men's job preferences and the work considered appropriate for each gender

(Folbre, 2012). Typically, women are more likely to be found in paid employment related to care work than men, and generally, women's work has less value and prestige (Armstrong et al., 2008). Although women are more likely to be employed in care work, the type of care work varies between groups of women (Armstrong & Armstrong, 2004). Educated middle-class women born in Canada are more likely to be nurses than home care workers. Conversely, home care workers are often middle-aged working-class women (Armstrong et al., 2008; McDowell, 2009) and new immigrants and visible minorities (England & Dyck, 2012; McDowell, 2009). Because the skills are naturalized to women and racialized workers, home care workers and their work are invisible and devalued (Armstrong et al., 2008).

Home care workers often provide long-term care within the adult client's home but may also provide short-term care. Home care can include medical services provided by nurses and physiotherapists and social care services (cooking, cleaning, companionship, and personal care) provided by workers who may have completed a support workers program and workers with no formal health care credentials (Daly, 2007). The latter type of home care worker is known by various terms, including home support workers, community health workers, health care assistants, respite workers, and care aides. These home care workers are the focus of this thesis. They are often the “eyes and ears” of the health care system because they can observe changes in clients' physical and mental health (Stone & Bryant, 2019).

Over the last three decades Canada, like other Western countries, has experienced an increasing demand for home care services due to degenerative diseases related to an aging population, increased female labour force participation, and greater work-related

mobility of family members (Tarricone & Tsouros, 2008). Another factor driving the increase in both short-term and long-term home care demand is neoliberal policies that promote out-of-hospital care to reduce healthcare costs; home care is used to send patients home "quicker and sicker" (Armstrong & Armstrong, 2008, p. 47). The need for home care services in these countries is met through government subsidized home care programs and by clients and their families hiring local, interprovincial or international migrant home care workers directly or through private agencies (Lutz & Palenga-Möllenbeck, 2010; Tarricone & Tsouros, 2008). In Canada, subsidized home care is the provincial government's responsibility, and policies, and services vary from one province to another and between regions within a province (Martin-Matthews et al., 2012). For example, in Ontario, home care as part of the long-term care sector has undergone two reforms that have dramatically changed these subsidized services (Daly, 2015). The first reform was the commercialization of home care services through managed competition, where not-for-profit home care agencies compete with for-profit care agencies for shorter-term contracts. The second reform was prioritizing medicalized services over social care services, including cooking, cleaning, and companionship.

Most of the literature on home care workers examines the lives and work of workers in large metropolitan areas who are employed by home care agencies (Aronson & Neysmith, 1996; Denton et al., 2002; Denton et al., 1999; Quinlan et al., 2015) or work for provincial regional health boards (Sharman et al., 2008). Home care workers are often precariously employed, due in part to the neoliberal policies that led to restructuring and privatization of the healthcare system (Armstrong & Laxer, 2006). Local home care workers experience earnings insecurity due to inconsistent work schedules (Lewchuk et

al., 2006), job insecurity (Sharman et al., 2008) and limited social wages (fringe benefits such as extended health, dental, long term disability and pension) (Armstrong & Laxer, 2006); they are often part-time and casualized workers (Armstrong & Laxer, 2006). Due to the precarious, transient, and mobile nature of their work, home care workers are vulnerable to many health and safety hazards (Neis & Lippel, 2019).

Another stream in home care work research explores the lives and work of transnational live-in home care workers (Atanackovic & Bourgeault, 2014; Chau, 2020; Chau et al., 2018; Lutz & Palenga-Möllenbeck, 2010; Pelzelmayer, 2016; Schwiter et al., 2018a; Schwiter et al., 2018b; Walsh & O'Shea, 2010). In Canada, there is also research that examines the working conditions of care workers employed through the international migrant Live-in Caregivers' program (Hanley et al., 2017; Oxman-Martinez et al., 2004; Pittman, 2012). This group of home care workers is also precariously employed (Atanackovic & Bourgeault, 2014; Oxman-Martinez et al.,2004). To date, there is limited research that examines the working conditions and health and safety of Newfoundland and Labrador home care workers (Botting et al., 2001; FitzGerald Murphy & Kelly, 2019; Kelly, 2005; Mandville-Anstey, 2013; Morris et al, 1999; Neis et al., 2018; Pittman, 2012). Furthermore, most home care research in Canada is urban in its focus and does not consider the consequences of local or interprovincial work-related mobility on the working conditions and health and safety of these vulnerable Newfoundland and Labrador workers.

This research makes visible the E-RGM and work lives of three groups of NL home care workers and analyses their experiences: NL unionized home care workers, St. John's unionized home care workers (a subgroup of NL unionized home care workers),

and finally, SWNL home care workers. The NL unionized home care workers and St. John's unionized home care workers are employed by home care agencies, and these workers are engaged in local commutes in the formal sector, whereas SWNL home care workers commute interprovincially; some work in the formal sector and others in the underground economy. SWNL home care workers travelling to NS and working in the underground economy are not included in employment statistics or official data sets.

During the last fifteen years, there has been a sea change in the social sciences as the "new mobilities paradigm" (Hannam et al., 2006) gains popularity and mobility becomes the starting point for social inquiry (Cresswell, 2010; Hannam et al., 2006; Sheller & Urry, 2006; 2016). Previously, much of the social sciences research was sedentarism, except for transportation and migration studies, but with an increasingly mobile world, it became necessary to use a mobility-centered way to theorize it (Cresswell et al., 2016; Sheller & Urry, 2006). For example, in qualitative and quantitative research, time-use diaries are commonly used in sociology to examine men's and women's paid and unpaid work (Altintas & Sullivan, 2016; Doucet, 2022; Gershuny & Sullivan, 1998). Similarly, much research on family and work focuses on identifying time-based conflicts in balancing home and work roles but these literatures generally omit attention to space, place, and mobility (Hughes and Silver, 2020). Since the 1980s, feminist geographers have examined the gendered nature of the journey to work and found that women are more likely than men to have shorter commutes and take public transit (Blumen, 1994; Hanson, 2010; Hanson & Johnston, 1985; Hanson & Pratt, 1995). Further, women are more likely than men to have more multi-stop journeys to pick up or drop off children at daycare or school while commuting to work (Hanson, 2010;

Schwanen et al., 2002). Feminist geographers identify constraints to women's commutes due to, in part, women's greater domestic responsibilities and the occupational segregation of women into female-dominated occupations located close to their residence (Blumen, 1994; Hanson & Johnson, 1985; Hanson & Pratt, 1995; 1988). However, the work of feminist geographers and feminist sociologists often does not consider how work-related mobility may impact working conditions and health and safety risks. An emerging stream in the new mobilities paradigm, research on E-RGM, does consider this (Green, 2004; Newhook et al., 2011; Roseman et al., 2015).

The E-RGM spectrum varies spatially and temporally. Spatially, E-RGM ranges from relative immobility (working from home) to travel within the community, within regions to interprovincial and international mobility for work (Roseman et al., 2015). Temporally, E-RGM ranges from short daily commutes to being away from home for extended periods overnight, for days, weeks, months, or years (Roseman et al., 2015). E-RGM can be particularly complex for doubly mobile workers who work in mobile workplaces or travel to and between worksites (Neis & Lippel, 2019). Some research on E-RGM starts with the premise that inequalities influence what social groups engage in different types of mobility, the conditions (for example, who pays the costs of mobility), rhythms (for example, travel and work schedules), and specific consequences of these mobilities for workers and their families and for communities. As noted by Roseman et al. (2015, p. 178), "[t]hese inequalities are produced by convergences between gender, class, region, ethnicity/racialization, disability/ability, age, and sexuality." As such, research on E-RGM seeks to understand the intersection of work and mobility, and the interconnectivity between production and social production and mobility/immobility

(Chau, 2020; Cresswell et al., 2016; Dorow & Mandizadza, 2018; Dorow et al., 2017; Roseman et al., 2015). The research on work-related mobility in Canada has also explored the increased health and safety risks associated with mobile work (Lippel & Walters, 2019; Neis & Lippel, 2019) and more specifically related to international live-in caregiver migrants caring for children of oils sands workers (Dorow et al., 2015; Hill et al., 2019) and Nova Scotian mobile healthcare workers (Jackson, 2019; Jackson et al., 2019; Leiter et al., 2018).

There is little written on the risks to home care workers that relate to E-RGM. Some research discusses the relationship between the work-related mobilities of precariously employed home care workers and their health (Doniol-Shaw & Lada, 2011), and highlights the risk of potential and actual vehicle accidents (Jackson, 2019; Jackson et al., 2019; Leiter et al., 2018). Jackson and colleagues (2019) describe mobile healthcare workers' concerns about travelling in unpredictable weather, and the fatigue they experienced while driving long distances between workplaces. While there is scant research that examines how the local commute influences the working conditions and health and safety of home care workers, at the global scale there is more research on this important issue (Chau, 2020; Green & Ayalon, 2017; Oxman-Martinez et al., 2004; Pelzelmayer, 2016; Pittman, 2012).

Paralleling the rise of the mobilities paradigm is a growing interest in the rhythms of everyday life and in the relationship between rhythms and mobility (Cresswell, 2010; Edensor, 2010; Marcu, 2017; Simpson, 2008; Roseman et al., 2015). For over fifty years, sociologists have been interested in rhythms, and used time-use diaries to gather information on rhythms, the simultaneity of activities within a household, and work/life

balance conflicts (Altintas & Sullivan, 2016; Gershuny & Sullivan, 1998). However, although important, this research omits mobility and needs to consider the interconnectivity and importance of space and time (Hughes and Silver, 2020). An essential component of mobility is rhythm or, "repeated movement with a particular measure" (Cresswell, 2010, p. 23). We live in a multi-scalar world composed of linear rhythms which reflect the social based on the "'quantified' linear time of capitalism" (Lyon, 2019, p. 24) reflected in work schedules, transport systems and leisure activities and cyclical rhythms based on nature, such as reflected in seasons, heartbeats, and circadian cycles. Neis and colleagues (2018) argue that there are natural rhythms such as individual, life cycle, seasonal/environmental, and rhythm of home-life and work-rhythms that influence and are influenced by work-related mobility. However, the gap has been the tendency to focus on these in isolation and to leave out mobility rhythms that are becoming more complex and extended. Rhythmanalysis has the potential to expose the complex rhythms associated with work-related mobility (King & Lulle, 2015; Reid-Musson, 2018; Barber & Neis, 2021). These intersecting, parallel and concatenated rhythms may be eurhythmic (in sync) or may be arrhythmic (out of sync) (Lefebvre, 2004). Reid-Musson (2018) expands Lefebvre's rhythmanalysis by introducing intersectionality, which reveals underlying social processes such as gender, class, race, and citizenship that produce and are a product of rhythms. In the case of work-related mobility, the intersecting rhythms may be in 'fragile synchronicity' as workers struggle to balance the rhythms associated with paid employment and domestic responsibilities (Neis et al. 2018). There is a small but growing literature using rhythmanalysis to explore the multi-scalar intersecting rhythms (re)constituting work-related mobility (Barber & Neis,

2021; Hanson, 2021; Knott, 2021; Lulle & Kaleja, 2021; Marcu, 2017; Neis et al., 2018; Pardoel, 2021; Perry, 2021; Reid-Musson, 2018; Reid-Musson & Barber, 2021; Zendel, 2021). While most of the research focuses on one sector or form of E-RGM, research by Neis and colleagues (2018) compares E-RGM across different work situations and examines power relations and working conditions. Additionally, researchers have combined aspects of time geography and rhythmanalysis to better understand work-related mobility (Barber & Neis, 2021; King & Lulle, 2015; Neis et al., 2018). Using aspects of feminist time geography and intersectionality rhythmanalysis, Neis and colleagues (2018) examine the concatenated rhythms of work, E-RGM, and home life. Drawing on feminist time geography, they identify E-RGM routines and time-space constraints such as geographically separated locations of activities and the structural features of current employment (class, gender, and racialization) that influence these routines. Additionally, Neis and colleagues use rhythmanalysis to highlight arrhythmia, disruptions, and different strategies and degrees of effort used to achieve eurhythmia and the fragility of synchronicity.

Place matters when researching work (McDowell, 2009). Labour markets, employment opportunities, and work-related mobilities vary due to the specificity of place (Hanson & Pratt, 1995; Massey, 1994; McDowell, 2009; McDowell & Massey, 1994). Urry (2001) argues that place and space are essential to sociology. One way to conceptualize place is through the articulation of multi-scalar power relations, processes, mobilities, including work-related mobilities, and the interconnectivity between places (Massey, 1994). Places are not static, but dynamic and are gendered (Massey, 1994; Urry, 2001). According to Massey (1994: 186)

> spaces and places, and our senses of them (and such related things as our degrees of mobility) are gendered through and through. Moreover, they are gendered in a myriad different ways, which vary between cultures and over time. And this gendering of space and place both reflects *and has effects back on* the ways in which gender is constructed and understood in the societies in which we live.

Place-specific gender relations are a product of and are reproduced in the occupations and forms of labour mobility considered appropriate for men and women (McDowell & Massey, 1994; Power & Norman, 2019). For example, in rural NL, men and women E-RGMs vary because of the local gender culture (Power & Norman, 2019). There are limited employment opportunities in rural NL communities. For years, men have traditionally worked away for extended periods in fisheries, resource extraction, and, more recently, laying seismic cables (Power & Norman, 2019). Conversely, young women's mobility is linked to education, and after completing their education, if they return to the community they will have few options for work (Power & Norman, 2019). The normatively gendered mobilities in small NL communities occur because of "[i]deas about gender, bodies, and work . . . provide an orientation for men to work in resource extraction away, and for young women to leave their home community for education" (Power & Norman, 2019: 294). Gender related mobilities are one of a myriad of rhythms that occur in everyday life. According to Lefebvre (2004), place is (re)created through the intersection of multi-scalar rhythms of everyday life and includes work-related rhythms. A slightly different perspective on rhythms and place is that found in the literature on place ballet, where the converging time-space routines of individuals are understood to create meaning and a sense of place, but explicitly excludes power relations (Seamon, 1979).

Place within the literature on home care work considers intersecting power relations and ranges from the scale of the workplace (England & Dyck, 2012, 2011; Lilly, 2008; Martin-Matthews, 2007; McDowell, 2009; Sims-Gould & Martin-Matthews, 2010) to the sending and receiving countries associated with international live-in caregivers (Chau, 2020; Chau et al., 2018; Pelzelmayer, 2016). The gendered construction of the home as a feminized space makes invisible and devalues both paid and unpaid work done within the home (England, 2010). Personal support workers and home care workers perform similar work-related tasks and have similar qualifications; however, personal support workers within a hospital receive higher wages than home care workers working within a private home (Lilly, 2008). While the work is similar, work performed within a hospital is socially constructed as medical and skilled, whereas work done in the home is socially constructed as social, unskilled, and is less likely to be unionized and regulated (Lilly, 2008). More recent research suggests that within long-term care facilities in Ontario, companions are hired by clients or client families to meet clients' emotional and social care needs due to public sector austerity (Daly & Armstrong, 2016; Daly et al., 2015). Unlike personal care workers, companions receive a lower wage, work part-time or on contract, are not employed by the long-term care institution, and account for approximately half of the workers caring for institutionalized patients (Daly & Armstrong, 2016; Daly et al., 2015).

Research Questions and Method

This dissertation uses a feminist political economy approach supplemented by insights from mobility theory, intersectional rhythmanalysis, and place ballet. There are a

few assumptions about feminist political economy that guide my research, including a concern about work conditions, especially for home care workers who are often precarious employed within neoliberal capitalism (Armstrong et al., 2008). A second assumption is the importance of context and historically specific analysis to reveal the forces at work and the resulting structures and unequal social relations (class, gender, racialization, geography, sexuality, and age) (Armstrong et al., 2008). The third assumption is that difference matters and that there will be differences between and among groups of workers because of gender, race, class, and other social relations. The fourth assumption is that research should move beyond understanding workers' experiences and should be used to bring about change (Armstrong & Lowndes, 2018).

My main research question is: What are the consequences of different forms of E-RGM for Newfoundland and Labrador home care workers and what are the social factors influencing home care worker's E-RGM? The guiding questions for each of the dissertation chapters are listed below:

- What are the changing rhythms linked with, influenced by, and influencing the E-RGM of Newfoundland and Labrador home care workers engaged in daily local commutes and interprovincial E-RGM? What eurhythmias and arrhythmias are associated with these and what are the consequences for the workers? How do rhythms intersect with and,(re)produce gender and class relations? (Chapter 2)
- How do the rhythms of place in SWNL influence and how are they influenced by interprovincial E-RGM at home, on the road, and at work? How does

combining Seamon's place ballet with interactional rhythmanalysis highlight mobile place-making and socializing opportunities? How does intersectional rhythmanalysis expose power relations found in these everyday lives of a group of mobile workers and how class and gender shape and are shaped by the rhythms of place. (Chapter 3)

- What are the work-related health and safety experiences of interviewed unionized urban home care workers in Newfoundland and Labrador? How do policies (government and home care agency) and collective agreements interact with E-RGM to mitigate or exacerbate the OHS challenges confronting these workers? (Chapter 4)

I first became interested in researching the work-related mobility of home care workers while watching the CBC (2008) documentary *Where the Women Went* as it drew my attention to the interprovincial mobility of SWNL home care workers. Living in British Columbia for most of my life, I never imagined that Canadian-born women would travel long distances within Canada to provide live-in care. I decided to examine the consequences of and the social factors influencing work-related mobility of St. John's home care workers and SWNL home care workers. This dissertation used a qualitatively-driven mixed methods research design with the use of selective statistics to triangulate SWNL interview findings (Hesse-Biber et al., 2016; Leckenby & Hesse-Biber, 2007). The bulk of my data consists of interviews with home care workers, home care agency representatives, and other key informants, but some findings are based on an analysis of government policies and legislation relevant to home care work, and home care agencies' procedural manuals (Table 1.1). Moreover, some findings are based on online collective

Table 1.1: Research components

Analysis of government policies and legislation relevant to home care • Newfoundland and Labrador Department of Health Provincial Home Support Operational Standards, 2005 • Newfoundland and Labrador Department of Health Close to Home: a strategy for long-term care and community support services, 2012 • Newfoundland and Labrador Workplace Health, Safety and Compensation Act RSNL 1990: Chapter W-11 • Newfoundland and Labrador Occupational Health and Safety Regulation 5/12 Service NL's webpage 'Working alone safety guidelines for employers and employees" 2012 • Occupational Health and Safety Act RSNL 1990 O-3 Newfoundland and Labrador Labour Standards Regulations, Consolidate Newfoundland Regulation 1996
Analysis of procedure manuals developed by two home care agencies outlining the policies and forms that workers complete pertaining to client care
Analysis of 20 online Newfoundland and Labrador home care collective agreements
Semi-structured interviews with • Home care workers (37) • Home care agency representatives (9) • Key informants (16)
Observation in ferry terminals and on the ferry travelling to and from Port Aux Basques to North Sydney, Nova Scotia
Statistics Canada, Census of Population, 1981 and 2006 accessed through Memorial University Research Data Centre
Internet search for 'Newfoundland Ladies' a term used for women who live on the island of Newfoundland and provide live-in care to adults to examine the discourses around the use of 'Newfoundland Ladies'

agreements, online discourse analysis of the CBC documentary 'Newfoundland Ladies' and an analysis of 1981 & 2006 census data accessed through Statistics Canada Research Data Centre – Memorial University Branch (Table. 1.1).

My research started with analyzing Newfoundland and Labrador and Nova Scotia government-subsidized home care services, workplace, health and safety, and labour standards policies and legislation to understand the context of home care in Newfoundland and Labrador and Nova Scotia. In January 2013, after receiving approval for my research proposal from Memorial University's Interdisciplinary Committee on Ethics in Human Research (ICEHR), I started interviewing home care workers, home care agencies, and key informants, first in St. John's and in May 2013, in SWNL.

As outlined in Table 1.2, I interviewed an elected provincial government representative and provincial, regional health, and community representatives to better comprehend NL's long-term care program. I interviewed union executives from the Newfoundland and Labrador Association of Public and Private Employees, the only union representing NL home care workers, to understand workers' collective rights and the challenges facing these workers. I also interviewed an educational coordinator who explained the curriculum of the personal care certificate program and a bookkeeper to understand how home care workers employed through the Self-Managed Care program received payment for their services. In SWNL, I interviewed business leaders and community leaders to discover how their communities and businesses were affected when home care workers traveled away for two or more weeks and the challenges and benefits of different forms of home care to their communities. Key informants were recruited by contacting government department offices, union offices, local community organizations,

and businesses to identify potential participants. The interviews took place at their place of work and ranged from 30 minutes to 1.5 hours. While most key informants agreed to

Table 1.2: Key Informants

Key Informants	Number
Elected provincial government representative	1
Provincial health and community representative	1
Regional health and community representatives	3
Community leaders (SWNL)	4
Business persons (SWNL)	3
NL educational representative from an institution offering Personal Care Attendant Certificate programs	1
Bookkeeper specializing in payroll services for self-managed care	1
NAPE executive members	2

be audio recorded, I wrote notes during and after the interview for those who indicated they did not want to be recorded.

I also scanned the internet and telephone books and identified home care agencies. Representatives of nine home care agencies, 45 percent (N= 20) of the Newfoundland and Labrador home care agencies contacted, agreed to an interview. No Nova Scotian home care agencies agreed to be interviewed. The NL home care agencies were in the Western, Central, and Eastern Health regions. Most services provided by agencies included long-term care for seniors and adults with disabilities and short term care for adults released from the hospital, which were usually government subsidized. Home care workers

employed by these agencies cooked, cleaned, and provided personal care and companionship. Although home care workers (also known as home support workers) were not professionals, home care agencies delegated medical tasks such as tube feed, oral medications, and injections to workers after these workers had received training from a nurse. Some home care agencies also provided services requested by Child, Youth, and Family Services, including supervised access care (watching parents and children) and caring for at-risk youth. Additionally, some home care agencies provided services and support for children with disabilities, including physical and mental disabilities. Two home care agencies allowed me to peruse their procedure manuals which included forms and policies outlining the duties of home care workers.

The size of the agencies varied from less than ten employees to over 200 employees, and agencies reported that up to 98% of workers were NL women. Only a handful of workers were NL male workers. Most interviewed agencies were interested in hiring NL workers rather than recent immigrant workers or international health care workers applying for work. All workers were required to have a negative tuberculin skin test, immunization records, first aid certification, and a certificate of conduct. Although most agencies preferred to hire workers with the Personal Care Assistant certificate, few workers had these credentials.

Most interviews were with NL home care workers (Table 1.3). I initially recruited home care workers through acquaintances, friends, union representatives, and recruitment posters (Appendix 2) followed by snowball sampling. Interestingly, all interviewed home care workers except “Cecile” and “Tamara” (all names in this thesis are pseudonyms),

were white and born in Canada, and only three workers had children. In one case, these children lived outside Canada.

St. John's home care workers tended to be younger and, not surprisingly, were more likely to be single than SWNL home care workers, who were older and more likely to be married and divorced (Table 1.3). Further, interviewed St. John's home care workers were a more educated workforce. For instance, three of the St. John's home care workers had completed a BA and were working on or had completed a MA; seven workers had some college/university education; one had taken courses related to health care, and five St. John's home care workers had completed the Personal Care Attendant certificate, a two-semester program. Three of the five workers who held this certificate were solely employed by a non-union agency; one worked for both unionized and non-union agencies; and one was employed by a unionized agency. Additionally, one home care worker had multiple care related certificates. Conversely, in SWNL, most home care workers had grade 12 or less, and two had some college credits, including one who completed the Personal Care Attendant certificate. One home care worker had completed caregiving courses through the Victoria Order of Nurses.

The primary focus of this research was to explore how different forms of E-RGM experienced by home care workers impacted their working conditions and occupational health and safety, and to uncover the underlying factors creating these various forms of E-RGM. In St. John's, all interviewed home care workers except Tamara, a Filipina live-in home care worker, engaged in daily local commutes, whereas in SWNL interviewed home care workers were involved in daily local commutes, local live-in care (providing 24-hour care for a client in the region for one-week intervals), and interprovincial live-in

Table 1.3: Home care workers interviewed

Location	Home care worker (pseudonyms)	Age	Marital Status	Depend.	Yrs	E-RGM	Employer
St. John's	Amanda	50s	Single	0	25	Daily local	Unionized Agency
St. John's	Anne	30s	Married	0	1	Daily local	Agency
St. John's	Belinda	30s	Common law	0	1	Daily local	Agency
St. John's	Brenda	40s	Married	0	1	Daily local	Unionized agency
St. John's	Catherine	40s	Divorced	0	< 1	Daily local	Unionized agency
St. John's	Cecile	20s	Single	0	< 1	Daily local	Unionized agency
St. John's	Cheryl	20s	Single	0	<1	Daily local	Family (self-managed)
St. John's	Frieda	20s	Single	0	2	Daily local	Unionized agency
St. John's	George	60s	Married	0	7	Daily local	Unionized agency
St. John's	Heidi	20s	Single	0	<1	Daily local	Family (informal)
St. John's	Janet	50s	Married	0	7	Daily local	Unionized agency
St. John's	Mary	30s	Married	0	1	Daily local	Agency
St. John's	Maggie	40s	Common law	0	5	Daily local	Family (self-managed)
St. John's	Nikki	20s	Single	0	2	Daily local	Unionized agency
St. John's	Pamela	30s	Married	0	12	Daily local	Unionized agency
St. John's	Sandy	20s	Single	0	1	Daily local	Family (informal)
St. John's	Tamara	30s	Separated	2	5.5	International live-in	Agency
St. John's	Valerie	30s	Married	2	4	Daily local	Agency
St. John's	Vicki	40s	Married	0	8.5	Daily local	Unionized agency
SWNL	Angela	60s	Married	0	5	Daily local	Agency
SWNL	Bernice	60s	Married	0	6	Daily local Interprovincial live-in	Family (self-managed) Family

Location	Home care worker (pseudonyms)	Age	Marital Status	Depend.	Yrs	E-RGM	Employer
SWNL	Cassandra	50s	Married	0	2	Daily local	Unionized agency
SWNL	Charlotte	50s	Single	0	2	Daily local	Family
SWNL	Emma	50s	Married	0	7.5	Interprovincial live in	Agency
SWNL	Evelyn	50s	Married	0	14	Daily local	Gov.
SWNL	*Frank						
SWNL	Janice	60s	Divorced	0	10	Interprovincial live-in	Agency & family
SWNL	Karen	50s	Married	0	10	Local live-in Interprovincial live in	Agency Family
SWNL	Lauren	50s	Divorced	0	3	Interprovincial live-in	Family
SWNL	Lil	60s	Married	0	10	Interprovincial live-in	Family
SWNL	Maureen	40s	Married	0	3.5	Interprovincial live-in	Family
SWNL	Nancy	50s	Married	0	3.5	Daily local	Family
SWNL	Rachel	50s	Common law	0	< 1	Daily local	Unionized agency
SWNL	Samantha	50s	Married	0	8	Local live in Interprovincial live-in	Agency Family
SWNL	Sherri+	40s	Divorced	0	2.2	Daily local Local live-in	Unionized agency Family (self-managed)
SWNL	Tammy	40s	Married	1	5 3	Interprovincial live-in Daily local	Family Agency
SWNL	Tess	60s	Married	0	8	Interprovincial live-in	Family

*All details about Frank are removed to ensure anonymity

care (providing 24-hour care for a client in Nova Scotia for two or more weeks intervals). Some SWNL home care workers participated in more than one form of E-RGM over the course of their working lives (Table 1.3). Home care workers engaged in daily local commutes were employed by an agency (unionized or nonunionized), by families through the self- managed care program or by family members. Interprovincial SWNL home care workers were employed by a Nova Scotian agency or family members.

Although I interviewed 37 home care workers for my dissertation, not all groups of home care workers are included in this manuscript dissertation. I chose home care workers for each of the manuscripts based on their form of E-RGM and if they were unionized. For example, in Chapter Two (Manuscript One), I was interested in comparing the multi-scalar complexity of the rhythms of St. John's unionized home care workers who engaged in daily local commuting workers with SWNL interprovincial live-in home care workers. Chapter Three (Manuscript Two) focuses on SWNL home care workers who participated in interprovincial E-RGM and argues that the specificity of place and the rhythms of place are crucial to understanding E-RGM rhythms. Chapter Four (Manuscript Three) explores NL unionized home care workers' occupational health and safety risks and working conditions and argues that government and home care agency policies and collective agreements do not protect these mobile workers. I plan to write additional articles about the groups of home care workers omitted in this manuscript dissertation. For instance, one paper will compare the different forms of E-RGM (daily local, local live-in, and interprovincial live-in) experienced by SWNL home care workers and how these affect workers' experiences and OHS risks. A second paper will examine how NL home care workers' lived experiences, working conditions, and OHS risks differ

when employed by an agency or through the provincially subsidized Self-Managed Care program.

Home care workers employed by unionized agencies provide various services, including personal care, companionship, light housekeeping, cooking, administering medications, palliative care, and transporting clients to doctor's appointments and social events. Services provided by home care workers were based on the needs and wants of the clients and the time allotted. Home care workers sometimes extended their time with clients to provide quality care and were not paid for the additional time spent with clients. In addition to caring for seniors and adults requiring additional support to live at home, unionized agency workers provided care for special needs (including autistic children and youth) and youth at risk (typically housed in hotels). Further, they provided supervised access care for families at home or on outings. Both groups of home care workers performed light housekeeping tasks, provided companionship and personal care, and administered medications.

In addition to interviews, I also observed commuting home care workers in ferry terminals and on the ferry travelling to and from Port Aux Basques, Newfoundland and Labrador, and North Sydney, Nova Scotia. I used NVivo™, a qualitative data analysis software, to help organize the interview data according to key themes informed by the literatures of work-related mobility, precarious employment, OHS and home care restructuring, domestic responsibilities, and rhythms. While doing research in SWNL, I began thinking about the rhythms of home care workers and started to review the time geography and place ballet literatures, and later the rhythmanalysis literature. I finished my SWNL fieldwork in July 2013, continued analyzing the data looking for reoccurring

themes and interviewed a few more home care workers living in the St. John's Metropolitan Area. Reviewing the literatures, collecting, and analysing data, and writing stages were intertwined as questions arose that required additional information.

While analysing the data, I was struck by the number of people interviewed in SWNL who mentioned that it was quite common to "work away." Consequently, I decided to analyse census data accessed through Memorial University's Research Data Centre (RDC) for the census years 1981 and 2006 to compare the percentage of interprovincial workers in St. John's to SWNL and opted to use the 2006 census rather than the 2011 census because the shift from a mandatory national household survey to a voluntary survey for the 2011 census affected the quality of the data (Green & Milligan, 2010). I used the variable Census Subdivision of Current Residence (PCSD) and defined SWNL as the region that contains the following census subdivisions (Division number 4 Subdivisions A, B, C; Division number 3, Subdivisions H & J; Stephenville Crossing; Stephenville T; St. George's T; Channel-Port Aux Basque, T; Isle Aux Morts, T; Burnt Islands T; Rose-Blanche- Harbour Le Cou T). St. John's residents were identified using the Census Metropolitan Area variable for St. John's. Interprovincial workers were identified in the 1981- Census data, by first two digits of the Place of Work (POW) variable, whereas in 2006 Census data, interprovincial workers were identified by the Province of Work (PWPR) variable. Usually, the Province of Work variable is based on the workplace of the respondent during the week prior to enumeration, but if the individual was not working during that week, then it is based on the location where the individual had worked the longest since January 1 of the prior year (Statistics Canada, Census Operations, 2008). This analysis also used the variable Sex to compare the

percentage of male and female interprovincial workers living in St. John's and SWNL for both years.

While writing Chapter Four, I decided to analyze 20 online collective agreements using thematic content analysis informed by literature on precarious employment, OHS, and mobility studies between Newfoundland and Labrador Association of Public and Private Employees (NAPE) and home care agencies. NAPE is the only union in Newfoundland and Labrador to represent home care workers. I was interested in how collective agreements dealt with work-related mobility and whether these agreements mitigated or exacerbated the OHS risks confronting unionized home care workers. I shared my findings with the NAPE executive and was one of the key speakers at a home care conference sponsored by the National Union of Public and General Employees in November 2019.

Lastly, while writing Chapter Three, I did an internet search of the term 'Newfoundland Ladies' used in the CBC (2008) documentary *Where the Women Went,* and by some Nova Scotian home care agencies who employed NL home care workers. I was interested in other advertisements or online comments regarding 'Newfoundland Ladies' and in doing a discourse analysis about this group of women.

Overview of the Dissertation

This dissertation is written in a manuscript format and consists of two published journal articles (Chapters Two and Four) and one manuscript written for publication but not yet submitted but targeted for the journal *Applied Mobilities* (Chapter Three), as

chapters. Each chapter explores the forms of E-RGM and their consequences for these groups of vulnerable Newfoundland home care workers. The concluding chapter of this dissertation summarizes the three main themes emerging from the research, drivers, rhythms, and patterns, reflects on the methods, identifies contributions to the literature, and recommendations, and considers future research.

Chapter Two, "'Revealing the extraordinary in the ordinary': rhythmanalysis and employment-related geographical mobilities of Newfoundland and Labrador home care workers," published online August 2020 in *Applied Mobilities*, uses an intersectional rhythmanalysis approach to expose the multi-scalar complexity of the rhythms of everyday life for unionized home care workers who live in St. John's NL and engage in daily local E-RGM (travelling to one or more clients' homes each workday) and for SWNL home care workers who engage in interprovincial E-RGM to provide live-in care. Based on semi-structured interviews with a subset of 37 home care workers (ten from St. John's and ten from SWNL) and, following Spalding and Phillips (2007), I created two composite vignettes from the experiences of each group of participants. According to Anzul and colleagues (1997: 77), "vignettes encapsulate what the researcher finds through the fieldwork," the primary purpose of the vignettes is compare these two groups of home care workers, their E-RGM and everyday rhythms. However, one limitation of using vignettes is that it "reflects the trade-off between depth and breadth" (Reay et al., 2019: 207). The two composite vignettes document and compare the everyday rhythms associated with each form of mobility and their consequences for workers. Further, this chapter identifies arrhythmias, rhythms out of sync, and fragile synchronicities, rhythms in sync, indicating the achievement of synchronicity between work and family is

challenging and primarily the responsibility of the workers (Neis et al., 2018). Finally, it examines how gender and class relations (re)constitute the rhythms of these workers' everyday lives.

Chapter Three, "What's place got to do with it?: the employment-related geographical rhythms of Southwest Newfoundland home care workers" is not published and the target journal is *Applied Mobilities*. It argues for the importance of explicitly considering place and the rhythms of place when using an intersectional rhythmanalysis to better understand E-RGM. The bulk of the data for this chapter is from semi-structured interviews with ten SWNL home care workers who engaged in interprovincial E-RGM to provide live-in care to clients living in the adjacent province of Nova Scotia and seven key community informants. As well, this chapter includes data derived from approximately 30 hours of nonparticipant observations on ferries, in ferry terminals, and on shuttle buses. I sat close to the home care workers, and discretely wrote some notes while observing, and added other notes later. Later, I reviewed these notes, reflecting on interactions among the workers, behaviours and common themes. Further, I gathered information from internet searches using the search terms "Newfoundland Ladies" and "home care," and accessed 1981 and 2006 census data through the Memorial University Research Data Centre. This chapter explores the interprovincial E-RGM of home care workers living in SWNL and providing live-in care in Nova Scotia, and considers how the rhythms of SWNL (transportation, economic development cycle, aging demographics, and culture of working away), the care cycle rhythms in Nova Scotia, and the resultant interconnectivity between SWNL and Nova Scotia (re)produce this circular migration.

Further, in this chapter, intersectional rhythmanalysis and Seamon's place ballet are combined to highlight the creation of mobile places along the extended commute.

Chapter Four, "On the move and working alone: Policies and experiences of unionized Newfoundland and Labrador home care workers," is co-authored with Barbara Neis and was published in *Policy and Practice in Health and Safety* in 2016. It highlights the work experience and health and safety issues facing unionized Newfoundland home care workers who engage in daily local work-related mobility. This chapter draws on semi-structured interviews with thirteen unionized Newfoundland and Labrador home care workers living in St. John's, an urban area, and in SWNL, a rural area, and nine unionized home care agency representatives from three regional health districts of Newfoundland, and five key informants (three healthcare representatives and two union representatives), as well as a review of government policies and legislation relevant to home care workers' employment conditions and health and safety, as well as two procedure manuals from participating home care agencies. Further, it examines twenty online NL home care collective agreements to understand better how and if collective agreements improved the health and safety of home care workers. All workers employed by a home care agency face many health and safety issues related to their transient, multiple, and isolated workplaces. Using Quinlan and Bohle's "pressure, disorganization, and regulatory failure" model, I analyze the vulnerability and precariousness of Newfoundland and Labrador unionized home care workers.

This dissertation addresses the gaps in the literature on home care work, rhythmanalysis, and mobility in the following three ways. First, this dissertation uses a mobility lens to understand how complex patterns of E-RGM (St. John’s daily local and

SWNL interprovincial live-in) impact the working conditions, dimensions of precarity, and work-related health and safety risks facing these NL home care workers. It analyzes government and home care agency policies and collective agreements and offers recommendations to provincial governments, home care agencies, and unions. Second, this dissertation applies an intersectional rhythmanalysis approach and compares two forms of E-RGM to reveal the multiscalar, intersecting, everyday rhythms**,** and the arrhythmia and "fragile synchronicities" associated with balancing work and family responsibilities. Third, this dissertation argues for the importance of considering the specificity of place and the rhythms of place when applying an intersectional rhythmanalysis to analyzing E-RGM. It combines Seamon's place ballet with intersectional rhythmanalysis to highlight mobile meeting places and place-making that occurs during the interprovincial commute.

This research uses a sociological lens to explore the interconnectivity between the micro level (home care workers' everyday lives) and the macro level (sociocultural forces). In this study, some of the aspects of the micro level include home care workers' work-related mobility and rhythms, working conditions, domestic responsibilities, and health and safety risks. Home care workers have agency, but it is a constrained agency influenced by and influencing sociocultural forces such as societal norms and values, gender power relations, neoliberal ideologies that permeate government policies (home care, employment standards, and occupational health and safety), home care agency policies, and union collective agreements. However, as a feminist political economist, it is not enough to recognize the interconnections between the micro level and macro level,

but it is imperative to strive for change through, for instance, making recommendations to government and union organizations.

Chapter Two: “Revealing the Extraordinary in the Ordinary”: Rhythmanalysis and Employment Related Geographical Mobilities of Newfoundland and Labrador Home Care Workers

Prologue

This chapter was published in *Applied Mobilities* Volume 6, Number 2, as part of a special issue entitled "Quilting points and cracking points: Engaging rhythmanalysis in critiques of precarious work-related mobilities." It compares two distinct groups of home care workers, St. John's unionized home care workers who engage in daily local commutes to one or more client's homes within their community to SWNL home care workers who engage in interprovincial E-RGM and stay for two or more weeks providing live-in care for clients in Nova Scotia. These workers live in different regions of the Island of Newfoundland. St. John's unionized home care workers worked in St John's Metropolitan Area, whereas SWNL interprovincial workers lived in SWNL and commuted to NS for employment. Home care services enable adults who otherwise would be institutionalized to stay within their homes by providing short-term and long-term medical care services such as nursing and physiotherapy and social care services such as cooking, cleaning, personal care, and companionship. (Daly, 2007). Both groups of home care workers in this chapter provide the latter services. This chapter answers the following three questions:

1. What are the changing rhythms linked with, influenced by, and influencing the E-RGM of Newfoundland and Labrador home care workers engaged in daily local commutes and interprovincial E-RGM?
2. What eurhythmias and arrhythmias are associated with these, and what are the consequences for the workers?
3. How do rhythms intersect with and (re)produce gender and class relations?

In this chapter, I use two composite vignettes constructed from multiple participants (Johnston et al., 2023; Spalding & Phillips, 2007). One of the benefits of using composite vignettes is that they have "an illustrative function by bringing research findings in a contextualizing narration closer to readers who may have little contact with qualitative research (or the respective field)" (Langer, 2016, p. 742). The purpose of these two vignettes is to compare typical everyday rhythms experienced by two groups of home care workers with very different forms of E-RGM. In total, I interviewed 37 home care workers, and the two vignettes were created from two subgroups of workers. The first vignette was constructed from ten unionized St. John's home care workers who lived and worked in their community. Employed by St. John's home care agencies, they engaged in daily local commutes and typically cared for multiple clients daily. The second vignette was constructed from ten SWNL home care workers who provided live-in care to clients in Nova Scotia. They travelled up to 13 hours to care to provide 24-hour care to their client.

One consideration when constructing a composite vignette is the need for transparency in creating the vignette (Johnston et al., 2023). When I constructed the

composite vignettes, I based the St.John's composite vignette on the most common form of daily local E-RGM, mode of transportation, tasks reported by unionized agency-employed workers, and work experiences. Similarly, the SWNL composite vignette was based on the most common interprovincial E-RGM rhythms, intermodality, and commuting and work experiences reported by SWNL home care workers. As noted in Table 2.1, home care workers living in St. John's tend to be younger than SWNL home care workers. However, there is still a range of ages and marital status. If I were to rewrite this paper, I would omit the age and marital status in the St. John's vignette. These two vignettes illustrate the different E-RGM rhythms experienced by these workers. A second limitation of composite vignettes is that they do not reveal differences within each group. In Table 2.1 and the following discussion, I discuss additional characteristics of these groups of workers. St. John's home care workers tended to be younger, and four were single, whereas, in SWNL, home care workers were older and more likely to be married or divorced (Table 2.1). Interviewed St. John's unionized home care workers were a more educated workforce. For instance, four St. John's home care workers completed or had qualifications as a caregiver by completing a personal care attendant certificate through a local college, a personal certificate through the Victorian Order of Nurses, or a six-month caregiving course prior to coming to Canada. Further, one home care worker completed a two-year medical lab assistant course but could not get employment and opted to become a home care worker. Three of the interviewed St. John's home care workers did not have credentials in care but had completed one or more years of post-secondary education, and only one home care worker did not have education beyond grade 12. Conversely, all

Table 2.1 St. John's unionized daily local and SWNL interprovincial home care workers

Location of work	Home care worker	Education	2nd job	Age & Marital Status	Years in homecare
St. John's Unionized	Amanda	VON personal care certificate	No	50s Single	25
St. John's Unionized	Brenda	Personal Care Attendant certificate	Yes	40s Married	1
St. John's Unionized	Catherine	Some postsecondary	Yes	40s Divorced	<1
St. John's Unionized	Cecile	6-month caregiving course	Yes	20s Single	<1
St. John's Unionized	Frieda	Grade 12	Yes	20s Single	2
St. John's Unionized	George	Some postsecondary	Yes	60s Married	7
St. John's Unionized	Janet	Informal training through colleagues	No	50s Married	7
St. John's Unionized	Nikki	2-year medical lab assistant certificate	Yes	20s Single	2
St. John's Unionized	Pamela	Personal Care Attendant certificate	No	30s Married	12
St. John's Unionized	Vicki	Some postsecondary	No	40s Married	8.5
*SWNL Family (NS)	Bernice	Grade 12 or less	No	60s Married	6
SWNL Agency (NS)	Emma	Grade 12 or less	No	50s Married	7.5
SWNL Agency & Family (NS)	Janice	Grade 12 or less	No	50s Married	10
* SWNL Family (NS)	Karen	Grade 12 or less	No	50s Married	10
SWNL Family (NS)	Lauren	Grade 12 or less	No	50s Divorced	3
SWNL Family (NS)	Lil	Grade 12 or less	No	60s Married	10
SWNL Family (NS)	Maureen	Grade 12 or less	No	40s Married	3.5
*SWNL Family (NS)	Samantha	Grade 12 or less	No	50s Married	8
*SWNL Family (NS)	Tammy	Grade 12 or less	No	40 Married	8
SWNL Family (NS)	Tess	Grade 12 or less	No	60s Married	8

*Indicates employed as a home care worker at more than 1 form of E-RGM
SWNL home care workers were employed by families and agencies in NS.

interviewed SWNL home care workers engaged in interprovincial live-in caregiving had grade twelve or less education.

Whether unionized St. John's home care workers or SWNL live-in caregivers, all performed similar caring tasks, including personal care, companionship, light housekeeping, cooking, administering medications, and transporting clients to doctor's appointments and social events. Services provided by home care workers were based on the needs and want of the clients and sometimes family members. Unionized home care workers faced different rhythms of work than SWNL interprovincial care workers time allotted by the government and home care agencies for clients was limited. According to the collective agreements, the minimum scheduled shift to care for a client was three hours, but some home care workers opted to work shorter shifts. Because home care workers were not paid for travel time, the time commuting was considered an unpaid break, but in reality, they usually did not receive an unpaid dinner break. Sometimes unionized home care workers worked beyond their scheduled time to provide quality care and were not paid for the additional time spent with clients. Unlike SWNL interprovincial home care workers, a handful of St. John’s unionized home care workers provided additional services such as palliative care, care for children and youth with special needs, and at-risk youth typically housed in hotels. Further, they provided supervised access care for families at home or on outings.

In this chapter, I calculated the hourly rate of SWNL live-in caregivers as lower than $6.50 based on a 24-hour day because most home care workers provided 24-hour care. Some slept in the client's bedroom, while others slept in a separate room and used a baby monitor to detect when the client may need assistance. In 2013, the average wage in

NL was $22.89, considerably higher than the hourly rate of $13.25 for unionized home care workers (Statistics Canada, 2015) set by collective agreements. Union members' pay rate was not dependent on workers' qualifications nor the type of care (elder care, care for at-risk youth, supervised access care for families) provided.

Two alternative comparisons of wages are average bi-weekly or monthly income. Home care workers in SWNL earned $90 or $150 a day, $1260 or $2100 biweekly, or $1365 or $2275 monthly if there were no interruptions in their work schedule. Conversely, unionized St. John's home care workers scheduled for 21 or 43 hours per week earned $557 or $1140 biweekly or $1206 or $2469 monthly. SWNL home care workers may earn more than some St. John's unionized home care workers biweekly. However, SWNL interprovincial home care workers are not paid for their extensive commute, are typically scheduled two weeks a month, and have long work days caring for clients around the clock in Nova Scotia. The monthly rates for St. John's unionized home care workers and SWNL home care workers who travel to NS to provide live-in care are low compared to the NL average monthly earning of $3968.

Much of the research in sociology that examines women’s and men’s paid and unpaid work and that may focus on time-based conflicts in work/life balance uses time-use diaries (Altintas & Sullivan, 2016; Doucet, 2022; Gershuny & Sullivan, 1998). However, in this chapter I chose rhythmanalysis because time-use diaries omit space, place, and mobility (Hughes and Silver, 2020).

In this chapter I use Rodgers' (1998, p.35) dimensions of precarious employment (income level, control over the labour process, degree of regulatory protection, and degree of certainty of continuing employment, cited in Cranford and colleagues, (2003, p.

9) to compare the precariousness of each form of E-RGM. Walsh and colleagues (2015) extend the discussion of precariousness to include not only geographical mobility but the spatial and temporal dimensions of employment, which include the following indicators: gender contract, the life course, and the regulatory framework that shapes policy. In this chapter, I touch on some of these indicators; for instance, there are very few home care workers who are middle-aged and have dependent children. This is due, in part to the gendered contract, whereby women are primarily responsible for unpaid caring and domestic work within their homes men are considered the primary breadwinners, which constrains women's mobility; in SWNL compared to St. John's the age of the home care workers tends to be older, due, in part to the location and limited pensions of women who live in SWNL, an economically depressed region.

The care work described in this chapter is gendered meaning that is socially constructed as women's work. Women are not naturally caregivers but are socialized to be caregivers throughout their lives and are involved in this socialization (Armstrong & Armstrong, 2004). The intrinsic values of care work based on the norms and values of femininity influence and affect what home care workers think of as good quality care. The normative pressures of being a good caregiver and providing quality care can be detrimental to workers (Folber, 2012), and perhaps these normative pressures, as well as economic pressures may have persuaded home care workers in this study to work without compensation, and for some, rationalized that abuse by clients was part of the job. Additional information on safety risks facing unionized home care workers and recommendations for the NL government and NAPE are outlined in Chapter Four.

Abstract

This paper uses an intersectional rhythmanalysis approach to examine the predominantly female, working-class home care workers' E-RGM (their mobility to, from and within work) in two very different contexts: workers living and working in St. John's, Newfoundland and Labrador, a small city on Canada's east coast, and workers living in SWNL, a rural region of the same province and working in a different province. This paper seeks to: 1) document the rhythms associated with these two patterns of E-RGM; 2) explore the eurhythmias (rhythms in harmony) and arrhythmias (rhythms in disharmony) associated with these and their consequences for the workers involved; and 3) investigate how rhythms relate to gender and class. This paper adds to the research on intersectional rhythmanalysis by comparing the rhythms of workers in the same position but engaged in two very different forms of E-RGM and the arrhythmias and "fragile synchronicities" associated with each. Common rhythms influencing and influenced by E-RGMs include those related to transportation schedules, weather, care cycles, worker's life course, client's natural rhythms, family rhythms, and work schedules. Arrhythmias occur during care cycles, severe weather, and irregular work schedules and are reflected in precarious employment. Eurhythmias occur when home care work cycles, client's natural rhythms, and family rhythms are in sync, but these are often in "fragile synchronicity." Gender relations and class relations (re)constitute the rhythms of these workers' everyday lives.
Keywords: employment-related geographical mobility; home care workers; intersectional rhythmanalysis; Canada; precarious employment

Introduction

Everyday life consists of mobilities, routines, and rhythms. During the last 15 years there has been a "mobility turn" in social science. Researchers have become increasingly interested in the role of mobility as a starting point for social inquiry (Cresswell, 2010; Hannam et al., 2006; Sheller & Urry, 2016). This paradigm has generated research on a variety of topics, including work and mobility but this has come relatively late (Cohen, 2010; Cresswell et al., 2016; Wood et al., 2016). One emerging stream is E-RGM (Cresswell et al., 2016; Dorow et al., 2017; Fitzpatrick & Neis, 2015; Haan et al., 2014; Neis et al. 2018; Newhook et al. 2011; Roseman et al., 2015). Paralleling this interest in mobilities is a renewed interest in rhythms and everyday life (Edensor, 2010; Marcu, 2017; Mels, 2004; Simpson, 2008) and the relationship between rhythms and mobility. Drawing on Lefebvre's work, Cresswell (2010, p. 23) argues that one essential component of mobility is rhythm, "repeated movement with a particular measure." The repetitive nature of E-RGM creates one of the many rhythms that workers experience in their everyday lives.

There is a growing body of research that applies a rhythmanalysis approach to mobility (Hornsey, 2010; Marcu, 2017; Spinney, 2010) and work (Syring, 2009) including research on rhythms and work including E-RGM (King & Lulle, 2015; Neis et al., 2018; Reid-Musson, 2018). Rhythmanalysis reveals the "extraordinary in the ordinary" (Lefebvre & Levich, 1987, p. 9) and captures manifestations of the capitalist system because, "[t]he everyday establishes itself, creating hourly demands, systems of transport, in short, its repetitive organization" (Lefebvre, 2004, p. 16). When applied to

home care work, rhythmanalysis exposes the extraordinary work involved in relation to multi-client days, demanding schedules, family responsibilities and severe weather conditions. Home care workers enable seniors with chronic conditions and other adults with physical and developmental disabilities to "age in place" by providing clients with personal care services, light housekeeping, medication administration, and health monitoring (Sharman et al., 2008). Much of the research on home care workers focuses on the work experiences of home care workers, but home care workers' E-RGMs are usually in the background. This article applies rhythmanalysis concepts to a study of two groups of home care workers engaged in different forms of E-RGM. It contributes to the new mobilities paradigm literature by comparing the patterns of rural and urban home care worker's E-RGMs in Newfoundland and Labrador and the degree of precarity associated with each. It contributes to the emerging intersectional rhythmanalysis literature and reveals the intersecting rhythms of everyday life for these two groups of workers and the corresponding power relations and the arrhythmias, and "fragile synchronicities" associated with each.

This paper is organized around three themes related to rhythmanalysis. First, it identifies and describes the changing rhythms linked with, influenced by, and influencing the E-RGMs of Newfoundland and Labrador home care workers engaged in daily local commutes and interprovincial E-RGM. Second, this paper explores the eurhythmias (rhythms in harmony) and arrhythmias (rhythms in disharmony) associated with these and the consequences for the workers involved. Finally, this paper investigates how rhythms intersect with, produce and are a product of gender and class relations.

Rhythmanalysis

The last 15 years has seen an emerging literature on the rhythms of everyday life (Edensor, 2010; Mels, 2004; Simpson, 2008). A central theoretical perspective is Lefebvre's rhythmanalysis. Lefebvre argues that we live in a world of multi-scalar rhythms that occur in time and space and are reflected in our daily routines, our work and commute schedules, our life course, our bodies' circulatory and circadian systems, and the seasonality that enfolds us. According to Lefebvre (2004, p. 25), "Everywhere where there is interaction between a place, a time, and an expenditure of energy, there is **rhythm**." Lefebvre and Levich (1987) identify two forms of rhythms: linear rhythms that reflect the social and refer to the rhythms of work and of consumption (i.e., leisure and other human social activities), and cyclical rhythms that arise from the natural (i.e., seasons, circadian, circulatory system). Linear rhythms are "the rhythms of the ticking clock, the laying out and measuring the time of work (and therefore leisure)" (Simpson, 2008, p. 816). Rhythmanalysis creates a framework to analyze the everyday through concrete cases of "the lives of individuals and groups of people" (Lefebvre, 2004, p. 25). The polyrhythmic environment of the everyday, or the "ecological multiplicity of interrelated rhythms functioning independently of one another, but influencing one another" (Simpson, 2008, p. 816), is often harmonious, united, or eurhythmic, whereas when the rhythms are out of sync arrhythmia occurs. Lefebvre (2004, p. 48) contends that "[t]o enter into a society, group or nationality is to accept values (that are taught), to learn a trade by following the right channels, but also to bend oneself (to be bent) to its ways. Which means to say: dressage." Dressage, (or training) is based on repetition and

perpetuates societal values, including femininity (Lefebvre, 2004). Rhythmanalysis makes visible the role of capitalism in everyday life (Lefebvre, 2004) but feminists argue that Lefebvre does not consider power relations associated with gender (Reid-Musson, 2018).

Reid-Musson (2018, p. 882) argues for the need to add an intersectionality approach to rhythmanalysis to reveal "the inseparable, co-constituted, and contingent processes underpinning social categorization and social inequality, namely race, class, and gender." Rhythmanalysis can be adapted to study the intersectionality of gender, class, race, and citizenship when analyzing E-RGM and can expose the multifold rhythms of everyday life (Neis et al., 2018; Reid-Musson, 2018). Given that my research examines home care workers and that home care work in Canada and in developed countries is usually performed by working-class women, recent immigrants, and temporary migrant workers (Pelzelmayer, 2016; England & Dyck, 2012) this paper uses an intersectional rhythmanalysis approach.

E-RGM

Two recent streams of research on work and mobility include research focusing on mobile work, "work that is done on the move, work that is enabled by movement, and work that *is* movement" (Wood et al., 2016, p. 139) and E-RGM, "frequent and/or extended travel from places of permanent residence for the purpose of, and as part of, employment" (Cresswell et al., 2016, p. 1788). E-RGM has both spatial and temporal dimensions (Newhook et al., 2011). Spatially, E-RGM ranges from local commutes, through intranational, to international mobility. Temporally, E-RGM ranges from daily

local short commutes to extended periods away from the principal residence for weeks, months or even years for the purpose of employment (Newhook et al., 2011). Much of the limited research on work and mobilities focuses on one sector and one point along the E-RGM spectrum (ex. journey-to-work, international labour mobility) however, research on E-RGM "encourages us to connect scales and forms of movement" (Cresswell et al., 2016, p. 1792). Like studies on the journey to work by feminist geographers, research on E-RGM links production and social reproduction (Cresswell et al., 2016; Roseman et al., 2015). Research on the journey to work examines the role of gender in explaining why women are more likely than men to take transit, have shorter spatial and temporal commutes to work (Hanson & Pratt, 1995) and more trip chaining (short stops to and from work) to drop off and pick up children from school and daycare and do household errands (McGuckin et al., 2005). Using the lens of intersectional rhythmanalysis reveals the complexity of E-RGMs, as well as how gender and class are intertwined with, produce, and are a product of these concatenated rhythms.

Home Care Workers

While care work involves different forms of mobility at different scales, much of the research on home care workers working locally focuses on the impacts of restructuring on healthcare (Aronson & Neysmith, 1996; Cohen et al., 2006; Denton et al., 2002; Sims-Gould & Martin-Matthews, 2010). Increasingly, in Canada and other OECD countries, home care is used to reduce healthcare costs as individuals are sent home "quicker and sicker" from hospitals (Armstrong et al., 2008). These changes to Western countries' health care systems reflect the effects of neo-liberal ideology and

related policies that focus on efficiency, consumer choice, and the privatization of care delivery. In Canada, this is based on new public-management thinking which insists that the private sector is better able to deliver services than the public sector (Armstrong et al., 2008).

In Western countries, the need for home care services is met through publicly subsidized home care programs, care purchased through private home care agencies or through directly hiring workers (Lutz & Palenga-Möllenbeck, 2010; Tarricone & Tsouros, 2008). Much of the research focuses on the work and work experiences of international home care workers or local home care workers, and the journeys to work and within work are primarily left in the background. The global care literature identifies groups who live in low- to middle-income countries and provide live-in home care in high-income countries for extended periods of time (Pelzelmayer, 2016; Tarricone & Tsouros, 2008). Transnational home care workers experience constrained mobility and isolation and are not compensated for all hours of work (Atanackovic & Bourgeault, 2014). Recruitment officers and employers prefer to hire from specific countries based on the perceived care ethic and work ethic (Atanackovic & Bourgeault, 2014).

The interdisciplinary home care literature also explores work schedules and working conditions of urban home care workers who live and work in their community including in Denmark (Nilsson & Hertzum, 2005), France (Doniol-Shaw & Lada, 2011), and Canada (Cloutier et al., 2008; Sharman et al., 2008).

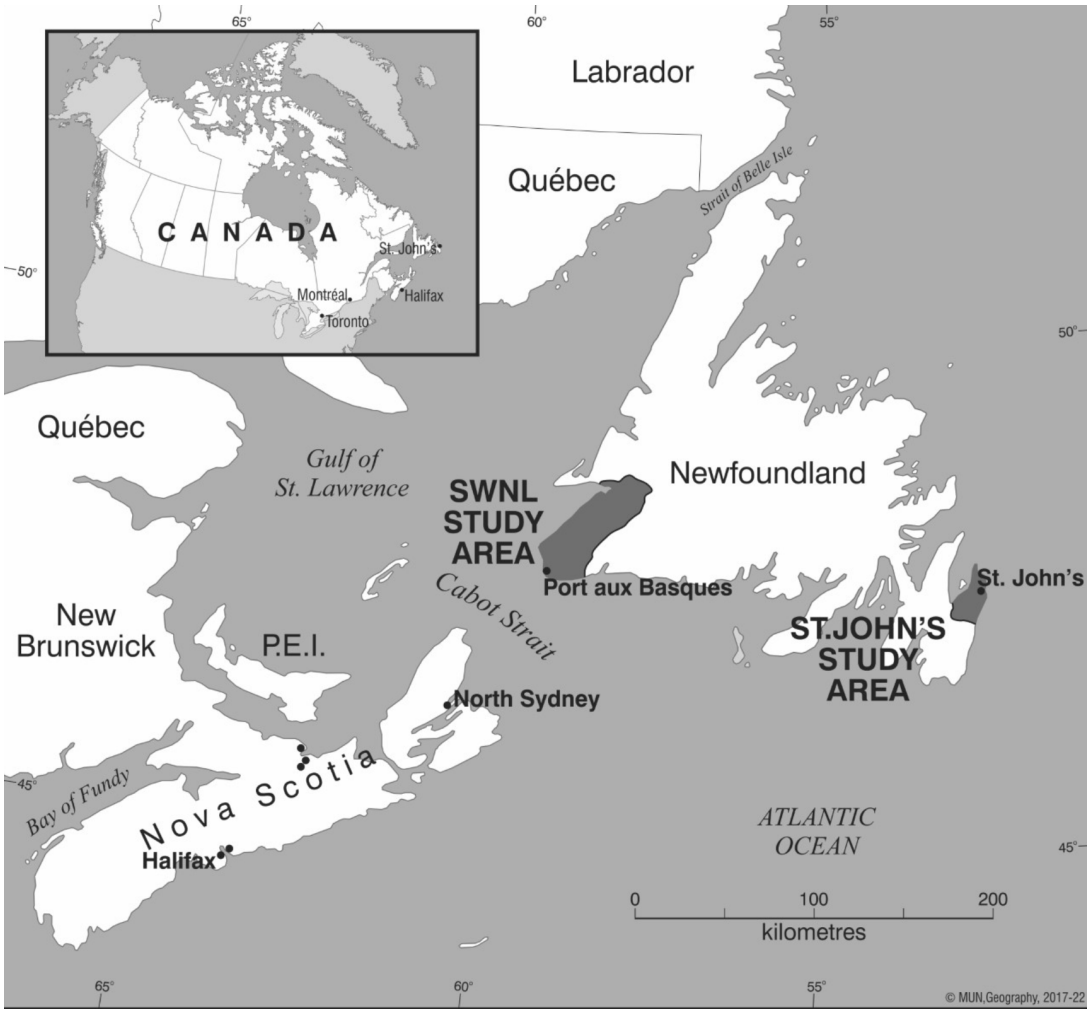

Figure 2.1 Southwest Newfoundland and St. John's study areas

Existing research in this stream has shown that, typically, local home care workers work irregular shifts (Cloutier et al., 2008; Doniol-Shaw & Lada, 2011), have long working days with gaps in the middle (Doniol-Shaw & Lada, 2011), often have insufficient time for travelling between workplaces (Martin-Matthews, 2010; Sharman et al., 2008), tend to be lower waged workers (Cloutier et al., 2008; Doniol-Shaw & Lada, 2011; Sharman et al. 2008) and often work more hours than they are paid for (Aronson & Neysmith, 1996).

Home care work is also performed/done by professional nurses. Compared to nurses working at hospitals, home care nurses receive lower pay, have fewer benefits, and often work beyond their scheduled hours (Anthony & Milone-Nuzzo, 2005). However, they enjoy the flexibility, independence, and autonomy that mobile nursing entails (De Groot et al., 2018).

In Canada as elsewhere, paraprofessional home care work is considered low-status work that is done by working-class women, including new immigrants, and members of visible minorities (Cohen et al., 2006; McDowell, 2009; Sims-Gould & Martin-Matthews, 2010), and is often performed by women who have poor/low labour market options (McDowell, 2009). As with many female-dominated occupations, the skills involved in doing caring work are invisible and devalued (Armstrong et al., 2008) and the fact that the workplace is located within the home diminishes its value further as the non-institutional and non-professional setting results in the home care worker receiving a lower wage than personal care workers doing similar work in hospitals (Lilly, 2008).

The literature on home care work also considers the role of rhythms in the collaborative coordination of home care work scheduling among workers (Nilsson & Hertzum, 2005), the synchronized and arrhythmic routines of other paid healthcare professionals' schedules and the lack of sufficient time for appropriate care (Martin-Matthews, 2010; Wiles, 2003) and the importance of spatial and temporal dimensions of care work (Twigg, 2002). One article that uses an intersectional rhythmanalysis features St. John's home care workers in one of five vignettes from work in different sectors to describe the intersecting rhythms of work, home, environmental and E-RGM to understand power relations (Neis et al., 2018). My research builds on this latter article.

This article compares the everyday rhythms of two groups of home care workers living in Newfoundland and Labrador, the most easterly province of Canada (Fig. 2.1). The first group of home care workers lives in St. John's, a small Canadian city and travels to one or more clients' homes each workday. The second group of home care workers lives in SWNL, a region comprised of small resource-extraction, transportation and service sector-based rural communities. Like many rural fishing communities, since the 1990s SWNL has experienced high unemployment and out-migration of young adults and extensive reliance on long distance commuting by some residents (MacDonald et al., 2013). Where most of the literature on home care work focuses on urban home care workers, this article compares the polyrhythmic environments (co-existence of two or more rhythms) of urban and rural home care workers with very different schedules. It contrasts the rhythms of St. John's urban home care work with irregular weekly shifts and long days, sometimes with split shifts, to SWNL rural home care work where workers travel to Nova Scotia to perform live-in work for 14 days or more before returning home. The comparison exposes the diversity and complexity of their work-related mobility and explores its consequences for workers. Much of the care work literature has left mobility in the background, but it is central to the work itself (Ferguson, 2016; Smith & Hall, 2016).

Methods

This article is based on a subset of 37 home care worker interviews that took place between January 2013 and April 2014 consisting of workers engaged in the most common form of E-RGM in St. John’s and SWNL. The bulk of data for this article was

derived from semi-structured interviews with 10 home care workers living in SWNL and travelling to Nova Scotia for work, a few employed by home care agencies, but most employed by the client's family, and with 10 home care workers living in St. John's employed by unionized home care agencies. Except for one older unionized male worker, all interviewees were women. I recruited home care workers through recruitment posters and union representatives; acquaintances provided contact information for home care workers using a snowball sampling approach. The interviews took place in a variety of public and private places of choice for interviewees (ferries, restaurants, malls, home care workers' residences and workplaces, and my residence). Although I planned to audio-record all interviews, some home care workers requested that I take notes of our conversations instead. I transcribed all audio-recorded interviews, reviewed the transcripts numerous times and looked for common themes identified in the literature on home care work, E-RGM and rhythmanalysis. I coded the data and used NVivo™ to organize the data.

Results

This section consists of two parts. The first segment begins by presenting two composite vignettes which, following Spalding and Phillips (2007), were constructed from the experiences of the participants woven together into a single vignette. The first, "Paula," is based on an analysis of the daily local E-RGM of 10 unionized home care workers living in St. John's. The second, "Donna," is based on the interprovincial E-RGM of 10 home care workers living in SWNL and who travel by ferry to provide live-in care to clients in Nova Scotia. It examines the similarities and differences between the

groups of workers interviewed. The second section describes arrhythmias and eurhythmias experienced by these different sets of home care workers.

Paula: Daily Local E-RGM

Paula, a 25-year-old single woman lives in St. John's (Figure 2.1) with no dependents, worked in retail and the service sector before finding employment as a home care worker. At the time of the interview, she had been employed for two years. Like most unionized home care workers employed by a for-profit home care agency, Paula works in transient and multiple workplaces caring for clients with varying care needs, expectations and resources.

During busy periods, Paula provides daily home care services to three clients and has one full day off work every two weeks. A typical workday for Paula starts at 8:00 am when she leaves her home and drives to the first client's house, 20 minutes away. During her 3.5-hour shift, Paula provides personal care and companionship, prepares breakfast and lunch, and cleans the home for the client, who is in her 90s. At the end of the shift, Paula travels by car to her second client's home 20 minutes away, with 10 minutes to spare. During the next four-hour shift, Paula makes the senior lunch, does a variety of housekeeping tasks and uses her car to transport the elderly woman shopping and to medical appointments. After the second shift, Paula drives 10 minutes to the third client's home, an elderly man, and at the end of the two-hour shift there, Paula drives 20 minutes home. Paula is away from home for approximately 11.5 hours and is paid for 9.5 hours of that time. Although she worked longer than eight hours, she is ineligible for the overtime rate until her daily work hours exceed 14 or 15 hours a day or 40 hours per week.

Paula's weekly work schedule fluctuates from 21 to 45 paid hours, and since working in home care, she has had one long-term client and many shorter-term clients. Paula is responsible for the maintenance, gas, and insurance for her vehicle but does not receive mileage or compensation for the time commuting, transporting clients or travelling between clients' homes. Paula's hourly wage is $13.25, and she, like eight of the 10 unionized home care workers is employed at a second job because she does not receive sufficient income or work hours employed at the home care agency. She seldom talks with the home care agency, or other home care workers. Often Paula does not have time for a proper meal and is ineligible for paid work breaks.

Paula's E-RGM rhythms are influenced by and influence a variety of intersecting natural and linear rhythms. As a young single woman with no dependent children and no other primary care responsibilities, Paula's life course enables her to work long and irregular hours. The bi-weekly work schedules created by the home care agency are based on providing care services for both government-subsidized and non-subsidized clients and plays an essential role in Paula's E-RGM. The number of government-subsidized hours is based on the premise that family members should provide the care (Government of Newfoundland and Labrador, 2005). Typically, non-ambulatory home care clients require assistance in the mornings and evenings, and this is reflected in the work schedules. However, home care worker's schedules are continually fluctuating because the agency's clientele ebb and flow and workers are unable to work assigned shifts. Working in transient, sequential workplaces is challenging for Paula, especially when the client’s needs are complex there is insufficient allotted time to provide proper care, and workers

receive limited information about new clients. According to Paula, “Sometimes you go in there blind, and you don’t know what to expect.”

There were differences in the mode of transportation and life course among interviewed St. John’s home care workers. For two home care workers relying on limited public transportation to travel between workplaces this created challenges including increased travel time and reduced daily client load; reliance on public transit also eliminated potential clients living beyond the transit route. In addition to young workers, there are older workers in St. John’s who have no dependents, which enabled them to work long hours. According to Janette, “It's very hard on home life, very hard you know, and this is why you see a lot of older ladies in the home care.” In spite of that, one of the home care workers had a young daughter, and the rhythms of caring for her daughter and school schedules influenced her E-RGM (see Fitzpatrick & Neis, 2015).

Donna: Interprovincial E-RGM

For over 10 years, “Donna” provided live-in care for clients residing in Nova Scotia, a nearby province (Figure 2.1). Before working in home care, Donna worked at the local fish plant until it closed. Donna cares for clients found through a Nova Scotian home care agency and acquaintances for periods ranging from a few months to over five years. Usually, Donna works for 14 days straight with a day’s commute at each end then has 12 full days off work. At the start of her journey to work, a family member drives her to the ferry terminal in Port Aux Basques on Tuesday night so she can start work on Wednesday afternoon. As a walk-on passenger, Donna usually arrives at the ferry terminal by 10:00 pm for an 11:45 pm ferry departure. Once on the ferry, Donna joins

other home care workers in the cafeteria for a cup of tea and a chat before going to sleep on a bench in the general seating area of the ferry. When the ferry docks in North Sydney about 6:30 - 7:00 am Donna takes a small shuttle bus from the ferry terminal to her client's home approximately 4.5 hours away. For Donna, the commute is a time to socialize. Along the way to her workplace, the seven-passenger van bus drops off and picks up other passengers, many of whom are home care workers that she knows, and she chats with them. Once at her destination, the bus driver carries her suitcase into the house, picks up the other home care worker's suitcase and loads it in the vehicle while Donna speaks briefly with the second home care worker who is returning home to SWNL.

As soon as Donna arrives at the client's home, she is "at work" and is responsible for housekeeping, cooking, administering medications, providing personal care and accompanying the client to appointments. Whether hired by a home care agency or client's family members she does not have an employment contract outlining her tasks. Donna provides 24-hour care with few breaks during the two-week work rotation. Her workday varies according to the client's needs and expectations. Every morning Donna starts the day by helping the client out of bed and doing personal care, followed by cooking breakfast and administering medications. Donna does not drive, but takes the client to appointments by taxi, relies on family members or the access bus. Her mobility is quite limited as she does not bring her own vehicle and is bound to the workplace.

At night, Donna's sleep is interrupted when the client needs assistance. Donna keeps in touch with her family by phone in the evening while the client is sleeping. On the last day of her work rotation, she speaks briefly to the

replacement home care worker while the bus driver carries the luggage to and from the van. She boards the shuttle van for the 4.5 hour drive back to the ferry terminal in North Sydney, usually with other home care workers.

The shuttle arrives at the ferry terminal in the late afternoon, but the ferry does not depart until 11:45 pm, so Donna spends at least five hours waiting and socializing with other SWNL home care workers. Weather permitting, the ferry arrives in Port Aux Basques by 6:30 am and then she is picked up by a family member. Including wait time, the journey home is over 19 hours.

Working privately for the family members, Donna receives $250 to cover travel expenses (return passenger ferry fare and shuttle bus fare). She is not compensated for sharing a cabin to sleep on the ferry, or for additional expenses incurred due to severe weather or ferry malfunctions. Typically, when working for a private family, Donna receives a daily rate of $150 ($6.25/hour) but does not receive vacation pay or statutory pay and does not contribute to the Canada Pension Plan or Employment Insurance. As with five of the 10 SWNL home care workers interviewed, she works "under the table." Three of the home care workers were employed by agencies and received a lower daily wage ($90) and were not compensated for travel expenses. Similar to the workers employed in the formal sector by families, they contributed to Canada Pension Plan and Employment Insurance.

Like Paula, Donna's interprovincial E-RGM rhythms are influenced by rhythms such as the life course, transportation schedules, and client and co-worker rhythms. Donna, a woman in her fifties, does not have any dependent children or parents. The bi-daily ferry schedule between Porte Aux Basques, Newfoundland and Labrador, and

Sydney, Nova Scotia is a crucial rhythm that structures Donna's interprovincial E-RGM. Donna travels on the night ferry because she relieves the second SWNL home care worker who works the other two-week work cycle during the day so the latter can return to Newfoundland and Labrador the same night. Though she is fond of her client, by the end of a two-week work rotation, Donna is excited to be going home. When asked how she feels during the commute home, Donna responded,

> coming back, it's almost like party time. It's like you've been let out of prison, right? (laughter). It's a really good day . . . I think it's just the part of not able to do what you want. Like, when you are home, you go where you want, when you want, with whom you want sort of thing. But over there, you're really, most of us are pretty well restricted to a certain degree.

Caring for a client 24 hours a day constrains Donna's freedom and mobility. Similar to Wiles' (2003) study of unpaid family caregivers, Donna matches her daily rhythms to those of the client; she provides meals, administers medicines based on the client's schedules, and when a client becomes less mobile (she is unable to go out shopping or walking), Donna's mobility also declines. Except for one client who provided respite care twice a week to allow Donna a four-hour break, Donna does not take scheduled breaks while caring for the client, which resembles the traditional role of women being the primary caregiver of a family.

Most of the home care workers' interprovincial E-RGMs consists of a two-week cycle but some workers negotiate different work schedules. Emma negotiated with her employer to work one month and then have ten days off to correspond with her husband's work cycle. According to Donna,

> I come home for ten days, it's hard, but we try to keep the family together. He [her husband] goes back on Saturday night; I go back on Tuesday. I have two days for me and my daughter to get together and do things. Just the two of us.

While most of the home care workers are employed by the clients' family members, for a short period three home care workers were employed by Nova Scotian home care agencies who set their work schedules. All home care workers travel by ferry to Nova Scotia, but two of the home care workers drive their vehicles, which is a very different experience than commuting by shuttle bus because they have greater freedom during the commute and have greater motility (have the option of being mobile) while caring for the client. Lastly, two workers share a cabin during the overnight sailing and experience a more comfortable ferry trip because they did not sleep on the floor, bench or upright on a chair.

Arrhythmias and Fragile Synchronicities

There are similarities and differences in the everyday rhythms of unionized home care workers in St. John's and live-in home care workers residing in SWNL and working in Nova Scotia. Both experience arrhythmias at the start and end of the care cycles. At the beginning of this cycle, all home care workers commented on the lack of information about the client and initial challenges providing care. Both home care workers engaged in daily local E-RGMs and interprovincial E-RGMs had to adjust to new workplaces and clients but the higher number of short-term and concurrent clients meant unionized home care workers tended to experience this kind of arrhythmia more often. Conversely, arrhythmia typically occurs at the end of the home care work cycle, when their services

were no longer required. This resulted in a change in their work schedules, fewer hours of work and, in some cases, periods of unemployment.

Arrhythmias also occur in both contexts when severe weather impacts transportation schedules. In the case of SWNL severe weather created unsafe driving conditions, ferry delays and cancellations. St John's workers had less distance to travel but had to travel more frequently, were more likely to drive their own vehicles and were at a higher risk of accidents and of higher insurance costs.

Working irregular hours, including evenings and weekends, and working away from home for extended periods of times also created arrhythmic situations where they had to miss momentous family events. Surprisingly, some SWNL home care workers were better able to weave together rhythms of work, family, social life, and volunteering than unionized workers because they generally knew their schedule in advance. Arrhythmic situations occur when the clients' rhythms (the client's needs and expectations) require more care than the time allotted to unionized home care workers illustrates the contradictory rhythms of care work (Martin-Matthews, 2010; Twigg, 2002). SWNL home care workers experience arrhythmias related to disharmony between clients' irregular circadian rhythms and complex medical requirements, and worker's rhythms. Finally, both groups of home care workers periodically experienced rhythms in harmony or achieved "fragile synchronicities" (Neis et al., 2018), as when they had regular routines and well-established relationships with clients who were relatively stable. However, even in these contexts the effort to synchronize concatenated rhythms was challenging and largely the responsibility of workers.

Discussion

Roseman and colleagues (2015, p. 178) suggest that "inequalities influence not only which social groups engage in different types of E-RGM but also its conditions." In this study, all but one of the interviewed home care workers were women, and they all performed work conventionally understood as low status and working class. It is through dressage; through the rhythms of everyday life that girls and women learn how to care. Although caring work is women's work, women who are working-class or recent immigrants with limited employment options tend to be clustered in home care work (McDowell, 2009). Similar to other research on urban home care workers who live and work in their community, in this study, interviewed St. John's unionized home care workers worked irregular part-time hours (Sharman et al., 2008) worked more hours than they were paid, and received irregular and low wages (Aronson & Neysmith, 1996; Cohen et al., 2006; Doniol-Shaw & Lada, 2011).

Reid-Musson (2018, p. 885) asserts that "risk and vulnerability are borne at the level of rhythms," and in this study whether home care worker's everyday rhythms included daily local E-RGM or an interprovincial E-RGM, they were vulnerable to risks associated with precarious employment. According to Rodgers (1989, p. 35, cited in Cranford et al., 2003, p. 9), there are four dimensions of precarious employment: 1) income level; 2) control over the labour process; 3) degree of regulatory protection; and 4) degree of certainty of continuing employment. In this study, both groups of home care workers earned low incomes. Home care workers participating in daily local E-RGM are employed part-time, work irregular hours (21 to 45 hours/week) and most worked more than one job to supplement their $13.25 hourly wage. In comparison, home care workers

participating in interprovincial E-RGM had a daily rate between $90 to $150, but, made less than $6.50/hour when taking into account their 24/7 schedule. There was no certainty of continuing work for home care workers engaged in either daily local commutes or for those engaged in interprovincial E-RGM. While workers engaged in daily local E-RGM received fewer hours or were laid off at the end of a care cycle, it was not uncommon for workers engaged in interprovincial E-RGM to be without work for a few months between clients. As union members, St. John's home care workers had greater control over the labour process and had more formal, regulatory protection including over their working conditions and had access to vacation pay, statutory holiday pay, medical and dental benefits as outlined in their collective agreement. They would also be eligible for workers compensation in the event of a work-related injury (Fitzpatrick & Neis, 2015). In contrast, interviewed SWNL home care workers would be covered by the Nova Scotia Employment Standards Act (2014), if they are employed in the formal sector (either working for an agency or employed by the family) and typically did not receive vacation pay nor statutory pay and had no medical or dental benefits. Further, workers paid in cash would be ineligible for Employment Insurance benefits, Canada Pension Plan benefits or workers' compensation. Although workers engaged in both E-RGMs experience precarity, home care workers engaged in interprovincial E-RGM have a higher degree of precarity but chose this form of E-RGM because of a lack of local employment opportunities and because working away allows them to live in their community.

St. John's daily local E-RGM care employees work in isolation and know few, if any other home care workers. Unlike Danish home care workers (Nilsson & Hertzum, 2005) St. John's workers travelled to, from and between workplaces alone, and rarely

went to the agency's office. Conversely, the transport rhythms of SWNL home care workers, including the long waits at the ferry terminals, the many hours spent on the ferry and shuttle bus give home care workers opportunities to socialize and discuss work-related issues.

The "omnipresent State" Lefebvre (2004, p. 42) maintains transportation, healthcare, and social programs, and other facets of everyday life. The lack of a public bus system in SWNL makes it economically unviable for workers who do not have access to a vehicle to work in the community, whereas in St. John's the limited public bus system both enables and constrains the work schedules of home care workers who do not own a vehicle. Neo-liberal ideology's emphasis on efficiency, consumer choice, and privatization (Armstrong et al., 2008) permeates Newfoundland and Labrador and Nova Scotian provincial healthcare policies as reflected in restrictive subsidized home care and a shortage of publicly funded beds for long-term care. In the case of St. John's unionized workers, a collective agreement has somewhat mediated work schedules and improved wages but the state's move to use private agencies to provide subsidized care mirrors research by Martin-Matthews (2010) and Twigg (2002) in the disconnect between the rhythms required for quality care and the time allotted for care. Unlike home care nurses who have the autonomy to organize their daily schedules (De Groot et al., 2018) St. John's home care workers have limited say in their work schedules, ensuring that the rhythms are in harmony is further complicated by caring for children or partners, relying on transit, and irregular work schedules.

SWNL home care workers working in Nova Scotia for two or more weeks also experience "fragile synchronicities" as they are responsible for navigating somewhat

unsynchronized intermodal transportation. They also emotionally support family members while working away. Both groups of home care workers receive intrinsic rewards through paid caring work, but they have little power, are precariously employed and vulnerable.

There are different ways to think about the rhythms of home care workers, E-RGM and everyday life. My research adds to the limited literature on Newfoundland and Labrador home care workers' mobility and compares the rhythms of care workers engaged in two very different forms of E-RGM and the arrhythmias and "fragile synchronicities" associated with each. Using intersectional rhythmanalysis reveals the interconnecting rhythms that reveal the underlying power relations across multiple scales and the resulting arrhythmias and eurhythmias experienced by interviewed home care workers.

There are limitations to this study, for instance, the small sample size cannot be generalized to the population of homecare workers engaged in the two forms of E-RGM, and the snowball sampling method may have missed other forms of E-RGM in both regions. However, this study adds to mobility studies by comparing two forms of home care workers' E-RGMs and adds to the literature on intersectional rhythmanalysis by exploring the complexities of E-RGM. Further research should use an intersectional rhythmanalysis to expose how differing interconnecting rhythms associated with care work influence the safety and health of workers.

Conclusion

This article uses intersectional rhythmanalysis to expose the multiscalar complexity of the rhythms of everyday life for St. John's home care workers who engage in daily local E-RGM and SWNL home care workers who engage in interprovincial E-RGM. Not only did the rhythms vary between different patterns of E-RGM, but there were some differences amongst individuals engaged in their experiences in the same E-RGM rhythms, especially for those with and without familial responsibilities, who rely on public transit, shared transit or own their own car, and those with single, relatively established home care clients and those who work in transient and often multiple locations.

In this study home care workers were working class and predominantly women, and all experienced precarious employment. However, interprovincial E-RGM workers experienced a greater degree of precarity and were the more vulnerable group of workers from the point of view of job security and access to benefits and regulatory protections. Place plays a role in the forms of E-RGM. Compared to St. John's home care workers, SWNL workers live in an economically depressed region where it is not uncommon for workers to travel out of province for work. Common arrhythmias experienced by home care workers occur at the start and end of the care cycle, and during severe weather. Unlike SWNL home care workers who have ample time with clients, St John's home care workers experience arrhythmias when there is insufficient time to provide quality care. When client and worker's rhythms mesh, or when workers are able to balance work,

home and leisure activities, home care workers experience eurhythmia, though it reflects more of a ‘fragile synchronicities’ (Neis et al., 2018) that are challenging to maintain.

Lefebvre and Levich (1987, p. 9) suggest that using rhythmanalysis reveals “the extraordinary in the ordinary” and brings to light the role of capitalism in everyday life. However, they negate other intersecting social relations (Reid-Musson, 2018). Using an intersectional rhythmanalysis reveals power relations (gender, class, and race) that shape and are shaped by the rhythms of everyday life, it reveals the messiness of intersecting multiscalar rhythms (national to personal space) and the corresponding power relations and is a powerful tool to better understand different forms of E-RGM, and the corresponding work and OHS concerns.

Chapter Three: What's Place got to do With it?: The Employment-Related Geographical Mobility Rhythms of Southwest Newfoundland Home Care Workers

Abstract

There is an emerging literature in the field of work-related mobilities that uses insights from Lefebvre's rhythmanalysis and intersectionality approaches to understand long-distance and intermodal commutes. Missing from much of this work is attention to the importance of place. Using insights from intersectional rhythmanalysis and place ballet, this paper explores the E-RGM of 'Newfoundland Ladies,' female live-in home care workers who reside in the rural area of SWNL, Canada, and who commute up to thirteen hours via car, ferry, and van to work in the adjacent province of Nova Scotia on a rotational basis. While rhythmanalysis enables us to examine everyday life, place ballet highlights the embodied face-to-face encounters between people that create a sense of place and attention to mobile place-making. This paper is based on findings from a qualitatively driven mix-methods study using semi-structured interviews with ten home care workers and seven community leaders, a document analysis of online websites, and observational data. The paper examines the following: a) how the rhythms of place influence and are influenced by interprovincial E-RGM rhythms; b) how combining Seamon's place ballet with intersectional rhythmanalysis can highlight mobile place-making and socializing opportunities; and c) how rhythmanalysis exposes power relations found in these workers' everyday lives. In this context, the multi-scalar rhythms of place include the economic development cycle, transportation schedules, the culture of working

away, and caring cycles of clients in Nova Scotia. The specificity of place produces and is a product of rhythms and is essential to consider when analyzing the gender and class dimensions of work-related mobilities.

Key Words: place, employment-related geographical mobility, rhythmanalysis, home care workers, mobile places, Southwest Newfoundland[1]

[1] The target journal for this paper is *Applied Mobilities.*

Introduction

Place matters. Labour markets, types of employment, workplace practices, and work-related mobility varies from one place to another (McDowell, 2009). There are growing literatures on the rhythms of place (Edensor, 2010; Jiron, 2010; Lefebvre, 2004), the rhythms of work (Simpson, 2008; Syring, 2009; Zayani, 1999) and, more recently, on the application of rhythmanalysis to work-related mobility (King & Lulle, 2015; Marcu, 2017; Neis et al., 2018; Reid-Musson, 2018). While some of the work-related mobility research extends Lefebvre's rhythmanalysis framework by considering more closely gender, race, as well as class (King & Lulle, 2015; Neis et al., 2018; Reid-Musson, 2018), with the exception of geographers such as King and Lulle (2015), much of this research does not explicitly consider how the rhythms of place influence work-related mobility.

This paper weaves together findings from a study of interprovincially mobile home care workers. Mobile home care workers can be professionals, such as nurses or physiotherapists (Daly, 2007) or paraprofessionals, who cook, clean, shop, provide companionship, monitor health, and do personal care (bathing, washing, toileting) (Aronson & Neysmith, 1996). In this study, home care workers are the latter. This chapter aims to understand interactions between mobility and SWNL home care worker's work and home lives, It uses a qualitatively-driven mixed-methods approach (Hesse-Biber et al., 2016) to contribute to the literature on intersectional rhythmanalysis and E-RGM in the following three ways. First, it uses this study to examine how the rhythms of place intersect with, influence, and are influenced by the forms and dynamics of work-related rhythms at home, on the road, and at work. Second, it inserts those aspects of Seamon's

place ballet that focus on face-to-face encounters at a locale into an analysis that draws on rhythmanalysis to reveal the opportunities for socializing and mobile place-making embraced by many of the study participants. Third, it adds to the emerging literature that uses intersectional rhythmanalysis to expose class and gender, and related power relations found in the everyday lives of a group of mobile workers and how class and gender shape and are shaped by the rhythms of place.

The paper begins by locating the study research in the literatures on place, rhythmanalysis, place ballet, and E-RGM. The methods section describes the qualitatively-driven mixed methods approach that includes non-participant observation, semi-structured interviews, document analysis and analysis of 1981 and 2006 census data. This is followed by a brief description of the demography, history, dynamics of employment, and interprovincial mobility on the southwest coast of the island of Newfoundland on Canada's east coast. The field research findings section begins with observations of interprovincial E-RGM rhythms of SWNL home care workers on the move: at the ferry terminals and ferry followed by a discussion of SWNL rhythms, and the choreography of place ballets on the move and in the workplace. Insights using these methods make it possible to describe the intersecting rhythms of place, the care cycle, and family and social life of home care workers living in Newfoundland and working in Nova Scotia. They reveal the class, gender, life course and relations of place created by and through these intersecting rhythms. This paper shows how attention to place is essential when using intersectional rhythmanalysis to understand work-related mobility.

Specificity of Place.

The specificity of a place is derived from a constellation of factors: different combinations of local and wider (regional, national, and international) social, economic, political, and cultural relations, mobilities, the accumulated history of a place, and the interconnectivity between places (Massey, 1994). A study by McDowell and Massey (1994) illustrates the specificity of place by comparing the gendered occupations and work-related mobility in four regions in the United Kingdom in the 19th century and more recently. The availability of appropriate paid work for men and women varied in each of these regions; in particular, in the rural region of the Fenlands of East Anglia, 19th-century life was dominated by agriculture, and both men and women were landless proletariats. However, the nature of work differed between men and women, with men employed annually and women employed seasonally travelling in gangs with other women to work in the nearby villages. In this socially, sexually, and politically conservative community, women had heavy domestic responsibilities. According to McDowell and Massey (1994: 201), "[w]omen served their menfolk, and both men and women served the local landowner; nobody rocked the boat politically." A century later, in Fenlands, women were still seasonally employed working in gangs doing women's work. This was backbreaking and poorly paid work, weeding and picking flowers, celery, and beets by hand, but as well, some were employed in the branch plants built after the decentralization of industries in the 1960s. These factories relocated to the Fenlands because of a convenient supply of cheap, female 'green labour'. It is still a conservative area - public transit is limited, women typically do not own cars, women are unlikely to

work when their children are young, and traditional attitudes toward domestic responsibility remain. The specificity of place at the regional scale is essential to understanding the employment opportunities, mobility and the social characteristics of workers (Hanson & Pratt, 1995; Massey, 1994; McDowell, 2009; McDowell & Massey, 1994). McDowell (2009) argues that it is important to consider the specificity of place at the scale of the workplace, as workers may not be from the immediate locality, and working conditions may vary across workplaces.

Research on home care workers focuses on place, at the scale of the workplace (England & Dyck, 2012, 2011; Lilly, 2008; Martin-Matthews, 2010, 2007) and at the global scale (Chau, 2020; Lutz & Palenga-Möllenbeck, 2010). Home care workers receive a lower wage than personal care workers who do similar tasks but work within a hospital or long-term care home (Lilly, 2008). The transition of care from a hospital or long-term care facility to a client's home, reflects changes in the role of the state influenced by neoliberal policies since the early 1990s when care becomes an individual responsibility, and not a collective responsibility (Armstrong & Armstrong, 2004). Home as place has different meanings. Martin-Matthews (2007) suggests that for elderly recipients of care, home is a place for entertaining, a place of comfort and refuge and for maintaining quality of life, whereas for home care workers it is a workplace. Home is a gendered space and place where caring work is predominantly done by women and constructed around gendered identities and social relations within the home and beyond (Armstrong & Armstrong, 2004; Martin-Matthews, 2007). This shift to home care changes social relations and impacts geographical mobility, working conditions and occupational health and safety risks. Local home care workers face OHS risks associated

with working alone in the home remotely from employers and if employed by an agency may travel between multiple client homes during their workday (Fitzpatrick & Neis, 2015; Quinlan et al., 2015). At the global scale, place plays a role in sending countries and receiving countries regarding live-in home care workers, and typically women from lesser developed countries such as the Philippines (Spencer et al., 2010) and eastern European countries (Chau, 2020; Pelzelmayer, 2016) engage in circular migration to more developed countries.

Rhythmanalysis

Mels (2004, p. 3) argues that "human beings have always been rhythm-makers as much as place-makers." According to Lefebvre (2004, p. 25), "Everywhere where there is interaction between a place, a time, and an expenditure of energy, there is rhythm." Within capitalism linear rhythms (the rhythms of paid and unpaid work, consumption including leisure activities) and cyclical rhythms (natural rhythms such as seasons and circulatory systems) intersect and create the everyday (Lefebvre & Levich, 1987). Rhythmanalysis examines multiscalar intersecting and concatenated rhythms and "shows how places are made through the mobile flows of capital, people, objects, energy or matter" (Lyon, 2019, p. 39). The rhythms of E-RGMs are among the many rhythms of the everyday, and of place.

Reid-Musson's (2018, p. 882) research on migrant farmworkers in Ontario, Canada, introduces an intersectional rhythmanalysis approach that exposes "the inseparable, co-constituted, and contingent processes underpinning social categorization and social inequality, namely race, class, and gender." Reid-Musson incorporates gender

and race which were omitted in Lefebvre's rhythmanalysis. An important element of intersectional rhythmanalysis is that it "connects natural rhythms and the intimate – the body, the kitchen table, the bus seat – to structural changes in the world of work" (Neis et al., 2018). Applying an intersectional rhythmanalysis approach, Neis and colleagues (2018) explore the intersecting rhythms of home, work, environment and diverse E-RGMs through five vignettes of Canadian workers from multiple sectors and urban and rural contexts. They expose arrhythmias (rhythms out of sync) and explore workers' and their families' efforts to achieve "fragile synchronicities," as they grapple with "the extension of coercion beyond the workplace into life at home and work-related mobilities" (p. 1175). While place is implicitly discussed in the intersectional rhythmanalysis literature, more needs to be done to bring place, and the rhythms of place, into our understanding of work-related mobility. Centering place in rhythmanalysis reveals how the rhythms of place influence and are influenced by work-related mobility, how mobile place-making occurs during work-related mobility, and how the gender and class dimensions of work-related mobility are a product of and produce the specificity of place.

Place Ballet

A slightly different approach to examining everyday rhythms is Seamon's place ballet, which "joins people, time and place" (Seamon & Nordin, 1980, p. 40). Place ballet describes the human experience of place and place-making (Seamon & Nordin, 1980). Edensor (2010, p. 8) asserts that "[t]his ongoing mapping of space through repetitive, collective choreographies of congregation, interaction, rest and relaxation produces

situated rhythms through which time and space are stitched together." These "hubs of regular and synchronized patterns of human activities" (Wunderlich, 2008, p. 135) create opportunities to understand the meaning of encounters between people (van Eck & Pijpers, 2017), foster and maintain community, and create a sense of place (Seamon, 1980; Seamon & Nordin, 1980). Similar to rhythmanalysis, "[r]egularity and variety mark the place ballet. Their balance is a rhythm of place: speeding up and slowing down, crescendos of activity, and relative quiet" (Seamon, 1979, p. 151). Conceptualizations of place ballet do not usually consider power relations and place ballet has not typically been used to study work-related mobilities. While rhythmanalysis focuses on the linear and cyclical rhythms of place and everyday life, place ballet is interested in the repetitive congregation of people in time and space. Consequently, what place ballet adds to an intersectional rhythmanalysis is that it highlights the repetitive face-to-face interactions during the journey to work and at work that create emotional and experiential realms and are part of mobile place-making.

E-RGM

E-RGM refers to the "frequent and/or extended travel from places of permanent residences for the purpose of, and as part of employment" (Cresswell et al., 2016, p. 1788). E-RGM has a temporal dimension in that it ranges from daily, short commutes to working away for weeks, months, and even years. It has a spatial dimension in that it ranges from working locally to working in a different country (Dorow et al., 2017; Roseman et al., 2015; Newhook et al., 2011), travelling for work (e.g., ferry workers, truck drivers) and moving between transient and multiple workplaces (Fitzpatrick & Neis,

2015; Roseman et al., 2015). E-RGM is produced by and produces power relations and inequalities linked to (im)mobility, and productive and reproductive work (Dorow & Mandizadza, 2018; Roseman et al., 2015). Class, gender, ethnicity, race, and citizenship influence and are influenced by these work-related mobilities.

Recent research incorporates an intersectional rhythmanalysis approach to better understand the nuances of E-RGM by focusing on the polyrhythmic, multiscalar rhythms of everyday life that intersect with work-related rhythms across gender, class, race, and citizenship (Fitzpatrick, 2021; Neis et al., 2018; Reid-Musson, 2018). Intersectional rhythmanalysis of E-RGM includes attention to place, to work, mobility and life at home in community (reproduction) as constructing mobility and being constituted by those mobilities and as mediated by gender, race, ethnicity and class (Reid-Musson, 2018). Combining place ballet with intersectional rhythmanalysis highlights the repetitive rhythms of converging individual mobilities, the encounters between people, and the resultant sense of place (regional, local, home and workplace) and of mobile place making.

Methods

Reinharz (1992) suggests that it is important to use many different methods to understand the complexity and critical issues in women's lives. This paper draws on my P.h.D. research and uses a mixed methods approach, including observation, semi-structured interviews, census data and document analysis to better understand the rhythms and their relationship to place in SWNL's home care workers' E-RGMs. I collected data on a key segment of home care workers' interprovincial E-RGM (commuting) between

the island of Newfoundland and Nova Scotia through approximately 30 hours of nonparticipant observation in ferry terminals and shuttle buses that transported walk-on ferry passengers to and from the ferry terminal and ferry on three different occasions. During this observational phase, I sat nearby home care workers, listened to their conversations, watched their social interactions, discretely wrote some notes, and afterward made more complete notes of my observations. These notes were then typed and added as Word files to NVivo^{TM}. I later reviewed these notes for specific behaviors and identified common themes. I also analyzed data from the 1981 and 2006 censuses, accessed through Memorial University's Research Data Centre to compare the percentage of interprovincial workers in St. John's to SWNL and other aspects of the regional economy. Although the 2011 census data was available and is closer to the research date, I used the 2006 census because of a concern that the shift from a mandatory national household survey to a voluntary survey affected the quality of the data (Green & Milligan, 2010).

The bulk of the data for this paper is derived from semi-structured interviews that took place during the period May to July 2013 with 10 SWNL home care workers (Table 3.1) and seven key community informants (three business owners, three community leaders, and a provincial government representative). I recruited home care workers through posters displayed in public spaces (recreation centers, city halls, shopping stores, and malls), while travelling on the ferry, and through snowball sampling. The interviews took place in a variety of public and private areas (ferries, restaurants, home care worker's residences, workplaces, and my residence). I contacted key informants through community organizations, government offices, and businesses in four different

communities in SWNL. Although I planned to audio-record all interviews, some home care workers and key informants requested that I take notes of our conversations instead, which I later typed and added to NVivo™.

Table 3.1 Interprovincial home care workers

Employer	Pseudonym	Education	Dependents	Marital Status	Years working as a home care worker
NS Family	*Bernice	Grade 12 or less	0	60s Married	6
NS Agency	Emma	Grade 12 or less	0	50s Married	7.5
NS Agency & Family	Janice	Grade 12 or less	0	50s Married	10
NS Family	*Karen	Grade 12 or less	0	50s Married	10
NS Family	Lauren	Grade 12 or less	0	50s Divorced	3
NS Family	Lil	Grade 12 or less	0	60s Married	10
NS Family	Maureen	Grade 12 or less	0	40s Married	3.5
NS Family	*Samantha	Grade 12 or less	0	50s Married	8
NS Family	*Tammy	Grade 12 or less	1	40 Married	8
NS Family	Tess	Grade 12 or less	0	60s Married	8

*Indicates employed as a home care worker at more than 1 form of E-RGM

I also reviewed Nova Scotian policies on home care, employment standards, and searched the internet using the following search terms “Newfoundland Ladies” and “home care.” ‘Newfoundland Ladies’ is a term used in a CBC 2008 documentary *Where the Women Went* and refers to women living on the island of Newfoundland who worked

in Nova Scotia for two-week rotations providing live-in home care (cooking, cleaning, providing personal care, and companionship). I transcribed all audio-recorded interviews, reviewed the transcripts numerous times, and looked for common themes identified in the literature on home care work mobility and rhythmanalysis. I coded the data and used NVivo™ to organize the data.

As indicated in Table 3.1, interviewed home care workers in this study were predominantly married women in the later stage of their working lives. Only one home care worker had a dependent child. All home care workers were white, born in Canada, had grade 12 or less education, and ranged in age from 40s to late 60s. Eight of the ten interviewed women had worked in home care for five or more years. Almost half had previously worked seasonally in the fish plant; four had worked part-time in the lower-tier service sector (retail, servers, clerical), characterized by part-time work, low wages, no job security, and employment in retail or clerical positions. For two women, home care work was their first paid employment. The pay rate at the time of the study generally ranged from $90 to $150/day, and workers were not paid for their travelling time. Workers in a two-week shift rotation earned between $1,260 and $2,100 for 14 days, but they were not paid for the commuting time and most were required to be available to care for the client 24 hours a day.

The remainder of this paper uses insights from intersectional rhythmanalysis and place ballet to examine what these data can tell us about the construction of place, including mobile place making, and its relationship to work-related mobility experiences and the work and home lives produced by care workers on the move and with clients.

Before presenting the findings, it is crucial to consider the place where these workers live, SWNL.

Southwest Newfoundland: An Overview

Newfoundland and Labrador is the most easterly province of Canada. SWNL is located on the southwest tip of the island of Newfoundland (Figure 3.1), over a nine-hour drive from St. John's, the provincial capital. A ferry connects SWNL to the province

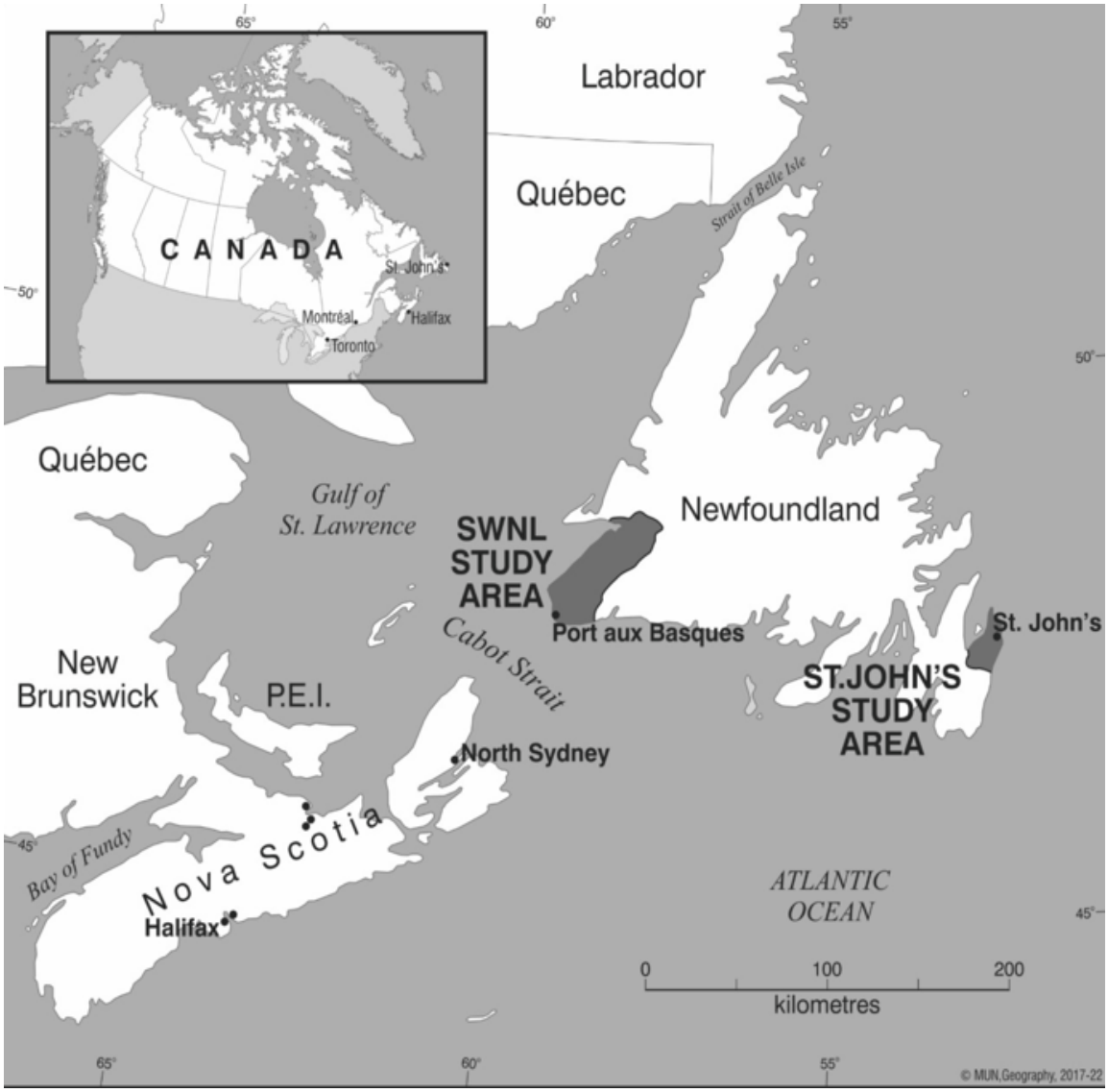

Figure 3.1: Southwest Newfoundland and St. John's study areas

of Nova Scotia with twice daily ferry crossings between Port Aux Basques, Newfoundland and Labrador, and North Sydney, Nova Scotia. SWNL consists of small towns, villages, and unincorporated areas. Historically, fisheries, the railway, agriculture, shipping and the forestry sectors provided employment opportunities for residents. However, with the decline of fish stocks in the 1980s, a moratorium on the cod fisheries in 1992 (Dolan et al., 2005), the closure of the railway in 1988 (Heritage Newfoundland and Labrador, 2020), and the closure of the Stephenville paper mill in 2005, a growing proportion of workers have opted to travel to the Alberta oil sands and elsewhere for work (Walter, 2008). Some workers found seasonal employment in Atlantic Canada working in seafood processing plants (Grzetic, 2022; Knott, 2017; Knott, 2016), in farming in Ontario and New Brunswick, in running seismic cables in Alberta's oil and gas sector (Grzetic, 2022; Power & Norman, 2019); some worked as seafarers on vessels on the Great Lakes (Shan & Lippel, 2019), or worked in home care in Nova Scotia (Fitzpatrick, 2021). The types of work and the mobility of the workforce are gendered with men more likely to work in the oil and gas sector in Alberta and as seafarers on the Great Lakes, whereas women are more likely to work in the service sector in Nova Scotia including in home care. Both men and women work seasonally in fish processing plants and work camps (MacDonald et al., 2013). Since the 1990s, like many rural fishing communities in Eastern Canada, SWNL has experienced high unemployment and out-migration of young adults (MacDonald et al., 2013). Moreover, during the period 2005 to 2014 the SWNL region had the highest percentage of the labour force travelling outside of the province for employment across all ages, at around 20% of the labour force (Hewitt et al., 2018).

There is an interconnectivity between Nova Scotia and SWNL maintained by the Marine Atlantic ferry that sails between these two provinces. Nova Scotia has the highest population of elderly people per capita in Canada at approximately 17.7 percent, and high rates of chronic diseases combined with a shortage of long-term care beds and accredited home care workers (Health Association Nova Scotia, 2014). This means the demand for live-in home care workers in Nova Scotia is higher than the provincial labour supply (Health Association Nova Scotia, 2014). As a result, growing numbers of temporary foreign workers have been recruited for the live-in caregiver program (Health Association Nova Scotia, 2014), but home care agencies and family members of clients also recruit SWNL home care workers (CBC, 2008). The remainder of this paper examines the E-RGM and rhythms of interjurisdictional SWNL care work, place ballet, and the rhythms of place.

Research findings

This section has four sub-sections. The first describes the E-RGM of home care workers travelling on the ferry and their time in ferry terminals. The second describes the rhythms of SWNL and the third examines the care cycle of home care workers living in SWNL and working in Nova Scotia. The fourth sub-section discusses the spaces along the commute where home care workers congregate and their workspaces where workers care for their clients.

Interprovincial E-RGM rhythms: Observations of SWNL Home Care Workers on the Move

On a cold and rainy May evening in May 2013 I arrived at the ferry terminal in Port Aux Basques, Newfoundland and Labrador, and observed nine middle-aged women gathered there, greeting each other and joking. There was a sense of camaraderie amongst them as they discussed family members and home care workers who were not there that day. Most carried large bags. Shortly after 11:00 pm they boarded the shuttle bus for the short trip across the parking lot to the ferry. Once on the ferry, most of the home care workers went directly to the cafeteria and sat around tables chatting. Other women joined the group but by the time the ship departed at 11:15 pm home care workers had dispersed. Some women slept upright in chairs at the front of the boat, and others slept wrapped in a blanket on the floor between the rows of seats. One woman slept on a bench in a different area of the boat, away from others, and two home care workers shared a cabin on the upper deck.

Early the next morning, two home care workers met in the cafeteria while waiting for the ferry to dock at 6:30 am. After arriving at the ferry terminal, home care workers collected their luggage and boarded two small vans, each holding up to seven people, parked outside the terminal. One home care worker took a taxi. Later that same day, on the return trip to Port aux Basques, twelve different, older women homecare workers on their way back to NL occupied the two rows of seats closest to the exit doors in the North Sydney ferry terminal. Piles of bags with the names of

retail chains selling low-priced goods like Reitman's, Walmart and the Dollar Store, lined the floor near their seats. The mood was jovial: a few talked about their clients, their families, and absent home care workers; they showed their purchases to friends and acquaintances. Small groups of women went outside to enjoy the warm weather where they walked, smoked cigarettes, and talked on their cell phones. At 9:30 pm, these and other walk-on passengers boarded the shuttle bus that transported them to the ferry. The women assembled in the cafeteria and chatted. They chatted longer before finding places to sleep on the ferry than those workers I observed travelling to Nova Scotia the previous night. When the boat docked the next morning, the home care workers gathered near the cafeteria before boarding a shuttle bus to the Port Aux Basques ferry terminal. Once in the ferry terminal, they collected their luggage and dispersed by car and taxi to their homes.

The Rhythms of Place: SWNL

There are infinite multi-scalar circular and linear rhythms creating SWNL, which are important to consider because they are linked to historical and contemporary industries and employment opportunities, the mobility and immobility of workers, and residents' demographics. It is a region historically dominated by the fisheries, forestry and the railway. Like other fishery, forestry, and railway-based communities on the island, SWNL communities have undergone deindustrialization, associated out-migration, declining birth rates and, as a result, an aging population. This section explores the

rhythms of place for SWNL, which includes the economic cycles and the norm of "working away," home care workers' E-RGM, and transportation.

SWNL Economic Cycles & the Norm of "Working Away". Like most places, the economic cycles of SWNL ebb and flow, and at the time of my study there were few employment opportunities in SWNL. All community informants and home care workers I spoke with discussed how common it was for residents to "work away."
According to Claire, a community leader "Most of it is out West because of the oil is drawing people now, right? Fort McMurray is filled with Newfoundlanders, just filled with Newfoundlanders. It's amazing." However, workers from SWNL also travelled to other places for work. Lance,[2] a community leader, commented that,

> It is extremely common for people in this community and in the entire area to go away for work in any number of fields, whether it be healthcare or the resource field. Most people are commuting or working in Alberta, Labrador, Ontario, places like that. It's a fact of life.

Working away is not a new phenomenon in SWNL. Rachel, a community leader recalled, "My dad worked for Marine Atlantic, and he was gone all the time. [That was] back in the days when they worked 20 days and only got seven off. I mean, that was many years ago, but now it seems like there is more and more [people working away from the community]." According to Cheryl, a community business owner, "even the people that were retired from jobs here have decided, 'I can make a lot more money out west.' They go. It's like anti-retirement."

Data from the 1981 and 2006 censuses suggests that a higher proportion of SWNL male and female workers than St. John's workers travelled interprovincially for work

[2] As required per ethics clearance, pseudonyms are used in this paper

(Fig. 3.2). According to the 1981 census 4.1% of male workers in SWNL and 1.4% of male workers in St. John's travelled to a different province for employment. By 2006 interprovincial mobility increased to 16% of SWNL male workers and 2.5% of St. John's male workers. Similarly, in 1981 2.0% of SWNL female workers traveled outside the province for work compared to 1.1% of St. John's female workers, and by 2006 the difference increased to 6% of female workers in SWNL and 1.4% of workers in St. John's. While this research does indicate that a higher percentage of SWNL workers than St. John's workers were employed interprovincially, the census data may underestimate the percentage of workers who travel out of province for work (Neis & Lippel, 2019).

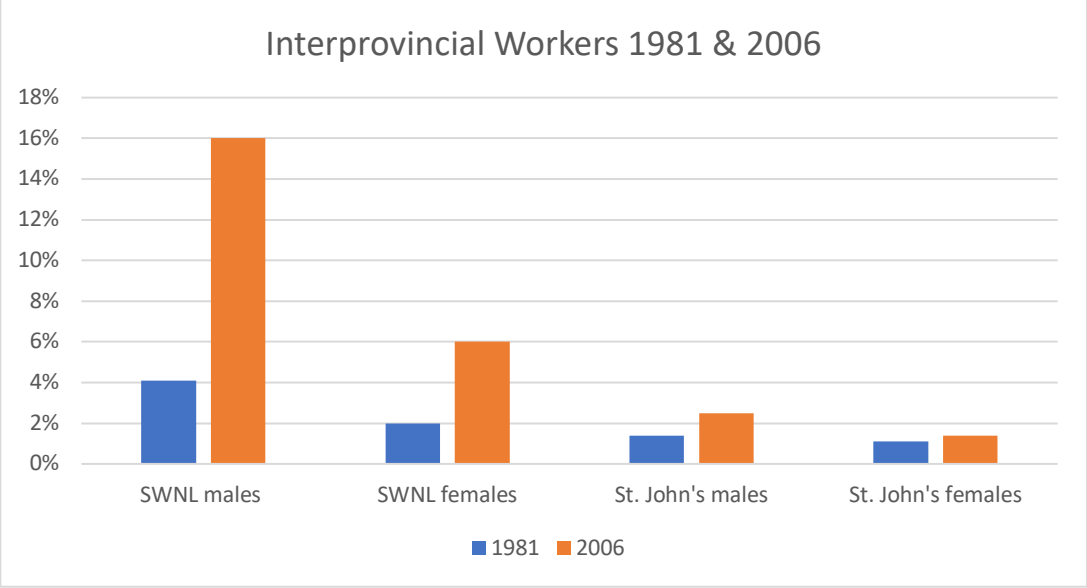

Figure 3.2: A comparison of the percentage of St. John's, NL and SWNL interprovincial workers
Source: Statistics Canada, - Canadian Census of Population, 1981 & 2006.

The census may miss some of these interprovincial workers because it only captures workers who are employed interprovincially at the time of the census (Neis & Lippel, 2019). Additionally, the interprovincial commute omits workers employed in the informal

sector. Research by Hewitt and colleagues (2018) draws on the Canadian Employer-Employee Dynamics Database that links personal taxfiler data with employer payroll data. Based on this data the proportion of workers aged 55+ who worked in a different province during the period 2005 – 2014 was almost 21% (Hewitt et al., 2018) and while men were more likely than women to work away, some women worked for extended periods in Nova Scotia as home care workers.

Home Care Workers' Interprovincial E-RGMs. At the time of the study, interprovincial E-RGM was the most common form of home care work identified by community informants, interviewed home care workers, and in casual conversations with local residents. This form of E-RGM is characterized by SWNL women travelling up to thirteen hours by ferry and car, taxi, or shuttle bus for generally a two-week rotation to provide live-in care to clients in Nova Scotia.

Most of the home care workers who engaged in interprovincial E-RGM also had husbands who worked away from the community for extended periods. Three of the home care workers were older than 65 years of age. Rachel, a community leader noted,

> We are seeing older women, referring to older people who are [in their] 70s doing home care for the fact that, that they find it very hard to live on the income. Let's face facts, everything's going up in price and just on a senior's pension it's very hard. Especially if there is only one person in the household.

Home care work was an important source of income, and for some of the older women in that it supplemented their Canada Pension Plan benefits. One such worker is Emma who was employed part-time for years in a fish processing plant and at the time of the interview was receiving less than $90 a month from the Canada Pension Plan. In addition, she would probably be eligible for $546.07 old age security benefits, or, as a spouse of a

pensioner would be eligible to a maximum of $494.40 a month if the family income was below a certain threshold (Government of Canada, 2013, Jun 25).

Home care workers who had some control over their work schedules choreographed their work rotations to coincide with those of family members who also worked away. When possible, Lil synchronized her work schedule to her husband's work schedule and she recalled working a variety of job rotations (2, 4, and 6 weeks) to ensure that she was at home when her husband returned to SWNL after working away for an extended period. Emma, whose husband also worked away for extended periods, scheduled her work rotation based on her husband's and daughter's schedules. While some home care workers had control over the timing of their work, some complained that they could not spend Christmas with their families. Janice discussed how difficult it was to forge a new relationship. She said,

> But as far as dating and stuff, like, I guess that's one of the drawbacks because over the years I sort of had contact with men that I might be interested in, but it doesn't work out because you're gone for two weeks . . . I remember chatting with this guy and I told him like, my work. He said, "I want a full-time honey," so I thought well, I guess that ain't going to work.

Trying to develop a new relationship is challenging when you are away from the community for extended periods, especially for an older woman who is expected to be available for the potential partner and to work close to home.

Transport Systems. Transport systems are important to the rhythms of place in that they both enable and constrain mobilities. In SWNL public bus transportation between and within the small communities is non-existent, but ferries "shape local temporalities producing repetitive experiences, embedding their schedules in the life

course of individuals and in the histories of communities" (Vannini, 2012, p. 257). Commuters, tourists, and truck drivers travel back and forth by the ferry as the traffic volumes ebb and flow throughout the day.

Over half of the interviewed SWNL home care workers had only one family car. Interviewed home care workers described the difficulties they experienced working in the region, including how depending on family members or taxis to take them to and from their low-wage part-time employment meant it was not worthwhile to work. According to Janice, a home care worker,

> [SWNL] is a small place. If you go to work for minimum wage, it's not worth your time. Many years ago, I didn't have a car. I only had a car for the last couple of years. So, the first thing you do on your minimum wage is that you have to get a cab back and forth to work every day. So, it wasn't even worthwhile going.

This is one reason why some women work in Nova Scotia. However, ferries can be costly and ferry schedules are impacted by severe weather events such as high winds, thick and continuous sea ice, or machinery malfunctions. Interviewed home care workers commented that the delays and travelling in poor weather made them stressed and frustrated. Bernice recalled the ferry being "rocked by the waves" during a violent storm to the point where one minute, all she could see was the sky and then the water. Dishes tipped over in the cafeteria, and the time required to cross between North Sydney and Port Aux Basques was almost doubled by the bad weather. On a different occasion, Tammy recalled being distressed when looking at Port Aux Basques from the ferry, because she was "stuck on the ferry for fifty-three hours." According to Tammy, "I was ready to burn the boat. I called my father once, and said, 'Dad . . . come by with the speed boat, will you?'" Tammy's confinement on the ferry "took a toll" on her because her mother was

unable to care for her nine-year-old son while she was confined on the ferry. Tammy and her mom shared the job of caring for a client in Nova Scotia and worked opposite rotation cycles. Her mother was in Nova Scotia at the time.

'Newfoundland Ladies' and Caring Cycles

> Thank goodness for the Newfoundland Ladies. They come from a different era, but they are life-saving. (Dr. Martell, Nova Scotian Doctor, Canada, Parliament, Senate, 2008).

In 2008 employing 'Newfoundland Ladies' (Newfoundland home care workers) to provide twenty-four-hour care within the patient's home was one solution for Nova Scotia's aging population proposed by Dr. Rockwood and Dr. Martell (Canada, Parliament, Senate, 2008). According to some interviewed home care workers, Nova Scotian doctors recommended that their elderly patients hire Newfoundland caregivers. Emma, an interviewed home care worker, assumed that it was "because we are good cooks, friendly and not prissy."

One Nova Scotian home care agency's website advertised 'Newfoundland Ladies' as "caregivers that can bring warmth back into a quiet home" and suggested that "most do not have formal training but many, many years of experience in looking after seniors, we like to say they've been trained in life – perhaps one of the most valuable forms of training." (Always Home Homecare, 2015). The length of time that interviewed home care workers cared for the same client ranged from three weeks to more than seven years; they cared for clients who preferred to stay in their homes and those on a waitlist for a long-term care facility. All interviewed home care workers engaged in three nested temporal care cycles; daily, rotational, and longer-term. Daily, most home care workers

provided around-the-clock care, and their routines revolved around the client's wants and needs.

Many experienced sleep-deprivation while caring for clients with dementia and most worked without scheduled daily breaks. In some cases, the daily care cycle included additional help from local home care workers who assisted with bathing and administering medications. When the client slept, many home care workers talked with their husbands and grandchildren by phone, providing and receiving emotional support from family members. The majority of interviewed home care workers commented about inadequate sleep at the start of the rotation care cycle due to travelling at night and not sleeping soundly on the ferry. Most home care workers were not able to leave the client once they arrived at the workplace. Maureen lamented, "I just couldn't get out by myself. . . just get a break from it." The everyday mobility and rhythms of SWNL home care workers at work revolved around their client's health and mobility capacity, proximity to services, access to transportation, family members, and other caregivers' rhythms. Within the home, duties included:

- personal care (toileting, diaper changing, washing, and dressing),
- cooking meals (breakfast, dinner (lunch) and supper),
- cleaning (laundry, doing dishes, setting the table, dusting, washing floors),
- companionship (watching television, sharing pictures of their family in NL, and listening to client's stories)
- and dispensing medication.

Home care workers also took clients outside their homes. Some home care workers took clients for daily walks, weather permitting. Maureen recalled one client who she took for

walks around the block after lunch and dinner. According to Maureen, "She loved to walk. She used to hold onto my arm. She was a little bit off balance." During their time in NS, home care workers transported clients to medical appointments, attended church, visited friends, shopped for groceries, and banked by transporting clients by car, taxi, handy dart bus, or getting a ride with a family member. Others shopped for groceries by walking to nearby grocery stores with clients and returning by taxi. Sometimes home care workers could leave the clients for a short period. Janice, whose client was in the later stages of Alzheimer's, shopped quickly for groceries at a store less than a block away early in the morning while the client slept. Two home care workers mentioned taking their clients along when they met other workers and their clients at a restaurant. Other home care workers relied on the availability of paid and family members to care for their clients while they did grocery shopping.

In some situations, home care workers were permitted up to eight hours a week in terms of a break from the client and spent the time shopping, dining or visiting any family who lived nearby. Many home care workers found it challenging working in Nova Scotia. Home care workers recalled missing important familial and social events such as birthdays, weddings, and church activities. Moreover, Maureen remembered the frustration and helplessness she felt when she could not leave the workplace in Nova Scotia after her husband was injured at work because the second home care worker refused to change her schedule.

For the duration of their employment with a particular client, home care workers experienced three stages of the long-term care cycle: beginning, synchronicity, and ending. All interviewed home care workers described feeling apprehensive when meeting

their clients on the first day of work because they were often not provided with accurate information about the needs of the clients, the condition of the home, or the mental and physical health of the client. For example, Emma, who was employed by a Nova Scotian home care agency, was provided with only a phone number and an address. Some home care workers were deliberately misinformed by family members regarding the client's health conditions. During the beginning stage, home care workers found it challenging to balance the client's needs and expectations with their own biological rhythms and familial obligations.

Over time, the home care worker and the client's daily routines would often become more synchronized, as both started to feel more comfortable with each other, although this was often a fragile synchronicity (Neis et al., 2018) as many workers continued to suffer from sleep deprivation and faced challenges coping with clients who had dementia and balancing familial rhythms and obligations. A few home care workers reported physical, sexual and emotional abuse by clients or by the client’s family members. A couple of home care workers mentioned that the abuse was worse at night, and they created new rhythms such as giving prescribed sleeping pills to the client, talking to their husbands for support, or avoiding the client to mitigate the violence. One home care worker was constantly being sexually harassed by a male client, and after thirteen days she quit. Most home care workers formed emotional attachments to their clients, and some referred to their workplace as their second home. For some, the rhythms associated with care changed as the client's health worsened, forcing care workers to adjust their daily routines. Janice discussed how her daily routines were linked to her

client's state of health, which had declined over the seven years of caring for her. According to Janice,

> It's kind of sad when you see what they come down to. The first few years I was there, we would have a lot of people visiting here, like people from the church or friends of hers, but now we hardly see anybody.

As her client's health deteriorated and the client was unable to garden, shop or entertain Janice's feelings of boredom, isolation, and immobility grew.

At the end of the care cycle, most workers grieved for clients who passed away or worried about clients who were placed by family members in a long-term care facility. In a couple of instances, home care workers who were constantly physically assaulted by their clients ended the care cycle at the insistence of a doctor or police officer concerned about their safety. In the final stage of the care cycle, all home care workers were eventually unemployed until they found or were assigned a new client. Half of the interviewed home care workers were ineligible for Employment Insurance because their earnings were not insurable as workers were paid in cash and did not contribute to the Employment Insurance program.

Meeting While on the Move

During the interprovincial commute, home care workers congregated in the ferry terminals, ferries, and other spaces. According to Janice,

> On the old ferries, on Tuesday night, Monday night we'd go, we used to have 20, probably close to 30 people some nights. So, we would all go to the cafeteria for a cup of tea and stuff before we went to bed. We pretty much had the place to ourselves many a time. Everybody would catch up with everybody else's news while we are having tea . . . We talk like a couple of my good friends.

Not only did home care workers meet on the ferry, but they also met at various spaces in North Sydney, Nova Scotia while waiting for more than five hours to catch the ferry to Port Aux Basques, Newfoundland and Labrador. Emma recalled,

> Sometimes the older home care workers will stay in the station [ferry terminal], and the other home care workers leave their luggage with them . . . There are different things that people do. Sometimes I like to go to Walmart. There is a casino in North Sydney. We got no big shops here [SWNL], and so we shop at Walmart and the mall in North Sydney.

While many home care workers socialized during the commute home, Emma liked the "time to yourself, time to do what you want to do," especially after two weeks of caring for a client. Most homecare workers did not socialize in SWNL as they were busy with their own families.

Discussion

Place has distinct characteristics and is a "polyrhythmic ensemble" (Crang, 2000 in Edensor, 2010, p. 3) of infinite rhythms. This section begins by examining how the rhythms of place, specifically SWNL, influence and are influenced by home care workers' E-RGMs. Next, the discussion focuses on the place ballets produced by the E-RGM rhythms that contribute to reoccurring encounters on the ferry and in clients' homes. Combining intersectional rhythmanalysis and place ballet highlights the emotional and experiential realms and mobile place-making and reveals the dynamics of power relations (class and gender) in these workers' everyday lives and their relationship to rhythms and place.

In SWNL, the stagnant economy, characterized by the closure of fish plants, shutdown of the railway and a regional pulp and paper plant has been associated with

high unemployment in recent decades, reliance on seasonal work, outmigration of the younger population, and low local wages, particularly for women not employed in the public sector. The lack of a regional public bus system made it challenging for many low-income older women to commute to a service sector job in their community or wider region, and some depended on family members, friends, or taxis to transport them to and from work. For those older workers whose children had left home, travel to work in Nova Scotia may have provided a better alternative because although they spent more time commuting, travel was less frequent, they earned greater income from each trip and did not need to own or have daily access to a car. In Nova Scotia, there was an aging population some of whom had the monetary means to employ live-in home care workers, and there were twice-daily ferry links between these two places and informal, private transportation options had been organized. A regional history of reliance on long-distance E-RGM, the life course of the majority of the home care workers, and the gendered nature of home care work with its location within the home normalized travelling up to thirteen hours and being away from home for weeks at a time for these mainly older women. Many interviewed home care workers had acted as moorings (Hannam et al., 2006), and stayed at home to care for their dependent children for a time before taking up this work, enabling their husbands to work away for extended periods. After their children left home, they transitioned into another stage of life and some chose to work in Nova Scotia as live-in home care workers to compensate for a history of low and intermittent incomes and related limited pension eligibility and rising costs. Older working class SWNL women have more mobility than younger women because childcare responsibilities do not constrain them. Similar to the women in Fens who travel together for gendered work

in agriculture (McDowell & Massey, 1994), SWNL women often travel together as a group to NS before dispersing to their various clients for gendered work in care work. Caring for the elderly and adults with disabilities in Nova Scotia influenced the rhythms of SWNL as home care workers worked away, purchased goods not readily available in their small NL communities, and supported small local businesses in SWNL. They purchased groceries when in SWNL, and occasionally bought building materials for home improvements with their money earned away. Home care workers paid annual property taxes in SWNL allowing them to continue to live in their own homes and communities while they helped enable many local communities to provide at least basic municipal services.

Edensor (2010, p. 3) states that "national and global rhythms increasingly pulse through place," and the global and national rhythms of capitalism are part of the polyrhythmic constellations of SWNL and Nova Scotia. Capitalist processes have contributed to over-harvesting of natural resources and to increased fluidity in investments and thus in employment in key resource sectors like fisheries and forestry. The rise of neoliberalism has permeated social policies, as exemplified by Canada's national pension plan, and places low-income, seasonally employed SWNL women at a disadvantage. Low-income women are unlikely to receive a private pension or have retirement savings and will receive lower Canada Pension Plan benefits because women are more likely to work part-time, take time off from work to care for children and elderly parents, and many earn a lower income when compared to men (Scott, 2019). Women who are sixty-five years of age and older can access old age security and if they qualify, receive the Guaranteed Income Supplement, but even with these additional federal

transfers elderly women are more likely to live in low-income households than elderly men (Fox & Moyser, 2018). Since the 1990s neoliberal policies have influenced the healthcare system. In Nova Scotia, a shortage of long-term care beds, and limited provincially subsidized home care services have created home care worker shortages (Health Association Nova Scotia, 2014) and doctors, home care agencies, and word of mouth encouraged Nova Scotians to hire SWNL women to care for their elderly while rural deindustrialization and urbanization have contributed to the outmigration of family members and the increase in women employed in paid labour increased need to rely on paid caregivers.

Jiron (2010, p. 131) suggests that "[p]lace making is generated while travelling on moving objects such as train, bus, or car. They are significant to some as a place of contemplation, reflection, independence, and socialization." Both rhythmanalysis and place ballet theories suggest that place-making occurs through repetitive experiential routines (Edensor, 2010; Seamon, 1980, 1979; van Eck & Pijpers, 2017). However, place ballet focuses on how recurring encounters between people create a sense of place as people start to "feel at home in public spaces." (van Eck & Pijpers, 2017). In this study, home care workers' E-RGM time-space routines converged at particular times and spaces in the ferry terminals, ferries, and shuttle buses. In these place ballets, home care workers socialized; they noticed absent home care workers, discussed families and work challenges, showed their purchases, shared meals, and discovered employment opportunities. Ferry journeys and reliance on vans for transportation created a point of confluence that brought together some of the women who lived and worked in dispersed locations and gave them an opportunity to socialize and learn about upcoming home care

jobs. Not all of the women were interested in socializing during the commute. Some worker's space-time routines did not converge as they chose to stay in different spaces in the ferry terminal and on the ferry. Using place ballet suggests that homecare workers can develop a sense of place and created mobile places through the embodiment of rhythms.

Place-making also occurred in the client's homes. Home care work is intimate work that involves the physical and emotional caring of clients within their homes. During the essential tasks of cooking, cleaning, doing personal care, taking clients for walks, and chatting, place-making occurred. In many instances, the daily time-space routines of home care workers and clients created strong social bonds. Place-making occurred gradually over time and through repeated time-space routines. For some home care workers, their client's home felt like their second home. However, place making, whether in the client's home or during the commute does not mean that the places are inherently good or entirely beneficial for these home care workers. Home care workers developed emotional connections, but they were exploited. Home care work is difficult work, and SWNL home care workers worked long days, and were always on call, received low wages, and had little time off. The home as a place is not safe for all women (Massey, 1994), and in this study, some SWNL home care workers experienced physical, verbal, and sexual violence by clients and the family members of clients. During their E-RGMs, home care workers experienced lengthy waits in ferry terminals, and while travelling on the night ferry, most workers could not afford to sleep in a cabin but slept in chairs, benches, and on the floor in common areas where they were potentially vulnerable to sexual harassment, sexual assault, or robbery.

Using an intersectional rhythmanalysis approach reveals the multi-scalar intersecting rhythms of place that enabled and constrained the E-RGMs of live-in home care workers. A rhythmanalysis approach captures the spatiality and mobility missing in time-use diaries (Hughes and Silver, 2020). These rhythms of place produce and are a product of the intersecting power relations. SWNL home care workers who travel to NS are white, working-class women who, compared to home care workers employed through the Live-In Caregiver Program from places such as the Philippines, are "from here, not away." For some Nova Scotia clients and Nova Scotia care agencies, 'Newfoundland Ladies' are the preferred and valued home care workers because of their unmarked whiteness. One of the discourses surrounding Newfoundland and Filipino women is that they are good caregivers Both groups of women are from an economically depressed place, which justifies the payment of low wages, as is the case for eastern European live-in home care workers employed in Switzerland (Pelzelmayer, 2016).

SWNL home care workers preferred to work in their community, but given the lack of jobs, low pay and transportation challenges coupled with the higher and more consistent monthly income derived from live-in care and ironically somewhat easier mobility pressures despite distance, working away in Nova Scotia was a viable option, especially for older home care workers. In this study, SWNL home care workers had motility; they worked away for two weeks or more because for all but one worker, their mobility was not constrained by having the domestic responsibility of caring for a dependent child or adult. The exception was Tammy who had a dependent child, but she could work away because she worked the opposite work rotation from her mother who cared for the same NS client. When she was away, her mother cared for Tammy's child.

From an early age, women are socialized to be caregivers, as reflected in dominant cultural norms and values, but the type of care work done by women, whether paid or unpaid, varies (Armstrong & Armstrong, 2004). Not all women would travel up to 13 hours to provide live-in care for two weeks. In this study, older SWNL working-class women with limited employment opportunities in their community provided care traditionally done by female family members within the home, a gendered place. Caring work, mobility, and the work-related rhythms (re)produce these social relations within the client's home, on the commute, and in SWNL. The gendered mobility of SWNL female home care workers, the long pauses waiting for ferries, sleeping upright in seats or on the floor while travelling overnight, and commuting for low-paid, gendered care work reflects their vulnerability.

This study adds to the emerging E-RGM and intersectional rhythmanalysis by arguing for the importance of place and the rhythms of place. This research weaves together Seamon's place ballet with intersectional rhythmanalysis to highlight the mobile meeting places and place-making that occurred during the interprovincial commute. Finally, this research makes important contributions to the literature on home care work.

Conclusion

McDowell (2009) argues that the specificity of place is an essential component of work-based studies, and this paper argues that place, and the rhythms of place are crucial to understanding E-RGM rhythms. Employment opportunities are not ubiquitous; labour markets vary according to place as do gendered work and gendered mobilities (Hanson and Pratt, 1995; Massey, 1994; McDowell and Massey, 1994). The specificity of place is

reflected in the rhythms of place. In SWNL, the rhythms of place; the stagnant economy with limited precarious employment opportunities, the middle to older age of the residents, the lack of a public bus system, the twice daily ferry sailings to Nova Scotia, and the history and culture of working away are some of the rhythms of place that encouraged white, older working-class women to find employment outside of their community, and their E-RGM rhythms among many rhythms of place in SWNL.

These rhythms of place include national and provincial neo-liberal policies that influence access to social benefits and healthcare, but they also include the effort, practices, understandings and engagements that take place at the community and household level to try to generate livelihoods while accommodating diverse, gendered, classed, racialized and ethnic rhythms. Place is constructed in part by the rhythms and mobilities of workers. The rhythms of interprovincial E-RGM also created mobile places during the commute, made more visible by combining aspects of place ballet with intersectional rhythmanalysis. In these places, workers discussed job opportunities, socialized, developed friendships, and (re)produced gender and class relations.

The nested care cycles, the client's health, work breaks, and local workers' assistance, are important when making sense of the different working conditions and health and safety risks facing home care workers in specific client's homes (Fitzpatrick & Neis, 2015; Quinlan et al., 2015). See also Chapter Four in this dissertation. Although there were similarities, each workplace was unique. Similarly, SWNL interprovincial E-RGM rhythms were similar but there were differences in workers' experiences based on using their vehicle versus travelling in a crowded shuttle bus, sleeping in a cabin versus sleeping in the ferry public area, and socializing with fellow home care workers.

A couple of the married home care workers mentioned that when they returned home, they spent time doing laundry and household tasks left undone while away, and some described how they balanced community work and their work rotations. Future research might explore the rhythms and complexity of women's home life when returning home after working away for extended periods by using a combination of rhythmanalysis and time-use diaries.

Pandemics, such as COVID 19, influence and are influenced by the rhythms of place. While there is limited media coverage of the challenges facing Newfoundland and Labrador and Nova Scotian home care workers during COVID (Home Care Workers Overlooked, 2020; Jarrett, 2020; MacLean, 2020; Montague, 2020) missing is any mention of SWNL interprovincial live-in home care workers. The ebb and flow of COVID-19 cases has influenced provincial government policies, which have oscillated between imposing and lifting mobility restrictions between Newfoundland and Labrador and Nova Scotia. During COVID-19, SWNL interprovincial home care workers have most likely faced economic and familial hardships when travel between Newfoundland and Labrador and Nova Scotia has been halted or constrained except for essential workers. Conversely, when travel between the two provinces is permitted, SWNL home care workers are most likely at risk of exposure to this deadly disease during the long, multi-modal commute (Neis et al., 2020) and while working in the client's home. A recent report on long-term care in Canada found that recent newcomers and immigrants providing front-line care are more at risk of contracting COVID (Estabrooks et al., 2020). An intersectional rhythmanalysis should be used to examine the health and safety risks

associated with COVID-19 and home care workers' E-RGMs to recommend best practices and government policy. Place must be considered.

Chapter Four: On The Move And Working Alone: Policies and Experiences of Unionized Newfoundland and Labrador Home Care Workers.

Prologue

This chapter was co-authored with Barbara Neis and published in the journal *Policy and Practice in Health and Safety* in 2015, Volume 13 Number 2, and examines the work-related health and safety experiences of interviewed NL unionized home care workers and how government and home care agency policies and collective agreements interact with E-RGM to mitigate or exacerbate the OHS challenges confronting these workers.

This prologue offers additional information for greater context. First, home care workers provide a diverse range of services, including both medical services (nursing and physiotherapy) or social care services such as cooking, cleaning, companionship, and personal care (ex: washing, bathing, toileting), and the workers may or may not have completed a Personal Care Attendant program or equivalent. (Daly, 2007). The home care workers in this study provided social care services and, after being trained by a nurse, some administered medications. This study interviewed unionized home care workers in SWNL and St. John's. All were employed by a home care agency that offered provincially subsidized and unsubsidized home care. Five of the thirteen home care workers had completed a Personal Care Attendant certificate or equivalent training and one home care worker completed a two-year medical lab assistant program. She opted to become a home care worker because she could not find employment in her chosen field.

Three of the interviewed home care workers did not have credentials in care but had completed one or more years of post-secondary education, and three home care workers did not have education beyond grade 12. All collective agreements were similar: all home care workers were paid the same hourly rate, vacation pay, and sick time. However, some collective agreements offered workers optional dental coverage and extended health benefits and were eligible to be paid at the overtime rate after either 12 or 13 hours of work.

Although not mentioned in this chapter, Janet, one of the interviewed home care workers recommended, given the medical tasks performed by home care workers, that all home care workers should be trained, paid more, and professionalized. At the time of this research, all home care workers received the same hourly wage, whether doing light housekeeping or providing palliative care. Many interviewees mentioned there was little support from the home care agency, and that in some cases, information such as being difficult clients was withheld from workers. Another suggestion was that the provincial government should closely monitor and regulate the home care sector.

This chapter used Quinlan & Bohl's Pressure, Disorder, and Regulatory Failure model to explain the link between precarious employment, E-RGM, and work-related health and safety issues facing NL home care workers. This model identifies three intersecting factors: economic and reward pressures (work intensification, OHS compromises, and risk-taking by workers), regulatory failure (difficulty monitoring and enforcing laws for workers in isolated workplaces), and disorganization of work (isolation of workers, lack of training and supervisory support, lack of collective voice, lack of safety protocols) that link precarious employment to the risk of injury and other OHS

challenges (Quinlan & Bohle, 2009; Quinlan et al., 2015; Quinlan et al., 2001). Given the extended mobility experienced by many workers, I propose a fourth factor, employment-related mobility.

Abstract

Home care work is female-dominated, generally precarious, and takes place in transient and sometimes multiple workplaces. Home care workers can engage in relatively complex E-RGM to, from, and often between work locations that can change frequently and are remote from the location of their employer. Like other precarious workers, home care workers may be more likely to experience work-related health and safety injuries and illnesses than non-precarious workers. Their complex patterns of E-RGM may contribute to the risk of injury and illness. This paper explores patterns of E-RGM and ways they influence the risk of injury and illness among unionized home care workers living and working in two regions of the province of NL on Canada's east coast. It uses Quinlan & Bohle's pressure, disorganization, and regulatory (PDR) model to help make sense of the vulnerability of these workers to OHS risks. The study uses a qualitative, multi-methods approach consisting of semi-structured interviews and a review of government and home care agency policies, as well as 20 NL home care collective agreements. It addresses two main questions: What are the work-related health and safety experiences of interviewed NL unionized home care workers? How do policies (government and home care agency) and collective agreements interact with E-RGM to mitigate or exacerbate the OHS challenges confronting these workers? Findings show that these workers experience

numerous work-related health and safety issues many of which are related to working in remote, transient, and multiple workplaces. While collective agreements mitigate some health and safety issues, they do not fully address particular OHS risks associated with working alone, remote from employers, in transient workplaces, or the risks associated with commuting between workplaces. More active union engagement with these issues could be a mechanism to improve the health and safety of these and other home care workers.

Key Words: employment-related geographical mobility; home care workers; occupational health and safety; precarious employment

Introduction

During the last three decades there has been an increase in home care work in Western countries as caring work has been relocated from hospitals and institutions to clients' homes (Aronson & Neysmith, 1996). Home care workers are employed by private or government agencies and play a vital role in the health care system as paraprofessionals caring for the elderly, those with disabilities, and those released early from hospitals. This female-dominated labour force is diverse, widely distributed throughout rural and urban areas, and performs a multitude of duties both within the private spaces of clients' homes and in public spaces. The nature of home care work means it is associated with complex and changing patterns of E-RGM (Roseman et al., 2015). Home care workers sometimes work in more than one workplace on a daily or weekly basis and their workplaces are remote from their employers' offices. Their worksites are generally transient as client resources and needs, and their employer's management objectives shift, requiring them to change workplaces. They sometimes live in the home where they work during their shifts or rotations; some commute sometimes twice a day, between their own residence, work, and travel between worksites.

Home care work is often precarious work due in part to neoliberal policies that have promoted deinstitutionalization, community care, and the quicker release of patients from hospitals. The work they do used to be done by full time workers inside institutions or by unpaid family members at home; it is now done by paid, part-time, and casualized workers (Armstrong et al., 2008; Armstrong & Laxer, 2006). These workers often experience earnings insecurity, job insecurity, irregular shifts, and few fringe benefits,

and work in isolation from other workers and their employer (Sharman et al., 2008). Like other workers engaged in precarious employment, they may be more likely to experience work related injuries and illnesses than non-precarious workers (Quinlan et al., 2015). These risks are particularly substantial among temporary agency workers (Underhill & Quinlan, 2011) and workers based in a home (Quinlan & Bohle, 2008; Quinlan et al., 2015).

Research on the OHS of home care workers is limited internationally (Quinlan et al., 2015). The research that exists has looked at the impacts of healthcare restructuring on the health and safety of home care workers (Cloutier et al., 2008; Cloutier et al., 2007; Denton et al., 1999; Hanley et al., 2010; Zeytinoglu et al., 2001), regulatory challenges associated with work located within a private residence (Hanley et al., 2010; Quinlan et al., 2015); and transport and OHS challenges (Quinlan et al., 2015). This paper adds to the limited knowledge of home care OHS by documenting the work-related health and safety experiences of NL unionized home care workers in Eastern Canada, and by examining how government and home care agency policies impact unionized home care workers' OHS. It contributes to the existing literature by focusing on how complex patterns of E-RGM influence the OHS of NL unionized home care workers and the extent to which existing collective agreements may mitigate or exacerbate home care workers' OHS issues.

Home Care Work

The demand for home care services is increasing in most Western countries due to an aging population, increased female participation in the labour market, greater work-

related mobility of family members (Tarricone & Tsouros, 2008), and to a restructuring of the health care system resulting in a shift away from long term, institutional care to home care and community care (Armstrong, 2007; Tarricone & Tsouros, 2008). In Canada, home care is a provincial responsibility and consequently home care policies vary from province to province. Most of the existing research has been done in the province of Ontario, where the restructuring of the healthcare system was based on policies which resulted in shortened hospital stays, deinstitutionalization, and managed competition where both for-profit and not-for profit home care agencies bid on home care contracts (Armstrong, 2007; Armstrong & Armstrong, 2001). To date, most of the research on paid home care workers is based on research done with employees working for home care agencies (Denton et al., 2002; Denton et al., 1999; Quinlan et al., 2015; Zeytinoglu et al., 2001) or for provincial regional health boards (Sharman et al., 2008). There is also Canadian research on international live-in caregivers working in Canada (Hanley et al., 2010; Oxman-Martinez, 2004; Pittman, 2012).

Home care work is one of the many occupations where workers experience precarious employment. Generally speaking, home care workers experience high levels of earning insecurity because their hours of work are not guaranteed and their income level is not consistent (Lewchuk et al., 2006). Often, home care workers have a limited social wage (i.e., dental, extended health benefits, sick pay, pensions) (Armstrong & Laxer, 2006). Some home care workers are exempt from employment standards protection because they are classified as independent contractors (Quinlan et al., 2015).

E-RGM and Home Care Work

Home care workers participate in a variety of different patterns of E-RGM. According to Roseman et al. (2015) E-RGM refers to commuting to and from work and between workplaces, as well as mobility as part of work. E-RGM ranges from relative immobility (working at home) to local daily commutes to one or more workplaces, through extended commutes across regional, provincial, and national boundaries associated with often prolonged absences from home. E-RGM has the potential to positively or negatively impact the physical, mental, emotional, and social health of workers including those in home care (Newhook et al., 2011). Spatial and temporal dimensions of workers' mobility have been absent from the study of precarious employment (MacDonald, 2009).

OHS and Home Care Work

As is the case for many female-dominated occupations, there is limited research on home care workers' OHS issues. Existing research shows that some of these workers are exempt from workers' compensation because they are classified as independent contractors or domestic workers (Hanley et al., 2010; Quinlan et al., 2015). Recent studies examine the vulnerability of workers employed in consumer models of home care (Hanson et al., 2015). Other research examines unionized home care work done by workers employed by a home care agency (Cohen et al., 2006; Lewchuk et al., 2006; Sharman et al., 2008). The latter research has linked OHS health and safety in home care work to changes in the organization of work due to restructuring of the health care system that have intensified work, encouraged job insecurity, and led to an increase in

musculoskeletal disorders and/or work-related stress (Cloutier et al., 2008; Cloutier et al., 2007; Denton et al., 2003; Denton et al., 1999; Sharman et al., 2008; Zeytinoglu & Denton, 2005). Some of the existing research examines the workplace health and safety challenges associated with working in private homes rather than formal workplaces (Lippel & Walters, 2014; Quinlan & Bohle, 2008), compares agency hired and client-hired home care workers' OHS issues (Quinn et al., 2016), and one study compares urban and rural home care workers' OHS issues (Quinlan et al., 2015). The next section will unravel findings in the existing literature on OHS risks linked to paid home care workers; risks to home care workers related to E-RGM; and, risks to precariously employed workers that overlap with the situation of home care workers.

Risk to all Paid Home Care Workers. Paid caregivers employed in private homes work in isolation and face many OHS risks such as, musculoskeletal disorders, violence, and exposure to communicable diseases. Home care workers often experience musculoskeletal disorders because of a lack of proper equipment, poor workspace design, and the absence of co-workers to help move clients (Meyer & Muntaner, 1999; Ono et al., 1995; Quinlan et al., 2015). As well, paid home care workers experience musculoskeletal disorders when they face both physically demanding tasks and a poor psychosocial working environment (Hannerz & Tüchsen, 2002; Johansson, 1995; Zeytinoglu et al., 2001). The location of the workplace within a person's home may also increase the potential risks for violence (Barling et al, 2001; Geiger-Brown et al., 2007) particularly when the client is the employer (Hanson et al., 2015). Violence in these workplaces is underreported, and is often tolerated by workers when the clients have dementia

(Sharipova et al., 2008). Besides the potential for violence, home care workers also experience exposure to communicable diseases, allergens, and dirty homes (Craven et al., 2012; Sims-Gould et al., 2013). These risks are greater when the home is poorly maintained (Craven et al., 2012; Sims-Gould et al., 2013). It is difficult for OHS regulators to inspect workplaces within private homes because of a lack of inspectors and other resources, and concerns about privacy (Bernstein et al., 2001).

Risk to Home Care Workers Related to E-RGM. While some research identifies potential and actual vehicle accidents among the OHS issues confronting paid caregivers (Cheung, 1999; Craven et al., 2012; Sims-Gould et al., 2013) there is only one paper that discusses the relationship between E-RGM and OHS policies for these workers (Lippel & Walters, 2014). Some of the challenges E-RGM poses for OHS include exposure to hazards related to mobility to and from work and mobility between worksites, as well as hazards while at work that are potentially exacerbated by E-RGM (Lippel & Walters, 2014). For instance, workers who work remotely from their employers, often alone, and in multiple and transient worksites, can face more challenges around knowledge of hazards and their capacity to prevent, reduce and report hazards to their employers, than those who are employed in a set workplace where the employer/management is present (Lippel & Walters, 2014). Those who change workplaces (and clients) on a regular basis may be more at risk of violence and abuse. Conversely, workers employed through programs like Canada's Live-in Caregiver Program, which brings international workers into Canada on a temporary basis, are immobilized by work permits while in the Program.

These tie them to a specific employer and this immobility makes them particularly vulnerable to violence and abuse (Fudge, 2011).

Risks to Precariously Employed That Overlap With the Situation of Home Care Workers. Precarious employment has been linked to increased risk of work-related health and safety issues (Lewchuk et al., 2006; Quinlan et al., 2001). It is associated with complex and changing forms of work organization that vary between industries and create specific OHS concerns. For example, temporary agency workers are more likely to take risks and be injured on the job than those in secure, full time employment because of a fear of dismissal, lack of knowledge about OHS rights, unfamiliar transient workplaces, and assignment to the worst jobs (Underhill & Quinlan, 2011). There is limited research on the risks to the precariously employed that overlap with the situation of caregivers. Quinlan & Bohle have developed a 'Pressure, Disorganization, and Regulatory Failure' (PDR) model to make sense of the vulnerability of workers in precarious employment (Quinlan & Bohle, 2009; Quinlan et al., 2001). Their model identifies three intersecting factors – economic and reward pressures (work intensification, OHS compromises, and risk taking by workers), regulatory failure (difficulty monitoring and enforcing laws for workers in isolated workplaces), and disorganization of work (isolation of workers, lack of training and supervisory support, lack of collective voice, lack of safety protocols) that link precarious employment to the risk of injury and other OHS challenges (Quinlan & Bohle, 2009; Quinlan et al., 2015; Quinlan et al., 2001). This model will be used to explain the link between precarious employment, E-RGM, and work-related health and safety issues facing NL home care workers.

The next section provides an overview of the research context and methods for a study of the work-related experiences of unionized NL home care workers and how policies (government and home care agency) and collective agreements may mitigate or exacerbate the OHS challenges confronting these workers. This is followed by a section that presents the findings, followed by a discussion of the implications of these findings.

Research Context

In NL, the Department of Health and Community Services currently provides subsidies for home care to enable seniors, adults with disabilities, and adults released early from the hospital, to stay within their homes instead of institutions. Government-subsidized home care has increased in recent years due in part to the shift from long-term institutional care towards home and community-based care. In NL, home care is meant to complement rather than substitute for the unpaid work of family members caring for individuals. The government subsidizes most of the services provided by home care agencies. Once the Regional Health Authority determines the number of hours of subsidized care the client is eligible to receive, the client then chooses a home care agency to provide the services. In addition to caring for the elderly, the disabled, and those released early from hospitals, workers employed by home care agencies may also care for troubled teens and supervise visits with family members who have lost custody of their children as part of the Supervised Access Care Program.

Since 2004, the Newfoundland and Labrador Association of Public and Private Employees (NAPE) has been unionizing home care workers employed by agencies. By 2013 workers in more than 75% of home care agencies in NL were unionized. There is no

research that describes the experiences of these unionized home care workers and very limited research looking at the experiences of home care workers in NL (Botting et al., 2001; Kelly, 2005; Morris et al., 1999). This paper builds on research on home care workers' OHS by considering how union collective agreements, home care agency, and government policies interact with E-RGM to affect the health and safety of home care workers. The study shows that the substantial OHS risks experienced by the workers included in this study are linked in part to working alone in transient workplaces that are spatially dispersed and remote from their employers.

Methods

The data in this paper are drawn from Kathleen Fitzpatrick's doctoral research. The findings are part of a larger comparative study exploring how different patterns of E-RGM impact working conditions of NL home care workers in St. John's, an urban area, and in SWNL, a rural area. The data are derived from semi-structured interviews with thirteen unionized home care workers, nine unionized home care agency representatives chosen from three Regional Health Districts in NL, and five key informants (health care representatives and two union representatives who negotiate on behalf of home care workers). The interviews took place between January 2013 and April 2014. Home care workers were initially recruited through snowball sampling through the union, acquaintances, and recruitment posters. Home care agency representatives were recruited by identifying home care agencies listed in the phone book and on the Internet. Forty-five per cent of the agencies that were contacted agreed to participate. Key informants were recruited by calling government department offices, union offices, local community

organizations, and businesses then identifying potential participants. The qualitative software program NVivo™ was used to help organize the interview data according to key themes.

Government policies and legislation relevant to home care workers' employment conditions and health and safety and two procedure manuals from participating home care agencies were reviewed. The examined policies are laid out in Newfoundland and Labrador Department of Health and Community Services publications *Provincial Home Support Program Operational Standards* (Government of Newfoundland and Labrador Department of Health and Community Services, 2005) and *Close to home: A strategy for long-term care and community support services 2012* (Government of Newfoundland and Labrador Department of Health and Community Services, 2012), The *Newfoundland and Labrador Workplace Health and Safety Act*, (Government of Newfoundland and Labrador, 2013) *Newfoundland and Labrador OHS Regulations 5/12* (Government of Newfoundland and Labrador, 2012), the *Working Alone Safely Guidelines* website (Government of Newfoundland and Labrador, 2014c), the *RSNL 1990 O-3 Occupational Health and Safety Act. 2014* (Government of Newfoundland and Labrador, 2014b) and the *Consolidated Newfoundland Regulation 1996 Labour Standards Regulations over Labour Standards Act*. *2014* (Government of Newfoundland and Labrador, 2014a) were also examined. Government agency representatives were contacted to clarify policies and legislation. In addition, twenty on-line NL home care collective agreements were examined to better understand how and if collective agreements affect the health and

Table 4.1 Unionized home care workers demographics

Home care worker	Age	Years as a home care worker	Marital Status
Amanda	50s	25	Single
George	60s	7	Married
Pamela	30s	12	Married
Frieda	20s	2	Single
Nikki	20s	2	Single
Janet	50s	7	Married
Brenda	40s	1	Married
Vicki	40s	8.5	Married
Catherine	40s	Less than 1	Divorced
Rachel	50s	Less than 1	Common law
Cassandra	50s	2	Married
Sherri	40s	2	Divorced
Cecile	20s	Less than 1	Single

safety of home care workers. The data were analyzed using thematic content analysis informed by the literatures on precarious employment, OHS, and home care restructuring.

Home Care Worker Characteristics

Twelve of the thirteen unionized home care workers interviewed were females. The workers ranged in age between 20 and 65 years of age. Seventy-six per cent of interviewed unionized home care workers resided in the St. John's Metropolitan Area. The length of time participating workers had worked as home care workers ranged from

less than one year to over 25 years. Younger home care workers tended to be single, whereas older home care workers were more likely to be married (Table 4.1).

Findings

This section describes the working conditions of these interviewed home care workers, linking their working conditions to precarious employment in often multiple, transient work sites and related patterns of local E-RGM. It then describes interviewed home care workers' health and safety experiences and identifies work-related health and safety issues linked with precarious work and E-RGM. Lastly, this section examines how government and home care agency policies and collective agreements affect unionized home care workers' OHS.

Working Conditions

In NL, unionized home care workers generally have the highest hourly wage and social wages among home care workers. As of July 1, 2014, all unionized home care workers received $13.25 an hour, which is slightly more than the minimum hourly rate of $12. 25 set by the Department of Health and Community Services for home care workers caring for clients receiving subsidized care. Unionized home care workers are eligible for paid sick time, bereavement leave, and more statutory holidays than nonunionized home care workers. None of those interviewed contributed to a private pension plan or had a long-term disability plan, but all were eligible for workers' compensation in the event of a work-related injury.

Interviewed home care workers experienced somewhat precarious working conditions in the form of job insecurity, irregular hours, and earnings insecurity. They experienced job insecurity because when the client no longer required his/her services, some home care workers could be temporarily unemployed until a new client was found. Earnings insecurity was very common among home care workers because they had inconsistent hours of work and often worked part-time. Nine of 13 worked two jobs to make ends meet.

Most interviewed home care workers preferred to work an eight or twelve hour shift caring for one client, but the majority of participants cared for one to four clients a day and were not paid for travel time between clients. The interviewed workers' patterns of daily local E-RGM were varied and complex for this reason and because their schedules were based on both client and home care agency management's needs. Their work schedules could change with little notice, along with their work location, as reflected in the comment that they are always "on call." According to Nikki, "I can get a phone call tomorrow and say well, we need you at this place at 8:00 in the morning until 12:00 and for 2 weeks only because they just got out of the hospital, and they had surgery and they only need someone for 2 weeks."

Public transportation schedules and coverage are limited in the St. John's region and non-existent in rural areas creating additional challenges. Thus, only two of the interviewed home care workers commuted by public transportation or walked from their homes to their job sites. The remainder used their own personal vehicles to travel to and from work, as well as between client's homes. Interviewed home care workers were not compensated for the cost of fuel, insurance, registration, or maintenance of their personal

vehicles. Usually, the home care agency scheduled thirty minutes to an hour of travel time between shifts but home care workers did not receive compensation for their travel time, nor did they receive mileage for travelling between job sites.

The commute patterns of four home care workers are shown in Table 4.2. The workday was long, particularly for home care workers who worked split shifts

Table 4.2 Examples of home care workers' E-RGM

Home care worker	**E-RGM**	
Janet	08:30	drives to client's home (30 minutes)
	09:00 – 12:00	works first shift with Client A
	12:00 – 12:30	drives home (30 minutes)
	17:30 – 18:00	drives to client's home (30 minutes)
	18:00 – 21:00	works second shift with Client A
	21:00	drives home (30 minutes)
Nikki	08:00	drives to client' home (20 minutes)
	08:30 – 12:00	cares for Client A
	12:00	drives to client's home (10 minutes)
	12:30 – 16:30	cares for Client B
	16:30	drives to client's home
	17:00 – 19:00	cares for Client C
	19:00 – 19:20	drives home (20 minutes)
Frieda	05:30	drives to client's home (30 minutes)
	06:00 – 14:00	cares for Client A
	14:00 – 14:30	drives home (30 minutes)
Catherine	08:00 – 8:20	ride the bus (20 minutes
	08:20 – 9:00	coffee at a local coffee shop
	9:00 – 12:00	cares for Client A
	12:00 – 12:10	walks to the bus stop
	12:20 – 12:30	rides the bus (10 minutes)
	12:30 – 12:45	coffee at a local coffee shop
	12:45 – 13:00	walks to the client's home
	13:00 – 16:00	cares for Client B
	16:00 – 17:00	walks to the bus stop and rides the bus home (20 minutes)

(working shorter shifts divided by waiting times). Some drove to and from home more than once in the course of a day. To illustrate, over a period of 16 months Janet (a pseudonym) worked a split shift caring for a client who lived thirty minutes away from her home. She commuted a total of more than two hours a day, an hour for each three-hour shift, twice a day. Her commuting and workday extended over 13 hours but she was paid for only six hours of work and was not paid for the cost of commuting. In addition, some days she might receive a phone call after 11:00 p.m. asking her to care for an unfamiliar client, located somewhere else, that same night.

For a short period of time, Nikki worked 90 hours bi-weekly caring for three clients (Table 4.2), excluding her commuting time. Her workday started at approximately 8:00 in the morning and finished almost 11.5 hours later and included a series of commutes and waiting times between worksites totaling more than 1.5 hours (Table 4.2). At the time of the interview, Nikki was caring for only one of the three clients so she spent less time commuting but only worked twenty-one hours a week. In a two-week period Nikki had only one day off. Her income was low: $400 bi-weekly after deductions. Another home care worker, Brenda, said, “I could go up to about 25 hours a week or I might get no calls for work. I only get called when they are stuck to fill a shift.”

Catherine is one of the two home care workers who relied on the public transit system. Because she did not have her own vehicle, Catherine’s workday and commute extended over 9 hours but she was only paid for 6 hours of that time (Table 4.2). Catherine spent 60 minutes of her workday riding buses and over 1.5 hours waiting or walking. She described waiting in nearby coffee shops to keep warm and dry before the start of her shifts. Catherine mentioned that for a while she had a similar job schedule to

the one outlined here, but a different afternoon client and work location. The bus arrived near the client's home at 12:30 and her shift started at 1:00 but there were no coffee shops or retail stores nearby so she had to wait outside until 1:00 p.m. in both fair and adverse weather. If Catherine had been working in a public place, and not in a private, isolated workplace, or if she owned a car, she would have been able to travel to work at the time of her shift and would have had a dry place to sit and wait for her shift to start. For Catherine, commuting to work and between workplaces was dependent on the availability and timing of the bus system. On average, she worked 28 hours a week Monday to Friday and also worked a second job every other weekend in the service sector to try to make ends meet.

Catherine was interested in working more hours as a home care worker but because she relied on the transit system she was unable to care for clients who did not live relatively close to a bus route and who lived a long distance from the preceding client's home. She said, "If I had a car it would be different, but I can't afford a car. I couldn't afford a car on 28 hours a week. So it's a vicious circle."

Some home care workers, like Frieda, cared for one client, full time, in one location. At the time of the interview Frieda worked from 6:00am to 2:00pm Monday to Friday. According to their collective agreement these home care workers are entitled to every second weekend off, although many felt pressured to accept work whenever the home care agency offered it. As a result, it was common for them to work many weeks in a row without having a day off work. Home care workers reported feeling pressured to accept additional hours because of economic need, concern for their client, and 'emotional blackmail.' According to Janet "There is a lot of coercion in home care

because you form a bond with a family. And if you got to be off cause you're sick, or it's your weekend off they'll [the home care agency] call and they'll say, "Well we got no one to go in. Don't you care about them? Come on now, don't you?"

Home Care Workers' Safety and Health Experiences

Interviewed home care workers described multiple forms of work-related health and safety concerns including those related to commuting, musculoskeletal disorders, working in unsafe houses, harassment (sexual, physical, and emotional), insufficient knowledge about the client, and stress. OHS concerns were linked to the insecurity of their work and to their E-RGM. This section describes home care workers' experiences of health and safety issues with a particular focus on those related to complex commuting; working in multiple and transient worksites inhabited by their clients; and, working alone in sites that are remote from their employers' worksite. All interviewed home care workers worked alone with the exception of one home care worker who recalled working in pairs while caring for a youth with violent tendencies.

Like home care workers elsewhere, the OHS concerns of these participants included musculoskeletal disorders (Denton et al., 2002; Denton et al., 1999; Larsson et al., 2013; Zeytinoglu et al., 2001), exposure to harassment and violence (Barling et al., 2001; Geiger-Brown et al., 2007), and feeling pressured to risk their safety (Quinlan et al., 2015). Attention to their complex and changing commutes and other mobility-related aspects of their work shows that these concerns are somewhat related to their journeys to

and from multiple and transient workplaces where they work alone and within which they exercise little control.

Health and Safety Concerns Related to Commuting and Travelling Between Workplaces. Home care workers were exposed to hazards while commuting and travelling between workplaces. Some interviewed home care workers reported feeling drowsy driving home after the last shift of the day and drank coffee to stay alert. NL roads and highways can be treacherous during the winter months, and some home care workers reported feeling uneasy driving in snowy weather. They said they felt obligated to drive in severe weather to care for a client, especially when the home care agency used 'emotional blackmail' to make them feel guilty or instructed the worker to contact the client with the news that she would not be caring for the client today due to severe weather. Some talked about the need to maintain their car in order to prevent breakdowns and putting on studded tires during the winter months to create better traction when driving on snowy and icy roads. One interviewee had an accident.

Health and Safety Concerns Related to Employment in Transient and Often Multiple Workplaces. Home care workers work in isolated workplaces and their workplaces are constantly changing. Six home care workers reported that they did not have sufficient knowledge about the client prior to caring for him/her. For instance, Janet recalled, "There is no information given to us. We got a name and an address. We're not told half of what goes on 'til you walk into this situation and you're probably in a mess." It was common for home care workers to work with a new client without being formally introduced to the client by the home care agency. Because of the differences among home

care clients' needs and behaviours, home care workers reported receiving insufficient training to deal with stressful situations regarding both proper care for their clients and their own safety. Interviewed home care workers who worked with special needs youth discussed the dangers they sometimes faced. Brenda recalled, "Sometimes they were young offenders, and they would be put in hotels so I would have to go to a hotel room and stay with a young offender. One time I had the cell phone and I had the RCMP on speed dial because this one particular kid, or young man, was a known arsonist."

Often home care workers did not have prior information about new workplaces and almost 40% described working in unsafe worksites. Some of the hazards identified included: lack of heat, house in disrepair, unclean homes, cigarette smoke, fleas, and snow on the outside stairs. Home care workers described houses that were difficult to navigate because of the piles of newspapers stacked throughout the house and filthy houses. Brenda remembered the first time she supervised a particular mother and young child in the Supervised Access Program and she said, "I didn't eat. I didn't drink. I didn't use the bathroom for those 12 hours. I didn't sit down. The place was that dirty." A few of the interviewed home care workers worried about what they were bringing back to their own homes, but as well they were concerned about what they were exposing other clients to when travelling between clients' homes.

Being mobile home care workers with little or no control over their work schedules created other stressors. Interviewed home care workers commented that they were stressed because they had insufficient time to provide quality care. For example, the allotted time for many clients did not take into consideration the time required to take clients shopping or to the doctor's office, to cook a proper meal, or to provide the

emotional care that clients need. As well, a couple of home care workers worried about the safety and comfort of their clients when they finished their evening shift, especially when they left non-ambulatory clients alone for the night. The stress related to a lack of time to provide quality care is a common finding in research on home care restructuring in Western countries (Aronson & Neysmith, 1996; Delp et al., 2010; Doniol-Shaw & Lada, 2011; Larsson et al., 2013; Zeytinoglu et al., 2001).

Health and Safety Concerns Related to Working Alone. Home care workers experienced a number of OHS concerns related to working alone in clients' homes remote from their employer and other workers. Two of the most commonly cited issues were the risk of developing musculoskeletal disorders, and risks associated with violence and harassment. Health care workers employed in institutions also experience these two hazards but the location of homecare worksites within clients' homes and the practice of working alone exacerbated these OHS concerns.

Approximately 1/3 of the participants described symptoms of musculoskeletal disorders. For instance, according to Pamela, "you can't go into home care with a bad back, but you will leave with one." When the same work is done in an institution, there are other workers to assist personal care workers with turning clients in beds or with assisting clients to bathe or take short walks around the room. Personal care attendants also work in stable workplaces, controlled by the employer, which are clearly subject to health and safety legislation, and where there are active health and safety committees with the right to inspect. As has been argued by others, (Craven et al., 2012; Lippel & Walters, 2014) working alone in the homes of often multiple clients brings with it particular

vulnerabilities to these disorders. Home care workers reported that, where they existed, the lifts designated for home care clients were sometimes out-dated. One home care worker divulged that it took three requests to receive an automated lift for her client. The lift initially assigned to the client was a manual crank lift device that caused the worker shoulder discomfort. As well, home care workers reported working with clients with limited mobility who were apprehensive about the workers using a lift to move them. Home care workers also mentioned how difficult it was turning clients in bed.

Exposure to violence and harassment are OHS concerns potentially exacerbated by working alone and by the location of work in someone's home (Barling et al., 2001; Geiger-Brown et al., 2007). Almost forty per cent of participants reported experiencing harassment by one or two of their clients including physical attacks and derogatory remarks about their work and their appearance by both elderly male and female clients. Home care workers reported harassment not only by clients but also by family members. While this is not unique to home care, the duration of exposures and challenges in reporting may well be. Frieda recalls being mentally and sexually harassed by a client's son-in-law for eight months until she complained to her employer. Similarly, Nikki cared for an abusive client for eight months. Most interviewed home care workers reported that when a home care worker complained to their employer about harassment the worker was removed after a replacement worker was found. However, Nikki stated that after she wrote up an incident report detailing a harassment event no action was taken because there were insufficient workers. Some home care workers rationalized the client's abusive behaviour as a consequence of the client's mental health.

Health and Safety Concerns Related to Job Insecurity. Job insecurity was an ongoing concern mentioned by most interviewed home care workers. Home care workers experienced job insecurity when the client passed away, was placed in an institution, recovered from a hospital procedure, and when clients decided that the worker was incompatible with their needs and asked for another worker. These multiple sources of job insecurity may have prevented home care workers from reporting harassment or other threats to their health because complaints could mean they would lose the client and might, as a consequence, have limited or no income for weeks and even months while waiting for another client.

Home care workers reported taking safety risks and performing tasks requested by clients because they were afraid of losing their job. For example, Pamela recalled going outside to draw well water in -20 degree Celsius weather, and on another occasion scrubbing floors on her hands and knees. She said, "You have to give in sometimes because if not, I mean, they [the home care clients] are liable to say, "I don't want you, you won't do what I want you to do."

Home Care Worker OHS, E-RGM and Government and Home Care Agency Policies and Practices. The work-related health and safety experiences of interviewed home care workers suggest that government and home care agency policies do not do enough to protect home care workers' health and safety. Sections 2(z) and 43 of the *Newfoundland and Labrador Workplace Health, Safety and Compensation Act*, indicate entitlement to workers' compensation is based on two requirements. First, the worker must meet the definition of "worker" under subsection 2(z) of *the Act*, and second, the

injury as defined under subsection 43 must be "one arising out of and in the course of employment" (Government of Newfoundland and Labrador, 2013). Home care workers employed by an agency meet the definition of “worker” and are eligible for workers’ compensation if injured on the job performing tasks approved by their home care agency. Home care workers commuting between home and work are ineligible for compensation, but those travelling for work are eligible for compensation. It is less clear whether workers injured while travelling between workplaces would be eligible for compensation. According to a NL WHSCC representative home care workers employed by an agency and injured while travelling between workplaces would be ineligible for workers’ compensation because they are not considered to be ‘at work’ because travel time is not considered to be part of their work time. K. Lippel interviewed a different NL WHSCC representative who said that home care workers may be eligible for compensation if involved in an accident while travelling between worksites but “it depends on the factors linking the circumstances of the accident to work” (Lippel, 2015). If home care workers are injured while commuting between home and work, as is the case when they work split shifts they are not eligible for compensation. Conversely, full time NL community nurses are likely to be eligible for workers’ compensation if they have an accident while travelling directly from one client to another (between workplaces) because they are paid mileage and travel time when driving between clients’ homes as outlined in their collective agreement (Registered Nurses Union of Newfoundland and Labrador, 2014).

The *Working Alone Safely Policy* acknowledges hazards facing workers in transient and isolated workplaces (Government of Newfoundland and Labrador, 2014c). It recommends that the employer create a standard safety awareness checklist for

employees to evaluate their risks (Government of Newfoundland and Labrador, 2014c). In addition, a safe visit plan is recommended (but not required), and suggested strategies include having two workers caring for one dangerous client and active communication by the employer with the worker to keep track of the safety of the worker (Government of Newfoundland and Labrador, 2014c).

Home care agency representatives were not asked if they had a safe visit plan or a standard safety awareness checklist in place to reduce health and safety risks, but I did ask them a general question about the health and safety of workers. Responses to my questions ranged from the employer supplying gloves to the workers and training opportunities for working with difficult clients, to comments about the importance of workers knowing their rights under workers' compensation. Three home care agency representatives indicated they were proactive about worker's health and safety; one agency had a bulletin board with workplace health and safety information displayed at the entrance to the main office. However, none of the home care agencies volunteered that they do a risk assessment of the client before sending in a worker. Generally speaking, a pre-assessment of the client's needs was done in-person or by phone to determine what the home care client required and which home care worker was best suited to work with the client.

Most home care agency representatives suggested that workers were given sufficient information about the client to provide care. Only three out of the nine representatives had the worker meet with the client before they started to care for the individual. While three of the home care agency representatives said the agency notified home care workers if the client smoked or had animals, one home care agency

representative suggested that confidentiality issues prevented her from sharing written client information with the worker unless the worker went to the office.

Over seventy-five per cent of the home care agency representatives indicated they checked the clients' homes, and they described checking for uncovered sockets, clear exits, loose carpets, and dangerous slip and fall situations which could affect the safety of clients and workers. However, it seemed from their comments that the focus of these visits was on client safety. Some of the houses described by the home care agency representatives were in disrepair (i.e., rodents, holes in the wall, unsafe steps) and in some situations the home care agency representatives said that they could suggest repairs, but they did not have the power to demand that safety concerns be addressed. One home care agency representative responded to my question about whether some houses were in disrepair saying, "Oh yes. Unfortunately, there is not much you can do about that. You just tell your home support worker to be as careful as they can, you know."

A couple of home care agency representatives said that they would not place home care workers in physically unsafe houses or with clients who had behavioural problems. However, most home care agency representatives accepted challenging clients. One commented, "Everyone is entitled to the best quality care that they can receive." Eight of the nine home care agency representatives indicated that they offered training to workers but the training program and modules, and the frequency of course offerings varied across agencies. Sometimes home care workers received training by a more senior home care worker to help them better care for the client. Two of the agencies said they offered computer modules for home care workers to complete at home. Occasionally, home care agencies offered specific training at the office about the patient's disease (i.e.,

diabetes, dementia, and Alzheimer's), meal preparation, bathing, and transferring patients using lifts. As well, home care agencies delivered training courses about potential hazards to workers' health (i.e., managing challenging behaviours, crisis prevention and intervention, and bad backs). One home care agency was proactive in training their employees and annually offered six to eight training sessions based on internal material and external material (i.e. Alzheimer's Society). However, home care workers were not paid for the time they spent in training.

Collective Agreements

All the home care agency collective agreements reviewed for this project stipulate that employers must provide gloves and aprons to workers and that at least one union member representative is required to sit on the health and safety committee. Furthermore, collective agreements state that home care workers have the right to work free from personal and sexual harassment and to refuse work with incompatible clients. Collective agreements require employers to take immediate action if a home care worker's safety is at risk. However, forty-five per cent of the reviewed collective agreements did not require home care agencies to inform workers about clients with behavioral problems and none of the collective agreements required home care agencies to do an inspection of the home prior to the home care worker's first visit with the client.

Collective agreements set out the terms of employment, and they contain clauses to reduce safety and health risks facing home care workers. They address scheduling, minimum hours requiring payment, and job security. The collective agreements allow a flexible work schedule for employees. The collective agreements do not guarantee a

minimum number of hours of work per day or week, however, there is a clause indicating home care workers are not obligated to accept shifts of less than 3 hours duration – the minimum laid out in the provincial *Labour Standards Regulations Act* (Government of Newfoundland and Labrador, 2014a). Home care workers are supposed to be paid overtime (time and a half) when they work in excess of 12 or 13 hours per day or 40 hours per week. The collective agreements do not explicitly mention that home care workers are protected against reprisals for OHS complaints, but this and some other basic protections such as the right to refuse work if the worker believes it is dangerous to his/her health, and the requirement that an employer have a health and safety policy are outlined in the *OHS Act* (Government of Newfoundland and Labrador, 2014b).

Discussion

The findings of this study are similar to those arising from international research on the working conditions and OHS issues facing home care workers. In this study, home care workers tended to be older women with limited employment opportunities and low wage earners. Likewise, home care workers in Europe, North America, and Australia are more likely to be women, tend to be older, and earn a low income (Delp et al., 2010; Doniol-Shaw & Lada, 2011; Quinlan et al., 2015). As with other research on the working conditions of home care workers (Armstrong & Laxer, 2006; Cohen et al., 2006), unionized home care workers in this study experienced irregular earnings, job insecurity, and limited social wages. Research on the restructuring of home care in Europe suggests that home care workers have experienced work intensification, but do not face job insecurity (Doniol-Shaw & Lada, 2011). Common OHS issues described by workers in

this research are similar to those found in other studies including musculoskeletal disorders (Hannerz & Tüchsen, 2002; Johansson, 1995; Meyer & Muntaner, 1999; Quinlan et al., 2015), workplace violence and harassment (Barling et al, 2001; Denton et al., 1999; Hanson et al., 2015; Geiger-Brown et al., 2007; Menckel & Viitasara, 2002; Sharipova et al., 2008; Quinlan et al., 2015; Quinlan & Bohle, 2008; Viitasara et al., 2003), a lack of risk assessment (Quinlan et al., 2015), problematic access to workers' compensation (Quinlan et al., 2015), and potential or actual vehicle accidents (Craven et al., 2012; Quinlan et al., 2015; Sims-Gould et al., 2013).

While there is no other research that examines home care workers' complex daily E-RGM, a recent study of immigrant workers in the Greater Toronto Area describes the challenges associated with daily extended E-RGM (Premji, 2014). Not surprisingly, other precarious workers such as temporary agency workers also experience musculoskeletal disorders, job insecurity, a lack of OHS training and non-compliance, and regulatory oversight (Underhill & Quinlan, 2011). The next section applies Quinlan and Bohle's PDR model to the study findings in order to make sense of the vulnerability of workers in this kind of situation to injury and illness and includes ways E-RGM contributes to the risks confronting these workers.

Pressure, Disorganization and Regulatory Failure

Interviewed home care workers' experiences suggest they are falling through some significant cracks in provincial, and company health and safety policies and procedures as well as in their collective agreements. Applying Quinlan & Bohle's PDR

model can help us see how home care work, as a form of precarious employment that is also associated with complex patterns of E-RGM, working remotely and alone, affects the health and safety of home care workers, and the related cracks that contribute to their exposures to risk of injury and illness. Home care agencies and workers experience strong economic and reward pressures that influence their OHS. In this study home care agencies faced economic pressures from clients who had the power to decide which agency would provide their home care services. As well, agencies providing subsidized home care services experienced economic pressures from the Department of Health and Community Service which rationed the number of hours a client was eligible to receive. While allocations of home care time were supposed to be based on need, need was determined using neoliberal policies (Armstrong & Armstrong, 2001) that dictated that home care services were a supplement to unpaid family care (Government of Newfoundland and Labrador Department of Health and Community Services, 2012; 2005). This policy framework contributes to the spatial and temporal fragmentation of home care work and forces workers to engage in often complex, daily patterns of E-RGM associated with split shifts. It also contributes to long working days, irregular hours, transient workplaces, and work intensification. Conversely, NL community nurses also travel to clients' homes but their work schedules are very different from those of most home care workers. According to a key informant, at the time of the study, community nurses worked Monday to Friday from 8:30 a.m. to 4:30 p.m., received mileage, and were paid to travel between clients' homes. Unlike home care workers, these community nurses had autonomy and decided the order of clients to visit during their workday. This disparity in treatment between home care workers and community nurses may result from

the community nurses' better collective agreement and may also be attributable to their professional status.

Economic pressures help explain why home care workers take risks and don't always report harassment; they are concerned they might end up unemployed/underemployed for an indeterminate period if they report a problem and, as a result, lose a client. But, home care workers also take risks because they were emotionally attached to their clients. The outsourcing of caring work from an institution to a client's home has OHS consequences that are gendered. Caregivers forced to choose between their own health and the health of a client may place the client's health ahead of their own OHS, especially in times of public cutbacks (Lippel & Messing, 2013).

Home care agencies in NL described economic pressures as wages rose more quickly than government subsidies for home care services and this increased the disorganization of home care work because some agencies decreased supervision and training of workers. Further, home care workers' lack of information about clients is another indication of the disorganization of work that may contribute to injury risk by placing home care workers in unsafe working environments. In this study, it seemed as though home care workers were not fully aware of their rights and given their isolated workplaces and complex E-RGM most home care workers did not speak to their fellow workers.

In this study, non-compliance by home care agencies with the OHS Act and the lack of workplace safety inspections by the government are evidence of regulatory failure. The *Newfoundland and Labrador OHS Regulations* sets out policies to protect workers and outlines employers' and employees' responsibilities for workplace safety.

The *OHS Regulation 5/12 Section 15, Working Alone*, requires employers to do a risk assessment of the workplace to reduce health and safety risks associated with working in isolated and transient workplaces (Government of Newfoundland and Labrador, 2012). According to the *Working Alone Safety Guidelines*, employers should develop a standard safety awareness checklist to give employees to help them evaluate their risk (Government of Newfoundland and Labrador, 2014c). None of the home care representatives interviewed talked about the recommendations outlined in the Working Alone Safety Guidelines. Furthermore, getting employees to evaluate their risk shifts the assessment responsibility to the worker and may place the worker in a potentially unsafe workplace during the assessment. It would be better to have both the supervisor and the home care worker complete the safety awareness checklist together at the worksite before the first shift in order to ensure the workplace is safe. The Working Alone Safety Guidelines also suggest that employers develop a safe visit plan to track the safety of the worker when working at a client's premises. The safe visit plan entails using an active communication system, or employing two workers so that one worker is not alone, but these strategies require additional funding. Unless the Regional Health Authority pays for two workers to be present while caring for a violent client, it is unlikely that a home care agency will use this strategy. Supplying home care workers with smart phones that track their actual location and provide information about the client may be an option, but home care agencies may be unwilling to invest in these phones. I did not directly ask employers if they followed the Working Alone Safety Guidelines, but interviews with home care workers and home care agency representatives suggested that they did not.

While the PDR model is useful for understanding how precarious work undermines OHS, improvements to labour standards and collective agreements could help to address the elements of the PDR model that contribute to risk. Currently, these collective agreements offer home care workers better working conditions than outlined in the Labour Standards Act by improving the hourly wage and offering better social wages. There are two ways the collective agreement and Labour Standards Act could be improved. Workers should be compensated for travel and wait time when travelling between workplaces and the minimum shift hours should be increased to reduce unpaid time between shifts. Also, collective agreements may be a mechanism to improve the health and safety of home care workers.

The collective agreements reviewed for this study required employers to take immediate action when an employee's safety is at risk. Most home care workers indicated that when they had told their employer about violent or aggressive clients they had been removed from these dangerous environments but removal could result in unemployment or underemployment for workers until another client is found.

E-RGM and precarious employment may intersect to affect health and safety. For example, a home care worker caring for one client may not experience stress-related time constraints, nor the stress, uncertainty and unfamiliarity of hazards associated with working with new clients in changing workplaces. Conversely, home care workers caring for one client may be more likely to put up with harassment for longer periods of time because of the fear of losing their job or having to shift to multiple clients, transient worksites, additionally causing employment and income insecurity.

There are many similarities between this study and a recently published study by Quinlan et al. on Australian home care workers (Quinlan et al., 2015). For example, both exploratory studies reveal that home care workers' duties extend beyond caring for seniors and adults with disabilities to include work with youth. Both studies document the intersecting factors of economic and reward pressure, disorganization of work and regulatory failure. While Quinlan et al.'s 2015 study uses the PDR model and identifies OHS challenges related to working in private homes and transport issues, this study adds to the literature by identifying the importance of E-RGM and collective agreements for home care workers' OHS.

Conclusion

In this study home care workers experienced work-related health and safety issues related to three aspects of E-RGM: commuting and travelling between workplaces (travelling in severe weather and while exhausted); working alone in private homes (violence, harassment and musculoskeletal disorders); and, being mobile workers in transient workplaces remote from their employer's office (unknown risks about clients and workplace, and stress related to client care).

Government and home care agency policies are not protecting this vulnerable group of predominantly female workers. Some policy recommendations that could help reduce the work-related health and safety risks of this workforce include: 1) ensuring that workers are eligible for compensation for injuries that occur during travel between workplaces; 2) requiring all home care agency employers whose employees work alone to follow the Working Alone Safely Guidelines and thus develop a safe visit plan and a

standard safety awareness checklist. Home care agencies can reduce the risk of injury or illness by providing ample paid OHS training opportunities and adequate supervision of workers, by conducting safety assessments with workers when they start working with a new client or if a client's condition changes substantially, and by disclosing the client's behavioural problems and contagious diseases to the workers.

The home care workers in this research were recently unionized by a large provincial union that is more familiar with negotiating contracts for industrial and government workers who are generally located in one central and fixed workplace. Two recommendations for improving the health and safety of home care workers are to include in upcoming collective agreements a requirement for companies to carry out an on-site, risk assessment of home care clients and their homes that involves both the home care worker and the home care representative in the assessment, and implementing effective protections against reprisals to ensure workers are able to complain about unsafe working conditions without losing hours or their job. One home care worker did not know what union she belonged to and a few interviewed workers were unfamiliar with their collective agreement. It is unclear how workers who work alone in transient and remote workplace would be able to communicate their OHS concerns to their union representative on the joint OHS committee. Active union engagement is crucial to improving health and safety of home care workers.

This study has two limitations. Firstly, the findings of this study cannot be generalized to all unionized home care workers in NL due to the small sample size. Secondly, I do not know what proportion of home care workers in NL are unionized because home care workers are employed by unionized and nonunionized home care

agencies, as well as employed directly by the client. One might suppose that unionized home care workers will have better-working conditions and less health and safety issues than nonunionized home care workers. But, the union in this study is still trying to negotiate the difficult terrain of organizing home care workers employed at individual private agencies, and addressing the unique needs of these mobile and isolated workers. Still, this research identifies three areas for further research: how OHS in home care work is affected by mobility; a comparative study of urban/rural home care workers' OHS concerns; and, home care workers' knowledge of their employment and health and safety rights, and managers' knowledge of their obligations.

Home care workers are a vulnerable group of workers who provide an essential service to the healthcare system. Their health and safety should be a priority for employers, union representatives, and policy makers at all levels of government.

Chapter Five: Conclusion

This dissertation examines drivers, rhythms, and patterns and some consequences of the different types of E-RGM of urban and rural home care workers living in two regions on the Island of Newfoundland. Home care workers provide a myriad of services, including medical services such as nursing and physiotherapy, and social care services, such as personal care, household tasks, and companionship (Daly, 2007) and home care workers who provide the latter services are considered paraprofessionals (Aronson & Neysmith, 1996; Jackson, 2019; Jackson et al., 2019; Neysmith & Aronson, 1996), as are the home care workers in this study. This study uses a feminist political economy perspective supplemented with insights from mobility theory, intersectional rhythmanalysis, and place ballet. A feminist political economy perspective is "concerned with understanding the way in which women experience the intersections of class, gender, race/ethnicity and regionality/nationality and the way in which women have acted or potentially could act to make their own history" (Armstrong & Connelly, 1989, p. 5). Much of the research in feminist political economy examines women and work and the complex interplay of capital accumulation, labour markets, state policies and social reproduction (Maroney & Luxton, 1997). More recently, feminist political economy has been applied to the study of E-RGM (Roseman et al., 2015; Dorow & Mandizadza, 2018).

This dissertation uses a qualitatively-driven mixed method design (Hesse-Biber et al., 2016). The research design reflects a feminist political economy influence as I collected data from various sources to understand the context of how different forms of work-related mobility impact home care workers, and the driving forces of E-RGM.

Qualitative data was collected using the following research methods: semi-structured interviews with 37 home care workers, 9 home care agency representatives, and 16 key informants; observations of SWNL home care workers; analysis of Newfoundland and Labrador and Nova Scotia policies and legislation relating to home care; analysis of agency procedure manuals; analysis of online collective agreements, and an online search for the term 'Newfoundland Ladies'. Qualitative research methods enable researchers to look for general themes/patterns in the data using 'thick description' (Hesse-Biber et al., 2016) to understand the context of the behaviour and constraints. Thirty-seven of the sixty-two interviews were with home care workers to uncover their lived experiences and connect these to larger social structures and processes. Key informants and home care agency representatives were interviewed to better understand home care policies and practices in NL. I also gathered data on a section of SWNL home care workers' interprovincial commute through approximately 30 hours of nonparticipant observation between the island of Newfoundland and Nova Scotia. During the observation phase, I discretely wrote some notes and made more complete notes of home care workers' behaviours, seating arrangements, interactions while sitting nearby on the ferry, in the ferry terminals and on the shuttle bus that transported passengers to and from the ferry and terminal. These notes were typed in Word and added to NVivo™. Later, I reviewed the transcripts noting interactions among home care workers, behaviours, and themes. Other forms of qualitative data collection analyzing online collective agreements and an online discourse analysis of 'Newfoundland Ladies'. I also analyzed census data through Memorial University's Research Data Centre to compare the rates of male and female interprovincial E-RGM of SWNL and St. John's male and female workers. I chose to use

1981census data as this was before SWNL experienced an economic downturn due, in part, to the closing of the railway in 1988 (Heritage Newfoundland and Labrador, 2020), the decline of the fish stocks, and the cod moratorium in 1992 (Dolan et al., 2005), Although the research occurred in 2013, I chose 2006 census rather than 2011 census, because of a concern about the quality of the data due to the shift from a mandatory national household survey to a voluntary survey (Green & Milligan, 2010).

The research proposal was approved by Memorial University's Interdisciplinary Committee on Ethics in Human Research, and pseudonyms are used to protect the identities of the participants. Home care workers were recruited through the contact information provided by union representatives, colleagues, advertisement posters (Appendix 2), and snowball sampling. Key informants were recruited by contacting union offices, government department offices, local community organizations, and businesses to identify potential leaders. Conversely, home care representatives were recruited by scanning telephone books and the internet for home care agencies and then contacting them by phone to request an interview. Forty-five percent of NL home care agencies contacted agreed to an interview, but no Nova Scotian home care agencies advertising Newfoundland live-in caregivers agreed to an interview. Analysis co-occurred while I was doing research and while writing chapters. I used NVivo™ to code and organize the data according to key themes.

This concluding chapter returns to the original research questions outlined in the introduction and to the empirical and theoretical gaps the dissertation sought to address. It discusses three main findings of this research, highlights how it contributes to existing

research, calls attention to the study's policy relevance, discusses its strengths and limitations, and suggests future research.

Back to the Beginning: Research Gaps and Questions

I first became interested in researching the work-related mobilities of Newfoundland and Labrador home care workers after watching the CBC's 2008 documentary *Where the Women Went*, which featured four interprovincial live-in home care workers. At that time, most of the research on Canadian home care workers focused on the working experience and health and safety of unionized home care workers employed by home care agencies in large metropolitan areas (Aronson & Neysmith, 1996; Denton et al., 2002; Denton et al., 1999) or international care workers employed through the Live-in Caregiver's Program (Hanley et al., 2017; Oxman-Martinez et al., 2004; Pittman, 2012). There was limited research examining home care workers living and working on the Island of Newfoundland (Botting et al., 2001; Kelly, 2005; Morris et al., 1999) and international care workers living in St. John's (Pittman, 2012). At the time, no research examined NL home care workers who engaged in interprovincial E-RGM or the complexity of NL unionized home care workers' commutes.

In Canada, work-related mobility has become more complex in urban and rural regions and across different sectors (Haan et al., 2014). This complexity is reflected in longer daily commute times and distances, travelling daily to transient and sometimes multiple worksites, and extended time away from home (Gesualdi-Fecteau et al., 2019). At the start of my research project, there was a gap in the home care literature about the

different forms of E-RGM experienced by home care workers, and no research comparing groups of home care workers engaged in different forms of E-GRM. My main research question is: What are the consequences of different forms of E-RGM for Newfoundland and Labrador home care workers, and what are the social factors influencing home care workers' E-RGM?

A critical element of mobility is rhythm (Cresswell, 2010). While doing fieldwork in SWNL, I began to reflect on the differences in the dominant patterns of E-RGM and the corresponding rhythms of work, home, and mobility. I became interested in Lefebvre's rhythmanalysis and the intersecting, parallel, and concatenated rhythms in these home care workers' everyday lives that create eurhythmias and arrhythmias. While rhythmanalysis allows us to link the rhythms of everyday life and capitalism (Lefebvre, 2004), there was limited literature on rhythmanalysis used to understand different forms of E-RGM by NL home care workers. One significant gap in the rhythmanalysis literature is the omission of gender relations (Lyon, 2019; Neis et al., 2018; Reid-Musson, 2018) discussed in this dissertation. The following questions in Chapter Two use an intersectional rhythmanalysis to focus on the everyday rhythms of home care workers:

1. What are the changing rhythms linked with, influenced by, and influencing the E-RGM of Newfoundland and Labrador home care workers engaged in daily local commutes and interprovincial E-RGM?
2. What eurhythmias and arrythmias are associated with these, and what are the consequences for these workers?
3. How do rhythms intersect with and, (re)produce gender and class relations?

Following Spalding and Phillips (2007) Chapter Two uses two composite vignettes constructed from data collected from multiple participants to compare typical everyday rhythms experienced by St. John's unionized home care workers with SWNL interprovincial home care workers. One of the strengths of using composite vignettes is that it can highlight the differences between the two groups of home care worker's E-RGMs. Rhythms produce and are a product of place (Lefebvre & Régulier, 2004). Place is mentioned in the literature on rhythmanalysis and work-related mobility (Reid-Musson, 2018). However, except for King and Lulle (2015), much of the literature does not discuss the rhythms of place in detail. Chapter Three combines rhythmanalysis with place ballet to highlight place-making and asks the following questions:

1. How do the rhythms of place in SWNL influence and how are they influenced by interprovincial E-RGM at home, on the road, and at wor?
2. How does combining Seamon's place ballet with intersectional rhythmanalysis highlight mobile place-making and socializing opportunities?
3. How does intersectional rhythmanalysis expose power relations found in the everyday lives of a group of mobile workers and how class and gender shape and are shaped by the rhythms of place?

Much of the research on the OHS of home care workers examines the impact of neoliberal policies on home care workers (Cloutier et al., 2008; Cloutier et al., 2007; Denton et al., 1999; Hanley et al., 2010; Zeytinoglu et al., 2001) regulatory challenges associated with a workplace within a residence (Hanley et al., 2010; Quinlan et al., 2015).

However, there was a lacuna when considering how work-related mobility impacts home care workers' health and safety risks. Chapter Four asks the following questions:

- What are the work-related health and safety experiences of interviewed unionized urban home care workers in Newfoundland and Labrador?
- How do policies (government and home care agency) and collective agreements interact with E-RGM to mitigate or exacerbate the OHS challenges confronting these workers?

Patterns, Rhythms, and Drivers

Several themes emerged from exploring the dominant E-RGM patterns within the working lives of NL home care workers in two regions, urban St. John's, NL, and rural SWNL. The three main themes that are the focus of this dissertation are the drivers of home care workers' mobility, patterns of home care workers' E-RGM, and the multi-scalar everyday rhythms of home care workers. Subthemes include home care workers' relationship to place, precarious employment, home care workers' health and safety, and the significance of gaps in theory and policies.

Increased extended complexity of mobility for work is a global trend across many sectors and occurs in rural and urban settings, including Canada (Gesualdi-Fecteau et al., 2019). The first theme of this dissertation examines the drivers of home care workers' mobility and includes state policies, place, and work schedules set by the needs of clients and home care agencies. State policies impact the working conditions of home care workers (Armstrong & Laxer, 2006) and mediate work-related mobility (Roseman et al., 2015). In this study, national and provincial policies influenced partly by neoliberalism

are essential drivers of home care workers' E-RGM. Neoliberal health care policies in both provinces are manifested as a shortage of publicly funded long-term care beds and limited subsidized home care services that do not meet the needs of an aging population. As discussed in Chapter Four, one consequence of neoliberal home care policies is that NL unionized home care workers often experience irregular schedules and long workdays. While many unionized home care workers want full-time employment, they work part-time. Their work schedules and patterns of E-RGM result from home care agencies trying to provide for clients' needs and preferences with limited subsidized home care hours based on state expectations that these services supplement informal family caregiving.

Health care policies in Nova Scotia that limit subsidized home care services act as drivers for SWNL home care workers. Clients who require more hours of home care than allotted by the provincial government and have sufficient funds hire 'Newfoundland Ladies' (SWNL home care workers) directly or through NS home care agencies. 'Newfoundland Ladies' provide 24-hour care substantially cheaper than local NS workers (CBC, 2008). Neoliberal capitalism influence extends to other social programs at the national level, such as the Canada Pension Plan, which disadvantages women who work seasonally or part time and may persuade some older SWNL women to work long after retirement age to subsidize their low pensions.

Another driver of E-RGM is the specificity of place, which is essential to understanding workers and employment opportunities within a community and work-related mobility (McDowell, 2009; McDowell & Massey, 1994). Globally, place plays a role in sending and receiving countries as working-class women from lesser developed

countries with limited employment opportunities provide live-in care for extended periods for middle and upper-class clients in more developed countries (Spencer et al., 2010; Chau, 2020; Pelzelmayer, 2016). Similarly, in SWNL, home care workers with limited local job prospects travel for extended periods to NS to provide care for more affluent NS clients. Further, in SWNL, the lack of local bus service makes it challenging for women without access to a car to work part-time in the nearby communities. A twice-daily ferry service connecting SWNL to NS maintains the interconnectivity between these two places. It makes working away for some SWNL women without access to a vehicle more viable.

The second theme in this dissertation is patterns of E-RGM. Chapter Two compares the most common work-related mobility patterns of unionized home care workers living and working in St. John's, NL, with home care workers living in SWNL and working in NS. The dominant pattern of interviewed St. John's unionized home care workers was a daily local commute often characterized by an irregular weekly work schedule ranging from 21 to 45 paid hours and involving commuting to and between multiple transient worksites. Chapter Four describes variations in the patterns of daily local E-RGM experienced by four unionized St. John's home care workers. Variations include split shifts, driving between three consecutive clients' homes during the workday, travelling by bus to multiple clients' homes during a workday, and commuting to one client's home Monday to Friday. These urban home care workers were responsible for all transportation costs, including those to and from work and between workplaces, and were not paid for travel time. Home care workers who used their vehicles paid insurance, registration, gas, and car maintenance costs, whereas home care workers who relied on

public transit paid bus fares. Often home care workers experienced extended workdays while working split shifts or caring for multiple clients. One home care worker who worked split shifts had a commute and workday extended over 13 hours and within that period commuted more than two hours for six hours of work ($79.50) and was not paid for the cost of commuting. Home care workers who travelled by bus to multiple clients for six hours of shift work sometimes spent over nine hours away from home walking to, travelling by bus, and waiting in a nearby coffee shop or outside a client's home in all types of weather for the start of their shift. In contrast, home care workers who own a vehicle might spend less time travelling and could wait within the comfort of their car for the start of their shift.

Conversely, the dominant form of work-related mobility for interviewed SWNL home care workers was interprovincial live-in E-RGM. As discussed in Chapters Two and Three, this pattern of work-related mobility was characterized by SWNL home care workers' intermodal travel by car, ferry, and usually by shuttle bus in NS, travelling up to 13 hours to provide 24-hour care for Nova Scotian clients for two or more weeks. Most home care workers travelled up to 19 hours, including the wait time at the North Sydney ferry terminal, before having 12 whole days off before the next job rotation. Chapter Three reveals that most employers paid the transportation costs of the return passenger ferry and the shuttle bus fare but did not pay for the cost of a cabin. Consequently, most home care workers travelling at night slept upright in chairs or on the floor between rows of seats in the general seating area of the ferry. Like home care workers engaged in daily local commutes, no interprovincial home care workers were compensated for the time spent on the commute. Chapter Three also explores the work-related pattern of SWNL

workers commuting and congregating on ferries and shuttle buses and in ferry terminals and their experiences while on the move. Unlike European live-in home care workers employed in Switzerland and whose travel arrangements may have been organized by the home care agencies, by informal brokers and drivers, or by the home care workers themselves (Chau, 2020), interviewed SWNL home care workers organized their intermodal travel themselves. They typically travelled at night, and most slept on the ferry in a common area. Some home care workers opted to sleep in a cabin but paid for it themselves.

Looking at these patterns of E-RGM tells us about the vulnerabilities and opportunities associated with each. One of the vulnerabilities for all NL home care workers is that time travelling for work (commuting and travelling to multiple worksites during a shift) as work time is determined by case law and not the NL and NS Employment Standards Acts (Gesualdi-Fecteau et al., 2019). Consequently, NL home care workers engaged in both forms of E-RGM are not be paid for travel time, and, if injured while traveling to and from work or between worksites, they would most likely be ineligible for compensation.

Generally, home care workers are women who tend to be precariously employed. Neoliberal policies altered the working conditions of unionized and agency home care workers from full-time to part-time casualized employment (Armstrong et al., 2008; Armstrong & Laxer, 2006). Often, these workers receive low wages, experience job insecurity, work irregular shifts, and are eligible for few fringe benefits (Armstrong & Laxer, 2006; Sharman et al., 2008). Regardless of the pattern of E-RGMs, all interviewed home care workers experienced precarious employment; all home care workers earned a

low income and, at the end of the care cycle, had no certainty of continued employment. Unionized home care workers had greater control over the cand had more regulatory protection over their working conditions. They would be eligible for workers' compensation benefits in the event of a work-related injury or illness. However, they may still experience a reduction of hours or be laid off at the end of a care cycle.

Conversely, SWNL home care workers who travelled to NS for employment had a higher degree of precarity than unionized NL home care workers. SWNL home care workers had less regulatory protection, less control over the labour process, and may be unemployed for extended periods between clients. Further, interprovincial home care workers who worked under the table are more precariously employed because they are ineligible for Employment Insurance, Canada Pension Plan, or workers' compensation benefits.

Although there are some similarities between SWNL live-in home care workers and international live-in caregivers, the latter tend to be the most precariously employed but categorically they are in the same situation. Both experience long work hours, overtime work without pay, difficulties getting time off, job insecurity, and exploitative employers however, until recently, international live-in caregivers were not permitted supplemental employment, were bound to the same employer for two years, and were required to live with their clients (Bourgeault et al., 2010; Chowdhury & Gutman, 2012). In 2014, changes in the Live-In Caregiver Program removed the requirement to live with clients, and caregivers can change their employers, but there is still a power imbalance between the employer and caregivers (Dorow et al., 2015).

Patterns of work-related mobility can positively or negatively impact workers' physical, mental, and social health (Newhook et al., 2011). Chapter Four identifies OHS risks related to home care workers engaged in daily local E-RGM. These included feeling drowsy commuting home after the last shift, driving in severe weather, and maintaining their cars. Similar findings were documented by mobile healthcare workers in Nova Scotia (Jackson, 2019; Jackson et al., 2019; Leiter et al., 2018). Mirroring research on home care work, daily local commuting workers reported insufficient knowledge about the client before starting to care for him/her, insufficient training, and unsafe worksites due to inadequate risk assessments (Quinlan et al., 2015), insufficient time to provide quality care (Aronson & Neysmith, 1996), and stress related to leaving non-ambulatory clients alone at night. In this study, health and safety concerns related to working alone include the risk of developing musculoskeletal disorders (Cloutier et al., 2008; Cloutier et al., 2007; Denton et al., 2003; Denton et al., 1999; Sharman et al., 2008) and violence and exposure to violence and harassment (Barling et al., 2001; Geiger-Brown et al., 2007). While these OHS risks were linked to home care workers' daily local E-RGM, as discussed in Chapter Three, similar risks were identified by SWNL home care workers engaged in interprovincial E-RGM.

Not only were vulnerabilities associated with home care workers' E-RGM, but there were also opportunities. Chapter Three points out that SWNL interprovincial workers had some control over their work schedules as they synchronized their work schedules with their husbands and could more easily plan family events. Likewise, some unionized home care workers had some influence over their E-RGM as they negotiated family and work responsibilities.

According to Cresswell (2010), one important component of mobility is rhythms. There is a growing body of research that applies a rhythmanalysis approach to work-related mobility (King & Lulle, 2015; Neis et al., 2018; Reid-Musson, 2018) to reveal the multiscalar intersecting rhythms of everyday life within capitalism. A third theme that flows through much of this dissertation relates to intersecting rhythms of home, environment, work, and E-RGM. Chapter Two compares the everyday rhythms of home care workers engaged in interprovincial and daily local patterns of E-RGM. It reveals the variation in rhythms between the two groups of workers and exposes individual difference within the same E-RGM. These differences are based on individual familial responsibilities, reliance on public transit or access to a vehicle, client's needs and expectations, or caring for one or more clients. Chapter Two reveals the "extraordinary in the ordinary" (Lefebvre and Levich, 1987, p. 9) and reveals the role of neoliberal capitalism, and other power relations (gender and class) that shape and are shaped by the rhythms of everyday life. Chapter Three examines how the rhythms of place intersect with, influence, and are influenced by the work-related rhythms of SWNL interprovincial home care workers. It examines the larger scale and historical rhythms of SWNL (economic cycles including deindustrialization, demographic shifts, shifting transportation systems).

Chapters Two and Three discusses the arrhythmias created as workers negotiate the multiscalar everyday rhythms. All home care workers experienced arrhythmia at the start and end of the care cycle, during severe weather, and when unable to attend important family and social events. St. John's home care workers often work irregular hours and weekends, making it difficult to plan for and sometimes participate in special

events. In contrast, SWNL home care workers could plan events they could control because they knew their schedule in advance. However, they still missed special events like Christmas, grandchildren's birthdays, and, as mentioned in the CBC documentary, *Where the Women Went*, their wedding anniversary.

St. John's home care workers were not always able to provide care that met their standards of quality care because of insufficient time scheduled by home care agencies, to meet the client's needs and expectations, and worked longer than scheduled without pay to maintain quality care, which is similar to findings by Martin-Matthews (2010) and Twigg (2002). Conversely, SWNL live-in caregivers did not experience this issue as they have ample time to provide quality care. However, given their clients' dependency and vulnerability, most SWNL home care workers could not leave when they wanted. Only a few home care workers had scheduled breaks for a few hours away from their client during the two-week or longer rotation. There were times, though, when worker's and client rhythms were in synch, when home care workers balanced home, paid work, and leisure activities. However, this fragile synchronicity (Neis et al., 2018) was challenging to achieve and primarily maintained by the worker.

This dissertation reflects mobility and intersectional rhythmanalysis perspectives and a feminist political economy approach. A feminist political economy is concerned about the conditions of women's work within neoliberal capitalism (Armstrong et al., 2008). In this study, home care workers receive low wages, have few social benefits, and experience differing degrees of precarity based on their E-RGM. Compared with St. John's unionized home care workers, SWNL home care workers experience greater precarity. A feminist political economy perspective is mindful of the links between paid

work and domestic responsibilities and considers if state policies mitigate or fail to remediate gendered social inequality (Armstrong et al., 2008; Roseman et al., 2015). Provincial health care policies, the Canada Pension Plan, OHS policies, and disinvestment in rural communities act as drivers to persuade SWNL women to travel to NS for live-in care work.

Further, provincial health and OHS policies do not fully consider the transient and mobile nature of the work, nor the health and safety risks of working in private homes influence the E-RGM of unionized home care workers. A feminist political economy perspective does not think of people as victims but as individuals with 'constrained agency' where macro-level structures and social processes influence an individual's choice (Armstrong & Lowndes, 2018). These macro-level structures and social processes influence the everyday rhythms of home care workers. In both SWNL and St. John's working-class women are home care workers. Historically, care work has been and still is considered women's work and is devalued. In this study, SWNL home care workers chose to work in NS for extended periods but would prefer to work in their home communities because of limited employment options in their community St. John's home care workers chose to care for clients, and some prefer full-time employment but are employed part-time.

Scholarly Contributions

This dissertation adds to the literature on home care work, OHS, work-related mobility, and intersectional rhythmanalysis. The OHS literature of home care workers examines the impact of healthcare restructuring on the health and safety of unionized

home care workers (Cloutier et al., 2008; Cloutier et al., 2007; Denton et al., 1999; Hanley et al., 2010; Zeytinoglu et al., 2001) and regulatory challenges of a workplace within a home (Hanley et al., 2010; Quinlan et al., 2015). Recent research examines the OHS risks affecting healthcare workers through a mobility lens (Doniol-Shaw & Lada, 2011; Jackson, 2019; Jackson et al., 2019; Leiter et al., 2018). This dissertation builds on this literature by documenting the work-related health and safety experiences of NL unionized home care workers and by examining the impact of government and home care agency policies on unionized home care workers' OHS and to the extent that existing collective agreements mitigate or exacerbate home care worker's OHS issues. It points out OHS risks associated with three aspects of E-RGM, commuting and travelling between workplaces, working alone in private homes, and being transient mobile workers remote from the employer's office. This research focuses on how complex patterns of E-RGM influence the OHS of unionized home care workers. It adds to the limited literature comparing the working conditions of rural and urban home care workers and reveals that home care workers' duties extend beyond caring for seniors and adults with disabilities to include working with youth (Quinlan et al., 2015).

This research adds to the literature on NL live-in interprovincial caregivers by making visible home care workers in the informal sector who are not counted in employment statistics and official data sets and have not been studied in the past. Findings from this research on NL live-in interprovincial workers has some commonality with research on working-class Eastern European women who travel to nearby European countries to provide live-in care for the elderly (Chau, 2020; Chau et al., 2018; Pelzelmayer, 2016; Schwiter et al., 2018a; Schwiter et al., 2018b). Both groups of

vulnerable female home care workers travel to the client's home to provide two weeks of live-in care, both groups of women are from economically depressed regions, and both travel using multi-modal means of transportation.

Chapters Two and Three add to the emerging literature on examining work-related mobility through an intersectional rhythmanalysis lens (Barber & Neis, 2021; Hanson, 2021; Knott, 2021; Marcu, 2017; Neis et al., 2018; Perry, 2021; Reid-Musson, 2018; Reid-Musson & Barber, 2021) and builds on research exploring the "fragile synchronicities" as workers navigate work and family obligations. Additionally, Chapter Three adds to this expanding literature by focusing on how the rhythms of place enable and constrain the mobilities of live-in home care workers and are a product of intersectional multi-scalar class and gender power relations. It argues for the importance of considering the specificity of place when researching the rhythms of work-related mobility. This dissertation adds to the scant literature on NL home care workers (Botting et al., 2001; FitzGerald Murphy & Kelly, 2019; Kelly, 2005; Morris et al., 1999)

Policy Implications

This dissertation offers some crucial recommendations intended to improve the working conditions and reduce the health and safety risks facing unionized home care workers and SWNL interprovincial live-in home care workers related to E-RGM. One recommendation is to compensate NL home care workers for travel time, as is the case for full-time NL community nurses (Registered Nurses Union of Newfoundland and Labrador, 2014). One of the problems that emerged from my research is that home care workers employed by a home care agency (including even unionized home care workers

in NL) are not compensated for their travel time while travelling between workplaces or working split shifts. There are consequences for mobile workers when travel time is not counted as work time. For instance, travel time not covered by the labour standards is not counted as part of their workday, which affects income and OHS compensation if injured while travelling to work while working a split shift, or travelling between workplaces (Gesualdi-Fecteau et al., 2019). Further, SWNL home care workers are unlikely to receive compensation if injured while traveling the extended distances to and from Nova Scotia.

Second, another concern related to E-RGM is home care workers' safety when working alone in the client's home. The provincial government has guidelines for working alone. However, these are recommended but not required, and interviews with home care agency representatives and workers suggest that these guidelines are not followed. A recommendation for home care agencies is to ensure that the guidelines for working alone are followed. A safe visit plan and standard safety awareness checklist should be developed by both the home care worker and the home care agency representative during the first visit and when the client's condition changes. Further, two workers should be scheduled when caring for challenging or dangerous clients. Another recommendation to reduce the risk of working alone is to supply home care workers with smartphones or other electronic devices. Danish home care workers are supplied with electronic devices that keep them in active communication with the main office and client and work schedule information (Nilsson & Hertzum, 2005).

Third, home care workers frequently work in transient workplaces, and St. John's and SWNL workers mentioned that they do not receive accurate, up-to-date medical

information about the client. St. John's home care workers report that they are not always informed when a client has behavioral problems or contagious diseases, nor do they receive adequate supervision. Therefore, two recommendations for home care agencies are first: workers receive up-to-date medical information about the client to reduce health and safety risks. Second, supervisors keep close contact with home care workers and advise them when facing challenging situations. This could also be written into collective agreements for unionized home care workers, ensuring that workers receive information about clients with contagious diseases and who have behavioral concerns. Future collective agreements should require companies to perform an on-site risk assessment of home care clients and their homes with the home care worker and home care representative. Home care workers who complain about unsafe working conditions should not get penalized and receive fewer work hours.

Like NL unionized home care workers, SWNL live-in home care workers are not knowledgeable about the client's contagious diseases, behavioral problems, or the home's condition until they care for the individual within the client's home. SWNL home care workers also report that they do not receive up-to-date, accurate medical information about their NS clients, even when employed by a home care agency. One suggestion for NS home care agencies hiring NL live-in home care workers is to ensure that workers receive accurate and complete medical information about the client. Further, NS home care agency representatives should perform an on-site risk assessment of the home care clients and their homes with the home care workers.

In addition to health and safety concerns, unionized home care workers identified other problems, such as insufficient hours, irregular shifts, and split shifts. Many

unionized home care workers wanted full-time employment with one agency but according to home care workers, home care agencies were not receptive to this option. Conversely, Danish home care workers did not face this problem. (Nilsson & Hertzum, 2005). In 2019 three health regions in British Columbia stopped outsourcing home support services to private agencies and had it done in-house to stabilize the hours offered to those requiring services and to home care workers (Shaw, 2019). This option should be examined and considered a model for NL Health and Community Services if appropriate.

Another problem relates to home care workers employed by agencies and the triangular relationship between the worker, home care agency, and client. The fear of reducing hours may persuade workers to take undue risks while in the client's home. One suggestion is for collective agreements to have a clause whereby workers do not experience a decrease in hours or temporary unemployment due to clients no longer requiring their services or requesting an alternative worker. A quick browse of the most recently negotiated collective agreement suggests that there has been little change in the collective agreement in the intervening period between 2013, when the research was done, and the present, but this is an area for future research (Newfoundland and Labrador Association of Public and Private Employees, 2021).

The final problem identified in this research project is the low pay and poor working conditions for interprovincial home care workers. NS live-in home care workers, including migrant Newfoundlanders, are currently covered by provincial employment standards legislation; however, this regulation is not enforced. One-half of the interviewed SWNL home care workers worked under the table and did not report their income because they feared being charged for taxes. Consequently, they do not have

access to the Canada Pension and are ineligible for Employment Insurance and workers' compensation. As noted, SWNL home care workers in the formal and informal sector work long hours, do not receive overtime, do not get time off in lieu, and are paid less than minimum wage, whether employed directly by a client or through a home care agency. One recommendation for the NS Labour Standards Division is to monitor home care agencies more closely rather than depend on the complaint system. Currently, the complaint system does not consider the uneven workplace power relations and labour market insecurities that make filing a complaint risky for workers (Vosko, 2020).

Strengths, Limitations, and Future Research

One of the strengths of this dissertation is the use of qualitatively driven mixed methods research, which centers on qualitative methods. Qualitative methods offer "a multilayered view of the nuances of social reality" (Hesse-Biber, 2010, p. 456). Combining qualitative methods enables researchers to understand better the processes at work, which would be missed if only quantitative research was used (Hesse-Biber et al., 2016; Queirós et al., 2017). In this study, a qualitatively-driven mixed methods approach exposes the interconnectivity between the micro-level, the everyday life of home care workers, and the macro-level societal structures and processes, including government policies within a neoliberal society.

This study has some limitations. First, the census data may underestimate the percentage of workers who travel outside of the province for work because the Place of Work and Province of Work variables used to determine the journey to work (interprovincial or intraprovincial), are based on the workplace location during the week

prior to the census (Neis & Lippel, 2019). Unless working during the week prior to the census, interprovincial seasonal workers may not be counted and workers who are out of province when the census is to be filed may be afraid to report, even though it is compulsory. Additionally, using these variables to calculate the journey to work does not allow workers employed at more than one job annually to record information on the additional job; data are collected only once every five years.

More recent research on interprovincial mobility draws on the Canadian Employer-Employee Dynamics Database that links personal taxfiler data with the employer payroll data (Lionais et al., 2020). Although the Employer-Employee Dynamics Database paints a more accurate picture of interprovincial employment mobility, many of the home care workers and other workers employed in the informal sector would be excluded from government statistics because they would not pay taxes on their incomes; the government would have no record of their income nor employment.

A second limitation of this research is that other forms of E-RGM experienced by home care workers may be missing. Additionally, the number of SWNL home care workers engaged in interprovincial E-RGM may be more significant than my research suggests. I believe this to be the case because while doing fieldwork in SWNL, I spoke with and knew of many more home care workers than I interviewed. Further, towards the end of my research, two interprovincial home care workers confided that they saw my research poster weeks before but only decided to approach me after a local newspaper wrote a feature story about my research.

The focus of this dissertation is work-related mobility. This dissertation has limited information about home care workers' daily routines and rhythms related to their

time at home and the time required to perform specific work-related tasks for clients. This data would add information about the complexity of workers' home lives, especially how they catch up and what they have saved from doing due to their work rhythms, and expose the time spent on various home care tasks. Perhaps a rhythmanalysis approach combined with time-use diaries may capture this complexity.

Regardless, my research provides rich information about the driving forces, patterns, rhythms, and consequences of E-RGM for these two interviewed groups of workers missing from the home care literature and adds to the emerging E-RGM and intersectional rhythmanalysis literatures. While my research adds to these literatures, there are additional papers that I plan to write using the data collected while doing this research. These papers will explore the following:

- What are the different forms of E-RGM that SWNL home care workers engage in, and how does it affect workers' experiences, working conditions, OHS, and precarity?
- How do NL home care workers' lived experiences, working conditions, and OHS risks differ if employed by an agency or through the self-managed care program?
- How do different rhythms of E-RGM of NL home care workers impact family life and community involvement, and what strategies do workers use to mitigate these arrhythmias?
- What were the challenges and strategies of organizing NL unionized home care workers?

There are numerous areas for future research, and I would like to call attention to two. First, future research should explore the consequences of COVID-19 for NL home care workers engaged in different patterns of E-RGM. To date, the limited media coverage of the impacts challenging NL home care workers has reported on agency-employed home care workers (Home Care Workers Overlooked, 2020; Jarrett, 2020; Montague, 2020) and on availability of COVID-19 vaccinations for home care workers (LeBel, 2021), but there has been no mention of home care workers employed by families through the self-managed program or interprovincial home care workers. Moriarty and colleagues (2021) analysis suggest that in Canada, the number of COVID-19 related deaths outside of long-term care homes may be higher than reported and that there is no provincial or national data about the proportion of home care workers who had COVID-19 which is disconcerting.

The government response to the pandemic has been to constrain/control mobility at various scales ranging from the local to the national level to reduce the risk of infection (Neis et al., 2021; Neis et al. 2020). This resulted in rotational workers having to self-isolate once they returned to NL, the closure of businesses, and federal and provincial government programs to replace lost wages (Neis et al., 2020). However, the pandemic management did not have adequate knowledge about the "mobile labour force including who is on the move, why, where to, using what means of transportation, under what conditions, and with what consequences for the workers, their families, employer and communities" (Neis et al., 2020, p. 37). One crucial component missing was caring for the elderly, sick, youth, and injured, including those with COVID-19, which requires work-related mobility (Neis et al., 2020). As with long-term care, the government did not

consider the consequences of home care workers contracting or spreading the disease to other clients, workers, the community, or their family members (Neis et al., 2020). Unionized NL home care workers in June 2020 reported that home care workers were the last to be supplied with personal protective equipment (PPE). At the start of the pandemic, home care workers were not even supplied with hand sanitizers (Home Care Workers Overlooked, 2020). MacLean (2020) reported that some clients canceled their home care services because they feared workers transmitting the disease. There are several questions regarding home care workers working and living in NL during COVID. What are the consequences of COVID 19 on the working conditions and health and safety of NL home care workers, their families, and clients? Are all home care workers provided with sufficient and appropriate PPEs as they travel from one workplace to another? How do clients, especially those who have Alzheimer's Disease and Dementia, respond to the use of PPE by home care workers? Were home care workers compensated for reduced shifts when client canceled their appointments? The NL COVID-19 Essential Worker Support program, a cost-shared program with the Federal Government, provided a one-time payment to essential service workers for compensation for critical services during COVID-19 (Government of Newfoundland and Labrador, 2020). Were all home care workers eligible for the provincial Essential Worker Support Program? Also, were home care workers unable to work due to reasons related to COVID-19 eligible for the Canada Emergency Response Benefit (CERB) (Government of Canada, 2021)?

There are many interesting questions regarding how COVID-19 impacts NL home care workers who work in another province for extended periods. NL's border controls have fluctuated throughout the pandemic between being closed and open to unrestricted

travel within the Atlantic Bubble (NL, NS, New Brunswick, and Prince Edward Island) and open to all Canadians. NL home care workers caring for clients in Nova Scotia are largely invisible rotational workers, and there is little known about how they and their families may have been affected (Neis et al., 2021; Neis et al., 2020). When NL's borders were closed to all Canadians, were these workers able to travel back and forth between Nova Scotia if Nova Scotian home care agencies hired them? Were they constrained from entering Nova Scotia for work if hired formally or informally by Nova Scotian family members? Did home care workers adjust their work schedules and increase the length of the work rotation to enable them to self-isolate for two weeks in NL and NS? If so, how and where did they self-isolate? Did home care workers opt to live in NS temporarily? What lessons have unions, home care workers, home care agencies, and NL Health and Community Services learned from this pandemic? This broad topic can be explored through the lens of E-RGM or intersectional rhythmanalysis.

The second area for future research involves analyzing the most recent collective agreement between unionized NL home care workers and their home care agencies and how these changes influence working conditions. This analysis could be expanded to include a comparison of collective agreements and home care workers' experiences in two or three other regions of Canada, for instance, British Columbia and Ontario where the provincial governments have very different perspectives on providing home care services. In British Columbia, government-subsidized home care services (including cooking, cleaning, and personal care) are provided by the provincial government's unionized community health care workers. In Ontario, for-profit and not-for-profit home care agencies bid on contracts and provide government-subsidized home care services, and

often the service care component is omitted (Daly. 2007). Consequently, home care workers may have different experiences in these two provinces.

Home care workers' experiences and tasks vary from place to place. Similar to Australian home care workers whose tasks extend beyond caring for older people and adults with disabilities (Quinlan et al., 2015), some NL home care workers' duties include caring for youth and family supervision. Browsing job posting on the Indeed website indicates that the average hourly wage for a home care worker in Tasmania, an island state of Australia, is almost $30 an hour, considerably more than unionized NL home care workers earn. Future research could compare NL and Tasmanian home care workers' responsibilities, experiences, working conditions, and occupational health and safety risks and legislation.

References

Altintas, E., & Sullivan, O. (2016). Fifty years of change updated: Cross-national gender convergence in housework. *Demographic Research*, *35*, 455-470. https://doi.org/10.4054/demres.2016.35.16

Always Home Homecare (2015). *Live-In care: Who the heck are the Newfoundland Ladies?* Retrieved from https://alwayshomecare.ca/our-caregivers/newfoundland-ladies/

Anthony, A., & Milone-Nuzzo, P. (2005). Factors attracting and keeping nurses in home care. *Home Healthcare Now,* 23(6), 372-377. https://doi.org/10.1097/00004045-200506000-00009

Anzul, M., Downing, M., Ely, M., & Vinz, R. (1997). *On writing qualitative research: Living by words*. Taylor & Francis Group.

Armstrong, P. (2007). Relocating care: Home care in Ontario. In M. O. Haankivsky, & C. Varcoe (Eds.), *Women's health in Canada: Critical perspectives on theory and policy,* (pp. 528-533). Toronto: University of Toronto Press. https://doi.org/10.3138/9781442685604-022

Armstrong, P., & Armstrong, H. (2008). *Health care.* Nova Scotia: Fernwood Publishing.

Armstrong, P., & Armstrong, H. (2004). Thinking it through: Women, work and caring in the new millennium. In K. Grant, C. Amaratunga, P, Armstrong, J. Bernier, A. Pederson, & K. Willson (Eds.), *Caring for/caring about: Women, home care and unpaid caregiving (*pp. 5-44). Toronto: University of Toronto Press. https://doi.org/10.3138/9781442602410-003

Armstrong, P. & Armstrong, H. (2001). Women, privatization and health care reform: The Ontario case. In P. Armstrong, C. Amaratunga, J. Bernier, K. Grant, A. Pederson, K. Willson (Eds.), *Exposing privatization: Women and health care reform in Canada*, (pp. 163-216). Aurora, Ontario: Garamond Press. https://doi.org/10.3138/9781442602557-007

Armstrong, P., Armstrong, H. & Scott-Dixon, K. (2008). *Critical to care: The invisible women in health services*. Toronto: University of Toronto Press. https://doi.org/10.3138/9781442687790

Armstrong, & Connelly, P. (1989). Feminist political economy: an introduction. *Studies in Political Economy,* 30(1), 5–12. https://doi.org/10.1080/19187033.1989.11675504

Armstrong, P., & Laxer, K. (2006). Precarious work, privatization, and the health-care industry: The case of ancillary workers. In L. Vosko (Ed.), *Precarious employment: Understanding labour market insecurity in Canada*, (pp. 115-140). McGill-Queen's University Press.

Armstrong, P. & Lowndes, R. (2018). Theory Matters. In P. Armstrong & R. Lowndes, (Eds.), Creative teamwork: Developing rapid, site-switching ethnography, , Oxford University Press Online. https://doi.org/10.1093/oso/9780190862268.001.0001

Aronson, J., & Neysmith, S. (1996). "You're not just in there to do the work": Depersonalizing policies and the exploitation of home care workers' labour. *Gender & Society,* 10(1), 59-77. https://doi.org/10.1177/089124396010001005

Atanackovic, J., & Bourgeault, I. L. (2014). Economic and social integration of immigrant live-in caregivers in Canada. *IRPP*, 46 (Apr.). Retrieved from: https://irpp.org/wp-content/uploads/assets/research/diversity-immigration-and-integration/atanackovic-bourgeault-no46/study-no46.pdf

Barber, L. B., & Neis, B. (2021). Construction work and the mobility imperative: Changing rhythms along uncertain paths. *Applied Mobilities*, 6(2), 236-251. https://doi.org/10.1080/23800127.2021.1935060

Barling, J., Rogers, A. G., & Kelloway, E. K. (2001). Behind closed doors: In-home workers' experience of sexual harassment and workplace violence. *Journal of Occupational Health Psychology*, *6*(3), 255-269. https://doi.org/10.1037/1076-8998.6.3.255

Bernstein, S., Lippel, K., & Lamarche, L. (2001). *Women and homework: the Canadian legislative framework. Ottawa*: Status of Women Canada. Retrieved from https://publications.gc.ca/collections/Collection/SW21-55-2000E.pdf

Blumen, O. (1994). Gender differences in the journey to work. *Urban Geography* 15(3), 223–245. https://doi.org/10.2747/0272-3638.15.3.223

Botting, I., Neis, B., Kealey, L., & Solberg, S. (2001). Health restructuring and privatization from women's perspective in Newfoundland and Labrador. In P. Armstrong, C. Amaratunga, J. Bernier, K. Willson, K. Grant & A. Pederson (Eds). *Exposing Privatization,* (pp. 49-94). Toronto: University of Toronto Press. https://doi.org/10.3138/9781442602557-004

Bourgeault, I. L., Parpia, R., & Atanackovic, J. (2010). Canada's live-in caregiver program: is it an answer to the growing demand for elderly care? *Journal of Population Ageing*, *3*(1), 83-102. https://doi.org/10.1007/s12062-010-9032-2

Canada Broadcasting Corporation (CBC) (2008) *Where the women went.* Retrieved from https://www.cbc.ca/player/play/1367614024

Canada, Parliament, Senate. The Special Senate Committee on Aging. (2008) *Evidence. Halifax May 12, 2008*. Retrieved from the Parliament of Canada Website. Retrieved from https://sencanada.ca/en/Content/Sen/committee/392/agei/45394-e.

Chau, H. S. (2020). *Brokering circular labour migration: A mobile ethnography of migrant care workers' journey to Switzerland.* London: Routledge. https://doi.org/10.4324/9780429029905

Chau, H. S., Pelzelmayer, K., & Schwiter, K. (2018). Short-term circular migration and gendered negotiation of the right to the city: The case of migrant live-in care workers in Basel, Switzerland. *Cities*, *76*, 4-11. https://doi.org/10.1016/j.cities.2017.04.004

Cheung, K. (1999). Close calls for low-back injuries. *Canadian Nurse*, *95*(7), 47-48.

Chowdhury, R & Gutman, G. (2012). Migrant live-in caregivers providing care to Canadian older adults: an exploratory study of workers' life and job satisfaction. *Journal of Population Ageing*. 5(4): 215 – 240. https://doi.org/10.1007/s12062-012-9073-9

Cloutier, E., David, H., Ledoux, E. Bourdouxhe, M., Gagnon, I., Gagnon, I. & Quellet., F. (2008). Effects of government policies on the work of home care personnel and their occupational health and safety. *Work,* 30(4), 389-402.

Cloutier, E., Ledoux, H., Bourdouxhe, M., David, H., & Ouellet, F. (2007). Restructuring of the Quebec health network and its effects on the profession of home health aides and their occupational health and safety. *New Solutions: A Journal of Environmental and Occupational Health Policy*, *17*(1), 83-95. https://doi.org/10.2190/PV12-897H-6546-69W8

Cohen, M., McLaren, A., Sharman, Z, Murray, S., Hughes, M., & Ostry, A. (2006). *From support to isolation: The high cost of BC's declining home support services.* Victoria: Canadian Centre for Policy Research. Retrieved from http://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_2006/support_to_isolation_summary.pdf.

Cohen, R. L. (2010). Rethinking 'mobile work': Boundaries of space, time, and social relation in the working lives of mobile hairstylists. *Work, Employment & Society,* 24(1), 65-84. https://doi.org/10.1177/0950017009353658

Cranford, C. J., Vosko, L. F., & Zukewich, N. (2003). Precarious employment in the Canadian labour market: A statistical portrait. *Just Labour,* 3(Fall), 6-22. https://doi.org/10.25071/1705-1436.164

Crang, M. (2000). Urban morphology and the shaping of transmissible city. *City* 4(3), 303-315. https://doi.org/10.1080/713657026

Craven, C., Byrne, K., Sims-Gould, J., & Martin-Matthews, A. (2012). Types and patterns of safety concerns in home care: Staff perspectives. *International Journal for Quality in Health Care*, *24*(5), 525-531. https://doi.org/10.1093/intqhc/mzs047

Cresswell, T. (2010). Towards a politics of mobility. *Environment and Planning D: Society and Space,* 28(1), 17-31. https://doi.org/10.1068/d11407

Cresswell, T., Dorow, S. & Roseman, S. (2016). Putting mobility theory to work: Conceptualizing employment-related geographical mobility. *Environment & Planning A : Economy and Space.* 48(9), 1787-1803. https://doi.org/10.1177/0308518x16649184

Daly, T. (2015). Dancing the two-step in Ontario's long-term care sector: deterrence regulation=consolidation. Studies in Political Economy, 95(1), 29-58. http:/doi.org/10.1080/19187033.2015.11674945

Daly, T. (2007). Out of place: Mediating health and social care in Ontario's long-term care sector. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *26*(S1), 63-75. https://doi.org/10.3138/cja.26.suppl_1.063

Daly, T., & Armstrong, P. (2016). Liminal and invisible long-term care labour: Precarity in the face of austerity. *Journal of Industrial Relations*, *58*(4), 473-490 https://doi.org/10.1177/0022185616643496

Daly, T., Armstrong, P., & Lowndes, R. (2015). Liminality in Ontario's long-term care facilities: Private companions' care work in the space 'betwixt and between'. *Competition & Change*, *19*(3), 246-263. https://doi.org/10.1177/1024529415580262

De Groot, K., Maurits, E. E. M. & Francke, A. L. (2018). Attractiveness of working in home care: An online focus group study among nurses. *Health & Social Care in the Community,* 26(1), e94-e101. https://doi.org/10.1111/hsc.12481

Delp, L., Wallace, S. P., Geiger-Brown, J., & Muntaner, C. (2010). Job stress and job satisfaction: Home care workers in a consumer-directed model of care. *Health*

Services Research, 45(4), 922-940. https://doi.org/10.1111/j.1475-6773.2010.01112.x

Denton, M., Zeytinoglu, I. U., & Davies, S. (2003). *Organizational change and the health and well-being of home care workers* (Social and Economic Dimensions of an Aging Population Paper No. 110). Retrieved from http://socserv.mcmaster.ca/sedap/p/sedap110.pdf

Denton, M., Zeytinoglu, I. U., Davies, S. & Lian, J. (2002). Job stress and job dissatisfaction of home care workers in the context of health care restructuring. *International Journal of Health Services,* 32(2), 327-357. https://doi.org/10.2190/vyn8-6nky-rkum-l0xw

Denton, M. A., Zeytinoglu, I. U., Webb, S., & Lian, J. (1999). Occupational health issues among employees of home care agencies. *Canadian Journal on Aging*, 18(2), 154-181. https://doi.org/10.1017/S0714980800009764

Dolan, A. H., Taylor, M., Neis, B., Ommer, R., Eyles, J., Schneider, D., & Montevecchi, B. (2005). Restructuring and health in Canadian coastal communities. *EcoHealth*, *2*, 195-208. https://doi.org/10.1007/s10393-005-6333-7

Doniol-Shaw, G., & Lada, E. (2011). Work schedules of home care workers for the elderly in France: Fragmented work, deteriorating quality of care, detrimental health impact. *Work,* 40(Supplement 1), 31-46. https://doi.org/10.3233/wor-2011-1266

Dorow, S., Cassiano, M. S., & Doerksen, C. (2015). *Live-in caregivers in Fort McMurray: A socioeconomic footprint.* On the Move Partnership. Retrieved from

https://www.onthemovepartnership.ca/wp-content/uploads/2015/01/Live-in-Caregivers-in-Fort-McMurray-Dorow-et-al.-January-2015.pdf

Dorow, S., & Mandizadza, S. (2018). Gendered circuits of care in the mobility regime of Alberta's oil sands. *Gender, Place & Culture*, 25(8), 1241-1256. https://doi.org/10.1080/0966369x.2018.1425287

Dorow, S., Roseman, S. & Cresswell, T. (2017). Re-working mobilities: Emergent geographies of employment-related mobility. *Geography Compass,* 11(12), e12350. https://doi.org/10.1111/gec3.12350

Doucet, A. (2022). "Time is not time is not time": A feminist ecological approach to clock time, process time, and care responsibilities. *Time & Society*, https://doi.org/10.1177/0961463x221133894

Edensor, T. (2010). Introduction: Thinking about rhythm and space. In T. Edensor (Ed.) *Geographies of rhythm: Nature, place mobilities and bodies*, (pp.1-18). Farnham: Ashgate.

England, K. (2010). Home, work and the shifting geographies of care. *Ethics, Place and Environment*, *13*(2), 131-150. https://doi.org/10.1080/13668791003778826

England, K., & Dyck, I. (2012). Migrant workers in home care: Routes, responsibilities, and respect. *Annals of the Association of American Geographers,* 102(5), 1076-1083. https://doi.org/10.1080/00045608.2012.659935

England, K., & Dyck, I. (2011). Managing the body work of home care. *Sociology of Health & Illness*, *33*(2), 206-219. doi: 10.1111/j.1467-9566.2010.01331.x

Estabrooks, C.A., Straus, S., Flood, C.M., Keefe, J., Armstrong, P., Donner, G., Boscart, V. Ducharme, F., Silvius, J., Wolfson, M. (2020*). Restoring trust: COVID-19 and*

the future of long-term care. Royal Society of Canada. Retrieved from: https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN_0.pdf

Ferguson, H. (2016). Professional helping as negotiation in motion: social work as work on the move. *Applied Mobilities,* 1(2), 193-206. https://doi.org/10.1080/23800127.2016.1247523

FitzGerald Murphy, M., & Kelly, C. (2019). Questioning "choice": A multinational metasynthesis of research on directly funded home-care programs for older people. *Health & Social Care in the Community*, *27*(3), e37-e56. https://doi.org/10.1111/hsc.12646

Fitzpatrick, K. (2021) ."Revealing the extraordinary in the ordinary": Rhythmanalysis and employment-related geographical mobilities of Newfoundland and Labrador home care workers, *Applied Mobilities.* 6(2), 119-134. https://doi.org/10.1080/23800127.2020.1804701

Fitzpatrick, K., & Neis, B. (2015). On the move and working alone: Policy implications of the experiences of unionised Newfoundland and Labrador homecare workers. *Policy and Practice in Health and Safety*, 13(2), 47-67. https://doi.org/10.1080/14774003.2015.11667817

Folbre, N. (2012). Should women care less? Intrinsic motivation and gender inequality. *British Journal of Industrial Relations*, *50*(4), 597-619. https://doi.org/10.1111/bjir.12000

Fox, D., & Moyser, M. (2018). The economic well-being of women in Canada. Statistics Canada Catalogue No. 89-503-x. retrieved from https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/54930-eng.htm

Fudge, J. (2011). Global care chains, employment agencies, and the conundrum of jurisdiction: Decent work for domestic workers in Canada. *Canadian Journal of Women and the Law*, *23*(1), 235-264. https://doi.org/10.3138/cjwl.23.1.235

Geiger-Brown, J., Muntaner, C., McPhaul, K., Lipscomb, J., & Trinkoff, A. (2007). Abuse and violence during home care work as predictor of worker depression. *Home Health Care Services Quarterly*, *26*(1), 59-77. http://doi.org/ 10.1300/J027v26n01_05

Gershuny, J., & Sullivan, O. (1998). The sociological uses of time-use diary analysis. *European Sociological Review*, *14*(1), 69-85. https://doi.org/10.1093/oxfordjournals.esr.a018228

Gesualdi-Fecteau, D., Nakache, D., & Matte Guilmain, L. (2019). Travel time as work time? Nature and scope of Canadian labor law's protections for mobile workers. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*, *29*(3), 349-370. https://doi.org/10.1177/1048291119867750

Government of Canada (2021). *Canada Emergency Response Benefit (CERB): Closed.* Retrieved from https://www.canada.ca/en/services/benefits/ei/cerb-application.html#h2.03

Government of Canada (2013, Jun 25). Old Age Security benefit amounts increase for July to September 2013. Retrieved from https://www.canada.ca/en/news/archive/2013/06/old-age-security-benefit-amounts-increase-july-september-2013.html

Government of Newfoundland and Labrador (2020). Provincial government announces Newfoundland and Labrador COVID-19 Essential Worker Support Program.

Retrieved from https://www.gov.nl.ca/releases/2020/exec/0615n04/

Government of Newfoundland and Labrador (2014a). *Consolidated Newfoundland Regulation 1996 labour standards regulations over labour standards act*. Retrieved from https://www.assembly.nl.ca/legislation/sr/annualregs/CNR1996/Cr960781.htm

Government of Newfoundland and Labrador (2014b). *RSNL 1990 O-3 O Occupational Health and Safety Act*. Retrieved from https://www.assembly.nl.ca/legislation/sr/statutes/o03.htm

Government of Newfoundland and Labrador (2014c). *Working Alone Safely Guidelines for Employers and Employees.* Retrieved from https://www.gov.nl.ca/dgsnl/ohs/safety-info/si-working-alone/

Government of Newfoundland and Labrador (2013). *Newfoundland and Labrador Workplace Health Safety and Compensation W-11*. Retrieved from https://assembly.nl.ca/Legislation/sr/statutes/w11.htm

Government of Newfoundland and Labrador (2012). *Newfoundland and Labrador Regulation 5/12:Occupational health and safety regulations under the occupational health and safety act*. Retrieved from https://www.assembly.nl.ca/legislation/sr/annualregs/2012/nr120005.htm

Government of Newfoundland and Labrador, Department of Health and Community Services (2012). *Close to home: A strategy for long term care and community support services*. Retrieved from http://www.health.gov.nl.ca/health/long_term_care/ltc_plan.pdf

Government of Newfoundland and Labrador, Department of Health and Community Services (2005). *Provincial home support program operations standards (2005)* Retrieved from http://www.health.gov.nl.ca/health/publications/home_support_manual.pdf

Green, A. (2004). Is relocation redundant? Observations on the changing nature and impacts of employment-related geographical mobility in the UK. *Regional Studies*, *38*(6), 629-641. https://doi.org/10.1080/003434042000240941

Green, O., & Ayalon, L. (2017). The contribution of working conditions and care recipient characteristics to work-related abuse and exploitation of migrant home care workers. *Employee Relations*, *39*(7), 1001–1014. https://doi.org/10.1108/ER-07-2016-0136

Green, D. A., & Milligan, K. (2010). The importance of the long form census to Canada. *Canadian Public Policy*, *36*(3), 383-388. https://doi.org/10.3138/cpp.36.3.383

Grzetic, B. (2022) Ruminations on Ephemerality. In B. Neis, C. Murray, & N. Spinks (Eds.) Families, Mobility and Work. (pp. 53-78) Memorial University Press.

Haan, M., Walsh, D., & Neis. B. (2014). At the crossroads: Geography, gender and occupational sector in employment-related geographical mobility. *Canadian Studies in Population,* 41(3-4), 6-21. https://doi.org/10.25336/p6g60d

Hanley, J., Larios, L., & Koo, J. (2017). Does Canada "care" about migrant caregivers?: Implications under the reformed caregiver program. *Canadian Ethnic Studies*, *49*(2), 121-139. https://doi.org/10.1353/ces.2017.0015

Hanley, J., Premji, S., Messing, K., & Lippel, K. (2010). Action research for the health

and safety of domestic workers in Montreal: Using numbers to tell stories and effect change. *New Solutions*, *A Journal of Environmental and Occupational Health Policy, 20*(4), 421–439. https://doi.org/10.2190/NS.20.4.c

Hannam, K, Sheller, M., & Urry, J. (2006). Editorial: "Mobilities, immobilities and moorings." *Mobilities,* 1(1), 1–22. https://doi.org/10.1080/17450100500489189

Hannerz, H., & Tüchsen, F. (2002). Hospitalizations among female home-helpers in Denmark, 1981-1997. *American Journal of Industrial Medicine*, 41(1), 1-10. https://doi.org/10.1002/ajim.10028

Hanson, G. C., Perrin, N. A., Moss, H., Laharnar, N., & Glass, N. (2015). Workplace violence against homecare workers and its relationship with workers health outcomes: A cross-sectional study. *BMC Public Health.* 15(11). https://doi.org/10.1186/s12889-014-1340-7

Hanson, N. (2021). The intersections of global capital and family rhythms in truck driving: elucidating the Canadian trucking industry labour crisis, *Applied Mobilities*, 6(2): 153-168, https://doi.org/10.1080/23800127.2020.1809969

Hanson, S. (2010). Gender and mobility: New approaches for informing sustainability. *Gender, Place and Culture: A Journal of Feminist Geography*, 17(1), 5–23. https://doi.org/10.1080/09663690903498225

Hanson, S. & Johnston, I. (1985). Gender differences in work-trip length: Explanations and implications, *Urban Geography*, 6(3), 193-219. https://doi.org/10.2747/0272-3638.6.3.193

Hanson, S., & Pratt, G. (1995). *Gender, work, and space*. New York: Routledge. https://doi.org/10.4324/9780203397411

Hanson, S., & Pratt, G. (1988). Spatial dimensions of the gender division of labor in a local labor market. *Urban Geography*, *9*(2), 180-202. https://doi.org/10.2747/0272-3638.9.2.180

Health Association Nova Scotia (2014). *Rising to the challenge: Responding to increasing demands in home care.* Retrieved from https://www.healthassociation.ns.ca/sites/base/pages/mpe%20section/policydocuments

Heritage Newfoundland and Labrador (2020). *Roads for rails: The closure of the Newfoundland railway.* Retrieved from https://www.heritage.nf.ca/articles/economy/closure-newfoundland-railway.php

Hesse-Biber, S. N. (2010). Qualitative approaches to mixed methods practice. *Qualitative Inquiry*, *16*(6), 455-468. https://doi.org/10.1177/1077800410364611

Hesse-Biber, S. N., Rodriguez, D., & Frost, N. (2016). A qualitatively driven approach to multimethod and mixed methods research. In S. N. Hesse-Biber and R. B. Johnson (Eds.) *The Oxford handbook of multimethod and mixed methods research inquiry.* Oxford Handbook Online https://doi.org/10.1093/oxfordhb/9780199933624.013.3

Hewitt, C. M., Haan, M., & Neis, B. (2018). *Interprovincial employees from Newfoundland and Labrador, 2005-2014* (p. 39). On the Move Partnership (Statistics Component). Memorial University. Retrieved from http://www.onthemovepartnership.ca/wp-content/uploads/2019/01/NL-IPE-Final-web.pdf

Hill, N. S., Dorow, S., Barnetson, B., Martinez, J. F., & Matsunaga-Turnbull, J. (2019).

Occupational health and safety for migrant domestic workers in Canada: Dimensions of (im)mobility. *New Solutions*, *A Journal of Environmental and Occupational Health Policy, 29*(3), 397-421. https://doi.org/10.1177/1048291119867740

Hochschild, A.R. (2002) Love and gold. In B. Ehrenreich & A.R. Hochschild (Eds.) *Global women: Nannies, maids, and sex workers in the new economy*. (pp. 15-30). New York: Henry Holt and Company.

Home Care Workers Overlooked by System for PPE Supply: NAPE (2020, June 13). *VOCM*. Retrieved from https://vocm.com/2020/06/13/home-care-ppe/

Hornsey, R. (2010). 'He who thinks in modern traffic is lost': Automation and the pedestrian rhythms in interwar London. in T. Edensor *(Ed.),Geographies of rhythm: Nature, place, mobilities and bodies*, (pp. 99-112). Farnham: Ashgate.

Hughes, K. D., & Silver, W. A. (2020). Beyond time-binds: Rethinking work–family dynamics for a mobile world. *Human relations*, *73*(7), 924-952. https://doi.org/10.1177/0018726719846264

Jackson, L. (2019). *Community research report: Healthcare workers 'on the move.'* On The Move Partnership. Retrieved from https://www.onthemovepartnership.ca/wp-content/uploads/2020/01/Final-ERGM-Community-Report-December-2019.pdf.

Jackson, L., Price, S., Gardiner Barber, P., Kruisselbrink, A., Leiter, M., Nourpanah, S., & Bourgeault, I. (2019). Healthcare workers 'on the move': making visible the employment-related geographic mobility of healthcare workers. *Health Sociology Review*, *28*(3), 277-290. https://doi.org/10.1080/14461242.2019.1659154

Jarrett, A. (2020, April 6). Northwood employees and 2 home-care workers test positive

for COVID-19. *CTV News*. Retrieved https://atlantic.ctvnews.ca/northwood-employee-2-home-care-workers-test-positive-for-covid-19-1.4884163

Jiron, P. (2010). Repetition and difference: Rhythms and mobile place-making in Santiago de Chile. In T. Edensor (Ed.), *Geographies of rhythm: Nature, place, mobility and bodies*. (pp.129-143) Farnham, Surrey: Ashgate Publishing Limited.

Johansson, J. A. (1995). Psychosocial work factors, physical work load and associated musculoskeletal symptoms among home care workers. *Scandinavian Journal of Psychology*, *36*(2), 113-129. https://doi.org/10.1111/j.1467-9450.1995.tb00973.x

Johnston, O., Wildy, H., & Shand, J. (2023). Student voices that resonate – Constructing composite narratives that represent students' classroom experiences. *Qualitative Research*, *23*(1), 108–124. https://doi.org/10.1177/14687941211016158

Kelly, M. (2005). *Women, home care and social change in a rural Newfoundland community*. (Masters dissertation, Memorial University of Newfoundland and Labrador).

King, R., & Lulle, A. (2015). Rhythmic island: Latvian migrants in Guernsey and their enfolded patterns of space-time mobility. *Population, Space and Place,* 21(7), 599-611. https://doi.org/10.1002/psp.1915

Knott, C. (2021). The rhythm of making cheaps: a case study of rhythmanalysis and qualitative labour shortages in Canadian fisheries, *Applied Mobilities*, 6(2): 202-219. https://doi.org/10.1080/23800127.2020.1827558

Knott, C. (2017). Beyond cheap wage labour: an investigation into qualitative labour shortages and mobility in the New Brunswick fishing industry (Doctoral dissertation, Memorial University of Newfoundland and Labrador).

Knott, C. (2016). Contentious mobilities and cheap(er) labour: Temporary foreign workers in a New Brunswick seafood processing community. *Canadian Journal of Sociology*, *41*(3), 375–398. doi: https://doi.org/10.29173/cjs28256

Langer, P. C. (2016). The Research Vignette: Reflexive Writing as Interpretative Representation of Qualitative Inquiry—A Methodological Proposition. *Qualitative Inquiry*, *22*(9), 735–744. https://doi.org/10.1177/1077800416658066

Larsson, A., Karlqvist, L., Westerberg, M., & Gard, G. (2013). Perceptions of health and risk management among home care workers in Sweden. *Physical Therapy Reviews* 18(5): 336-343. https://doi.org/10.1179/108331913x13746741513153

LeBel, J. (2021, January 13). When is it my turn? A coast-to-coast look at COVID-19 vaccine rollouts. *Global News.* Retrieved from https://globalnews.ca/news/7572814/canada-coronavirus-vaccine-rollout-every-province-territory/

Leckenby, D., & Hesse-Biber, S. N. (2007). Feminist approaches to mixed-methods research. In S. N. Hesse-Biber, & P. L. Leavy *Feminist research practice* (pp. 249-291). SAGE Publications, Inc. https://doi.org/10.4135/9781412984270.n9

Lefebvre, H. (2004). *Rhythmanalysis: space, time and everyday life.* (S. Elden Trans.). London: Bloomsbury. https://doi.org/10.5040/9781350284838

Lefebvre, H., & Levich, C. (1987). The everyday and everydayness. *Yale French Studies* 73, 7-11. https://doi.org/10.2307/2930193

Lefebvre, H. & Régulier, C. (2004) Attempt at the rhythmanalysis of Mediterranean Cities. (S. Elden & G. Moore Trans.). In H. Lefebvre (Ed.) *Rhythmanalysis:*

Space, time and everyday life. pp. 93-106. London: Bloomsbury Publishing Plc. https://doi.org/10.5040/9781350284838.0008

Leiter, M. P., Jackson, L., Bourgeault, I., Price, S., Kruisselbrink, A., Barber, P. G., & Nourpanah, S. (2018). The relationship of safety with burnout for mobile health employees. *International Journal of Environmental Research and Public Health*, *15*(7), 1461. https://doi.org/10.3390/ijerph15071461

Lewchuk, W., De, W., Alice, King, A., & Polany, M. (2006). The hidden costs of precarious employment: Health and the employment relationship. In L. Vosko (Ed.), *Precarious employment: Understanding labour market insecurity in Canada*, (pp.141-162). McGill-Queens' Unversity Press.

Lilly, M. B. (2008). Medical versus social work-places: Constructing and compensating the personal support worker across health care settings in Ontario, Canada. *Gender, Place & Culture,* 15(3), 285-299. https://doi.org/10.1080/09663690801996288

Lionais, D., Murray, C., & Donatelli, C. (2020). Dependence on interprovincial migrant labour in Atlantic Canadian communities: The role of the Alberta economy. *Societies*, 10(1), 11. https://doi.org/10.3390/soc10010011

Lippel, K. (2015, Sep 21). Response to a question about comment #3 Message to Kathleen Fitzpatrick 2015 [Interview].

Lippel, K., & Messing, K. (2013). A gender perspective on work, regulation, and their effects on women' health, safety and well-being. In Nichols T. and Walters D. (Eds). *Safety or profit? International studies on governance, change and the work environment.*(pp. 33-48). Amityville, New York: Baywood Publishing Company,

https://doi.org/10.2190/soic2

Lippel, K., & Walters, D. (2019). Regulating health and safety and workers' compensation in Canada for the mobile workforce: Now you see them, now you don't. *New Solutions, A Journal of Environmental and Occupational Health Policy,* 29(3), 317–348. https://doi.org/10.2139/ssrn.3585413

Lippel, K., & Walters, D. (2014). *Employment related geographic mobility and occupational health and safety*. Draft report. On the Move Research Partnership.

Lulle, A., & Kaleja, J. (2021). The production of "rhythms of responsibility" for childcare in a post-socialist society, *Applied Mobilities*, 6(2), 220-235. https://doi.org/10.1080/23800127.2021.1881278

Lutz, H., & Palenga-Möllenbeck, E. (2010). Care work migration in Germany: Semi-compliance and complicity. *Social Policy and Society,* 9(3), 419-430. https://doi.org/10.1017/s1474746410000138

Lyon, D. (2019). *What is rhythmanalysis?* London: Bloomsbury Academic. https://doi.org/10.5040/9781350018310

MacDonald, M. (2009). Spatial dimensions of gendered precariousness: Challenges for comparative analysis. In L. F. Vosko, M. MacDonald, & I. Campbell (Eds.), *Gender and the contours of precarious employment*. (pp. 211-225) Routledge. https://doi.org/10.4324/9780203874424-20

MacDonald, M., Sinclair, P. R. and Walsh, D. (2013). Labour migration and mobility in Newfoundland: Social transformation and community in three rural areas. In J. Parkins & M. Reed (Eds.), *Social transformation in rural Canada: Community, culture and collective action,* (pp. 110-130). Vancouver: UBC Press.

MacLean, A. (2020, April 4). Some home-care visits cancelled in N.S. due to COVID-19 staff shortages. *Global News.* Retrieved from https://globalnews.ca/news/6773882/some-home-care-visits-cancelled-in-n-s-due-to-covid-19-staff-shortages/

Mandville-Anstey, S.A. (2013). *Mapping social relations of older workers' employment: using institutional ethnography to explore the meaning and organization of work, health, and safety of aging workers in the home support sector.* (Doctoral dissertation, Memorial University of Newfoundland and Labrador).

Maroney, H. J., & Luxton, M. (1997). Gender at work: Canadian feminist political economy since 1988. In W. Clement (Ed.), *Understanding Canada: Building on the new Canadian political economy*, (pp. 85-117). McGill-Queens Press.

Marcu, S. (2017). Tears of time: A Lefebvrian rhythmanalysis approach to explore the mobility experiences of young Eastern Europeans in Spain. *Transactions of the Institute of British Geographers,* 42(3), 405-416. https://doi.org/10.1111/tran.12174

Martin-Matthews, A. (2010). Time matters: Negotiating daily life and the work day for elderly clients and their home support workers. *Generations Review,* Retrieved from https://www.britishgerontology.org/DB/gr-issues-2007-to-present/generations-review/time-matters-negotiating-daily-life-and-the-work-d

Martin-Matthews, A. (2007). Situating 'home' at the nexus of the public and private spheres: Ageing, gender and home support work in Canada. *Current Sociology*, *55*(2), 229-249. https://doi.org/10.1177/0011392107073305

Martin-Matthews, A., Sims-Gould, J., & Tong, C. E. (2012). Canada's complex and fractionalized home care context: Perspectives of workers, elderly clients, family carers, and home care managers. *Canadian Review of Social Policy,* (68), 55-74.

Massey, D. (1994). *Space, Place and Gender*. Cambridge MA: Polity.

McDowell, L. (2009). *Working bodies: Interactive service employment and workplace identities*. Malden: Wiley. https://doi.org/10.1002/9781444310214

McDowell, L and Massey, D. (1994) A women's place? In D. Massey (Ed.), *Space, place and gender*. (pp. 157-174.) Minneapolis: University of Minnesota Press

McGuckin, N., Zmud, J., & Nakamoto, Y. (2005). Trip Chaining Trends in the US—Understanding Travel Behavior for Policy Making. *Journal of the Transportation Research Board*, 1917(1):199-204. https://doi.org/10.1177/0361198105191700122

Mels, T. (2004). Lineages of a geography of rhythms. In T, Mels (Ed.), *Reanimating places: A geography of rhythms,* (pp. 3-42). New York: Routledge. https://doi.org/10.4324/9781315245218-11

Menckel, E. & Viitasara, E. (2002). Threats and violence in Swedish care and welfare - magnitude of the problem and impact on municipal personnel. *Scandinavian Journal of Caring Science,* 16(4), 376-385. https://doi.org/10.1046/j.1471-6712.2002.00103.x

Meyer, J., & Muntaner, C. (1999). Injuries in home health care workers: An analysis of occupational morbidity from a state compensation database. *American Journal of Industrial Medicine*, *35*(3), 295-301. https://doi.org/10.1002/(sici)1097-0274(199903)35:3<295::aid-ajim10>3.0.co;2-#

Montague, D. (2020, April 23). Homecare working conditions 'abysmal' says N.S. union. *Huddle.* Retrieved from https://huddle.today/2020/04/23/homecare-working-conditions-abysmal-says-n-s-union-president/

Moriarty, T., Boczula, A.E., Thind, E.K., Loreto, N., McElhaney, J.E. (2021). *Excess all-cause mortality during the COVID-19 epidemic in Canada*. Royal Society of Canada. Retrieved from https://rsc-src.ca/en/covid-19-policy-briefing/excess-all-cause-mortality-during-covid-19-epidemic-in-canada

Morris, M., Robinson, J., Simpson, J., Galey, S., Kirby, S., Martin, L., & Muzychka, M. (1999). *The changing nature of home care and its impact on women's vulnerability to poverty*. Ottawa: Status of Women Canada. Retrieved from https://www.researchgate.net/profile/Marika-Morris/publication/265454170_The_Changing_Nature_of_Home_Care_and_Its_Impact_on_Women's_Vulnerability_to_Poverty/links/572f21ae08ae7441519033e4/The-Changing-Nature-of-Home-Care-and-Its-Impact-on-Womens-Vulnerabi

Neis, B., Barber, L., Fitzpatrick, K., Hanson, N., Knott, C., Premji, S., & Thornton, E. (2018). Fragile synchronicities: Diverse, disruptive and constraining rhythms of employment-related geographical mobility, paid and unpaid work in the Canadian context. *Gender, Place & Culture,* 25(8), 1175-1192. https://doi.org/10.1080/0966369x.2018.1499616

Neis, B., Butler, L., Shan, D., & Lippel, K. (2021). Health and safety protections for the mobile workforce in a pandemic: COVID-19, globalisation, and mobilities. In C. L. Peterson, (Ed.), *Identifying and managing risk at work,* (pp. 65-81). Routledge. https://doi.org/10.4324/9781003164029-7

Neis, B., & Lippel, K. (2019). Occupational health and safety and the mobile workforce: Insights from a Canadian research program. *New Solutions, A Journal of Environmental and Occupational Health Policy.* 29(3), 297-316. https://doi.org/10.1177/1048291119876681

Neis, B., Neil, K., Lippel, K. (2020). *Mobility in a pandemic: COVID-19 and the mobile labour force.* Retrieved from http://www.onthemovepartnership.ca/wp-content/uploads/2020/08/COVID-and-Mobile-Labour-Force-Working-Paper-August-2020.pdf

Newfoundland and Labrador Association of Public and Private Employees (2021). *Home care (group of 19) collective agreement.* Retrieved from https://www.nape.ca/wp-content/uploads/2020/07/HomeCare-Group19-2020-2024.pdf

Newhook, J. T., Neis, B., Jackson, L., Roseman, S. R., Romanow, P., & Vincent, C. (2011). Employment-related mobility and the health of workers, families, and communities: The Canadian context. *Labour,* 67, 121-156.

Neysmith, S. M., & Aronson, J. (1996). Home care workers discuss their work: The skills required to "use your common sense." *Journal of Aging Studies*, 10(1), 1-14. https://doi.org/10.1016/s0890-4065(96)90013-4

Nilsson, M., & Hertzum, M. (2005). Negotiated rhythms of mobile work: time, place and work schedules. *Proceedings of the 2005 International ACM SIGGROUP Conference on Supporting Group Work (GROUP 2005)*, Sanibel Island, FL. (pp.148-157). https://doi.org/10.1145/1099203.1099233

Ono, Y., Lagerström, M., Hagberg, M., Lindén, A., & Malker, B. (1995). Reports of work related musculoskeletal injury among home care service workers compared with

nursery school workers and the general population of employed women in Sweden. *Occupational and Environmental Medicine*, 52(10), 686-693. https://doi.org/10.1136/oem.52.10.686

Oxman-Martinez, J., Hanley, J., Cheung, L. (2004). *Another look at the live-in-caregivers program: an analysis of an action research survey conducted by PINAY, the Quebec Filipino Women' Association, with the Centre for Applied Family Studies*. Montreal, Que.: Centre Metropois du Québec - Immigration et métropoles. Retrieved from http://s3.amazonaws.com/migrants_heroku_production/datas/198/Oxman-Martinez_Hanley_Cheung_2004_original.pdf?1312424790

Pardoel, H. J. (2021). Transhumant mobilities: a rhythmanalysis of herding practices in rural Spain, *Applied Mobilities,* 6(2), 135-152. doi: 10.1080/23800127.2020.1809159

Parreñas, R. S. (2000). Migrant Filipina domestic workers and the international division of reproductive labor. *Gender & Society,* 14(4), 560- 580. https://doi.org/10.1177/089124300014004005

Pelzelmayer, K. (2016). Places of difference: Narratives of heart-felt warmth, ethnicisation, and female care-migrants in Swiss live-in care. *Gender, Place & Culture*, 23(12), 1701-1712. https://doi.org/10.1080/0966369x.2016.1249351

Perry, J. A. (2021). Frenzied synchronicities: reworking the rhythms of temporary labour migration. *Applied Mobilities,* 6(2), 169-183. https://doi.org/10.1080/23800127.2020.1811452

Pittman, T. (2012). The living and working conditions of live-in caregiving workers in

Newfoundland and Labrador. Unpublished.

Power, N., & Norman, M. (2019). Re-inscribing gender relations through employment-related geographical mobility: The case of Newfoundland youth in resource extraction. Canadian Journal of Sociology, 44(3), 283-308. https://doi.org/10.29173/cjs29599

Premji S. (2014, October 19-22). *Health impacts of work-related geographical mobility among precariously employed immigrants in Toronto.* [Paper presentation]. Canadian Association for Research on Work and Health, Saskatoon, Canada.

Queirós, A., Faria, D., & Almeida, F. (2017). Strengths and limitations of qualitative and quantitative research methods. *European Journal of Education Studies*. 3(9), 367-387. https://doi.org/10.4324/9780203095249-27

Quinlan, M., & Bohle, P. (2009). Overstretched and unreciprocated commitment: Reviewing research on the occupational health and safety effects of downsizing and job insecurity. *International Journal of Health Services,* 39(1), 1-44. https://doi.org/10.2190/HS.39.1.a

Quinlan, M., & Bohle, P. (2008). Under pressure, out of control, or home alone? Reviewing research and policy debates on the occupational health and safety effects of outsourcing and home-based work. *International Journal of Health Services*, 38(3), 489-523. https://doi.org/10.2190/HS.38.3.g

Quinlan, M., Bohle, P., & Rawlings-Way, O. (2015). Health and safety of homecare workers engaged by temporary employment agencies. *Journal of Industrial Relations*, 57(1), 94-114. https://doi.org/10.1177/0022185614541179

Quinlan, M., Mayhew, C., & Bohle, P. (2001). The global expansion of precarious

employment, work disorganization, and consequences for occupational health: A review of recent research. *International Journal of Health Services,* 31(2), 335-414. https://doi.org/10.2190/607H-TTV0-QCN6-YLT4

Quinn, M. M., Markkanen, P. K., Galligan, C. J., Sama, S. R., Kriebel, D., Gore, R. J., Davis, L. (2016). Occupational health of home care aids: Results of a safe home care survey. *Occupational and Environmental Medicine,* 73(4), 237-245. https://doi.org/10.1136/oemed-2015-103031

Reay, T., Zafar, A., Monteiro, P., & Glaser, V. (2019). Presenting findings from qualitative research: One size does not fit all!. In T. Ziller, J. Amis and J. Mair (Eds.), *The production of managerial knowledge and organizational theory: New approaches to writing, producing and consuming theory*, (pp. 201-216). Emerald Publishing Limited. https://doi.org/10.1108/s0733-558x20190000059011

Registered Nurses Union of Newfoundland and Labrador (2014). *Collective agreement.* Retrieved from http://www.rnunl.ca/uploads/file/NLNU%20-%202012-2016,%20Provincial%20Agreement.pdf

Reid-Musson, E. (2018). Intersectional rhythmanalysis: Power, rhythm, and everyday life. *Progress in Human Geography*, 42(6), 881-897. https://doi.org/10.1177/0309132517725069

Reid-Musson, E., & Barber, L. B. (2021). Introduction to special issue-Quilting points and cracking points: Engaging rhythmanalysis in critiques of precarious work-related mobilities. *Applied Mobilities*, *6*(2), 109-118. https://doi.org/10.1080/23800127.2021.1923258

Reinharz, S. (1992) *Feminist methods in social research.* Oxford: Oxford University

Press.

Roseman, S., Barber, P. G., & Neis, B. (2015). Towards a feminist political economy framework for analyzing employment-related geographical mobility. *Studies in Political Economy*, 95(1), 175-203. https://doi.org/10.1080/19187033.2015.11674951

Schwanen, T., Dijst, M., & Dieleman, F. M. (2002). A microlevel analysis of residential context and travel time. *Environment and Planning A*: *Economy and Space,* 34(8), 1487–1507. https://doi.org/10.1068/a34159

Schwiter, K., Berndt, C., & Truong, J. (2018a). Neoliberal austerity and the marketisation of elderly care. *Social & Cultural Geography*, 19(3), 379-399. https://doi.org/10.1080/14649365.2015.1059473

Schwiter, K., Strauss, K., England, K. (2018b). At home with the boss: Migrant live-in caregivers, social reproduction and constrained agency in the UK, Canada, Austria and Switzerland. *Transactions of the Institute of British Geographers*, 43(3), 462-476. https://doi.org/10.1111/tran.12235

Scott, K. (2019). *Submission to the House of Commons Standing Committee on the Status of Women regarding the challenges faced by senior women.* Canadian Center for Policy Alternatives Nation Office. Retrieved from https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2019/04/Subcommittee%20on%20status%20of%20women%20presentation%20-%20April%204%20-%20FINAL_0.pdf

Seamon, D. (1980). Body-subject, time-space routines, and place-ballets. In A. Buttimer and D. Seamon (Eds.), *The human experience of space and place,* (pp.148-165).

New York: Routledge.

Seamon, D. (1979) *A geography of the lifeworld: Movement, rest and encounter*. London: Croom Helm Ltd.

Seamon, D., & Nordin, C. (1980). Market Place as Place Ballet: The Example of Varberg. *Sweden,'Landscape*, 24, 35-41.

Shan, D., & Lippel, K. (2019). Occupational health and safety challenges from employment-related geographical mobility among Canadian seafarers on the Great Lakes and St. Lawrence Seaway. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*, 29(3), 371–396. https://doi.org/10.2139/ssrn.3585419

Sharman, Z., McLaren, A., Cohen, M. & Ostry, A. (2008). "We only own the hours": Discontinuity of care in the British Columbia home support system. *Canadian Journal on Aging,* 27(1), 89-99. https://doi.org/10.3138/cja.27.1.89

Sharipova, M., Borg, V., & Hogh, A. (2008). Prevalence, seriousness and reporting of work-related violence in the Danish elderly care. *Scandinavian Journal of Caring Sciences,* 22(4), 574-581. https://doi.org/10.1111/j.1471-6712.2007.00577.x

Shaw, R. (2019, March 14). B.C. moving private home support services back into health authorities. *Vancouver Sun*. Retrieved from https://vancouversun.com/news/politics/b-c-moving-private-home-support-services-back-into-health-authorities

Sheller, M. & Urry, J. (2016). Mobilizing the new mobilities paradigm, *Applied Mobilities*, 1(1), 10-25. https://doi.org/10.1080/23800127.2016.1151216

Sheller, M., & Urry, J. (2006). The new mobilities paradigm. *Environment and Planning*.

A; Economy and Space, 38(2), 207-226. https://doi.org/10.1068/a37268

Simpson, P. (2008). Chronic everyday life: Rhythmanalysing street performance. *Social & Cultural Geography*, 9(7), 807-829. https://doi.org/10.1080/14649360802382578

Sims-Gould, J., Byrne, K., Beck, C., & Martin-Matthews, A. (2013). Workers' experiences of crises in the delivery of home support services to older clients: A qualitative study. *Journal of Applied Gerontology*, 32(1), 31-50. https://doi.org/10.1177/0733464811402198

Sims-Gould, J., & Martin-Matthews, A. (2010). Strategies used by home support workers in the delivery of care to elderly clients. *Canadian Journal on Aging/La Revue Canadienne Du Vieillissement*, 29(1), 97-107. https://doi.org/10.1017/s0714980809990353

Smith, R. J. & Hall, T. (2016). Mobilities at work: Care, repair, movement and a fourfold typology. *Applied Mobilities,* 1(2), 147-160. https://doi.org/10.1080/23800127.2016.1246897

Spalding, N. J., & Phillips, T. (2007). Exploring the use of vignettes: From validity to trustworthiness. *Qualitative Health Research,* 17(7), 954-962. https://doi.org/10.1177/1049732307306187

Spencer, S., Martin, S., Bourgeault. I. L., & O'Shea, E. (2010). *The role of migrant care workers in ageing societies: report on research findings in the United Kingdom, Ireland, Canada, and the United States.* Geneva: International Organization for Migration. Retrieved from https://publications.iom.int/system/files/pdf/mrs41.pdf

Spinney, J. (2010). Improvising rhythms: Re-reading urban time and space through

everyday practices of cycling. In T. Edensor (Ed.), *Geographies of rhythm: Nature, place, mobilities and bodies,* (pp.113-127). Farnham: Ashgate.

Statistics Canada, (2015). Real minimum wage, average hourly earnings and ratio between these two indicators for Canada and the provinces. Retrieved from https://www150.statcan.gc.ca/n1/pub/75-006-x/2014001/article/14035/t/tbla1-eng.htm

Statistics Canada, Census Operations (2008). *Research Data Centres 2006 census code book*. Retrieved from https://media.lib.unb.ca/gddm/data/user_docs/c2006/rdc-codebook-public-2006-ver2-cdr-manuel-des-codes.pdf

Stone, R. I., & Bryant, N. S. (2019). The future of the home care workforce: training and supporting aides as members of home-based care teams. *Journal of the American Geriatrics Society*, 67(S2), S444-S448. https://doi.org/10.1111/jgs.15846

Syring, D. (2009). La vida matizada: Time sense, everyday rhythms, and globalized ideas of work. *Anthropology and Humanism*, 34(2),119-142. https://doi.org/10.1111/j.1548-1409.2009.01034.x

Tarricone, R., & Tsouros, A. D. (2008). *The solid facts: Home care in Europe.* Copenhagen, Denmark: World Health Organization. Retrieved from https://apps.who.int/iris/handle/10665/328766

Twigg, J. (2002). *Bathing--the body and community care.* London: Routledge. https://doi.org/10.4324/9780203190876

Underhill, E., & Quinlan, M. (2011). How precarious employment affects health and safety at work: The case of temporary agency workers. *Relations Industrielles/Industrial Relations*, 66(3), 321-488.

https://doi.org/10.7202/1006345ar

Urry, J. (2001) The sociology of space and place. In J.R. Blau (Ed.), *The Blackwell companion to Sociology*, (pp. 3 – 13). Blackwell Publishing. http://doi.org/10.1002/9780470693452.ch1

van Eck, D., & Pijpers, R. (2017). Encounters in place ballet: A phenomenological perspective on older people's walking routines in an urban park. *Area,* 49(2), 166-173. https://doi.org/10.1111/area.12311

Vannini, P. (2012). In time, out of time Rhythmanalyzing ferry mobilities. *Time & Society*, 21(2), 241-269. https://doi.org/10.1177/0961463X10387688

Viitasara, E., Sverke, M. & Menckel, E. (2003). Multiple risk factors for violence to seven occupational groups in the Swedish care sector. *Relations Industrielles/Industrial Relations*, 58(2), 203-231. https://doi.org/10.7202/007302ar

Vosko, L. F. (2020). *Closing the enforcement gap: Improving employment standards protections for people in precarious jobs.* Toronto: University of Toronto Press. https://doi.org/10.3138/9781487534042

Walter, J. (2008, August 5). Stephenville: Forestry is finished, but the town is just getting started. *CBC News*. Retrieved from https://www.cbc.ca/news/business/stephenville-forestry-is-finished-but-the-town-is-just-getting-started-1.717712

Walsh, D., Vosko, L.F. MacDonald, M., Laxer, K., Fuller, S., Ignagni, S., (2015). Conceptual guide to the temporal and spatial dynamics module. In L.F. Vosko, (Ed.). In. *Comparative perspective database on precarious employment.* Retrieved

from *http://www.genderwork.ca/cpd/modules/temporal-spatial-dynamics/#bi*

Walsh, K., & O'Shea, E. (2010). Marginalised care: Migrant workers caring for older people in Ireland. *Journal of Population Ageing.* 3,17-37. https://doi.org/10.1007/s12062-010-9030-4

Wiles, J. (2003). Daily geographies of caregivers: Mobility, routine, scale. *Social Science & Medicine*, 57(7), 1307-1325. https://doi.org/10.1016/S0277-9536(02)00508-7

Wood, L. A., Smith, R. J. & Hall, T. (2016). Work on the move: Editors' introduction to the special issue. *Applied Mobilities*, 1(2), 139-146. https://doi.org/10.1080/23800127.2016.1250371

Wunderlich, F.M. (2008). Walking and rhythmicity: Sensing urban space. *Journal of Urban Design*, 13(1), 125-139. doi.org/10.1080/13574800701803472

Yeates, N. (2004). Global care chains. *International Feminist Journal of Politics* 6(3), 369-391. https://doi.org/10.1080/1461674042000235573

Zayani, M. (1999). Introduction to rhythmanalysis. *Rethinking Marxism*, 11(1), 1-4. https://doi.org/10.1080/08935699908685561

Zendel, A. (2021). "There are no days off, just days without shows": Precarious mobilities in the touring music industry, *Applied Mobilities,* 6(2),184-201. https://doi.org/10.1080/23800127.2020.1827516

Zeytinoglu, I. U., & Denton, M. (2005). *Satisfied workers, retained workers: Effects of work and work environment on homecare workers' job satisfaction, stress, physical health, and retention*. Canadian Health Services Research Foundation Retrieved from https://www.researchgate.net/publication/228776162_Satisfied_Workers_Retaine

d_Workers_Effects_of_Work_and_Work_Environment_on_Homecare_Workers_Job_Satisfaction_Stress_Physical_Health_and_Retention

Zeytinoglu, I. U., Denton, M., Webb, S., & Lian, J. (2001). Self-reported musculoskeletal disorders among visiting and office home care workers. *Women and Health*, 31(2-3), 1-35. https://doi.org/10.1300/j013v31n02_01

Appendix 1: Telephone Script for Recruiting Home Care Agency Representatives

Good Morning/Afternoon.

My name is Kathy Fitzpatrick and I am a PhD student at Memorial University. I am conducting research on home care work under the supervision of Dr. Barbara Neis and Dr. Nicole Power at Memorial University as part of my PhD dissertation.

There are different possible patterns of paid home care work linked to the fact that it takes place in client's homes. For instance, it might involve daily home care work with one client, daily home care work for two or more local clients, and local, regional and distant live-in home care work. I am studying possible challenges linked to these different patterns of home care work for employers, home care workers and their families. I am also interested in the strategies devised by employers and others to cope with these different patterns of home care work.

I am contacting you today to see if you would be willing to participate in a face-to-face interview. During the interview you will be asked a few questions about yourself, the home care services offered by your company and typical home care patterns. As well, I will ask you about your home care labour force, how workers get from one workplace to another, how you stay in touch with them and the organizational challenges you associate with home care work and your strategies for dealing with them.

The interview will take about one hour to complete. Participation is free and voluntary and should you agree to participate, you are free to refuse to answer any questions and to stop participating in the interview at any point.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant) you may contact the Chairperson of the ICEHR at ***icehr@mun.ca*** or by telephone at 709-864-2861.

Thank you very much for your time.

Appendix 2: Advertisement Poster for Home Care Workers

Are you currently or have you been employed as a Home Care/Home Support Worker?
Would you like to be part of a study about home care workers?

I am a graduate student at Memorial University interested in the paid work experiences of home care workers. I am interested in talking with you about such things as: how you get to and from work and between jobs, work hours, scheduling, working conditions, and how you balance home and work responsibilities.

This is part of a larger study looking at different kinds of work that requires commuting to and from work and between worksites in Canada.

If you would like to talk about your work experiences or if you have questions about this research, please contact Kathy Fitzpatrick at (709) 763-8767 or email me at ***k.a.fitzpatrick@mun.ca***. All information is confidential.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant) you may contact the Chairperson of the ICEHR at ***icehr@mun.ca*** *or by telephone at 709-864-2861.*

Appendix 3: Interview Schedules

Regional Health Care Authority Representatives

- Do you have any questions before we start?

- What is your involvement with home care services in your region?
    - How long have you been in this role? Has it changed over time?

- Tell me about the home care system in your region.
    - Roughly how many home care clients are there
    - What types of clients
    - Roughly how many home care agencies
    - Types of agencies
    - Numbers of workers
    - Where the workers are from
    - Skills/training
    - Geographical distribution of clients

    - How has home care changed in recent years in this region?
        - (numbers, types of clients, distribution of clients (within the region, management of home care, funding, demand, supply of work force, clients, changing policies, self managed care vs. home care agencies, scheduling)
    - Has there been a shift from institutional care to home care?

- What roles does the regional health care authority play in home care services?
    - (providing care, providing funding, determining eligibility, regulating, licensing, monitoring)

- In your experience what are some of the challenges associated with delivering home care in this region?
    - Funding
    - Home care agencies
    - Home care workers (training, recruitment and retention of home care workers, scheduling, transportation, supervision, working conditions…?
    - Client needs
    - Client satisfaction
    - Others?

- Have those challenges changed in recent years?

- What are some of the strategies your organization has developed to deal with these challenges? –repeat challenge- and get their strategy for each

- Based on your experience, what are some strategies other home care agencies have developed?

- Have you been involved in the development of the changes to home support services recently proposed by provincial government (Department of Health and Community Services)?
    - If so, what has been your involvement?
    - What do you think of the proposed changes?
    - In your opinion, are there any risks or challenges associated with these changes?
    - When will the changes occur?

- Reflecting on our conversation, is there anything that you would like to add?

- If I have any further questions would you mind if I contact you by phone or email?

Community Nurses

Do you have any questions you would like to ask before we start?

- How long have you been a community nurse?
    - Why did you choose to be a community nurse?
    - Are you involved with home care work?
    - For how long and in what capacity?
- Tell me about your job.
- Describe a typical day at work.
    - (travel between workplaces; mode of transportation, scheduling of workday, travel time, rest breaks, paperwork, use of technology);
    - how does your work day compare to that of other community nurses – i.e. is the work done by community nurses fairly similar or quite variable?
- Tell me about your working conditions
    - (control and demand over scheduling, mileage reimbursement, safety in workplaces and travelling between workplaces)
- Who else do you work with in your home care work? Who does what?
- Tell me about any challenges you experience with your job.as a community nurse? (scheduling, transportation, costs, clients, other workers, agencies??)
- What kinds of strategies have you developed to try to deal with these challenges
- Does your job affect your family? Your work-life balance? If so- how? Tell me about things you have done to try to minimize effects on your family?
- How does your employer help with dealing with the challenges you have identified?
- Describe any changes you have seen in home care work since you began working as a community nurse?
    - (home care clients, length of time with client, quota of patients each day safety)
    - (home care agencies)
    - (home care workers and nurses and their working conditions and safety & health)
    - Why did these changes occur?
    - How have they affected your work?

- Have you worked in both home care and institutional care? If you have, can you compare the two for me in terms of the organizational challenges? Challenges for the workers?

- Reflecting on our conversation, is there anything you would like to add?
- If I have any further question, would you mind if I contact you by phone or by email?

Administrative Representatives of Educational Institutions That Offer Home Support Worker/Personal Care Attendant Programs

- Do you have any questions you would like to ask before we start?

- What is your involvement in the home care worker/personal care attendant program? How long have you been doing this job?

- Tell me about home care worker/personal care attendant programs offered by your institution.
  - (program duration; part time/full time options, practicum, number of hours a day/week in class, campuses where this program is offered)
  - How long has your institution offered this program?
  - Is the program the same at all campuses? Why/why not?

- How was the curriculum developed?

- Since the program was first introduced, has the curriculum changed? If so, how? Why has it changed?

- Has the demand changed for this program?

- What are some general characteristics of students taking this program? (age, sex, background, where they live, …) Has this changed over time?

- What were the home care job requirements- in the past? Today? How have these changed?

- How much does this program cost? Do you have any government-subsidized seats?

- In your opinion, what are the major challenges that home care workers confront in relation to their work? What about home care agencies—are they facing any challenges? In your training, how do you help home care workers learn how to deal with these challenges? In your experience, how are home care agencies dealing with the challenges they are confronting?

- Reflecting on our conversation, is there anything you would like to add?

- If I have any further questions may I contact you by phone or email?

Union Representatives

- Before we start, do you have any questions you would like to ask?

- What is your involvement with home care work in the union?
  - How long have you been doing this work?
  - How did you get into this field of work?

- Tell me about organizing home care workers.
  - (when did home care workers became unionized; how many members; how many collective agreements and types of home care agencies, areas of unionization)
  - What were/are some challenges organizing home care workers?
  - What are some challenges negotiating collective agreements? Have these challenges changed over time? What kinds of strategies have you used to try to overcome these challenges?
  -
- Tell me about your membership.
  - (sex, age, where they live and where they work- geography of your membership – has the home care unionized labour force changed since you started working with home care workers? Thoughts on why it has changed? Stability of your membership – average years of seniority for your workers)

- Based on discussions with your membership, what are some challenges facing unionized home care workers today?
  - (incomes, working conditions, employers, scheduling, travelling between workplaces, safety and health concerns in multiple workplaces and travelling between workplaces, work-life/family issues)
- Have these challenges changed since you started working with unionized workers?
- What are some of the strategies workers use to deal with these challenges?

- Based on discussions with your membership, what are some challenges facing unionized home care workers?
  - (working conditions, scheduling, travelling between workplaces, safety and health concerns in multiple workplaces and travelling between workplaces)

- In your opinion, what are some challenges to home care work from the perspective of unions, employers, clients, and workers?
  - Reflecting on our conversation, is there anything you would like to add?
  - If I have any further questions may I contact you by phone or email?

Community Leaders and Business People

- Before we start, are there any questions you would like to ask?

- Is it common for men and/or women in your community to work away for extended periods of time? What kinds of work do those who are working away do?

- Tell me about home care work in your community. How many people are doing home care work? Where are they doing the work – here, in the region, elsewhere? Who are they- women/men; age/ have they been doing it for a long time – most of them?

- How do different patterns of home care affect your community? (i.e.: working nearby, or away from the community for extended periods for many days).
    - (more/less money spent in the community; volunteerism, familial support)

- In your opinion, what are some challenges and benefits associated with different patterns of home care work in your community? (family, care of the elderly, volunteerism…sustaining the community?

- Has home care been part of the discussions about the future of your community? i.e. is the number of home care workers employed here changing? Number working away changing? Do people who do homecare tend to stay at it? Give it up? Do you have home care needs in your community? How are these filled?

- Reflecting on our conversation, is there anything you would like to add?

- Do you know of any home care workers who might be interested in talking to me? Would you please give me their name and contact information?

- If I have any further questions may I contact you by phone or email?

Home Care Agency Representative Interview Schedule

- Before we start, do you have any questions you would like to ask?

- Tell me about your current position

    - How long have you been doing this position?
    - How did you get into this field of work?
    - What experience do you have with home care work? .

- Tell me about the home care agency you work for
    - (types of services offered, clients, communities serviced, history)

- Does your agency provide live-in home care services? What does it look like?
    - (number of days working, transportation, hours of work/day, travel time, home care worker's personal space, emergencies)

- Describe your home care workers.
    - (demographics, credentials, residential location, recruitment, types of home care workers, number of home care workers)
    - has your workforce changed since you started working with this firm? In this field?

- I am interested in different patterns of home care work (working daily with one local client, working daily with more than one client working locally, working in other communities) and I was wondering if you would outline some common patterns of home care work.
    - (work schedule, mode of transportation, client assignment, travel time and compensation) on average, how often would a home care worker change homes – several times a day, once every few weeks? Months? What kinds of services do they provide to the client? Who do they work with- do they work alone? In a team? What services do you provide to your workers? Do they work directly for you or are they hired by the client and you are a placement service?

- Describe working conditions of home care workers.
    - (rates of pay, benefits, control and demand training, safety and health)

- How do you communicate with your home care workers?

- In your opinion, what are the characteristics of a good home care worker?

- What are some of the challenges home care agencies have to deal with? What causes these challenges? Have these challenges changed over time? Why?
  (recruitment and retention, scheduling, monitoring, absenteeism, lateness, others?

- What are some of the strategies you have developed as an agency to deal with those challenges

- Based on your discussion with home care workers, what are the benefits and challenges of being a home care worker?

- What are some strategies for dealing with those challenges? What have you done as an agency to help with these challenges? Does your agency have family friendly policies? Programs? What kinds of policies?

- Reflecting on our conversation, is there anything that you would like to add?

Home Care Worker Interview Schedule

Do you have any questions before we start?

Work & Education History

- Tell me about your work history starting from your first job to your most recent job.
- When did you start doing home care work?
- How did you get into this field of work?
- How did you find your current job?
- At this time, are you working at more than 1 job?
- Tell me about your education and training.

Patterns of Home Care Work

I am interested in different patterns of home care work (caring for 1 client locally, caring for 2 or more clients locally, and live-in caring for one client). In this research project, work starts when you leave your home to care for a client until you return to your home. Would you please describe a typical workday?

- When does your day begin/end?
- Do you care for 1 client? Several? How many clients do you visit in a day and how many times do you change work sites?
- Where are your work sites located in relation to your home? In relation to each other? How much time do you spend during an average day travelling to and from work, travelling between work sites? If you care for multiple clients, are they scheduled consecutively or are do you have long breaks in your workday? How do you get there and back and travel between worksites? What happens if your car breaks down (if you rely on your own car)? Are you paid for travel time/mileage?
- If you visit separate worksites, who decides on the sequence of worksites to visit? How much time do you spend with each client? Do you have scheduled work breaks during the day?
- Do you drive your client(s) to appointments/activities/shopping? Do you take client(s) for walks?
- What do you know about the client and your worksite before you enter their home?
- Do you work alone? With co-workers? If with co-workers- is it usually with the same person? A different person?
- Do you meet with other home care workers daily/weekly/monthly?

If travelling a long distance and stays overnight

- (Travel time and modes of travel, duties and time spent with clients, rest breaks, personal space, modes of transportation, hours of work, rest breaks, who arranges the travel and pays for the travel?)
- Do you meet with other home care workers during the commute?

- Have you ever been delayed during your commute because of poor weather conditions or other transportation issues? How often does this happen? What do you do? Where do you stay? Who pays for the cost of accommodation and meals?

Working Conditions

- Describe your working conditions
    - (hours of work; pay, how are you paid (salary, hourly, piece rate), benefits; training opportunities, compensation for work travel, support from employer, union and or fellow workers; use of technology)
    - How much say do you have in your work schedule? How far in advance do you know your schedule? Does it often change?
    - What type of support does your employer provide? (information about the client, availability to answer questions related to a client's care, strategies &/or training to deal with difficult clients, scheduling of work, transportation to workplaces)
    - How do you communicate with the employer? How often? What services does your employer provide?
    - If unionized, what type of support and services does your union provide?
- Have your working conditions changed since you first started home care work? How? (scheduling, employer support, communication with employer, time spent with clients, more difficult clients and/or increase in client load, costs of commuting and travelling to different worksites, rates of pay, how you are paid (hourly, salary, piece rate), benefits, compensation for travel time, mileage and the additional cost of insurance for using the car for work)

Family & Balancing home and work responsibilities

- Tell me about your family.
    - (partners, children(ages), parents) Do they live in the community or live away?
    - A brief work history (occupations) of partners, parents and adult children. Have they always worked in the community? Have they worked away? If they work away, how long is their work cycle? What benefits do they receive?

- How do you balance your family, social life, and paid work?

- (caring for family members (children/adults) when at work; keeping in touch via technology; work/family emergencies)

- How do you spend your time when you are not doing home care work?
- **Links to community**
  - Tell me about your community.
  - How long have you lived in your community?
  - How does your work affect your involvement in your community – volunteer work, supporting others,
  - Are there many homecare workers living in your community? Tell me about them

Experiences of home care work.

- What are the main challenges associated with being a home care worker?

- How does home care work make you feel?
  - What do you mean by that? (good, bad, fulfilled, stressed, fatigued, safe?
  - How do you feel at the start of the day? End of the day? End of a work cycle/week?
  - How do you feel during the commute?

Challenges/benefits of home care work

- In your opinion, what are some challenges to home care work from the perspective of employers, clients, workers and workers' family members?

- In your opinion, what are some strategies to cope with the challenges of home care work from the perspective of employers, clients and workers and workers' family members?

Reflecting on our conversation, is there anything that you would like to add?

Do you have any questions you would like to ask me?

Do you know of any home care workers who may be interested in talking to me? If you do, would you please give them my contact information.

If I have any further questions may I contact you by phone or email?

Appendix 4: Home Care Worker Demographic Information Sheet

Date: _____

Sex ☐ F ☐ M

Marital Status ☐ Married/Common Law ☐ Single ☐ Divorced/Widowed

Age ☐ < 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ Over 69

Education/Training

_____

Work History --- Home care worker

Year	Occupation	Length of time	Pt/ft/seasonal/temp/casual	Residence community	Work community

Work History – family members (partner/parent)

Family member	Occupation(s)	Duration	Pt/ft/seasonal	Location	Extended commute?

Support

Employer	Yes/No
Union	Yes/No N/A
Workers	Yes/No
Family members &/or friends	Yes/No

Benefits

	Home Care Worker	**Family Member**
Vacation Pay		
Public Holidays		
O/T pay		
EI		
CPP		
Travel Compensation		
Training opportunities		
Support at work		
Unionized		
Breaks at work		
Hours of work		
Extended health benefits		
Dental benefits		

Long Term Disability		
Life Insurance		
Company pension		

What is your hourly rate? _____

How many hours do you work bi-weekly? _____

What proportion of your family income is based on your home care work?

_____

Appendix 5: Informed consent forms

Key Informants

MEMORIAL UNIVERSITY

Department of Sociology

St. John's, Newfoundland and Labrador,
Canada, A1B 2C3
Tel: 709 864-7242 Fax: 709 864-7233 www.mun.ca

January 7, 2013

Informed Consent Form – Key Informants

Title: *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

Researcher: Kathleen Fitzpatrick,
Ph.D. Candidate, Department of Sociology
Memorial University of Newfoundland
k.a.fitzpatrick@mun.ca/709 763-8767.

You are invited to take part in a research project entitled *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study at any time up to a month before thesis submission or final results are published, whichever comes first. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this form carefully and to understand the information given to you.

Please contact the researcher, Kathleen Fitzpatrick, if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction

As part of my doctoral thesis, I am conducting research under the supervision of Dr. Barbara Neis and Dr. Nicole Power in the Department of Sociology.

Home care work is one of the fastest growing jobs in Newfoundland and Labrador's health care sector. Because it takes place in the homes of clients, home care work may pose challenges for employers and for workers and their families. For instance, as the needs of clients change, home care workers might need to change their place of work. As well, home care work can involve a range of schedules from brief visits to many homes, to full time, 24 hour care in one home. I am exploring the potential challenges of home care work for workers and employers in the St. John's region and in rural parts of Newfoundland. I am also interested in the strategies they have developed for dealing with these challenges. There is little research on Newfoundland and Labrador home care work. No research has examined different work patterns from the point of view of employers, workers and their families. In some rural communities several women may work away from their home communities. In those situations, I am interested in understanding how this might affect those communities.

Funding: My doctoral work has been funded by Memorial University; Atlantic Rural Centre, Dalhousie; Canadian Institute of Health Research Team in Gender, Environment and Health; and SafetyNet Centre for Research at Memorial University of Newfoundland. This research is funded by Social Science and Humanities Research Council of Canada Partnership Grant – On the Move: Employment-Related Geographical Mobility in the Canadian Context.

Purpose of study:

This study is researching possible challenges linked to different patterns of home care work for employers, home care workers and their families. It is also studying potential challenges for small communities where several home care workers are employed away from their community and have to travel long distances to work. The study is also looking at the strategies home care agencies and workers and their families have devised to cope with the travel, scheduling of work and changing workplaces that are part of the job for home care workers.

Employers and unions may find information from this study useful. Findings from this study may be used to inform policies to improve recruitment and retention of home care workers and working conditions in Newfoundland and Labrador and elsewhere.

What you will do in this study:

In this study you will participate in an audio-taped interview. Your participation is voluntary, you may refuse to answer any question without negative consequences, and you are encouraged to ask questions during the interview. The purpose of the audio-recording is to ensure that the interview is accurately documented.

During the interview I will ask you questions based on your knowledge about home care work. Union representatives will be asked about the challenges facing their union members and strategies to address these. Government and education representatives will be asked to shed light on questions about policies and programs affecting home care. Business and community leaders will be asked about the challenges that are part of different patterns of home care work and potential solutions.

Length of time:
The length of time to complete the interview is approximately an hour. You may end the interview at any time.

Withdrawal from the study:
You are free to withdraw from the research study up to a month before the thesis submission or the final results are published, whichever comes first. If you choose to withdraw from the research study, please contact the researcher, Kathleen Fitzpatrick. There will be no consequences associated with withdrawing from the study and all evidence of the interview will be destroyed (the audio recording will be erased and the transcript shredded).

Possible benefits:
There are no direct benefits from participating in this project, but one possible indirect benefit may include having the opportunity to discuss your knowledge, feelings, and some of your concerns about home care work. These concerns and your ideas for how they could be addressed will be discussed in the thesis, presentations and reports.

Possible risks and discomforts:

1. As outlined below I have taken steps to ensure your confidentiality. If you are from a small community there is a possibility that you may be identified. I will reduce this risk by never using your name, the name of your home town, the name of your company, the name of the town where you work or the name of the town where you live in my PhD thesis or in publications, reports, or presentations that arise from this research.
2. If you feel uncomfortable answering a question, please feel free to refuse to answer it.

Confidentiality vs. Anonymity
There is a difference between confidentiality and anonymity: Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access.

Anonymity is a result of not disclosing participant's identifying characteristics (such as name or description of physical appearance).

Confidentiality and Storage of Data:

a. To the best of my ability, your identity will be kept confidential and privacy will be maintained. If you agree to the interview, I will be the only person transcribing and analyzing the interview. As I am transcribing the interview I will remove identifying information (name, work affiliation, and town) and assign you a pseudonym (a different name). The audio-recording will be kept in a secure place for five years and then destroyed. I will keep a master list of participants and their pseudonyms in a secure location separate from the interview data.

b. Transcripts and resulting databases will be stored on my password secured computer in password protected files. A back up copy of these files will be stored in a locked filing cabinet at SafetyNet . The consent forms and list of participants and pseudonyms will be stored in a locked location separate from the data. The data will be retained for a minimum of five years, as per Memorial University policy on Integrity in Scholarly Research. With the exception of my supervisors, who may have access to these data if there is a challenge to my research, or questions about the analysis, I will be the only person who will have access to these data.

c. This project is made possible through funding from the Social Science and Humanities Research Council of Canada (SSHRC) Partnership Grant On the Move: Employment-Related Geographical Mobility in the Canadian Context. One of SSHRC's policies is that publicly funded research should be available to other researchers. If you voluntarily agree to allow the On the Move research members access to this interview, a separate anonymized data file will be created. All information will be stripped from the digital audio-recording (your name, work affiliation, and the town name you reside or work will be changed. These anonymized data files will not have a master file which can link your pseudonym to your actual name.

Anonymity:

I cannot guarantee anonymity because I know your identity. But I will make <u>every reasonable effort</u> to protect your identity from everyone else by removing identifying information from the transcripts and not using your name, the name of your employer or your community in my thesis, presentations, reports and publications.

Recording of Data:

If you agree to be audio-recorded, this interview will later be transcribed and analyzed by me. At any time during the interview you can ask to have the digital recorder turned off.

If you would prefer that this interview is not audio-recorded, then I will make notes during the interview. The interview notes will be typed by me, and later analyzed by me. As required by the University, the digital recording will be securely stored separately from the list of participants and from the transcripts for a period of five years after which it will be destroyed.

Reporting of Results:
The data collected will be used in my doctoral thesis, and may be published in academic journal articles, used in conference presentations and may be used in plain language reports summarizing general findings. I will talk generally about my findings and use quotations to illustrate those findings. These quotations will not include personal identifying information (names of companies, communities and individuals) will be changed.

Sharing of Results with Participants:
If you would like a copy of a report outlining the results of my study and written in plain language please indicate this on the consent form, let me know during the interview, or contact the researcher Kathleen Fitzpatrick. This report should be available by December 2013.

Questions:
You are encouraged to ask questions at any time during your participation in this research. If you would like more information about this study, please contact: Kathleen Fitzpatrick ***k.a.fitzpatrick@mun.ca*** or by phone at 709-763-8767. You may also contact my supervisors, Dr. Barbara Neis ***bneis@mun.ca*** or by phone at 709-864-7244 and Dr. Nicole Power ***npower@mun.ca*** or by phone at 709-864-7244.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at ***icehr@mun.ca*** or by telephone at 709-864-2861.

Consent:
Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw from the study at any time, up to a month before thesis submission or final results are published without having to give a reason, and that doing so will not affect you now or in the future.
- You understand that any data collected from you up to the point of your withdrawal will be destroyed.

If you sign this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

☐ I have read and understood what this study is about and appreciate the risks and benefits.
☐ I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.
☐ I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation at any time.
☐ I agree to be audio-recorded during the interview.
☐ I agree that my anonymized interview be made available to other members associated with the On the Move research project
☐ I would like a report summarizing the results of this research written in plain language. My mailing address is:

☐ A copy of this Informed Consent Form has been given to me for my records.

_____ _____
Signature of participant Date

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____ _____
Signature of Principal Investigator Date

MEMORIAL UNIVERSITY

Department of Sociology

St. John's, Newfoundland and Labrador,
Canada, A1B 2C3
Tel: 709 864-7242 Fax: 709 864-7233 www.mun.ca

January 7, 2013

Informed Consent Form – Home Care Agency Representatives

Title: *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

Researcher Kathleen Fitzpatrick,
Ph.D. Candidate, Department of Sociology
Memorial University of Newfoundland
k.a.fitzpatrick@mun.ca/709 763-8767.

You are invited to take part in a research project entitled *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study at any time up to a month before thesis submission or final results are published, whichever comes first. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this form carefully and to understand the information given to you. Please contact the researcher, Kathleen Fitzpatrick, if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction
As part of my doctoral thesis, I am conducting research under the supervision of Dr. Barbara Neis and Dr. Nicole Power in the Department of Sociology.

Home care work is one of the fastest growing jobs in Newfoundland and Labrador's health care sector. Because it takes place in the homes of clients, home care work may pose challenges for employers and for workers and their families. For instance, as the needs of clients change, home care workers might need to change their place of work. As well, home care work can involve a range of schedules from brief visits to many homes, to full time, 24 hour care in one home. I am exploring the potential challenges of home care work for workers and employers in the St. John's region and in rural parts of Newfoundland. I am also interested in the strategies they have developed for dealing with these challenges. There is little research on Newfoundland and Labrador home care work. No research has examined different work patterns from the point of view of employers, workers and their families. In some rural communities several women may work away from their home communities. In those situations, I am interested in understanding how this might affect those communities.

Funding: My doctoral work has been funded by Memorial University; Atlantic Rural Centre, Dalhousie; Canadian Institute of Health Research Team in Gender, Environment and Health; and SafetyNet Centre for Research at Memorial University of Newfoundland. This research is funded by Social Science and Humanities Research Council of Canada Partnership Grant – On the Move: Employment-Related Geographical Mobility in the Canadian Context.

Purpose of study:
This study is researching possible challenges linked to different patterns of home care work for employers, home care workers and their families. It is also studying potential challenges for small communities where several home care workers are employed away from their community and have to travel long distances to work. The study is also looking at the strategies home care agencies and workers and their families have devised to cope with the travel, scheduling of work and changing workplaces that are part of the job for home care workers.

Employers and unions may find information from this study useful. Findings from this study may be used to inform policies to improve recruitment and retention of home care workers and working conditions in Newfoundland and Labrador and elsewhere.

What you will do in this study:
In this study you will participate in an audio-taped interview. Your participation is voluntary, you may refuse to answer any question without negative consequences, and you are encouraged to ask questions during the interview. The purpose of the audio-recording is to ensure that the interview is accurately documented.

During the interview I will ask you a few questions about your current job. You will be asked to describe the home care services offered by your company. I will ask you about typical home care work patterns (scheduling, travel, etc.) at your company. As well, I will ask you about your home care labour force – what kinds of people work for your company, whether they live locally or commute from other places. I will ask about any challenges you have had with finding and holding on to workers and why you think those challenges exist. Given that they work in different workplaces, I will explore with you how they get from one workplace to another and how you stay in touch with them and issues you have encountered with this and other parts of their work. After talking about the challenges you have to deal with as an employer, and any challenges you see for your workers and clients, I will ask you to talk about any strategies you have found to deal with them.

Length of time:
The length of time to complete the interview is approximately an hour. You may end the interview at any time.

Withdrawal from the study:
You are free to withdraw from the research study up to a month before the thesis submission or the final results are published, whichever comes first. If you choose to withdraw from the research study, please contact the researcher, Kathleen Fitzpatrick. There will be no consequences associated with withdrawing from the study and all evidence of the interview will be destroyed (the audio recording will be erased and the transcript shredded).

Possible benefits:
There are no direct benefits from participating in this project, but one possible indirect benefit may include having the opportunity to discuss your knowledge, feelings, and some of your concerns about home care work. These concerns and your ideas for how they could be addressed will be discussed in the thesis, presentations and reports.

Possible risks and discomforts:

1. As outlined below I have taken steps to ensure your confidentiality. If you are from a small community there is a possibility that you may be identified. I will reduce this risk by never using your name, the name of your home town, the name of your company, the name of the town where you work or the name of the town where you live in my PhD thesis or in publications, reports, or presentations that arise from this research
2. If you feel uncomfortable answering a question, please feel free to refuse to answer it.

Confidentiality vs. Anonymity
There is a difference between confidentiality and anonymity: Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access.

Anonymity is a result of not disclosing participant's identifying characteristics (such as name or description of physical appearance).

Confidentiality and Storage of Data:

a. To the best of my ability, your identity will be kept confidential and privacy will be maintained. If you agree to the interview, I will be the only person transcribing and analyzing the interview. As I am transcribing the interview I will remove identifying information (name, work affiliation, and town) and assign you a pseudonym (a different name). The audio-recording will be kept in a secure place for five years and then destroyed. I will keep a master list of participants and their pseudonyms in a secure location separate from the interview data.

b. Transcripts and resulting databases will be stored on my password secured computer in password protected files. A back up copy of these files will be stored in a locked filing cabinet at SafetyNet . The consent forms and list of participants and pseudonyms will be stored in a locked location separate from the data. The data will be retained for a minimum of five years, as per Memorial University policy on Integrity in Scholarly Research. With the exception of my supervisors, who may have access to these data if there is a challenge to my research, or questions about the analysis, I will be the only person who will have access to these data.

c. This project is made possible through funding from the Social Science and Humanities Research Council of Canada (SSHRC) Partnership Grant On the Move: Employment-Related Geographical Mobility in the Canadian Context. One of SSHRC's policies is that publicly funded research should be available to other researchers. If you voluntarily agree to allow the On the Move research members access to this interview, a separate anonymized data file will be created. All information will be stripped from the digital audio-recording (your name, work affiliation, and the town name you reside or work will be changed. These anonymized data files will not have a master file which can link your pseudonym to your actual name.

Anonymity:

I cannot guarantee anonymity because I know your identity. But I will make <u>every reasonable effort</u> to protect your identity from everyone else by removing identifying information from the transcripts and not using your name, the name of your employer or your community in my thesis, presentations, reports and publications.

Recording of Data:

If you agree to be audio-recorded, this interview will later be transcribed and analyzed by me. At any time during the interview you can ask to have the digital recorder turned off. If you would prefer that this interview is not audio-recorded, then I will make notes

during the interview. The interview notes will be typed by me, and later analyzed by me. As required by the University, the digital recording will be securely stored separately from the list of participants and from the transcripts for a period of five years after which it will be destroyed.

Reporting of Results:
The data collected will be used in my doctoral thesis, and may be published in academic journal articles, used in conference presentations and may be used in plain language reports summarizing general findings. I will talk generally about my findings and use quotations to illustrate those findings. These quotations will not include personal identifying information (names of companies, communities and individuals) will be changed.

Sharing of Results with Participants:
If you would like a copy of a report outlining the results of my study and written in plain language please indicate this on the consent form, let me know during the interview, or contact the researcher Kathleen Fitzpatrick. This report should be available by December 2013.

Questions:
You are encouraged to ask questions at any time during your participation in this research. If you would like more information about this study, please contact: Kathleen Fitzpatrick ***k.a.fitzpatrick@mun.ca*** or by phone at 709-763-8767. You may also contact my supervisors, Dr. Barbara Neis ***bneis@mun.ca*** or by phone at 709-864-7244 and Dr. Nicole Power ***npower@mun.ca*** or by phone at 709-864-6914.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at ***icehr@mun.ca*** or by telephone at 709-864-2861.

Consent:
Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw from the study at any time, up to a month before thesis submission or final results are published without having to give a reason, and that doing so will not affect you now or in the future.

- You understand that any data collected from you up to the point of your withdrawal will be destroyed.

If you sign this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

☐ I have read and understood what this study is about and appreciate the risks and benefits.
☐ I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.
☐ I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation at any time.
☐ I agree to be audio-recorded during the interview.
☐ I agree that my anonymized interview be made available to other members associated with the On the Move research project
☐ I would like a report summarizing the results of this research written in plain language. My mailing address is:

☐ A copy of this Informed Consent Form has been given to me for my records.

_____ _____
Signature of participant Date

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____ _____
Signature of Principal Investigator Date

MEMORIAL UNIVERSITY

Department of Sociology

St. John's, Newfoundland and Labrador,
Canada, A1B 2C3
Tel: 709 864-7242 Fax: 709 864-7233 www.mun.ca

January 7, 2013

Informed Consent Form – Home Care Workers

Title: *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

Researcher Kathleen Fitzpatrick,
Ph.D. Candidate, Department of Sociology
Memorial University of Newfoundland
k.a.fitzpatrick@mun.ca/709 763-8767.

You are invited to take part in a research project entitled *Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study at any time up to a month before thesis submission or final results are published, whichever comes first. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this form carefully and to understand the information given to you. Please contact the researcher, Kathleen Fitzpatrick, if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction
As part of my doctoral thesis, I am conducting research under the supervision of Dr. Barbara Neis and Dr. Nicole Power in the Department of Sociology.

Home care work is one of the fastest growing jobs in Newfoundland and Labrador's health care sector. Because it takes place in the homes of clients, home care work may pose challenges for employers and for workers and their families. For instance, as the needs of clients change, home care workers might need to change their place of work. As well, home care work can involve a range of schedules from brief visits to many homes, to full time, 24 hour care in one home. I am exploring the potential challenges of home care work for workers and employers in the St. John's region and in rural parts of Newfoundland. I am also interested in the strategies they have developed for dealing with these challenges. There is little research on Newfoundland and Labrador home care work. No research has examined different work patterns from the point of view of employers, workers and their families. In some rural communities several women may work away from their home communities. In those situations, I am interested in understanding how this might affect those communities.

Funding: My doctoral work has been funded by Memorial University; Atlantic Rural Centre, Dalhousie; Canadian Institute of Health Research Team in Gender, Environment and Health; and SafetyNet Centre for Research at Memorial University of Newfoundland. This research is funded by Social Science and Humanities Research Council of Canada Partnership Grant – On the Move: Employment-Related Geographical Mobility in the Canadian Context.

Purpose of study:
This study is researching possible challenges linked to different patterns of home care work for employers, home care workers and their families. It is also studying potential challenges for small communities where several home care workers are employed away from their community and have to travel long distances to work. The study is also looking at the strategies home care agencies and workers and their families have devised to cope with the travel, scheduling of work and changing workplaces that are part of the job for home care workers.

Employers and unions may find information from this study useful. Findings from this study may be used to inform policies to improve recruitment and retention of home care workers and working conditions in Newfoundland and Labrador and elsewhere.

What you will do in this study:
In this study you will participate in an audio-taped interview. Your participation is voluntary, you may refuse to answer any question without negative consequences, and you are encouraged to ask questions during the interview. The purpose of the audio-recording is to ensure that the interview is accurately documented.

During the interview I will ask you about your education, training and work background. I will ask how you got into this field of work. You will be asked to describe your home care work including your work schedule, where you work, how you get to and from work, how often your work site changes and how this affects your work . I will ask how your work affects your family – i.e. how you balance work and home life and about any strategies you have come up with to cope with those challenges.

Length of time:
The length of time to complete the interview is approximately an hour. You may end the interview at any time.

Withdrawal from the study:
You are free to withdraw from the research study up to a month before the thesis submission or the final results are published, whichever comes first. If you choose to withdraw from the research study, please contact the researcher, Kathleen Fitzpatrick. There will be no consequences associated with withdrawing from the study and all evidence of the interview will be destroyed (the audio recording will be erased and the transcript shredded).

Possible benefits:
There are no direct benefits from participating in this project, but one possible indirect benefit may include having the opportunity to discuss your knowledge, feelings, and some of your concerns about home care work. These concerns and your ideas for how they could be addressed will be discussed in the thesis, presentations and reports.

Possible risks and discomforts:

1. As outlined below I have taken steps to ensure your confidentiality. If you are from a small community there is a possibility that you may be identified. I will reduce this risk by never using your actual name or town name in my PhD thesis, publications, reports or presentations.
2. There is a possibility that you may become emotionally upset when discussing your work. Listed below are contact numbers for mental health services if you need to talk to someone after the interview
    - Mental Health Crisis Line 709-737-4668.
    - Stephenville Mental Health Unit 709-643-8740
    - Burgeo Mental Health Unit 709-886-2185
    - Port Aux Basque 709-695-4619
3. There is a possibility that you may experience financial harm if your employer discovers that you have been talking with me but I have tried to reduce the risk of financial harm by not recruiting through employers.
4. If you feel uncomfortable answering any question, please feel free to refuse to answer it.

Confidentiality vs. Anonymity
There is a difference between confidentiality and anonymity: Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access. Anonymity is a result of not disclosing participant's identifying characteristics (such as name or description of physical appearance).

Confidentiality and Storage of Data:

a. To the best of my ability, your identity will be kept confidential and privacy will be maintained. If you agree to the interview, I will be the only person transcribing and analyzing the interview. As I am transcribing the interview I will remove identifying information (name, work affiliation, and town) and assign you a pseudonym (a different name). The audio-recording will be kept in a secure place for five years and then destroyed. I will keep a master list of participants and their pseudonyms in a secure location separate from the interview data.

b. Transcripts and resulting databases will be stored on my password secured computer in password protected files. A back up copy of these files will be stored in a locked filing cabinet at SafetyNet. The consent forms and list of participants and pseudonyms will be stored in a locked location separate from the data. The data will be retained for a minimum of five years, as per Memorial University policy on Integrity in Scholarly Research With the exception of my supervisors, who may have access to these data if there is a challenge to my research, or questions about the analysis, I will be the only person who will have access to these data.

c. This project is made possible through funding from the Social Science and Humanities Research Council of Canada (SSHRC) Partnership Grant On the Move: Employment-Related Geographical Mobility in the Canadian Context. One of SSHRC's policies is that publicly funded research should be available to other researchers. If you voluntarily agree to allow the On the Move research members access to this interview, a separate anonymized data file will be created. All information will be stripped from the digital audio-recording (your name, work affiliation, and the town name you reside or work will be changed. These anonymized data files will not have a master file which can link your pseudonym to your actual name.

Anonymity:
I cannot guarantee anonymity because I know your identity. But I will make <u>every reasonable effort</u> to protect your identity from everyone else by removing identifying information from the transcripts and not using your name, the name of your employer or your community in my thesis, presentations, reports and publications.

Recording of Data:
If you agree to be audio-recorded, this interview will later be transcribed and analyzed by me. At any time during the interview you can ask to have the digital recorder turned off.

If you would prefer that this interview is not audio-recorded, then I will make notes during the interview. The interview notes will be typed by me, and later analyzed by me. As required by the University, the digital recording will be securely stored separately from the list of participants and from the transcripts for a period of five years after which it will be destroyed.

Reporting of Results:
The data collected will be used in my doctoral thesis, and may be published in academic journal articles, used in conference presentations and may be used in plain language reports summarizing general findings. I will talk generally about my findings and use quotations to illustrate those findings. These quotations will not include personal identifying information (names of companies, communities and individuals) will be changed.

Sharing of Results with Participants:
If you would like a copy of a report outlining the results of my study and written in plain language please indicate this on the consent form, let me know during the interview, or contact the researcher Kathleen Fitzpatrick. This report should be available by December 2013.

Questions:
You are encouraged to ask questions at any time during your participation in this research. If you would like more information about this study, please contact: Kathleen Fitzpatrick ***k.a.fitzpatrick@mun.ca*** or by phone at 709-763-8767. You may also contact my supervisors, Dr. Barbara Neis ***bneis@mun.ca*** or by phone at 709-864-7244 and Dr. Nicole Power ***npower@mun.ca*** or by phone at 709-864-6914.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at ***icehr@mun.ca*** or by telephone at 709-864-2861.

Consent:
Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.

- You understand that you are free to withdraw from the study at any time, up to a month before thesis submission or final results are published without having to give a reason, and that doing so will not affect you now or in the future.
- You understand that any data collected from you up to the point of your withdrawal will be destroyed.

If you sign this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

☐ I have read and understood what this study is about and appreciate the risks and benefits.
☐ I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.
☐ I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation at any time.
☐ I agree to be audio-recorded during the interview.
☐ I agree that my anonymized interview be made available to other members associated with the On the Move research project
☐ I would like a report summarizing the results of this research written in plain language. My mailing address is:

☐ A copy of this Informed Consent Form has been given to me for my records.

_____ _____
Signature of participant Date

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____ _____ _
Signature of Principal Investigator Date

Appendix 6: Ethics Approval Documentation

ICEHR Clearance # 20131373-AR – EXTENDED

dgulliver@mun.ca

Reply all

Mon 1/17, 9:44 AM

Fitzpatrick Kathleen(Principal Investigator) <k.a.fitzpatrick@mun.ca>;
+3 more

MEMORIAL UNIVERSITY

Interdisciplinary Committee on Ethics in Human Research (ICEHR)

ICEHR Approval #:	20131373-AR
Researcher Portal File #:	20131373
Project Title:	*Home Care Work in Newfoundland and Labrador: the spectrum of mobility and its consequences for Newfoundland workers, employers and communities*
Associated Funding:	20120795
Supervisor:	Dr. Barbara Neis
Clearance expiry date:	**January 31, 2023**

Dear Ms. Kathleen Fitzpatrick:

Thank you for your response to our request for an annual update advising that your project will continue without any changes that would affect ethical relations with human participants.

On behalf of the Chair of ICEHR, I wish to advise that the ethics clearance for this project has been extended to **January 31, 2023**. The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS2) requires that you submit another annual update to ICEHR on your project prior to this date.

We wish you well with the continuation of your research.

Sincerely,

DEBBY GULLIVER
Interdisciplinary Committee on Ethics in Human Research (ICEHR)
Memorial University of Newfoundland
St. John's, NL | A1C 5S7
Bruneau Centre for Research and Innovation | Room IIC 2010C
T: (709) 864-2561 |
www.mun.ca/research/ethics/humans/icehr | https://rpresources.mun.ca/