The Trivial Matters

Everyday power in Swedish elder care

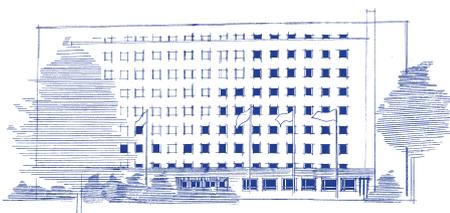TOVE HARNETT

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The Trivial Matters

Everyday power in Swedish elder care

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Abstract

This is a study about fairly ordinary situations in elder care: how staff deal with older people's influence, how staff talk about older people's complaints, how family members talk about elder mistreatment, and how older people act in order to exert influence in a nursing home. However ordinary, these are situations where relational power is accentuated, accomplished and able to be empirically explored. The aim here is to analyze power and influence as social phenomena in elder care. More specifically, the aims are 1) to analyze the political and bureaucratic frame in which older people have formal "voice" options; 2) to analyze staff members' "folk logic" as they respond to residents' complaints in Swedish nursing homes; 3) to analyze how family members of care recipients define and sustain claims of elder mistreatment; and 4) to ethnographically depict how older people's attempts at influence unfold in everyday interactions in a nursing home and how these attempts can be understood in the context of a "local routine culture."

Several kinds of empirical material have been used: 100 structured telephone interviews with local municipal officials, 13 qualitative interviews with nursing home staff, 21 interviews with family members of care recipients, and ethnographic data comprised of field notes and field-based interviews from five months of observation in a nursing home.

The findings demonstrate the difficulties of turning policies about older people's influence into practice. Yet, the main finding is not the "policy–practice gap" per se, but rather an understanding of how this gap is situationally shaped and maintained. The dissertation shows how the subtleties of actions and talk have powerful implications, and can constitute barriers to older people's influence. Two examples are the "rhetoric of trivialization" and a "local routine culture"; both can easily and quite inconspicuously restrict older people's autonomy and influence. A routine culture is a locally and situationally generated action repertoire and as such provides an understanding of how routines shape power relations in a nursing home. The findings also show how a rhetoric of trivialization can function as a power resource, through which older people's and family members' views are "made trivial" by the ways they are described and rhetorically treated by staff and local officials. Through the

use of trivializing accounts, staff members legitimized their neglect of complaints and restrictions of older people's influence. The study argues that by recognizing how older people's influence is "made trivial," we gain an understanding of how to accomplish just the opposite. Local routines and accountability practices have a strong inertia, but the findings indicate that if actors reframe influence and complaints, they may substantially affect power relations in elder care.

Original papers

The thesis is based on the following papers, which are referred to by their Roman numerals in the text:

Paper I

Persson, Tove and Berg, Stig (2009). Older People's "Voices" On Paper: Obstacles to Influence in Welfare States—A Case Study of Sweden. *Journal of Aging & Social Policy*, 21(1), 94 — 111.

Paper II

Persson, Tove and Wästerfors, David (2009). "Such Trivial Matters:" How staff account for restrictions of residents' influence in nursing homes. *Journal of Aging Studies,* 23 (1), 1–11.

Paper III

Harnett, Tove and Jönson, Håkan (2010). That's not my Robert! Identity maintenance and other warrants in family members' claims about mistreatment in old age care. *Ageing & Society,* First View, 1-21. Published online by Cambridge University Press 14 Dec 2009.

Paper IV

Harnett, Tove. Seeking exemptions from nursing home routines: Residents' everyday influence attempts and institutional order (accepted for publication in *Journal of Aging Studies).*

The articles have been reprinted with the kind permission of the respective journals.

Contents

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Writing a doctoral dissertation is in many ways a journey: exciting and difficult but leading to new places never before visited. On this journey there is the privilege of meeting many people; some will prove especially important as guides. Indeed, the journey would have proved impossible without them. I have been fortunate in having a trinity, holy or not, of supervisors to help me on my way: Stig Berg, Bo Malmberg, and David Wästerfors. Stig, you inspired me and introduced me to gerontological research. You helped me to realize how fascinating gerontology really is and you were always approachable, interested, and positive. Unfortunately you passed away far too early. I am thankful for your belief in me and in letting me spread my wings. Bo, who entered this project in a later phase, thank you for your assistance, for your patience, and for our many inspiring discussions throughout the years. Your warmth and sense of humor has helped me many times – thank you! The last in this trinity is David Wästerfors. You have opened new doors to understanding research, even though your areas of expertise range from bribes to prisons, somewhat far away from my gerontological ponderings. You have devoted a lot of time to reading my scribblings and I still remember how I bicycled away from our first meeting with a feeling of elation. This proved to be a pattern in our relationship. You have helped show me the way by your analytical eye and amazing feeling for how to dive into empirical research and eventually surface with new insights. At the same time, you have, crucially, helped me to become an independent traveler in the sometimes bewildering world of academia.

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Like any journey, writing a dissertation is sometimes stressful and chaotic. In these situations I have tried to think about my father, Rune, and about what he would have said if he was alive. My father, died before I started my PhD, but nevertheless the advice and encouragement he gave me throughout my upbringing will always be with me. Last, but not least, I do not believe I would have reached the end of my journey without my husband Alias. You have not only changed my dissertation in that some of my articles are now written by a person called Tove Harnett instead of boring old Tove Persson, but you have always believed in me and supported me even when I have been grumpy, tired, or wrapped up in gerontological thoughts. It makes me happy to think of all our future journeys, and I'm grateful to be able to look forward to us continuing the journey of life together.

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Jönköping January 2010,
Tove Harnett

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1. Introduction

> When I asked nursing home staff about what matters the residents could
> and could not influence, one staff member described how she sometimes
> put older people to bed against their will:
> "I find it difficult when it is summertime and it is light. 'No! It is the
> middle of the day,' they[the older people] say. It is difficult. It might be
> nine in the evening and it is still light outside. They go by the darkness,
> not by the clock."

This is a dissertation about fairly everyday situations in elder care. It is about
how staff talk about older people's complaints, how family members talk about
elder mistreatment, and how older people and staff interact in a nursing home.
At first glance, situations like the one above may not appear to be power
situations at all. Nevertheless, I suggest they are.

If I want to, I can decide to stay up a bit longer than usual in the summer.
However, when an old person in a nursing home wants to stay up it may cause
"difficulties," as the staff member expresses in the field note above. The staff
describes the situation as "difficult" since older people "go by the darkness and
not by the clock." In what respect is this a "difficult" situation, and for whom?
A lot of people in Sweden go by the darkness and find it natural to stay up a bit
longer in the summer when the nights are light. After all, the staff could decide
to let the older people stay up as long as they wish. Another alternative would
be to force all residents to bed after a certain time without defining it as difficult
at all. Yet, the staff describes something troubling about this situation.

In recent years, issues of older people's power and influence have been
emphasized in national policies in Sweden and elsewhere. These policies
highlight that frail older people not only shall be given considerable help and
support, but also shall be provided with opportunities to influence their own
everyday lives (e.g. Nationell handlingsplan för äldrepolitiken, Ministry of
Health and Social Affairs (Sweden), 1998; Department of Health, OPD (UK),
2006; Ministry of Senior Social Policy (New Zealand), 2001). There is also a

rich gerontological literature on older people's independence, autonomy, and participation (Ball et al., 2004; Baltes, 1996; Davies, Laker, & Ellis, 1997; Diamond, 1992; 1975, p. 214; Secker, Hill, Villeneau, & Parkman, 2003; Stabell, Eide, Solheim, Solberg, & Rustoen, 2004; Tinney, 2008; A. Walker, 1980). While previous researchers disclose knowledge of older people, elder care, and its staff, they also demonstrate considerable gaps between policy and practice. Similar tensions between policy and practice are described in this dissertation. However, the main finding is not the "policy–practice gap" per se, but rather an understanding of how this gap is situationally shaped and maintained. To analytically understand power and influence, I have used a relational and situational power approach, through which I illuminate how power unfolds subtly in everyday situations in elder care.

1.1 Aims of the dissertation

The overall aim is to analyze power and influence as relational and situational phenomena in elder care. This aim has been specified as four more precise and empirically explorable aims:

- to analyze the political and bureaucratic frame in which formal "voice" options are situated within the Swedish welfare system for elder care;
- to analyze staff members' "folk logic" as they attend and respond to older people's complaints in Swedish nursing homes;
- to analyze how family members of care recipients define and sustain claims of mistreatment in Swedish elder care;
- to ethnographically depict how residents' attempts at influence unfold in everyday interactions and thus to explore how influence is shaped by the "local routine culture" in a Swedish nursing home setting.

Consequently, power is understood in bureaucratic terms and in discursive terms as well as a matter of face-to-face interaction. The dissertation comprises four subsidiary studies that correspond to these four specific aims. The four studies approach four different yet interrelated "scenes."

1) In the first study, a bureaucratic scene is analyzed. By taking a "birds' eye view," power in elder care is exemplified by an analysis of how a welfare system "responds" to the limitations of exit power in elder care. By bringing formalized voice options into focus, obstacles to older people's influence are explored.

2) In the second study, a staff scene is analyzed. Power in elder care is addressed through an analysis of staff members' logic for action, guiding their behavior when they restrict older people's influence. The aim of this paper is twofold: to analyze how nursing home staff explain and justify restrictions on older people's everyday influence, and to explore the staff's rhetoric on residents' complaints.

3) In the third study, we analyze the triad of (a) care recipients, (b) staff, and (c) family members. Family members' influence in this triad is accentuated through their argumentation of elder mistreatment. The power issue is exemplified by how family members define and sustain their claims of mistreatment in elder care.

4) In the fourth study, the everyday scene of a nursing home is explored with the help of ethnographic data. Power and influence in elder care are displayed as older people's attempts to exercise influence. The aim is to describe and analyze older people's attempts at influence as they unfold in interaction processes in a nursing home setting. As these attempts are described, the "local routine culture" of a nursing home is explicated.

In these four studies, I move from the birds' eye view on a political and bureaucratic level to observations of residents' attempts at influence in everyday life in a nursing home. Taken together, the four studies embody a scientific journey providing insights into four crucial scenes that analyze the power issue in various ways. Notwithstanding the fact that there are many other ways to analyze power in elder care, I argue that these four ways constitute a fruitful and illuminating strategy in this fascinating field.

The bureaucratic scene is crucial, as it constitutes the framework for the formal organization of elder care, which in turn shapes the formal power structures. The staff scene is important, as it explicates how staff members' social rules and normative order shape the power relations between staff and residents. The inclusion of family members' views provides a theoretical frame of how power conflicts in elder care can be understood and potentially also avoided. Family members' normative grounds for elder mistreatment draw attention to the blurred power relations in the triadic constellations between older people, family, and staff. Finally, the ethnographic view of everyday life in an institution is essential, as it sheds light on concrete situations where older people try to exercise influence.

Having introduced the four scenes of the dissertation it may be useful to say a few words about how this book is organized to fulfill these aims. It consists of two parts, of which the first provides the framework for the dissertation and a summary of the empirical studies. The second part consists of four papers, which are published or accepted in international scientific journals and reproduced in their entirety.

The first part consists of seven chapters. The next chapter, Chapter 2, is an introduction to Swedish elder care and the third is a discussion of previous research on influence and power in elder care. In Chapter 4, I clarify how power is conceptualized in my four empirical studies. The aim of this chapter is also to describe more precise theoretical concepts used in the analyses. In the fifth chapter, I turn my attention to the material and methodological issues. I also discuss ethical considerations and transferability. Chapter 6 provides a summary of each of the four papers. Finally, in the last chapter the main themes of the findings will be drawn together. In this chapter I also discuss how the findings can be understood in a larger context.

2. Elder care in Sweden

The dissertation takes as its starting point formal elder care, a field with a long-standing research tradition in Sweden and other Nordic countries. In the 1970s, Winter and Färnstrand analyzed quality and well-being in Swedish nursing homes (Färnstrand, 1972; Winter, 1971). More recent research on Swedish elder care include Eliasson's study on home care and institutional care (1996), Sundström and colleagues' research on local variations in elder care (2006; 2006), Brodin's (2005) dissertation on private and public care responsibilities, and Szebehely's literature review of Nordic elder care research (2005).[1]

According to Esping-Andersen's (1999) much-cited typology, the Scandinavian countries belong to the "social democratic welfare states." In Sweden it is a municipal statutory responsibility to provide elder care to those considered to be in need (Sipilä, 1997). Although the legal requirements state that care provisions should be based on individual needs, several studies have shown that in practice, the needs assessment process is rather standardized and limited in terms of the assistance offered to older persons (Andersson, 2004; Blomberg & Pettersson, 2003; Olaison, 2009).

Since the 1940s, the responsibility for elder care in Sweden has been divided between the state and the municipalities (*kommuner*)[2]. The state is responsible for legislation and for the provision of state subsidies to the municipalities (Bergmark, Parker, & Thorslund, 2000) and the municipalities are, since 1992, responsible for all forms of elder care services (Brodin, 2005). During the last decades there has been an increasing political emphasis on individual influence and independence for older people. Influence and independence also underpin much of today's research on elder care (see also Baltes, 1996; Davies et al., 1997; Hardy et al., 1999; Katz, 2000; Secker et al., 2003; Harvey and Yoshino, 2006). Currently in Sweden, it is a formal municipal duty to ensure that older people have influence over their own lives and that they can maintain

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[1] Informal care is left outside the scope of inquiry in this dissertation.
[2] The county councils (*landsting*) are responsible for specialized medical care and hospital treatment, but not for elder care.

independence as they grow older (Socialstyrelsen, 2002). The principles of self-sufficiency are visible in national policies highlighting that frail elderly not only shall be given considerable help and support but also shall be provided with opportunities to influence their own everyday lives (e.g. Ministry of Health and Social Affairs, *National plan of action for the care of elderly people*, Sweden, 1998, 1). However, municipal authorities have considerable freedom in how to interpret these aims and they also have certain freedoms in how to levy the local taxes and individual fees for elder care. Consequently, the local governments in Sweden play a more central role than in many other countries. To foreign observers, it might be surprising that, in the traditionally social democratic Sweden, the national government has so little influence over publicly-financed elder care at the local level. For instance, the municipalities may, within the limits prescribed by existing legislation, decide the priority they will give the elderly over other groups, and the kind of support provided to family caregivers (Socialstyrelsen, 2008). In fact, there are many reasons to talk about "Swedish welfare municipalities" rather than one uniform welfare state (Trydegård &Thorslund, 2001). Yet, regardless of municipal residence all older people should have equal access to welfare services.

In Sweden and other Nordic countries, there are great local variations in elder care expenses and in recent years these differences have been subjects of debate and criticism. In fact, comparative studies of local variations in the provision of home help and institutional elder care concluded that there were larger variations inside the Nordic countries than between them (Daatland, 1997; Davey et al., 2006). However, Davey and colleagues found considerable evidence that these wide variations in the levels of formal elder care appear to reflect actual differences in the levels of needs between municipalities, for instance for demographic reasons, since levels of ADL[3] and living alone vary locally. They argued that elder care is distributed unequally but equitably across the country (Davey et al., 2006).

In 2008, just over 247,100 persons 65 years and older either lived in nursing homes (*särskilt boende)* (94,200 persons) or received home help (*hemtjänst*)

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[3] ADL is an abbreviation of "activities of daily living." Health professionals refer to the ability or inability to perform ADLs as a measurement of the functional status of a person.

(152,900 persons), which in total equals about 15 percent of the population in this age group. Among people aged 80 years and older, 28 percent either lived in a nursing home or received home help (Official Statistics of Sweden, Social Welfare Care and Services to Elderly Persons, 30 June 2008). As mentioned before, home help is provided depending on the formal assessment of the individual's needs. Help can be provided with personal care (e.g. help to go to bed, to get dressed and showered), as well as with domestic tasks (e.g. shopping, cleaning, cooking, and laundry) (Larsson, 2006).

Since I started this research project in 2004, Swedish elder care has undergone considerable changes. At that time, elder care was still very close to a monopoly system. Today, parts of the provision of formal elder care have been outsourced to private, publicly-financed providers, primarily in urban areas. For Sweden, the trend is converging towards a more mixed system of elder care. Still, needs assessments are carried out as before[4], after which older people are given (virtual) vouchers with which they can purchase services from a provider, public or private, of their choice (Developments in the care of the elderly in Sweden in 2007). Although these changes mean that older people now have the ability to choose providers, the changes have also been criticized. Many older people lack sufficient information about different care providers and people who move into nursing homes are often very frail and not always able to make such a choice. A consequence of the outsourcing is that older people's theoretical exit options have increased. If they are dissatisfied with a care provider they can, at least in theory, exit and change to another. Yet, in reality few people actually change home help providers and it is very rare that older people exit a nursing home and move somewhere else.

In 2007, 11 percent of older people with home help had help from a private provider, and 14 percent of the nursing home residents stayed in nursing homes run by private providers. The older person only pays a fraction of the cost (5-6 per cent) and the largest percentage of the cost (about 82–85 per cent) is covered by municipal taxes, while national taxes cover the remaining cost (about 10 per cent) (Socialstyrelsen, 2008). There has also been an increasing

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[4] Whether it is for a private or public care provider the older person still needs to undergo the public need assessment process.

awareness that older people in Europe buy home help services, such as cleaning, from the black market (Bruni & Ugolini, 2005).

A characteristic of Swedish elder care is that very few children share their homes with their elderly parents and there are no statutory requirements for children to provide care or financial security for their elderly parents (Developments in the care of the elderly in Sweden in 2007). Yet, many families provide extensive informal care and, since 2009, municipalities are legally obliged to offer support to family caregivers (Socialtjänstlagen, *2009:549*). Swedish elder care is facing continuous changes and challenges. Just as in many other welfare states, it is a challenge to finance elder care and ensure that there is enough qualified staff. This is a welfare paradox: due to improved general living conditions, people live longer and reach an age when they require a significant amount of service and care (Socialstyrelsen, 2008).

In recent years new ideas regarding the public responsibility for elder care services have emerged in Sweden, as well as an increasing number of ideologies and "care-models." One example is the so-called "home bound" ideology, according to which older persons should live in their own homes as long as possible. Another example is the "person-centered care model" which, although influential, has been criticized for not taking the family into account (Olaison, 2009). In light of the debate about ideal caring frameworks, relationship-centered models have been developed (Ryan, Nolan, Reid, & Enderby, 2008). Swedish elder care is undoubtedly a changeable and multifaceted arena, providing challenges for researchers and practitioners, and obviously for older people and their family members.

3. Research on power and influence in elder care

Despite a rich literature on the participation, autonomy, and dependency of older people, it is difficult to pinpoint a specific research tradition of power and influence. A review of the literature illustrates the broad spectrum of research on influence and power in elder care from a study on older people's individual influence when selecting a place to sit in a nursing home (McColgan, 2005) to studies on pensioner organizations' collective influence on national policies for elder care (Feltenius, 2004; Jönson, 2001). The scope of research becomes even wider if we take into account that previous research on influence and power has focused on different actors: on older people themselves (e.g. Janlöv, Hallberg, & Petersson, 2006), on their family members (e.g. Whitaker, 2009) and on the elder care staff (e.g. Melin- Emilsson, 1998).

In order to provide a somewhat clearer picture I have divided previous research into two research traditions where influence and power are framed in terms of: 1) political or constitutional levels, or 2) collective or individual actors.

3.1 Influence and power framed in terms of political or constitutional levels

Power and influence are often described as something that can be carried out on different political or constitutional levels. An illustrative example is developed by Tommy Möller (1997), who described four levels of influence by older citizens. The first two are the "national level" and "local level," which are tied to citizens' democratic rights, i.e., influence through voting in democratic elections. The third level is the "institutional level," which may be exemplified by older people's influence on the needs assessment process that determines older peoples' access to formal services. The fourth level, described by Möller, is the "everyday level," where users of elder care services meet the staff that provides them. Möller's model also implies that the influence on higher levels

(national or local) is stronger and entails higher commitment from the service providers than influence exerted in interaction with the staff on the everyday level. This approach to influence bears some resemblance to Sherry Arnstein's "ladder of participation" (1969), but in contrast to Möller, Arnstein is skeptical about creating participation mechanisms within existing political structures. To illustrate her point, Arnstein suggests the metaphor of a "ladder of participation" beginning at the lowest rung with manipulation, and ascending toward citizen control (Arnstein, 1969). Although individual actors can be placed on different political or constitutional levels, it is the scenes where these actors meet and interact that is the center of my analysis.

3.2 Influence and power framed in terms of different types of actors

3.2.1 Collective actors

Another research tradition is related to how older people as a group can exert power and influence. This approach is based on the idea that a group of people (e.g. pensioners, nursing home residents, disabled people) has certain interests in common and that a "collective voice" can be used to exert influence on matters of mutual concern. Perhaps the most obvious example is influence exercised by pensioners' organizations. The first Swedish organizations for older people emerged in the late 1930s (Gaunt, 1999) and since then, senior citizens' organizations have become established as part of the political decision-making process, striving to exert collective influence on political decisions for elder care issues (Jönson, 2001). In his study of pensioners' organizations, Jönson argues that the members of these organizations legitimize their collective claims for elders' needs for care on the argument that they—as former workers—collectively have contributed to build up the contemporary welfare system (Jönson 2001:97). Lately researchers have also begun to pay attention to politically organized collective influence and pensioners' and retirees' parties have emerged in several European countries (Hanley, 2007).

The promotion of collective influence in elder care has not only been described as a citizen's right, but also as a way to empower frail service users (Barnes &

Bennett, 1998) This relates to a specific kind of collective user's influence (*brukarinflytande*), which refers to the influence that service users exert on public services. One example of this is when a committee of nursing home residents jointly exerts influence over matters of mutual concern (Klasson, 2000; Wånell, 2007). There are, however, a few problematic aspects related to older people's collective influence. One is whether the more powerful older people really protect the interests of the weaker ones (Jarl, 2001). Another dilemma is that collective influence rarely considers subtle individual aspects of older people's everyday lives—aspects that may be of great concern for the individual.

3.2.2 Individual actors

In a dissertation about power and influence in elder care it may, at first glance, seem to be enough to collect data from older people. However, I have collected data from nursing home staff, local officials, older people, and family members of care recipients. This approach differs from much of the previous research in the field, primarily concerned either with the older people (cf. Janlöv et al., 2006; Pleschberger, 2007) or with the staff (Harrington, Zimmerman, Karon, Robinson, & Beutel, 2000; Reinardy, 1999). Family members and local officials, on the other hand, are often left outside the scope of inquiry. One reason for the absence of family members may be that care often is constructed as a relationship between two parties: caregivers and care receivers (Eliasson, 1995).

There is little research explicitly analyzing power and influence in the triad of staff, older people, and family members. However, in studies about family members' perspectives the power issue is often present implicitly, for instance when Jönson (2006) described family members' feelings of powerlessness and fear that the staff would retaliate against the older person if staff are criticized. Whitaker described a somewhat similar picture (2004, 2008; compare with High and Rowles, 1995) using the expression "guardians of dignity" to illustrate the role family members felt that they play in relation to the staff. A further perspective is the research on participation, such as the studies on older people's participation in discharge planning (Almborg, 2008; Efraimsson,

Sandman, Hydén, & Rasmussen, 2004; Huby, Stewart, Tierney, & Rogers, 2004) and in needs assessments (Janlöv, 2006)

An obvious problem related to research on elder care in general, and power issues in particular, is older people's physical and cognitive frailty, making it sometimes difficult to obtain their views. Given the difficulties in obtaining older people's views from interviews and questionnaires (Janlöv, 2006), staff or family members have often been used as proxy respondents (Castle, 2005; Wenger, 2001). My approach to this dilemma was to collect data from a range of different settings and different actors: nursing home observations and shorter informal field-based interviews with the residents who lived there (Emerson, Fretz, & Shaw, 1995) as well as interview data from staff, family members, and local officials. Given the dilemmas and difficulties discussed in this chapter, this dissertation may contribute to bridging some of the gaps identified in earlier studies and to shedding light on the power issues in situations often neglected, or merely touched upon, in previous elder care research.

4.   Theoretical framework

Power may be analyzed and understood in various ways. In this dissertation I shed light on a relational power approach. The relational approach is used to analyze 1) the bureaucratic scene in which older people's formal voice options are situated; 2) staff members' "folk logic" as they respond to older people's complaints and attempts at influence in nursing homes; 3) family members definitions of and grounds for claims of elder mistreatment; 4) older people's attempts at influence in everyday interactions in a nursing home.

Different power approaches will inevitable shed light on different aspects. This is not a study of older people's political or economic power; such information is available elsewhere (Estes, 2004; Postle, Wright, & Beresford, 2005). Instead, this study is about concrete everyday situations in elder care. Relationships are everywhere in everyday elder care: between older people, between older people and staff, between family members and staff, between older people and their family members, and so on.

This chapter provides a theoretical framework to study power in elder care. It begins with a discussion of how power can be understood as a relational phenomenon in concrete everyday situations. Then I discuss more precise theoretical concepts that are used as analytic tools through which power is made observable in the four empirical studies. The following concepts were used and will be discussed one by one: Hirschman's "exit-voice" theory, then Richard Buttny's "folk logic" (1993), then Toulmin's "layout of arguments" (2003), and finally a concept developed from Geertz (1983) and Gubrium and Holstein (1997) that I have called "local routine culture." Taken together these concepts provide a theoretical framework to analyze power in elder care. My attempt to describe how these concepts relate to each other is illustrated in Figure 2 in the end of this chapter.

4.1 Power

As mentioned, I discuss and explore fairly ordinary situations in elder care: how staff talk about older people's complaints, how family members talk about elder mistreatment, and how older people act in order to exert influence in a nursing home. At first glance, these situations may not appear to be power situations at all. Yet, these are situations where relational power is accentuated, formulated and thus is able to be empirically explored.

Let me try to explain in detail the meaning of relational power. Relational power takes place in interaction between people and is not the feature of a particular individual, but the feature of social roles or positions. The reason a nursing home manager is considered "powerful" is because he or she is recognized as the nursing home manager and therefore as being powerful by others such as staff, residents, and family members. The relational perspective forms a sharp contrast to possessive power perspectives often used in everyday-talk, for instance when people say that someone has power over someone else. With a relational power view, it is the roles or positions that individuals assume in certain situations and the very enactment of the roles that give (or do not give) power. When the nursing home manager quits her job, she also leaves a position that is recognized as powerful. Indeed, saying that someone "has" power (while using a relational power view) may be seen as an abbreviation of particular circumstances, referring to the power associated with the role or position a person has in a particular situation (cf. Becker, 1998).

In contrast to possessive power, a relational view does not regard power as a one-way street. When one person exercises power, or tries to do so, someone else has the possibility to resist and thus to exercise oppositional power (Asplund, 1987; Burr, 2003). Hence, it is significant that I prefer to use the expression "power in elder care" and not, for instance, "older people's power." The choice of expression reflects my aim to explore power, without reducing it to merely an issue of older people's or staff members' "possessions" but as something that unfolds in various ways and in many kinds of relationships in elder care.

An empirical example from my fieldwork might further clarify my perspective. I have intentionally chosen a rather mundane situation, in which an old woman (non-demented), called Glenda, refuses to put on a blouse because she finds it boring. The excerpt below is from Paper IV and takes place on a Tuesday morning when I was in Glenda's room and Pam, a staff member, helped Glenda with the morning procedure:

> Glenda sits on a stool in front of the hand basin in the bathroom. Pam takes the deodorant from the bathroom cupboard. Glenda lifts first her right arm and then her left, so that Pam can roll her armpits with deodorant. When Pam has finished the deodorant procedure, she picks up a pile of folded clothes, a pair of pants, and a blouse that Glenda wore the day before. Pam holds the blue and white-checked blouse in front of Glenda.
> "Oh, no. Not that old one. It is so boring!" Glenda says when she sees the blouse.
> "But it is *your* blouse," Pam says and laughs in a friendly way. Pam begins to put the blouse on Glenda. When she has put the blouse on, she picks up a pair of grey checked pants.
> "Oh, no. Not those old pants!" says Glenda.
> Pam answers that they are Glenda's pants and that there is nothing wrong with them. She starts putting the pants on, despite Glenda's mild protests.

Although Glenda did not get to wear the clothes she wanted, she got dressed. And does it really matter if Glenda finds a blouse "boring" when she is likely to be inside the nursing home all day long? Does this situation have anything to do with power? Is it not an overstatement to interpret this situation as a power situation? To answer these questions I will use the relational power concept. In the situation above Pam acts according to her position as a staff member, a position that provides certain situational power. Even though Pam exercises power, she is not a powerful individual. In this situational context Pam's position as a staff member is used as a power resource through which she decides what clothes Glenda must wear.

Similar everyday power situations have been described by Gurbium in the nursing home called Murray Manor. For instance, Gurbium describes that when a female patient asks to go to recreation the staff tells her that she does not want to go and pushes the old woman's wheelchair into the dining room (Gubrium, 1975, p. 152). Like the situation with Glenda, this example shows how the position as a staff member can provide a situational legitimacy to the rejection of an old person's request.

Embedded in the relational power approach is discursive power (Ahrne, 2007). Discursive power unfolds through people's speech, in this study through staff members' verbalization of cultural norms about who should do what in a nursing home, through the ways staff and residents talk to each other, and through family members' talk about "good" and "bad" care. Discourse figures in two ways within practices: practices are discursive (talking is a way of acting), but they are also discursively represented (Chouliaraki & Fairclough, 1999, p. 37). However, discourses are not merely restricting, but rather interpreted as a cultural reservoir from which people can pick up arguments and justifications (exemplified by the analysis of staff members' justifications in Paper II).

A relational concept of power implies that every power relationship will inevitably include some potential for oppositional power. Perhaps the most obvious examples in the dissertation unfold in situations concerning complaints. If we go back to the example with Glenda and Pam we may presume that Glenda is dissatisfied with the way she was treated. What could she do? A possible response to dissatisfaction would be to lodge a complaint, either to responsible authorities (cf. Paper I) or directly to Pam or some other staff member (cf. Paper II).

Relational power can also be analyzed as related to expert power, i.e. how powerful roles are socially constructed by referrals to knowledge that is treated as situationally real (Wentworth, 1980). If Glenda went to the doctor, the doctor's knowledge may be treated as real and the position of being a doctor would then be socially constructed as powerful. The situation is more complicated if there is more than one actor with "expert knowledge," such as Glenda's son and a staff member. In the triadic relation of "family member-staff-older person" both the staff and the family member may define themselves

as experts with the best knowledge of Glenda's care arrangements (discussed in Paper III). Similar power conflicts have previously been described in situations where parents' competence to raise their children with disabilities is called into question by specialists in social services (Åkerström, 2004).

Even though power is a concept often used everyday, it is difficult to "see" and measure power in concrete situations. My solution to this problem has been to use more precise theoretical concepts as analytical tools to make it possible to explore power. These tools are first described one by one and thereafter illustrated with a graphic figure.

4.2 Exit and Voice

One way to explore power is through the lens of Albert Hirschman's "exit-voice" theory of dissatisfaction (Hirschman, 1970). Hirschman's concepts have been used as a framework primarily in Paper I in order to explore how power unfolds in the relationships between older people and local officials. Although Hirschman originally tried to understand how economic systems (firms) and political systems (states) deal with the dissatisfaction of their clients or citizens, his theoretic framework has also been used to explore influence and dissatisfaction in elder care (Möller, 1997) and health care (Annas, 1997; Benschop, Horstman, & Vos, 2003; Thompson, 2007).

The theory proposes that people faced with dissatisfaction essentially have three options: to exit (that is, leave the relationship), to voice (that is, attempt to change the relationship from within) or to stay loyal (Hirschman, 1970). According to Hirschman, exit is associated with Adam Smith's invisible hand (Smith, 1991), in which buyers and sellers are free to move silently through the market. The exit option is described as neat and impersonal and any face-to-face confrontations between customer (or the service user) and the firm (or the service provider) are avoided. Voice, on the other hand, is described as:

> [--] a far more "messy" concept because it can be graduated, all the way from faint grumbling to violent protests; it implies articulation of one's critical opinion rather than a private "secret" vote in the anonymity of a

supermarket and finally, it is direct and straightforward rather than roundabout. (Hirschman, 1970:16).

More recently, a distinction has been made between direct and representative voice. Direct voice refers to efforts to bring about change through two-way communication with another member of the organization (e.g. when an older person discusses a problem with a member of the staff) whereas representative voice refers to efforts to communicate indirectly through a third-party representative (e.g. a pensioners' organization) or process (e.g. filing a formal complaint to a local official) (Andrew, 2003).

In this dissertation the exit-voice-loyalty theory has been used as a point of departure to explain and examine how different actors in the elder care field utilize these alternative responses. Even though Hirschman described exit and voice as strategies for influence, there are certain difficulties that older people face when using either of these alternatives. Some of these difficulties are strongly linked to the fact that the exit options are considerably limited in the Swedish elder care system (Möller, 1996). In fact, even in market-oriented systems in which older people are expected to act as "consumers" and actively choose their care situations (and consequently exit the ones they do not like), they still need sufficient financial resources to fulfill such expectations (Barnes, 1997; Walker, 1980; Vincent, 1996). Second, the voice option may be similarly limited since the very execution of complaints often relies on local staff that older people depend upon on a daily basis (Dunér & Nordström, 2005; Gilleard & Higgs, 1998). As a result, the possibilities for older people to influence their own everyday lives within care institutions are narrowed down significantly in practice, at least in Hirschmanian terms of exit and voice (Möller, 1996; Tornstam, 1988; Walker, 2005). In the case of public elder care, there is also a risk that obstacles in exit options may "spill over" to voice options and vice versa. Several studies have pointed out that users of social care with no real "powers of exit" are reluctant to criticize services since they believe there is little or no alternative (Bauld, Chesterman, & Judge, 2000; Chong, 2003; Michael, 2001). In this study, reluctance to criticize services is discussed not only from the service users' perspective, but also from family members' point of view, since family members too may experience similar constraints.

Even though Hirschman focused on exit and voice options he also discusses a third option, loyalty, described as the product of various factors that bind the individual to the organization and thus make exit costly and voice troubling (Hirschman, 1970: 98). The general lack of explicitly expressed dissatisfaction from elder care recipients in Sweden may consequently also be interpreted as their putting their trust in the care system (if only because they cannot see any other care provisions). Trust in this sense may be linked to a lack of obvious alternatives, and is analogous to Hirschman's (1970) conception of loyalty as the remaining refuge of those for whom exit and voice are unavailable.

Since old age care in Sweden still bears resemblances to a monopoly system, with obvious obstacles for older people to use the exit option, those who are dissatisfied with the care they receive cannot easily leave their nursing home or change their home help supplier. In theory, an older person (or a family member) could stay loyal and threaten to exit, and thereby manifest power in relation to the care provider (Hirschman, 1970: 82). In practice, however, this "threat" is rather ineffective without a functioning exit option. Consequently, older people are to a large extent limited to voicing their dissatisfaction to the authorities, to the local managers, or to the staff.

All four papers in this thesis are explicitly or implicitly guided by the exit-voice-loyalty theory. In Paper I, the theory is explicitly used to explore how a welfare system compensates the lack of exit power with a formal voice option (Persson & Berg, 2009). Papers II-IV explore voice constraints indirectly in three diverse contexts. In Paper II, I explore staff members' rhetoric and how it trivializes older people's expressions of dissatisfaction. In Paper III, Hirschman's theoretical concepts are topical in the analysis of family members' descriptions of a fear of criticizing the staff (Jönson, 2006), which illustrates how exit constraints may also affect family members' willingness to use voice and express dissatisfaction. In Paper IV, I explore the voice strategy in direct face-to-face situations where older people made attempts to exert influence in interaction with the staff.

4.3 Accounts and folk logic

Accounts and folk logic deal with norms, morals, and explanations of potentially questionable behaviors. Accounts are the discursive practices through which a folk logic is socially constructed and sustained (see Figure 2). The two concepts are primarily used in Paper II (although they were also discussed in Papers I and IV), providing the framework for the analysis of power in the relationship between nursing home staff and older people. In this case, power may be explored by the analysis of staff members' accounts when they justified restrictions on older people's everyday influence—such as when to get up in the morning and when to go to bed. Generally, when people behave in a norm-contradicting way, they feel a need to rhetorically bridge the gap between their actions and social expectations. These bridging techniques, *accounts,* were described by Marvin Scott and Stanford Lyman (1968) as verbal statements made by one social actor to another to explain behaviors that are unanticipated or deviant. Whereas a slightly unexpected behavior, such as being in a bad mood at work, may be "bridged" by a fairly standardized account such as "family troubles," a more out of the ordinary action such as hitting a man on the street is likely to require a refined account—whether it is an excuse or a justification. Scott and Lyman's early work was influenced by Goffman's arguments about how people present themselves to others, often in a self-protective manner (Goffman, 1959). More recently, Scott and Lyman's work has generated a wide range of research and extended theorization, such as Richard Buttny's concept of folk logic (1993), which I will come back to shortly (for an overview see Durkin, 2000; Lyman, 2000).

What makes accounts interesting and useful for the analysis of power in elder care is that they are standardized within cultures (such as a nursing home culture) so that certain accounts are terminologically stabilized and routinely expected when an action falls outside of expectations. The staff in a nursing home may thus account for untoward behavior in ways that are standardized and perhaps even expected within the nursing home culture (cf. Magnússon, 1996).

The nursing home staff members interviewed in this dissertation described it as obvious that the older people should have the same rights as anyone else and

hence be able to exercise influence on their everyday life. Yet, it turned out that certain restrictions applied to the rights of the elderly, and staff members' accounts were often built upon the model "Of course they can decide for themselves, but…"

It is with respect for untoward behavior that we call for accounts, so that studies of deviance and studies of accounts are intrinsically related. Consequently, a clarification of accounts will constitute a clarification of what is defined as untoward behavior. The kinds of accounts deemed acceptable by others depends on the cultural norms in the particular setting and context. This way, staff members' accounts may be treated as discursive power resources, through which power can be exerted in relation to the older people. Discursive power is here understood as operating through the staff's norms and prioritizing task-oriented work at the expense of residents' influence.

In Papers I and II, interviewees' accounts provide a context in which older people's complaints are "made trivial" and hence the neglect of these complaints are also made trivial. Through their accounts the staff portrayed potentially deviant behavior, for example putting older people to bed against their will, as situationally appropriate. Through the accounts used by the nursing home staff, the analysis developed into what Buttny calls "folk logic" (1993), i.e. the cultural system that provides members with a logic for action and that constitutes the social rules and normative order governing what is right, moral, or at least acceptable. A folk logic is typically articulated implicitly rather than in a propositional form and is invoked through people's discursive practices (Buttny, 1993), in this case through talk about restrictions of elderly nursing home residents' influence and neglect of their complaints. This notion of folk logic broadly resembles the classical concepts of "vocabulary of motives" (Burke, 1969; Mills, 1940). In this dissertation the folk logic is related to staff members' embedded denial of responsibility for the accounted behavior, which implied a logic for action that held considerable barriers to elderly residents' influence. The accounts used by the staff in Paper II composed what we have called a "folk logic of the big picture": a logic applied by the staff in which the individual elderly residents are allowed to exercise influence only as long as that influence does not conflict with or disrupt the efficient running of the nursing home as a whole. In terms of theory, this folk logic is similar to Emerson's

concept of holistic units of decision making, where the handling of individual cases is fundamentally shaped by reference to larger, organizationally relevant wholes (Emerson, 1983). The "folk logic of the big picture" bears a resemblance to Gubrium's (1975, p. 2) description of how employees' work involves running the home, not "running" its inhabitants. However, the "folk logic of the big picture" not only refers to the whole of the nursing home, but it also reflects the interviewees' ambivalence regarding their self-presentation as nursing home staff. On the one hand, the staff emphasized the importance of meeting the needs of the older persons as individuals and thus letting the residents decide matters that concerned them. On the other hand, staff members also described their work as looking after the interests of the institution as a whole, stressing the importance of keeping to the time schedules for showers, feeding, and bedtimes, and primarily orienting their work to colleagues rather than residents (cf. Gubrium, 1975). The analysis of accounts and folk logic shows the need to pay analytic attention to people's discursive practices as well as to the cultural context in studies of power.

4.4 The layout of arguments

Stephen Toulmin's "layout of arguments" focuses on how arguments are constructed and built upon unspoken or implicit warrants (Toulmin, 2003). The obvious goal of the person presenting an argument is to persuade or convince others that one's reasoning is valid or appropriate. A convincing argument requires that the listener deem the warrant valid. I have used Toulmin's theory as a framework for analyzing power in the relationship between family members and elder care professionals. Power, in the relations between family members and staff, is difficult to explore as it is often taken for granted and thus hard to observe. Once an older person moves into a nursing home, family members generally adjust to the new power relations that arise: they accept that the staff have certain routines and that the older person's life has to adjust accordingly. One situation, however, where the relational power between staff and family member is highlighted and empirically explorable is when mistreatment or care deficiencies are said to occur. What a family member defines as mistreatment may not be regarded as mistreatment by the staff and may not fit into existing definitions of mistreatment. Discursive power shapes and creates norms, which in turn may develop into established

definitions of a certain problem such as elder mistreatment. Using Toulmin's theory I have identified warrants that challenge existing definitions of mistreatment. These warrants are interpreted as representations of family members' contradicting norms of what aspects to include in the existing definitions of elder mistreatment. Family members' arguments can thus be analyzed as an expansion of the predominant mistreatment discourse. Further, the complexity in relational power is accentuated through family members' referrals to the triadic relationship between the older person, the staff, and the family member.

As described by Toulmin, an argument is basically a movement from accepted data, through a warrant, to a claim. Warrants are the operational name Toulmin gives to that part of the argument that authorizes the mental leap involved in advancing from data to claim. While data and claim are explicit parts of arguments, warrants are usually implicit. This means that the researcher has to extract the warrants from the argument by using an interpretive strategy to identify what connects a certain statement with a particular claim (Bergström & Boréus, 2005; Toulmin, 2003). In Toulmin's reasoning there is always an imaginary opponent, pushing the claims-maker on his or her arguments. To illustrate Toulmin's theoretical model, I use an empirical example from Paper III, where a woman claims that her father is being subject to mistreatment, based on the statement that he is dressed in clothes he did not wear before he moved into a nursing home.
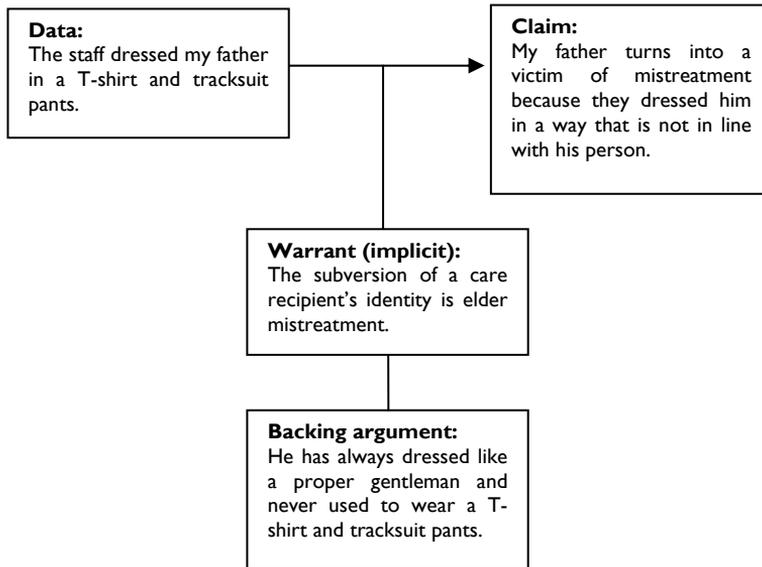
Figure 1. Toulmin's layout of arguments. *Illustrated with material from an interview with a family member.*

Every argument makes an assertion based on some data, for instance that "my father is dressed in a T-shirt and tracksuit pants." The data is followed by a claim, in this case that "my father turns into a victim of mistreatment." Knowing the data and the claim does not necessarily convince us that the claim follows from the data. In the example above, knowing that a resident of a nursing home was dressed in T-shirt and tracksuit pants does not necessarily convince us that he was a victim of mistreatment. A mechanism is required to act as a justification for the claim. This justification is known as the warrant. In the example above, the implicit warrant acts as the bridge between the data and the claim supported by an argument about the way the resident always dressed. Many arguments lack explicit warrants because the relationship between the claim and the data is self-authenticating (Munch, Boller, & Swasy, 1993; Toulmin, 2003); that message automatically generates the proposition for the warrant, so an explicit statement is unnecessary (Alba & Hutchinson, 1987). This is also more likely in claims used during an interview or an informal talk,

as compared to claims-making in official settings (Best, 1990). Still, by identifying implicit warrants related to mistreatment, we gain insight into the normative grounds family members use in relation to staff. Because it is in the warrants that people's values most often come into play, warrants are of analytical interest concerning discursive power.

An analysis of family members' arguments may be a rather unusual way to approach power in elder care. Yet, taking into account the obvious obstacles for older persons to exit a nursing home, family members often take on the role as guardians or spokespersons (Whitaker, 2009). Family members' arguments can thus be seen as a specific aspect of voice, where the power issue is accentuated in their claims of elder mistreatment. However, family members should not automatically be regarded as the older persons' voice, but rather as a distinct actor in the triadic relationship of the older person, the staff, and the family. An analysis of the layout of family members' arguments does not only provide insight into their norms related to mistreatment. Advanced knowledge about the construction of arguments may also help us to understand power conflicts occurring in nursing homes, since the discrepancy between staff's and family members' warrants may be a source of conflicts.

As shown in Figure 2 both warrants and accounts are theoretical concepts related to members' discursive practices. Accounts, however, can be interpreted as both the product of a folk logic and the discursive practices through which this logic is produced. Warrants, on the other hand, are interpreted as generally accepted values and common ways a culture views things. The claims-maker and the listener may share these values, or the claims-maker's warrants may be in conflict with listener's cultural norms and values. However, Toulmin described warrants as being shaped by people's values and norms, but he did not explicitly describe these norms as interpretive frameworks. While Buttny described a folk logic as a cultural system that provides members with a logic for action, Toulmin's warrants provide the underlying norms linking a claim and a statement.

4.5 Local routine culture

The term "local routine culture" is an elaboration of the concept of "local culture" described by Geertz (1983) and Gubrium and Holstein (1997, p. 172). My addition of "routine" is used to emphasize the honoring of routines as a significant feature of a specific culture. Even though routines may be present in many local cultures, a local routine culture is characterized by the ways that its members, in this case the staff and residents, participate in and maintain routine systems that outline ideals for their behavior. A local routine culture can thus be contrasted with a hypothetical example such as a slackers' community, where members belong to a local culture honoring spontaneity while rejecting routines. The culture's routines not only outline ideals for behavior, but also form pervasive logical structures that shape the interpretations and decisions its members make and the possibilities they consider (Geertz, 1983). The members habitually refer to routines when interacting with each other and routines thus shape the conditions for the nursing home residents' everyday or subtle influence, depending on how their attempts at influence fit or collide with the routine system.

Drawing from the work of John Dewey (1922), I refer to routines as an action repertoire with a coherent character. Dewey described people's "routine action" as dominated by habits as well as institutional definitions and expectations. This notion overlaps, to some extent, with Goffman's (1961) characterization of behavior in a total institution, although not necessarily including an imposition of surveillance and forced changes to the self. The features of a local routine culture are distinguished from the idea of general culture, as some anthropologists picture it. As do Gubrium and Holstein (1997), I argue that this idea of a general culture is too broad to represent the diverse, meaningful wholes that may inhabit a particular setting. The prominence of a local routine culture during daytime in a nursing home may very well vary when the night shift starts and the residents are mostly in bed (cf. Gubrium & Holstein, 1997). During the daytime, however, the local routine culture appears to shape residents' influence in several ways: it shapes what residents exert influence on, as well as when they try to exert influence and how the staff responds to their attempts. Yet, a local culture is not merely regarded as a set of prescriptions or rules for interpretation and action; but rather as a "constellation of more or less

regularized ways of assigning meaning and responding to things that is collectively derived and available for application" (Gubrium & Holstein, 1997, p. 172). This means that residents and staff are not seen as un-reflexively governed by routines, but instead viewed as using routines as a common knowledge, locally available and locally reproduced. A local routine culture is a locally and situationally generated action repertoire that is collectively honored and continually reconstructed, and which serves as implicit resources for residents' and staff members' behavior and accounts (Scott & Lyman, 1968).

What makes a local routine culture useful for my analysis is that it provides an understanding for how routines shape power relations and influence in a nursing home. Staff members' folk logic is thus embedded in the local routine culture. "The folk logic of the big picture" (Paper II) assumes what the staff describe as the efficient running of the nursing home as a whole. To be efficient in a local routine culture involves attaching great value to routines, sometimes at the expense of older people's influence. However, while a folk logic is invoked through people's discursive practices, a local routine culture is composed of familiar vocabularies, group perspectives, and other similarly delimited frameworks for organizing meaning (Gubrium & Holstein, 1997).
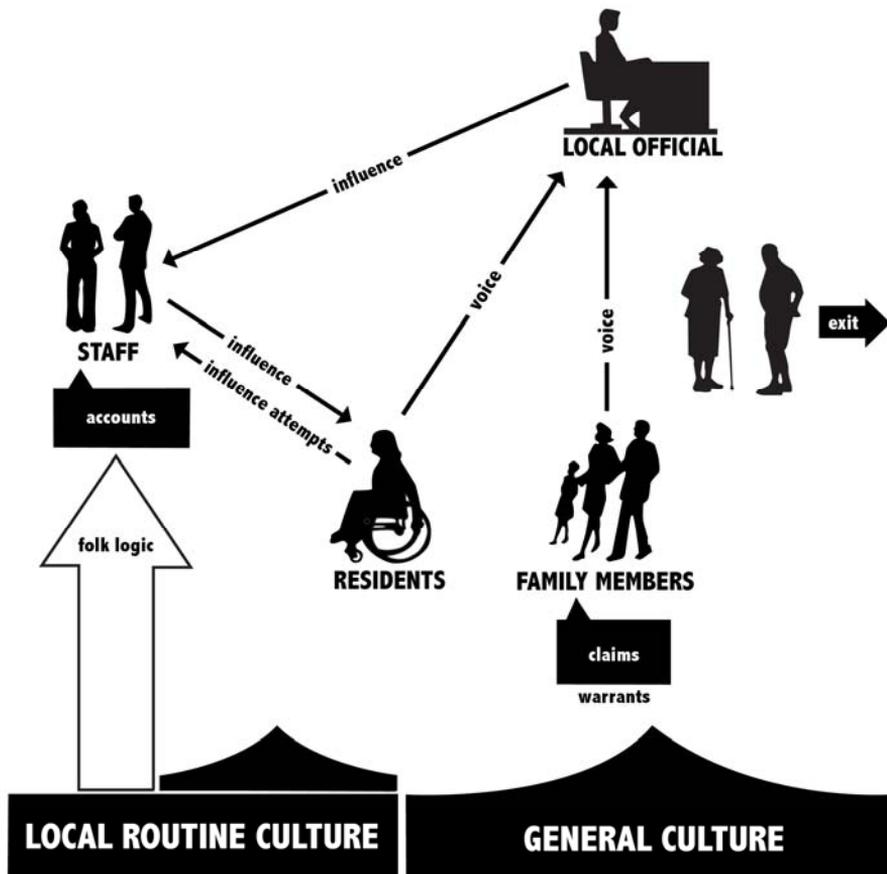
Figure 2. Theoretical framework. The figure illustrates how the different theoretical concepts relate to each other. A local routine culture is a locally and situationally generated action repertoire that is collectively honored and continually reconstructed by its members. While a local routine culture includes people's discursive practices it also includes local knowledge and practices. Staff members' folk logic is thus a narrower concept invoked through their discursive practices. As illustrated above, the folk logic of the big picture is embedded in the local routine culture. The kind of accounts staff members use when they justify restrictions of elderly nursing home residents' influence and their neglect of residents' complaints, depends on their folk logic in the particular context. This way, staff members' accounts may be treated as discursive power resources, through which they exercise influences in relation to the older people.

In the figure above, residents are placed in the borderland between local routine culture and general culture. On the one hand residents can gain strength through the general culture, which contains social norms and policies about older people's influence. On the other hand, residents have to make their attempts at influence within, and against, the local routine culture and this culture shapes their influence in several ways.

Family members' claims about mistreatment are explicit parts of their arguments, while warrants are usually implicit and extracted by an analysis of the connection between a certain statement and a particular claim. Both warrants and accounts are related to members' discursive practices. Accounts, however, can be interpreted as both a product of a folk logic and the discursive practices through which this logic is produced. As shown above, warrants are interpreted as values and norms from what can be described as a general culture.

The figure also shows how older people and family members can use voice to express dissatisfaction (either directly to the staff or to the local officials). As an alternative to voice, older people can decide to change care providers and thereby use the exit option.

5. Material and methods

In this dissertation I have combined several data-collection methods. My simultaneous involvement in data collection and analysis meant that my emerging analysis shaped my data collection procedures. In order to present a clear picture of the material and methods used, I will first describe the various kinds of empirical material and the data collection process. Then I will explain the procedures for analysis. Lastly, I will discuss methodological and ethical considerations and transferability.

5.1 Material

Even though it is rather common for dissertation projects to be based on either interview data, observations, or quantitative data, I have not limited this study in such a way, but instead have collected a wide variety of different kinds of empirical material. Qualitative researchers often use the term "thick" descriptions (see Geertz, 1973) to describe the goal of producing detailed descriptions of the contexts of practices and phenomenon within a society. However, like Howard Becker, I am not convinced that "thick" descriptions are necessarily the most useful way to explore and understand people's actions and behaviors. Becker described his skepticism as:

> The object of any description is not to reproduce the object completely – why bother when we have the object already? – but rather to pick out its relevant aspects, details which can be abstracted from the totality of details that make it up so that we can answer some questions we have. (Becker, 2001, p. 326)

The reasons I decided to collect and analyze material from various contexts and settings were not only to produce "thickness" but rather to aim for breadth and variety, trying to find out something relevant about each context touched upon. In this dissertation I have used semi-structured interviews with nursing home staff and relatives of care recipients, structured telephone interviews with local authorities, informal field-based interviews with nursing home residents and

staff, field notes from nursing home observations, brochures, and policy documents. The approach of combining observational data with interview data enabled me to analyze people's talk as well as actions. However, the data collection process should not be understood as a method for triangulation (for a description of triangulation in qualitative research see, for example, Denzin & Lincoln, 2005), but rather as a method for ensuring breadth and for uncovering power within the elder care contexts that are explored. Accordingly, interviewee's talk is not treated as mere descriptions of reality, but rather as their presentations of their selves and of various social phenomena. For instance, when the nursing home staff were interviewed in Paper II, they described older people's complaints as "petty details." Interviewees talk was consequently not interpreted as descriptions of any objective reality, but rather as examples of how residents' complaints were being "made trivial" through the ways they were described and accounted for by the staff (Persson & Wästerfors, 2009).

The material for the dissertation was gathered between 2005 and 2008 and reflects the chronological order of the papers comprising the dissertation. Paper I is based on telephone interviews with officials in a random sample of 100 of the 290 Swedish municipalities conducted from September to December 2005. Paper II is based on qualitative in-depth interviews with seven nursing aides and six assistant nurses, working at seven different nursing home wards. The interviewees were recruited using a combination of convenience sample and purposive procedure (cf. Araï, 1999) and interviews were conducted during 2006. In the third paper, 21 interviewees were recruited from an association for relatives of care recipients[5]. I conducted the data collection for Papers I, II, and IV; my co-author Håkan Jönson[6] conducted the interviews for Paper III. Jönson and I both listened to the recorded interviews and read the transcriptions separately and we contributed equally to the analysis and writing of the article.

The first three papers are based on structured and semi-structured interviews. Paper IV is based on ethnographic data comprised of field notes from

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[5] "Anhörigförening" in Swedish. This is an association for relatives of people who receive home help or nursing home care.
[6] Håkan Jönson is associate professor at School of Social Work, Lund University

observations and informal field-based interviews. The fieldwork was conducted in a nursing home for five months, using over 300 hours of participant observation conducted from February to June 2008.

There are, of course, many other possible methods that could have been used in a study of power in elder care. I argue that these four ways constitute a fruitful and innovative strategy, since the multiple scenes explored provide a wide view of power as a social phenomenon in institutional elder care. By collecting and analyzing material from various contexts, I also gained familiarity with aspects that were relevant for members, as I spent considerable time listening to members' talk as well as observing interactions. For instance, I became familiar with conflicts between staff and family members (Paper III); I was surprised by the ways the local officials criticized their own organization for which they were responsible (Paper I); and I got insights into the subtle details of older people's life in a nursing home (Paper IV).

The interviews with 100 local officials provided a frame and a bird's eye view of older people's power, including a first insight into the "rhetoric of trivialization" regarding older people's complaints, as well as an insight into the formalized complaint procedures. The interviews with nursing home staff contributed to this picture by giving an understanding of how staff reason when they restrict older people's influence and the cultural norms that inform staff members' behavior. Furthermore, the empirical material based on interviews with family members contributed to breadth by providing insights into family members' moral engagement in the older person's life, even when that person receives formal care. This way power was highlighted and discussed, both in triadic (staff-resident-family member) and dyadic (staff-resident) relationships in elder care. The knowledge gained about family members' arguments about mistreatment also revealed potential discrepancies between staff's and family members' norms. Finally I argue that the ethnographic material from everyday life in a nursing home provided insights into concrete situations which may be of great importance for older people's lives (e.g. when people refused to get up from bed in the morning, or asked to go out for a walk at the "wrong" time, or how residents got staff to help them to the bathroom, how staff dealt with deaths, how birthdays were celebrated, and so on). Through the observations, in combination with the field-based interviews, I could explore situational

power aspects that would have been difficult, if not impossible, to explore using semi-structured interviews.

That said, when I look back on my work, there are, as expected, also methodological problems and drawbacks with my approach. One drawback may be described as the characteristics of the family members interviewed in Paper III. The interviewees were recruited from an organization of family members of care recipients, which might have yielded a sample with special and strong feelings about the care their relatives received. However, since the aim of Paper III was not to investigate the prevalence of mistreatment but rather how relatives may construct their arguments, Jönson and I considered the characteristics of the sample to be a minor problem. A benefit of our procedure was that it ensured that interviewees regarded themselves as family members engaged in caring arrangements, something that would perhaps be difficult to judge if the interviewees had been recruited differently.

Another problem was that all participants were aware that they were participating in a research project. This problem is perhaps most relevant in Paper IV since it is based on ethnographic data, and staff and residents may have adapted their behaviors because they knew I was writing field notes. However, this problem is difficult to avoid when working with ethnographic data, unless I had conducted my fieldwork as a hidden observer. Fieldwork is inherently social in character, and the fieldworker must then be treated as part of the social reality being studied (Altheide & Johnson, 1994). In this way, my presence may be viewed as a source for the result, not as a contaminant of it (Clarke, 1975). My continuing presence close to staff, residents, and the events of everyday life in the nursing home, allowed me to collect a rich and varied set of observations. My rather long and recurrent presence in the field bears similarities to "go-alongs" described by Kusenbach (2003) as well as to nursing home fieldwork conducted by Paterniti (2003), Melin-Emilsson (1998), and Gubrium (1975). During my fieldwork, I tried to make clear to residents and staff that I was not another staff member but a researcher; nevertheless I experienced ambiguities in my researcher role. I engaged in staff work and my encounters in the field involved an element of what McLean and Leibing (2007) described as merging within the professional identity; in my case, my identity as a researcher and as an ex-nursing aide. Although this engagement

may be a methodological drawback, my autobiographical bias as a former caregiver may also have strengthened the study because considerable information was collected while I engaged in staff work and it forced me to reflect on how my professional background as a nurse's aide may have shaped my perspective as a fieldworker. In fact, I am not sure that it would be desirable to remain fully detached, particularly not in situations when the staff were busy and residents fell over or were about to hurt themselves.

Entering a field in which I have previously been working as a nurse's aide (in dementia wards) entailed issues that need to be addressed. This could be viewed as a problem as I was entering the field full of assumptions. Although my autobiographical bias needs to be taken seriously (for further discussion see Paper IV), there are also advantages of having prior knowledge of the research field. Compared to a more passive role, my involvement did not only result in data collection but also in data generation. During my fieldwork I helped out with the everyday work at the ward and while doing so I often asked staff or residents why they did things in a certain way, conversation that sometimes developed into longer informal field-based interviews. I also spent time in residents' rooms listening to the older people's stories about the life in the nursing home. Without my experiences of nursing home life, it would probably have taken longer to be accepted by the members. Their acceptance was crucial as the purpose of my fieldwork was both to collect and to generate data.

5.2 Analysis

The analyses for Papers II, III, and IV relied on two analytic strategies: analytic induction (Katz, 2001) and analytic bracketing (Gubrium & Holstein, 1997). Analytic induction was used as a research logic both when I collected data and when I developed my analyses. Analytic bracketing was particularly useful in the initial phases of my analyses. Subsequently, analytic bracketing was combined with the strategy of analytic induction. Through this procedure, I actively searched for negative cases to modify concepts and relationships between concepts in order to refine the categories that emerged through analytic bracketing. The analyses were distinguished by a progressive refinement of analytic concepts and phenomena. Such refinement took place, for example, when the phenomena I initially called rituals were gradually redefined as

routines. Similarly, I was forced to revise what I analytically portrayed as "disruptions of routines," to "temporary exemptions from routines" (Paper IV).

The analytic procedure for Paper I was very different from the other empirical studies. While Papers II-IV were based on semi-structured qualitative interviews and observations, Paper I was based on 100 structured telephone interviews. I analyzed the data from these structured interviews using SPSS[7] (version 13.0). Open-ended answers were categorized before I coded them. I then added contextual variables[8] and performed Chi-square tests to analyze relations between contextual variables and the prevalence of voice channels. The two analytic strategies, analytic induction and analytic bracketing, used for Papers II, III, and IV are described below.

5.2.1 Analytic induction

Analytic induction means that the researcher is testing, as well as developing, explanations for a problem or a phenomenon with the help of one empirical instance at the time. Seeking encounters with new varieties of data in order to force revisions of a tentatively formulated explanation, the aim is to make the analysis valid when applied to an increasingly diverse range of cases. The researcher is thus ideally committed to form a "perfect" relation between data and explanation. The perfect relation between data and explanation is, however, generally understood as a pragmatic research strategy rather than a goal in itself. The desire for an exhaustive description should be considered a research strategy, not the criterion for success.

When encountering a negative case, i.e. a case contradicting the current explanation, the researcher should transform it into a conforming case by revising the definition of either the explaining or the explained phenomenon (see Paper II for an example of how this may done in practice). Katz (1983: 132) emphasizes that several explanations are held at the beginning of a study and "a mass of hostile evidence" is confronted very early in the analysis. When

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[7] SPSS (originally Statistical Package for the Social Sciences) is a computer program for statistical analysis.
[8] Contextual variables consisted of municipalities' population size, the proportion of people aged 65 or older in institutional care, the mean cost for elder care per inhabitant per year, etc. (see Paper I for more detailed information).

using analytic induction there is no methodological value in piling up confirming cases and quantification therefore plays no logical role (Katz, 2001). Instead, I actively searched for exceptions to my formulated explanation. The exceptions, or negative cases, forced me to either revise the explanations or the definition of what was being observed or said in the interviews (see examples of this in Paper II).

The analysis for each of the four studies resulted in various forms of categorizations and explanations. The themes that emerged in the studies would not have emerged without guidance from the theoretical tools used. This means that the findings certainly would look different had the analyses been guided by different theoretical frameworks. Instead of just producing neat categories, I have tried to use the theoretical tools to understand these categories as problematic or theoretically interesting in their own right. For instance, when I describe different accounts used by the staff (Paper II), the point is not so much about what particular group each account belongs to, but rather how staff members' explanations (i.e. their accounts) can be understood as related to power and influence. Similarly, in Paper III it is not the deconstruction and categorization of family members' arguments about mistreatment that is the main finding. Instead the main contribution of the analysis in Paper III is the discussion of the problems related to one of these categories, i.e. mistreatment as the subversion of the older person's identity. The analysis does not aim to establish what identity really is, but it shows that the project of preserving identity is an important phenomenon that affects power relations in elder care.

5.2.2 Analytic bracketing

As its name implies, analytic bracketing suggests that the researcher is bracketing one aspect when focusing on another: more specifically, bracketing the "whats" and the "hows" of the data. The analysis of Papers II-IV began with repeated reading of my material followed by a strategy of analytic bracketing. To answer what-questions, I focused on people and settings, and looked for the meanings that emerged from those settings (Gubrium, 1997), for instance, what staff described as older people's complaints or what family members describe as elder mistreatment. To answer how-questions, on the other hand, meant temporarily setting aside what-questions as they identify meaning-

making practices, for instance, I looked at how staff framed and accounted for older people's complaints and how family members constructed their arguments when claiming that certain actions were abusive. This way the "whats" refers to the substance, whereas the "hows" refer to the form.

During my analysis I analyzed these aspects more or less simultaneously, by initially focusing on what was being said or done, temporarily deferring my awareness of how a story was told or how an action was accomplished. After focusing on the "whats" I returned to the same instances, but this time analytically bracketed the "whats" and focused on the "hows." This way I alternated my analysis between questions concerning what was going on and how that was accomplished. For instance, as described in Paper II, I alternated between for what matters staff members restricted older people's influence (for example about when to go to bed), and how the staff presented these stories and eventually how a shared moral and practical reasoning was produced through staff members' accounting strategies.

5.3 Ethical considerations

Ethical considerations arise whenever a researcher enters a research field and interviews or observes other individuals and particularly when there are individuals in a state of dependence. The ethical considerations involved in the present study have been reviewed and approved by the Research Ethics Committee at Linköping University (Dnr. 102-08 & Dnr 19/06). Still, there is always a risk that interviewees or research participants feel pressured to participate. To minimize this risk I informed the participants about the nature of my research and about their right to withdraw at any time without stating a reason (Silverman, 2006). In order to protect the confidentiality of participants, pseudonyms are used throughout the dissertation. I have changed (or deleted) the names of the nursing homes referred to in Papers II, III, and IV and omitted the names of the municipalities analyzed in Paper I.

Informed consent was obtained from all participants in the study. Consent is, however, something that has to be considered throughout the process of research, especially when the participants are forgetful and when the researcher spends a prolonged time in the field (Hubbard, Downs and Tester, 2001).

Therefore I repeatedly reminded the nursing home residents (in Paper IV) of the purpose of my presence. The issue of informed consent is indeed problematic when participants are old and frail (Pratt, 2002). Although none of the residents in Oakfield Lodge had dementia, there were two residents who were very frail and spent most days sleeping or dozing, which raises the fundamental question about the feasibility of informed consent. There is no way of judging whether anyone, old or young, is 100% informed. The goal has therefore been to try to ensure what Pratt (2002) calls "maximally informed consent." Even if there are no fast solutions to such ethical dilemmas, the very act of being alert to such potential issues is important (Lawton, 2001). Given the frailties of the some of the participants in Paper IV, I also informed family members about the study and about the older people's right to withdraw.

When debating ethical issues, researchers generally discuss ethical concerns related to those participating in a study. In this dissertation, however, I experienced a major ethical dilemma concerning the individuals I excluded from the study. The empirical data for Paper IV was originally based on field notes from two nursing homes, one nursing home for people with dementia, and one home for non-demented residents. I spent several months as a participant and observer in both of these places. In analyzing the field notes I was faced with analytical problems related to the different character of demented and non-demented people's actions and behaviors. I discussed this problem with fellow researchers and decided to leave the observations from the dementia home outside the scope of inquiry. Looking back, I am not sure I made the right choice, for methodological and ethical reasons. First, I limited myself sociologically by leaving out the demented people's actions. Although there were differences in behavior between people with dementia and people without dementia, there were also considerable similarities in their attempts to carve out autonomy in their daily life. In both nursing homes, the older people's influence was shaped by the local routine culture. Just like the residents in Oakfield Lodge, the older people in the dementia ward sometimes used routines as a power resource. For instance, some of the people with dementia demanded to go to bed at "the usual time" on special occasions when the staff had prepared fancy food and planned that the residents would stay up late. My decision to leave out the observations from the dementia home also has an ethical dimension. Even though it might be analytically convenient to focus on

non-demented people, there are ethical problems when researchers leave people with dementia out of the scope of gerontological research. Unless this population is included in research, we risk ending up in a situation where little is known about people with dementia, which is already one of the most excluded groups in society (Wilkinson, 2002). Looking back on my own research, I think my decision to exclude people with dementia creates an ethical drawback.

During my fieldwork I was always open about my purpose. A few times, a resident asked if I was a member of the staff, which forced me to continually clarify that I was there as a researcher. At times both staff and residents were curious about my writing and in these situations I always let them read my field notes. The staff sometimes joked about my presence and concentrated writing. For instance, staff sometimes told me they were going out to smoke and asked me to write it down. Yet there are always ethical aspects whenever people are interviewed or observed, since they may feel pressured to provide "right" answers or act the "right" way. To lessen this pressure, I explained to all participants that I had no personal interest in how they chatted or worked.

5.4 Transferability

As have many qualitative researchers, I have explored particular aspects of a phenomenon (in this case power), not the frequency or distribution of it. Those seeking predictive models of social models of behavior sometimes decry qualitative studies, such as this one, as "merely descriptive," a connotation that qualitative researchers have resolutely resisted. Instead, as Gubrium and Holstein insisted, we must have a good, clear picture of the "qualitative of the worlds" before we can attempt to explain it (Gubrium & Holstein, 1997, p. 12). Thus, in order to comprehend the diversity and the subtlety that compose power as a social phenomenon in elder care, we need qualitative descriptions of the everyday life and its social culture.

The concepts of folk logic, accounts, warrants, and local culture are not specifically developed for elder care research and may be applied in elder care settings as well as in other institutional settings. The transferability is hence embedded in the ways I have applied these concepts in order to gain

understanding about power as a social phenomenon. My studies are concerned with elder care; transferability lies in my application and modifications of these concepts. This way the same concepts and similar conceptual modifications may be transferred to analyze power relations in institutional settings like hospitals, schools, and clinics. It is therefore the reader's responsibility to decide if findings and theoretical applications from my studies can fit into other contexts.

The issue of transferability and generalization is slightly different for the findings in Paper I as compared to the other three studies. In the first study, I interviewed a random sample of the social heads in 100 of the 290 Swedish municipalities. All informants in the selected sample were willing to participate in the study, thus there were no missing cases. Taking the large sample into account, there are no reasons to believe that the findings from the 100 interviews would not be representative of the total 290 municipalities. Although the organization of elder care differs considerably between Sweden and other countries, the findings may be viewed as empirically grounded contributions of how to facilitate the influence of older people in a welfare system.

Although all four studies in the dissertation are based on material collected in Sweden, the topic of power relations in elder care is global. Institutional elder care exists in most industrialized countries, although there are considerable variations in its organization and financing. The scenes analyzed in this dissertation are based on Swedish data, but identical or similar scenes can be been found in other welfare countries (cf. Bartlett, 2007; Garnett, Vandrevala, Hampson, Daly, & Arber, 2008; Kelly, Liebig, & Edwards, 2008; Mezey, Mitty, & Burger, 2008). The concrete situations explored are not uniquely Swedish. Situations where staff restrict residents' influence, where local officials deal with older people's complaints, where family members perceive elder mistreatment, and where nursing home residents try to exert influence are part of elder care worldwide. That said, I cannot state that the findings can be straightforwardly applied to all elder care settings, as each setting and situations bears distinctive features. However, the reverse, that is, that the findings from these four studies would be uncommon or unique, is not supported either.

6.   Summary of the studies

6.1 Paper I

Older People's "Voices" on Paper:
Obstacles to Influence in Welfare States – A Case Study of Sweden

In this study, power in elder care is analyzed within a bureaucratic context. Taking a "bird's eye view," power in elder care is exemplified by how a welfare system compensates the lack of exit power with formal voice options, ideally in order to provide older people with opportunities to influence their own lives and care.

The study was guided by Hirschman's theory of exit and voice (1970), as these concepts have specific consequences for those who depend on elder care in a welfare state, where older people's opportunities to exit are considerably limited. In practice, these exit limitations mean that people who are dissatisfied with the care they receive often cannot leave their nursing home and move somewhere else and face difficulties if they want to change home help suppliers. Instead, older people in Sweden have to exercise influence through voice, i.e. expressing their dissatisfaction by lodging complaints. By focusing on older people's power to express dissatisfaction, the specific aim of the study was to analyze local variations in formalized voice options as well as to discuss structural hindrances for older people to influence their own life and care through these voice options.

An important feature of Swedish elder care is that the local governments (the municipalities) are responsible for its organization and provision and hence it is a municipal duty to ensure that older people can exercise influence on the care they receive. Therefore, the empirical data for this study is based on interviews with representatives from the social administration on the municipal level. I conducted 100 structured telephone interviews with the heads of the social administrations in a random sample of 100 of the 290 Swedish municipalities. The interviewees were asked questions about how older people in their municipality could complain, whether they informed the older people of how

to lodge complaints, and what they did with incoming complaints. The analysis was performed in two steps. The first step was a quantitative analysis using SPSS to gain insight into local variations in voice channels for older people, as well as to explore correlations between voice channels and contextual factors (such as population sizes, economic variables, local political majorities, etc). The second step was a qualitative analysis of the rhetoric used, focusing on how the interviewees talked about complaints and complainants.

The findings focus on complaint management (*klagomålshantering*) as it was the most widespread, formalized voice channel, found in 90 percent of the municipalities. Interestingly, all the interviewees talked about complaint management as the provision of complaint forms. In order for me to get an idea of what these forms looked like, I asked the interviewees to send a form to me by post or e-mail. The idea behind these forms is that older people can write down their complaints and send the form to the local administration. Findings showed, however, that in some municipalities the nursing home staff members were responsible for filling out the forms on behalf of the residents. The findings revealed that these forms were generally similar in structure and a typically formulation was: "It is valuable for us to receive your thoughts, ideas, and complaints—positive as well as negative—it gives us a chance to improve our work" [*Vi tycker att det är värdefullt att få ta del av dina tankar, idéer eller klagomål – såväl positiva som negativa – det ger oss en chans att förbättra vår verksamhet.*].

The results revealed great local variations in how complaints were processed and responded to in different municipalities. Even though almost all municipalities supplied similar looking complaint forms, the handling of complaints varied considerably. For instance, in a fourth of the municipalities the interviewees stated that they did not document incoming complaints and hence the local politicians did not receive any information about the substance of the complaints. The findings also showed great variation in the information provided to older people. Many municipalities did not provide any information at all to the older people about how to complain and some municipalities only had their complaint forms on the internet (which may be a less appropriate way to reach out to nursing home residents and home help clients).

All the interviewees explained that they received few formal complaints and a vast majority added that they would like to receive more complaints in order to further quality improvements for their elder care. Paradoxically, the interviewees often described the few complaints that they received as complaints on trivialities, stating that the older people "only complained about small things." These "small things" could be anything from complaints on forgotten home help visits to complaints on the food in a nursing home. The rhetoric used by the interviewees belongs to an established folk logic in this context (Persson & Wästerfors, 2009; see Paper II for a more detailed description). Through this logic the interviewees created a rhetorical context in which the significance of older people's complaints was downplayed and hence it may appear logical for the administration to neglect certain complaints. Consequently, through this rhetoric the interviewees indirectly undermined older people's power to influence their everyday life and care.

Apart from this rhetoric, the study identified three key features which, individually or combined, may be structural obstacles to older people's opportunities to exercise their voice power. First is the lack of information: many older people were not given any information about how to exercise their voice power. Second is the lack of coordination of voice channels, characterized by difficulties pinpointing the responsibility for dealing with older people's complaints. Third, shortcomings in the complaint process may explain why complaints rarely led to any changes or quality improvements.

Viewed from the perspective of older people as "customers" of elder care, their voice power appears to be very restricted. Even though the Swedish system, to some extent, has compensated for the lack of exit options with formal voice options, it often seems to be a voice on paper rather than a powerful alternative to exit.

6.2 Paper II

"Such Trivial Matters":
How staff account for restrictions of residents' influence in nursing homes

In this study, power in elder care is addressed through an analysis of the staff members' logic for action that guides their behavior to restrict residents' influence. The aim of this paper is twofold: to analyze how staff members explain and justify restrictions on the everyday influence of the nursing home residents, and to explore how staff members talk about and respond to residents' complaints.

The study is based on thirteen in-depth interviews with staff members from seven nursing home wards. Scott and Lyman's concept of accounts was used as an analytic tool in order to reveal staff members' underlying logic for action. Scott and Lyman (1968) described accounts as "verbal statements made to explain untoward behavior and bridge the gap between actions and expectations." The authors argued that accounts are standardized within cultures so that certain accounts become terminologically stabilized and routinely expected when an activity falls outside the domain of expectations (Scott & Lyman, 1970). In this study we explored the accounts used by the staff when they accounted for actions that were inconsistent with their own social norms on nursing home care. The analysis focuses on staff members' accounts of two related types of potentially questionable behavior: 1) actions to restrict elderly residents' influence on daily matters and 2) the neglect of complaints lodged by residents.

The findings reveal that while the staff claimed that it was important to let residents influence their own lives, they simultaneously provided explanations for why this influence needed to be restricted. By combining explanations with justifications, the nursing home workers portrayed their restrictive actions as reasonable and acceptable. They argued that, in general, restricting the influence of the elderly was condemnable, but they also suggested that "taking the big picture into consideration" it might be necessary to break with this

principle. The ways in which the staff members described their experiences of everyday or "petty" deviations from elderly residents' right to influence appeared logical in light of their folk logic, as these behaviors appear as small things in the big picture.

Through the analysis we identified three overlapping but analytically distinguishable themes provided by nursing staff to excuse or explain seeming violations of the norm of self-determination: organizational imperatives (e.g., work routines or safety), resource constraints (e.g., lack of time, inadequate staffing), and trivialization of complaints (i.e., declaring a complaint to be trivial, rather than a manifestation of autonomy). Further, we describe an overarching logic that binds these account themes together. This logic we have called a "folk logic of the big picture": the individual residents can exercise influence only as long as that influence does not conflict with or disrupt the efficient running of the nursing home as a whole.

Organizational accounts refer to the way staff members explained their inability to let the elderly residents decide for themselves, by invoking organizational limitations to account for their behavior. For instance, by blaming the schedule when they restricted residents from exercising influence, the staff's rhetoric created a context in which they appeared to be powerless to let residents decide when to have a shower (and when not to).

Accounts in terms of resources refer to the way staff justified certain actions based upon accounts of lack of time, staff, or money. The lack of resources were described as something that neither staff nor residents could make decisions to resolve and these justifications were often framed as narrative examples of constraining forces impeding what staff members were able to do. Accounts in terms of resources were likely to be followed by statements of what staff would do "if it weren't for…" or "if we weren't understaffed…" or "if there weren't a constant lack of time…." Certain behaviors, such as not sitting down with residents who asked for some company or not feeding residents in order to save time, may seem dubious. However, by blaming scarce resources the staff member creates a context in which these actions appeared to be appropriate, as they were undertaken in order to save time.

The third category of accounts was the trivialization of residents' complaints. Staff members were clearly aware that to neglect a complaint may be seen as problematic, and thus accounts were provided. By describing residents' complaints as "trivial" the interviewees implied that the neglect of these complaints was also trivial. By presenting explanations that framed limited possibilities for action, the staff portrayed the neglect of some complaints as reasonable and acceptable. Through justifications staff presented their own behavior as situationally appropriate. Their embedded denial of responsibility for the accounted behavior implied a folk logic that created considerable barriers to elderly residents' influence.

"Folk logic" is what Richard Buttny (1993) calls the cultural system that provides members with a logic for action—the social rules and normative order governing what is right, moral, or at least acceptable. Through our examination of staff members' folk logic we draw attention to how staff negotiate the property of action for particular situations through accountability practices. Staff members' accounts draw on a folk logic in which the relational power between staff and residents were accentuated. We have called this the "folk logic of the big picture": i.e. the logic that individual residents can exercise influence only as long as that influence does not conflict with or disrupt the efficient running of the nursing home as a whole.

The power issue comes to light by the recognition of staff members' "rhetorical resources." When the staff talked about and accounted for complaints, they justified their neglect, but more important, in so doing they also jointly constructed the significance and magnitude of the problems they described. Hence staff members have the resources to decide whether something is important or trivial, which reflects a central aspect of power in elder care.

Staff members' trivialization of elderly people's complaints may lead to a situation in which certain problems are made invisible as they are not taken seriously. In the same way, the staff members' logic created a context in which restrictions of residents' influence appeared logical, when taking "the big picture" in consideration. These findings are valuable to managers as well as other practitioners involved in elder care. Uncovering folk logics and how they are collaboratively applied to the situated contexts is consequently important in

order to improve the relations between residents and staff members. The exposure of folk logic presented in this paper could eventually lead to a revision of the staff's logic for action opening up new attitudes so that residents' wishes may be regarded as something more than just trivialities. It is therefore crucial that staff members' presently hidden logic for action is brought forward and taken into account for improvement of practices in nursing home care.

6.3 Paper III

That's is not my Robert!
Identity maintenance and other warrants in family members' claims about mistreatment in old age care

In this study I have explored power in elder care from the family members' view. Family members influence elder care in a number of ways, but their positioning and influence is perhaps most clearly seen in their arguments of elder mistreatment. Hence, the power issue in this study is exemplified by an analysis of family members' claims of elder mistreatment. The specific aims of the study are threefold: 1) to analyze what family members perceive as mistreatment, as well as how they rhetorically construct their claims; 2) to explore the normative grounds (warrants) family members used in their arguments about mistreatment; and 3) to discuss how these warrants can be used to gain understanding about conflicts between staff and family members.

Although previous researchers have used a number of different definitions of elder mistreatment, these definitions generally have one thing in common: they are dominated by staff's perspective. One reason for the absence of family members' views may be that care work traditionally has been seen as a dyadic relationship between care recipient and caregiver (R. Eliasson, 1995). The staff members are "at the scene" and have to a great extent represented the voice of care recipients in research on mistreatment. In this study, I look at the issue of elder mistreatment from a different perspective, the perspective of family members, by using data from 21 in-depth interviews with relatives of care recipients. The analytical approach was guided by Toulmin's structure of argumentation in order to gain insights into the normative grounds family

members used in their claims of what they perceived as elder mistreatment and what normative grounds they used in their arguments (Toulmin, 2003).

The analysis resulted in the identification of four categories of normative grounds (warrants) used in making claims about elder mistreatment: 1) infliction of physical harm and/or failing to meet the physical needs of care recipients; 2) infliction of psychological harm and/or displaying bad manners in relation to care recipients; 3) failing to meet the social needs of care recipients; and 4) subverting the identity of care recipients through a lack of respect for their personality and habits. The first three categories are similar to previous research on elder mistreatment, but the fourth category, described in detail in the article, recognizes a less developed category: elder mistreatment as the violation of an older person's identity.

The analysis revealed that family members continually positioned themselves as guardians of identity in and through their claims of mistreatment. Several claims about mistreatment were grounded in the implicit or explicit opinion that the older person's identity and habits should be maintained while he or she receives formal care. Family members were found to back claims about staff members' violation of a care recipient's person or identity by using arguments involving a unique knowledge of appearance, daily routines, and preferred activities. What was elder mistreatment for one particular person was, according to this argumentation, not necessarily mistreatment for someone else.

The study demonstrates how family members, to some extent, use specific normative grounds when they construct the problem of elder mistreatment. Two main conclusions can be drawn. First, that the warrants used by family members expose considerable difficulties in introducing objective criteria for what elder mistreatment is and how mistreatment should be objectively measured. Second, this study exposes problematic aspects in taking for granted a stable or unambiguous identity. While several family members perceived elder mistreatment as the violation of an older person's identity, they simultaneously compared perceived deficiencies with how the person "used to be" and "used to live" implying that identity is fixed. This "fixed" view of identity can be compared with the perception of identity as a process, something that changes over time (cf. Melin Emilsson, 2008). From this perspective on identity,

statements about how a person "used to be" have less authority in claims about mistreatment. While nursing home staff may overemphasize the view of identity as a process and "mistake" institutional molding for a natural process in a person's identity, the family members may overemphasize the transferability between a person's preferences in the past and his or her preferences when receiving care. This study shows that although the unique knowledge of family members provides valuable information when arranging for care, it is attached to practical as well as ethical problems.

The study provides insight into how older people's power over their own lives and how the issue of identity may be blurred in the triadic constellation between the older person, family members, and the staff. From the analysis it is clear that some complaints that staff may regard as "annoying" or "petty" could be reframed and treated as a part of a greater project of guarding and preserving the identity of the older person. By acknowledging the project of preserving identity as an important aspect that affects relationships and power in elder care, some conflicts between family members and care workers may be better understood and even avoided or solved.

6.4 Paper IV

Seeking exemptions from nursing home routines:
Residents' everyday influence attempts and institutional order

In this study, power in elder care emerges as older people's attempts to exercise influence. The aim of this study is to describe and analyze these everyday or subtle attempts as they unfold in interactive processes in a nursing home setting. Particular attention is devoted to the analysis of social conditions and interactive processes for what I have called "successful influence attempts," from the residents' perspective. Residents' individual attempts at influence in a nursing home are explored with the help of ethnographic data from a Swedish nursing home, called Oakfield Lodge. I conducted fieldwork during five months, which involved over 300 hours of participant observations, as well as unstructured field-based interviews with residents and staff members.

As I explored older people's attempts at influence I discovered and explicated what I call a "local routine culture". This concept is an elaboration of Geertz' (1983) and Gubrium and Holstein's concept of "local culture." Drawing from the work of John Dewey (1922), I refer to routines as an action repertoire with a coherent character. Through the lens of the local routine culture I explored the matching of residents' individual attempts and the institutional routines. This theoretical framework bears resemblance to previous research on nursing home folk logic (Persson and Wästerfors, 2009) and nursing home routines (Magnússon, 1996).

Residents' attempts at influence were analyzed in relation to how they fitted or collided with ongoing (or upcoming) routines. The analysis revealed how residents' efforts to carve out some autonomy or fulfill personal preferences in everyday matters could be categorized as 1) disruptions, 2) disturbances, or 3) "good matches" relative to ongoing and up-coming nursing home routines. Striking disruptions were often fruitless, while attempts rendered as disturbances were typically postponed or modified. The examples of what might be called "the good match," however, were often successful, since they harmonized with the local routine culture.

During my fieldwork at Oakfield Lodge, I was struck by the ease and lightness with which staff declined a wide range of offhand or subtle attempts from the elderly residents to depart slightly from the day's routine. The staff appeared to adhere to routine quite smoothly as a goal within itself (Garfinkel, 1967). Despite having worked as a nursing aide, I had not systematically reflected on the numerous occasions in which residents asked for things that contradicted institutional expectancies or in which they otherwise briefly or subtly resisted being absorbed into everyday routines, let alone staff members' strategies to uphold their own agendas in response to these maneuvers. During my analysis of such situations, I became aware of the constantly fabricated significance not only of ongoing, but also of upcoming, overlapping and situationally hidden routines in a nursing home.

The findings portrayed residents' potential to exercise influence as considerably small. It is thus important to stress that there were "holes in the routine wall" in which residents could exercise some influence as long as they did this to the

"right" person (i.e. a person not engaged in any parallel routines), and at the "right" point in time, according to routine order. Still, in order to be successful, residents should ideally conduct an implicit analysis of the social context and "wedge in" their attempts at influence so that they fit in with the local routine culture. This results in a rather ironic situation: in order to exercise influence residents should ask for something that is very close to what they know they can get, they should approach the right person, and they should time their influence attempts to match the institutional order—a scenario very close to what the institution would have done anyhow. Residents' recognition of local routine culture thus improved their chances to exercise influence on everyday matters but limited the kind of influence that they could achieve.

This study deepens the understanding of the difficulties nursing home residents encounter when they try to exercise influence in everyday situations. While researchers have explained residents' limited autonomy by factors such as lack of staffing and time and inadequate policies (C. Harrington et al., 2000; Charlene Harrington, David Zimmerman, Sarita L. Karon, James Robinson, & Patricia Beutel, 2000; Heggeman & Thomas, 1989; Kane et al., 1997), they have often overlooked any ethnographic understanding of local interactions around concrete and everyday influence attempts. Previous explanations, however relevant and necessary, appear to be insufficient in order to understand the complex situations when residents make attempts to exercise influence. The findings from this study show how a critical analysis of a local routine culture, using ethnographical material, can shed new light onto the conditions for older people's everyday lives and their potential to exercise influence within a nursing home setting.

7.   Discussion and conclusions

In this dissertation, power and influence are analyzed as relational and situational phenomena in Swedish elder care. The study is a scientific journey through four crucial scenes that concretize situations of power and influence in various ways. The four scenes reveal a web of power relations between the elderly, family members, staff, and local officials. My findings demonstrate the difficulties of turning policies about older people's influence into practice. Even if the gap between policy and practice is old news, this study shows *how* the gap is shaped and maintained, as I have tried to make concrete and fairly ordinary situations in elder care understandable. Since these situations are not unique to Swedish elder care, the understanding gained may be relevant in other settings with similar tensions between policy and practice. By focusing on everyday situations, I have illuminated formal structures for complaints, staff members' social rules and normative order, family members' norms about elder mistreatment, and older people's attempts at influence in a nursing home.

Many themes in the dissertation deal with how subtleties of actions and talk have powerful implications, and can constitute barriers to older people's influence. Two examples of this are the "rhetoric of trivialization" and a "local routine culture"; both can easily and quite inconspicuously restrict residents' autonomy and influence. In this chapter, I would like to linger a bit upon on these two examples.

In this material, the rhetoric of trivialization functions as a power resource, through which family's and older people's views were "made trivial" by the way they are described and rhetorically treated by staff and local officials. The rhetoric of trivialization thus shaped power relations in the bureaucratic scene, in the staff's scene, in the triadic scene of family, staff, and residents, and in the everyday scene of the nursing home. Through this rhetoric, staff and local officials gained authority to construct the significance and magnitude of the older people's concerns. However, there were no empirical examples that older people had the authority to construct the significance of staff members' requests or preferences. While the staff role was embedded with the authority to decide

what was important for the residents and what was not, the "resident role" was a position with less authority to make such decisions. When the staff told residents to go to bed, the residents did not have the power to rhetorically make this request "trivial," for instance by saying that bedtimes were "small" or unimportant matters. Instead, the older people essentially used two tactics, to accept or reject staff members' requests, although rejections were often unsuccessful from the residents' point of view.

What makes the rhetoric of trivialization practically and scientifically interesting is that it shows how people interactively define something as trivial or unimportant. This "something" can be anything from an older person's complaint over boiled potatoes to a family member's claim that a person is being mistreated. Staff members' rhetoric of trivialization did not only legitimize the neglect of complaints, but was also used when restricting older people's influence. The findings bring to light a folk logic applied by the staff in which the individual elderly residents are allowed to exercise influence only as long as that influence does not disrupt the efficient running of the nursing home as a whole, as the staff sees it. Through their rhetoric the staff portrayed routines and "efficiency" as their main work tasks. By doing so, they also created a rhetorical context in which older persons' individual influence was made trivial.

A critic may wonder what the practical value is of my explication of this rhetoric of trivialization. My answer to this can be stated quite simply. By being aware of how things are made trivial, we gain an understanding of how to accomplish just the opposite.

If we recognize that influence and power are shaped by subtleties of people's actions and talk, a rhetorical redefinition of trivialities to essential matters may substantially affect power relations in elder care. Through such a redefinition, a family member's "trivial" or annoying complaint about the way a resident is dressed could be redefined (by the staff) as an essential matter from the family member's point of view. Complaints that staff verbally construct as trivialities could thus be interpreted as part of family members' greater project of guarding and preserving an older person's identity. By acknowledging a family member's project of preserving identity as an important phenomenon, some conflicts may

be avoided or at least better understood. Likewise, an older person's "trivial" complaint about over-boiled potatoes can be rhetorically redefined as something important. After all, in the everyday life in a nursing home, food can be regarded as vital and if staff would start to talk about food as something important, over-boiled potatoes can be reframed as essential matters.

This dissertation illustrates how a local routine culture can easily and substantially restrict residents' autonomy and influence. The routine culture was continually called into existence during social interactions between residents and staff, often implicitly legitimizing the staff's declinations of residents' "different" requests or behaviors. While policy makers and researchers sometimes explain older people's restricted influence in terms of lack of staff, money, or resources, my findings highlight the need to go beyond these explanations. More resources may improve some aspects of elder care, but we do not know whether it would make a local routine culture more flexible. While this is an empirical question yet to be investigated, we need to be careful not to change from one restrictive routine framework or caring model to another. The findings indicate that barriers to older people's influence may not depend on the caring model or caring framework that routines originate from. Rather it appears to be the inflexibility of interactions based on and reproducing a local routine culture that constitutes these barriers. The findings show how a local routine culture shapes staff members' responses to residents' attempts at influence, depending on how these attempts "fit in" with the routine system, i.e. the routine way of acting, speaking, and interacting. However, routines are not merely restrictive for older people. There are also examples of situations when older people's knowledge about, and explicit referrals to, particular routines can constitute a power resource in their interaction with the staff. The findings show how the residents acted not as marionettes or institutional "dopes" trapped within an institutional order, but as individuals who strove for temporary exemptions from routines for their own advantages.

To explore older people's attempts at influence in relation to a local routine culture may be a way to gain understanding of the structures that shape residents' influence and affect power relations in nursing homes. Yet, a powerful inertia resides in local routines and accountability practices. While public elder

care policies can be described as discourses-in-practice, they are implemented through people's discursive practices. In the end, policies about older people's influence take shape through the way people talk and interact, not merely through policy presentation. Although elder care staff and local officials may strive to let older people exercise influence, they may not reflect on everyday talk and routines as being power resources through which people's views can be made trivial. My results show that the subtleties of power often are neglected in elder care, and probably also in other settings. To transfer the applications and modifications of this study's theoretical concepts to other settings with similar tensions between theory and practice is an important area for future research.

Vikten av det triviala

Makt i äldreomsorgens vardag

I denna avhandling har jag analyserat vardagliga situationer: hur äldreomsorgspersonal pratar om äldres klagomål, hur anhöriga pratar om missförhållanden och hur personal och äldre interagerar på ett äldreboende. Vid en första anblick skulle nog många påstå att dessa situationer inte alls handlar om makt. Maktbegreppet är mångtydigt och förknippas ofta med våld och förtryck snarare än med vardagliga företeelser i äldreomsorgen. Men makt existerar även i vardagen. För att som forskare kunna förstå och analysera denna form av makt har jag utgått från konkreta situationer där makten kommer till uttryck. Avhandlingens övergipande syfte är att analysera makt och inflytande som ett situationellt och relationellt fenomen i äldreomsorgen. För att empiriskt undersöka detta, har syftet brutits ner till fyra mer specifika syften:

- att analysera den politiska och byråkratiska ramen för formella klagomålskanaler i svensk äldreomsorg,

- att analysera äldreomsorgspersonalens *folkliga logik* genom deras sätt att hantera äldres inflytande och klagomål,

- att analysera hur anhöriga definierar och underbygger utsagor om missförhållanden i äldreomsorgen,

- att etnografiskt skildra hur äldres försök till inflytande kommer till uttryck samt hur inflytandet formas av den *lokala rutinkulturen* på ett äldreboende.

Makt studeras således i byråkratiska termer, i diskursiva termer samt i den direkta interaktionen. I avhandlingens fyra studier analyserar jag fyra olika scener, där makt och inflytande tydliggörs:

1. I den första studien analyserar jag den *byråkratiska scenen.* Denna scen skapar ett övergripande ramverk för hur formellt inflytande kan förstås. I studien exemplifieras makten genom en analys av hur äldres formella klagomål hanteras på kommunal nivå.

2. I den andra studien analyserar jag *äldreomsorgspersonalens scen.* Makten gestaltas här genom personalens *folkliga logik,* dvs. deras normer för vad som uppfattas som lämpliga handlingssätt som därmed formar deras sätt att hantera äldres inflytande. Syftet med denna studie var tvåfaldigt: För det första att analysera hur personalen förklarar situationer där de begränsar äldres inflytande och för det andra att undersöka personalens sätt att beskriva äldres klagomål.

3. I den tredje studien analyserar jag den *triadiska scenen* bestående av äldre, närstående (familjemedlemmar) och personal. Närståendes makt och inflytande i denna triad accentueras i situationer där de definierar och underbygger utsagor om missförhållanden. Genom att analysera anhörigas argumentation begripliggörs makt- och konfliktsituationer i relationen mellan äldre, deras närstående och personal.

4. I den fjärde studien används etnografiskt insamlat material för att analysera *vardagsscenen* i ett äldreboende. Makt och inflytande konkretiseras genom en analys av hur äldre försöker utöva inflytande i interaktion med personalen. Genom en analys av dessa inflytandeförsök tydliggörs äldreboendets lokala rutinkultur.

I denna avhandling utgår jag från makt som ett relationellt och situationellt fenomen. Det innebär att jag ser makt som något som händer mellan människor, även om det inte alltid handlar om direkt interaktion ansikte mot ansikte. Således ses inte makt som något som vissa individer "har", även om en individ i en viss situation kan inta en roll eller en position som förknippas med makt, t.ex. en sjuksköterskas maktposition i relation till en äldre person på ett

äldreboende. Även om det finns roller som förknippas med makt är det viktigt att poängtera att dessa roller endast får sin betydelse när de iscensätts.

Avhandlingens fyra delstudier baseras på flera typer av empiriskt material. Den första studien baseras på 100 strukturerade telefonintervjuer med socialchefer i lika många svenska kommuner. Den andra studien baseras på 13 halvstrukturerade kvalitativa intervjuer med undersköterskor och vårdbiträden på sju olika äldreboenden. Den tredje studien baseras på 21 intervjuer med anhöriga till personer som bor på äldreboenden och den fjärde studien baseras på etnografiskt material från fem månaders fältarbete på ett äldreboende. Det etnografiska materialet består huvudsakligen av fältanteckningar från observationer, men också av ostrukturerade intervjuer med personal och äldre.

På följande sidor kommer jag att ge en kort sammanfattning av de fyra empiriska studierna, för att sedan avsluta med en sammanfattande diskussion.

Delstudie I

Den första delstudien (I) syftar till att analysera den politiska och byråkratiska ramen för formella klagomålskanaler i svensk äldreomsorg. Utifrån Albert Hirschmans (1970) teoretiska begrepp *exit* och *voice*, ses klagomål som en av två huvudsakliga strategier som brukare kan använda för att påverka sin situation. Hirschmans teori går ut på att om en kund är missnöjd kan han välja att antingen protestera till företagets ledning, det vill säga använda "voice", eller köpa varan från en annan leverantör, det vill säga använda "exit". Äldres möjlighet till att påverka sin äldreomsorg är emellertid inte lika okomplicerad som *".. att byta fabrikat på kalaspuffar"* (Möller, 1996, p. 214). Eftersom äldres möjligheter till exit är begränsade i äldreomsorgen, är fungerande "voicekanaler" betydelsefulla för deras möjligheter att påverka.

Studiens empiriska material bygger på telefonintervjuer med socialchefer i ett slumpmässigt urval av 100 svenska kommuner där frågor ställdes om hur kommunen hanterade äldres klagomål, vilka typer av klagomål de fick in, på vilket sätt klagomål användes i kvalitetsarbete och hur politikerna informerades om äldres klagomål. Jag samlade även in kommunernas klagomålsbroschyrer. Äldres "voicekanaler" exemplifieras här genom kommunernas

klagomålshantering, en påverkanskanal som socialcheferna själva beskriver som väsentlig. Studien visar att äldres klagomål hanteras mycket olika i kommunerna. De flesta kommuner har tagit fram ett formulär där de äldre uppmanas att skriva ner sina klagomål och sedan lägga i en brevlåda eller skicka per e-post. När klagomålet tagits emot av kommunens tjänstemän är tanken att den äldre ska få respons från förvaltningen. I vissa fall dokumenteras även klagomålen för att sedan rapporteras vidare till politiker och användas i förbättringsarbetet. I en del kommuner kallas det kort och gott för "klagomålshantering", andra kallar det istället för "synpunktshantering" eller "ris och ros". En typisk formulering var: *"Vi tycker att det är värdefullt att få ta del av Dina tankar, idéer eller klagomål – så väl positiva som negativa – det ger oss en chans att förbättra vår verksamhet."*

På grund av brister i kommunernas dokumentation är det svårt att få en tillförlitlig bild av hur många klagomål som kommunerna får in (de diareförs inte alltid), men studien visar att det brukar handla om relativt få klagomål. Några kommuner fick in ett femtiotal klagomål per år från de äldre, andra har inte fått in ett enda på flera år. Att så få äldre klagar kan bero på att många kommuner inte ger någon information alls om hur man kan klaga. Flera av de intervjuade socialcheferna beskrev dessutom hanteringen av klagomål som rörig eller överdrivet byråkratisk. I andra kommuner fanns det endast ett sätt att klaga på och det var genom att fylla i ett formulär via hemsidan. Detta beskrev intervjupersonerna som problematiskt eftersom många äldre inte använder internet.

Sex av tio kommuner har ingen policy för när de äldre kan förvänta sig någon respons på sina inskickade klagomål. Även om de flesta kommuner dokumenterar inkomna klagomål, så uppgav en fjärdedel att inkomna klagomål varken dokumenterades eller rapporterades vidare till ansvariga politiker: "Jag önskar att vi dokumenterade detta lite bättre. Som det är nu så sparas klagomålen bara i mitt huvud och den dag jag slutar så är informationen borta", sade en av de intervjuade. Flertalet intervjupersoner uppgav att äldres klagomål användes i kommunens kvalitetsförbättringsarbete, men 90 procent kunde trots detta inte ge något exempel där de någonsin använt sig av klagomål i detta syfte. Att äldre som använder äldreomsorg har små möjligheter att "rösta med fötterna" känner de flesta till och det tycks därtill vara svårt att visa sitt missnöje

via kommunernas klagomålshantering. De äldre får ofta ingen information, ibland krävs tillgång till internet och de kan inte vara säkra på när eller om de får någon respons.

I intervjuerna beskrev socialcheferna att de fick in för få klagomål och att de vill ha in fler för att på så sätt förbättra sin verksamhet. Trots detta, beskrev socialcheferna ofta att de klagomål de fick in handlade om "bagateller". Ett typiskt uttalande illustrerar intervjupersonernas beskrivningar: "De klagar mest på småsaker, att hemtjänsten inte kommer ibland och så där". Ingen av de 100 intervjuade socialcheferna uppgav att de någonsin fått in ett allvarligt klagomål.

Genom att använda sig av en retorik där klagomål beskrivs som oviktiga eller triviala skapar socialcheferna en retorisk kontext där de lättare kan rättfärdiga att de inte gör något åt saken. Ett exempel är när en intervjuperson beskrev att "[--] några av de äldre har klagat på att de inte får sylt till pannkakorna. Så då förklarade vi att vi har haft det så under en lång tid. Det var en sån liten grej så vi ändrade inget".

Trots politiska mål om äldres rätt till inflytande visar delstudien att det finns betydande variationer i hur äldres klagomål och inflytande hanteras. Äldres påverkansmöjligheter via den formella klagomålshanteringen framstår som ytterst begränsade. Många äldre får ingen information om hur de skall klaga och många av de klagomål som kommunerna får in "görs" dessutom oviktiga genom tjänstemännens trivialiseringsretorik. Studien visar på väsentliga hinder för äldre som vill utnyttja *voice* som påverkansmöjlighet. De formella voice-möjligheterna i äldreomsorgen kan därför inte betraktas som ett effektivt alternativ till *exit*, som alltså i sig ofta är orealistiskt.

Delstudie II

Den andra delstudien (II) bygger på material från kvalitativa intervjuer med personal på äldreboenden. Genom att studera så kallade *accounts* (rättfärdigande eller ursäktande förklaringar) analyseras hur personalen förklarar sig när de talar om situationer där de hindrar äldre från att utöva inflytande, exempelvis när de lägger äldre personer mot deras vilja. Studien visar hur deras beskrivningar fungerar retoriskt och hur de är uppbyggda. Hur kan personalen å ena sidan

säga att det är självklart att de äldre skall få utöva inflytande och samtidigt rättfärdiga agerande där de tvingar äldre personer att gå och lägga sig mot sin vilja? Syftet med studien var: 1) att undersöka hur personalen rättfärdigar och förklarar situationer där de begränsar de äldres inflytande, 2) att undersöka hur personalen pratar om, och bemöter, äldres klagomål. Intervjuerna analyserades utifrån hur personalen argumenterade och levererade "accounts", det vill säga ursäktande eller rättfärdigande förklaringar (Scott & Lyman 1968). Att ge en "account" är ett sätt att förklara sig. Det centrala hos en account är dess förmåga att, om den accepteras, förändra bedömningen av en viss handling (Thelander, 2006). Richard Buttny (1993:1) beskriver det som att en "account" har en transformativ funktion; om den är framgångsrik kommer den utförda handlingen att framstå i ett nytt ljus och de eventuellt negativa reaktionerna från andra uteblir. En "account" slätar således ut diskrepanser mellan det faktiska handlandet (t.ex. att lägga en person, trots att han eller hon vill sitta uppe och titta på TV) och det förväntade (att låta äldre personer utöva inflytande över när de skall gå och lägga sig).

"Accounts" är i sin tur en del i en underförstådd handlingsteori, något som Buttny (1993) kallar en "*folklig logik*" (folk logic). Denna logik kan beskrivas som en social och moralisk ordning som innehåller normer för vad som uppfattas som lämpliga och korrekta handlingssätt. I vilken mån en rättfärdigande förklaring accepteras eller förkastas av medlemmarna i en given social grupp är beroende av hur den aktuella gruppens "folkliga logik" ser ut. I delstudie II har jag analyserat hur personal på äldreboenden använder sig av rättfärdigande förklaringar i två sammanhang. Det handlar dels om hur personalen rättfärdigar situationer där de begränsar äldre personers inflytande, dels om hur de rättfärdigar situationer där de struntar i äldres klagomål. De "accounts" som personalen använde har sedan legat till grund för att begripliggöra och redogöra för personalens "folkliga logik". Resultaten visar att personalen använde sig av tre typer av "accounts" när de begränsade äldres inflytande: 1) accounts som rättfärdigar begränsningar genom hänvisning till organisationen 2) accounts som rättfärdigar begränsningar genom hänvisning till bristande resurser 3) accounts som rättfärdigar försummelse genom att beskriva äldres klagomål som oviktiga.

Genom sina "accounts" skapade personalen en retorisk kontext där deras begränsningar av äldres inflytande framstod som logiska och moraliskt riktiga. Att lägga de äldre mot deras vilja rättfärdigades genom att hänvisa till att de gamla skall vara i säng när nattpersonalen kommer. Att ta tandborsten ifrån en person som borstade sina tänder för långsamt kunde på samma sätt rättfärdigas genom att hänvisa till brist på tid (dvs. använda "accounts" om bristande resurser). Accounts användes även när personalen berättade om situationer då äldre klagade. Personalen använde "accounts" som en trivialiseringsretorik, som kan illustreras med citat som: "De äldre klagar på maten eller på att vi aldrig har tid att sitta ner, sådana små grejer, inga allvarliga klagomål" eller "det är klart att de ska få bestämma, men det måste vara i säng tills natten kommer". Genom sina accounts framställde personalen äldres klagomål som bagateller, vilket i sin tur gjorde att även lösningen på klagomålen framstod som oviktiga.

Personalens "accounts" låg till grund för analysen av deras "folkliga logik". Resultaten visar hur personalens agerande utgick ifrån en logik som vi kallat för "the folk logic of the big picture" (ungefär: "den stora helhetens logik"). Denna logik bestod i en social och moralisk ordning där effektiviteten för boendet som helhet prioriterades framför de äldres individuella inflytande. Hänvisningar till effektiviteten för boendet som helhet innebar ofta åberopande av institutionens rutiner. Studien visar också hur en analys av personalens "folkliga logik" kan begripliggöra situationer där de begränsar äldres inflytande. Personalens rättfärdigande av dessa situationer var logiska utifrån sociala och moraliska normer om att prioritera äldreboendets effektivitet och rutiner, framför de äldres individuella inflytande.

Studien visar att en analys av personalens sociala och moraliska normer är viktig för att förstå maktrelationer och äldres svårigheter att utöva inflytande. Att visa på makten i personalens sätt att prata samt att diskutera personalens folkliga logik kan vara ett sätt att på sikt öka äldres inflytande.

Delstudie III

Den tredje delstudien (III) baseras på 21 djupintervjuer med närstående till personer som bor på äldreboende eller som har hemtjänst. Maktfrågan kommer här till uttryck genom närståendes sätt att definiera och underbygga utsagor om

missförhållanden i äldreomsorgen. Även om närstående utövar inflytande i flera olika avseenden, så accentueras maktfrågan i deras utsagor om missförhållanden. Genom att analysera närståendes sätt att argumentera blir makten också möjlig att undersöka empiriskt. Syftet med delstudien var trefaldigt: 1) att analysera vad närstående definierar som missförhållanden och hur deras utsagor är retoriskt konstruerade; 2) att analysera vilka normativa utgångspunkter som närstående använder för att underbygga utsagor om missförhållanden; 3) diskutera dessa normativa utgångspunkter i relation till konflikter mellan närstående och omsorgspersonal.

I tidigare forskning finns en rad olika definitioner av missförhållanden, som dock har det gemensamt att de domineras av personalens syn på fenomenet. En möjlig orsak till detta är att omsorgsarbete traditionellt beskrivits som en dyadisk relation mellan omsorgsgivare och omsorgstagare och närståendes syn har således hamnat i periferin (Eliasson 1995). Analysen vägleds av Stephen Toulmins modell för argumentationsanalys. Toulmins schema fokuserar på *outsagda premisser*, *(*warrants*)*, som utgör den normativa länken mellan ett *påstående* (claim) och ett *argument* (data). Låt mig ta ett exempel från delstudiens intervjuer för att illustrera hur Toulmins schema kan hjälpa oss att förstå hur närstående underbygger utsagor om missförhållanden. En intervjuperson hävdar att hans pappa är utsatt för missförhållanden (ett påstående, "claim") eftersom personalen envisas med att sätta på honom joggingbyxor och T-shirt (ett argument, "data"). Hur kan det vara ett missförhållande att klä en person i mjuka bekväma kläder? Intervjupersonen fortsätter med att säga att hans pappa alltid har varit propert klädd och aldrig gått omkring i T-shirt "för det är ju nästan som pyjamas". För att analytiskt förstå intervjupersonens normer för varför detta är att betrakta som missförhållande, identifierades den outsagda premiss (warrant) som förbinder hans påstående med hans argument. I delstudien identifierades fyra olika premisser som närstående använde sig av i sina utsagor om missförhållanden. Det anses vara ett missförhållande att: 1) orsaka den äldre fysisk skada; 2) orsaka den äldre psykisk skada; 3) inte möta den äldres sociala behov; 4) att underminera en äldre persons identitet genom att inte respektera dennes vanor och personlighet. De tre första överensstämmer väl med befintliga definitioner

av missförhållanden, medan den fjärde kategorin, som handlar om underminering av äldres identitet, är att betrakta som ett nytt fynd. Studiens ger insikt i hur äldres makt i vardagen kan förstås som ett maktspel i en triad mellan den äldre själv, dennes närstående och personal. Resultaten bidrar vidare till förståelse av hur skilda bilder av vad som är att betrakta som den äldres identitet kan orsaka konflikter mellan personal och närstående. Närståendes klagomål, som personalen kan uppfatta som gnäll eller bagateller, kan från den närståendes sida vara en del i "projektet" att bevara vad de uppfattar som den äldres identitet. Vårt syfte har således inte varit att fastställa en objektiv definition på missförhållanden, utan att visa på hur man kan förstå anhörigas argumentation. Studiens visar hur ett erkännande av närståendes identitetsarbete kan skapa en bättre förståelse för hur konflikter i äldreomsorgen uppstår och hur dessa kan undvikas.

Delstudie IV

I avhandlingens fjärde delstudie (IV) använder jag etnografiskt material för att analysera situationer där äldre personer gör försök att utöva inflytande. Det empiriska materialet består av fem månaders observationer och informella samtalsliknande intervjuer från ett äldreboende som jag kallat för Oakfield Lodge.

Studien ger en etnografisk skildring av boendets lokala rutinkultur. Begreppet rutinkultur är min vidareutveckling av det som Geertz (1984) och Holstein och Gubrium (1997) beskriver som "local culture", (lokal kultur). I min analys beskriver jag äldreboendet som en rutinkultur, vilket inte skall förväxlas med en kultur där det finns rutiner. I alla kulturer finns det rutiner, men det som kännetecknar en rutinkultur är det sätt medlemmarna värderar de lokala rutinerna genom sitt sätt att upprätthålla dem, förhålla sig till dem och ständigt skapa nya. Studien beskriver hur personalen och de äldre gemensamt upprätthåller en lokalt förankrad rutinkultur och hur äldres inflytandeförsök förhåller sig till denna.

Tidigare studier av äldres inflytande har i huvudsak fokuserat på antingen de äldre eller på personalen och baserats på intervjuer eller enkäter. Det saknas dock i stort sett studier som studerar konkreta situationer där äldre försöker

utöva inflytande i interaktion med personalen. Genom att analysera äldres inflytandeförsök i relation till rutinkulturen skapas kunskap om maktsituationer i den äldres vardag. Även om de försök till inflytande som analyseras i studien knappast är dramatiska vid en första anblick, så är det i dessa situationer som den relationella makten kommer till uttryck. Genom att analysera etnografiskt material begripliggörs situationer som är svåra att analytiskt förstå genom till exempel intervjuer eller enkäter. Hur kan vi exempelvis förstå varför personalen hindrar en kvinna från att bestämma vilken blus hon skall ha på sig, när en annan kvinna får välja vilka byxor hon ska ha? Och hur kan vi förstå varför en kvinna inte får gå och lägga sig, trots att alla andra gått och lagt sig, och hon säger till personalen att hon är trött?

Studien visar hur äldres inflytandeförsök analytiskt kan förstås som förhandlingar om tillfälliga undantag från pågående eller kommande rutiner. Beroende på vad de äldres inflytandeförsök handlade om, när de gjordes och till vem, så kunde inflytandeförsök relateras till rutinkulturen på tre analytiskt olika sätt, som: 1) *avbrott* (disruptions); 2) *störningar* (disturbances) eller 3) som att *vara förenligt med* ("good matches"). Dessa tre situationer beskriver vad jag kallar inflytandets mikropolitik och visar hur rutinernas inflexibilitet verkar hindrande för äldres inflytande.

Inflytandeförsök som utgjorde tydliga avbrott i institutionens rutiner var oftast resultatlösa utifrån den äldres synvinkel, till exempel om en äldre person ville gå och lägga sig under frukosten. Inflytandeförsök som konstituerade störningar i rutinkulturen blev ofta omförhandlade eller framflyttade. Detta kan exemplifieras med en äldre persons förfrågan att få gå ut på promenad vid "fel" tidpunkt i rutinkulturen. Studien visar hur detta inflytandeförsök kan anpassas till rutinkulturen på flera sätt. Ett sätt var att promenaden omförhandlades till en inomhuspromenad i korridoren, medan ett annat vanligt sätt var att promenaden blev framflyttad till "senare" (det vill säga när den passar in i rutinkulturen). *Framflyttning* (postponement) var en vanlig personalstrategi när äldre försökte utöva inflytande. Det gällde inte bara promenader, utan även situationer där de äldre ville gå och lägga sig, gå på toaletten, ha sällskap, få vara i fred och så vidare. Kännetecknande för situationer där inflytandeförsök blev framflyttade var att tiden för framflyttningen inte specificerades, vilket innebar att det var oklart hur långt fram i tiden som inflytandeförsöket flyttades. Den

lokala rutinkulturen kom till uttryck genom interaktionen mellan personalen och de äldre, där underförstådda hänvisningar till rutiner gav situationell legitimitet åt avslag av äldres inflytandeförsök.

Studien visade också på situationer där äldres inflytandeförsök "matchade" rutinerna. I dessa situationer lyckades de äldre ofta utöva inflytande. Situationer där äldres inflytandeförsök var förenliga med rutinkulturen innebar emellertid ofta vad jag kallar "arrangerat inflytande". Detta kom tydligt i uttryck vid måltiderna då personalen "inbjöd" de äldre till att utöva (begränsat) inflytande genom att ställa frågor som "mjölk eller vatten?" eller "ärter eller morötter?". Studien visar på en variation av situationer där inflytande arrangerades för att matcha rutinerna. Ett illustrativt exempel är "helgbakning", vilket innebar att personalen köpte in bakingredienser, för att på lördagen fråga de äldre om de ville baka en kaka. Genom att personalen ställde frågan om bakning vid ett tillfälle då de planerat att baka, arrangerades en situation där äldres inflytande passade in med rutinkulturen. De situationer då äldre utövade inflytande kännetecknades av att de bad om något vid rätt tid och frågade "rätt" person (det vill säga en person som inte var engagerad i någon annan rutiniserad uppgift).

Rutinerna var emellertid inte enbart ett hinder för äldres inflytande, utan något som kunde användas som en maktresurs av både de äldre och personal. Äldre åberopade frukostrutiner om frukosten inte var serverad klockan nio och de kunde påminna personalen om att de skulle duscha på sin "duschdag". För att kunna utöva inflytande bör äldre (idealiskt sätt) göra en analys av rutinerna och anpassa sitt inflytandeförsök därefter, exempelvis genom att be att få gå på promenad vid "rätt" tidpunk på eftermiddagen. Ironiskt nog innebär dessa anpassningar en reproduktion av rutinkulturen.

Tidigare studier har lyft fram begränsade personalresurser som förklaringar till äldres begränsade inflytande (Harrington, Zimmerman et al. 2000). Analysen från denna delstudie tyder dock på att detta kan vara en något förenklad förklaringsbild. Det är inte nödvändigtvis enbart begränsade resurser som skapar hinder för inflytande, utan det är snarare rutinkulturens brist på flexibilitet som är begränsande. Huruvida ökade personalresurser leder till ökad flexibilitet och inflytande för äldre personer är en empirisk fråga, som vi ännu

inte har svar på. Däremot visar denna studie hur en rutinkultur i väsentlig utsträckning kan begränsa äldres inflytande och hur rutiner upprätthålls och reproduceras av personalen och äldre själva.

Sammanfattande diskussion

I denna avhandling har jag analyserat fyra i olika "scener" där makten i äldreomsorgen kommer till uttryck. Analyserna visar på svårigheter att förverkliga politiska målsättningar som beskriver att äldre skall kunna åldras med bibehållet oberoende och ha inflytande över sin vardag. Avhandlingens huvudpoäng är dock inte att visa på ett glapp mellan policy och praktik, utan att visa hur detta glapp kan förstås. För att begripliggöra maktsituationer och inskränkningar i äldres inflytande har jag därför använt teoretiska verktyg i analyser av vardagliga konkreta situationer.

De fyra delstudierna visar hur subtila mekanismer i människors prat och agerande kan fungera som kraftfulla maktfaktorer och skapa betydande hinder för äldres inflytande. Två viktiga fynd som tydliggjorde detta utgjordes av "den lokala rutinkulturen" samt det jag kallar "trivialiseringsretorik". Rutinkulturen visar hur äldres inflytande formas av och förhandlas genom denna, samt hur deras anpassningar reproducerar rutinkulturen som helhet.

Avhandlingen visar också hur personal och tjänstemän använder trivialiseringsretorik som en maktresurs. Det som gör denna retorik vetenskapligt och praktiskt intressant är att den visar hur saker, som kan vara viktiga för äldre och närstående, "görs" oviktiga genom tjänstemännens och personalens sätt att prata. Dessa "saker" kan vara alltifrån en äldre kvinnas önskan att bestämma vilken blus hon skall ha på sig, till en närståendes klagomål på vanvård. Genom att beskriva närståendes synpunkter som "gnäll" och äldres klagomål som "småsaker", skapar tjänstemän och personal en retorisk kontext där klagomål och inflytandeförsök framstår som oviktiga. Avhandlingen visar hur personal på äldreboenden implicit hänvisade till en logik där de viktigaste arbetsuppgifterna var att följa äldreboendets rutiner och därmed vara "effektiva". I personalens retorik gestaltades rutiner som något nödvändigt och som något som prioriterades framför äldres inflytande. Trivialiseringsretoriken kom till uttryck genom att personalen kontrasterade de "viktiga" rutinerna mot

äldres "mindre viktiga" inflytande. Analysen av retorik i konkreta situationer visar hur vardagligt prat kan skapa en kontext där det framstår som legitimt för personal och tjänstemän att negligera, eller bortprioritera, synpunkter och inflytandeförsök.

Finns det då någon praktisk nytta med dessa resultat? Mitt enkla svar på denna fråga är: Genom att få kunskap om hur saker görs oviktiga, får vi också kunskap om hur vi kan göra motsatsen. Genom att skapa en förståelse för att vardagligt prat kan vara en maktresurs, skapas också en förståelse att det som retoriskt konstrueras som oviktigheter också är möjligt att omdefiniera till väsentligheter. Poängen är således inte att fastställa vad som är viktigt eller oviktigt, utan snarare att visa på hur saker kan *göras* viktiga respektive oviktiga. En retorisk omdefinieringsprocess kan således påverka maktrelationerna i äldreomsorgen. Genom en sådan process är det möjligt att retoriskt omdefiniera närståendes "gnäll" på omsorgsdetaljer, till att handla om bevarandet av vad den närstående uppfattar som den äldres identitet, något som kan vara oerhört väsentligt ur den närståendes synvinkel. På samma sätt kan den äldres klagomål retoriskt omdefinieras. Trivialiseringen kommer till uttryck i olika delar av den äldres vardag och retoriken används av både omsorgspersonal och socialchefer. Både chefer och personal beskriver exempelvis klagomål på mat som småsaker. Äldres personers klagomål på att potatisen är överkokt eller att kotletten är torr, beskrivs som bagateller som man inte behöver göra något åt. Samtidigt kan maten betraktas som en väsentlig del i livet på ett äldreboende, både ur näringsmässiga och sociala aspekter. Genom en retorisk omdefinieringsprocess skulle klagomål på en torr kotlett kunna beskrivas som något viktigt som personalen faktiskt borde göra något åt.

Trivialiseringsretoriken präglade prat om såväl inflytande som klagomål. Inflytande över vilka kläder man skall ha på sig och när man skall gå och lägga sig kan beskrivas som småsaker *eller* som en fråga om autonomi. Policydokument som proklamerar äldres rätt till inflytande måste, mot denna bakgrund, alltid implementeras genom personalens diskursiva praktiker. Denna avhandling har visat på makten i diskursiva praktiker, både hos omsorgspersonal och hos andra aktörer. Genom att visa hur saker kan göras oviktiga respektive viktiga genom sättet vi pratar, har denna studie visat att vardagligt prat i vardagliga situationer spelar en viktig roll för att förstå makt i äldreomsorgen.

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