Everyday Knowledge in Elder Care.
An Ethnographic Study of Care Work.

Ulrika Börjesson
Abstract

This dissertation is about how knowledge is constructed in interactions and what knowledge entails in practical social work. It is about how a collective can provide a foundation for the construction and development of knowledge through the interactions contextualized in this study on Swedish elder care, organized by the municipality. This study follows a research tradition that recognizes knowledge as socially constructed, and focuses on the practice of knowledge within an organizational context of care.

This is an ethnographic study. The empirical material consists primarily of field notes from participant observations at two elder care units in a mid-sized city in Sweden. Moreover, the collected materials include national and municipal policy documents, local policy documents and guidelines, and notes from observations in staff meetings and interviews with care workers and managers. This thesis uses Institutional Ethnography as a departure point for analyzing the contextual factors for workers in elder care, mainly women, and the situational factors for acquiring knowledge.

The overall aim of this dissertation was to explore knowledge in elder care practice by analyzing the construction and application of knowledge for and by staff in elder care. This sheds light to the Mystery of Knowledge in Elder Care Practice: Locally Enabled and Disabled.
In order to pursue this aim, two questions were addressed in the study:

1. How and what kind of knowledge is expressed and made visible in daily elder care practice?

2. How is knowledge shared interactively in the context of elder care?

The findings shed light to the situation for care workers in elder care and the conditions for using and gaining knowledge. This situation is problematic as the local conditions both enables and disables knowledge use and sharing of knowledge. Contributing challenging factors are lack of recognition and equal valuing of various forms of knowledge; the organizational cultures and a limiting reflective work to the individual.

The main findings in this thesis are presented in three areas:
- a way of understanding tacit knowledge, which refers to knowledge gained by care workers through working in elder care;
- the connection between an organizational culture and the knowledge shared within the organizational culture;
- reflective practice in elder care work and the imbalance between individual and collective reflectivity.

These findings have implications for specific knowledge in social work practice and the need for education linked to this knowledge. Formal knowledge alone is insufficient for effective elder care practice; however, informal knowledge is also insufficient alone. Both are needed, and they should be linked to create synergy between the two types of knowledge.
Original papers

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

Paper I


Paper II

Börjesson, U., Bengtsson, S. & Cedersund, E. (2014) “You have to have a certain feeling for this”. Exploring tacit knowledge in elder care.
*Sage Open.* 13 (3), 404 – 418.

Paper III

Submitted.
Paper IV

Börjesson, U., Cedersund, E. & Bengtsson, S. Reflection in Action: A multi-layered approach. “Cause I am good at that, you are supposed to say what you are good at these days!”
Submitted.

Articles I and II have been reprinted with the kind permission of the respective journals.
Contents

Abstract .......................................................................................................................... 3
Original papers .............................................................................................................. 5
    Paper I ....................................................................................................................... 5
    Paper II ..................................................................................................................... 5
    Paper III ................................................................................................................... 5
    Paper IV .................................................................................................................. 6
Contents ......................................................................................................................... 7
Acknowledgements ....................................................................................................... 8
Introduction ................................................................................................................... 11
    Aim of the dissertation ............................................................................................. 14
Elder care in Sweden ..................................................................................................... 17
    Caring as a profession ............................................................................................... 20
    Research on knowledge in elder care ......................................................................... 21
Central concepts ........................................................................................................... 26
    Ontological and epistemological reference points ..................................................... 26
    Institutional Ethnography .......................................................................................... 27
    Knowledge ................................................................................................................ 30
        Knowledge and reflective practice ......................................................................... 31
Materials and methods ............................................................................................... 33
    Ethnography-entering the field ................................................................................ 33
    Settings in the field: Bayside Park and Stonewood Manor ...................................... 37
    Breakdowns and mystery-making ................................................................................ 40
Ethical considerations .................................................................................................. 42
Summary of the study .................................................................................................... 50
    Paper I ....................................................................................................................... 50
    Paper II ..................................................................................................................... 51
    Paper III ................................................................................................................... 51
    Paper IV .................................................................................................................. 52
Discussion and conclusions .......................................................................................... 54
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding tacit knowledge in elder care</td>
<td>56</td>
</tr>
<tr>
<td>Organizational culture and shared knowledge</td>
<td>56</td>
</tr>
<tr>
<td>Reflective practice in elder care work - imbalance between individual and collective reflectivity</td>
<td>57</td>
</tr>
<tr>
<td>The mystery unfolding</td>
<td>58</td>
</tr>
<tr>
<td>Ethical reflections and researcher accountability</td>
<td>61</td>
</tr>
<tr>
<td>Final thoughts</td>
<td>63</td>
</tr>
<tr>
<td><strong>Svensk sammanfattning</strong></td>
<td>66</td>
</tr>
<tr>
<td>Artikel I</td>
<td>68</td>
</tr>
<tr>
<td>Artikel II</td>
<td>68</td>
</tr>
<tr>
<td>Artikel III</td>
<td>69</td>
</tr>
<tr>
<td>Artikel IV</td>
<td>69</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>71</td>
</tr>
</tbody>
</table>
A long journey is coming to an end, and an even longer one perhaps is just beginning. First and foremost, I would like to thank the care workers and the managers at “Bayside Park” and “Stonewood Manor”, who let me in to their everyday work and shared a part of their lives with me.

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“It always seems impossible until it is done.”
Nelson Mandela

Jönköping April 2014
Ulrika
Engaging in participant observations at two elder care units entailed continual, informal conversations between me (the researcher) and the care workers and residents. One day, when I was following Elsie (one of the care workers at Stonewood Manor\(^1\)), she thought out loud about the issue of knowledge and competence. “I think that you can come a long way with plain common sense. You think about these things; what is my competence really …” Elsie told me that she sometimes thinks that someone on the staff has done something really well. She noted that other colleagues have also solved situations in a good way. When I asked her whether they talked about these things in the staff group meeting, she said, ‘yes’; then, I asked for examples of these situations. “Well, the last time it was Anna, who told me about Klas (a resident) having a stroke. When she told us, I thought about how well she solved that. I didn’t tell her then, but I told her later. Damn, what great colleagues I have; I’m really proud!”

The episode above was chosen from my empirical material, because it illustrates several of the project’s vital aspects; (1) the episode was similar to several others, where a care worker initiated a discussion regarding knowledge and shared their thoughts on it; (2) it illustrates hands-on individual reflective work, which occurred at the units; and (3) it says

\(^1\)To protect the privacy of the care workers and residents at the two elder care units, all names have been changed, including the names of the units.
something about collective reflective work: although reflective work was performed individually, collective reflective work did not occur as commonly. In observing the daily lives of the care workers, I was introduced to two elder care units with atmospheres that suggested that reflective work took place. However, this reflective work was of an individual nature, and lacked an elaborate collective character. The reason for this will be explored throughout this thesis, and the four articles will be used to illustrate this discussion.

The reasoning from Elsie illustrated several aspects of knowledge in care work;

- knowledge is considered important,
- theoretical knowledge can only take you so far; the care workers I met emphasized the fact that common sense or feeling (as discussed in article 2) is necessary in the work,
- Elsie (and her colleagues) talked about and interacted with each other in situations like this that occurred at work.

However, there was also something hesitant about the response to my question of whether Elsie and her colleagues talked about situations like this. She said that they did, and she gave me an example. Elsie told her colleague about the good work she did, but she did not do it immediately; she waited and told her “later”. This hesitation prompted two questions in my research: Was this because she wanted to be alone with Anna to tell her privately? Or was it because the organizational setting hindered care workers from making the most of sharing and reflecting on situations like this? In this case, Elsie later told Anna that she had done a good job, but not everyone in the staff group meeting did that. This suggested that there were restrictions on collective reflectivity.
This dissertation focuses on Swedish elder care organized by the municipality. It is about the different views on knowledge; how knowledge is constructed in interactions; and what knowledge entails in practical social work\(^2\). It is about how a collective can provide a foundation for the construction and development of knowledge through the interactions contextualized in this study. This study follows a research tradition that recognizes knowledge as socially constructed, and focuses on the practice of knowledge within an organizational context of care (constructionism connected to organizational studies; discussed by Czarniawska, 2003).

Over the last decade, discussions on the quality of institutional elder care have focused on the staff that works closely with the older people. Elder care in Sweden, and the other Nordic countries, has been described as a crisis situation (Wrede, Henriksson, Host, Johansson & Dybbroe, 2008); this characterization was not confined to the Nordic countries (Longhofer & Floersch, 2006). Quality in elder care has been connected to the knowledge, or lack of knowledge, of staff that perform elder care. Much focus has been directed to staff competence, which has placed the responsibility of elder care quality on the care workers (Wrede et al., 2008).

This study follows an ethnographic design. The empirical material consists primarily of field notes on participant observations at two elder care units in a mid-sized city in Sweden. The Introduction of this thesis uses Institutional Ethnography as a departure point for analyzing the contextual factors for care workers in elder care, mainly women, and the situational factors for acquiring knowledge.

\(^2\) In Sweden, organized elder care is connected to social work through its organization and distribution.
Aim of the dissertation

In this dissertation project, I strive to understand, analyze, and describe knowledge, the knowledge process, and the construction of knowledge. Thus, knowledge is viewed as a constant process. This study focuses on knowledge in practice, as implemented in everyday life. The setting for this quest is formal elder care, with a special focus on how care workers express knowledge and skills.

The overall aim of this dissertation was to explore knowledge in elder care practice by analyzing the construction and application of knowledge for and by staff in elder care. This sheds light to the Mystery of Knowledge in Elder Care Practice: Locally Enabled and Disabled (The method of mystery-making is introduced on page 40).

In order to pursue this aim and the exploration of the mystery, two questions were addressed in the study:

1. How and what kind of knowledge is expressed and made visible in daily elder care practice?

2. How is knowledge shared interactively in the context of elder care?

To pursue the overall aim of the study and address the two questions above, four questions were posed and addressed in the four articles included in this dissertation thesis. These four questions were;
Article I: (How) do the roles of the researcher in participant observations change during the course of field work?

- In the first article, I analyzed the effectiveness of participant observations as a research method (as discussed by Fangen, 2005, Fine, 2003, Gans, 1999, Gold, 1958, and Bryman, 2001). Examples from two elder care units were used to discuss the shift in roles necessary when working with an ethnographic approach. The limitations in using strict roles in field work were highlighted and discussed.

Article II: How can tacit knowledge be identified and described?

- The second article focused on knowledge, and more specifically, on the perception of what has been regarded as silent or tacit knowledge. Examples from the field notes are employed to explore how care workers use and express this silent knowledge in their everyday practice. The aim of the article was to explore how tacit knowledge (as discussed by Polanyi, 1983) can be understood, and what specifies this knowledge for staff in an organizational setting of elder care. Furthermore, the article described care work in terms of dramaturgical elements, where care workers use acting skills.

Article III: What are the implications for shared knowledge within organizational cultures?

- The objective of the third article was to analyze how care workers and their managers perceive and understand knowledge, and how this knowledge is shaped within the framework of the organizational
culture (as defined by Alvesson, 2002) at an elder care unit. More specifically, the study discussed the implications of shared knowledge within organizational cultures. The article made use of the two separate elder care units to describe two settings where shared knowledge and a collective competence could be presented.

Article IV: How can an analysis of reflective practice in elder care illuminate instances of individual and collective reflective work?

- The fourth article addressed the issue of reflective practice, as suggested by Schön (1983, 1992). Reflective practice prevails as a way of emphasizing the value of practical knowledge and enhancing its status. Using reflective practices in elder care has proven to enable learning, which led to improvements in the quality of care. Individual reflection must be accompanied by collective reflection; collective reflection is crucial for improving the quality of care.

In order to provide insight into this field, an ethnographic approach was adopted, and the participant observation method was chosen as the primary means to achieve the aim. The first article described how the chosen ethnographic method proved to be equally intriguing and challenging. This challenge created an additional question in the study; i.e., how does knowledge affect the role of the researcher in this type of field work? Two elder care units were visited over a period of more than 10 months. Both units were municipally managed in the city chosen for the study, and both formed part of the public welfare system.
Elder care in Sweden

Working in elder care is considered low status work (Wrede et al., 2008); also, it is associated with stressful working conditions (Trydegård & Thorslund, 2010). In society, ageing may be seen as something frightening that needs to be avoided (Wilinska, 2012); consequently, older people may be left alone and overlooked. Elder care has been the focus of much debate and discussion over the years; various aspects of the organization and content of elder care have been highlighted. The economic crisis hit Sweden in the 1990s, as it did similarly to other countries in the Western world. One of the outcomes of this economic strain was a cut-back in the resources for welfare services, including the elder care sector (Palme, Bergmark, Bäckman, Estrada, Fritzell, Lundberg, Sjöberg, Sommestad & Szebehely, 2003). Recent discussions have drawn attention to the lack of quality in elder care and problems that have arisen within the area of elder care. Neglect and abuse of various forms are reported in the media, and this has spread a picture of a welfare institution in crisis (Johansson, 2008). This picture of a crisis is not merely a product of media attention, but also a conclusion drawn from research conducted in the field, in Sweden as well as in other countries. Wrede et al. (2008) recognized the variations in care among the Nordic countries, and discussed the issue of multiple crises, rather than a crisis in one single area. The authors endeavored to highlight the current conditions for care workers in the Nordic countries, and they identified (at least) three signs of crisis; 1) difficulty in recruiting personnel, 2) lack of educational models and a knowledge base, and 3) lack of valuation of the care worker (ibid p. 31).
About 86,800 people in Sweden over the age of 65 live in special housing accommodations; elder care units. An additional 163,600 people over 65 receive home care in independent houses. Together, these groups comprise 14% of the population in the over-65 age group (The National Board of Health and Welfare, 2012). In this study, the staff involved in elder care are referred to as care workers, and they are employed as nurse assistants or auxiliary nurses (Ahnlund, 2008). The formal educational training for nurse assistants may include upper secondary education, health care support training, and/or nurse assistant training. Auxiliary nurses have completed either the Upper Secondary Health Care Program, or a 32-week supplementary course (ibid). Working as a manager in elder care typically requires a bachelor’s degree in social work or social care. However, not all care workers in elder care have a formal education. Törnquist (2006) discussed the issues that could arise when a large number of care workers did not have any training for work in elder care; this situation was described as putting older individuals at risk (Axelsson & Elmståhl, 2002).

Although being a part of The Swedish Welfare State, elder care is, by nature, shaped by regional variations, with regard to the care provided. The main legislation that regulates elder care contains no detailed regulations; thus, each municipality is responsible for providing social services. Variations in care has been used to describe Sweden as consisting of welfare municipalities, rather than being a welfare state (Trydegård & Thorslund, 2001, 2010, Szebehely, 2005). The reform in 1992, called ÄDEL, transferred the responsibility of caring for older individuals from the county councils to the municipalities (Thorslund, 2002). This reform changed the conditions for elder care by increasing the complexity of care support (Astvik & Aronsson, 2000). The principal dilemma between universalism and local autonomy should be taken into consideration when examining the situation of
knowledge for staff in elder care, as the local conditions shape the understanding of the knowledge required.

The national umbrella project, known as ‘Steps for Skills’ (Kompetensstegen), which was allocated just over 100 000 000 Euro, was initiated in Sweden in 2005 and lasted until 2008. The aim of the project was to support the development of quality through the development of staff competence in municipally-managed care for older individuals. The focus of the project was to create sustainable, long-term projects connected closely to the various work places to improve the quality of elder care throughout the country. Each municipality could apply for money from the Steps for Skills, and 287 of Sweden’s 290 municipalities took part in the project. Approximately 118 000 employees in elder care participated, which was about 60% of the total staff in elder care. The projects supported by the Steps for Skills were intended to improve the following areas of knowledge: case management, documentation, pharmaceuticals, oral health, prevention of injuries caused by falling, and dementia.

The evaluation of Steps for Skills (SOU 2007:88, IMS 2009-126-179) indicated that changes in staff knowledge and skills were achieved in three of the designated six areas. The staff was educated in how to prevent falling accidents; the staff was trained in oral health, and new routines were introduced; and, after completing their education, care managers were more likely to approve an application for an older individual to receive a needs assessment. However, this evaluation did not provide immediate consequences for older individuals, based on the results of the various projects. Moreover, the evaluation did not show a connection between teaching, improved knowledge, and changes in daily practice. Although this dissertation study is not an evaluation of the Steps for Skills project, the
influences of the project on current elder care in Sweden should be recognized.

Caring as a profession

The concept of care started to receive attention in the research community in the 1970s by Scandinavian feminist scholars, who criticized the mainstream concepts and set out to find alternatives (Waerness, 2004). The concept of caring includes both feeling concern for someone (caring about someone) and taking measures to accommodate someone in need (caring for someone), be it in a public or private domain (Waerness, 1996). However, there is an ambiguity imbedded in the concept of ‘care’, because it can refer to both caring about and caring for (Ungerson, 2005, p.189), and it has no distinct content, because it defines both a quality and an activity, respectively (Waerness, 1983). Care can be used to describe the relational aspects of the concept (Daly & Lewis, 2000), and it is rooted in a traditional view of something performed by women (Waerness, 1984). The recognition of care work as “care rationality” by Waerness (ibid) changed the view of care work (Eliasson & Szebehely, 1998) by emphasizing the practical aspects of care in practice and in training. “Care rationality” was coined in response to the notion that rational and emotional aspects are incompatible in care work, and thus, ‘care rationality’ became a way of incorporating and valuing both of these two aspects.

Daly & Lewis (2000) argued that ‘care’ can be used in the analysis and description of welfare states. Throughout this text, the concept of care is used to refer to elder care, in this case, performed in municipal settings as part of the Swedish welfare system. Moreover, the term ‘care’ is used to describe the staff that works closely with older people, i.e., care workers. In
this study, ‘care worker’ refers to the Swedish word *omsorgsgivare*, ‘manager’ refers to *enhetschef*, and ‘elder care units’ refer to *särskilda boenden*.

Professional care workers in elder care require ‘acting space’ and ‘liberty in action’; these requirements can be linked to the descriptions of street-level bureaucrats by Lipsky (2010). According to Lipsky, street-level bureaucrats have a significant share of autonomy in their work. In their profession, they are in close proximity to the client’s situation; and thus, they have the ability and potential to directly control these situations, which places them outside of the organization’s hierarchical control. This feature makes it problematic to evaluate the care worker’s performance. Furthermore, it is problematic to include situational responses in the care worker’s training. It is necessary to take specific demands and wishes into account; but, at the same time, it is necessary to follow routines and regulations in an organization (Hjörne, Juhila & Nijnatten, 2010). Defining a profession consists of describing both the organizational aspects and the knowledge required for certain tasks (Molander & Terum, 2008). ‘Professional’ is a term commonly used to describe a person with specific skills and knowledge of the accepted standards for completing a specific task (Svensson, 2011).

**Research on knowledge in elder care**

Research on elder care in Sweden has a long history, and some of this research has focused on the knowledge or learning environment of the staff. Ellström, Ekholm & Ellström (2003 and 2008) explored the issue of learning environments in elder care work by interviewing the care workers. The learning environment is typically portrayed as being merely positive,
however Ellström, Ekholm & Ellström (2003) also brought attention to the possibility that the learning environment can have negative consequences (e.g., strict subordination), which might even lead to diminished, rather than increased, competence. The authors emphasized that reflectivity is important in learning.

As mentioned on page 18 the large number of care workers without any training in elder care (Törnquist, 2006) is thought to put older persons at risk (Axelsson & Elmståhl, 2002). However, other studies have shown that the knowledge required in elder care was developed during encounters between the care worker and the older persons; thus, the competence required was experience-based, and that experience emphasized the relationship, rather than the knowledge gained from a formal education (Eliasson, 1992; Szebehely, 1995; Melin Emilsson, 1998; Ingvad, 2003). Because each meeting between the care worker and the older individual is unique, the generalized knowledge that can be taught in training is insufficient (Törnquist, 2006). Törnquist further established that, in the near future, the demands in elder care will grow to include identifying and solving problems to a greater extent. Meeting this demand will require more team work (social and communications skills are crucial) and the ability to reflect on personal work achievements. Magdalena Damberg’s study from 2010 explored competence and the content of social care for older individuals, by interviewing care workers and managers and conducting focus groups with care workers. Damberg stated that the issue of the competence required in care work is kept in the practical social work; the care workers make the decisions about relevant competence for their work. This situation leads to conflicts between the organizational demands and the demands from the care receivers. Maria Bennich’s (2012) dissertation thesis focused on competence and competence development in elder care, with a perspective on learning.
Bennich’s research illustrated the difficulty in succeeding with various organizational competence development efforts, because the aims lacked grounding to the care workers concerned. Competence development is complex, and investments made in this field have little chance of succeeding, unless they adopt a long-term perspective, which is not often the case. It is necessary to employ an integrated approach, where training strategies make use of both experience-based and theoretical knowledge. Kristina Westerberg has performed extensive research in the field of elder care, knowledge, and learning (Westerberg, 1998, 1999, 2007, 2009a, 2009b, 2011). In the present study, an initial analysis of the field notes was linked to the work of Westerberg (2004). The figure below (Figure 1) provided a useful starting point when organizing and reading the field notes.

![Figure 1. Source: Westerberg 2004, page 7-8.](image)

The table contains two dimensions. The first dimension is knowledge, which is differentiated into generalized knowledge (left column) and experience-based knowledge (right column). This dimension is based on Vygotsky’s (1978) theory on spontaneous and scientific concepts. The second dimension is learning, which is divided into adaptive learning (top row) and generative learning (bottom row). The four squares illustrate how these two dimensions
are related. Square 1 represents a situation where formal education is used in a given situation. This may be unproblematic, or it may create a dilemma; for example, when medical routines developed in hospitals are used in home care service under different conditions, the routines may have to be adapted. Square 2 illustrates how praxis and experience are used. In situations that require some kind of measure, it may be preferable to use strategies that have proven to work before. However, this is not always sufficient; sometimes the new conditions call for a new approach. Square 3 represents the generation of new general knowledge; e.g., by formulating new concepts or methods based on findings from a research project. Square 4 illustrates new methods or theories that build on practical experience and knowledge. An example of this is the discovery that a small group home could provide benefits over a larger home in the care of individuals with dementia; this was discovered when an elder care unit for people with dementia was remodeled, and the residents moved into smaller apartments during the renovation. This figure exemplifies how the dimensions of knowledge and learning can be viewed and the different interactions that arise. Using this figure and linking it to the data collected in the present study proved to be useful. Thus, the figure showed the diversity of situations in the field described by the staff, and it displayed a variety of examples of the views on learning and knowledge.

Parallel to the discussion about knowledge for care workers, there is an ongoing debate about evidence-based social work practice. Evidence-based practice poses specific difficulties when applied to social work. Social work is complex in practice, and knowledge in social work cannot be learned (and evaluated) with objective, testable, replicable techniques or working methods, as discussed by Humphries (2003, p. 83). Moreover, it must be acknowledged that social work is a moral, social, and political activity.
Program evaluations are not neutral; rather they are politically infused. Moreover, an evidence-based practice tends to explain problems by referring to an individual, rather than by taking into account shortcomings in the societal factors (Humphries, 2003). Some examples in the field notes from Bayside Park and Stonewood Manor illustrated the difficulty in applying the principles of evidence-based practice to everyday work in elder care. This study uses an ethnographic method to explore the daily routines of care work. The ethnographic method provides unique insight into the daily lives of care workers; it provides an understanding of everyday encounters and what they mean for care workers in terms of how knowledge is used and viewed.

As we move forward in the descriptions of the situation of knowledge for care workers in elder care, we should not jump to the conclusion that it is a fruitless endeavor. On the contrary, in the words of Sociologist Kari Waerness, an influential researcher in the field of care: “That more theoretical knowledge does not always improve the quality of caregiving work, should not lead to the conclusion that less knowledge would be better. Instead we have to ask what kind of knowledge is relevant in order to deal with problems that cannot be mastered by finding the perfect techniques or by acting according to bureaucratic rules, but where the quality of the work still depends on the actor’s training and skills.” (Waerness, 1984, p. 193-194). With these words, this thesis will continue with key concepts that are crucial for understanding this study.
Central concepts

Ontological and epistemological reference points

The ontological and epistemological reference points for this study can be drawn from social constructionism “in a light or moderate version”, as discussed by Alvesson and Kärreman (2007, p. 1265). I recognize this interactional aspect of the research process concerning the nature of knowledge as well as in the research process. I do not, however, claim that everything is constructed. The issue of Social Constructionism (introduced by Berger and Luckmann in 1966) has been debated over the years, and the question of just how much in society is socially constructed has been questioned by, for instance, Hacking (2000). The underlying assumption in this project is thus not that anything and everything is constructed, or that we, as human beings, can only be understood through social constructions. Instead, this project assumes that some things are happening in situations no matter the social construction of it and that the focus of collecting data rather should be on language used to produce and present these situations (Alvesson & Kärreman, 2007). The focus of this study was on the knowledge and skills required for staff competence in elder care, and here, knowledge was understood as being socially constructed, shaped, and transformed.

Inspiration in this study has been drawn from what Burr (2003) accentuates about being critical when studying the world as well as the caution of remaining “ever suspicious of our assumptions about how the world appears to be” (Burr, ibid, p. 3). Social constructionism can be viewed as “a close
cousin of symbolic interactionism and ethnomethodology” (Czarniawska, 2003, p. 128-129). Construction emphasizes both the process and the result. The main empirical material for this study – the participant observations – were not collected by me as the researcher, but rather, they were constructed together with the people in the settings I visited, consistent with the arguments made by Alvesson and Kärreman (2012).

Institutional Ethnography

In Institutional Ethnography (IE), the emphasis is on the individual and on the individual’s experience in relation to the context in which one organizes work (Smith, 2005). As discussed by Smith (2005), IE is used to understand the empirical materials and the situations presented in them. IE was chosen as an inspiration for this thesis, because it can deepen the understanding of the findings from the elder care units described in the articles. IE was chosen as a way of giving voice to those usually not listened to when discussing elder care: the care workers. Care work being created in the relationship between the care giver and care receiver is a common understanding (Szebehely, 2005), however it is not sufficiently studied. The understanding of these relationships and situations and the care workers’ experiences benefits from an analysis of what Smith (1990, p. 11) calls:

…to explore practices of knowing, particularly the objectified forms that are properties of institutional organization and that become visible at the point of rupture, but at the same time are practices in which we participate, that we know from inside,
and that shape the practices through which we have sought to establish women’s interest and experience on the terrain of ruling.

As described by Polanyi (1983), tacit knowledge bears similarities with the first aspect of work knowledge described and discussed by Smith (2005). The first aspect of work knowledge is an individual’s experiences of and in their work; the second aspect is the implicit or explicit coordination with other people’s work, which establishes social relations and a social order. These two aspects of work knowledge originate from IE, which Smith (2005) calls an alternative sociology. IE is described as a method of inquiry, but it can be viewed as both a method and a theory. Traditional sociology falls short in describing the life that people actually live without theorization, and it excludes the researcher. In contrast, IE starts from the very core of people’s everyday lives and work. Smith’s work originated in feminist thought, and it focused on women’s experience (1990) as a basis for sociology for women, but it was later considered sociology for all people (Campbell, 2003, p. 3).

Smith (2005) described IE as a project that “proposes to realize an alternative form of knowledge of the social in which people’s own knowledge of the world of their everyday practices is systematically extended to the social relations and institutional orders in which we participate” (p. 43). IE’s commitment is thus to linger on everyday experience and knowledge and to focus on the ethnographic exploration of the social relations in which we participate. Knowledge is thought to be produced in the ethnographic setting, in a way that describes the social and institutional order of knowledge.
Kjellberg (2012) used IE to analyze organizational elder care in Sweden and the issue of complaints about the care received. Rankin & Campbell (2009) studied Hospital nurses in Canada and IE was used to show the ruling relations. Ruling relations are crucial in IE in order to move from the ethnographic findings and explain the connection and interplay between knowledge and activities. Rankin & Campbell (ibid) found that the institutional ruling relations shaped how the nurses act, more so than their knowledge and education. The way in which the nurses were hindered to make use of their professional knowledge and incapacitated was explained as a contradiction of health care.

This study uses IE, not primarily as a method of inquiry, but rather as a way to understand the experiences and the empirical material from participant observations in institutional settings. IE thus forms the backdrop against which the analysis will be introduced and explained. IE has been criticized, because it entails a weak explanation of the processes of analysis and it lacks transparency in research (Kjellberg, 2012). This thesis has circumvented the lack of a description of the analysis in IE by using other analytical tools. In article I, analysis is based on Collins’ (2005) theory on interaction ritual chains; in article II, analysis is based on Fetterman (2010) when describing the findings in areas; in article III, the element of breakdowns is added (Agar, 1986), and the research process is described as a mystery-making process (Alvesson & Kärreman, 2007); finally, in article IV, analysis is based on reflective practice (as discussed by Schön, 1983, 1992). In this study, IE provides the link between the individual level and the organizational level. It places care workers in their work context and in the organizational setting of elder care.
IE was also used in this study as an attempt to briefly address the issue that care work is performed mainly by women. The findings in this study are to be understood as based on women’s experiences, as discussed by Smith (2005). However, as I understand the nature of feminism, it is applicable to all people (as Smith later labeled IE), and it aims to create equality among the different genders, but also among different races, among individuals with different levels of disability, and so on. Therefore, this text does not intend to deepen the discussion on feminism and gender connected to care work; for a discussion on this, see, e.g., Paoletti (2002) and Waerness (1984).

Knowledge

In this study, the participant observations are focused on knowledge and how knowledge is perceived by a select group within the organization: the care workers and their managers at two elder care units. Knowledge is a vast term; it encompasses various levels of knowledge and various types of knowledge. Gustavsson (2000) discussed the view on knowledge (drawing on classic thoughts from Aristotle) and the impact knowledge has in today’s society “the knowledge society”. Knowledge can be outlined in three separate (or possibly intertwined) sections; *episteme* is the scientific knowledge, *techne* is the practical, productive knowledge; and lastly *fronesis* is the practical wisdom. Gustavsson (ibid) poses questions about practical knowledge, or knowledge in practical professions; what this knowledge consists of and how we can understand it. Knowledge in practical professions is often called *silent knowledge* (ibid p. 103) or *tacit knowledge* as discussed by Polanyi (1983), but it is seldom specified or discussed. The concept of silent knowledge is deeply incorporated in the elder care sector, and this point is elaborated upon in article II in this dissertation thesis.
Säljö (2010) stressed that there are assumptions and perspectives closely connected to what we call knowledge. These underlying assumptions comprise the mechanism that makes knowledge useful to us, acting within certain systems. Knowledge is most often portrayed as a merely positive thing; however, there are also negative aspects in the development of knowledge. Those that lack knowledge become dependent on those with knowledge; thus, knowledge becomes a matter of power.

**Knowledge and reflective practice**

Reflective practice is a vital influence on the concept of knowledge in the practical work of elder care. Reflectivity and reflective thoughts concern what and why we do something (Fabian & de Rooij, 2008). In this study, the concept of reflective actions draws on the work of sociologist Dorothy Smith (1990). Reflectivity is a way of incorporating knowledge into our own personal selves and recognizing our own insights. In this sense, reflectivity is a very personal matter, which requires an awareness of oneself. The seminal works of Schön (1983, 1992) on reflective practice prevail as a way of emphasizing the value of practical knowledge and enhancing its status, as discussed by Van Maanen (1995) and Nishikawa (2011). Reynolds and Vince (2008) suggest that developing an organizationally-situated reflective practice can enable learning from the work performed; thus, the organization honors the value of sharing work-related knowledge.

In a learning process, interaction, and the importance it plays, was emphasized by Nishikawa (2011) and by Svensson, Ellström, & Åberg (2004). Incorporating interaction in the learning process moves the emphasis from the individual to the specific context. Reflection in action, as argued by
Schön (1983), may well be translated to other situations. However, generalizability is not the focus of reflection in action; the focus is to contribute “...to the practitioner’s repertoire of exemplary themes from which, in subsequent cases of this practice, he may compose new variations” (page 140). Individual reflective work must be accompanied by collective reflection, if it is to lead to learning something that results in increased quality of care (Nishikawa, 2011).
Materials and methods

Ethnography-entering the field

The main method used in gathering empirical material in this study was participant observation, or ethnographic fieldwork, a method widely used and referred to in qualitative research (Fangen, 2005; Gans, 1999; van Maanen, 1988). Ethnographic work entails encountering unknown worlds and the pursuit of making sense of them (Agar, 1986). This work is further described by Agar (ibid) as the need to depart from traditional scientific control, which is not suited for ethnographic work. Sanders (2010) described ethnographic work as “doing everyday life” (p. 117), and furthermore, he stressed the social anxiety and uncomfortable feelings evoked in a researcher during this process. Ethnography is described in Sanders’ title as: “dangerous, sad, and dirty work” (p. 117). Exposing oneself as a researcher in fieldwork entails having to balance and hide one’s feelings evoked in the field; this was also my own experience in the field. The “result”, after completing observations, is (according to Sanders, ibid) a presentation of what has been seen or experienced in the field, and the ethnographer is faced with the rhetorical challenge of convincing readers that the accounts accurately portray the studied setting.

The main materials used for analysis in this study were field notes from months of participant observations. Notes from the observations were initially written down in a notepad, and later transcribed into a Word document. The notes were dense and contained mostly direct quotes from care workers in various situations; Tjora (2011) defines these as “naïve
notes”. The field material thus contains two main documents; one document contained the transcribed, condensed notes from my observations, which were heavily weighted with quotes, and the other document contained my interpretations of these quotes and situations. The first document contained empirical material: notes from informal conversations with care workers that took place during the observation periods; formal conversations (interviews) with the care workers and their managers; and notes from my participations in staff meetings at the two units. Ethnographic interviews have been described by Spradley (1979) as informal conversations that take place in the process of field observation. This understanding was used in the interviews conducted in this study. The observations themselves proved to provide ample empirical material. Thus, the more formal conversations (or interviews) conducted at the two units were used as opportunities to get to know the care workers a bit more, and consequently, to understand the two settings that framed the observations.

The observations in this study were initiated and pursued with an open-ended perspective. During the course of the study, the analyses were initiated after the observations were concluded. In the words of Ragin, a study is defined and reshaped as part of the research process (1995); thus, the study aim changes throughout the process. This was certainly the case in the present study.

As the researcher, this research was performed from my viewpoint and based on my perceptions; this situation was inevitable, considering the theories applied in this dissertation. As the researcher, I participated in and constructed situations that, eventually, I interpreted and analyzed. However, the perspectives of the different articles are different. Lalander (2009, p.34) used the concept of an “insider’s perspective” (my translation), which was
well suited to this study. I strived to use an insider’s perspective in my study. Research with a strong focus on participant inclusion was discussed, for instance, by Aagaard Nielsen and Svensson (2006). Action, or interactive, research originated from Norwegian studies in the 1960’s; this type of research can be thought of as an alternative perspective on research and how it can be conducted. Rather than proposing a specific (objective) method for conducting the research, the researcher’s participation in the study is encouraged; this perspective of interactive research stresses mutual learning between the researcher and the participants. I can attest that I have learned immensely from this experience of being in the field, and I can relate to the core aim of interactive research, although I chose not to apply this perspective to my research project. The experience rather enhanced my understanding of the principle that including participants in the study was a natural part of an ethnographic approach.

Table 1 on the coming page is a research map of the dissertation project as a whole. It provides an overview of the study and the collection of empirical material. This research map is similar to that developed by Layder (1993); here, it is used to put the study in context.
Table 1. Research map.

<table>
<thead>
<tr>
<th>Research element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research focus</strong></td>
<td>Knowledge required for care workers in elder care. Institutional setting: organized, formal elder care, part of the national welfare system.</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>Institutional elder care in a municipality of a mid-sized city in Sweden.</td>
</tr>
<tr>
<td><strong>Setting</strong></td>
<td>Two elder care units run by the municipality: The first elder care unit; Bayside Park. The second unit; Stonewood Manor. Both units are described on pages 37-39.</td>
</tr>
<tr>
<td><strong>Situated activity</strong></td>
<td>Participation in various everyday situations in elder care practice, recorded as participant observations.</td>
</tr>
</tbody>
</table>
| **Self** | In this study, the term ‘Self’ described one of two possible study participants:  
  - Myself, as the researcher. Here, the ‘Self’ comprised several factors, including my education; my experiences in elder care; my brief experience in working, first as a care worker, and then, as a manager in elder care; and my experience of being a family member of a resident at an elder care unit.  
  - The ‘Self’ of a care worker that shared their daily life with me. This ‘Self’ comprised various experiences, including education; working in elder care; and various experiences and thoughts about knowledge and its role in their work. |
Settings in the field: Bayside Park and Stonewood Manor

Participant observations were initiated at an elder care unit in a mid-sized city in Sweden in 2008, after the manager responded to a question sent to the respective municipality. Here, this elder care unit is called Bayside Park. I visited Bayside Park two to three days per week for approximately five months. In 2009, participant observations were initiated at the second elder care unit, called Stonewood Manor. However, these observations were postponed for a long break, due to my parental leave. When the observations resumed in 2010, I visited Stonewood Manor two to three times per week for about five months. Therefore, I spent a total of more than 10 months at the two elder care units for participant observations of staff in everyday work situations. However, I have continued my contact with the care workers and managers at the two units. At both units, to obtain an understanding of the various routines and schedules, I alternated days of the week and times of the day for the two to three visits per week. This scheme ensured that I collected observations for all shifts and all days of the week. I spent an average of 80 hours per month in the field, and a total of 800 hours.

The Bayside Park elder care unit consisted of nine small apartments for residents with dementia. Twelve staff members were employed, but they were accompanied by about eight temporary workers that filled in when needed. In reality, the daily life at the unit was highly dependent on these temporary workers, who filled in “gaps” in the schedule each day. The nine small apartments were connected to two corridors that led into a kitchen and common area, where most residents spent their days, alongside care workers. The main entrance to Bayside Park was locked, keys were given only to staff members. During the research period, although the apartments remained
unlocked, they were entered only when the older person (the resident) was present. During the observations, I would accompany staff during their work, and thus, we entered the resident apartments. Bayside Park was located in a small area occupied by apartment buildings in the city, within walking distance of the city center, with everything that most city centers have to offer.

The elder care unit of Stonewood Manor also housed older people living in their own apartments, but it was not restricted to people with dementia. It was a much bigger unit with 47 apartments, spread out over several buildings, in a large residential area occupied by apartment buildings. Eighteen care workers were employed, and about five temporary workers were available for filling in. Access to Stonewood Manor was also restricted to the staff, and during the study period, I would follow staff members to different apartments. Although not a closed unit, like Bayside Park, during my period of observation, I depended on the staff for access. The staff toilet even had to be unlocked for me, as needed. Stonewood Manor was located just outside of the city, in an area that had been described to me as a ‘tough, challenging area with a high rate of unemployment’. Many of the people living there were receiving social welfare. I was told about shootings at night in the area, which had resulted in night staff carrying an assault alarm. Near the end of the participant observations, two staff members had been assaulted by a resident in the area, who approached them one evening. Therefore, the settings and contexts of the two elder care units were quite disparate; this aspect is discussed in relation to the organizational culture, in article III. At both Bayside Park and Stonewood Manor, there was no place for me to withdraw; thus, the days there were very intense. At both elder care units there was only one man employed, as is a common scenario in elder care.
In an ethnographic spirit, I also studied other types of material to gain a better understanding of the context I was studying. This material included national and municipal policy documents, local policy documents, and guidelines and information about the two elder care units from a national online registry (provided by the National Board of Health and Welfare). At both units, I made a point of studying information sheets and any information that was lying around or posted on billboards.

Table 2, below, gives an overview of the collected material from each elder care unit. This empirical material provided me with the specific details of participant observations, as well as contextual general information in order to better understand what I experienced in the observations.

Table 2. Empirical material collected at Bayside Park and Stonewood Manor

<table>
<thead>
<tr>
<th>Empirical material</th>
<th>Bayside Park</th>
<th>Stonewood Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field notes, months of participant observations</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Formal conversations (interviews), performed with 2 staff members at a time</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Formal conversations (interviews) with manager</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Formal conversation (interview) with the managers’ manager</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Field notes from participation in staff meetings</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Breakdowns and mystery-making

This study was designed in accordance with the description of research as a creative process, developed and presented by Alvesson and Kärreman (2007, 2011, 2012). In article III, the analysis was guided by their view of ‘mystery as a method’. This thesis uses that approach to explain the research process used in this study. Alvesson and Kärreman turned their focus away from the traditional classifications of inductive, deductive, and abductive approaches in research. They focused instead on the “mysteries” that arise when a breakdown occurs (data that does not fit a theory), and the process of solving these mysteries represents a research contribution. The data, or as the authors prefer to call it, the ‘empirical material’, is emphasized as vital input for theorizing. The mysteries, or problems to solve, form part of the method and theory development in research projects. Research develops by examining the breakdowns, which moves the process along, and finally results in the presentation of the mystery, and possibly, a solution. The process of examining breakdowns is similarly discussed by Agar (1986) as a part of the ethnographic method. A breakdown can be illustrated by pieces of a puzzle which do not fit; in this particular study, they are exemplified as various pieces or shapes of knowledge. In an attempt to enhance the understanding of the studied culture, the researcher adjusts the research approach, which leads to a way to fit the puzzle pieces together. Or sometimes, the puzzle pieces do not fit, but the process provides a clear understanding of the circumstances. These breakdowns are, according to Agar (ibid), part of the ethnographic approach, and they continue to appear until an understanding of the studied culture is attained.

This notion is similarly discussed by Emerson, Fretz and Shaw (1995) and Murchison (2010), who suggested that ethnographic work uses both
inductive and deductive approaches. Although research is, in some respects, always guided by some ideas about a research field, ethnographic work must be inductive, and the empirical material is understood only after living with and experiencing the field. Thus, complete objectivity is impossible. Humphries and Martin (2000) pointed to the fact that the researcher is not fully objective when doing research, but rather, forms one part of the interaction involved. Haraway called objectivity a curious and inescapable term (2004), and pointed to the influence of the researcher in a study. O’Reilly called the process of moving back and forth between theory and analysis, data and interpretation, an “iterative-inductive approach” (2009, p.105). This approach employs reasoning similar to that of Alvesson and Kärremans; it emphasizes the strengths of using inductivism, and at the same time, exploring theoretical insights. The process of going back and forth between theory, analysis, and empirical material was put into practice in this study. The coming chapter on ethical considerations also elaborates this process of reflectivity.
Ethical considerations

All research that entails the study of events in a natural environment can be called ethnographic (Fangen, 2005), because it closely links the researcher to the people in the chosen context through the method of participant observations. Ethnography also entails special issues of concern regarding research ethics (Ferdinand, Pearson, Rowe & Worthington, 2007). This section describes the ethical considerations that are closely linked to the methodological reflections of ethnography. Applying the criteria of research ethics to ethnographic research is difficult, because the criteria, according to Hammersley and Atkinson (2007), are often developed according to the needs of biomedical research. In those more traditional ethical considerations, the researcher is considered to possess all knowledge, and consequently, the power to ensure fair treatment. This accentuates the hegemony of the researcher over those who are being researched upon, as being objects (Humphries & Martin, 2000; Macdonald & Macdonald, 1995)

As an ethnographer, I consider myself to be a part of the studied world. This point of view was discussed previously (Hammersley & Atkinson, 2007) as viewing the world from a social constructionist’s perspective. In the research I perform, I consider myself to be one part or component, as previously discussed; the other components in the study are the employees, the managers, and the residents at the elder care institution; thus, the research is shaped and created by us. This involvement of the researcher is similarly discussed by Fine (2001) and Paoletti (2013). The participant observations proved to be an interactional process between me, as the researcher, and the participants in the study. Like Sanders (2010), I found the observations to be
challenging, because they evoked feelings in me that I could not/did not want to share with individuals in the elder care units. Moreover, I was faced with situations where I needed to think about an “ethically correct” response to someone in that setting. Some of these situations will be presented and discussed in this chapter. The real ethical dilemmas were not resolved before initiating the observations; instead, they had to be addressed along the way. In that sense, the application for ethical approval of the study was not helpful. I needed to reflect carefully upon the issue of how to conduct myself in an ethical manner throughout the whole research process.

The general discussion on ethics in research often focuses on guidelines or recommendations that are approved by a committee (Humphries & Martin, 2000). This is, as Humphries and Martin would put it, the illusion of safety or security for the researcher. Addressing ethical issues in research is a constant process “best resolved via an ongoing reflexive dialogue between ourselves, the research participants, other academics and friends and the field context” (O’Reilly, 2009, page 63). This process-oriented approach to research ethics was discovered early in this study, and the ethical issues had to be addressed “…on a case-by-case (moment-by-moment) basis” (ibid, page 63). In the words of Hammersley and Atkinson (2007): "It is the responsibility of the ethnographer to try to act in ways that are ethically appropriate, taking due account of his or her goals and values, the situation in which the research is being carried out, and the values and interests of the people involved". Research ethics is closely linked to the views of method and analysis. To do justice to the intriguing area of research ethics, at this point, I will spend some time to go through my experiences while I was involved in participant observations. After a description of the procedures that were undertaken before initiating the study, I will describe four
situations from the participant observations that I found especially trying from a research ethics point of view.

Before initiating the study, an application for ethical approval was sent to a regional research ethics vetting board (number: 148-08). This study did not require approval from the committee; nevertheless, the committee provided recommendations on how to proceed. However, in any qualitative study, and in particular, one based on participant observations, research ethics will include obligations, situations, and circumstances that must be addressed, but are not covered by an ethics approval board. The specific conditions that apply to research of an interactional nature have been discussed recently by Paoletti (2013). This is an area of research that has gained increased attention over the last decade.

After initiating the study I was thrown into several situations at Bayside Park and Stonewood Manor that required ethical reflections and considerations. Several situations during the course of doing field work forced me to stop and think before I could respond or continue; below, I have described a few of these situations:

1) Before initiating the participant observations, I sent a letter to the managers, where I introduced myself and explained my project. The managers told the care workers about the project and asked for their approval to participate in my study. I decided beforehand that it would be better for them to be asked by the manager, rather than by me at a staff meeting. It seemed to me that it would be easier for the care workers to decline participation, if I was not present. After initiating the observations, however, I came to a different conclusion. I found that it might not be easier for the care workers to
decline the offer when it was presented by their manager. Clearly, I will never know whether there was any hesitation about me or my project, or whether they had any discussion about participation. The managers at both Bayside Park and Stonewood Manor assured me that everyone was positive about the participant observations. Therefore, I assumed that I would be aware of any direct feelings of awkwardness, that I could respond appropriately, and that I could adjust the observations when necessary. Fine (2001) wrote about moral dilemmas in ethnographic field work, and what he called the “ten lies of ethnography”. In the lie called “The Honest Ethnographer” (page 372), the problematic nature of informed consent was called “the grail”. Good ethnographers were said to “not know what they are looking for until they have found it”, which makes it problematic to inform everyone about the specific goal of the observations and obtain consent to continue.

2) During the participant observations, I made a point of always carrying around a note pad and a pencil as a way to ensure that everyone I met would see that I was not a care worker there. The care workers commonly introduced me as “the PhD student visiting us”, or something similar. In the course of the observations, on one occasion, I became aware that a care worker was feeling uncomfortable with my presence. When meeting residents, she implied that it was difficult for her to introduce me and know what to say about me. Humphries and Martin (2000) drew on feminist and anti-imperialist thought when they constructed ethical principles. The feminists and anti-imperialists mainly objected to traditional ethical considerations, because they work in favor of powerful groups in society. On the other hand, a dynamic approach
emphasizes the need for self-awareness in the researcher to conduct research in an ethical way. Humphries and Martin objected to the portrayal of people involved in a study as passive and dependent on the researcher. In my situation, I had not intended to make the care worker feel uncomfortable; therefore, I joined one of her colleagues instead.

3) Another situation that I reflected upon occurred at around Christmas time, during my observations at Bayside Park. The manager at Bayside Park invited me to a Christmas party organized for the care workers. I appreciated the invitation, and at first, it seemed harmless. I had spent much time with the care workers at that unit and, in her words, this was the manager’s way of showing some appreciation. The more I thought about the idea though, the more hesitant I became. The invitation had come from the manager, and I was not sure that all the care workers would appreciate my presence. The care workers were invited to only a few occasions like this, and this was one of those rare opportunities to socialize outside of work. I felt that my presence during work might be enough to handle for the care workers, and that, if I went to the Christmas party, they might feel that I had intruded into their private spheres. On the other hand, declining the offer felt impolite and ungrateful towards the manager. Humphries and Martin (2000) argued that all social research might be considered an invasion of privacy by the researcher. The researcher is the one in control and also the one that benefits, with a career advancement that stems from the research. After thinking about this for a couple of days, I approached the manager and politely declined the offer; I had come to the conclusion that I should respect what I thought the care workers would wish, rather
than oblige the manager. Fine (2001) labels the first of the ten lies of ethnography “The Kindly Ethnographer” (page 368). In that case, the researcher is described as a kind person, but in truth, he/she is a kind of spy. Accepting the invitation to the Christmas party seemed to me that I would have been too close to the lie of the “kindly ethnographer”, when I was actually at the elder care unit to study the care workers.

4) Finally, two episodes occurred at both elder care units in interactions with the managers. The first situation took place at Stonewood Manor, when I met the manager for the first time. The manager started to describe some difficulties in the staff group and some problematic attitudes of the care workers. Because I was to spend long periods of time with the care workers, the manager saw this as an opportunity to get reports and feedback from me about the behavior of the care workers. I was quite taken by surprise by this question or suggestion from the manager; I responded that reporting back could not be my job. This was not appreciated by the manager, but I initiated the observations and concluded them without discussing the care workers with the manager. On a completely disparate note, the manager at Bayside Park approached me with enthusiasm. She was so proud of the work performed at Bayside Park by the care workers, that I interpreted her positivity and eagerness for my presence and my project as a way to spread the word about the good work at the unit. At times, in the midst of participant observations during the field work, I felt intimidated, because I did not know how to respond to what I felt was pressure on the project. These two disparate situations illustrated what Paoletti (2013) discussed as the use of research activities by the
participants to accomplish their own goals. An inclusion of participants in a study by interactive methods in research can bring out these dynamics, which in turn, might produce and present interesting research; however, the fact is that, as a researcher, I must represent the others, and in the end, the researcher’s interpretation of the observations is what is presented in a study (Humphries & Martin, 2000). When analyzing the field material, I experienced a need to withdraw from the field, in order to take a step back, before I could analyze the quotes and situations without feeling pressure to report back, on the one hand, or to portray the care workers in a positive light, on the other hand.

The responsibility of the researcher throughout the research process has been discussed within the feminist research field by Edwards and Mauthner (2002), Humphries and Martin (2000), Maynard and Purvis (2002), and Maynard (2002). The common denominator of those writings was the effort to illuminate the hierarchal situation between the researchers and those researched. The researcher is positioned as “a central, active ingredient of the research process, rather than the technical operator that can be inferred by ethical codes” (Edwards & Mauthner, 2002, page 15). As the study progressed, and I was faced with various situations during the field work, I became more and more vigilant towards the hierarchal situation between me and the participants in the study.

In the article by Ferdinand et al (2007), the four authors described their own ethical dilemmas during the course of research. They illustrated four different experiences relating to the core principle of honoring ethical dilemmas in ethnographic studies. The authors displayed variety in the actual decisions they made, but provided no final answers to what the correct
ethical behavior should be, simply because there is no final answer, when conducting an ethnographic study. This does not, however, mean that *anything goes* (page 538); rather, it emphasizes the responsibility we have as researchers. This is the point I have arrived at: the situations that challenge the researcher from an ethical point of view are endless when engaging in participant observations. There is no way to avoid them, and these situations always require reflection before continuing. This is one of the commitments a researcher must make, perhaps the most important one. When Fine wrote about the lies of ethnography (2001, page 383), he concluded that “We ethnographers cannot help but lie, but in lying, we reveal truths that escape those not so bold”.
Summary of the study

Paper I

From Shadow to Person: Exploring Roles in Participant Observations in an Elder Care Context

In this article, I explored participant observation as a research method and, more specifically, I addressed the intriguing situation of the researcher’s role in interacting with participants in the setting. The materials used in the analysis were field notes from participant observations that focused on the staff of two elder care units in a mid-sized city in Sweden. Raymond Gold’s roles in participant observations are known to have limitations, but they are sparsely described or discussed; therefore, this text attempted to provide that description and discussion. The specific question posed in this article was, (How) do roles for the researcher in participant observations change during the course of fieldwork? I used Randall Collins’ theory on interaction ritual chains as an analytical tool to identify symbols used by the staffs of the two institutions. The examples chosen from the field revealed symbols displayed at the units; moreover, the examples illustrated that the researcher’s roles in participant observations did change once or twice during the course of fieldwork, and they also changed continuously. The findings showed that fieldworkers do shift roles in different situations, when observing a variety of people and settings. Furthermore, observations were developed in the interactions between the researcher and the participants; therefore, referring the approach in participant observations to a number of roles is restrictive and limiting.
Paper II

“You have to have a certain feeling for this”: Exploring tacit knowledge in elder care

It has been emphasized that care worker knowledge must increase to improve the quality of care for older persons in organized elder care in Sweden. However, care workers and national policies are not always in accordance; observations have suggested that care workers emphasize the importance of tacit knowledge. The aim of this paper was to explore the nature of tacit knowledge and how it might be identified and described. Field notes from participant observations at two elder care units in Sweden served as empirical material. We found that, for staff in elder care, the use of knowledge was part of a process where knowledge was created and knowledge was shaped. Analysis of the field notes identified the themes of ‘a feeling for work’ and ‘acting and artistry’ as components of tacit knowledge in elder care. Because the processes of knowledge and job execution were closely intertwined, they were difficult to separate or even understand without deeper insight.

Paper III

A free regulated work? An ethnographic account of the contradictory nature of care work. Organizational culture and shared knowledge in elder care.

The objective of this article was to analyze how care workers and managers perceived and understood knowledge and how this knowledge was shaped
within the framework of the organizational culture in elder care. The aim of the study was to determine the implications of shared knowledge within an organizational culture. An ethnographic approach was applied to analyze the empirical material of field notes from participant observations at two elder care units. We found that the organizational culture shaped the contradictory nature of care work. We emphasized the importance of taking these situational and contextual factors into account when considering the nature and conditions of care work.

**Paper IV**

*Reflection in Action: A multi-layered approach. “Cause I am good at that, you are supposed to say what you are good at these days!”*

The final article addressed the issue of reflective practice, as suggested by Schön (1983, 1992). The aim of this study was to analyze instances of reflective practice in elder care to describe individual and collective work. Reflective practice prevailed as a way to emphasize the value of practical knowledge and enhance its status. Reflectivity, defined as thinking about what and why we do something, is a way to incorporate knowledge into our personal selves, thus, it is a very personal matter. Using reflective practice in elder care proved to enable learning, which led to improved quality of care. However, individual reflection must be accompanied by collective reflection, because collective awareness is crucial for improving the quality of care.
In the chapter to follow I will present and discuss the main findings in the study, link the findings to overall aim of the study and to Institutional Ethnography (IE) and the mystery previously introduced. Thoughts on ethical considerations and accountability are also included in the section to come, which ends with final thoughts.
Discussion and conclusions

This dissertation thesis explored the construction and application of knowledge in elder care. Based on the four articles, the knowledge explored pertained to knowledge about 1) participant observations and the specific situations concerning roles in participant observations; 2) tacit knowledge and the importance of recognizing tacit knowledge as a factor in elder care; 3) organizational culture, sharing knowledge in a staff group, and the contradictory nature of care work; and 4) reflective practice and implications for situational collective reflections on care work. In this final chapter I will elaborate on the main findings in this dissertation thesis in three areas as presented below. After a discussion on the areas, this chapter will continue with my thoughts on ethical accountability and end with final thoughts, linking back to the overall aim and the two questions initially posed in the study.

The overall aim of this dissertation was to explore knowledge in elder care practice by analyzing the construction and application of knowledge for and by staff in elder care. This sheds light to the Mystery of Knowledge in Elder Care Practice: Locally Enabled and Disabled. To pursue this aim, two questions were addressed:

1) How and what kind of knowledge is expressed and made visible in daily elder care practice?

2) How is knowledge shared interactively in the context of elder care?
The examples from the empirical material indicate that much of what is done at elder care units in Sweden refers to care workers’ experiences in the specific settings of organizational elder care. Articles I and II describe findings from the participant observations that express knowledge used at the two elder care units, in response to question number 1 above. Tacit knowledge as described as a certain feeling for work along with the artistic skills used by the care workers is highlighted in article II. Article III responds to both of the two questions as it describes the importance of the organizational culture when understanding how knowledge is shared, or not shared, in daily elder care work. Article IV responds to question number 2 when it illustrates reflective practice at the two units.

The main findings in this study are presented as three areas:

- a way of understanding tacit knowledge, which refers to knowledge gained by care workers through working in elder care;
- the connection between an organizational culture and the knowledge shared within the organizational culture;
- reflective practice in elder care work and the imbalance between individual and collective reflectivity.

These findings have implications for specified knowledge in social work practice and the need for education linked to this knowledge. Thus, awareness needs to be raised that various forms of knowledge should be recognized as vital; i.e., training should include recognition of the tacit dimensions of knowledge, and it should incorporate the artistic skills of care workers.
Understanding tacit knowledge in elder care

Article II focused on the care workers’ knowledge and, more specifically, on the perception of knowledge that has been regarded as silent or tacit knowledge. The focus on tacit knowledge was initiated, because the care workers had drawn attention to it. Thus, article II explored how tacit knowledge (as discussed by Polanyi, 1983) can be understood for care workers in the organized setting of elder care. Tacit knowledge resembles the first aspect of work knowledge in Institutional Ethnography (IE), described and discussed by Smith (2005); i.e., a person’s experiences of and in their work. In this study, experience (as emphasized in IE) is considered a tool that fosters the achievement of the feelings, common sense, artistry, and acting skills used to facilitate the practical work. The care workers I met during the participant observations showed me aspects of their work that I had not previously reflected on. Although it was knowledge that they practiced within the context of the institution, much of it was gained informally and even privately, with emotional elements. The care workers seemed to be personally connected to the work and the residents (discussed in article III). When I went through my empirical material again to prepare for writing the thesis, I became aware of the level of privacy in a different way; I reasoned that the residents had no choice but to share very private and intimate moments with the care workers; therefore, in being private towards the residents, the care workers showed respect and might have strived to create an equal relationship.

Organizational culture and shared knowledge

The objective of article III was to analyze how care workers and their managers perceived and understood knowledge and how this knowledge was shaped within the framework of the organizational culture (as defined by
Alvesson, 2002) at an elder care unit. More specifically, the concern of this article was to discuss the implications of shared knowledge within organizational cultures. In this article, the two different elder care units were used to elaborate two settings for understanding the shared knowledge.

IE emphasizes that the individual’s experience is vital for viewing knowledge in relation to the context. The second aspect of IE is that it accentuates the social relations and interactions that occur in the work place. In article III, this second aspect of IE is described as the organizational culture. At Stonewood Manor, a care worker expressed to me her concern about being observed: “You´re not writing about abuse and neglect are you? Because I don´t think that´s happening here.” Care workers today are aware of the opinions about the low-quality work they perform; whenever elder care is focused on in the media, the reports are on scandals of neglect. This awareness about the troublesome picture presented about elder care was noticeable throughout the observation records. When I visited Stonewood Manor, a care worker said that: “It is nice that someone (me, the observer) is interested in the work we do here”. A resident that was present added: “Yes, that´s not so common”. The general view that care work in elder care was not interesting enough for others to care about was shared among the care workers and the residents.

**Reflective practice in elder care work - imbalance between individual and collective reflectivity**

Article IV addressed the issue of reflective practice, as suggested by Schön (1983, 1992). It aimed to analyze instances of reflective practice in elder care to describe individual and collective work. Using reflective practice in elder care has proven to enable learning, which then leads to an improved quality of care (Nishikawa, 2011). However, individual reflection must be
accompanied by collective reflection, because collective awareness is crucial for improving the quality of care. My observations attested to several situations of reflectivity; however, they were mainly individual reflections, and less collective reflection.

The ruling relations used in Institutional Ethnography (IE), as a way to explain the relationship between knowledge and activities in everyday life, is a way to enlighten the findings in this study. The three areas above can be understood as ruling relations at the two elder care units and the conditions they create for the care workers. Especially the significance of organizational culture and the conditions an organizational culture creates for shared knowledge. This ruling relation forms the context dependent factors, which can be an addition to the figure by Westerberg (2004) (see figure 1, p 23).

**The mystery unfolding**

At the beginning of this thesis, an episode was described to introduce the mystery of Knowledge in Elder Care Practice: Locally Enabled and Disabled, where the construction and processing of knowledge for and by staff in elder care was analyzed. Observing the care workers provided opportunities for them to share their reflections on the knowledge involved in their work. The quote by the care worker Elsie illustrated reflective work that was focused on the individual:

Elsie told me that she sometimes thinks that someone else in the staff group does something really well. Other colleagues solve situations in a good way. When I asked her whether they talked about these things in the staff group, she said ‘yes’; then, I asked what these situations might be. “Well, the last time it was
Anna, who told me about Klas (a resident) having a stroke. When she told us, I thought about how well she solved that. I didn’t tell her then, but I told her later. Damn, what great colleagues I have; I’m really proud!”

Reflectivity can be seen as a necessary tool when making use of one’s experience and relating it to the experiences of others. However, the reflectivity displayed at Bayside Park and Stonewood Manor was mainly of a private nature. Although knowledge is enabled through reflective work, the lack of shared reflective work may hinder the construction of shared knowledge. Knowledge then remains a private matter, which is not likely to have a large impact on the work performed at the team level or on the colleagues of a care worker.

As discussed by Westerberg (2004), a combination of adaptive learning and experience-based knowledge (square 2 in the table on the right) was commonly recorded in the empirical material (field notes from the observations in this study), as described in articles I, II, III, and IV. There was a rich variety of examples of situations where staff showed that they used their experience to guide them when acting in situations. These examples also illustrated a connection to adaptive learning, where the staff responded in accordance with given frameworks and previously determined constraints.

However, the examples from the field notes also showed a variety of
circumstances where staff members referred to theoretical knowledge, described in the table as generalized knowledge (see article I).

The clear division of the squares proved to be a too simplistic way of understanding my empirical material, lacking nuances and the ability to incorporate various aspects in the findings. Although the table was useful in the beginning, it did not allow sufficient detail in the analyses to do justice to the empirical material. To provide space for all the variety in the field notes, the table required more nuances. It was challenging to fit examples from the data into the four given spaces, because it was often impossible to strictly categorize the origin and nature of knowledge and skills performed at the two units. The commonly held impression that the practical work of a care worker is based mainly on practical knowledge, techne, or practical wisdom, fronesis, is partly a preconception, which does not fully correspond to the diverse situations I encountered at the two elder care units. Many of the care workers performed their work in a more artistic way than I had previously imagined (see article 2). To engage the attention of the elder residents, some care workers would sing and perform small theatre pieces, sometimes drawing on specific instances in the elder resident’s backgrounds that would resonate in them.

The lack of nuances in analysis of the empirical material when using the figure by Westerberg (2004) was restricting, however the main dilemma proved to be the absence of interactional and contextual factors in the figure. How the care workers are able to construct and make use of knowledge needed is embedded in local contextual factors. The findings in this study emphasize the interactional aspects of care work and the interplay between care workers and residents. This interaction is further dependent on
contextual factors, such as the organizational culture which shape these interactions.

**Ethical reflections and researcher accountability**

When the participant observations were initiated, the intention was to involve the care workers in the study in an interactive approach, as discussed in the previous section on ethnography. As a way to ensure the participants’ involvement in the process, they could contribute with feedback, and by doing so, they could influence the study, as discussed by Humphries & Martin (2000). However, that was a multi-layered intention, worth spending some time pondering. Writings on William Foot Whyte’s experience placed the issue of involvement into another light. Whyte’s study about an Italian community in Boston resulted in the seminal work, *Street Corner Society* (1993a), first published in 1943. Years after the publication of that book, and after being used as one of the paragons of ethnographic work, Whyte’s intentions with that research, and how he used the people in the setting, was questioned and criticized. This lead to a response from Whyte, in the article, *Revisiting Street Corner Society*, (1993b); where he raised the question of accountability. The fact that the researcher is alone in making most decisions and is the one who finally writes up the research is inescapable.

As a researcher, I feel accountable to the community, as discussed by Humphries and Martin (2000). This accountability can take numerous forms and shapes, and it involves different parts of the research study. However, after reading Whyte’s article (1993b), I again realized the complexity of the problems embedded in the participant observations approach. No matter how much I wanted to engage the participants in the study, the final decisions in the analysis and writing were inevitably mine. I started to feel a need to
withdraw from the field, to distance myself from the elder care units, before I could make sense of the field material. However, now the situation is different, after writing down my experiences with the people at the elder care units. At this point, it may be fruitful to consider accountability and how the findings from this study might be discussed outside of the academic community, in circles closer to those involved in the study. The distance, if you will, between the research community and those involved in the practical work, is not easily overcome. Considering accountability in this study required more than producing an academic text. The presentation of ethnography can involve various elements, as discussed by O’Reilly (2009), such as poetry (Travers, 2001), dance (O’Reilly, 2009), and performance (Bagley & Castro-Salazar, 2010). Bagley and Castro-Salazar beautifully described a critical performance ethnography study on undocumented US immigrants of Mexican origin, and how the results from interviews were presented in a theatre performance. The performers were of Mexican origin and the audience correspondingly consisted of other people of Mexican origin, as well as community activists, and others with an interest in the matter of undocumented US immigrants. Learning by role-playing is a common method used in care work education; thus, presenting ethnographic findings in a theatre performance is not a far-fetched notion. Perhaps, by involving care workers, managers, residents, and family members in acting out situations in elder care, we could open fruitful discussions with an audience of stakeholders. This is certainly one way to use the findings from the present study, and it would make it more approachable for those involved in the study.
Final thoughts

The mystery that unfolded itself entailed just that; a mystery. The mystery of knowledge in elder care is in parts explained and elaborated on in this thesis. However parts of the mystery remain unsolved and needs continued research in order to better understand the conditions for care workers knowledge in elder care. The care workers’ understanding of their own knowledge reflected an organization that was ambivalent to the matter, and consequently, their perception was influenced by that attitude. The daily work duties and life at the elder care units entailed practical issues, with the objective of making life comfortable for the residents. Those duties were required by the organization, in terms of regulations and individual planning for each resident, and they were influenced by contextual factors, in relation to the managers, colleagues and residents. The various requirements were contradictory at times, and they posed dilemmas for the care workers in their endeavor to perform the work well. The practical knowledge, a natural, vital part of the work, was devalued, even by the care workers. In article I, I described instances where the care workers invited me into their work and requested my hands-on participation; this suggested that the work could be performed by anyone (or rather, any woman) without requiring specific knowledge or skills.

Formal, theoretical knowledge was somewhat feared in several ways; the care workers that did not have theoretical knowledge felt that the work was not important enough to require special knowledge (the care workers described their work as depending on common sense, i.e. anyone can do it); and those with theoretical knowledge felt it was important not to use it too often, to avoid becoming a know-it-all and offend their colleagues (discussed in article II).
Article I discussed participant observations as a research method, and I analyzed the various roles a researcher can employ when engaging in observations. Examples from the two elder care units illustrated that there was a need to shift roles and adapt to interactions in different situations when working with an ethnographic approach. The study on participant observations showed that restricting the observations to predefined roles was limiting, and it excluded some interactions that took place in the field. Article I focused on the method of participant observations; however, it also said something about the care worker’s view of their knowledge. I was invited into various situations at the elder care units by care workers, as if they were saying: “join in, anyone can do this”. I had not been observing for a long time at Bayside Park, before I found myself standing with rubber boots and an apron, giving a man a shower. In this case, the care workers had diminished the importance of their own knowledge, skills, and perceptiveness towards the residents. Thus, the questions arose: Why is the work performed by care workers, even in their own estimation, not considered sufficiently complicated and challenging to require training? Has this attitude resulted from the fact that care workers have been excluded from and undervalued in discussions on care work?

The findings in this study comprise a response to the identified crisis in the current educational models and knowledge base (as identified by Wrede et al, 2008). I explored how care workers understood their own knowledge and the knowledge required for their work. When making efforts to improve the quality of care by developing the competence of the staff, success requires a better understanding of the knowledge needed in practical elder care and
what it entails. This understanding is essential when aiming to develop elder care.

When the concept of knowledge and the understanding of what it entails in practical elder care are unclear, there is little chance of success in our efforts to improve competence. Valuing knowledge must encompass various types of knowledge in different settings and organizational cultures. Formal knowledge alone is found to be insufficient to prepare a care worker for elder care practice; however, informal knowledge, by itself, is also insufficient. They are both needed; however, they need to be more clearly linked together to achieve synergistic benefits.
Svensk sammanfattning

Vardagskunskap i äldreomsorgen. En etnografisk studie av omsorgsarbete.

Den här avhandlingen handlar om hur kunskap konstrueras i interaktion och vad kunskap innebär i praktiskt social arbete. Det handlar om hur det kollektiva kan tillhandahålla en grund för konstruktionen och utvecklingen av kunskap genom interaktion. Den här studien kontextualiseras av äldreomsorg, utformad i kommunal regi.


Det övergripande syftet för avhandlingen var att utforska kunskap i äldreomsorgens praktik genom att analysera hur kunskapen konstrueras och appliceras för och med personal i äldreomsorg. För att uppnå det övergripande syftet bröts det ned i två frågeställningar:
1. Hur och vilken sorts kunskap uttrycks och synliggörs i vardagligt arbete i äldreomsorgen?

2. Hur kan delas kunskap interaktivt i kontexten av äldreomsorgen?

Slutsatserna i avhandlingen belyser situationen för omsorgspersonal i äldreomsorgen och förhållanden för att använda och erhålla kunskap. Den här situationen är problematisk då lokala förhållanden både möjliggör och omöjliggör användandet av och delandet av kunskap. Bidragande faktorer är brist på erkännande av och lika värdering av olika former av kunskap; organisationskulturers inverkan samt begränsad reflektion med fokus på individuen och inte hela personalgruppen.

De viktigaste slutsatserna i avhandlingen presenteras i tre områden:
- ett sätt att förstå tyst kunskap, vilket avser kunskap för personal erhållen genom arbete i äldreomsorg
- kopplingen mellan organisationskultur och delad kunskap inom organisationskulturer
- reflektiv praktik i omsorgsarbete och obalansen mellan individuell och kollektiv reflektivitet.

De här slutsatserna pekar på indikationer för specificerad kunskap i äldreomsorgens praktik och behovet av utbildning länkat till det. Formell kunskap är inte tillräckligt för att tillgodose behoven i äldreomsorgens praktik, inte heller endast informell omsorg. De behövs båda två och är sammanlänkade för att kunna gagnas av varandra.
Artikel I

Den här artikeln utforskar deltagande observationer som forskningsmetod och mer specifikt adresseras den fascinerande situationen i deltagande observationer och forskarens roll, i interaktion med deltagarna i studien. Materialet som används i analysen är fältanteckningar från deltagande observationer vid två äldreboenden i en mellanstor stad i Sverige. Begränsningar med att använda sig av Raymond Golds roller i deltagande observationer är kända men sparsamt beskrivna och diskuterade, den här artikeln ämnar beskriva begränsningar och föra den diskussionen. Den specifika frågan som ställs i artikeln är Hur ändras rollen för forskaren i deltagande observationer under fältarbetets gång? Randall Collins teori om interaktionsritualer och samband (min översättning) används som ett analytiskt verktyg för att identifiera gemensamma symboler i de båda personalgrupperna. De valda exemplen är symboler som gjorts synliga på de båda äldreboenden jag besökt, de visar att forskarens roll inte bara ändrar sig någon gång under observationerna utan kontinuerligt. Forskarens roll ändrar sig följaktligen vid observationer av en rad människor och miljöer. Observationerna utvecklas i interaktion mellan forskaren och deltagarna, att endast referera till endast ett antal roller är därför restriktivt och begränsande.

Artikel II

Ökad kunskap hos omsorgspersonal i äldreomsorgen har betonats för att öka kvaliteten i organiserad äldreomsorg i Sverige. Omsorgsgivares syn på kunskap stämmer inte alltid med nationella policies och deltagande observationer i den här studien antyder att omsorgspersonal betonar tyst

Artikel III

Syftet med den här artikeln var att analysera hur omsorgspersonal och enhetschefer uppfattar och förstår kunskap. Artikeln utforskar vidare hur den här kunskapen formas i en inramning av organisationskultur i äldreomsorg. Vilka är implikationerna av delad kunskap inom organisationskultur? En etnografisk ansats i studien använder fältanteckningar från två äldreboenden med två olika organisationskulturer. Organisationskultur formar det ofta motsägelsefulla omsorgsarbetet och vi betonar vikten av att ta de här situationsbunda och kontextuella faktorerna i beaktande avseende villkoren för omsorgsarbete.

Artikel IV

Den sista artikeln i avhandlingen berörde reflexiv praktik, som lyfts fram i tidigare forskning som avgörande för att möjliggöra lärande som leder till en ökad kvalitet i äldreomsorg. Reflexivitet handlar om att tänka över vad men också varför vi gör saker. Vidare handlar reflexivitet om att kunna införliva kunskap med vår personlighet, vilket gör det till ett personligt spörså.
Individuell reflektivitet måste åtföljas av en kollektiv reflexivitet. Syftet i artikeln var att analysera exempel i situationer som handlade om reflexivitet, detta för att skildra individuell samt kollektiv reflexivitet. Fältanteckningarna innehöll en rad situationer av individuell reflexivitet, men den kollektiva reflexiviteten finns inte i samma utsträckning.
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