WORK-RELATED WELL-BEING IN THE TRANSFORMATION OF NURSING HOME WORK

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Abstract

The purpose of this study was three-fold: to analyze how the work-relatedness of well-being has been constructed by the presently prevailing work stress approach, to develop better ways of conceptualizing the work-relatedness of well-being on the basis of cultural historical activity theory, and to test these new conceptualizations with empirical data from two nursing homes for the elderly.

An analysis of the development of work stress theory and previous studies of nursing homes showed that their foundations lie in the paradigmatic person – environment formulation which inhibits taking into account the activity of the individual, the changing of the work process and the specific context in which stress is experienced. With respect to work-related well-being two activity-theoretical hypotheses were developed: the object-dependedness of work-related emotions (*object-dependent well-being*) and the increased physical and psychological work load as a result of disturbances in the flow of work (*disturbance load*).

An empirical analysis of the historical development of the two nursing homes showed how the function of the nursing homes had changed several times and continued to do so. The analysis also suggested that changes in the work-related well-being of the employees followed the developmental phases of the work activity. The second empirical analysis showed how the employees' explanatory models of both tiring- and strength- giving events were related to several historical, present and possible future aspects of the object of their work. Signs of individual motive development could be detected in the interviews. The third empirical analysis of videorecorded morning routine episodes showed how the current institutional script carried out by the employees collided with the residents' own script resulting in resident resistance which increased the physical and psychological workload of the employees.

Focusing on disturbance load may uncover important sources of emotional distress and physical tiredness among employees. Understanding work-related well-being also as qualitatively developing object-dependent well-being points to the need to create a dialogue between the development of the collective activity and the object and motive development of individual employees.

Keywords: activity theory, developmental work research, elderly care, emotions, nursing home, physical work load, psychological work load, work stress, work-related well-being

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During the time I spent at the doctoral school (and over the years since then), Professor Yrjö Engeström, Director of the Center for Activity Theory and Developmental Work Research has been an inexhaustible source of inspiration and ideas as well as an example to me. It is a pleasure to acknowledge my deepest gratitude for the patience and insight with which you have guided my academic trajectory. I am also very grateful to Professor Hannu Virokannas from the Department of Public Health Science and General Practice at the University of Oulu who helped me – during several phases in the development of the thesis – to clarify my findings, offering valuable suggestions as to how they could best be presented in the manuscript. Both Yrjö and Hannu have acted as co-supervisors of the present work.

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When I started in the doctoral school of developmental work research and adult education at the University of Helsinki in 1995, everything was new to me. A crucial element in my learning process was the doctoral class of 1995 – Vaula Haavisto, Mervi Hasu, Merja Helle, Kirsi Koistinen, Pirjo Korvela, Merja Kärkkäinen, Juha Pihlaja, Eveliina Saari and Hanna Toiviainen – to whom I am eternally grateful. The positive spirit we created there, allied with all of the practical support that you have provided, has been very important to me. Another group of colleagues that has been appreciated immensely is my team at Merikoski. Leena Keränen, Kimmo Keskitalo, Airi Tolonen, Anu Peltola and Hilkka Ylisassi have supported my work with numerous comments, suggestions and ideas throughout the years. I am also obliged to Marita Korhonen for her companionship during the fieldwork period and her continuing support while I have been writing my thesis.

I am very grateful to the residents and personnel of the two nursing homes in the City of Raahe for giving me the opportunity to enter into their daily life and communities. The trust and support of Director Viljo Lehmusketo and Director Eeva Tokola from the City of Raahe was also essential during the fieldwork and the project.

Over the course of my research I have been a member of two communities whose personnel has helped me in numerous ways. Four senior researchers, Reijo Miettinen, Kari Toikka, Ritva Engeström and Terttu Tuomi-Gröhn, deserve special thanks for their patience and insightful comments during my doctoral studies at the Center for Activity Theory and Developmental Research. The whole staff of the center, and especially Päivi Karimäki-Suvanto, Leena Harjula-Jalonen and Heli Kaatrakoski, helped me with many practical matters during these years, while a number of research assistants at the center did a paramount job in the transcription of the data that is used in this study. Another community upon whose help and understanding I have learned to rely is the Merikoski Rehabilitation and Research Center. I wish to express my gratitude to all of its personnel. I would also like to thank my friends Brent Cassidy and Anthony Johnson who helped me to finish off the manuscript of this thesis.

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Much gratitude goes to my father Reino Mäkitalo and my sister Riitta Veijola for setting an example to me of the patience and persistence that is required by scientific work. It breaks my heart that my dear mother Pirkko Mäkitalo did not have the opportunity to see my thesis finished. It is her I would have liked to thank for the love and encouragement that she brought to my life. I am also greatly indebted to my mother-in-law Kaisa Krause and to my father-in-law Ulf Krause for all the help they have generously offered to myself and my family while I have been busy doing research.

This work has demanded efforts that have spilled over into family life. My dear wife Birgitta has tolerated more than a wife should, and my book would have been impossible without her significant contribution, love and encouragement. Along with our children Vilina, Siiri, Iris and Ville, she has given me the best that I have in life.

Tyrnävä, May 2005 Jorma Mäkitalo

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1 Introduction

This book is about work-relatedness of well-being. My primary aim with this research has been to develop and test a new approach to the studying and promoting of work-related well-being. First, I have studied how the work-relatedness of well-being has been constructed by other occupational health researchers, mostly work stress researchers. This involved scrutinizing the theories and methodologies of that research, and in addition, examining how it works in practice through studying how its practical interventions work. This I have done with a critical eye, paying more attention to its established shortcomings and developmental needs. Second, I have studied the construction of work-related well-being in City Home and Country Home that together form a nursing home in the City of Raahe in the north of Finland. For this purpose I employed a novel approach within occupational health research, namely cultural-historical activity theory and developmental work research, which I thought would solve many of the shortcomings attributed to the work stress approach. This led me to study work-related well-being as a developmental phenomenon tied to the development of nursing home work. Thus, it proved to be necessary to study in detail how City Home had evolved, at what developmental phase it was now and how work-related well-being as experienced by the employees was related to this development.

Several studies point out that problems of work-related well-being increased during the 1990s both in Finland and internationally. Psychological strain and sickness absences increased in the Finnish municipal sector (Vahtera & Pentti 1995, Vahtera, Kivimäki & Virtanen 2002). Serious burnout was found to be prevalent in 7.3% of the Finnish working population (Kalimo & Toppinen 1998). Work-related stress was experienced by 28% in a sample of employees from the European Union (Merrlié & Paoli 2000). Incapacity for work among the age group 55–64 is twice as high in Finland as in any European country and it increased from 32% in 1987 to 37% in 1994 (Anttonen *et al.* 1998). The proportion of psychiatric disorders as a reason for disability has increased during the 1990s (Klaukka 2002). According to the findings of the working life barometer time pressure, high demands and social conflicts have increased in the Finnish worklife (Lehto 1999). Several researchers attribute this rising trend of occupational and health problems to changes in the nature and organization of work (e.g. Kompier & Cooper 1999, Vahtera & Pentti 1995, Kalimo & Toppinen 1999).

At the same time, however, a remarkable amount of resources and effort both in terms of research, occupational health services and occupationally oriented rehabilitation has been available to prevent and to manage work-related health problems. In Finland statutory occupational health services reach almost 100% of the employees in the public sector and in large-scale enterprises. In small enterprises (2 to 9 employees) the coverage is over 50% and shows a growing trend (Räsänen 2003, 41). A new strategy and form of action for promoting work-related well-being in workplaces, work ability maintenance, has reached the majority of workplaces and employees (Peltomäki *et al.* 2001). The occupational health services and workplaces are supported by the Finnish Institute of Occupational Health and its six regional institutes which form a network of occupational health experts that is among the most comprehensive in the world in relation to the number of workplaces and employees in Finland. Several national sources finance occupational health research. A recent expert evaluation listed sixteen different sources in Finland alone and two more sources within the European Union that finance occupational health research (Julin *et al.* 2001).

Thus, a paradox emerges: in spite of wide-ranging and smoothly functioning systems of occupational health services in workplaces as well as new developments and research into the causes of work stress and other work-related problems the number of problems continues to rise. Without a doubt there are several explanations for this paradox, but only rarely is the adequacy of the researchers' theoretical and methodological basis questioned. Ironically, perhaps the most often used explanations refer to the changes that are taking place in workplaces: downsizing, mergers, job insecurity etc. (e.g. Cooper *et al.* 2001) These explanations invite a critical reader to ask why is it that occupational health research hasn't been able to intervene in these developments in a more effective way. Stress researchers commonly complain that much of the interventions in their field are directed at the individual rather than at the job (e.g. Kompier & Cooper 1999, Cooper *et al.* 2001, Murphy *et al.* 1995). According to Kompier and Cooper this is because 1) senior managers are more inclined to interpret personal and lifestyle factors to be the causes of health problems, 2) of a psychologizing tendency among individually oriented stress researchers, 3) of the difficulty of conducting "methodologically sound research" in changing worklife and workplaces, and 4) of the lack of the use of objective hard data, such as productivity rates, absenteeism figures and accident rates. A source these explanations commonly fail to acknowledge is the way that the work-relatedness of health problems has been analyzed, both theoretically and methodologically. Although profound changes in the world of work are acknowledged, the usefulness of the principles of "good work" created by researchers more than twenty years ago are not questioned (e.g. Kompier 2002), nor are the principles of sound research.

My interest in developing new approaches to tackle occupational health problems has its origins in my personal occupational history. After finishing my studies at the Medical Faculty of the University of Oulu in 1989, quite by accident I got a job at the occupational health services of the City of Oulu. At the time of my arrival, the occupational health unit was going through a period of change and the training I received there was an unusual one. The traditional focus of occupational health services, the different exposures and workplace ergonomics on the one hand, and medical consultations on the other, had proven to be insufficient and irrelevant in the face of the growing number of sickness absences and disability pensions. Occupational diseases were superceded by chronic degenerative illnesses and a variety of psychiatric or psychosocial problems and stress-related disorders. Workplace

visits, regular health check-ups and consulting hours did not seem to prevent these disability processes. On the contrary, we often felt that the more services we provided, the greater the demand on our resources. Many of the individual cases I encountered seemed to require other explanations for disability than just the symptom or the disease that was discussed during the consultation. We began to work more with workplaces in the form of different projects instead of working only with individuals during a check-up or consultation. Some of the projects dealt with more traditional occupational health issues such as health promotion or how to deal with certain occupational hazards, but we also started to conduct projects in which we, together with the workers and the employer, tried to study the work process at hand in order to understand the problems the workers were experiencing and in order to promote change. The then available work stress questionnaire-feedback methods did not satisfy us or workplace staff. We felt frustrated and concluded that we needed new methods and tools. One of the tools I encountered at that time was developmental work research. I can still remember how difficult it was for us health professionals to begin to study work. It all seemed a mess and I remember complaining to my colleagues: "Sure this is interesting but I´m a physician!"

To be able to start to do research I applied for a job at Merikoski Rehabilitation and Research Center. At that time, in the early 1990s, a new strategy, work ability maintenance, was introduced into the field of occupational health and occupational rehabilitation in Finland. The concept of work ability focused attention on the training of the physical and psychological capacities of the workers, although the new strategy as a whole aspired to improve Finnish worklife and workplaces in a more comprehensive fashion. Thus, at a time when changes, increased time pressure and new demands in the workplaces resulted in increasing the stress and mental exhaustion of workers, occupational health experts and workplaces concentrated on jogging and recreational activities. This contradiction was the starting point for a critical research program on work ability which we started with a historical and conceptual analysis of the work ability concept (Mäkitalo & Palonen 1994, Mäkitalo & Launis 1998a, Mäkitalo 2003) and continued with analyses of work ability maintenance activities in Finnish workplaces (Mäkitalo *et al.* 1995, Mäkitalo 1999), analysis of the work ability index (WAI), a tool for measuring work ability (Mäkitalo & Launis 1998b), and a thorough theoretical and methodological evaluation of the shades of the work ability approach (Launis *et al.* 2001). This research showed that the concept work ability was too individual-centered and that a more systemic interpretation of it or, better still, a more comprehensive theoretical background for the understanding of work-related well-being would be needed. Collaboration with Juhani Palonen in Merikoski and with Kirsti Launis at the Finnish Institute of Occupational Health led me to consider cultural historical activity theory as a candidate for a more comprehensive framework. With this background I started as a doctoral student at the University of Helsinki in the Center for Activity Theory and Developmental Work Research in 1995. The research in this book was started at doctoral school.

The contents of this volume may be divided into the theoretical part (Chapters 3,4,5 and 6) and the empirical part (Chapters 2, 7, 8 and 9). In Chapter 2 I introduce the reader to the nursing home life and work in City Home and Country Home with the help of an ethnographic account. The purpose of this chapter is to raise the problem to which occupational health research should give answers. *Chapter 3* reviews previous research into nursing homes. It starts with a review of major ethnographic studies that provide a full picture of the details and dilemmas of nursing home work but very little directly about the well-being

of employees. From work stress studies involving nursing homes we learn that several features of work have been shown to be related to the well-being of nursing home workers, but we learn very little how these features are formed in nursing homes. *Chapter 4* seeks answers to the question why is it that we learn so little about work from work stress studies, and how does the work stress approach function in interventions that aim at changing work practices. This chapter provides a lengthy analysis of the grounds and development of the work stress approach. The focus of this analysis is on psychosocial work stress studies. The psychosocial work stress approach is chosen for closer analysis for two reasons. First, because it deals with the problems of mental strain at the workplace that have become more frequent during the 1990s, and second because it is based on the dominant paradigmatic approach within occupational health research, the person – environment model. I have chosen to analyze the work stress approach as a developing field of study, paying close attention to the theoretical and methodological shortcomings, developmental tensions and future challenges that are expressed both within and from outside this approach.

Chapter 5 presents a new, alternative theoretical paradigm to the studying of the work-relatedness of well-being: the cultural historical activity theory. In this chapter the paradigmatic differences between the stress theoretical basis and the activity theoretical basis are discussed, and two activity theoretical working hypotheses to work-related well-being are outlined. A paradigmatic change in theory demands a fundamental change in methodology, too. Thus, in Chapter 5 the principles of developmental work research are presented as a methodology of activity theoretical research and interventions.

Because I have chosen in this study to approach well-being through emotions, Chapter 6 briefly outlines some of the major recent approaches to the studying of emotions, and sketches a map which helps the reader to locate both recent stress theoretical approaches and the activity theoretical approach to emotions.

Chapter 7 presents in a concise form the choices I have made to be able to empirically test and further develop the activity theoretical working hypotheses to work-related well-being that I developed in Chapter 6. There the reader will find my research design, research questions, data, analysis methods, research process and ethical decisions according to which I proceeded in the empirical study of City Home and Country home.

The empirical part of this book continues with *Chapter 8* which systematically analyzes the changes in the work activity of City Home from the time before its founding up to 1995. These changes are interpreted as a cyclical development process that around 1995 had reached a certain phase and had certain development alternatives for the future. In addition to the local development of City Home the national trends in the development of elderly care are scrutinized in this chapter. These analyses provide the analytical frame against which the phenomena in 1995 in City Home and Country Home are analyzed in the chapters that follow. *Chapter 9* focuses on the employees' experiences of work events that have evoked negative and positive emotions. The descriptions of these events are analyzed according to the activity theoretical framework and viewed in light of the developmental framework presented in Chapter 8. The last empirical chapter, *Chapter 10*, contains a systematic analysis of videodata depicting what kinds of obstacles and disturbances employees face during one of the most usual encounters in the nursing home, the morning routines. This analysis also brings up the active role of residents in the shaping of nursing home work and the well-being of workers. *Chapter 11* summarizes and discusses the results of the three empirical chapters and draws together conclusions concerning the study of work-related

well-being in general, and the development of work-related well-being in the nursing home in particular. *Chapter 12* discusses the validity and reliability of the data, empirical analyses and conclusions mainly from the perspectives of case study research and qualitative research. Finally, *Chapter 13* forms an epilogue in which I shall shortly describe the results of the developmental project of which this research was part.

2 The nursing home as an object of research

2.1 How nursing homes in the City of Raahe became the object of my research?

In the spring of 1995 Merikoski Rehabilitation and Research Center (MRRC) was contacted by the director of the social welfare services of the City of Raahe from the north of Finland. A few years earlier, in 1989–1992, MRRC had conducted a project for staff of the homecare services for the elderly in Raahe. This project was aimed both at improving the quality of the services and at promoting the well being of the employees. One of the conclusions of the project was that the homecare would benefit from a more profound co-operation with the nursing home of the city. The authorities were now willing to start a similar developmental project with MRRC concerning this time the institutionalized care of the elderly and staff in the two nursing homes for the elderly the City owns. The developmental project was started at the beginning of 1996 and was carried out by Juhani Palonen, the director of research at MRRC. It was agreed that I would start to gather data for my research during 1995 before the intervention and take part in the intervention although the chief responsibility of the intervention was with Mr. Palonen. A diagram showing the chronological order of the data gathering and the intervention is presented in Chapter 7.

2.2 The nursing home in the system of elderly care in Finland

The Finnish system of elderly care is based on municipalities' responsibility to provide services. Municipalities may organize the necessary services on their own or they can form coalitions. The services that are directed at the elderly are divided between two administrative sectors within municipalities: social welfare services and health care services. Social welfare services have traditionally been responsible for nursing homes (which in Finland are called "old people's homes"), homecare services and day centers for the

elderly. Health centers, wards for the chronically ill, home nursing and regional hospitals have belonged to the health care services.

Although some Finnish researchers have used the term "residential home" for old people's homes (e.g. Noro 1998, Sinervo 2000) I prefer to call them "nursing homes" following the usage of the term in the American literature (e.g. Gubrium 1975, Diamond 1992). The difference between a nursing home and a residential home is not clear in practice although in principle the clientele in residential homes is healthier and more independent compared to those in nursing homes. According to the descriptions of the clientele of nursing homes in the U.S. it would appear that they are comparable to the Finnish old people's homes.

The institutional non-hospital care of the elderly in Raahe is carried out by two municipal nursing homes, City Home with 80 beds and Country Home with 20 beds, and by one private nursing home. The nursing homes are run by the social welfare services of the city. Non-institutionalized services for the elderly who are still able to live at home are delivered through municipal homecare services. Also a day service center, a day hospital and home nursing provide services for the elderly who still live at home. Institutional medical services include the health center's ward for those who are chronically ill and bedridden and the regional hospital for those who need medical services. These services form the services for the care of the elderly in Raahe. I have depicted the services according to their nature (institutional – non-institutional) and according to administrative borders (health care services – social welfare services) in Figure 1. Municipal nursing homes, homecare services and the day service center are run by the social welfare services of Raahe. Home nursing, the day hospital, the health center and the regional hospital are run by the health care services of a coalition of municipalities.

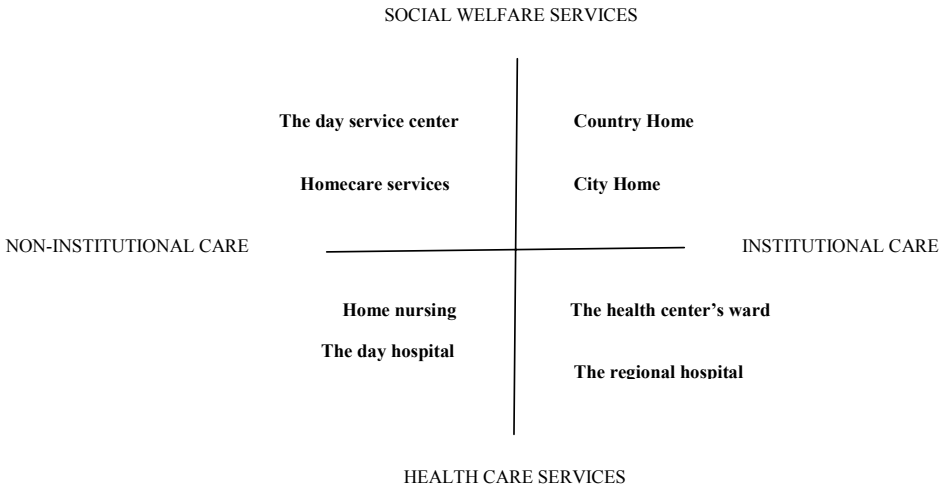


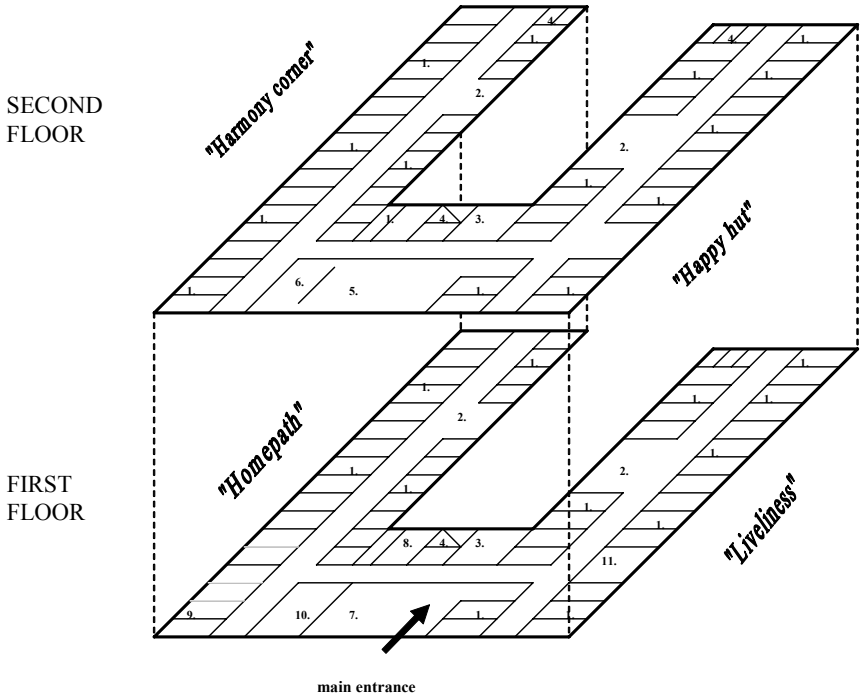
Fig. 1. Care services for the elderly in the City of Raahe.

2.3 City Home

2.3.1 The building

City Home is a large two-store building originally with a capacity for 80 residents. The first floor consists of two wings, a dining hall, a nurses' station, a head nurse's office and the kitchen. The second floor also has two wings, the assembly hall and a physiotherapy room. (Fig. 2). The basement consists of storage spaces, staff dressing room and a room for coffee breaks.

The four wings are called cells and each cell has a name of its own. The two upstairs cells are named "Happy Hut" and "Harmony Corner" and the cells downstairs are "Liveliness" and "Home Path" (Fig. 2). Harmony Corner is no longer one of the nursing home's cells but has been turned over to the homecare services to provide sheltered housing apartments.



1. Resident's rooms 2. Lounge 3. Elevator 4. Stairs 5. Assembly hall 6. Physiotherapy
7. Dining hall 8. Nurses' station 9. Staff dining room 10. Central kitchen 11. Laundry

Fig. 2. A schematic layout of City Home.

The structure of the floors resembles that found in hotels: a long corridor of single rooms and in the middle of the corridor a lounge with tables and chairs and a television. Each

lounge has complete kitchen facilities (Fig. 3). All the doors of resident's rooms are alike and the family name of the resident is given beside each door. There are 26 to 28 residents while in the upstairs cells and 16 to18 residents downstairs. Along the corridors between the doors there are chairs where some of the residents sit during the day. Each ward is equipped with a washroom and sauna.

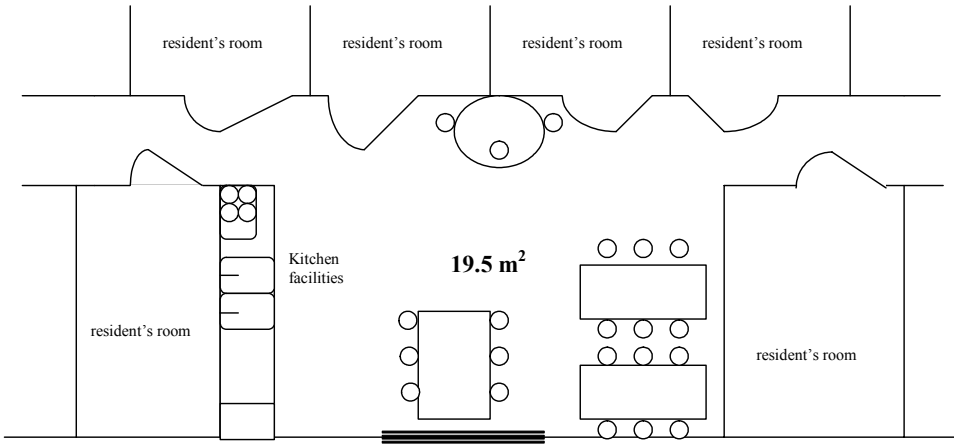


Fig. 3. Layout and furniture of a cell's lounge at Home Path.

The doors from the corridor open to single room plus en suite bathroom apartments with a table, few chairs, a bookshelf and a bed in each (Fig. 4.). There are only a few double-room apartments. The walls of the apartments are made of stone and the floor is linoleum. The furniture usually comes from the residents' own homes, as well as the curtains, carpet and bedcover. The bookshelf is usually lined with photographs of bygone days and of sons, daughters and grandchildren. There are also books, ornaments and so on.

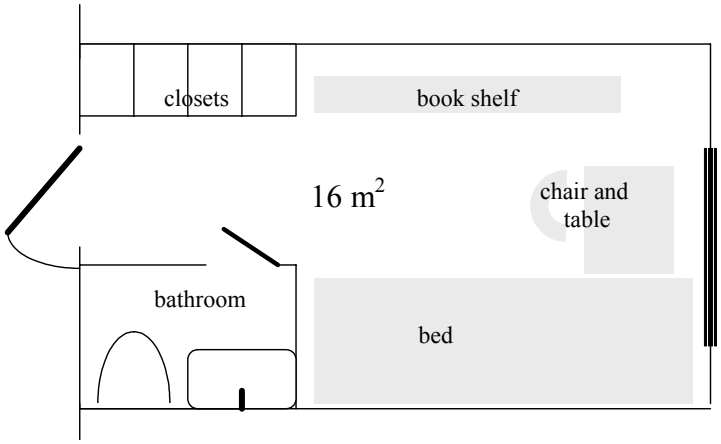


Fig. 4. Layout of a single room with typical furniture.

Walls contain photographs, paintings or a wall rug. On the wall next to the bed there is usually a note in large letters announcing the "schedule of a normal day: 8.30 breakfast, 11.30 lunch, 14.00 afternoon coffee, 16.30 dinner and 18.30 evening snack". The smell of human excretion is often present. This is due to the incontinence of a number of the residents, but it is partly due to problems with the sewage system.

2.3.2 The cells: Home Path, Liveliness and Happy Hut

On the first floor there are two cells, Home Path and Liveliness. *Home Path* is a dementia cell with 16 residents. None of them at the time were bedridden; instead, especially towards the end of the day, there was much activity along the corridor: an old lady carrying a doll, another clapping her hands and singing, a man in his fifties pushing another resident in a chair around and around and always someone going in or coming out of the bathroom with the help of staff. The door to the ward has to be locked up since there are many residents who would otherwise walk out. There are always a couple of residents hanging around by the door waiting for a chance to get out when someone comes in. The residents of Home Path do not go to the dining hall to eat, nor otherwise move in other parts of the building. They eat in the cell's lounge. Many of the residents are restless, they move around, take things and put them in their mouth, talk to themselves or make other kinds of noise. Because of this the ward is considered exhausting among staff and some employees cannot adapt to work there at all.

Liveliness is a ward for those residents who need extra help, mostly due to mobility limitations. Many need the assistance of two employees to get around. However, none of them are totally bedridden. Many of the 16 residents in Liveliness also suffer from dementia or from other psychiatric problems. It is also quite noisy: an old lady who swears almost all the time, one who screams and repeats the opening line of a hymn, and others who often throw aggressive comments at these two if they are kept together in the lounge and the amount of noise irritates them. The residents of Liveliness eat in the lounge.

Happy Hut on the second floor is the home of 26 residents. They are considered to need less assistance in their daily activities when compared to the residents in the other cells. Almost all get around with the help of some walking aid, and they only need little assistance from staff. On the other hand, only a few are able to move around independently. 17 residents go to the dining hall on the first floor for their breakfast and meals. The rest have their meals in the cell's lounge. Three of the residents are mentally handicapped and have been institutionalized their whole lives. Others are elderly people who are no longer able to live independently at home. Many suffer from mobility limitations due to a stroke or an early phase of dementia.

2.3.3 Sheltered housing: Harmony Corner

Harmony Corner is the fourth cell of the City Home with 21 residents. Officially it is not a part of the old people's home anymore but is a collection of one-room flats for those

elderly who are not able to cope at home anymore but who do get along by themselves most of the day in an environment where help is available night and day when needed. All of them have their breakfast and meals in the dining hall on the first floor. Harmony Corner has its own staff and is under the administration of the homecare services. During the night it is covered by the staff on duty at the old people's home. Originally Harmony Corner was the fourth cell of nursing home but it was separated from other wards in 1994. The residents are of the same type as in Happy Hut but are more autonomous in their daily activities.

2.4 Country Home

Country Home is the other City nursing home, situated some eight kilometers from downtown Raahe in the nearby countryside. It is a modern one-floor building with a capacity for 20 residents, built in 1990 beside an old country house which until 1990 served as the nursing home. The regional homecare service´s office and a communal child health clinic are in the same building. The nursing home consists of a long winding corridor with doors to the residents' rooms on both sides and a vestibule at one end and in the middle. Country Home has its own kitchen and a dining hall at one end of the building. The residents' rooms are bigger than in City Home but the furniture is basically the same. The office is near the front door and right beside it is a small room with kitchen facilities for staff. A view to the corridor opens from both. A television is situated in the central vestibule along with a sofa, tables and chairs. At the end of the corridor there is a multi-purpose room which is for hobby activities and the rehabilitation of the residents.

2.5 The staff

The staff in both nursing homes consist of nursing aides, licensed practical nurses and registered nurses. The largest staff group are aides (n=24), whose qualifications vary greatly. The licensed practical nurses (n=10) have all completed basic training at the health care nursing schools. There are only three registered nurses in the two nursing homes. The administration for both is carried out by a director and a clerk, with the exception of Harmony Corner, which has a separate administration in the homecare services. A physiotherapist, a social worker and a part-time activities counsellor also belong to the staff. The kitchens in both buildings have their own staff and City Home has its own maintenance worker who is the only male member of staff. The total number of permanent staff is 45.

Usually the staff on a cell's morning shift consist of one licensed practical nurse (who supervises the work in an unofficial capacity) and two or three nursing aides. Registered nurses seldom attend on the wards, but are instead responsible for allocating medicines (performed downstairs at the nurse's station), taking bloodtests, etc. and accompanying doctors on their visits. One of the registered nurses is the head nurse who performs almost only administrative duties. Evening and night shifts are mostly run by aides and licensed

practical nurses. Each cell used to have their own staff, but due to reductions in the number of qualified staff the staff now rotate from one ward to another. Sometime this happens several times during one shift.

A significant change between 1992 and 1995 was the replacement of qualified, permanent staff with young unemployed staff, trainees and those doing civilian military service forming in all approximately one third of the personnel in 1995. These changes occurred gradually so that when an older employee retired or when someone with a permanent office left the organization the post was filled by an unemployed individual. They were employed for a six- to twelve-month period after which they were replaced. The wages for the unemployed person during this six month period were paid by the state; the individuals doing civilian military service received a daily allowance from the state and the trainees worked without pay.

Thus, the permanent staff has faced both a cut in the number of qualified staff and the rise of an almost continuous cycle of teaching and guiding unqualified newcomers. Most of these new members of staff have no previous experience of caregiving, some do not adapt to work in a nursing home and many of them are poorly motivated because their pay is the same as unemployment benefit and they are compelled to accept when offered this six month employment period. If they refuse they face a waiting period during which they receive no benefit. Even though at the nursing home they replace someone qualified, they are not supposed to do the night shifts or any other shift without being accompanied by someone from the permanent staff. It is not unusual that during one shift there is one permanent employee and all others are untrained.

2.6 A day in a nursing home

I started fieldwork at City Home and Country Home in Raahe in November 1995. The first period of fieldwork was five days between November 9 and November 24 during which I did ethnographic observation for one day shift in each cell of City Home and Country Home. I arrived at the nursing home just before 7 am to be present at the morning report. I first participated in the report session and then joined employees in one of the cells for the entire day shift. Later I also observed a few evening shifts. During the day shift I shadowed one employee at a time when she was either working in a resident's room or in the lounge. This choice to do observation from the employees' perspective was based on my research interest in work-related well-being. The employees were informed of my study and each time I asked permission to follow an individual employee. Employees introduced me to the residents as "a researcher". I observed what happened, made notes, and asked questions when there was something I did not understand. During each period of observation or immediately after it I wrote down a few key words or unfinished sentences about what was happening and I tried to write down as many verbatim conversations between employees and residents as possible. I also tried to keep track of time by every now and then writing down the exact time. Several situations evoked an emotional response in me and I tried to record these as well. However, I tried to separate them from observational remarks by writing them diagonally across the pages of my notebook. I typed up my notes that same evening. I used key words, unfinished senten-

ces, quotations and time marks as raw material out of which I wrote the ethnographic text which is given below. I employed pseudonyms for residents and for employees in the text. At appropriate points I also wrote myself into the text, either in the comments made by others (e.g. an aide introducing me to a resident) or as a distinct observer's voice (sentences using the first person, see below). (Emerson *et al.* 1995).

The outcome of five days of observation and jottings was 25 typewritten pages of field notes.

This subchapter aims to describe on the one hand the typical progress of a day at the nursing home and on the other hand particular events and situations which I think are significant from the perspective of work-related well-being. Direct quotations from the ethnographic text are given smaller font. To avoid confusion over who is a resident and who belongs to staff I have used the following abbreviations after each name in the text: r=resident, n=nurse, na=nursing aide, lpn=licenced practical nurse.

The morning report

For staff the day begins at the City Home and at the Country Home begins before 7 a.m. when the licensed practical nurses, aides and unqualified personnel who have arrived for the morning shift gather at the nurses' station on the first floor for the morning report. Those who have worked on the night shift give an unofficial report before 7 am on what has happened during the night. The morning shift officially begins at 7 am. Before the beginning of the report the staff often chatted lively.

> This morning I am only just in time for the 7 am start and I have to stand by the door. Some informal chatting is going on. I hear a snatch of conversation, one of the aides saying that "20 minutes each resident is enough". Later in the afternoon I ask what the "twenty minutes" was about. The aide tells me she had met the director of the nursing home in a bus, and the director had told her that twenty minutes of chatting is quite enough for an elderly person during the morning duties. More sitting with residents is not necessary. The aide also tells me that the previous director had given instructions that reading to a resident is work but otherwise keeping company is not. Also according to this director employees should not sit along the dining room wall while residents eat. Nurses should stand right behind residents to check if they need help. The aide says employees can see from where they sit if anyone needs help or not.
> (field notes October 19, 1995)

The report starts at 7 am and it is usually given by the head nurse.

> The head nurse arrives at 7.00 sharp and the morning report begins. She reads from special folders resident by resident concerning anything unusual that has happened during the weekend: restlessness, bowel movements, eating, drinking, taking medicine, extra medication, general condition, symptoms etc. She also informs us about residents who have been admitted to hospital. She reminds everyone how important it is to clean carefully any secretions spilled on the floor and to disinfect hands. She also mentions me in her report and says that "Jorma has his own program here and it shouldn't influence our day, its got to do with the developmental project". (field notes October 9, 1995)

During the report there is little or no comment and nobody makes notes. After listening to the report on the residents of that particular cell, the personnel leave the office and go to the cell.

The morning routines

In the cell the licensed licensed practical nurse and nursing aides wake all the residents up, some still sleeping, others lying awake in their beds, and take each one to the bathroom in their rooms and help them dress to get ready for breakfast which is served at 8.30. This is what the employees call "the morning duties." There are different ways to perform these morning duties. It wasn't always easy to say whether the employees were actually *helping* the residents with their morning duties or whether they were *doing* the morning duties for the residents .

> At 7.35 am Millie (a temporarily employed aide)wakes up Selma (r) at Country Home. Selma (r) is a straight- faced elderly resident with beautiful long hair. "Morning, are you getting up?" Millie (na) hauls Selma (r) up to sitting position and pulls her rather rapidly up on her feet. She puts a pair of slippers on her feet and helps her to walk to the bathroom with her walking aid. While Selma (r) sits on the bathroom Millie (na) quickly makes her bed. Then Millie (na) gives Selma (r) a wash and gets her dressed. After that Millie (na) fixes Selma's hair and helps her into the corridor to sit by her door. Then Millie (na) rushes into Ida's room where Ida (r) is still asleep. "Let's wake up, shall we?" The same pattern recurs: slippers, walking aid, to the bathroom, a wash, dressing. I ask Millie (na) if she usually attends these particular residents when she's doing the morning duty and she replies: "no, its just chance, no particular ones, we know them all."
>
> Next I follow Sandy (na), an aide who attends to a resident she calls Annie (r). When I come to Annie's room she has already been taken to the bathroom and she sits in her wheelchair and Sandy (na) is helping her get dressed. While plaiting Annie's hair Sandy (na) explains to me how helpful it is to know the resident's background. "In what way is it helpful?" I ask. Sandy (na) explains that it is easier to understand the resident when you know her and you're familiar with her background. "Actually" she says, "Annie (r) and I are distant relatives." Annie's comments during our conversation are sprightly and insightful.
> (field notes October 24, 1995)

There were also differences in the way residents responded to employees' efforts in the morning.

> I leave the report with Jill (a temporarily employed aide), Jane (a licensed practical nurse) and Mary (na) (an aide). When we come to Liveliness one resident is already sitting in the lounge, others are in their rooms. I follow Jane (lpn), who goes to wake up Jean (r): "Morning, (pause) get up will you. (pause) Morning?". After a while Jean (r) answers with a whisper: "Morning" to which Jane (lpn) comments "Finally!". Jane (lpn) helps Jean (r) to sit on the edge of the bed. I ask if it is Jane (lpn) who usually attends Jean (r) but Jane (lpn) says "no, whoever". … Jane (lpn) leads Jean (r) by the arm to the bathroom in her room, where she is stripped and sits naked on the seat (brrrrr, it must feel freezing I think to myself). After this Jane (lpn) dresses Jean (r) (during which Jean (r) throws everything she gets hold of onto the floor) and then leads her by the arm to the lounge to sit and wait for breakfast. Other cell residents have appeared in the lounge. One of them, Pauline (r), looks at me and says that I look like the devil.
> (field notes October 13, 1995)

Waiting for breakfast

The first residents are helped to the lounge to wait for breakfast even before 7.30. They have to wait for over an hour before breakfast is served. Slowly the number of residents waiting in the lounge increases. Silence and intermittent noise is heard.

> Jean (r) has been living in Liveliness for five years, and she is considered to be a difficult resident because she shouts a lot and throws things. She has been on some medication for that but it hasn't helped. Nurse Jane (lpn) thinks that Jean (r) doesn't suffer from dementia; shouting and disturbing behavior are caused by other mental problems. Jean (r) repeatedly shouts the opening line of a well-known hymn. "Almost every morning she promises to sit quietly in the lounge with the others but eventually she starts shouting and we have to take her back to her room" says Jane (lpn). Other residents are disturbed by Jean (r)'s shouting. "Will you promise not to shout if I take you to the lounge?" Jean (r) immediately answers Yes".
>
> We intend to continue with other residents but Jean (r) starts to shout in the lounge (murmurs, the opening line of the hymn, to which another resident continues with the second line…) and Jane (lpn) takes her back to her room "Poor you, although you promised!". In the room Jane (lpn) ties Jean (r) to her chair with the strings of her apron and puts her TV on. We return to the corridor and Jane (lpn) closes the door to Jean (r)'s room. A loud murmur and the opening line of the hymn echoes from the room …
>
> At 8.15 am the lounge is full of residents who sit and wait. Everybody has regular seats at the three tables because some residents can't sit at the same table, otherwise they start to quarrel. All are quiet except Pauline (r), who makes inappropriate comments: "Devil, satan, go to the forest, fetch some wood, fetch a wife for yourself, you devil". The only ambulatory resident has already returned to her room. Aide Mary (na) comments: "Let her be, if you're not allowed to sleep in a nursing home, where are you?" One of the residents, Lily, says to a resident coming into the lounge: "Are you in pain, too? They beat and mistreat me all the time."
> (field notes October 13, 1995)

Breakfast

> In Happy Hut (second floor) some residents are taken to the downstairs dining hall for breakfast and 11 residents have their breakfast in the cell, in the lounge. One of the residents in the lounge explains to me that they all have regular seats at the tables. When everybody is settled the porridge and coffee is collected from the kitchen downstairs. The residents sit in silence, except for one lady who talks to herself all the time (she counts the squares in the table cloth, talks about money, about visitors etc.) A loud voice from the central loudspeaker system calls for the social worker to attend at the nurses' station. One of the aides explains to a trainee that "The elderly mostly prefer to be by themselves" …
>
> The silence of the residents troubles me. After breakfast a couple of residents are still sitting at the table. One of them, Sally (r), glances through a newspaper. I ask her why is it that everybody is so silent at breakfast. She answers: "Yes, we're silent, I'd rather be at home. Many don't understand when you talk to them so we don't speak (she points at the resident who talks to herself), and there's nothing to talk about."
> (field notes October 9, 1995)

The impression one gets is that the residents are simply so ill and frail that they lack the ability to socialize. On a few occasions, however, surprising transformations did occur:

> The employees serve porridge to everyone. "Unfortunately its dark porridge today" says one of the aides. Most residents eat by themselves, some are assisted in eating, "while the taking

of morning medication is checked" explains Sheila, a practical licensed nurse. Five residents are eating at the round table by the corridor. An aide comes by and asks "Is the dark porridge nice?" Instantly the silence is broken as three of the five answer Yes, it is".
(fiel: notes October 9, 1995)

One of the elderly ladies, while sitting silently with a fixed face in the lounge, having her breakfast, receives a phone call. A change immediately takes place as she comes alive, her face becomes expressive as she talks on the phone: "How are you? Good morning! "
(field notes October 13, 1995)

Cleaning on Mondays and Tuesdays

While the residents are finishing their breakfast the aides and trainees go into the corridor to start cleaning rooms. This is interrupted at 9 am when employees have their coffee break. They gather for coffee in the basement where the staff coffee room is found. One employee has to stay in each cell to look after the residents. After the coffee break the aides and trainees carry on with cleaning rooms. The cleaning is not without its own controversies.

The licensed practical nurse explains to me that "Monday and Tuesday are the weekly room-cleaning days, during Wednesday and Thursday we take all the residents in this cell to the sauna, … on Friday we just check the rooms for the weekend, especially the bathrooms."
…

An aide, a trainee and a civilian military service worker continue cleaning in one of the resident's rooms. One wipes the surfaces, another one uses the vacuum cleaner and the third wipes the floor. The carpets are taken to the balcony, the bathroom is cleaned and the bed is made … They tell me that only a homelike level of hygiene is required at the nursing home. The trainee, while wiping a shining clean windowsill explains to me that "If there is no dust you do not need to wipe" (she laughs as she says this). …

Lisa, an aide tells me that "Previously it was recommended that one particular employee would take one resident's room so that the resident could interact and be activated. But now we have slipped back to doing it all by ourselves and working in groups. " And she adds: "Actually we're doing ourselves a disservice to when we make the elderly passive and institutionalized."

[On a Friday in a another cell] I ask aide Alice about the cleaning:"Is this cleaning different from the weekly room-cleanings on Monday and Tuesday?" "Yes, a lot less thorough… (she lists what she does on Fridays but notices): "Well, actually it doesn't differ all that much from the cleaning at the beginning of the week." I ask: "Do you think that it's cleaner here than at the homes of these elderly?" "I guess it is," she replies.
(field notes October 9, 1995)

Jill, an aide, is cleaning a resident's room: she uses a squeegee to sweep the dust from the floor and she then wipes the floor with a wet rag. She explains to me: "Because it's Friday we only do the bathrooms. At the beginning of the week we do the weekly room cleanings. … When she's finished she asks the resident: "Would you like to sit down in the lounge?" The resident replies: "What would I do there? Its not yet meal time." Jill (na) warns: "Be careful if you go, the floor is wet and slippery." A loud clapping comes from the corridor. The resident asks: "Who's clapping?" "It's Pauline (r)" Jill (na) replies. "Oh I see, she's got nothing to do". Before Jill (na) leaves the room the resident asks: "Aren't you going to do the corners, too?". Jill (na) explains that a more thorough cleaning is scheduled for Monday.
(field notes October 13, 1995)

> Ally, a temporarily employed aide cleans a resident's room. It is her opinion that there is too much cleaning at the nursing home. Sandy (na), another aide comments that not too long ago they cleaned the rooms twice a week but now it is reduced to once a week. Ally (na) compares this cell to the cell that has been changed to sheltered housing. There it is more messy "Because the residents should do their own cleaning but they're not able to because they don't differ that much from the residents in nursing home cells." I ask if they are aware of any hygiene level or cleaning level that has been agreed upon, but Ally (na) and Sandy (na) both say they don't know of any. They tell me that Rita, another aide, is on a training course to do with cleaning, and that she often guides others about what cleansing agents should be used.
> (field notes October 24, 1995)

Helping and waiting

While the nursing aides clean the rooms the licensed practical nurse stays in the lounge with the residents. Some are helped to the bathroom. There are usually also some scheduled tests that the licensed practical nurse needs to perform. The residents in the lounge sit in silence as if waiting for something. Some start to make noise or try to do something. A few are in their rooms and shouts can be heard from there. There is restiveness in the air.

> The residents are sitting in the lounge after breakfast, the TV is on. Jane, the licensed practical nurse makes sandwiches for lunch in the lounge's kitchen. Aide Mary is collecting diapers and dirty clothes to take them to the laundry. Jean (r) is still shouting in her room, the door is closed but the opening line of the hymn can be heard quite clearly. Sheila, another resident has also been taken to her room, and her mumbling can be heard through the door to the lounge. Jane (lpn) finishes the sandwiches and sighs: "Now they all have to be taken to pee, one by one." She addresses Pauline (r), one of the residents: "Come and have a pee Pauline". "No I won't". "Come, or I'll eat your biscuits, come on now". As Jane (lpn) leads Pauline (r) by the arm to her room another resident, Julie, has risen from the table and is walking down the corridor towards the entrance. Jane (lpn) shouts after her: "Don't go Julie, come back and sit down". …
>
> One of the residents sitting in the lounge says "Nurse" but the employees who are present do not respond. Lily, another resident comments: "There are no nurses here, they've gone for a rest". …
>
> Jane (lpn) brings Pauline (r) back to the lounge and gives her a biscuit as a reward. Julie (r) asks who is coming to the canteen with her, Jane (lpn) agrees to come. In the lounge the TV has been turned off, the radio is on.
>
> In the lounge the residents still sit quietly, expressionless. One of the residents asks "Who puts us to sleep when there are many of us?" Lily (r) comments to John, a male resident: "If you think they are so good, why do they torment us all the time?". John (r) gets irritated and answers: "I know for sure that they don't torment." And continues shouting out loud: "THAT'S THE TRUTH". Lily (r) replies offended: "Don't shout". John (r) comes back with: "Why do you shout yourself?". …
>
> Jane (lpn) measures few residents' blood pressure. Somebody asks: "Nurse, I need to have a pee". An announcement comes from the central loudspeaker: Bingo in the assembly hall in five minutes. Jane (lpn) goes to Jean's (r) room to take her to the bathroom. Up till then Jean (r) has been sitting in her room, tied to a chair, watching TV. Jane (lpn) tries to get her moving: "She's so stiff I can't get her walking, … the medication she's had is not good for her, and it's of no help, either."

> At 10.30 am resident Cathy is taken to the bathroom. Pauline (r) shouts in the lounge all the time: “Goddam bitch, devil, the devil is raging at home, go to the forest, go get yourself a wife, your head is like a hammer”. John (r) gets irritated at Pauline (r) and shouts at her: “Go to the forest and peel potatoes, that’ll kill you!”.
>
> Resident Ann has been sitting all morning at her table with the same expression on her face. As I sit at a nearby chair and write down my jottings she all of a sudden breaks the silence and says to me: “There’s a heavy wind outside”. “Yes, the weather forecast said it will develop into a storm,” I reply. “It’s good that we’re inside” she says.
>
> Aide Jill (na) comes to the lounge and says she’s not able to clean all the rooms today. “Well, it’s not the first time.”
> (field notes October 13, 1995)
>
> At 9.30 [in another cell, Home Path] activities counsellor Cathy is singing with the residents in the lobby. Only a handful of residents attend. Some of them have a hand-out with words for the songs in front of them. I notice that the print size in the hand-outs is rather small and I wonder if they are able to see the text. Only one resident sings along. More residents are brought to the lounge to join the singing session. A few of the personnel sit at the tables with the residents and sing along. The licensed practical nurse and one aide sing too as they walk one resident by the arm down the corridor. Resident Timothy walks continuously up and down the corridor and tries the locked front door to see if it could be opened. After a while Cathy announces that ”It’s time for the last song. Then you can carry on with your jobs.”
> (field notes October 9, 1995)

“Two more days and I’m off”

Some of the staff expressed discontent about working at the nursing home. On these occasions they often mentioned how the nursing home work had changed.

> Nurse Jane (lpn) tells me that eight or nine years ago when she first came to City Home all the residents went to the dining room to eat and the cells had a permanent staff. “How is it now?” I ask. “Well, the head nurse makes the rota and posts personnel to the cells. She knows which, but we don’t know where we’ll go next.” …
>
> Jane (lpn) comes back from the canteen and comes to the room where aide Jill (na) is cleaning. Jane (lpn) says, “The 20th of November is coming up soon, and two years from then I shall reach retirement age.” …
>
> Later nurse Jane (lpn) brings a resident back from the bathroom to the lounge by lift. Resident Pauline (r) laughs at the lift. Jane (lpn) addresses resident Ann: “Now it’s Ann’s turn.” ”Where are we going? Are we coming back?” “Yes we’ll be back for lunch”. Jane (lpn) leads Ann (r) to the bathroom in her room by the arm. Jane (lpn) waits outside the bathroom for Ann (r) to finish. “two more days before I’m off” says she. Next Jane (lpn) wants to take Lily (r) for a pee but Lily (r) doesn’t want to go.
>
> At 11.00 am most of the residents are still sitting in the lounge. Aide Mary (na) comes from cleaning the sauna and I talk with her in the lounge. She has been working for 20 years at City Home and before that in other nursing homes. “You’re experienced in elderly care, then?” I suggest. Mary (na) replies: “Yes, experienced and numb.” She continues by explaining how City Home has changed. “This work used to be mostly about entertaining the elderly, arranging trips etc. Now the residents are much worse off, the number of staff is decreasing. Now when somebody retires or leaves she is not replaced. Is it going to continue until the last one has left? Work has become much heavier.” … Mary (na) goes to Hanna’s (r) room to talk with

Hanna (r): “How are you? Its sad to sit here tied up like this but her relatives understand the situation, because otherwise she disturbs the others with her shouting.”

We return to the lounge. Mary (na) recalls that “About six years ago we often went all the way to Oulu to learn about dementia care. I worked in the dementia-cell (Home Path) for several years. It was only after I moved away from there that I noticed how the hullabaloo that we have there makes you tired. Still, while I was there I enjoyed the work.”

One of the residents shouts something and Mary (na) awakens from her thoughts: “I don’t know if I’ve become numb, I just do the routines and I don’t always even hear these voices”. (field notes October 13, 1995)

Conflicts of care

Although the personnel work together tensions surface.

The head nurse has come to Liveliness to help with the morning duties. … She helps resident Lily who walks on crutches. Half way down the corridor Lily (r) wants to take a rest on the bench and the head nurse agrees to that. Jane, a licensed practical nurse comments “Don’t let her lie down on the bench. She sits here in the lounge usually quite contentedly. I hope she doesn’t learn that!” Lily (r) begs the head nurse: “Please let me lie here”. The head nurse answers Jane (lpn) with an irritated sounding voice: ”Well I’m not going to force her up now since I already said she could lie down.”
(field notes October 13, 1995)

In Home Path a trainee and a temporarily employed aide chat and read with the residents sitting in the lounge after breakfast. The licensed practical nurse interrupts them and says: ”You could go and fix the room for the resident who is coming today. Pack the clothes from the closet into a box and change the linen and the mattress.” The trainee and the aide decide to take one of the residents from the lounge with them ”to help us out”. …

At 10.40 am they have fixed the room and they come back to the lounge and sit down. The aide talks to Sophie (r), who until then has been sitting and dozing off at the table, with the exception of a visit to the bathroom. Sophie (r) is one of the shouters in this cell. She shouts "Ann, Ann, Ann” every now and then. (Ann was a trainee to whom Sophie (r) got attached last year, and after Ann left Sophie (r) has started to shout her name.) “Did you have your hair fixed when you were young?” asks the aide. To my surprise Sophie (r) comes up with a perfectly sensible answer: "I had two plaits”. The trainee combs another resident’s hair. Residents Michael and Jeremy sit at their table still. Loud mumbling echoes from resident Martha’s room. Resident Frank comments: “Someone is shouting.”

The licensed practical nurse interrupts the aide and Sophie (r): “Have you fixed the sandwiches yet?” "Well that doesn’t take me long,” the aide retorts and starts to prepare the sandwiches. Later in the afternoon in the lounge I talk with the aide and Sophie (r). The aide tells me that her previous work experience is not with the elderly and that her comments on nursing home life are just based on common sense. “I don’t think that making sandwiches is important, you make them in two minutes.” Sophie (r) looks at me in surprise and I present myself: “Hello, I’m Jorma.” Sophie (r) repeats quite correctly “Jorma.” The aide comments: "It's so nice when Sophie (r) is able to talk reasonably. I think we should spend more time with the residents, but of course everyone here thinks in their own way.”
(field notes October 9, 1995)

Lunch time and day rest

11.30 a.m. is lunch time. Well before that, those who are able to go downstairs to eat are congregating in the downstairs corridor and porch by the main entrance and are waiting for the dining hall doors to open. Similarly, in the cells, the residents who need assistance are gathered in the lounge to wait for lunch. The licensed practical nurse checks from a list the residents' medications. During lunch most residents manage to eat by themselves. Only a few need assistance. There isn't much arguing or shouting as everyone concentrates on eating.

After lunch all residents are taken to their rooms to go to the bathroom and for their day-rest. The corridors should be empty and silent during this daily siesta, which lasts until afternoon coffee is served. During this time, aides either continue cleaning rooms or replenish the stocks of diapers and clean clothes in the residents' rooms. The licensed practical nurses remain in the nurses' station on the first floor to write things down in a folder for the afternoon report, which is held at 1 p.m. for those who attend the evening shift. Not all the residents settle for a rest.

> At 12.15 am there are only a few residents sitting in Liveliness lounge. Aide Mary (na) has completed her short morning shift (she's coming back for the night shift today). Pauline (r) and Lily (r) are taken to the bathroom and for their day rest. Loud clapping and laughter echoes from Pauline (r)'s room. All residents are now in their rooms except for Jimmy (r), who is still sitting at the table. "Jimmy, shall we go to your room?" Jimmy (r) agrees to come. At 12.30 am Jill (na) washes the lounge floor, the activities director delivers clean laundry, nurse Jane (lpn) is writing the report at the nurses' station. At 13.05 Jill (na) takes a short break. Then she starts to water the flowers. I can hear resident Jean (r) shouting the same opening line of a familiar hymn from her room. At 13.30 two aides arrive for the evening shift. A yellow alarm bulb in the lounge ceiling lights up, which means that a resident has pressed the alarm button in her room. The room from which the alarm came can be located from a board of smaller light bulbs in the corridor: It's resident Jean. One of the aides who came for the evening shift goes to Jean's room. Jean (r) wants to go to the bathroom. In the bathroom Jean (r) repeatedly says "pheeth, pheeth". The aide replies: "I'm not going to give you your teeth because you'll throw them on the floor." Jean (r) continues to plead: "pheeth, pheeth." The aide sighs and gives Jean (r) her teeth. For the first time that day I see Jean (r) content and laughing: "Ho-ho," she says. The aide walks Jean (r) by the arm back to bed. As we walk out of Jean's room we hear her throwing both upper and lower dentures on the floor.
> (field notes October 13, 1995)

> At 12.30 pm Home Path lounge is emptied and the aide sweeps the floor. Sophie (r) immediately comes back to the lounge from her room, as does another resident. The trainee Iris and resident Michael are examining Michael's glasses to see if there is anything wrong with them. A reserve aide walks into the cell, which is a surprise for all. For reasons the staff doesn't understand the cell is now staffed better than usual. A restless male resident gets to go outside for a walk in the inside yard which is fenced. The licensed practical nurse and the additional aide start to deliver clean laundry and diapers to rooms. Resident Catherine comes out of her room and goes towards Jeremy's room to wake him up. The licensed practical nurse tries to prevent Catherine (r): "Don't go there, let him have his rest." Sophie (r) dozes off at the table and trainee Iris takes her back to her room. Iris comes back and says that Sophie (r) asked her to stay for a nap. Resident Sheila has been to the bathroom and wants to come and sit in the lounge. Catherine (r) again goes towards Jeremy's (r) room and manages to wake him up this time. They both come to the lounge. The licensed practical nurse tidies up the cell and even-

> tually sits down to socialize with Catherine (r) and Jeremy (r). Sophie (r) again comes back to the lounge: "Ann, Ann, Ann-Iris." Sophie (r) manages to sit down in a chair all by herself, which seems to satisfy her: "Ho-ho." She tries to gesture to trainee Iris to join her at the table. Jeremy (r) has some visitors, who take him back to his room.
>
> At 12.50 there is a quiet moment in the cell. A few residents are sitting in the lounge. Three members of staff sit with them and chat. The restless male resident gets a jigsaw puzzle to work with. Sophie (r) sleeps at the table.
> (field notes October 9, 1995)

The evening shift

After afternoon coffee at 2 p.m. some of the residents are taken to the bathroom and then back to sit in the corridor or in the lounge and others stay in their rooms.

The evening shift consists of only two employees in each cell. After listening to the afternoon report at 1.00 p.m., given by one of the licensed practical nurses, they come to their unit around 2.00 p.m. During the afternoon shifts which I observed the hours from 2.00 pm. to 4.00 pm. were spent much like the time between breakfast and lunch. Most of the residents sat in the lounge and the personnel helped individual residents to go to the bathroom or completed some duties that were left over from the morning shift. Some residents had visitors but mostly the residents sat in groups at the tables and the employees were busy with their work.

Immediately after dinner, which is served at 4.30 p.m., evening employees have to start putting the first residents into their night clothes. Bedtime begins for the first ones immediately after the evening snack, which is served at 5.30 p.m. This is because all residents are supposed to be in bed by 9 p.m. and personnel have to deal with residents one by one. The evening shift is considered as busy but not as exhausting as the day shift because no cleaning or bathing is done.

The night shift

The night shift begins at 9 p.m. during which the three cells and the assisted living apartments on the second floor are looked after by two employees. The nights can be very silent or rather busy. There is an alarm system by which residents can call for help during the night and during the day. Personnel usually do two nights in a row and then have a few days' break. Night shifts are considered heavy especially among older personnel who find it difficult to get enough sleep during the day between the two night shifts. Also the break following the night shifts is often too short. This is especially the case if there has been a number of shifts without a break before the night shifts. For a few, the night shift is a cause of anxiety on account of difficult or unusual incidents.

2.7 Conclusion

This was an ethnographic description of City Home and Country Home, a context in which work-related well-being of employees is daily constructed or fails to achieve its goals. These homes are part of the services for the elderly in Raahe. The work in City Home and Country Home takes place in different units, and the everyday life of emplo-

yees and residents in these nursing homes is structured by the daily and weekly schedules.

Observation of typical days in the cells revealed, however, that the homes do not in practice operate in a machine-like fashion determined by structures and schedules. The residents, although dependent in many ways play an active part that does not confine to the routines and schedules: they complain when woken up, they ask for exceptions to the rules, they don't follow the schedules, and they argue and disturb others. The work assignments of the personnel were not always strictly related to the schedules. The employees employed different strategies in following the schedules which seems to raise arguments between them. Although during the days observed nothing extraordinary happened to the eye of an outsider researcher, several of the employees exhibited problem signs: feelings of numbness, waiting for retirement age, etc. A significant phenomenon revealed in employees' accounts was change. Work at City Home and Country Home had not always been like this. The residents had changed, staff had changed, what the employees did with the residents had changed. More than structure was involved. There was also change.

Such an ethnographic description based on a few days' observation is not a systematic analysis of practices in nursing homes but it succeeds in raising interesting questions, many of which are important from the point of view of work-related well-being. In the next chapter I turn to previous research on nursing homes to see what we already know of the connections between work and work-related well-being in such homes.

3 Previous studies of nursing homes

3.1 Introduction

The aim of this chapter is to review what previous studies tell us about nursing homes. For this purpose I have chosen two sets of literature: ethnographic studies of nursing homes and studies of work-related well-being in nursing homes. Ethnographic literature of nursing home work is relevant for this study because my research objective is to increase our understanding of how work is related to well-being, and because I have used ethnographic methods in the previous chapter and in the chapters to come. However, it is also important to review carefully what we know of the work-relatedness of well-being on the basis of previous studies. For this I have chosen to use research employing the work stress approach.

3.2 Ethnographic research in nursing homes

There is a wealth of ethnographic studies on nursing homes (for a recent review see Henderson & Vesperi 1995). A classic study in this line of research is Gubrium's *Living and Dying at Murray Manor* (1975). In addition to Gubrium I chose three more recent ethnographies (Shields 1988, Diamond 1992 & Foner 1994) which focus on the work and workers at the nursing homes. Ethnographies focusing exclusively on the resident's view were not included (e.g. O'Brien 1989)

Basic features and results of the reviewed nursing home ethnographies are outlined in Table 1. After the table the central features of the four studies are briefly summarized.

Table 1. Ethnographic studies of work in nursing homes.

Study	The nursing home	Staff	Clients	Methods	Central findings	Recommendations for interventions
Gubrium 1975 *Living & dying at Murray Manor*	Non-profit church-related, 360 beds, six floors, 30 double rooms / floor, both skilled and residential care, 36% occupancy rate (130 residents) in 1973, 60% occupancy rate (216 residents) in 1975	75 staff members of which 65 in the nursing dpt: RNs, LPNs, nurses' aides and housekeeping aides	130 residents, average age 80 yrs, female dominance, 1/3 residents, 2/3 patients	Several months, as a participant observer, recorded and transcribed interviews and conversations	Separate worlds of the floor staff, the top staff and the residents. Annoyances coming from the residents and from the top staff threaten the routines of the world of the floor staff. The floor staff aimed at routinizing the annoyances in different ways to keep up their daily routines.	Nursing home life should find common concerns for the three different perspectives of the floor staff, the top staff and the residents.
Shield 1988 *Uneasy endings. Daily life in an American nursing home*	Non-profit Jewish home, over 200 beds of which ½ are licensed as skilled nursing care beds, new wing : 5 floors, double rooms, old wing: single rooms	250 staff members: 22 registered nurses, 28 licensed practical nurses, 110 nursing assistants and orderlies (no official training required)	25% needing skilled nursing, 25% needing continuous supervision, 14% ambulatory	14 months of field work as a participant observer	Two conflicting worldviews: The worldview of the home emphasized advocacy and quality of life, and the worldview of the hospital emphasizes the preserving of life. Residents' position is nonreciprocal and their rite-of-passage is stuck in a transition phase. Heterogeneity of the residents. Both good and insensitive treatment.	The rights of residents should be improved. Community rituals should be created. Connections to the outside community should be established.
Diamond 1992 *Making gray gold. Narratives of nursing home-care*	Three different nursing homes in Chicago (no details)	(no detailed information)	(no detailed information)	Participant observer, went to a vocational school and worked as a certified nursing assistant for a period of 3–4 months in each of the nursing homes.	Official training emphasized biomedical knowledge but in practice "mother's wit" was needed. Staff is controlled by strict schedules and documenting requirements that serve the quantification of care according to the logic of business. Residents' and employees' resistance towards the present system.	"Mother's wit" should be at the core of work. Wages should be higher. More staff is needed and more men. The system for paying for care should be changed. The houserules at nursing homes should be eased. Resident's councils should be strengthened. Residents and their families should participate in rule-making.
Foner 1994 *The caregiving dilemma – work in an American nursing home*	Non-profit, skilled facility, 200 beds, 5 patient floors, 17 rooms and 40 residents/ floor, 2–4 patients per room	222 staff members, 60% of the staff in the nursing dpt., ¾ of the nursing staff are nursing assistants	White widowed women, only few that the researcher could talk to	8 months of participant observation, and semistructured in-depth interviews for 36 employees	Five types of pressures create dilemmas of care which inhibit compassionate care: – disturbing patient behavior – bureaucratic rules – nursing hierarchy – pressures from patients' families and employees' families – informal work culture	More administrative emphasis on the compassionate side of care, in–service training of sensitivity and emotional aspects of caring, the rewarding of sympathetic aides, possibilities for aides to make initiatives concerning patient care and involving aides in the care planning process, giving aides primary assignments.

3.2.1 Three different worlds within a single nursing home

Sociologist Jay Gubrium spent several months at the beginning of the 1970s in a nursing home in the U.S. he calls Murray Manor (Gubrium 1975/1997). In addition to participant observations he taped interviews and conversations which he later transcribed and used as data. Some characteristics of Murray Manor as given by Gubrium are presented in Table 1.

Gubrium's observations tell how living and working at Murray Manor centers around floors each of which contains 60 residents in 30 rooms and has its own floor staff: a charge nurse, LPNs, nurses' aides and 1–2 housekeeping aides. According to Gubrium the floor staff's work centers around a very routinized practice which he calls the "bed-and-body work": the work of making beds and attending to the bodily needs of the clientele (feeding, bathing, combing, dressing, moving, giving treatments, etc.). This practice is carried out daily according to fixed schedules and its basic content is the same everyday and in every shift. Gubrium's observation is that once the bed-and-body work in each shift is finished the floor staff thinks the day's work has been done. The bed-and-body work is always considered to be a rush and the staff is in a hurry to finish it. Gubrium found it very rare that the floor staff otherwise spent much time with residents. Time outside bed-and-body work was used to respond to sporadic patient calls and sharing time with other staff members. Following these observations, Gubrium's central argument is that the main aim of the floor staff is to keep the routines running smoothly:

> "The only thing considered relevant is the work routine. Floor staff largely ignore the content of what the patient says." (1997, 151).

The work routine is the essence of the "social world" of the floor staff. According to Gubrium "a world" provides its members with a specific way of looking and understanding daily life, a logic of its own, a sense of justice and fair treatment, methods of expedience, prescribed duties, rhetorical style and a mode for decision-making. Gubrium also found two other worlds within Murray Manor. The world of clients and the world of top staff were very different from the world of floor staff. For example, an important element of the world of the top staff was the policy of "total patient care," by which they meant attending to the psychological, emotional, social and spiritual needs of the clientele. Care plans were developed and in-service training was given about total patient care but according to Gubrium the floor staff only paid lip service to it.

Two types of "annoyances" threatened the routine flow of bed-and-body work that the floor staff tried to maintain. Gubrium describes how the residents' complaints, individual requests, conscious troublemaking and wandering threatened the aim of the floor staff to perform their duties smoothly and quickly. Administrative annoyances Gubrium interpreted to be directives which changed or enforced some existing work policy, rules, documentation procedures and inspection visits. They also these threatened the flow of normal routine, and therefore, both annoyances had to be routinized.

The annoyances from top staff were accommodated in various ways: their directives were ignored, rules were bent or broken, charting and reports were performed with standard entries and casually completed, patient documents were ignored in preference to routines, blame for poorly performed work was shifted onto the previous shift, to temporarily employed employees or to the time pressure created by heavy patient loads. In these ways the

top staff's influence on work routines was minimized. The floor staff's ways of handling annoyances from clients were different. Complaining and troublemaking clients were labelled as agitated or demented and therefore requiring sedation. Gubrium reports how during bathing days some of the floor staff even refused to work unless certain clients were sedated (ibid., 149). Wandering residents were restrained. Other ways of routinizing client annoyances were "being firm", ignoring, or bribing with extra cigarettes or shots of liquor.

In summary, Gubrium interprets the characteristics of nursing home life as a result of a firm structure: the three separate worlds of the floor staff, the top staff and the clients. In the ordinary life at Murray Manor three inherently different worlds collided and the world of the floor staff dominated others. While Gubrium does not explicitly deal with the well-being or stress of employees he comes close to such questions when he stresses what the important issues for employees are:

> "Floor staff guards the normal work routine, it makes no one happy but inhibits break downs of the routine daily life. … Floor staff is well aware of the fact that an unhurried existence of its own depends on routinizing annoyances from top staff and clientele." (ibid., 156).

This leads to a pessimistic view of the possibilities of change in nursing homes. Twenty-five years later, in the foreword to the 1997 edition of Living and dying at Murray Manor Gubrium argues that although many things have changed nursing homes still remain organized into three separate worlds:

> "… work and life within them can be improved only up to a point, which is the point at which the nursing home life combines living, working and dying into a single going concern." (xxiii).

3.2.2 A home or a hospital?

Shield undertook 14 months of fieldwork as a participant observer in a non-profit Jewish nursing home with a good reputation (Shield 1988). The nursing home, which Shield called Franklin Nursing Home, housed over 200 residents and consisted of an old wing with single rooms for ambulatory residents and a new annex with double rooms, a nurses' station and a resident dining room. Each floor was staffed with a charge nurse, a licensed practical nurse and several nursing assistants and orderlies for the day shift. The total number of staff was 250. Shield's research questions and observations were guided by the following theoretical perspectives: Goffman's theory of total institutions, reciprocity theory and rites-of-passage theory. The latter two focus on resident life, whereas the first focuses on the perspective of the employees and their work.

Shield observes two different kinds of views among the staff concerning the purpose and goals of the nursing home. Shield calls these "worldviews" that comprise how we organize and perceive the world around us, what we take for granted. Worldviews are a result of upbringing, schooling and training. At the Franklin Nursing Home employees holding a different worldview perceive the nursing home as much like a hospital, whereas other employees view the nursing home as a home. "This split reverberates throughout the institution and is felt at all levels of resident care." (66). Shield calls this the "home-hospital dilemma" which centers around the issue of how much control the staff should have over residents'

lives. A key issue in the hospital worldview is the medical model of preserving life, whereas in the home worldview the key issue is the social work's model of advocacy and quality of life. Shield interprets these as two competing care ideologies.

Shield's short account of the history of the Franklin Nursing Home is that it started out as a home but later evolved into a more hospital-like institution. This development is seen in regard to issues such as cardio-pulmonary-resuscitation, the performing of small operations, management of death, difference in architecture between the old wings (homelike) and the new wings (hospital like), and in employee roles (friends or employees). Of particular interest is Shield's observations of the indeterminacy of the future direction of the nursing home in the board of trustees that govern the nursing home. Should it be apartment housing or graduated long-term care? Who should its future clients be? Shield also records that there have been plans to move the nursing home.

When examining residents' life from the perspective of reciprocity theory Shield found that residents have only nonreciprocal status with minimal opportunities for exchange or repayment. Several federal and state regulations in fact restrict more competent residents from doing more for themselves and for other residents. Examining the life of residents from the point of view of rites of passage Shield found that residents are stuck in an endless transition stage where they are no longer adults nor are they preparing for death.

Goffman's theory of total institutions includes the following features: a split between staff and members, separation from the outside, the imposing of routines and the feature that all activities are carried out under the same roof. Shield notes that the Franklin Nursing Home has several of these features, with these exceptions: First, conflicting views of care do not represent the kind of monolithic ideology Goffman connects to total institutions. Second, Shield notes that staff hierarchies create tensions that prevent the kind of unity a total institution would suppose. And third, Shield observes that the residents of the Franklin Nursing home are not a homogenous population, but instead represent three different groups of residents. The first group of residents are those who are unable to fulfill their physical needs because of illness but are capable of understanding and communicating. A second group of residents are elderly people who are demented and are either capable or incapable of daily activities. A third group of residents are those who are capable both physically and mentally, but have heterogeneous needs concerning medication, support, etc.

Shield summarizes her findings, indicating a mixed view of nursing home care, where both good services and insensitive treatment can be found. She ends her book by offering suggestions about what could be done to improve the care in nursing homes. First, the strengths and responsibilities of residents should be increased, and second, community rituals should be created to provide cohesion and solidarity which would aid the transition in the rite of passage. In addition, connections to the surrounding Jewish community should be established. Shield ends her book with the voice of a nursing assistant whose account of her work probably echoes Shield's vision of ideal nursing homecare.

> "… It has been and it still is a joy and pleasure working with the elderly… you must maintain infinite love – because without love for the work this is the wrong profession for you. … It gives me inner joy to be able to take care of their needs and do the things they're not able to do for themselves. … It gives me such a satisfaction to know that they really miss me when I'm not there. … Its a joy to work with someone who is appreciative. You go into her room and she has a smile on her face. … Whereas [with someone else] you get verbally abused. … What I do: I inform the nurse, … the nurse informs the social service, and then the resident

> gets lectured about it. … Even though … I love my work. The majority of my residents are very grateful and they're very thankful, very appreciative. Only a few, I would say, aren't." (221–222).

3.2.3 A home turned into a factory

Timothy Diamond's ethnography from three Chicago nursing homes (1992) is largely from the nursing assistants' point of view. Diamond spent six months doing a vocational school program for nursing assistants and then worked as a nursing assistant in the nursing homes himself. Diamond divides his ethnography into five parts: the schooling period, nursing home life from the perspective of the residents, the perspective of the nursing assistants, the perspective of business and the possibilities for change. Diamond's point of departure is the tension between the everyday life of those that inhabit the nursing home (the residents and the staff) and the administrative rules and the business logic that "makes gray gold." His main argument is that in the nursing homes human caretaking has been made into an industrial enterprise, and that this creates conflicts inside the nursing home out of which possibilities for change can arise.

According to Diamond, the vocational schooling he took to be able to work as a nursing assistant consisted only of biomedical knowledge and aimed at making correct measurements and accomplishing tasks related to physical care. Psychosocial care was a vague concept, something that could be employed if there was time left from the physical care. In training periods, however, the students were faced with the fact that the actual performing of caretaking included much more than executing tasks related to physical care: interaction with residents of different kinds, and feelings of embarrassment, disgust, etc. Diamond raises up one particular instructor who advised the trainees to use "mother's wit" and the silent caretaking skills related to it in handling these situations. As a result, Diamond begins to develop the argument that nursing homecare is a contradiction between the biomedical care and the interactional and emotional care based on "mother's wit". In his analysis the physically oriented biomedical care is a commercialized form of the nursing home business, and "mother's wit" is the alternative.

> "Mother's wit is not an abstract concept or a set of ideas; it is the wide range of practices that hold the organization together. Mother's wit is required precisely in the gaps where action occurs and where action needs to be taken, and it, therefore, provides the matrix for an agenda of change. … It is more than an attitude, more than a set of invisible skills, and more than coordinating the internal and external forces." (241–2)

Working in the nursing homes Diamond describes how the residents, even when confused and ill were active in their own ways and had a lot to say about their care. Many resisted the early morning wakeups (at 7 a.m.) and asked "Why can't I have a little rest around here?" Others were active in coping with their physical or mental limitations, some were dealing with grief, many took care of fellow residents, etc. Even during the nights the residents were very much alive.

Diamond describes the working life of nursing assistants and other staff to be controlled by a combination of scheduled tasks, strict documentary requirements (the filling of charts)

and the power of supervisors and the administration. The schedules had to be kept, all assigned tasks had to be documented, the chart consisting of vital signs, bath and bowel record, restraint and position sheet had to be filled in every two hours. However, the nursing assistants also needed to employ skills that were not taught at vocational school: they needed to accomplish several tasks at once, they needed to coax the residents, they needed to listen, soothe and touch. Diamond sees these skills as the skills of women, daughters and wives. He highlights the complex and often difficult interaction between the residents and the nursing assistants that was not charted or mentioned by the supervisors, and not officially taught at vocational school. However, this interaction was severely constrained by the official objectives that the nursing assistants had to pursue. Diamond connects this to their work-related well-being.

> "Soon the shift would be over and we would go home, usually exhausted, not just from the physical labors that were officially specified for the job, but quite as much from executing the invisible skills of caretaking on which they depended." (145)

Diamond's argument is that the scheduling, documenting, quantification of care and even the contents of his schooling were central devices in turning caretaking into a commodity, and managing it a capitalist industry. He sees the charts, labels and measures as forms of managerial power and business logic.

> "The documentary process provided the essential leaps from quality to quantity so that residents and workers could be transformed into these entities. … residence and the work of caretaking could be named in chart talk of the documentary processes and counted in its units, life inside could be externally managed, inspected, priced and owned. Gold could be made from gray."(211)

Although the system of rules and documentation was exhaustive the life inside the nursing home did not go smoothly. Diamond mentions also how both residents and workers expressed resistance to the system and talked about the need for change:

> "They talked about …how the work could be organized differently, ….they raised points of departure for alternative ways of thinking and speaking about nursing homes. … whether patchwork will be enough to reform the situation or whether deconstruction and reconstruction of the whole building is in order. … " (215–16)

Diamond does not record in detail what kind of patchwork solutions or more radical changes were discussed. However, on the basis of these conversations Diamond produces a number of suggestions for improvement. Considering schooling, Diamond suggests that "mother's wit" should be placed at the core of the work. Wages should be higher. More staff is needed and more men on the staff. The system of social security (medicaid, medicare) should be changed so that residents would not be stripped of their economic resources during their time at nursing home. Houserules within the nursing homes could be eased: snacks and beverages could be served some times or a pizza could be delivered. Inside the homes, residents' councils should be strengthened with outside help from families, attorneys and ombudspeople. Residents and their families could have more involvement in the record-making procedures to produce alternative records that better reflect their everyday lives. "Mother's wit" should orient the caretaking towards the use of social, emotional and political skills.

In summary, Diamond's central argument is that the logic of capitalist business has invaded the home and turned it into a factory that produces " gold out of gray". The logic of production should be replaced with the logic of the home, i.e. the instinctive skills of the mother.

> "Mothers, and those who practice mother's wit, usually start with the basics…[it] will probably have to do with activity related to feeding, cleaning, teaching, laughing, comforting, holding, scolding – stopping to take the time to do any of them. … and expanding and playing with skills … It amounts to making into a home that which has been made into a hospital. Every day and night, in other words, the caretakers try to build a rest home. But each day the factory-like schedule starts up the production of patients and tasks and timed and measured units of service at the crack of dawn. The 7 am start-up burdens the lives of those bound to its schedule, and it interferes with the original purpose of the place. … They may have to shorten the shifts and make more of them and devise ways to divide up the work and double the workers. … It might mean they will decide that 9 am is a better time for the caretaking co-participants to start their day." … (243–4)

3.2.4 Compassionate care squeezed by bureaucracy and bad employees

Anthropologist Nancy Foner spent eight months in 1988–89 in a nursing home (Table 1.) in the U.S. examining specifically nursing aides' work. Her theoretical starting points were Weber's theory of bureaucratic organizations, worker autonomy and informal workers' culture. One of Foner's central findings is that some aides were compassionate and empathetic towards the patients whereas some were cruel and abusive. The general thesis put forward by Foner is that the structure and functioning of the nursing home create dilemmas of care which discourage compassionate care. Compassionate care or emotional care is the standard by which Foner measures nursing home care.

Foner identified five types of pressure that create dilemmas of care in the nursing home. The first type of pressure arises from the patients. Foner records how the patients are physically heavy to handle, how they scream, pull their clothes, soil or wet themselves after being washed, and curse, scratch, bite or hit the aides. Foner explains abusive patient behavior as either dementia or mental impairment. The dilemma created by such patient behaviour is how to give good care if the patients themselves make trouble. Foner found two extreme responses to such patient behavior among the aides: insensitivity and cruelty by a few "monstrous" (ibid. 51) aides and understanding and compassionate care by some "saints." Most aides fell somewhere in between. According to Foner the good aides felt satisfied when they were able to make the patients feel good, when they were able to take good care of them, when the patients looked neat and clean, when the aides felt they were needed and had become emotionally close to patients, and above all when the patients expressed an interest in them and cared about them as people. Only a few liked dependent and helpless patients.

A second source of pressure comes from the bureaucratic rules of the nursing home that regulate much of the work that the aides do. The rules regulate the attendance of aides, what they wear, when to have a break and how to do the job. These rules discourage compassionate care. Foner describes how a compassionate but slow aide received bad evaluations,

whereas an abusive but punctual aide was praised by her supervisors. Efficiency and organization were valued among most of the aides, although many of the aides who had been working for a long time missed the autonomy and less stringent supervision in the 1960s and 1970s before state regulation. According to Foner, state regulation came as a response to revelations of widespread malpractice in nursing homes in the 1960s. The third source of pressure arose from relations with supervisors and floor nurses. The division of labor between aides and nurses was based on strict hierarchy. Nurses concentrated on paperwork and they assigned the duties to aides. Foner's interpretation is that nurses limit aides' autonomy by using bureaucratic control. For the nursing administration and most of the floor nurses paying heed to authority, finishing paperwork and following the rules was more important than residents' well being.

A fourth source of pressure was families, both patients' families and aides' own family ties. Patients' family members interfered with aides' work, were sometimes too demanding, complained to authorities and disrupted the normal routine. Pressures from aides' own families involved financial struggles, the burden of a double job, day-care arrangements, and concern for their children's schooling.

Comparing the nursing home to factory settings, Foner records features of informal work culture among the employees that created a fifth set of pressures. Adaptative features of their work culture included socializing, joking, selling items to each other, etc. Resisting features of the work culture was exhibited in aides' mutual agreement not to provide the patients with services that were not part of required assignments (inhibiting rate busting), in preventing denunciation ("If you see something don't say anything") and in promoting territoriality ("Don't worry, its not your patient"). In a factory the raw-material or products do not suffer from such features of employees' informal work culture, whereas in the nursing home, according to Foner, it prevented the aides from giving affectionate care and sometimes encouraged cruel and insensitive behavior.

Foner's argument is that these pressures are inherent in the structure of the institution: the dilemmas inevitably come with the job and will not go away. However, Foner does make some suggestions. She suggests that more emphasis should be placed on the compassionate side of care by the administration, nursing supervisors and floor nurses. In-service training on sensitivity and emotional aspects of caring should be provided. Official rewards and other signs of recognition should be given to sympathetic aides. And aides should have opportunities to make initiatives in patient care, to involve them in the care-planning process and give them primary assignments such as their own patients.

3.2.5 Strengths and weaknesses of ethnographic research in nursing homes

The four nursing home ethnographies offer a good insight into how the work in the nursing homes is organized and what kinds of tasks the registered nurses, licensed practical nurses and the nursing assistants do. Several of these findings are also featured in City Home and Country Home in Chapter 2.

The ethnographies also bring up important issues besides the structural features of work organization. Each ethnography reports "annoyances" (Gubrium), "conflicts" (Shield), "contradictions" (Diamond) or "dilemmas and pressures" (Foner) as central features in everyday caretaking in nursing homes. That is, the work in nursing homes does not proceed smoothly and personnel have to struggle to get their work done.

The reviewed studies provide a number of reasons for these struggles. Perhaps the most important is the residents, and the different studies bring up different interpretations of the annoyances and pressures created by them. Foner interprets disturbing patient behavior to be almost exclusively due to dementia and cognitive impairment. Gubrium and Diamond suggest the conscious resistance of patients towards the routines and prohibitions in the nursing home. Shield sees the heterogeneity of residents as a source for trouble. *However, none of the ethnographies study in detail the tension-laden interaction between personnel and residents.*

Another important source of difficulty in the ethnographies is the conflicting views among staff of how the work should be performed. *But none of the reviewed studies explore what different ideologies of elderly care exist, how they show in the everyday life of nursing homes and how they develop and change.* Gubrium speaks of the different "social worlds" of the top staff, floor staff and residents. Shield found two conflicting "worldviews": a medical and a social work worldview that were in conflict. Foner reports on both good affectionate aides and cruel insensitive ones. Gubrium describes "total patient care" as belonging to the world of the top staff only. One is left to wonder whether there were any traces of total patient care in the floor staff's approach. Foner seems to abandon all ideologies of care and rely only on "emotional care" that some aides show and others don't, and Diamond relies on the innate "mother's wit" of wives, daughters and sisters. Shield recognizes a medical orientation and a social work orientation but is silent about any orientations to nursing that the nurses or aides may have had. The nursing assistant's account that closes her book (see above) seems to suggest that the most important thing in nursing homecare is love.

Several of the ethnographic studies make recommendations as to how to improve nursing homecare. What is striking, however, is that the ethnographers suggest rather small-scale improvements to the nursing home concept. They do not question the existence of nursing homes as a special form of care, nor do they look for alternative concepts for the institutional care of the elderly. On the basis of the ethnographies it seems that nursing homes have existed forever and continue to exist as such, although some improvements would be needed.

The reviewed ethnographies do not explore changes in, or development of, the present form of the institutions. A careful reader may note hints and signs of development, though. For example, it is of interest that the nursing home studied by Gubrium had only a 36% occupancy rate in 1973, and a 60% occupancy rate in 1975. How were the elderly cared for before this facility existed and where did the clients come from? Another example is from Foner, who reports that good nurses "instituted a weekly floor meeting to discuss problems and new developments" (1994, 94). What were these new developments? There seems to be more emphasis on the structure and structural contradictions of nursing homes in the ethnographies than on changes and development. Especially interesting are the fragments of information Foner reports about historical changes in nursing homes in the U.S., e.g. how

the work allowed for greater employee autonomy in the 1960s and 1970s, and how incidents of malpractice introduced state regulation to rule the work practices.

There are hints that the dilemmas and conflicts of nursing home work are a major source for emotional and physical strain among employees but *none of the ethnographic studies systematically explores the perspective of employee well-being.* The next section reviews what we know about the well-being of personnel and its relation to work in nursing homes.

3.3 Work stress research in nursing homes

To cover extensively the literature of stress research in nursing homes I did literature searches (most recently in the spring of 2002) from the available data sources. I searched with keywords from two broad headings: keywords linked with well-being and keywords linked with elderly care. For well-being I used the following keywords: stress, burnout and well-being. For elderly care I used the keywords elderly care, nursing homes, residential homes and institutional care of the elderly. For the literature review I chose articles according to two principles: the articles at least partly dealt with nursing homes or equivalent institutions for the elderly, and the research included measures of well-being, i.e. stress, burnout, etc.

The result was the 12 studies whose features are presented in Table 2. It is a rather lengthy table but it allows the reader to grasp recent work stress research in nursing homes in a comprehensive manner. Although some of these twelve studies include with approaches other than the work stress approach (e.g. Sinervo 2000), I have included them in the review.

In the text below I shall draw together the following features of the reviewed studies: study samples and designs, indicators of well-being and issues of nursing home work that are raised by the studies.

3.3.1 Study samples and designs

The study samples represented quite heterogeneous combinations of different types of care facilities. Seven of the studies focus exclusively on nursing homes as the object of research . In others the study samples were combinations of nursing homes and acute hospitals (Hare, Pratt & Andrews 1988, Hare & Pratt 1988), other long-term care facilities (Schaefer & Moos 1996), long-term hospital care and homecare (Elovainio & Sinervo 1997, Sinervo & Elovainio 1998, Sinervo 2000) and special clinics (Åström *et al.* 1991).

Six studies concentrated exclusively on the nursing staff (RNs, LPNs and NAs) in these institutions; three studies concentrated on nursing assistants only; two studies included directors, cleaners and kitchen workers in addition to nursing staff to the study sample and one study focused on ancillary workers (NAs, housekeeping and kitchen staff, administrative and staff staff).

The majority of these studies employed a response-based or an interactional definition of stress. One study employed elements from the transactional definition of stress (Novak & Chappel 1994). One study combined the stress theoretical approach with a cultural approach (Sinervo 1996, 2000).

Table 2. Studies of stress, burnout and well-being in nursing homes.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
1) Hare, Pratt & Andrews 1988, Hare & Pratt 1988	n=312 (out of 600, 52%) Employees from three acute hospitals and seven nursing homes (RNs, LPNs and NAs) Cross-sectional survey design	Maslach burnout inventory – emotional exhaustion –depersonalization – personal accomplishment (questionnaire)	– social support at work – exposure to patients with a poor prognosis – type of facility – occupational role (questionnaire)	– coping strategies – informal support – fear of death – comfort for patients with a poor prognosis – personal demographics (questionnaire)	– social support, problem-solving coping strategies were negatively related to burnout – tension-releasing coping strategies were positively related to burnout – exposure to patients with poor prognosis was not related to burnout – paraprofessional nursing staff experiences more emotional exhaustion than professional nursing staff – type of facility or exposure to patients with a poor prognosis was not related to burn out	– increase supervisor support and peer support – assist the use of instrumental coping strategies through staff training and counselling – staff training on stress management, work-related counselling, improved supervision, in-service training, variety in job tasks, clear and realistic objectives for patient care.	Features that should be studied: staffing, task content, wages and benefits, differences between patient characteristics in long-term care and acute care, philosophies of patient care, work environment support, and differences between nurses who, by choice or not by choice work with patients with poor prognosis.
2) Cohen-Mansfield 1989	n=30 (100%) The daytime nursing staff from two units of a large nursing home facility (RNs, LPNs, NAs) Qualitative survey	– self-reports of positive and negative emotions – intensity of these emotions	– self-reports of events that were related to positive and negative emotions	Attitudes towards working in the nursing home (questionnaire)	– intense positive emotions were related to direct patient care – intense negative emotions were related to events at the institutional level (policies and benefits)	Administration should make efforts to solve problems related to unit-level staffing and role performance	Larger samples in more facilities; interactions between personal and job-related factors; improve how new staff get acquainted with nursing home care.
3) Åström *et al.* 1991	n=60 A selection of nursing staff in dementia care (RNs, LPNs, NAs from a nursing home, somatic clinic and psycho-geriatric clinic) Longitudinal survey	Burnout scale (questionnaire)	– experience of feedback – care organization – contact with patients – expectations of self and others – care environment (structured interview)	Empathy scale, Scale of attitudes towards caring for demented patients (questionnaire)	– reduced empathy and less positive attitudes were related to higher scores of burnout – the"experience of feedback" and a background factor "time at present place of work" were correlated to burnout.	Counteracting staff burnout should be given high priority	none

Table 2. Continued.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
4) Chappel & Novak 1992	N=245 (78%) Randomly selected nursing assistants from 26 long-term institutions for the elderly (personal care homes, PCHs) Cross-sectional survey	– job burden of cognitively impaired patients – burnout inventory – work affecting other areas of life (interview)	– work load (physical – mental, too much, too fast) – job rewards (e.g. skill discretion) – support at work (structured interview)	– support outside work (interview)	– NAs reported a fair amount of job burden and burnout, and a low degree of job pressure – the above measures of well-being were related to lack of support, lack of job rewards, amount of work load and ethnic saliency.	– institutions should train NAs in dealing with cognitively impaired patients, decrease their workload and provide more rewards on the job – employers should look at pressures inherent within the job	none
5) Novak & Chappel 1994	N=245 (78%) Randomly selected nursing assistants from 26 long-term institutions for the elderly (personal care homes, PCHs) Cross-sectional survey	– Burnout inventory (emotional exhaustion, personal accomplishment, depersonalization) (interview)	– proportion of cognitively impaired patients – the amount of time spent on giving physical care – the occurrence of disturbing patient behavior (interview)	Employees' appraisal of the pleasantness of the commonest work tasks and of the troublesomeness of disturbing patient behavior. (interview)	– Emotional exhaustion was related to the proportion of cognitively impaired patients (stressor) and to the experienced unpleasantness of it (appraisal) – diminished personal accomplishment was related to the frequency (stressor) and to the reaction (appraisal) of disturbing patient behavior – depersonalization was related to the amount of time spent on physical care and the number of cognitively impaired patients (stressors). Also the reaction to disturbing patient behavior was related to depersonalization (appraisal).	– NAs need help in the form of social support – NAs need a program to help to respond effectively to patients – Decrease case loads and time pressure, increase the time staff has to work with patients, improve the quality of the work place, provide in-service training	Investigate working conditions of the NAs; stress outside the workplace; lack of understanding of patients' conditions

Table 2. Continued.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
6) Elovainio & Sinervo 1994	N=184 (77%) N=175 (71%) Employees from seven nursing homes (directors, RNs, LPNs, NAs, cleaners, special staff) Longitudinal evaluation survey	– job satisfaction – job stress symptoms – musculoskeletal symptoms – work ability index (questionnaire)	– changes in staff and physical premises – quality of care – psychosocial stressors (leadership, feedback, climate, time pressure, decision latitude etc.) – patient-related stressors (questionnaire, interviews)	none	– physical premises improved – separate units for dementia-patients were established – no significant changes of the work process took place – routine work increased – time pressure and ergonomic problems did not improve – only time pressure and ergonomic problems explained stress symptoms – the intervention had no effects on employee well-being	none	In intervention research reliable premeasures and the use of controls is needed. Different kinds measures should be used. The intervention process should be reported in detail.
7) Novak & Chappel 1996	N=245 (78%) Randomly selected nursing assistants from 26 long-term institutions for the elderly (personal care homes, PCHs) Cross-sectional survey	– job burden of cognitively impaired patients – burnout inventory – work affecting other areas of life (interview)	– proportion of cognitively impaired patients – shift work (interview)	none	– most negative outcomes in the group who worked with cognitively impaired patients in the day shift. – less overall stress in the group who worked less with cognitively impaired patients	Administrators and supervisors should consider moving NAs periodically to wards with lower proportions of cognitively impaired patients, and changing the work shifts. More staff should be hired.	none

Table 2. Continued.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
8) Schaefer & Moos 1996	n=405 (58%) RNs, LVNs, NAs and other staff members who worked full-time in direct patient care in 14 long-term care facilities (of which four were nursing homes). Longitudinal survey	– job satisfaction – intent to stay – job-related distress – depressed mood and physical symptoms (questionnaire)	– supervisor/ physician stressors (interaction, support) – general job task stressors (emergencies, making on-the-spot decisions) – patient care stressors (dying patients, complaining family members) – system stressors, (e.g. workload, staffing, scheduling) – coworker cohesion – autonomy, clarity (questionnaire)	none	– respondents were satisfied, intending to stay, moderate freq. of job-rel. distress, normal rate of depressed mood and physical symptoms – staff position as RN or LVN, relationship stressors, workload and scheduling problems were related to less satis., more distr, and less intent to stay – high general job stressors and relationship stressors predicted more distress – high patient stressors predicted less distress, less depressed mood and fewer symptoms	Managers may improve staff well-being by facilitating better communication, decreasing workload and scheduling problems and enhancing work group cohesion. Also team building, training for supervisors and empowering of staff to cope with demanding health care environments is needed.	none
9) Sinervo 1996, Sinervo 2000	n=69 (100%) Randomly selected sample of nurses and NAs from seven nursing homes Cross-sectional qualitative study	none	none	Employee knowledge and goals concerning elderly people and elderly care – descriptions of elderly people and their goals in institutions – employees' own goals at work in elderly care (interview)	Two conflicting knowledge structures emerged – a fragmented conceptual network with a negative view of the elderly reflecting the functional model of nursing – a more coherent conceptual network with a personal and social view of the elderly, social goals of the elderly and individuality as the main employee goal reflecting an emerging individually oriented work culture	There is a need to take into account conflicting knowledge structures and goals when developing the nursing homes from the perspective of employee well-being and quality of care. Working places should be aware of knowledge structures and goals that guide work.	Larger samples, quantified measures of knowledge structures and goals

Table 2. Continued.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
10) Elovainio & Sinervo 1997, Sinervo & Elovainio 1998, Sinervo 2000	N=204 (82.9%) Employees from two municipal homehelp service units, four health center wards from two municipalities, three nursing homes (directors, supervisors, RNs, LPNs, NAs home helps, kitchen workers and special staff) Cross-sectional survey	– psychological stress symptoms (e.g. unusual tiredness, depression, nervousness, difficulties in concentrating) – psychosomatic stress symptoms (stomach ache, headache, palpitations, etc) – musculoskeletal symptoms – job satisfaction and growth satisfaction (questionnaire)	– job characteristics (skill util., autonomy, task identity, task significance, feedback, social interaction) – job stressors (time pressure, satisf. with management, interpers. conflicts, problems in co-op.) – patient-related stressors (physical inability, memory, wandering, nervousness, improvement) (questionnaire)	none	– 30% showed ms-pain, 25% unusual tiredness, – more in wards and nursing homes, less in homehelp units – high job satisfaction overall – Skill util., autonomy and feedback were at a lower level in wards and nursing homes when compared to homehelp units – Ergonomic problems, time pressure and patient stressors were higher in wards and nursing homes – ergonomic problems were related to musc.scel.symptoms and job stressors to psychological stress symptoms – psychological stress symptoms mediated between psychosocial stressors and musculoskeletal symptoms	Work in wards and nursing homes should be redesigned to be less fragmented and provide more opportunities for skill utilization. High level of patient-related stressors indicates more education and theoretical knowledge needed concerning dementia It remains unclear how to make work more interesting and to enhance opportunities for skill utilization. One possibility would be to introduce smaller units. The prevention of musculoskeletal problems should also include the development of psychosocial factors at work.	Longitudinal studies, bigger samples
11) Sinervo 2000	N=168 (82%) Employees working directly in patient care from two municipal homehelp service units, four health center wards from two municipalities, three nursing homes (RNs, LPNs, NAs and special staff) Cross-sectional survey	– psychological stress symptoms – musculoskel symptoms (questionnaire)	– functional abilities and dementia-symptoms of the patients (employee assessment) – patient-related stressors – time–pressure – physical load (questionnaire)	none	– measures of patients' functional ability and dementia symptoms correlated positively with patient-related stressors, with psychological stress, with musculoskeletal symptoms and with physical load – time pressure and patient-related stressors mediated between functional abilities of the patients and psychological stress	Education about dementia or mental illnesses is needed. In relation to training, questions of how work is organized must not be overlooked.	The effects of unit size, structure, staffing, specialization and educational level of staff should be studied. Small quantity of data and cross-sectional design should be avoided.

Table 2. Continued.

Reference	Study sample and design	Measures of worker well-being	Measures of work	Other measures	Main findings	Recommendations for interventions	Recommendations for further research
12) van Vegchel *et al*. 2001	167 (68%) Ancillary health care workers (NAs, housekeeping and kitchen staff, administrative and staff staff) in two nursing homes in the Netherlands. Cross-sectional survey	– psychosomatic complaints – physical symptoms – exhaustion – job dis-satisfaction (questionnaire)	Job efforts: – psychological demands (time pressure, working hard, strenous work, complexity) – physical demands (heavy loads, restricted standing, bending, carrying) – emotional demands (aggressive clients, death, human suffering) Job rewards: – money – respect, support and fair treatment – job security, promotion prospects, status consistency (questionnaire)	a personality characteristic: over-commitment – having to think about work problems – inability to withdraw from work – sacrificing oneself to the job (questionnaire)	– 10% rated themselves in the high efforts-low rewards group, 50% in the low efforts – high rewards group – the combination HE-LR was associated with psychosomatic symptoms, exhaustion, dissatisfaction. – overcommitment showed no moderating effect	Adapting and regulating job demands: – optimizing shift schedules, reducing peaks, rotation of demanding and non-demanding tasks, increasing job variety (adm vs patient work), regularity of admission, emergency space, ergonomic adaptations (lifting, training in lifting), healthy shift schedules Strengthening opportunities for job rewards: . promotion prospects, enrichment of tasks, a fair salary, provision of support, respect and fair treatment, continued training and skill programs. Supervisors should learn to provide support by adopting a modern transformational leadership style. Performance appraisals, personal career guidance, adequate job rating system	– longitudinal studies – larger sample is needed – the use of specific reward measures – matching specific efforts with identical rewards

The majority of the studies are cross-sectional surveys in design. Three studies are longitudinal (Åström *et al.* 1991, Elovainio 1994, Schaefer & Moos 1996) and one study is an intervention study (Elovainio 1994). Two studies employed qualitative methods (Cohen-Mansfield 1989, Sinervo 1996).

3.3.2 Indicators of work-related well-being in nursing homes

Work-related well-being in nursing homes was studied from a number of perspectives. Well-being was studied through several different indicators: burnout, occurrence of positive and negative emotions, burden created by cognitively impaired patients, work affecting other areas of life, job satisfaction and growth satisfaction, psychological stress symptoms, psychosomatic symptoms, musculoskeletal symptoms, work ability, intent to stay on the job, and depressed mood and exhaustion (see Table 2. for references).

Some of the studies focused on studying the differences between different occupational groups within nursing homes (Hare & Pratt 1988, Åström *et al.* 1991, Sinervo & Elovainio 1998) or differences between nursing homes and different types of elderly care facilities (Åström 1991, Sinervo & Elovainio 1998). Some studies concentrated on one occupational group only, i.e. nursing assistants (Chappel & Novak 1992, Novak & Chappel 1994, Novak & Chappel 1996).

The picture that emerges concerning the level of well-being or stress in nursing homes, is a mixed one. A number of studies report only moderate levels of burnout (Hare *et al.* 1988, Hare & Pratt 1988, Åström *et al.* 1991, Novak & Chappel 1994, Schaefer & Moos 1996), a good level of job satisfaction (Cohen-Mansfield 1991, Elovainio 1994, Sinervo & Elovainio 1998), or the same number of psychological symptoms that have been found in population studies (Schaefer & Moos 1996). However, the Finnish study of seven nursing homes (Elovainio 1994) and a study of three different elderly care facilities (Sinervo & Elovainio 1998) found elevated levels of musculoskeletal symptoms, unusual tiredness and lowered work ability when compared to studies on health care in Finland in general. The levels of stress symptoms were higher in health center hospitals and in nursing homes than with home care.

The evidence is also conflicting regarding the question whether there are differences in well-being among different occupational groups in nursing homes. No significant differences were found in the stress symptoms or musculoskeletal symptoms between nurses and nurses aides in nursing homes in the Finnish study (Sinervo & Elovainio 1998). A study focusing exclusively on nursing assistants in personal care homes in Canada (Chappel & Novak 1992, Novak & Chappel 1994, Novak & Chappel 1996) found a "fair amount" of both burnout and burden from caring for cognitively impaired patients ('job burden'). In a study involving respondents from both acute and long-term care the burnout scores were higher for paraprofessional nurses (NAs) when compared to professional nurses (RNs, LPNs) (Hare & Pratt 1988). By contrast, in a study of 14 long-term facilities the position of a registered nurse or a licensed vocational nurse was associated with *more* job-related distress, less intent to stay on the job and more depressed mood when compared to the position of a nursing assistant (Schaefer & Moos 1996).

3.3.3 Issues of work significant to worker well-being in nursing homes

The significance of general work stressors was studied in several studies (see Table 2). One study examined the effects of efforts-rewards imbalance (van Vegchel *et al.* 2001). Stressors related to special patient characteristics were studied in several studies (Hare *et al.* 1988, Åström *et al.* 1991, Novak & Chappel 1994, 1996, Sinervo 2000).

What do these studies tell us about the work in nursing homes? Perhaps the most unanimous results of these studies show that high work demands, both physical and psychological, contribute to an increased experience of burnout, stress symptoms and musculoskeletal symptoms in nursing homes (Chappel & Novak 1992, Elovainio 1994, Schaefer & Moos 1996, Sinervo & Elovainio 1998). Physical work demands in nursing homes were studied as ergonomic problems (lifting of patients, working in bent positions, etc.). Psychological work demands were studied mainly as time pressure. As recommendations these studies suggest decreasing heavy workloads (Schaefer & Moos 1996, Chappel & Novak 1992, 1994), increasing staff or reorganizing work (Elovainio 1994, 268), or adapting and regulating work demands (van Vegchel *et al.* 2001).

In some of the studies work demand levels were found to be quite high in nursing homes (e.g. Sinervo & Elovainio 1998). Some studies, however, report a lower level of demands. Van Vegchel *et al.* (2001) examined job effort, job rewards and different indices of well-being among ancillary workers from two nursing homes in the Netherlands (Table 2). From this study we learn that only 10% of the sample felt that their work demanded high effort and provided them with low rewards. Differences in work demands in different studies concerning nursing homes could mean that work might be organized in different ways in different nursing homes. This would also be an important question for further research.

Several of the reviewed studies show that social support at work in its many forms is related to indicators of well-being in nursing homes. Hare *et al.* (1988) found that reported poor relationships at work were significantly related to higher burnout scores in a group of RNs, LPNs and NAs from three acute hospitals and seven nursing homes. In effect, they suggest interventions aimed at "organizational issues, such as supervisory support and peer relationships … perhaps through staff training and work-related counselling" (ibid., 114). Chappel and Novak (1992) in their study of nursing assistants also found that the social support variable they used predicted the experience of burnout. However, their support variable included not just the quality of social relationships at work but also more instrumental aspects of support, such as the number of nursing assistants and other health care workers in the unit, in-services provided by the employer, and in-service training in the care of cognitively impaired patients. In the more detailed analyses it was the training of cognitive impairment which best predicted the experience of burnout. The authors suggest that training courses that show how to work with residents with cognitive impairments could assist nursing assistants in dealing with burnout. In the Schaefer and Moos study of long-term care facilities (1996) those who experienced more problems with supervisors and physicians had lower job morale and more job-related stress. They suggest that managers should facilitate better communication and enhance better work group cohesion. On the other hand, Elovainio (1994) found that neither satisfaction with leadership nor the social climate of the workplace were related to experienced stress symptoms, musculoskeletal pains or work ability. None of the studies examine how the organization, technology or clients of the nursing home work contribute to the formation of social support among the

staff and between staff and supervisors. As a result these recommendations remain at a very general level.

The question of job control is not brought up very often in studies of nursing homes. Sinervo and Elovainio (1998) measured job characteristics according to the JDS model (Hackman & Oldham 1974, in Finnish Vartiainen 1989) in three different elderly care facilities. They found that when compared to homecare the work in nursing homes and in health center hospitals lacked skill utilization opportunities, autonomy, and feedback, and had a low task identity (the wholeness of work). As recommendations the authors suggest that work in nursing homes and in health center hospitals should be reorganized to diminish disadvantageous task characteristics. They suggest, for example, the formation of smaller institutional units and staff training (1998, 11).

Patient characteristics were studied as possible stressors in several of the studies reviewed. Two particular kinds of patients have been presumed to be stressful to caregivers: patients with a poor prognosis (dying patients) and patients with cognitive and physical impairments and disturbing behavior. The effects of contacts with patients' relatives have also been studied.

The reviewed studies show no support to the hypothesis that the care of patients with a poor prognosis and dealing with their families is related to experiences of burnout (Hare *et al.* 1988, Schaefer & Moos 1996). On the contrary, the Schaefer and Moos study found that caring for chronically ill and dying patients and providing support for their families was associated with *better* health and performance outcomes for staff working day shifts with these patients when compared to employees working night shifts (1996). The evidence of the effects of patients' cognitive and physical impairments on worker well-being in nursing homes was somewhat mixed. Direct effects of patient characteristics on worker well-being were not found (Sinervo & Elovainio 1998), but statistical models did show that the effect of patients' functional ability on worker well-being was mediated through perceived patient-related stressors (Sinervo 2000). In a study of nursing assistants it was found that the proportion of cognitively impaired patients and the occurrence of disturbing patient behavior was related to different elements of burnout (Novak & Chappel 1994, 1996). This effect was more pronounced for those working day shifts than for those working only night shifts.

The recommendations stemming from these results included staff training in cognitive impairments, moving nursing assistants periodically to wards with lower proportions of such patients, hiring more staff and reorganizing work.

Only one of the reviewed studies included an intervention (Elovainio 1994). The intervention was based on a project started by the National Board of Social Welfare, and its aim was to increase the individuality of care in nursing homes as well as the autonomy of residents, and provide a positive view of care for the elderly. Each nursing home developed their own goals and programs in this direction in participatory developmental workshops. The project provided joint training days for all nursing homes a few times each year during the three-year project. The study was an evaluation study involving two surveys: the first survey at the midpoint of the intervention and the second survey at the end of the intervention. Feedback of the survey results was given to each nursing home but its significance for the intervention was considered to be small. This study did not find major improvements in the work stressors, in indicators of well-being, or in the work process as a result of the participatory and educational intervention.

Concerning recommendations for further research, the majority of the reviewed studies recommend larger samples and longitudinal study designs for future studies of work-related well-being.

3.3.4 Strengths and weaknesses of work stress research in nursing homes

The twelve reviewed stress studies involving nursing homes succeed in producing important evidence on the work-relatedness of employee well-being in nursing homes. Several work-related factors are shown to contribute to the psychological and physical strain experienced. These results are important because they clearly point towards the need for reconstructing or redesigning work as a means to promote worker well-being.

However, none of the reviewed studies succeed in producing knowledge of what is behind the variables that have been measured or how to explain the conflicting results concerning some issues. We learn that "time pressure" is a serious problem but we do not learn why that is or why employees report it. Theoretically, the measured task characteristics and job stressors are determined by the ways in which the work process is organized and by the technology that is used. But these issues are not examined in the studies. In fact, not a single task or specific job in nursing homes is described in these studies. Instead, the job stressor measurements of several radically different tasks and jobs in nursing homes are pooled together (see Table 2 for the diversity of occupations in the study samples) to represent "work in the care of the elderly" (e.g. Sinervo 2000), "dementia care" (Åström *et al.* 1991) or "ancillary health care workers" (van Vegchel *et al.* 2001). Or data from radically different care facilities is pooled together to represent "nursing burnout" (Hare *et al.* 1988).

When examining the effects of patient characteristics on employee well-being, important questions would be *what kind of care is the unit in question prepared to give and to what kinds of patients?* Patients exhibiting odd behavior would probably be more of a disturbance or a stressor in a care facility designed for healthy elderly or in a facility for acute medical care. Whereas in units designed for the care of cognitively impaired persons such behavior could be taken as "normal" or even as a positive challenge. The same could be true for the care of dying patients. In a unit prepared for terminal care the effects of caring for such patients would probably be different when compared to intensive care units which aim to save patients' lives. In further studies concerning patient-related stressors more data should be gathered about what kind of care the nursing homes or even different units in the nursing homes are prepared to give.

One of the obvious reasons why these studies cannot produce more specific and more useful information is the use of big and often heterogeneous samples (see Table 2). Here the researchers face an interesting dilemma: more specific knowledge would mean smaller samples and even case studies, but then the epidemiological conditions of scientific knowledge would not be fulfilled and their results would not get published. Another reason is the focus of these studies. The focus of the reviewed studies is to study the *relationship* between the selected work variables and indicators of well-being. As a result, what is *behind* the work variables is left unexamined. However, this omission is crucial from the point of view of successful interventions. If we don't know what forms time pressure takes within

nursing home work, or how patient characteristics affect the work process, we do not know how to improve the situation at work.

The results of these shortcomings can be seen in *the quality of the recommendations of the reviewed studies*. Demands should be decreased, supervisor support enhanced, work reorganized and staff training increased. I suspect that these recommendations are not very useful to supervisors and administrators in nursing homes. If this is true it could well explain the scarcity of intervention studies in nursing homes, and elsewhere. It may well be that there are other obstacles as well, such as ill-informed employers. But it is obvious that even for the most benevolent employer the applying of these recommendations would be difficult.

Another observation concerning recommendations for interventions is that *in most of the studies the recommendations are something that the "supervisors", "administration", "employers" or "institutions" should do for the workers* (see recommendations in Table 2, e.g. Cohen-Mansfield 1989, Chappel & Novak 1992, Novak & Chappel 1996, Schaefer & Moos 1996). Some of the recommendations are written in the passive form (e.g. "Actions to improve employee well-being should be aimed at both adaptation and regulation of work demands…" van Vegchel *et al.* 2001) which hides the issue of agency. The researchers do not at any point recommend that the employees should or could do something about their work to improve their well-being. Paradoxically, then, *these recommendations may reinforce employees' lack of control over their work,* although the opposite is one of the explicit aims of psychosocial work stress research.

Future stress research in nursing homes seems to focus on repeating the present results with bigger samples and longitudinal studies. The primary aim of these recommendations seems to be to further confirm the main results of the present studies. Only a few studies (Hare *et al.* 1988, Hare & Pratt 1988, Novak & Chappel 1994) make suggestions that aim at a deeper understanding of the relationships found in the present studies. *None of the authors suggest the use of qualitative methods, in-depth case study design, or new theoretical approaches to better understand the results.*

If the researchers themselves are not involved in interventions which apply their results, the whole issue of practical relevance may never arise.

Sinervo's (1996, 2000) study of the knowledge structures of personnel in nursing homes forms an important exception in the reviewed work stress studies, in that he moves beyond the work characteristics to study how the employees themselves describe the elderly people, the goals of the elderly, and employees' own goals at work. His main finding is that in interview with employees two mutually conflicting knowledge structures can be distinguished. He interprets these conceptual networks to represent two different work cultures in the nursing homes: the "functional model of nursing" work culture and an emerging "individually oriented care" work culture. These important findings evoke several further questions. *How and why do different knowledge structures in nursing homes develop and change? How do individual workers adopt them? What is the relationship between employees' knowledge structures and work-related well-being? And last, how do such knowledge structures operate in practice in the nursing homes?* Sinervo's study in this way comes close to ethnographic studies of nursing homes.

3.4 Conclusions of previous research into nursing homes

To summarize, ethnographic research makes a significant contribution in exploring the details and diversities of nursing home work. Ethnographic research also shows that work in the studied nursing homes did not proceed smoothly but was full of dilemmas, tensions and contradictions. What is currently lacking from ethnographies is the ethnography of change: how do structures evolve, how do they change or develop? Changes are suggested by ethnographers but these changes are not documented, and different ideologies or theories of elderly care are poorly developed. Instead, ethnographers smuggle in ideals such as "compassionate care" or "mother's wit" without explicating them and grounding them in an ongoing discussion about ideologies of care. Another feature requiring more thorough analysis in ethnographic studies is the well-being of employees.

The reviewed stress research in nursing homes succeeds in showing that different aspects of well-being are critical in nursing homes, and that several features of work are significantly related to indices of worker well-being. But what they leave open is what is behind these features. The technology, organization, or care ideologies of nursing homes are not examined. Even the effects of certain types of patients are measured without examining what kinds of patients the unit in question is prepared to cater for. As a result the recommendations for improving nursing home work remain mostly at the level of separate variables. However, getting behind the variables is not expressed as a research goal, nor are the plans for future research directed at exploring these questions further. It also seems that work stress research takes it for granted that the measured features of work describe a normal, undisturbed situation: the work as it has been planned and designed. In contrast to the findings of ethnographic research we do not learn much about the dilemmas or obstacles of nursing home work from work stress studies. Nor do we learn about the significance of these tensions to worker well-being – an aspect that ethnographic studies strongly suggest.

In sum, previous ethnographic research is rich in details about work but lacks systematic knowledge of worker well-being, whereas the work stress studies tell a lot about worker well-being but lack profound knowledge of work. In addition, neither of these approaches study how nursing homes change. The coverage of previous research is depicted in Figure 5

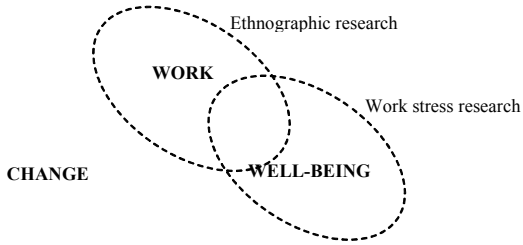


Fig. 5. The coverage of previous ethnographic and work stress research in nursing homes.

Thus, there appears to be a lack of research that would combine profound analyses of both work and well-being and incorporate also the aspect of change into the analysis.

The following chapter explores the theoretical and methodological bases of the work stress approach and asks why it is that results concerning work are unsatisfactory. This question is important because the stress theoretical approach is currently the prevailing paradigmatic basis of occupational health research.

4 The development of work stress research

4.1 Introduction

This chapter focuses on the work stress approach as the dominant paradigm with which different issues of work-related well-being have been studied. The focus is on psychosocial work stress research because the issues it addresses, most importantly issues of mental strain and stressors that are related to technology and to how the work is organized, have lately become critical in worklife and in occupational health.

I have chosen to review the psychosocial work stress approach as a developing field of research. This is why I have not been content with just recording its generally accepted main features but I have instead paid particular attention to its expressed problems and shortcomings. These come from two sources: from within the approach, that is from researchers employing the work stress approach, and from the outside.

In this chapter the psychosocial work stress approach is scrutinized from theoretical, methodological and intervention perspectives. First I shall examine how the theoretical models of work stress research have developed, why such a development has occurred and what is the present situation in terms of theory development. Secondly, I shall briefly summarize the dominant methodology the work stress approach uses and outline what the main criticisms are directed at it. Thirdly, I shall look at published work stress intervention studies as a test bench of how theory and methodology work in practice.

4.2 The development of stress theories

Most textbooks and reviews of stress theory begin by complaining of the lack of unanimity among researchers about what is meant by the term "stress", and of the diversity of existing models concerning stress (e.g. Kasl 1996, 13 Cooper *et al.* 2001, 2–4). For some, stress is an individual's reaction (the response definition), for others it is the environmental force causing such reaction (the stimulus definition), and to some, stress comprises

both the environmental causes and the individual's reactions (the interactional, transactional and process definitions).

At the same time, however, many reviewers are quite unanimous that all stress theories have something in common:

> " In spite of the diversity, all stress models have one distinguishing feature that allows their recognition: the environment is the source or the cause … and the individual is the target or locus of effects." (Karasek & Theorell 1990, 86).
>
> "A common thread in the scientific discourse of stress is the relationship between the individual and the environment." (Wainwright & Calnan 2002)

My aim in this chapter is to review the current major theoretical approaches to stress, and to show that in spite of their diversity and development they are all grounded on the same paradigmatic model which is based on dividing the world into "the environment" and "the individual." Most stress researchers fully acknowledge this and take it as a self-evident and unproblematic starting point. So far it hasn't been called into question. From a more critical perspective, however, the most recent developments, the "relational" or "transactional" models, can be interpreted as attempts to transcend the individual-environment basis of stress research.

4.2.1 Response-based definitions of stress

The foundations of stress research are based on the physiological research of Walter Cannon, Hans Selye and others (reviewed in Levi 1996, Karasek & Theorell 1990, Vingerhoets & Marcelissen 1988, Buunk *et al.* 1998, Cooper *et al.* 2001). In these approaches, stress is defined in terms of an individual's response. This type of stress research is also labelled the biological or medical model of stress (Kasl 1996, 16). To avoid confusions over the term stress some authors have suggested using the term *strain* to stand for the stress response (Cooper *et al.* 2001, 13–14).

The origin of stress research was the observation that organisms react biologically in the same generalized way to a number of different stimuli (tissue extracts and toxic substances injected, noise, cold, heat, x-rays, pain, bleeding and muscular work). Selye called this reaction the General Adaptation Syndrome (GAS). Selye's work was preceded by studies of the "fight or flight" physiological and emotional reaction mechanism in animals by Cannon in the 1920's.

To name this phenomenon Selye sought an analogy from physics, where "stress is defined as an applied force or system of forces that tends to strain of deform a body" (Levi 1996). Hence, confusion over what is meant by the concept "stress" began. Selye sought a name for a bodily reaction but adopted a concept, which in its original context meant an outside force.

An important feature of response definitions of stress is the rationale they give to stress responses: the psychobiological system responds to disturbing environmental conditions in order to maintain its functioning and return to homeostasis. The homeostatic principle, derived from biology, has found its way into other stress models as well. Wainwright and Calnan (2002, 34–41) have analyzed how both Cannon's and Selye's discovery and inter-

pretation of the stress response was heavily influenced by evolutionary biology and the Social Darwinist movement at the beginning of the 20th century. Central is the idea that physiological and emotional stress responses are essentially biologically determined instincts aimed at ensuring the survival of the human organism in a hostile environment.

Although further research has questioned the existence of a specific stereotypical stress response, research on different aspects of the stress reaction has continued. A typical classification of stress responses is to divide them into *physiological* responses (e.g. blood pressure, pulse, hormonal secretion), *psychological* responses (e.g. attitudes, emotions, symptoms of mental illness, cognitions) and *behavioral* responses (e.g. absenteeism, job performance) (e.g. Cooper *et al.* 2001). As a whole, within the work stress tradition indicators of well-being and ill-being have been a mixture of emotions, attitudes, illnesses and behavioral changes. For example, Karasek and Theorell in their influential book, *Healthy Work* (1990) use the term "strain" and "psychological strain that comprise of "reactions of psychological strain (fatigue, anxiety, depression, and physical illness)" or of "a psychological state of acute fear or terror and a sharp increase in heart rate and adrenaline response" (p. 33). Thus, their definition of strain includes emotions (fatigue, anxiety, fear, terror), physiological reactions (fatigue, heart rate, adrenaline response) and mental illness (depression).

However, several stress researchers now take the emotional response to be the starting point in the development of stress reactions. Negative emotions precede the physiological responses that can lead to the development of illnesses and to changes in cognitions and in behavior (Buunk *et al.* 1998, 149–150, Cooper *et al.* 2001).

> "… emotional reactivity is generally accepted to be the key to understanding the aetiology, expression, and course and outcome of disorders, as well as to understanding the promotion of health and well-being. It is emotional reactivity which is perhaps the most accurate barometer for assessing stress levels associated with health and disease." (Marsella 1994, 158).

Spite of the fact that several work stress researchers consider emotions to be the starting point in the development of the stress response, work-related emotions have not so far been at the centre of studies of work-related well-being. Some of the reasons given for this are that emotions and attitudes have been mixed (e.g. happiness – job satisfaction), that much of the research on behavior at work has been conducted under the "myth of the rational actor", and that it has proven to be difficult to study emotions (Briner 1999, 324–325, Cooper *et al.* 2001, 70–71).

Although research into emotions has produced a huge number of verbal descriptions of emotions there is no generally agreed typologization of emotions. Most researchers agree that emotions are multidimensional and plastic rather than clear-cut and fixed (e.g. Buunk *et al.* 1998). Most research methods rely on different verbal accounts of emotions, which presuppose that people understand the descriptions identically and that they can identify their emotional states. One such method is the Profile of Mood States (POMS) measure which classifies 65 emotion descriptions into six emotion dimensions (McNair *et al.* 1971). This measure has been used in several work stress studies as well as in studies of neuropsychological functioning, and an authorized translation into Finnish exists (Järvenpää *et al.* 1993). I shall use the emotion descriptions and dimensions of the POMS measure in the formulation of my interview questions in Chapter 9. The cultural boundness of the emotion

descriptions, gender differences in the expression of emotions, plasticity of emotions and the varying degree upon which people are able to identify their emotional states are among the most important challenges that research into emotions faces (Marsella 1994, 164–167, Buunk *et al.* 1998).

Yet another formulation of the stress response is burn out. It is a term that has evolved in and has been used in studies of human service occupations like nursing and in human service institutions like nursing homes. Recently its use has been extended to cover also nonservice occupations and organizations. Different definitions of and disputes about burnout exist (see Cooper *et al.* 2001 for an overview) but a consensus seems to exist that its major component is "emotional exhaustion." which theoretically is thought to be a feeling of "depletion of emotional energy and a feeling that one's emotional resources are inadequate to deal with the situation"(Cooper *et al.* 2001, 83). In a questionnaire instrument (MBI, see Maslach & Jackson 1981) commonly used to measure burnout, the emotional exhaustion subscale assesses the respondent's feelings of being emotionally overextended and exhausted by work. Commonly two more components are connected to burn out: feelings of depersonalization towards clients (or cynicism towards work in nonservice occupations) and a sense of diminished personal accomplishment (or a diminished sense of professional efficacy in nonservice occupations) (Cooper *et al.* 2001, 83). Burnout is thought to develop over an extended period of time in contrast to other measures of psychological strain that can be more acute.

Other fields of research such as neurobiology (e.g. Damasio 2001), organizational psychodynamics (e.g. Menzies 1960), social constructionist approaches (e.g. Harré 1986) and embodied sociology (e.g. Burkitt 1999, Williams 2001) have also been interested in the study of emotions (see Chapter 6).

I have depicted the response-based model of stress in Figure 6.

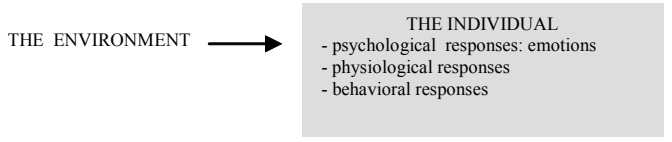


Fig. 6. Response-based model of stress.

4.2.2 Stimulus-based definitions of stress

The type of stress research that focuses on *the sources* of the stress response is labelled under the stimulus definition of stress. A key element in these definitions is "the environment" which is seen as the source of stress-producing stimuli, the stressors. The paradigmatic idea following from these definitions is that well-being depends on the environmental conditions existing outside the individual. When applied to the work setting it means that the sources or well-being and ill-being are to be sought from the work environment.

Research under the stimulus definition of stress has evolved along three related lines of development. First, the early experimental work with physical and chemical stressors (heat,

cold, radiation, toxic substances) was expanded to include psychological and social stressors. This was already a feature in the later work of Hans Selye (Wainwright & Calnan 2002, 39) and was enhanced by the Scandinavian research tradition of psychosocial work stress research beginning in the 1970s (Gardell 1981, Karasek 1979). Second, the nature of the researched stimuli have changed from acute, high-level stimuli (experimental stimuli, battlefield trauma, natural catastrophes, stressful life events) towards chronic, low-level stimuli (persisting occupational stimuli). Third, the researched stimuli have changed from unexpected and uncontrollable events towards situations that at least potentially can be controlled and acted upon. This has also meant a growing emphasis on the prevention of stress, rather than just finding cures for it.

What kind of environmental conditions at work apart from the traditional physico-chemical hazards are important from the point of view of work-related well-being?

A paradigmatic study was the *The Industrial Job and the Worker* (Turner & Lawrence 1965) that is still widely referred to in stress studies (e.g. in Finnish research see Elo 1989, internationally Karasek & Theorell 1990,) as well as in other work redesign approaches (e.g. Hackman & Oldham 1975). Turner and Lawrence started their research in a situation where there was increasing concern about the effects of the then new industrial technology on worker behavior. They wanted to test the validity of the general assumption that modern technology (machinery, assembly line, automation) condemned the workers to a "routine and unchallenging life". Second, they wanted to refocus the research on worker well-being back to the effects of job design and technology. According to their review, the focus of research had previously shifted to give more emphasis to interpersonal and social matters (the social relations school in the 1920s, e.g. Mayo 1975), and to some extent to individual psychological factors. They began instead with a premise that "every industrial job contained certain *technologically determined intrinsic task attributes* which would influence workers' response" (ibid. p.10, italics JM). They developed a list of important task attributes by searching through relevant literature and using their own experience. (ibid, p. 148).

The studies to which Turner and Lawrence referred to were performed in the 1940s and in the 1950s mainly in the mass production industry. These studies had emphasized the following task characteristics as important factors for the well-being and morale of industrial workers: variety, autonomy, social relationships and skill usage. The six technologically-determined task attributes they chose and studied were: degrees of variety, the amount of required interaction, the knowledge and skill requirements of the job, the degree of autonomy, the amount of optional interaction on and off the job, and the amount of responsibility. Turner and Lawrence decided to put these six attributes together to form an index (the Requisite Task Attribute Index or the RTA Index), which according to the researchers indicated the overall complexity of the job. The hypothesis was that the greater the job complexity, the more favorable the worker response would be. Their results showed that the higher the RTA, the lower the rate of absenteeism among workers. Their practical suggestions focus on experimenting with selected task attributes or with the task attributes in general in terms of job enlargement and job rotation to increase the autonomy, variety and interaction possibilities of the job.

Other researchers during the same era (e.g. Kornhauser 1965) and most researchers after this have emphasized the same type of task characteristics. For example according to the JDS model that has been very influential in the job design tradition, important task charac-

teristics from the point of view of job satisfaction, job motivation and job performance are: skill utilization, task identity (the wholeness of the task), task significance (in relation to the whole work process), autonomy and feedback from work (Hackman & Oldham 1975). Gardell and other Swedish authors concluded during the 1970s that the features of "good work" are the worker's influence over his own work (working situation, working methods and pace), opportunities to see the work process as a whole, opportunities to develop all workers' human resources, opportunities for human contacts and co-operation during work, and opportunities to satisfy time claims from outside work activities (Gardell 1981). The stress studies also included stressors other than task-related stressors. For example, Cooper and Marshall identified stressors related to career development (over-under promotion, job security), organizational structure and climate, relations within organizations and stressors related to the organizational interface with the outside (1978, 83).

Another framework belonging to stimulus-based definitions of stress is the work load approach (for a classical presentation see Frankenheuser 1981, for a modern version see Meijman and Mulder 1998), which is based on the concept of arousal. According to this approach, the functioning of an individual organism requires an optimal inflow of stimuli from the external environment to maintain an adequate degree of arousal. Both overload and underload of stimuli lead to unoptimal levels of arousal and thus to poor performance.

A somewhat different perspective was created by researchers focusing on the stress created by the *role* any individual job is thought to encompass (the role stress theory by Kahn *et al.* 1964). This approach claims that in order for the job to support well-being at work the role inherent in any job should be clear and its performance predictable (role ambiguity), the role should not contain incompatible demands on the individual (role conflict), and the role should not contain excessive demands on the individual (role overload).

A new emphasis with a reduced number of elements was created by Rober Karasek, largely following Gardell's research. Karasek initially developed a model of only two interacting job characteristics: the psychological job demands and the decision latitude of the job (Karasek 1979). By psychological demands he means basically the amount of work that has to be performed and how hard one has to work in order to achieve those goals (Karasek & Theorell 1990, 63). Decision latitude (or job control) is for Karasek a combination of task authority (or decision authority, or autonomy) and skill discretion (or task variety, or the breadth of skills usable on the job) (ibid., 58).

These are common job characteristics that were already thoroughly researched by other researchers before Karasek. But Karasek's innovation was a theory and a model of how these two central features interact (Fig. 7).

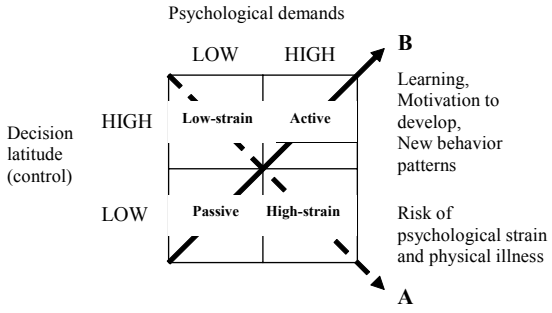


Fig. 7. The demand-control model (DC model) of work stress (Karasek 1979).

The model includes four different combinations of these features (active job, passive job, relaxed job and high strain job) and two possible processes (the learning hypothesis A, and the strain hypothesis B) that are predicted by the different combinations. What was new in this model was the idea that high numbers of demands (overload) alone do not predict stressful outcomes. It is the amount of decision latitude that determines whether high demands lead to strain. And what is more, high demands together with high decision latitude lead not only to non-strain but to individual learning and development. This hypothesis has received mixed support from empirical studies (for a recent overview see Van Der Doef & Maes 1999).

A new aspect in the stress research field was also Karasek's view of the meaning of the stress response. The traditional view originating from the response definitions of stress was that the meaning of the stress response was to restore homeostasis between the organism and the environment, that is to bring the organism back to the previous homeostatic state. Karasek, instead, built his model on disequilibrium mechanisms. Drawing from theories of self-organizing physical systems, Karasek hypothesized that taxing situations can be seen as opportunities for development; positive or negative.

Karasek treats decision latitude as a planned characteristic of any job that is determined by the way the work has been organized.

> "Thus, in our research findings it is not the demands of work itself but *the organizational structure of work* that plays the most consistent role in the development of stress-related illness. Since this organizational structure is an eminently 'designable' aspect of our industrial society, we are optimistic that new job redesign solutions can be found." (Karasek & Theorell 1990, 9. Italics JM).

Furthermore, this organization of work is something that is planned.

> "Our theoretical perspective is developed for an entirely different context: the work environment where stressors are routinely planned, years in advance, by some people for other people." (Karasek & Theorell 1990, 85)

His examples of high-strain jobs include waiters in a restaurant during a heavy lunch-hour rush and garment workers under strict deadline pressures (Karasek & Theorell 1990, 33). Examples of active jobs are a surgeon performing a difficult operation, rock climbers climbing a mountain peak and a description of the development of "flow" among professional basketball players.

According to Karasek, lack of decision latitude is the result of the industrial revolution in the 19th century that swept away craft groups and independent artisans and brought Tayloristic principles of organizing work with a tight division of tasks, machine pacing, simplified task contents and deskilling of labor (Karasek & Theorell 1990, 19–20). Karasek explicitly aligns himself with alienation research starting with Marx and continuing to Blauner and Braverman.

Eventually, decision latitude or job control has evolved to be regarded as one of the most significant features of work to determine health and well-being. However, its nature has remained unclear. As Karasek and Theorell have recently written, it is unclear what aspects of control are important and for what categories of workers (Theorell & Karasek 1996). Several researchers have provided formal typologies of different kinds of control at the workplace. Frese has differentiated between control over sequence (order of tasks), control over timeframe (when and how long) and control over content (what is to be performed or planned) (Frese 1989, 109). In addition, Frese has underlined the importance of regarding control in relation to the goals that the employee has set in a given situation. Aronsson has differentiated between micro (task level) and macro (work process level) control as well as with individual control and collective control (Aronsson 1989). Both of these authors among others have proposed that these different aspects of job control and their possible health effects should be taken into account in empirical studies, but the number of such studies has remained low.

Later the demand-control model (the DC model) was complemented with a third job characteristic, social support at the workplace, familiar already from the earlier studies that were cited above (Johnson 1986). Social support refers to the availability of helpful social interaction at work both from co-workers and supervisors. Different types of social support have been typologized. Karasek and Theorell differentiate between emotional support, characterized by trust and emotional integration, and instrumental social support that comprises extra resources or assistance from co-workers or supervisors (Karasek & Theorell 1990, 70–71). Examples of occupations where social support is low include some high-level professionals (e.g. architects, lawyers, artists) on the one hand, and low level industrial jobs on the other. The latter brings us back to images of the assembly line in Tayloristic production. Thus, the organization of work may either promote or prevent both emotional and instrumental social support at work. Examples of occupations where social support is high are scientists, teachers, and managers, and dispatchers, delivery staff and mail workers. In these occupations the high levels of social support are thought to be a result of joint training experiences, community political activities, and customer relationships (Karasek & Theorell 1990, 73–74). Also, the moderating effect of social support has received mixed support from empirical studies (Van Der Doef and Maes 1999).

A more recent theory in the field of psychosocial work stress is the effort-reward model (ERI – model) proposed by Siegrist (1996, 1998). The efforts in Siegrist's theory stand for the psychological and physical demands or obligations of the job quite comparable to many of the above mentioned measures of work demands (the amount of work, work pace, lifting, bending, etc.). The occupational rewards stand for money, esteem and security/career opportunities that a job provides. The idea of the ERI model is that high efforts with low rewards predict the most adverse emotional and health outcomes. In addition, Siegrist has proposed that a personality characteristic, "overcommitment", moderates the way job efforts and job rewards are subjectively appraised. Individuals characterized with overcom-

mitment tend to exaggerate the efforts of their jobs and underestimate their rewards. Thus, both objective and subjective efforts and rewards need to be taken into account.

While it can be estimated that the elements of the DCS model at present form the core of psychosocial stressors at work, the most recent developments also include new stressors, such as low predictability (close range and long range), innovative organizational climate, fairness of change, equality between men and women, and the functioning of teamwork (e.g. Elo *et al*. 2001). The inclusion of such new features is reasoned by the rapidly changing work life.

I have depicted a model of the stimulus-based definitions of stress to Figure 8 below.

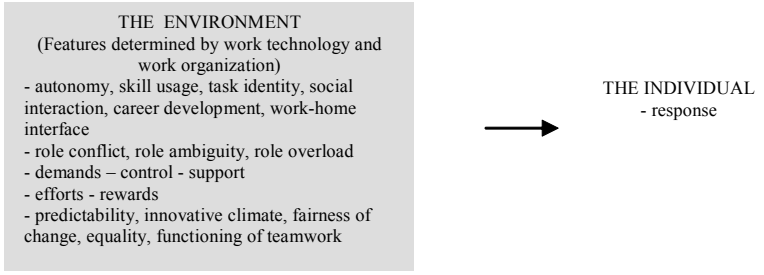


Fig. 8. Stimulus-based model of stress.

4.2.3 Interactional definitions of stress

Interactional definitions of work stress started from criticisms towards simple stimulus – response models (reviewed by e.g. Lazarus & Folkman 1984, 291–292, Cooper *et al.* 2001, 9–10). The main criticism was that the stimulus – response model of stress could not explain why in the presence of some environmental conditions some individuals are affected while others are not. In short, it could not account for individual differences.

This criticism resulted in interactional stress models that added individual characteristics as a mediator between environmental stimuli and the response of the individual. Interactional stress models are perhaps the most common stress models at present. Examples of such models are the University of Michigan model of stress by Katz and Kahn from the 1960s (reviewed in Karasek & Theorell 1990, 225), the person-environment fit model (Van Harrison 1978), the stressor-strain model by Rutenfranz (1981) and the model of psychological stress by Kalimo (1987).

A central idea in many of the interactional models is that the stress response is the result of an interaction between the separate environmental and individual features. This interaction is often described as two processes of match or fit between the two. First, the environmental stressors can be viewed as demands whose strain-producing effect depends on how well the individual's capabilities cope to match them. Second, strain can be viewed as the result of how well the environment (work) satisfies the individual's needs and expectations (the lower arrow between the environment and the individual in the illustration above) (e.g.

Kalimo 1987). A healthy situation is found when the demands of the environment are matched by equivalent person capabilities, and when the supplies of the environment match the person's preferences.

Typical individual characteristics that have been researched concern different personality characteristics: Type A personality, negative affectivity, hardiness, self-esteem (reviewed by Cooper *et al.* 2001) Typical individual capabilities that have been studied are work ability, health, physical fitness and psychophysiological capabilities (e.g. Ilmarinen *et al.* 1991). Research into the needs or expectations of individuals has been rare.

Interactional definitions of stress have the environment as demands (to which individual capabilities should match) and as opportunities (which should match individual expectations). The focus of interactional models has been in highlighting the role of the individual's characteristics, capabilities, and needs/expectations.

I have depicted a model of the interactional definitions of stress to Figure 9.

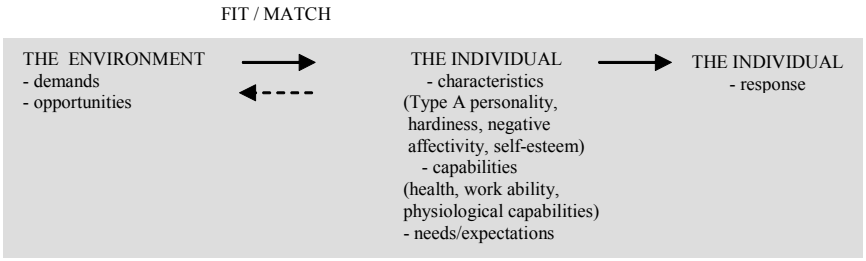


Fig. 9. Interactional model of stress.

4.2.4 Transactional definition of stress

The developers of transactional definitions of stress have expressed the following criticism towards interactional models of stress. First, the interactional models presuppose a linear and unidirectional effect from the environment to the individual. Thus, the model does not include the possibility that the individual also affects the environment or responds to the environment selectively. Second, the separate properties of the environment and the individual are treated as static, structural features that interact. Thus, the model does not allow for the possibility that the environment and the individual may change within the interaction. That is, the model does not capture stress as a process. Third, the interactional definitions of stress when focusing on the separate properties of the environment and the individual do not address the relationship that brings the environment and the individual together. Thus, the model misses the context in which the meeting of the environment and the person takes place (Lazarus & Folkman 1984, 293–295).

Aiming at fulfilling these three gaps, the individual's active role, the change, and the context, Lazarus and Folkman developed an alternative approach to stimulus-response and interactional definitions: the transactional definition of stress. They base the new approach on individual cognitive appraisal. Drawing from the early cognitive psychology and pheno-

menological tradition, Lazarus and Folkman suggested that it is the individual's cognitive appraisal of the situation that determines whether a situation is psychologically stressful or not. According to Lazarus and Folkman, individuals categorize their environments and situations constantly on the basis of their significance to well-being.

> "Cognitive appraisal can be most readily understood as the process of categorizing an encounter, and its various facets, *with respect to its significance for well-being*. … [it] takes place continuously during waking life." (Lazarus & Folkman 1984, 31, emphasis JM)

Lazarus and Folkman justify this choice by appealing to the importance of detecting dangers to well-being in the survival of the human species in the course of evolution. They also refer to similar processes in plants and animals and argue that it is not surprising that the same processes are found in humans, too (1984, 23–24).

The term "transaction" aims to express the view that in appraising a situation the antecedent environment and person variables join together to form a new level of abstraction that is more than an interaction between the two (Lazarus & Folkman 1984, 294).

From this perspective stress researchers have developed a categorization of three basic types of stressful appraisals: harm/loss, threat of harm, and challenge (Lazarus & Folkman 1984,53). These types of appraisals of a situation awake emotional and a physiological reactions. Environmental conditions that may lead to appraising an encounter as stressful are novelty, predictability, event uncertainty, imminence, duration, temporal uncertainty, ambiguity and timing over the life cycle. Person factors that affect appraisal are commitments and beliefs (Lazarus & Folkman 1984).

The primary cognitive appraisal of a threat is followed by an evaluation of what can be done. This part of the process is called secondary appraisal, and it focuses on available coping resources. Lazarus and Folkman list a number of possible resources and divide them into environmental and personal. Examples of personal resources are health and energy, positive beliefs, problem-solving skills and social skills. Examples of environmental resources are social support and material resources, such as money, goods, and services (1984, 159–164).

The term coping is used in transactional definitions which wish to highlight the fact that individuals actively manage appraised encounters.

> "We define coping as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." (1984, 141)

Lazarus and Folkman (ibid., 142) as well as others (e.g. Cooper *et al.* 2001) highlight the processual nature of coping as opposed to seeing coping as a trait or defining it in terms of coping style. According to the authors, the process approach demands studying what the person “actually thinks or does” in a “specific context”, and how coping changes as the encounter unfolds. Coping is thought to serve two functions: problem-focused coping refers to attempts to deal with the threat that is causing distress, whereas emotion-focused coping refers to attempts to deal with the emotional response to the problem. Cognitive reappraisals are a central theme in both (Lazarus & Folkman 1984, 150–157).

The transactional or cognitive definitions of stress are usually related to a particular psychological research tradition (e.g. Kasl 1996, 15). In practice, the transactional defini-

tion has proven to be useful especially in reshaping therapeutic and stress-management programs.

> "…if there is to be therapeutic change, there must be changes in cognitive appraisal and coping. … To be effective, any stress management program must stimulate the person to appraise situations and/or cope with their demands in new ways." (Lazarus & Folkman 1984, 374–5)

The transactional definition of stress is widely acknowledged in textbooks and in reviews as the most advanced model of stress (Vingerhoets & Marcellissen 1988, Cooper *et al.* 2001, Wainwright & Calnan 2002). It has been criticized for not being helpful in identifying harmful workplace conditions, obviously because of its emphasis on the individual cognitive and coping process (Cooper *et al.* 2001, 162).

I have depicted a model of the transactional definition of stress to Figure 10.

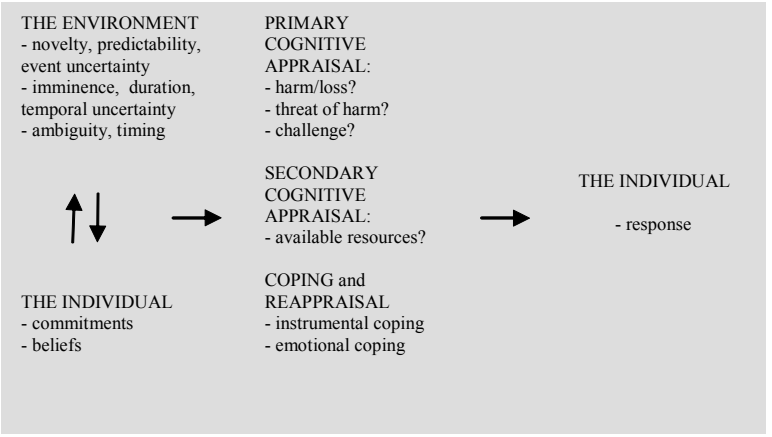


Fig. 10. Transactional model of stress.

Although the first ideas on the transactional model were presented in the 1960s recent textbooks still record that it has not been employed in work stress research, even though it is widely accepted. Instead, more structural approaches relying upon the idea of the separation of the individual from the environment dominate.

> "A conclusion that emerges … is that although at the conceptual level researchers may agree that stress is relational, involving some sort of transaction between the individual and the environment, at the empirical level the tendency is still to research the relationship between the specific constructs of the transaction rather than to explore the nature of the transaction itself and the processes that link the individual to the environment." (Cooper *et al.* 2001, 164)

4.3 The development of the methodology of work stress research

Most research on occupational well-being in the psychosocial area is carried out within a relatively uniform methodological framework. This framework is based on the assump-

tion that universal psychosocial stressors at work cause stress responses across occupations and workplaces. This basic idea is quite compatible to, and probably even drawn from, the laws and mechanisms according to which physico-chemical and biological factors are thought to operate.

From this basic ontological assumption follows a methodological rationale that aims towards identifying and measuring generalizable factors and mechanisms which operate in each setting regardless of the actors or contextual particulars. In the literature this methodological approach is described as the variable-analysis (Blumer 1969), the positivistic approach (e.g. Susman & Evered 1978), the quantitative approach (e.g. Cresswell 1994), the mechanistic-deterministic approach (Eskola 1999), or the antecedent-consequent approach (Lazarus & Folkman (1984). In this chapter I choose to use the name "mechanistic-deterministic paradigm" because it describes what I find to be its key *methodological* elements. Some of the above-mentioned names remain at the level of *methods* (e.g. the quantitative paradigm, the variable approach) which can be used in methdologically different ways.

The mechanistic-deterministic methodology is not limited to occupational health research and is widespread in the medical, psychological and social sciences. Many scientific communities take this approach to be *the* golden standard of research.

The use of this methodology presupposes a theoretical model which enables the researcher to model the empirical world conveniently into independent causes (in the environment), moderating factors (in the individual or in the environment) and their effects (the individual responses). Thus, the person-environment formulation and the mechanistic-deterministic methodology form a tight package in which one presupposes the other. Attempts to reformulate the theoretical basis (e.g. the transactional model of stress) without revising the methodology have not led to breakthroughs in empirical research and, conversely, new methodological approaches (e.g. qualitative methods) have not flourished because of the restrictions of the theoretical basis.

The cornerstones for this methodological rationale are well known: the use of individuals or artificial aggregates of individuals within large population samples as the unit of analysis; the use of a survey design or an experimental study design; the use of universal variables in the production of data; the insistence on measurements (quantifying) in the gathering of the data; the use of statistical procedures in handling the data; and the aim to produce generalizable cause-effect relationships between variables as the results of research (e.g. Cresswell 1994).

Together with the key theoretical formulation, the person-environment paradigm, researchers have targeted large populations with measurement instruments that focus on environmental stressors (treated as independent variables), individual characteristics (treated as moderating or mediating variables) and physiological, psychological and behavioral responses (treated as dependent characteristics). By far the commonest instrument for measuring all the variables has been self-report questionnaires.

Discussions over methodological problems with the traditional methodology can be divided into two: those proposing corrections to the methodology without questioning its premises, and those aimed at more radical changes in the methodology. The concerns of these two types of criticism are different, too. The aim of the corrective type of criticism is to improve the quality of, and to further verify, the cause-effect relationships that have already been established. These are especially concerns of epidemiological-type resear-

chers (e.g. Kasl 1978, 1996, Kristensen 1996, Kompier 2002). The rationale for more radical changes in methodology typically comes from researchers whose aims are practical interventions, which improve situations, especially at the workplace (Susman & Evered 1978, Griffiths 1999, Handy 1988, Loewenson 1994, Cooper *et al.* 2001).

4.3.1 Corrective criticism of methodology

The corrective type of criticism has concentrated on six issues.

First, the design of the studies should be longitudinal and quasi-experimental instead of the present cross-sectional designs (e.g. Kompier 2002). This would enhance the determination of the direction of causality between the independent and dependent variables.

Second, it has been urged that the measuring of environmental variables should not rest on self-reports only. Suggestions have varied from relying solely on measures used independently of the workers (e.g. Kasl 1996) to recommending the triangulation of occupation-based average scores, independent ratings and self-ratings (Kristensen 1996). The measuring of the variables is related to the third issue, that of the specificity of the variables. So far, most work stress research has relied upon the use of universal environmental characteristics, such as "demands", "control" or "variety". However, especially the urge to use measurements independent of the employees has created the need to develop occupation-specific measures (Kristensen 1996).

Fourth, the rules of constructing the study sample have been under discussion. The standard use of representative population-based samples has been challenged in favor of occupation-based approaches, because the latter would enable researchers to create bigger exposure contrasts and thus show in a more effective way the effects of the researched variables.

Fifth, the problem of how general work characteristics operate to produce strain is addressed and the use of experimental designs, the study of microprocesses and the use of more sophisticated physiological markers of strain is suggested (Kompier 2002, Theorell & Karasek 1996).

Sixth, the lack of interventions and intervention studies in the field of work stress is acknowledged and the need to test causal hypotheses with intervention studies is stressed. (Kristensen 1996, Kompier 2002). In addition, a combination of quantitative and qualitative methods has been suggested to better enable intervention research (Wickström1996, Wickström 2000).

The discussions around these issues do not question the basic elements of the mechanistic-deterministic methodology. One of the odd features of this discussion is that many of the above-mentioned suggestions have been around for decades already. One reason for this is that the ideal research design and methodology is impossible to create in the real-life situations of workplaces (Kasl 1996). For example, Frese and Zapf discuss an ideal field study design, which proves to be impossible because the workplaces do not stay constant, and the workers come and go (Frese & Zapf 1988, 404). This fact has led some researchers to question the appropriateness of this type of methodology alltogether (Griffiths 1999, Loewenson 1994).

4.3.2 Radical criticism of the dominant methodology

Several recent reviews of work stress research point towards the need for more radical changes in the methodology for studying work-related well-being.

> "The ability of conventional methods to adequately unravel the stress process has been intensely debated, and the case for exploring alternative methods is gathering momentum."(Cooper *et al.* 2001, 219)

Oddly enough, these pleas have also been around for over 20 to 30 years (in work stress research see Payne 1978; in organizational science see Susman & Evered 1978; in the social sciences in general see Blumer 1969 and Argyris 1980). The main argument behind these criticisms, which come from rather diverse backgrounds, is that the results produced with the mechanistic-deterministic methodology have had little practical usefulness at the workplace level. This is because in its aim for high generalizability the results have lost a lot of their practical relevance.

Most of this criticism has concentrated on the following points, and the following methodological suggestions are proposed.

First, the use of large population or occupation-based samples of individuals creates artificial aggregates of respondents that lose track of features of naturally occurring groups such as workplaces or workteams (Blumer 1969, Mishler 1986). Almost exclusively the answer to this problem has been the use of an in-depth case study design with naturally occurring groups (e.g. Handy 1991).

Second, the methodological choice to start with general hypotheses that are operationalized in the form of universal variables and the preoccupation with quantification (measurements) leaves much or most of the local contextual information untapped (Barley 1996, Cooper *et al.* 2001, 213–229).

> “The very process of identifying certain features clearly and unambigously so that they may always be represented by a particular numerical value requires abstraction. The processes of selection and abstraction basic to quantification therefore necessarily lead to meanings that are distant from the immediate empirical reality in which they are embedded.” (Argyris 1980, 36)

Put another way, the ecological validity and contextual relevance of the psychosocial work environment variables is questioned. The exclusive use of researchers' constructs (variables) imposes meaning upon respondents. As a consequence, very few researchers currently study what is actually happening in a work process and how the employees interpret and experience it. Such knowledge is only inferred from the data of statistical relationships between variables (Lazarus & Folkman 1984, Handy 1988, Cooper *et al.* 2001). The other option would be to focus on the indigenous and ecologically valid meanings of respondents. This point is put succinctly by Blumer:

> "…if the scholar wishes to understand the action of people it is necessary for him to see their objects as they see them. Failure to see their objects as they see them, or a substitution of his meanings of the objects for their meanings, is the gravest kind of error that the social scientist can commit." (Blumer 1969, 51)

Even in studies where individual meanings are accounted for, the role of the social context (the organization, the workplace, the occupational group) in which the shaping of these meanings takes place is largely ignored (Handy 1988, 1991). More focus on the

social context in which stress and coping occurs is demanded (Cooper *et al.* 2001, 228). The use of qualitative methods and combinations of qualitative and quantitative methods is suggested.

Third, the choice and construction of variables often lacks theoretical background (Blumer 1969, Rick *et al.* 2001). A recent critical review of psychosocial hazard measures concluded that currently many of the lists of these variables owe more to common sense than to sound theory. As a consequence:

> "… the meaning of any findings based on a measure remain obscure and, most importantly in this context, the practical relevance of the finding is difficult to establish. … All we know is that there is a problem not how or why it has come about, nor what we can do to solve it." (Rick *et al.* 2001, 34)

Some of this concern is also expressed by stress researchers themselves who state that they currently have a very limited understanding of what these variables (decision latitude, demands) mean when "translated to the real-life situation" (Theorell & Karasek 1996). To overcome this problem, research should be more strongly based on sound theories.

Fourth, the studying of the mutual dependencies of static structural properties of the environment and the individual make it impossible to study processes and how they unfold and change in time (e.g. Lazarus & Folkman 1984) These criticisms suggest that processes should be investigated.

Fifth, it has been argued that the dominant methodology with its preoccupation on average scores is unable to uncover the existence of multiple and conflicting views in organizations and as a result the methodology tends to overemphasize the degree of consensus. Argyris even suggests that the rules and procedures to produce valid information have serious consequences to the researcher-respondent relationship. He demonstrates how the designed setting of vigorous traditional research with all the necessary precautions taken actually resembles the situation of the most controlled assembly-line worker (Argyris 1980, 46–48). Methods that better uncover different and even conflicting views in the workplace are needed (Handy 1988, Cooper *et al.* 2001, 229). And further, such methods should enable the workplaces and individuals to challenge their prevailing views and theories-in-use if necessary (Argyris 1980, 22).

In spite of the theoretical and methodological shortcomings, the principles and findings of the psychosocial work stress approach have been put into practice. Indeed, some of its proponents consider one of its benefits to be its readiness to work as a tool in the changing of work. In the following subchapter I shall briefly view two major compilations of intervention case studies to see how it works in the changing of work practices.

4.4 A test-bench of the psychosocial work stress approach: Interventions at work

Several intervention models that utilize measurements of the psychosocial work environment variables have been introduced[1] (e.g. Karasek & Theorell 1990, 203–208, Karasek 1992, Cartwright *et al.* 1995, Elo *et al.* 2001). The importance of accurate measurements

is emphasized as a means of getting to know the extent of the stress problem and defining its causes in order to be able to intervene. The theoretical and methodological shortcomings presented in the previous chapters, however, entitle one to ask whether these measurements are in fact useful or not.

Typically intervention models include the following phases: diagnosis, feedback, planning, implementation and evaluation (e.g. Elo 1994). Diagnosis of the situation involves the measuring of work environment variables and an assessment of the stress levels in the organization. Next, feedback of the results is given to the management and to employees. The following phase, planning, is often described as a participative problem-solving process that leads to concrete proposals of change. In some intervention models the interventionists are advised to withdraw altogether from making suggestions concerning changes at work; this is for the management and the employees to accomplish. For others, feedback-discussion-planning phases are necessary because the results of the assessments are too general and they need to be interpreted by the practitioners (e.g. Karasek & Theorell 1990, 206). Several authors emphasize the importance of "truly free" and democratic communication between the management and the workers as an important determinant of the successful planning of changes. The next stage is implementation of the proposed changes. Karasek and Theorell have emphasized that new solutions need to be oriented to long-term development and to the future of the work place (Karasek & Theorell 1990, 207). Some authors emphasize a participative approach because of its effectiveness in accepting the proposed changes or even because the participative process yields better health outcomes regardless of the actual changes (e.g. Cartwright *et al.* 1995, 230).

While most of the intervention models do not closely examine the route from stressor measurements to the planning of changes, Karasek and Theorell (1990) and Karasek (1992) have addressed this question. For Karasek the basic process in the interventions involves "expanding of workers' awareness and then providing workers with tools for active problem solving in the new areas." (Karasek 1992, 38). An essential part of this process is moving beyond the "general models of psychosocial work environment" to the developing of a "local theory" or "local models" which serve as a link to practical solutions. Crucial questions are how a local theory is developed, and what is the link between such a theory and practical solutions?

I shall analyze the reported interventions from the perspective of the following questions. What is the role of the measurements of the psychosocial work environment stressors in interventions directed at changing work? How are they used? What is their role in the planning of stress-reducing changes at work? What kind of local theories or local models are reported to have been developed in response to the feedback given after the measurements?

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1. I have deliberately left out several intervention strategies based on other approaches than the psychosocial work stress approach; e.g. sociotechnical interventions and work enrichment interventions.

4.4.1 Case studies of stress interventions

I shall seek answers to these questions from two recent compilations of work stress intervention case studies; the ILO report (Dimartino 1992) and a book of European case studies in stress prevention (Kompier & Cooper 1999).

In 1992 the ILO published a compilation of 19 case studies and an evaluation of them by Robert Karasek (DiMartino 1992). Although the cases in that volume were selected to represent work-directed interventions, only nine of them include actual work reorganization. The remaining ten cases include training projects, developing of national legislation and projects directed to enhance individual coping in stressful situations with no references to changes at work.

In the 1999 book of European case studies the picture is somewhat similar. Of the 12 cases presented in the book only eight cases included actual changes at work. The remaining four cases included person-directed training, action plans only, support groups and group discussions.

The resulting seventeen case studies are briefly described in Table 3. Because of the number of case studies the number of features included in Table 3 is limited. Within the limits of this book it is not possible to explore each case in detail, which is why only three cases are more thoroughly presented.

In Table 3 the first eight studies represent company-level cases in which the size of the case both in terms of the number of employees and in terms of the number of work processes is large. Cases 9–11 represent cases involving a homogeneous occupational group. The last group of case studies (from 11–17), represent case studies involving natural working groups.

Table 3. Case studies of work stress interventions directed at changing work.

Study	Object of research n=number of employees	Data of work[1]	Intervention	Reported changes at work (other than stressor variables or training)
1) Israel et al 1992	An automobile parts manufacturing plant (n=1100)	Various work stressor variables	Four subcommittees with researchers worked out solutions that were suggested to the management.	None.
2) Matrajt 1992	A high technology manufacturing company (n=3730)	(pilot study), (institutional analysis), (group dynamic analysis), (ergonomic analyses)	Feedback of results and problem solution sessions for big groups of employees	Changed criteria for the speed of the assembly line, further analyses of work and group leadership, regular group meetings, changed bonus system
3) Eriksson *et al*. 1992	Public administration workplaces (n=96)	Various work stressor variables	Workplace group discussions	Not reported in the case study.
4) Kalimo & Toppinen 1999	A multinational forest company (n=19000)	Various work stressor variables, (interviews)	Seminars for risk groups, recommendations to the management	Reported by the management 4 years later: automating part of repetitive tasks, integration of production and maintenance skills and tasks in some sectors, regular staff-supervisor discussions, new types of meetings for managers
5) Lourijsen *et al.* 1999	A hospital (n=850)	Various work stressor variables, (informant interviews, job analyses of five jobs)	A steering committee decided to delegate some problems to line management, and to start 8 subprojects	A new cooling system for the entire hospital, a new roster, new equipment and modification of work-stations. A pilot project at internal nursing dept: computerized charting, new dept. secretary post, computer for the employees, starting of a telephone consultation time
6) Poelmans *et al.* 1999	A pharmaceutical company (n=3240)	Various work stressor variables, (1000 ergonomic analyses)	A task force developed training, courses, ergonomic interventions	Not reported in the case study
7) Beermann *et al.* 1999	A hospital (n=230)	Various work stressor variables, (interviews, workplace observations)	Problem-solving discussions for a group of representatives from various departments (“health circle”)	Examples of small-scale improvements in the physical work environment (fixing of handles, cleaning of bathrooms, sealing of windows, installation of additional baths for patients)
8) Wynne & Rafferty 1999	An airport management company (n=953)	Various work stressor variables	Recommendations of external consultants, implementation by two high-level action teams	Redesign of shift roster, new noticeboards, staff representatives were allowed to attend management meetings, the development of performance appraisal system for all staff.
9) Costa 1992	Italian airtraffic controllers (n=1536)	Not reported in the case study.	Work agreements between the employer and representatives of employees during 1982-1991	Implementation of a new telecommunications system, a new division of the Italian air space, reduction of working time, arrangement of work teams, arranging shift schedules, improving thermal and lighting conditions, and new ergonomic work consoles.
10) Kuhn 1992a	Crane operators of a steelworks company (n= unreported)	Various work stressor variables, (discussions of relevant problems).	Group problem solving (health circle) and making suggestions to the management	Implemented changes not reported in detail. Examples of suggestions: designing a better crane cab, fitting in mirrors, installing a camera system.

Table 3. Continued.

Study	Object of research n=number of employees	Data of work[1]	Intervention	Reported changes at work (other than stressor variables or training)
11) Kuhn 1992b	Foremen from an automobile company (n=30)	Discussions of relevant problems.	Group problem solving (health circle) and making suggestions to the management	Not reported in the case study.
12) Cahill 1992	Clerical work in a pilot office in a state child protection agency (n= unreported)	A previous internal study of paperwork and computer use, "shadowing" of employees at the pilot office, ergonomic analyses	Implementing microcomputers, testing and developing new software in the pilot office.	The clerical workers changed from the use of a central computer system and stand-alone word processors to the use of microcomputers with customized software. First in the pilot office and later in all offices of the agency.
13) Smith & Zehel 1992	A pork processing dept. (n= unreported)	Various work stressors and ergonomic factors.	Expert recommendations, discussed in a group of employees and supervisors.	A job rotation system between meat cutters, meat processors and meat wrappers.
14) Kvarnström 1992	A production department (n=20)	Observations of psychosocial work stressors whose method is not reported in the case study.	On-the-job training and experimenting with new responsibilities aimed at enlargening of jobs.	Job enlargement to include product control and packaging, and for some employees also the planning of materials, securing of quality and production coordination. Group responsibility. The introduction of the use of small stocks for each of the basic products.
15) Netterström 1999	A bus line (n=29)	Discussions in developmental seminars.	Development workshops by the bus drivers and the management, a three-week course for drivers on how to manage a route	Democratically elected rotating supervisors among drivers, a new rota based on drivers' wishes, new equipment in the buses for passengers, ergonomic improvements for drivers, added responsibility of maintenance of buses by drivers, longer breaks for drivers.
16) & 17) Theorell & Wahlstedt 1999	A postal sorting terminal and two mail stations (n=191, n= 55+27)	From previous studies: various work stressors	Management planned the changes and invited the employees to participate.	Terminal: division into two production areas, clarified production goals, fewer supervisors, more staff, weekly staff meetings, new shift schedule, meal breaks. Mail stations: fewer supervisors, more staff, regular staff meetings, new sorter tables, teams, increased responsibility. In the new station: team rooms, increased foreman responsibility, a bonus system, new tasks.

[1]data marked in parenthesis is mentioned but not reported in the case study

4.4.2 Three examples of case studies

In this section three different case studies are presented. The first study is a case involving a large company and the survey part of the intervention is described in considerable detail. The second study is a case involving a homogeneous occupational group, and the reporting of the intervention is very limited. The third study involves a natural working group, a pilot office of a child protection agency, and the use of complementary means for work research besides a survey is well reported.

The case of *a multinational Finnish forest company* (n=19000) reports a series of interventions and surveys between 1986–1996 (case number 4 in Table 3). For the most part the reported interventions took place during 1986–1988 and the surveys in 1986, 1988, 1996. The results of a baseline survey (total number of employees 9350, 75% response rate) in 1986 directed attention towards two occupational groups within the company: office personnel (a total of 850) and foremen (a total of 1000). The survey variables concerning problems at work that received the highest ratings among office personnel were "little possibilities for advancement", "lack of feedback", "lack of possibilities for participation" and "time pressure." Foremen scored high on the same variables.

Joint seminars for office personnel and their supervisors to enhance their co-operation were held during 1986–1988 in eight units for 530 office employees and supervisors. Unit-specific action programs were developed in the seminars. No further information about the programs and their implementation is given in the report. Regarding foremen, one paper mill was chosen as the target for work development in 1987. Interviews, psychological health inspections and development seminars were arranged for 115 foremen. In addition, joint seminars were held on the development and co-ordination of production and maintenance tasks. The changes that were implemented in the work of the foremen as a result of these seminars are not reported.

What is reported, however, are the results from the second survey performed in 1988. This survey was not directed to the whole population of employees but to a 20% sample, including those who had been involved in the development projects. Approximately 60%–80% of the office staff in the sample considered that there had been no change in the "management practices," "possibilities for advancement," "information on changes" and "job autonomy," variables. The rest reported both negative and positive changes in these variables. The variables which were considered to have changed most often were "time pressure" (40% of the respondents, for the worse), "discussions with superior/subordinate" (20% for the better, 10% for the worse), and "demands of work" (20% for the better, less than 10% for the worse). The answers of the foremen were very similar. The most often evaluated changes in the survey variables for foremen were "time pressure" (over 40% for the worse), "demands of work" (almost 40% for the better), and "discussions with superior/subordinate" (over 20% for the better, less than 20% for the worse) (Kalimo & Toppinen 1999, 72–73).

In addition to interventions directed at office personnel and the foremen, expert recommendations concerning work development in the company in general were reported to the management following the 1986 survey's results (e.g. reorganization of monotonous tasks, development of leadership and staff development). The success of these recommendations is reported in the case study through a report written by a senior manager together with the chief occupational health manager at the request of the researchers. The management's

report in 1990 lists improvements implemented by the management covering all nine recommendations made by the researchers in 1986. The following concrete changes are reported among others: automating part of the repetitive tasks in one factory, in some sectors the production and maintenance tasks are integrated, skills of the production staff have been increased to cover also maintenance tasks, leadership training has been started, regular discussions between superiors and staff members have started and new types of meetings with managers have been organized.

In 1996 a third survey was administered, this time to the whole staff both in Finland and abroad (total population of 19000, response rate 61%). According to the report, the results in 1986, 1988, and 1996 show that the following variables among others were evaluated to have developed constructively: "more discussions between superiors and subordinates," "development of co-operation," "training for superiors," "more instruction," "more independence to work groups," "reorganising work," "broader tasks". Two variables are reported to have developed for the worse: "possibilities for career advancement," and "work pace." No further data on the office personnel's or foremen's work is provided.

The case report concerning *Italian air traffic controllers* is a collection of various technological improvements, changes in work shifts, ergonomic improvements and health check-ups implemented in a company responsible for all Italian air traffic controllers (case number 9 in Table 3). The improvements were initiated by several working agreements during the years 1983–1990. The role of separate assessments or interventions is not discussed in the report. The results of these long-term developments are examined only indirectly in the light of studies showing the following phenomena: the number of airmisses decreased during 1983–90, the psychophysiological responses of a group of air traffic controllers in the ATC region of Rome were at an acceptable level, and the number of dismissals for health reasons among ATCs was low during 1983–90 (Costa 1992).

The case study of *a state child protection agency in the U.S.* (case number 12 in Table 3) describes a subproject proposed by a joint labour-management stress committee. The committee was formed to respond to alarming data from a work stress survey in 1988. The case study report refers to an internal study that had examined the details of paperwork and computer use in the work process of the social workers and clerical staff in the district offices of the state-wide agency. The problem had been located to the rigid, impractical and time-demanding central computer system between the central office and the district offices. In fact, it was shown that 60% of the social workers' time went on paperwork. Several efforts had been made by the agency to solve this problem. One partial solution had been the use of stand-alone word processors, but this and other solutions had been evaluated as ineffective. In response, the stress committee developed a plan of a microcomputer-based information system that was piloted in one pilot district office. A professional computer programmer together with the author of the case study spent time at the pilot office observing and performing the work of the caseworkers and clerical workers. Several software programs were developed by the programmer and field tested by the pilot office workers: a timekeeping system, an operational plan program, a caseload trend analysis, a litigation tracking system, etc. In addition, ergonomic analyses of the microcomputer equipment were performed and ergonomic training for the clerical staff was designed. At the pilot office the use of the microcomputers increased the productivity and efficiency of the work, and changed the quality of the clerical work. Following the experiences from the pilot office the agency decided to implement the program statewide and purchased several hun-

dreds microcomputers to the district offices. A statewide evaluation was performed by sending a questionnaire survey to all 624 clerical staff in the district offices of the agency before, and six months after, the implementation of the microcomputer program. The survey showed that "decision latitude," "created skill," "attitude towards technology," and "job satisfaction" were at a higher level for clerical workers who were using the microcomputer system. Indicators of strain did not change over the six-month period. In addition, the author of the case study repeated observations of the work practices in several district offices and reported "substantial improvements" in both the productivity and skill levels of the clerical workers (Cahill 1992).

4.4.3 Observations on case studies

The first and most important observation from the case studies of stress interventions is the lack of information concerning jobs, tasks, technology, or work organization. From the case studies we learn little or nothing of e.g. the jobs of the office staff or foremen in paper making (the case of the multinational forest company, number 4 in Table 3), of nursing and geriatric medicine (the case of the German hospital, number 7 in Table 3) or of mail sorting (the Swedish case study of a mail sorting terminal, numbers 16 and 17 in Table 3). This is alarming when we consider that these cases have been selected especially to represent efforts to change or redesign work. In most cases we do not learn what the work is about, what kind of technology is used, what kind of skills are needed, how the work has been organized and how smoothly the work progresses, or whether there are difficulties and obstacles in work.

One reason for this could be the use of large samples. A study involving 1100 employees at an automobile parts manufacturing plant (case number 1 in Table 3) can hardly reach to the level of individual tasks or even to the level of actual work processes. However, the same was also true concerning cases of natural working group size.

What we do learn from most of the case studies are the results to the selected survey questions before and after the intervention. The survey results show very similar results across the cases in spite of the differences in the work processes and workplaces: lack of participation in decision making, poor relations with supervisors, lack of information and too much work are reported in all case studies that report survey results. Where differences in work stressors occur, they seem to stem more from the use of different survey instruments employing different variables than from differences in the studied work process. Work research in these case studies do not reach to the level of jobs, tasks or work groups. As a result, we do not get to know why, for example, the foremen in the forest company gave high score to the variable "lack of possibilities for participation" (case number 1 in Table 3, Kalimo & Toppinen 1999). In fact, most of the relevant information of the actual work processes in the case studies is given as background information at the beginning of the case descriptions or as "anecdotal evidence" within the case report. In addition, the response rates of the surveys were often at a poor level (below 60%), which calls into question the representativeness of their results.

A second observation is the use of other means of work analysis than the measuring of the psychosocial stressors in several of the case studies. Only three cases used solely

psychosocial work stressor surveys. Other cases employing surveys needed to complement them with interviews, job analyses, subprojects that did further analyses, etc. In some cases these complementary methods were used only in the introductory phase of getting acquainted with the workplace. But in many cases the measuring of psychosocial work stressors did not seem to provide relevant information for the planning of interventions, and further analyses were needed. However, the methods and results of other means of work analysis are not reported in detail in the case studies (marked in parenthesis in Table 3). As a result, we again learn very little about actual jobs besides the variables.

A third observation is that the route from stressor measurements or other work analysis methods to the planning and implementation of changes is left unclear in the reported cases. None of the case studies report the developing of a "local theory" or a "local model" from the measurement of work stressors. In most of the cases that employed a participative approach to the planning of changes the case studies simply report that the results of the analyses were discussed and the workers were invited to present suggestions for work redesign. The worker suggestions were then presented to the management for implementation and the implemented changes are reported. In fact, two case studies started directly from group discussions of relevant problems and proceeded to suggestions for improvements without any methods of work analysis. One is left to wonder what the role of stressor measurements or other work analysis methods is, and whether the same improvements would have been suggested even without the analysis phase.

A fourth observation relates to the changes at work as a result of these interventions. A few case studies (case studies number 3, 6 and 11 in Table 3) do not report what the changes were although they do examine whether the variables and health parameters changed. Some case studies list a large number of miscellaneous changes that were implemented (e.g. acquiring a computer, developing a new roster, decreasing the number of foremen, ergonomic changes, see Table 3) but whether and how these changes actually affected the jobs, tasks or the work process is left unstated. None of the reviewed cases explicitly linked the suggestions or changes to the long-term development of the work process or work place in the fashion Karasek and Theorell have suggested (1990). It rather seems to be a rule that *any* solutions suggested by the employees and accepted by the management are implemented as such and studied as possibly stress relieving measures.

A fifth observation is related to the health effects of these changes. A number of studies report favorable results in absenteeism figures (cases 2, 5, 6, 14, 15, 16) or a reduction of symptoms (cases 2, 9, 10, 13 and 17) in the whole study population. However, the interventions typically consisted of several different measures and they were directed at some part of the study population. While it is highly important that such positive effects can be observed, we would need to have more information about which changes and through which mechanisms the well-being of employees was affected.

4.5 Conclusions of the development of the work stress approach

This chapter has reviewed the development work stress approach from the perspective of theory development, methodological development and, finally, from the perspective of its practical usability in work-directed stress interventions.

The first most obvious conclusion concerning theory development in work stress research is that the theoretical foundations of stress are undergoing transition. Development in stress definitions and related models, scientific disciplines, the focus of research and practical implications are summarized in Table 4.

Table 4. The development of stress definitions and related changes in scientific disciplines, focus of research, and practical implications.

Definition of stress and related models	Scientific discipline involved	Focus of research	Practical implications
Stress as a reaction of the organism – flee or fight reaction (Cannon 1929) – Generalized adaptation syndrome (Selye 1956)	Biology and Medicine	Individual (body *response*)	Identification of pathogenic mechanisms → medical treatment of illnesses
Stress as an environmental force – stimulus models e.g. the demand-control-support model (Karasek & Theorell 1990)	Occupational epidemiology	Environment (*effects* of stimuli)	Identifying harmful working conditions → work reconstruction
Stress as an interaction between the environment and the individual, e.g. the P-E fit model (Van Harrison 1978), ERI model (Siegrist 1996)	Occupational epidemiology	Individual (the *fit or balance* between the environment and the individual)	Individualized reconstruction of work, worker selection, work ability maintenance
Stress as a transaction between the person and the environment (Lazarus & Folkman 1984)	Cognitive psychology	Individual (cognitive *process*)	Therapy and stress-management aimed at cognitive reappraisal and better coping

The present diversity of stress definitions is often presented as a result of a historical development from simple models of stimuli and responses towards more complicated models. Another factor behind the different definitions are the different scientific disciplines that employ models most suitable for their purposes. According to the reviewers, the main disciplines employing stress models are biology, medicine, epidemiology and psychology (Table 4). One can see that stress research originated from biology and medicine and its latest developments have been dominated by psychological insights. What one can see as lacking are the sociological or cultural definitions of stress. Some sporadic publications employing such definitions exist (e.g. Payne 1978, Abbott 1990, Meyerson 1994, Länsisalmi *et al.* 2000) but these developments have not led to established new definitions of stress.

My second conclusion goes in the opposite direction. On the basis of the models reviewed here it seems that in spite of the diversity, all definitions of stress are variations of the same paradigmatic model. That model is built on the idea of the "environment" that effects, interacts or transacts with the "individual." The response definitions presuppose an environmental stimulus, in the stimulus definitions different environmental stressors are examined on the basis of their effect on the individual, and in the interactional definitions the features of the environment and the individual interact.

What about the transactional definition of stress: is it or is it not based on the environment – individual paradigm? When examining closely the classic presentation of the tran-

sactional definition, *Stress, Appraisal and Coping* by Richard Lazarus and Susan Folkman (1984) one gets a mixed picture. On the one hand, their starting point is an explicit criticism of the idea that the stress response is explained as a result of an interaction between separate environment and person characteristics that are stable and context-free. On the other hand, the solution they suggest is still fully based on separate features of the environment (novelty, predictability, etc.) and the individual (beliefs and commitments). Their idea of transcending the environment – person division with individual cognitive appraisal and individual coping limits stress research in the individual sphere. As such, the approach looks more like a cognitive approach to stress than a transactional approach. The individual cognitive basis is reflected in the criticisms that have doubted the usefulness of the transactional model in work settings (see above). The aim to uncover the social processes or the context that links the individual to the environment is not fulfilled.

Thus, my interpretation is that while the criticism towards the response, stimulus and interactional models of stress is fully warranted, solutions provided by the transactional model remains are only half complete. As such, they do not resolve the problems of the interactional model: the problem of taking into account the activeness of the individual, the problem of change and process, and the problem of the specific context in which the stress process takes place.

I argue that it is difficult for the field of stress research to develop further within the present person-environment paradigm. In order to fully utilize the aims of the transactional approach, the theoretical basis should be renewed. It seems that the person – environment formulation, paradigmatic to stress research, has come to stand in the way of more fully understanding the stress process. In Chapter 5 I shall examine how well cultural historical activity theory as an alternative theoretical framework to the person – environment paradigm responds to these demands.

The review of methodological discussions within the work stress approach reveals discontent with the dominant mechanistic-deterministic methodology. The two types of methodological criticism reviewed in this chapter are not only quite different but also have different aims. The corrective type of methodological criticism aims to further verify and specify the already established causal connections, in other words, to produce more reliable knowledge. The practical relevance of knowledge is not brought into question. The points made by the radical type of methodological criticism point towards a contextual methodology employing an in-depth case study design and the studying of indigenous meanings and real processes with a firm theoretical background that allows for the occurrence of contradictory and conflicting views. In Chapter 5, I shall examine how well developmental work research fulfils these demands as an alternative methodology. The aim of such a methodology is to produce more relevant knowledge from the point of view of changing work. That aim is identical with my research objective.

The reviewed work stress intervention case studies do not give much support to the assumption that measuring the levels of work stressors is useful or essential in interventions which aim at reducing stress through changing work. In the interventions there seem to be two ways of getting around this. One is to employ other means of work analysis and proceed on that basis (e.g. cases 4, 5, 12 in Table 3), and the other is to rely on participatory problem-solving processes that do not seem to gain much from survey results but nevertheless succeed in making suggestions that can be implemented (e.g. cases 1, 3, 5, 7, 10 in Table 3).

Similar conclusions are drawn by Lindström in his evaluation of six different intervention approaches to work stress used in Finland, which all include a work stress survey as its main data gathering instrument, and the use of survey feedback as the basis for generating suggestions for improvements (1995, 287–290).

> "In many cases, however, the survey results have given meager information for the planning of the intervention itself. … In the projects carried out … the planning of the intervention program has nevertheless gained more from group discussions at the worksite and from participatory analysis of work processes than from surveys." (1995, 290)

According to Lindström, the surveys are not very helpful in evaluating the effects of the intervention programs, either.

A recent critical review of the existing measures of psychosocial work environment argued that nearly all these measures were originally designed for research purposes and not for tools to change work. In evaluating their usefulness they conclude:

> "… it is very difficult [to] know what a score on any of these measures actually *means* and therefore what could and should be done in response to it." (Rick *et al.* 2001, italics in the original)

This review of theory development, methodological criticism and intervention case studies makes the paradox presented in the introductory chapter of this book understandable. The hitherto theoretical and methodological apparatus of work stress research has been successful in showing that work affects well-being but it has not been able to specify how. Therefore, the influence of the work stress approach to workplaces and to trends in worklife has been modest, and the practical usability of the instruments it has developed has been rather poor.

One way to sum up the developmental situation of the work stress approach is to say that the phase of proving the significance of psychosocial aspects of work to well-being is ending, and signs of a new phase are beginning to show. This new phase could be characterized as a move from proving the relationship between work and health to exploring what is behind the work features that have been found to be significant. Why this move now? The present situation in which we know a lot but can do little is becoming unbearable. This has been the motivating force for this thesis, too. Eventually, as this thesis shows, the demand for effective interventions will lead to attempts to go beyond the variables and to redefine the work-relatedness of well-being in ways that make efforts to change work more feasible. In a way this is already happening in the intervention case studies we reviewed. Researchers and workers reach beyond the survey results with group problem solving and other work research methods. The problem is, however, that these attempts have not yet themselves become the subject of scientific research. In their present state – underreported, undertheorized and methodologically unclear – they will not lead to a cumulation of knowledge and to a larger impact in work life. The challenge to move beyond the variables is not only a practical problem but a theoretical and methodological problem as well. It is exactly here that the questions of agency, context and process need to be answered. One of the prerequisites of the new phase in work stress research is a theory of work, which enables researchers and practitioners to explore the already established relationships in a systematic way.

5 Cultural historical activity theory and developmental methodology as an alternative foundation for research on work-related well-being

5.1 Introduction

In this chapter I shall examine cultural historical activity theory as an alternative theoretical framework to work stress theories, and developmental work research as an alternative developmental methodology to the mechanistic-deterministic methodology of occupational health research (in Finnish see Mäkitalo 2003). As a third element in this chapter I shall outline two theoretical hypotheses for an activity-based theory of work-related well-being.

5.2 Cultural historical activity theory

Cultural historical activity theory is a theoretical paradigm that has its origins in the cultural-historical school of Russian psychology in the 1920s and 1930s (Vygotsky 1978, Luria 1976, Leontjev 1978 and 1981). Originally it was used in research within the psychology of learning, child development and cognition but lately its use has expanded into areas such as work research, research in the use of computers and therapy research (for a recent overview of the different applications see Engeström *et al.* 1999).

The paradigmatic core of activity theory is its insistence of taking historically developing *activity* as the primary unit in the understanding and explanation of human behavior. The concept of "activity" is given here a special, theoretical meaning somewhat different from its everyday usage.

5.2.1 Object-orientedness of activity

What then, according to cultural historical activity theory, is activity? Building on the theorizing of A. N. Leontjev (1978, 1981) several researchers have suggested that the principle of object-orientedness is the core of activity (Asmolov 1982, Engeström 1999a). Object-orientedness means that the most important element in activity is the object towards which the subject or the actor directs himself in the wish for a desired outcome (Fig. 11). Without the object there is no activity, and different activities are distinguished from each other on the basis of their different objects.

Fig. 11. The object-orientedness of activity.

The term 'object' refers to any thing, other persons, process, or phenomenon outside the individual subject to which her actions are basically directed. However, according to activity theory, things, processes or phenomena become objects for actions only within a system of social relations with other people (Leontjev 1981, 210). Thus, the term has a dual meaning: it has an existence of its own and a constructed existence within the system of activity.

> "Objects are objects by virtue of being constructed in time by human subjects. This in no way diminishes their reality and materiality. But despite its materiality, an unknown particle or a mineral in the rock is not object for us before we somehow make it our object – by imagining, by hypothesizing, by perceiving and by acting on it." (Engeström 1990,105)

Another feature that complicates the relatively simple picture one might get when considering the term "object" is that objects are not passive "things" waiting for subjects to act on them. Objects have a life of their own, which is shown by the fact that objects often resist the attempts of the subject to control them. This is obvious in the case when it is other people that are the object of activity. In Engeström's study of the work activity of primary care physicians the patients' own initiatives and actions shaped the events during a consultation to a remarkable degree (Engeström 1990). But even in cases where the object of activity is non-human, e.g. of a natural material of some kind, it behaves according to its own laws, which presents challenges for subjects who wish to work on it. Indeed, Engeström has proposed that we should view the object of activity as a process or as another activity system of its own (Engeström 1995).

In addition to the challenge that an object has a life of its own the numerous challenges that any activity faces from new legislation, new methods, etc. change the ways in which the object is constructed and reconstructed in activity. Thus, objects in themselves and in how they are constructed by the subjects change over time. In the aforementioned study of primary care physicians, Engeström found five different types of conceptions of the patients among the physicians in two health care centres (Engeström 1990, 107–129).

According to Engeström the foundation of the complexity of the object is its contradictory nature under the conditions of the market economy. In the capitalist economy every object and outcome has a dual nature: it possesses value in itself (use value) and it possesses

value in terms of money (exchange value). Seen from this perspective the challenge each activity faces in market economy conditions is how to manage this duality that Engeström calls the primary contradiction. *Contradiction* is one of the key concepts in activity theory, the basis of which lies in dialectic logic (Engeström 1987, 297–310). Contradictions are an important theoretical principle in explaining development. I shall return to the issue of contradictions and development later in this chapter. A primary contradiction can temporarily be managed but it cannot be completely solved. Leontjev's account of a country doctor describes this challenge well: the doctor must reduce his patients' suffering (producing the use value) but at the same time he must make a living (producing the exchange value) (Leontjev 1981, 255). He cannot reduce his activity and his object to either side of this duality: if he only relieves suffering and does not charge his patients he is unable to make a living, and if he only thinks of money and fails to provide proper cures for his patients he will eventually lose his practice. In effect, a successful practice can always be seen as a temporary way of managing the primary contradiction. Temporary, because patients, cures and the system of health care changes and as a consequence the way to manage the primary contradiction has to be reinvented, too.

In sum, the object of any activity is contradictory, multifaceted, unpredictable and changeable, which leads to the conclusion that an activity is best described as being a continuous process of overcoming or conquering the object in order to produce the desired outcome. How the primary contradiction of the object in elderly care can be seen is dealt with later in Chapter 8.

5.2.2 Objects, motives and emotions

From the point of view of understanding work-related well-being the object of work activity becomes extremely important because, according to Leontjev, emotions are linked to the object and the outcome of activity.

> "Another important psychological feature of activity is that a special class of psychic experiences – emotions and feelings – is specifically linked with it. These experiences do not depend on separate particular processes but are always governed by the object, course and outcome of activity they form part of. " (Leontjev 1981, 400)

However, the relationship between activity and emotions is not a direct one: it is mediated by motives. According to Leontjev, the object of activity is its true collective or societal motive. It is under these circumstances, within collective systems of activity, that individual subjects construct their personal sense of this collective motive. Emotions are internal signals of the success or a possibility of success with the object in the direction of the motive. Emotions mark situations and objects.

> "The special feature of emotions is that they reflect relationships between motives (needs) and success, or the possibility of success, or realizing the action of the subject that responds to these motives. ... I will note only that the fact to be considered first of all is that emotions are relevant to activity and not to actions or operations that realize it." (Leontjev 1978, 120–1)

Here it is important to notice that according to activity theory emotions are not a reason to act, instead they are a result and a mechanism of activity. This distinction is extremely important because it distinguishes activity theory from theories which state that people act in search of positive emotions or to avoid negative emotions (e.g. Lazarus and Folkman 1984).

Leontjev is precise in pointing out that emotions are not related to separate actions or operations as such. Here it is necessary to look at the hierarchical relationship between activity, actions and operations. Leontjev refers to the level of activity when he deals with lasting collective efforts that are directed at an object. These efforts are realized in the form of actions that are short-lived and directed by goals. Goals, however, have no motivating force of their own except as a part of object-oriented activity. Actions are made of automated parts of behavior, operations. Continuous movement between these levels (activity-actions-operations) takes place all the time when, for example, goals achieve motivating force in themselves which lead to the formation of a new activity. According to Leontjev the level of actions and goals is most readily consciously appraised but the level of activity and its motive are often poorly recognized by individual subjects. It is the emotional colouring of actions that reveals or signals to the individual subject her motive for doing the activity.

> "Even a successful accomplishment of one action or another does not always lead to positive emotions; it may engender sharply negative experience signalizing that as far as the principal motive is concerned, the success attained is psychologically a defeat. … Even when motives are not recognized, that is, when man does not account to himself for what makes him carry out one action or another, they still find their psychic reflection, but in a special form – in the form of the emotional coloring of the action." (Leontjev 1978, 121–2)

Leontjev makes a further distinction between "only known motives" and "really effective motives." In the course of development, the subject may be able to define motives that, however, are not yet effective in directing her actions. The subject may express her wishes or socially acceptable values in "only known motives" (Leontjev 1981).

5.2.3 The social mediation of activity

As we have already seen activity is always a collective process and should not be viewed as voluntary actions or tasks of solitary individuals. This, however, does not mean that the actions of the individual subject are determined by the collective. In activity theory the conceptual way around the dichotomy of free individual agency vs. collective determination happens with the help of the idea of mediation (Engeström 1999, 28–29). Individual actions towards the object are *socially mediated*, that is, mediated through a membership in a community of other subjects who acknowledge and work on the same object. According to Engeström, this collective nature of activity is realized in the *rules* that mediate the relationship and co-operation between any individual subject and the community, and in the *division of labor* that mediates the relationship between the community and the object. Engeström has modelled this complex social mediation by extending the subject – object relationship with the community, rules and division of labor (Fig. 12). In

the model the lines exhibiting subject – community and community – object relationships are drawn with a dotted line to indicate that the relationships are not direct but mediated. The lower vertexes of the model exhibit the mediation of these relationships.

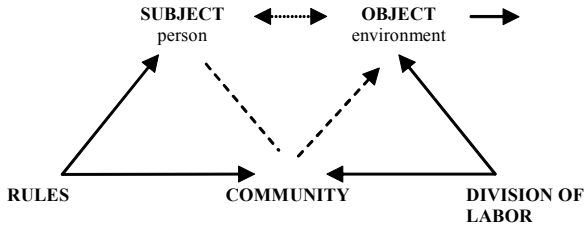


Fig. 12. The social mediations of the subject – object relationship.

5.2.4 The tool-mediation of activity

How is it then, that the subject and the community act upon the object in order to produce the outcome that is in line with the motive(s) of the activity? Here activity theory employs the idea of tool-mediation, originally put forward by Vygotsky. According to Vygotsky, higher mental functions, typical to humans, do not operate only on the basis of the capabilities of the biological nervous system. Vygotsky argued that all higher mental functions operate with the aid of cultural tools, and that the mental functions change in the process.

> "Even such comparatively simple operations as tying a knot or marking a stick as a reminder change the psychological structure of the memory process. They extend the operation of memory beyond the biological dimensions of the human nervous system and permit it to incorporate artificial, or self-generated, stimuli, which we call *signs*. This merger, unique to human beings, signifies an entirely new form of behavior. … For higher functions, the central feature is self-generated stimulation, that is, the creation and use of artificial stimuli which become the immediate causes of behavior." (Vygotsky 1978, 39)

Vygotsky drew a distinction between elementary functions in which stimuli act directly on the organism, and higher mental functions in which the relationship between the subject and the object is mediated (i.e. indirect) by cultural tools. In other words, in activity, subjects and communities use cultural tools to construct the object and to work with the object. Does this mean that subjects' actions are determined by the tools (culture) developed by others before her? How, then, is it possible that new tools (e.g. new concepts and theories) arise? The key to these questions lies again in the idea of mediation. Actions are neither totally determined by, nor totally free from, the available cultural instrumentality. People do not enter into situations that are "tabula rasa". Every encounter is interpreted and every act directed by words, meanings and tools whose origin is in the past. However, everyday life is full of examples where individuals and communities apply old tools to new situations, use old tools in an innovative fashion and invent new tools. So, tool-use in activity is a process which includes both reproduction and transformation. This tool-mediation, according to Vygotsky is the key to the development of consciousness.

Through the use of tools it has become possible for humans to control their behavior "from the outside," that is, through the use of cultural means, which has created psychological processes and behavior not driven by biological development (Vygotsky 1978, 40). The idea of tool-mediation has been presented in Figure 13 as modelled by Engeström (1987).

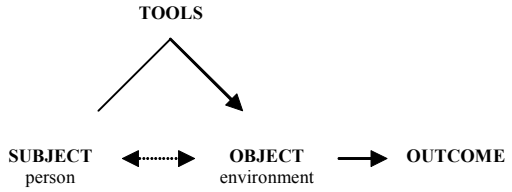


Fig. 13. Tool-mediation of the subject – object relationship.

Further research and theorizing has diversified what is meant by "tools." Several different levels of tools have been suggested (Wartofsky 1979, Engeström 1990). The idea of tools includes material artifacts (e.g. a hammer) as well as ideas, theories and concepts. Engeström has suggested that the "tools" stands for the whole "instrumentality" that is at use in a specific work activity.

Engeström (1987) has combined the theoretical ideas of object-orientedness, social mediation and tool-mediation into a model of activity; the activity system (Fig. 14). In the previous diagrams I have used mediational arrows with one head only, but as all the different elements are brought to form a systemic model it is useful to acknowledge all the possible relationships between the elements with two-headed arrows. It is possible to distinguish between the levels of tool-mediated actions and their social context (shaded areas in Fig. 14) in the activity system model.

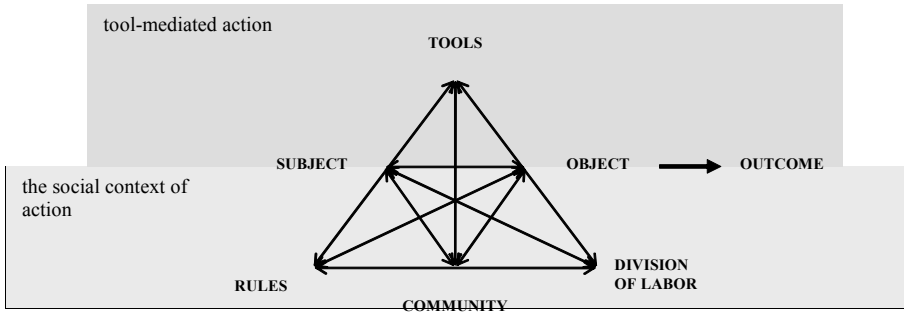


Fig. 14. A model of activity as an activity system (Engeström 1987).

5.2.5 Change and development in activity systems

From the assumption that human behavior and higher mental functions are dependent on cultural artifacts (tool-mediation) and on the structure of social relationships within the

community (social mediation) it follows that both behavior and mental functions change and develop as socio-cultural practices change. Thus, both historicity and change are among the key principles of cultural historical activity theory.

The activity system model (Fig. 14) can be used to depict changing practices. The object of activity, as well as the activity's mediational elements change. This is because new tools produced by other activity systems enter into the system, new rules are adopted, new members may enter the community and most importantly, the object of activity may continue its development independently of the community and the cultural mediators it uses.

Engeström has argued that activities do not change in a linear fashion but in cycles where slower development and more thorough transformations alternate (Engeström 1999, 32–35). It is through such cycles that new forms of activity are created. In fact, every entity we now take for granted (e.g. a hospital, a car garage, a power station, a school, a nursing home) has been created and continues to be recreated in cycles of change. There are, however, different types of cycles (Fig. 15) according to what kind of object and motive is constructed and applied in activity. Cycles in which a group of people are able to construe a societally new object and new motives in response to a changed situation, and are able eventually to build a coherent set of tools and a social organization around this new object can be called *expansive cycles*. In such cycles the new object and motive are typically expanded in some way when compared to the previous object and motive. A development best described as a *narrowing cycle* takes place when the constructed new object and motive are limited and offer restricted opportunities for action. Changes which do not succeed in creating a new object and a new motive lead to *repetitive cycles* in which no expansion takes place and the same problems are faced again and again. In addition to these types of cycles it is clear that in real life cyclical development may get stuck for lengthy periods, a change cycle may break down and start again, or a cycle may divide into two different activities. In Chapter 8 I shall employ these models of development as tools with which to analyze the development of City Home.

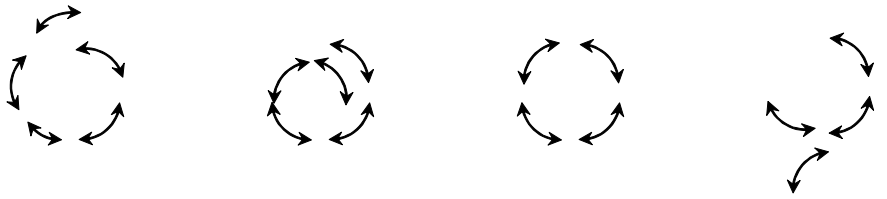


Fig. 15. Different ideal types of cycles of change.

The theoretical concept by which a stable activity system model is put into cyclical development is contradiction. Theoretically then, changes in an activity system are modeled as contradictions between opposing elements. The developing of such contradictions is the driving force of change. Change proceeds only if the developmental contradictions typical to each phase are solved. Engeström has suggested a typology of four different types of contradictions within an expansive change cycle. Primary contradictions arise from the

duality between the use value and the exchange value that can be found within each element of the activity system (see the above-mentioned example of a country doctor). Primary contradictions cannot be permanently solved because every object, every tool and so forth continues to have both use value in itself and monetary value in market economy conditions. However, different historical forms of any given activity can be seen as temporary forms to manage this contradiction in a successful way. Secondary contradictions develop between the elements in the activity system as the elements develop and change in an unsynchronized way and take opposing directions. The system first corrects itself by adjusting single elements but eventually accelerating changes lead to a situation where single adjustments are not enough and a more radical change transforming the whole activity system is necessary. Tertiary contradictions develop when elements of a qualitatively new activity system collide with the remaining elements of the old system. These contradictions typically arise during a period when the new activity system is first implemented. Quartenary contradictions arise between the activity system and its neighboring activity systems during a period when the neighboring activity systems react to a transformed new activity system (Engeström 1987).

The phases of an expansive change are depicted in Figure 16. Change starts already within the previously consolidated form of activity (activity I in Fig. 16) as small problems, uncertainty, and as diverse suggestions of how things should be. Emotionally this phase is experienced as discontentment and sometimes as an urgent need to do something (Engeström 1995, 89). This *need state* can be understood theoretically as primary contradictions, that is as contradictions within each element of the activity system (the activity system model in need state in Fig. 16). In this phase people at the workplace may debate intensely about the purpose of their work (their object), their working methods or forms of co-operation. However, there is not yet urgent pressure for change. Change advances when explicit disturbances or even breakdowns within the work processes start to develop as a consequence of changes in the elements. Thus, at the level of everyday practice ambiguous discontent is developed into a more or less full-blown crisis. Such a situation where the people at the workplace cannot continue as they used to but where there is not yet an alternative way of working can be called *a double bind* situation. Using the activity system model, such a situation can be modeled as secondary contradictions between different elements of the model (Fig. 16). A double bind situation leads to an individual and collective search for solutions that may or may not exhibit new objects and new motives (the object/motive construction phase in Fig. 16). However, times of crisis often lead to blaming or to one-sided suggestions (e.g. to demands for better managers or for more workforce). This may lead to repetitive or narrowing cycles. It is only when the work community is able to collectively construct a new, expanded object and motive that an expansive development advances to its next phase, to the *application* of the new model (Fig. 16). Here the work community makes its first attempts to work with the new object and with a new motive. At this point difficulties arise because features of the previous work activity conflict with the new. These difficulties are modeled by the activity system model as tertiary contradictions between elements of the old model and elements of the new.

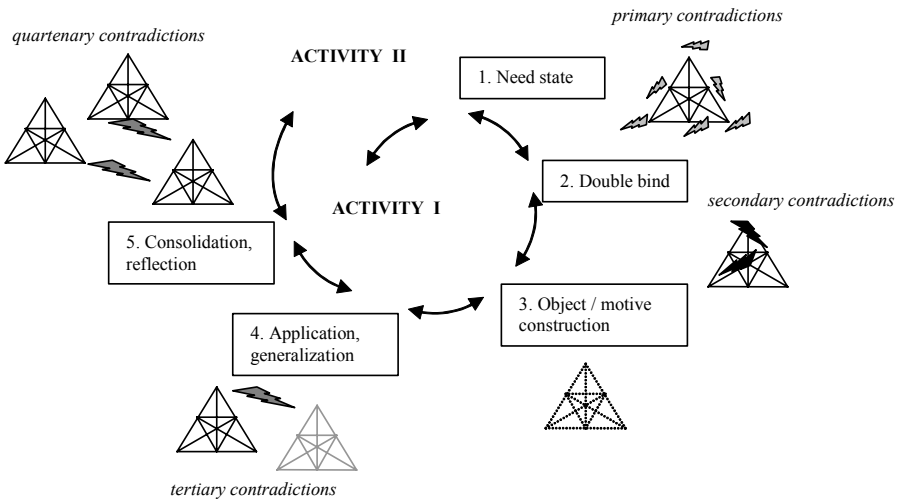


Fig. 16. A model of developmental phases and contradictions of an expansive transformation of a collective activity system (adapted from Engeström 1987).

These tertiary contradictions call for further development of the new model before it is time to generalize. After this the new model starts to *consolidate* and changes eventually into the prevailing model (activity II in Fig. 16.). Before this can happen, however, the activity has to face yet another challenge: the response towards the new generalized model from neighboring activities. This gives rise to quartenary contradictions which have to be resolved somehow before consolidation can take place. All in all, the cycle model of change is a continuum of successive contradictions that need to be resolved for the change to advance to the next phase. If the contradictions are not successfully resolved the cycle may rigidify or the development may return to the preceding phase. Of course it is sometimes the case that the changes creating contradictions fluctuate or temporarily ease.

In cultural historical activity theory the two psychological and social mechanisms that are used to explain historicity and change are respectively internalization, i.e. the learning of the existing array of cultural skills and knowledge, and externalization, i.e. the creation of the new. Both of these are in operation in each human community and explain both continuity and change. Engeström has combined the idea of change as a cyclical development to the notions of externalization and internalization (Fig. 17). At the beginning of a change cycle internalization prevails as most employees take the object and motive of the activity, as well as its tools and social organization for granted and reproduce it in their everyday actions. Externalization starts in the need state phase and is further strengthened in the double bind phase which forces to externalize features of the previously consolidated form of activity (Engeström 1999, 34).

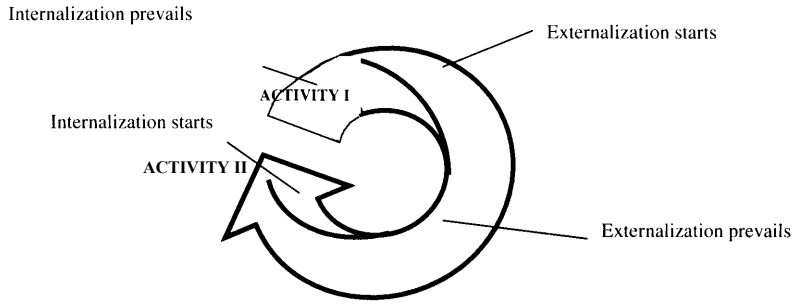


Fig. 17. The alternation of internalization and externalization in an expansive cycle of change.

Externalization prevails in the phase when new solutions are suggested and tested. Internalization starts again when features of the new model start to generalize and consolidate within the community. I shall use the theoretical concept of externalization in Chapter 9 when I interpret how the employees of City Home construct answers to my questions of work-related well-being.

5.3 A developmental methodology for researching activity: Developmental work research

The activity system model outlines the unit of analysis for empirical studies of human behavior within the activity theoretical framework. It implies that human behavior is best analyzed at the level of a local community that works upon a common object with shared tools, rules and division of labor. Methodologically this theoretical assumption leads to the adoption of a case study design in which the phenomenon under study is studied within the limits of an activity system, or to a design involving a network of activity systems. The activity system model excludes both individual-level designs and larger designs that focus upon populations, classes, cultures or societies. The model, however, does not imply that individual or cultural phenomena do not exist. It simply argues that individual phenomena are best understood and explained at the level of activity, and that cultural or societal influences affect individuals and communities through introducing new cultural mediators to the activity systems.

> "This approach implies a radical localism. The idea is that the fundamental societal relations and contradictions of the given socioeconomic formation – and thus the potential for qualitative change – are present in each and every local activity of that society. And conversely, the mightiest, most impersonal societal structures can be seen as consisting of local activities carried out by concrete human beings with the help of mediating artifacts, even if they may take the place in high political offices and corporate boardrooms instead of factory floors and streetcorners." (Engeström 1999, 36)

Another methodological consequence of a system model such as the activity system is the impossibility of using simple cause-effect models of causation. Instead of operationalizing the activity system into dependent and independent variables and studying their rela-

tions on the basis of mathematical correlations, the analyst of an activity system forms a picture of the multiple causal dependencies by identifying what the tools, rules and division of labor are that a specific community uses and how they construct the object of their activity.

The assumption that the studied activity is always halfway in a process of development has methodological consequences for research. First, research limiting itself solely to present-day empirical phenomena is misleading. A developing entity shows at any given moment both rudimentary features of some previous phase of development, features of the present phase of development and features anticipating possible future phases of development. Thus, a survey that covers all these different developmental strands within a single data base and calculates its means produces a misleading picture of the developing phenomenon under study. A methodology better suited to study developmental phenomena includes a historical analysis of previous phases of development and development mechanisms. When a historical analysis is used as a background by means of which present-day phenomena are studied, the different developmental layers existing within the present can be made visible. Second, research with developing phenomena should aim at assisting or promoting the development of the phenomena under study and reporting such developments carefully. Methodologically this means using interventions as experiments by which to test development hypotheses created by historical and present-day analyses.

Engeström has proposed an outline of a developmental methodology for the study of activity that aims specifically at assisting people and communities with expansive development of their activities (Engeström 1987). When applied to work activities the term "developmental work research" can be used.

The first step of such a methodology includes getting a preliminary phenomenological insight into the activity in question, which should lead to the delineation of the activity system level.

The second step includes three analyses of the activity: a historical analysis of the previous developmental phases of the activity by following the object in the history of the activity (the object-historical analysis), an analysis of the different tools (theories, models, methods, artifacts) that have been used in the history of the activity (the theory-historical analysis) and an analysis of the present forms of activity (the actual-empirical analysis) (for examples see Engeström *et al.* 1987, Engeström *et al.* 1989, Engeström *et al.* 1990, Engeström *et al.* 1992, Virkkunen 1995, Haavisto 2002). A combination of the both first mentioned steps is employed in Chapter 8 in the historical analysis of City Home.

The actual-empirical analyses of work activity have typically gathered data through fieldwork using various ethnographic methods (e.g. observation, videorecording, interviews). The methods of analysis have been developed to match the quality of data and the idiosyncrasies of the work activity under study. Various microsociological analysis methods (e.g. forms of discourse and conversation analysis along with data including gestures and the use of artifacts, analysis of processes, analysis of conceptions and explanatory models) are typically adapted to suit the requirements of data, the activity concerned and activity-theoretical premises (for examples see Kärkkäinen 1999, Engeström R 1999, Haavisto 2002, Hasu 2000, Korvela 2003). Such analyses are developed in Chapter 9 when studying employee interview data and in Chapter 10 for analyses of morning routines video data.

An important methodological rule is to interpret the diversity found in the present-day activity through the lenses of the historical analyses to distinguish the different historical layers and new innovative forms that exist side by side in the present. The analyses of this second methodological step produce a hypothesis of the present developmental phase of the activity, its developmental contradictions, and a picture of the next developmental form of the activity.

These important results are used in the third step, which involves the participants of the activity system in a learning process that aims at constructing a new expanded object and motive for their activity and creating new tools for practical experiments in activity that advance such development. Here the analyses of the researchers are used to enhance the transition from internalization to externalization necessary for development to occur (see Fig. 18). Learning in this learning process has been theorized to consist of the following learning actions: 1) questioning and rejecting aspects of the previously consolidated activity (activity I), 2) analyzing of the situation in historic-genetic terms and actual-empirical terms, 3) modeling a new form of activity which offers solution to the present problems, and 4) examining the new model.

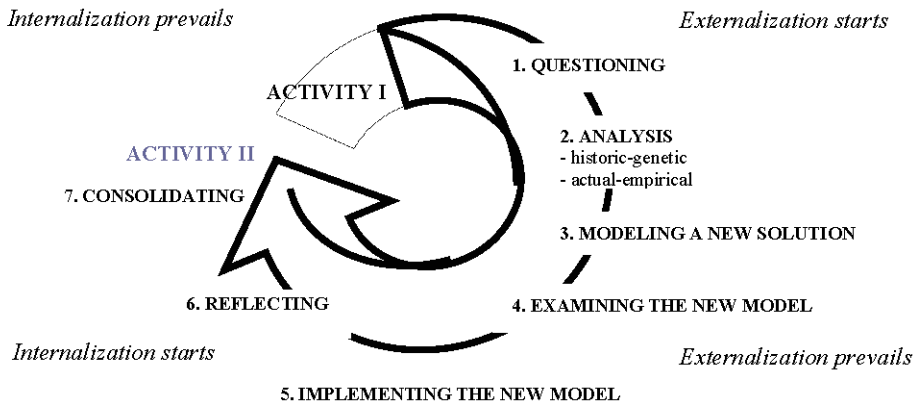


Fig. 18. Learning actions in an expansive cycle of change.

The fourth step of developmental methodology is the practical application of these new tools in activity and the solving of the tertiary contradictions (see Fig. 16) that necessarily evolve in entering into the application phase. This step involves the next learning action: 5) implementing the new model. The fifth step of developmental methodogy involves the reporting and assessing the outcomes of the experiments that have been carried out. For the practitioners this involves two more learning actions: 6) reflecting on the process and 7) consolidating the new practice (Engeström 1987, 318–337, Engeström 1999b).

Key findings of such a developmental methodology provide new concepts and models that help participants to master their development and reflect upon it. Each step of the methodology produces such results. The generalizability of these results is not a question of

statistical validity but of practical relevance for other activity systems facing similar contradictions in a similar developmental phase.

5.4 Towards activity theoretical hypotheses of work-related well-being

I shall discuss next the main features of activity theory and developmental methodology from the perspective of research into work-related well-being by comparing it to the elements of the now dominant stress theoretical approach. The result of this discussion is two working hypotheses for an activity theoretical approach to work-related well-being.

The theoretical idea of activity becomes more understandable when viewed against its main alternative, that of understanding human behavior as an outcome of two sources, the environment and/or the individual. According to the latter, the world is seen as environments (or situations, contexts, a culture) which stand in opposition to or surround individuals, who in turn possess their own inherent characteristics. This paradigmatic formulation underlying a majority of approaches within the behavioral sciences has run into difficulties concerning questions regarding human agency, change and interventions. This is the case of stress theory as well, as we saw in Chapter 4. A central characteristic of the concept of activity is that it aims at transcending the dichotomy of the person-environment formulation. Social psychologist Antti Eskola has neatly summarized the transition from using person-environment models to the use of the concept of activity (Fig. 19).

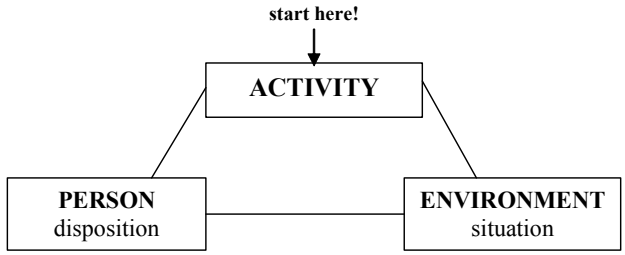


Fig. 19. Transition to an activity-based analysis from a person – environment-based analysis (Eskola 1999, 110).

Figure 19 summarizes the main advantage of activity theory as a tool for research: it introduces a new source of explanation that supplements or replaces the previous ones. Similar developments transcending different individual – environment dichotomies are taking place in other fields of research as well. In cognitive science the "distributed cognition" and "situated cognition" approaches employ similar systemic constructs to that of activity (e.g. Hutchins 1995). In sociology and in educational sciences the notions of "practice", "social act", "social worlds", "communities of practice" and "language games" bear a significant resemblance to the concept of activity (for a more complete picture see Engeström & Miettinen 1999).

I interpret the reasoning for a transactional theory of stress and well-being presented in Chapter 4 to represent a similar search. Lazarus and Folkman explicitly express their wish to transcend the idea of a separate person and environment interacting upon each other. To

do this they suggest a new level of relationship between the two: transaction. However, in their theory transaction is reduced to the individual level of cognitive appraisal and coping. The concept of activity offers a different basis for a transactional theory in which the individual is brought into a relationship with the environment *in activity*, and both cognitive appraisal and coping are mediated through tools and community. This activity-theoretical interpretation of transaction as activity contains both the perspective of the individual (through the subject's view) and the perspective of the social order and context (through the idea of tool and social mediation).

It is the principle of object-orientedness that, according to Asmolov (1982, 79), separates *activity* from concepts that operate under the stimulus-response paradigm. In other words, the idea that learning, well-being or any form of behavior is explained as an organism's response to environmental stimuli of some kind stands in opposition to the idea that such phenomena are best explained as part of subject's conscious object-oriented activity. From the perspective of activity theory the first-mentioned principle is the principle of reactions, whereas the latter is the principle of conscious activity (Fig. 20). This comparison suggests that when we talk about the effects of environmental stimuli we are talking about reactions and not about conscious activity. In order to view something as a conscious activity, there needs to be an object towards which the actions of the subject are oriented.

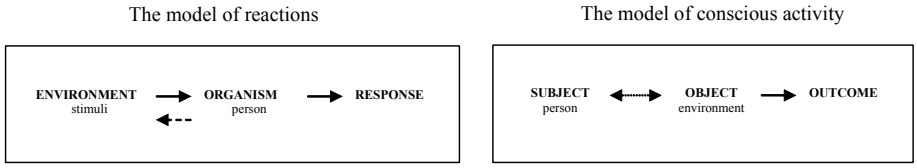


Fig. 20. The theoretical core of the models for reactions and conscious activity.

Thus, one way to explain the difficulties of work stress research in the psychosocial area is to say that psychosocial work stress research has tried to study activity-level phenomena with reaction-level models. This explanation is even more credible when we take into account that stress research in fact started with phenomena like heat, cold, radiation, etc. whose effects are reactions (e.g. sunburn, frostbite, irritation), and which can be studied with reaction-level models. But when work stress research has started to examine how work as conscious activity ("work itself") affects the workers it has proven to be difficult to proceed with the idea that work is just like any other stimulus coming from outside the worker. One explanation for this difficulty is that work is not only a stimulus, it is also object-oriented activity.

If we return to the model of reactions depicted in Figure 20 we notice that it lacks altogether the notion of any reason why the person is in the environment; the person simply faces the environment and its stressors. We should also notice that the individual is named as an "organism" or as a "person" but not as a "subject". Indeed, in that model it is the environment that plays the active role, projecting stimuli at the organism, while the organism or the person is in a passive position just coping with the external forces. This is the basic set-up of a reaction model. The activity model turns this another way around; it looks at the subject's conscious actions towards the object (environment).

> "… in a society a man finds not simply external conditions to which he must accommodate his activity, but that these same social conditions carry in themselves motives and goals of his activity, his means and methods; in a word, society produces the activity of the individuals forming it. Of course this does not mean at all that their activity only personifies the relationships of society and its culture. There are complex transformations and transitions that connect them so that no direct information of one to the other is possible." (Leontjev 1978, 51)

In several stress theories the wish to view the person from a more active perspective has been accomplished by drawing an arrow from the person to the environment (Fig. 20). The explanations of such arrows in the models have emphasized that individual attitudes and wishes towards work (the environment) can also play a role in the development of the stress response (e.g. Kalimo 1987). However, it is clear that this addition does not transform the reaction model into an activity model. This is because in the model the subject is still viewed without an object (i.e. without the reason for the person to act).

If we compare the principle of the collective nature of activity (the lower half of the activity system model in Fig. 14) with the model of reactions employed by stress theories (see Fig. 20) a significant difference can be noticed. In the activity system the subject does not confront the environment or act alone on the object, but instead acts as a member of a community. This theoretical difference has important consequences when we consider the unit of analysis in concrete empirical research. With the reaction model, analyses focus on environment – individual relationships, whereas with the activity model the analyses focus primarily at the level communities that work together with a common object. From this it follows that significant elements in an activity-based analysis are the work community and its rules and division of labor that the subject has to take into account in his actions. Thus, if viewed from an activity perspective, behavior, learning or well-being is not totally individual but happens within a collective process.

From the perspective of tool-mediation the person in the stress models is left to cope with the environmental demands only with her innate characteristics. The tool-mediated activity model brings up the question of the adequacy of the tools in a situation that the subject experiences as demanding. The stress models direct focus on the amount of the demands and/or on the characteristics of the subject. In a demanding situation the options are to lower the work demands or/and to enhance the capacities of the individual (see for example Ilmarinen *et al.* 1991). The idea of tool-mediation in the activity-theoretical approach opens up a third possibility: the subject may learn to control the situation better by developing new tools and new forms of co-operation with the work community to better match the demanding object.

Hypothesis #1: object-dependent well-being

On the basis of the principle of object-orientedness it is possible to present the first preliminary activity theoretical working hypothesis of work-related well-being: *Work-related well-being is the successful accomplishment or the possibility of a successful accomplishment of individual actions in the direction of the individual's motive constructed from the collective object and motive of activity.* Instead of work-related well-being we could call this object-dependent well-being (Fig. 21). In Chapter 9 I shall test this hypothesis with data from interviews with the staff of City Home and Country Home.

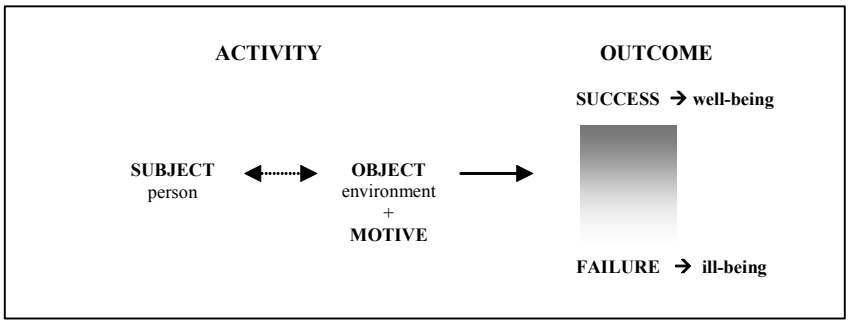


Fig. 21. A theoretical model of object-dependent well-being.

In practice, the outcome of activity and the consequences it has for well-being are not dichotomous: it is not a matter of either success or failure, but most often something in between, indicated by the sliding scale in Figure 21. The success of an activity is always a complex and sometimes a rapidly changing phenomenon when time, change and the several contradictions of the object are taken into account. Success can take many forms: success in terms of use value or in terms of exchange value, success in terms of the individual or the collective motive, and success in terms of an old or new way of viewing the object.

It should be noted here that the principle of object-relatedness of motives and emotions is almost the opposite to the view expressed by Lazarus and Folkman when they state that individuals appraise their environment with respect to its significance to their well-being (1984, 31). Activity theory starts with the premise that individuals appraise collective societal objects (not an environment) with respect to the motive and personal sense constructed from it. According to Leontjev, well-being is not the object of activity but its result and mechanism. The hedonistic premise that people act to achieve well-being or to avoid negative emotions places humans on the level of animals, i.e. it implies that human actions are governed by the immediate fulfillment of biological needs.

From the point of view of object-dependent well-being a developmental cycle points towards a qualitative change in the grounds of one's well-being (Fig. 22). In the need state phase the object of the previously consolidated activity ceases to have motivating power and other possible objects start to appear interesting. Double bind is characterized as a phase during which the object in the direction of the motive of the previous activity is becoming impossible to reach but no new object and motive are yet available, or several contradictory objects appear. In Figure 22 it is hypothesized that during these phases object-dependent well-being is threatened and symptoms of emotional distress surface. This is reflected in questions such as "Why are we/am I doing this?" or "what is it that we should in fact do?". During these phases the internalized collective motives and personal sense of the previous consolidated activity surface and start to externalize. The construction of a new object phase means examining the possibility of a new object with a new motive and a new basis for well-being. The application phase means experimenting with the new object. From the point of view of emotions and well-being these phases mean a transformation in the construction of well-being. The old object has to be questioned and rejected and the new object has to be discovered and tested in reality. Constructing a new motive

and developing a personal sense of it can be hypothesized to have an empowering effect. With this in mind I have assumed in Figure 22 that the ascending part of an expansive cycle is generally a regenerative process of emotional well-being.

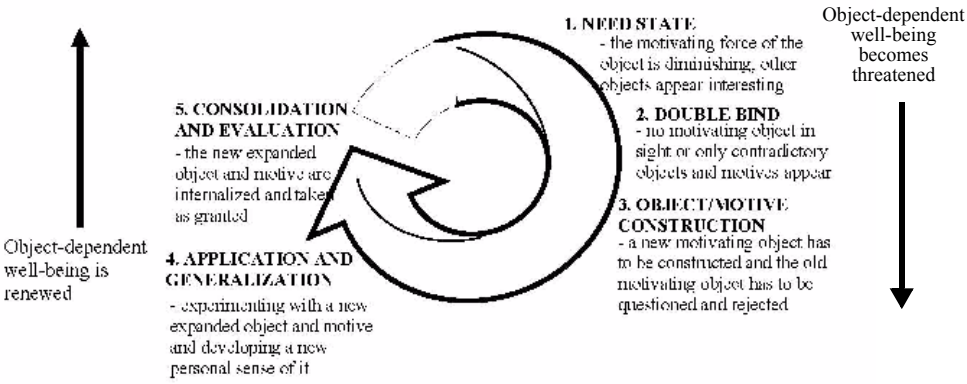


Fig. 22. A working hypothesis of the changes in object-dependent well-being in the course of an expansive developmental cycle.

This activity theoretical basis gives work-related well-being a regenerative and developmental character if compared to the notions of homeostasis and equilibrium inherent in the person-environment models. Thus, here well-being is defined as a developmental process not as a state, and consequently, promoting well-being is characterized by advancing development and not as returning to a previous state of homeostasis. According to this model, then, emotional distress is not always something to be avoided at all costs but a phase in a developmental process. What is to be avoided instead is a distressing deadlock or a disappointing regress in development. In practice, though, this is a contradictory process rather than a straight forward one and there can be threats to object-dependent well-being at each phase.

Hypothesis #2: Disturbance load

The work stress approach as well as most other approaches to work-related well-being treat work as a relatively stable entity. When measured, the characteristics of tasks and jobs are assumed to present the "normal," planned features of work, determined by the technology and the organization of work (see for example Karasek & Theorell 1990). Sometimes researchers even exclude such tasks or jobs from their analyses that are undergoing changes or have recently changed because the measurements performed concerning such jobs would not represent the required normal situation (e.g. Elo 1989). In effect, it can be argued that the work stress approach takes change into consideration only as a passing, exceptional state, and assumes that the majority of tasks and jobs are in a normal state, flowing undisturbed. This presumption is so self-evident that even when confronted by a disturbance in the flow of work researchers may have a tendency to interpret it as an individual exception and look for individual explanations to cover it (e.g. unqualified employees, difficult clients, etc.)[2]. Yet another possibility is to interpret such distur-

bances as belonging to the normal course of work. In a developmental project at an outpatient clinic when employees were confronted with data to which showed that most of time they were behind schedule, they explained at first that it was perfectly normal.

Measured work demands, then, are taken to present the demands of the planned, normal features of work. On the other hand, most contemporary textbooks on work stress list a number of changes in the world of work (e.g. information technology, globalization, downsizing, mergers, etc., in Cooper *et al.* 2001). These changes, however, are relatively general and broad issues and their effects at the level of everyday work practice are seldom discussed.

The activity theory-based developmental view of work as a cyclically developing phenomenon presupposes a very different picture of the flow of work: change in modern work activities is not exceptional but continuous, which shows itself in the everyday life of work as disturbances. In general, this is due to the adoption of new technologies, changing organizational structures and the overall higher complexity of work systems. Indeed, if you return to Figure 16 it depicts that only during the latter part of the consolidation phase (phase 5 in Fig. 16) and at the beginning of the need state phase (phase 1 in Fig. 16) does the work proceed smoothly. All other phases are characterized by problems caused by change at work. The double bind phase is characterized by a crisis of the previously consolidated form of activity, the application phase is characterized as a clash between the elements of the newly invented concept of activity and the old one. And the beginning of the consolidation phase is characterized by demands to further develop the newly applied and generalized concept to match the demands of the neighboring activities. Engeström (1988, 21–22) has argued that the demands of each developmental phase show in the everyday practice of work as deviations in the normal flow of work: as disturbances, as impossible tasks and even as breakdowns. In some environments such deviations are dramatic (e.g. flying an airplane or controlling a nuclear power plant) whereas in other they are mere difficulties, "noise in the flow of work" (Engeström 1988, 22). Thus, it proves to be important to distinguish whether a situation that is experienced as demanding is so because there are so many disturbances and hindrances that it demands extra exertion to get things done, or whether there is in fact too much to do. In other words, the possibility of developmental instability of work should be taken into account.

From the perspective of work-related well-being it seems obvious that these deviations increase both the physical and psychological demands of work. In the case of a disturbance the employees have to perform extra work to make things run again and this may cause time pressure: they may have to repair damage that the disturbances cause and they may start to do extra anticipatory work (e.g. check ups) to prevent the disturbances from occurring. *Thus, my second activity theoretical working hypothesis of work-related well-being is that disturbances threaten work-related well-being by increasing the physical and psychological demands of work.* I shall test this hypothesis in Chapter 10, where I analyze what kind of disturbances surface during the morning duties in City Home and Country Home.

Finally, when thinking in methodological terms activity-theoretical premises demand a profound change in the methodology which aims to capture work-related well-being.

2. A colleague's article dealing with disturbances in homecare work was reviewed by an anonymous reviewer in a work stress journal who suspected that the reported disturbances in the work flow were only due to the employees' poor qualifications.

Work-related well-being should be analyzed developmentally, as a transformative process where a transition from one type of well-being to other type of well-being is taking place (see Fig. 22.). Following the ideas of developmental methodology, this kind of process can only be captured with a methodology that traces the previous developmental phases, analyzes the present in the light of past development, and distinguishes buds of developmentally new forms of well-being already present. Many features of the developmental methodology answer questions that radical criticism poses for the work stress research. In-depth case study design, the use of ethnographic data, holding on to ethnomethodological principles in data analysis (i.e. the exploration of indigenous meanings), the study of processes and the need to challenge the views and conceptions of the employees or the workplace if necessary, all respond to the already expressed methdological needs.

5.5 Conclusion

This chapter started out by introducing the basic principles of activity theory and developmental work research. A comparison of activity theory and the stress theoretical person – environment approach shows paradigmatic differences in how they view human behavior, and what they pay attention to when studying it. Activity theory views human behavior as taking place in developing, object-driven activity systems in which individuals act as subjects, motivated by a personal sense constructed from the collective, societal object of activity, using a variety of tools and taking into account the rules and divisions of labor of the community they are part of. The notions of the object of activity, tool-mediation, the social foundation of activity and the developmental nature of activity differentiate the activity theoretical paradigm from the stress theoretical. In doing so, activity theory addresses the problems of agency, context, and process that the transactional definition of stress has tried to solve (see Chapter 4).

Methodologically, the activity-theoretical foundation means adopting a different kind of research design which is aimed to uncover change and development, and it employs methods better aimed at uncovering local particulars than testing for universal hypotheses. A developmental methodology is, of course, unsuitable for epidemiological studies. Perhaps it is so that an epidemiological design is needed to establish broad relationships, and thus to justify and direct further research. But different methodologies and different theories are needed for a closer scrutiny of these relationships that in turn may generate new issues for epidemiological studies.

In this chapter I also outlined two activity-theoretical working hypotheses for work-related well-being: object-dependent well-being and disturbance load.

Object-dependent well-being is based upon Leontjev's theorizing about emotions. This theorizing relates emotions to the personal sense developed out of the collective object and motive of activity. Thus, I coined a new concept, *object-dependent well-being* to stand for the individual emotional outcome of activity. The new term aims at telling *how* well-being is related to work. In addition, I joined together the idea of object-dependent well-being to Engeström's theory of expansive development as object renewing cycles. The result is a model of the dynamics of object-dependent well-being. In stress theoretical notions problems of well-being have been addressed as negative features, indicating a need to restore

the previous harmonious relationship between the individual and the environment. The dynamic model of object-dependent well-being takes a different stance. According to this model, emotional distress can be viewed as a sign of a necessary developmental phase indicating the need to renew the motive and object constructed in activity. When this need meets a new object in activity, and a new motive is constructed successfully a phase of emotional well-being starts. This working hypothesis is tested and refined in Chapter 9 using employees' interviews as data.

The second working hypothesis, *disturbance load*, builds from the activity-theoretical presumption that work activity is a developing entity and development proceeds through contradictions that show in the everyday life of work practice as disturbances of different kinds. The hypothesis predicts that such developmental disturbances lead to an increase in the physical and psychological demands of work. So far in work stress research only the normal, stable features of work have been measured without paying attention to the possible effects of the deviations from the expected normal course of work. In Chapter 10 I shall examine the disturbances in the morning duties in City Home and Country Home with relation to their effect on the work load of the employees.

Before moving into the empirical reality of City Home and Country Home one theoretical terrain still needs to be covered: theories about emotions. Following the lead by a number of stress researchers, who take negative and positive emotions to be the primary step in the chain leading to stress-related illness or health, and hence being able to couple the activity-theoretical approach to well-being, I decided to use negative and positive emotions as indicators of well-being and ill-being in the empirical part of my study. There are, however, a number of other approaches to emotions than the stress-theoretical and the activity-theoretical. They are the subject of the following chapter.

6 Different approaches to the studying of emotions

6.1 Introduction

My starting point in this study is to analyze work-related well-being as work-related emotions. From the perspective of my research objective, the understanding of the work-relatedness of emotions, I shall shortly review and summarize some of the most relevant theoretical approaches to emotions. Methodological questions concerning the studying of emotions will be reviewed at the beginning of Chapter 9.

Research into emotions has a long history, the body of literature concerning emotions is large, and there is no unanimity about the nature, function or meaning of emotions between researchers and different approaches (Lazarus & Folkman 1984, Marsella 1994, Ratner 2000). In the literature concerning emotions one finds psychodynamic, neurobiological, cognitive, sociological and cultural approaches to the understanding of emotions (Fineman 2000, Williams 2001). Cultural historical activity theory also contains a theory of emotions, reviewed in Chapter 5 (Leontjev 1978).

An important difference within studies of emotion, especially in studies concerning emotions at the workplace, is whether the research aims at analyzing people's experiences at work ("felt emotions") or the expression of emotions at work ("displayed emotions") (Briner 1999, 329–339). A central concept around which research related to "displayed emotions" is concentrated is "emotional labor" (Hochschild 1983). Emotional labor refers to the production of publicly observable facial, bodily and verbal emotional display that the employees are required to show in certain jobs. Classic examples are flight attendants, cashiers and McDonald's counter servers, but to some degree emotional labor is required in most jobs. In some jobs employees are specially trained to show positive emotions towards customers, and they receive bonuses or tips when they follow these rules. The relationship between displayed emotions and felt emotions is a complex one. In cases when the emotions that the organization demands employees to display are in conflict with the emotions the employees experience the displaying of emotions can be exhausting. Research related to the "felt emotions" approach is interested in the process of experiencing emotions at work: how, why, how often, etc. These are basically the questions of all research directed

at understanding stress or well-being at work, and my own study primarily adopts the same approach.

6.2 Recent neurobiological findings of emotions

Recent neurobiological research into emotions has challenged the traditional view that sees emotions as the opposite of reason and knowledge. Neurologist Antonio Damasio has combined information learned from patient cases suffering from specific brain damage to neurobiological findings, concluding that emotions, and the physiological mechanisms through which they operate, are in fact a necessary component in reasoning and decision making. According to Damasio, when we weigh different alternatives in decision making, emotions function as somatic markers which guide the decision-making process. With persons who suffer from a specific local brain damage this marker does not function, which makes them unable to make decisions or it leads them constantly into making random decisions that handicap their lives (Damasio 2001). The important question for research into the work-relatedness of well-being but beyond Damasio's neurobiological interests is: What is it that in one situation mark some alternatives with positive emotions and others with negative ones?

6.3 The psychodynamic approach to emotions

A central assumption in early psychoanalytical approaches to emotions in work organizations was that individuals and groups interpret situations and relationships unconsciously according to their early experiences, and build social defense systems to diminish and control the amount of emotion thus produced, especially anxiety.

A classical study in this line of research is a case study of a large teaching hospital by Menzies (1960). She researched the situation of a large teaching hospital that was going through significant changes that were related to a severe tension between the needs of training on the one hand, and on the other hand towards practical staffing needs. Menzies and her colleagues noted high levels of tension, distress and anxiety among the nurses which had resulted in elevated sickness rates and a high turnover of students. The hospital was, according to Menzies, close to a system breakdown. Menzies argues, however, that "The intensity and complexity of the nurse's anxietes are to be attributed *primarily* to the peculiar capacity of the objective features of her work situation to stimulate afresh … early situations and their accompanying emotions." (ibid, 98, italics JM). By "early situations" she refers to unconscious fantasy situations of early infancy and the related high levels of anxiety. Menzies then goes on to discuss several features of nursing practice that she interprets as socially developed defensive techniques or defense mechanisms. Among these is the task-list system, which according to Menzies prevents nurses from coming into effective contact with any one patient and, thus, offers protection from the anxiety that this might arouse. It is because of these unconscious social defense mechanisms that the changing of social systems is so difficult: "Recommendations or plans for change that seem highly

appropriate from a rational point of view are ignored, or do not work in practice." (118) Any radical change proposal was met with denial. As a conclusion, Menzies cites another psychoanalytically oriented researcher: "effective social change is likely to require analysis of the common anxieties and unconscious collusions underlying the social defenses determining fantasy social relationships."(118).

Feelings of anxiety are also at center stage in the more recent research in psychodynamics of organizational life. Larry Hirschhorn (1990) starts interestingly from the historical change in the world of work from the industrial milieu to the postindustrial. The new automation and communication technonologies together with new organizational arrangements make work more difficult to predict and control. As a result, employees and supervisors experience more anxiety which demands for social defenses, irrational behavior and shared illusions. Hirschhorn presents several case studies in which he interprets different difficulties an organization or an individual enters into from the framework of how social defenses prevented them from succeeding in their tasks. He also presents a vision of an alternative work culture in which, inspite of the uncertainties and anxieties of the postindustrial milieu, the employees and the supervisors can succeed. First, work has to be designed into “whole tasks” which enables them to link their invididual jobs to the whole operation of the company and to the company’s valued ends. Second, a pride to the company’s products and services have to be established through appreciating quality and the value these products or services have for the customer. Third, a realistic view of the organization should be encouraged which allows for not only the good features to be seen but also for the bad. These characteristics, according to Hirschhorn, support a reparative process in which people do not retreat to harmful social defenses to bear the anxiety the work produces. (Hirschhorn 1990).

6.4 Stimulus-response, interactional and transactional approaches to emotions

Work stress research has approached emotions as reactions determined by certain features of the environment. The different models of this determination were discussed thoroughly in Chapter 4. According to different reviewers the most advanced of these models is the transactional model where the emotional response is not determined by the environmental stimulus directly but through a cognitive appraisal of its relevance to a person’s well-being (Lazarus & Folkman 1984).

Weiss and Cropanzano (1996) have more recently suggested an affective events theory (AET) of affective experiences at work that to a large extent rests on the notions of cognitive appraisal theory. Briner (1999) has greeted this theory as a promising approach in the field of emotions and organizational studies because it rejects the idea that environmental characteristics cause the affective experiences and he welcomes the notion of “events” at work as causes of these experiences. As to what kind of events cause emotions Weiss and Cropanzano turn to primary and secondary appraisal in the manner of Lazarus and Folkman. The primary appraisal is based on a person's evaluation of the event in terms of its relevance to a person’s well-being.

Williams (2001, 44–45) has reviewed criticism that has been directed at the cognitive appraisal approach to emotions. It has been accused of drawing and enforcing an artificial distinction between cognition and emotion and, consequently, enforcing the old opposition between them (first cognition, then emotion). Secondly, and this is a more general criticism, it has been seen to view human action in a computer-processing model of decision making which does not take into account contextual, historical and power-related questions. Most importantly, Williams notes how there is a Darwinian tendency in cognitive approaches to see emotions as merely adaptive responses.

6.5 The social constructionistic approach to emotions

Social constructionist approaches (e.g. Harré 1986) to emotions depart from the biological and psychological (psychodynamic and cognitive) approaches in two ways. First, by arguing that emotions are *social* as opposed to seeing them only in biological or psychological terms, and second, that they are *constructed* as opposed to them being "natural". A central argument in this line of theorizing is the primacy of language, learned linguistic practices, and discourses concerning emotions. For example, to understand the emotion of anger is to examine how this or that subculture uses this type of emotional vocabulary. Further, it is argued that emotions have social functions that are related to the local moral order: the rights, duties and obligations of a given subculture. Emotions serve both to restrain undesirable behavior and attitudes, and to sustain and endorse culturally acceptable behaviors. Empirical examples given in the classic *The Social Construction of Emotions* (Harré 1986) range from experiences of envy and jealousy in mothers of small children, the emotional vocabulary of fear among the Eskimos to changes in the use of certain emotion vocabularies during the Middle Ages.

Williams (2001, 48–50) criticizes the social constructionist approach for three reasons: first, the argument that emotions are only discursive constructions is overstated. He claims that emotions do not require a language to exist. Secondly, the social constructionist approach by concentrating of the construction of emotions has obscured the ways in which emotions play an active role in shaping social agency and not only vice versa. And thirdly, social constructionist approaches tend to forget the bodily aspects of emotions: how emotions are also bodily feelings, and how agency is also embodied.

6.6 The embodied approach to emotions

Both the cognitive and the social constructionist approaches to emotions can be seen as reactions against the once dominant organismic approaches that viewed emotions mainly as primitive biological or psychological effects that disturbed the mind and reason. In their emphasis on the social, cultural and cognitive aspects of emotions the body was disregarded. It is only quite recently that a counter-movement has arisen in social theory, with the aim of "putting minds back in bodies, bodies back in society and society back

into the body" (Williams 2001, 56). As a part of the emphasis on the body is the emphasis on emotions.

Spite of the relative novelty of the embodied approaches the authors draw on the work of several classic authors, such as Merleau-Ponty, Sartre, Goffman, Elias and Turner. Interestingly, Williams (2001) in his review of the different embodied approaches also notes research on social factors, emotions and health as embodied. The general point of the embodied approach is neatly put by Burkitt (1999):

> "What we call mind only exists because we have bodies that give us potential to be active and animate within the world, exploring, touching, seeing, hearing, wondering, explaining; and we can only become persons and selves because we are located bodily at a particular place in space and time in relation to other people and things around us."

From the point of view of embodied emotions the studying of emotions needs to be linked to bodily action, not only to discourses or cognitive interpretation. Burkitt emphasizes the need to study emotions as expressions occurring in *relations* between people and things that are registered on the body, rather than expressions of something contained inside a single person (1999). Thus, the emphasis on the embodied nature of emotions links emotions to the material world, to actions, objects and events that occur in the environment, and to artifacts that Burkitt sees as prosthetic extensions of the body. In this regard, the embodied approach to emotions comes close to activity theory.

6.7 The activity-theoretical approach to emotions

Cultural-historical activity theory views emotions as an integral mechanism in activity. According to Leontjev (1978), emotions color actions according to the motives that the subject has constructed from the collective object of activity. This approach was scrutinized thoroughly in Chapter 5. On the basis of this approach I developed the notion of *object-dependent well-being* to act as a working hypothesis for a new approach to work-related well-being to be tested in this study.

Other researchers have also paid attention to the relationship between emotions, motives and objects. Several organizational psychologists link emotions to motivational agendas:

> "…emotion … is central to motivation. They suggest that employees have motivational agendas that are related to the attainment of different "selves": In other words we may strive to achieve different kinds of goals at work as they relate to different aspects of the self including who we are and who we would like to become. … emotion is central to this process as it is emotion that provides us with information about the value, or otherwise, of these different goals to the self." (Briner 1999, 335)

However, an important difference between the views presented by Briner and the one presented by Leontjev is the different interpretation of goals and motives which is characteristic to the difference between different theories of action and the theory of activity. For Leontjev, goals are related to individual's actions and do not have motivational force in themselves and, furthermore, only evoke short-lived emotions. It is the object at the collective level of activity that, according to Leontjev, has the motivating force that is displayed as emotional signals. Put briefly, for Briner emotions are related to the agendas

and values of the individual's actions or the individual's career agendas (Briner 1999, 338), whereas for Leontjev emotions reflect the relationship between the individual's actions and motives and the collective activity and its object. The individual processes this relationship with the help of emotions.

6.8 Other approaches linking the material world with emotions

Fineman (2000, 2) in the second edition of the volume on emotions in organizations also refers to objects as the source of emotions. However, he refers to objects only in the narrow sense as material things surrounding us that evoke emotions through aesthetic experiences. His examples include "my miserable computer", "my happy chair", "that cosy room", and "this depressing building." Although his point about the emotional tone of aesthetic experiences with these examples is quite valid, from the point of view of activity theory he fails to notice the objects of the productive activity that is performed with the aid of his "miserable computer", "cosy chair" and "depressing building", and the emotions that they evoke. In fact, the computer, the chair and the building have been objects and outcomes of the work activity of a computer factory, a furniture maker and construction workers. So there are several ways in which objects are related to emotions.

Another approach that relates objects and emotions is the proposal made by Knorr-Cetina (1997). She argues for a "postsocial" society where the "expansion of object-centered environments" define individuals' identities, promote new forms of social relationships between people and result in "object-created emotional worlds." This could even mean, she suggests, that "objects displace human beings as relationship partners … or that they increasingly mediate human relationships, making the latter dependent on the former."(1). From the point of view of cultural historical activity theory her argument is highly interesting, since for cultural historical activity theory "object-centered environments" are what human activities essentially are. For Knorr-Cetina this is a result of a development she names as "postsocial," but for activity theory this is what activity has always been concerned with. Knorr-Cetina uses natural scientists ("expert cultures") as her case but she also mentions other possible examples of objectualization, such as ecology movements. Whereas activity theory assumes that any object when taken into the system of activity can provoke emotions and intrinsic motivations towards itself, Knorr-Cetina allows this capacity only to certain kinds of objects, those with an open, unfolding, complex, question-generating character typical of scientists' research objects. She refers to them as "epistemic objects". The relationships with such objects, according to Knorr-Cetina, are characterized by dynamic and ambivalent emotional ties such as lack, wanting or desire. She contrasts these epistemic or knowledge objects with commodities and instruments that for her are too stable and appear as too extrinsic to the real interests of subjects. The argument from the point of view of cultural historical activity theory would seem to be that instruments and commodities are not as stable as they seem, and that they are also best characterized as at least potential knowledge objects or epistemic objects.

Regarding my study, where the object of the nursing home is related to the elderly and their lives as well as to the building and its upkeep, the object is like a fusion of a building (the "home") and people (the elderly). Could this be an epistemic object in the sense

Knorr-Cetina suggests? Concerning other people as objects, Knorr-Cetina refers only to the psychoanalytic object relations theory. Her point is that the idea of object relations should not be restricted only to relationships to other persons, but to inanimate objects as well. Consider for a moment the situations described in Chapter 2, where some of the elderly resisted employees' attempts to perform the morning routines. I argue that it is not only for geriatric researchers or psychologists interested in ageing that these elderly people could be a knowledge object, but that this might also be the case for employees as well.

6.9 Conclusion on different approaches to emotions

I have summarized the main features of the above-mentioned approaches to emotions in Table 5.

Table 5. Different approaches to emotions.

	Neuro-biological	*Psychodynamic*	*Transactional*	*Social construc-tionist*	*Embodied*	*Activity-theoretical*
	Damasio 1994	Menzies 1960	Lazarus and Folkman 1984	Harré 1986,	Burkitt 1999, Williams 2001	Leontjev 1981, Engeström 1987
Nature of emotions	A combination of cognitive, neural, and bodily mecha-nisms	Re-experience of the fantasies of object-relations in infancy in relation to current situa-tions or relation-ships	Cognitively mediated indi-vidual physio-logical and psy-chological responses	Social language games, learned discourses	Embodied ways of being in the world, existing only in action	Psychic reflec-tions of object-oriented activity medi-ated by individ-ual construc-tions of collec-tive motives
Function of emotions	Integral ele-ments in reason-ing and decision making	(not expressed in the sources I reviewed)	Evaluating the significance of what is happen-ing to one's well-being and survival	Social func-tions, the keep-ing of local moral and ritual order, mainte-nance of local value systems	Communica-tive between people, the structuring of practices and discourses	The role of a positive or neg-ative "sanction-ing" in relation to motives, they "mark" situa-tions and sepa-rate objects
Causes of emotions	The reaction of the body and the brain system to the thoughts that a given issue or an incident has caused	Infantile fantasy situations in the deepest and most primitive levels of the mind	Individual's cognitive appraisal of a situation and coping	Learned inter-pretation of cul-tural beliefs, values, norms and expecta-tions	The embodied relations, rela-tionships and interdepencies between people objects and arti-facts.	Actions within collective object-oriented activity systems
Central argu-ment	Rational action depends on emo-tions and related organic brain and body struc-tures	Infantile fan-tasy-world is pro-jected to current work-situations and social defense systems are cre-ated uncon-sciously to control the anxiety thus produced	A person's cog-nitive appraisal of environmen-tal situation or event deter-mines emotions	Learned social discourses and local moral order deter-mines the expe-rience and dis-play of emo-tions	Emotions arise as bodily actions within communica-tive, transfor-mative and power relations between people, objects and arti-facts (material reality).	Emotions show how actions realize individ-ual motives in relation to col-lective object-oriented activity

Table 5. Continued.

	Neuro-biological	*Psychodynamic*	*Transactional*	*Social construc-tionist*	*Embodied*	*Activity-theoretical*
Unit of analy-sis in empiri-cal research examples	Individual situa-tions, individ-ual's life course	Nurses in a teach-ing hospital	Different indi-viduals in dif-ferent experi-mental and real life situations	E.g. mothers of small children, Eskimos, cul-ture of the Mid-dle Ages	E.g. the civiliz-ing process in renaissance Europe	Workplaces and work communi-ties within his-torical trajecto-ries
Researcher's interest, point of view	A more compre-hensive view in neurobiology, cognitive sci-ence, and in medicine	Effective social change requires an analysis of the common anxieties and social defense systems.	Stress manage-ment programs must stimulate the person to appraise situa-tions and/or cope with their demands in new ways	Sociocultural uses and func-tions of emotion vocabulary determine emo-tions	How bodily dis-positions and techniques are involved in the production of emotions in relationships between people, and between people and objects	To recognize the real motives of his or her activity, a clari-fication of the hierarchical relations of motives, or a transformation of motives is necessary
The explicit opposite of the argument	Cartesian notions that sep-arate emotion and reason and cognitive notions that sep-arate mind and body	Anxiety and stress result mainly from the nature of the primary task and technology of an organization.	Biological, psy-chodynamic and behavioral notions of emo-tions	Emotions as natural, primi-tive, physiolog-ical responses: affective reac-tions to stimuli	1) Emotions as bodily pro-cesses identi-fied by a cogni-tive mechanism 2) Emotions as only linguistic or cognitive cat-egories	1) Hedonistic and individual accounts that view persons as striving for their well-being 2) human emo-tions as rudi-ments

The table shows that one of the dividing lines is between approaches that emphasize the individual and the ones that emphasize the social in the understanding of emotions. Included in the former are the neurobiological, psychodynamic and transactional approaches. The latter include the social constructionist, embodied and activity theoretical approaches. It is noteworthy, however, that scope of what is considered "social" differs more often than not between the approaches.

Another dividing line seems to be between approaches that emphasize the material (physiology, body, artifacts, objects) and approaches which concentrate on non-material (unconscious fantasy worlds, cognitive appraisals, discourses, language games). The former include the neurobiological, embodied and activity theoretical approaches, and the latter include the psychodynamic, cognitive and social constructionist approaches.

Thus, it is possible to clarify the multitude of approaches on emotions with the help of a four-square-field composed of two dimensions: the individual – social and the non-material – material (Fig. 23). The arrows between the fields stand for a rough approximation of the theory-historical development of emotion theories with the exception of the psychodynamic approach, which was more related to the human relations school of industrial relations than being opposed to the old organic emotion theories. Also the place of activity theory in the social- material field is not due to a critical stand against social constructionist emotion theories, but a result of entirely different developments mainly in other intellectual fields than emotion theories.

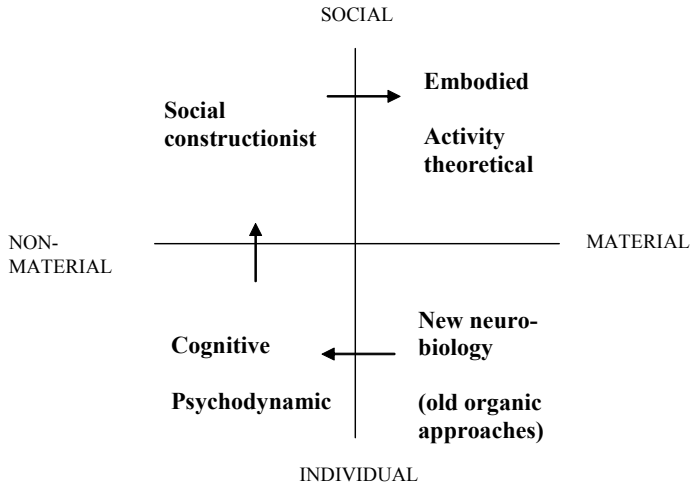


Fig. 23. A typology of different approaches to emotions.

From the point of view of understanding the work-relatedness of emotions and well-being, the approaches in the social – material field seem the most appropriate. This does not diminish the value of other approaches for other purposes.

7 Research design, research questions, data, methods of analysis and ethical issues

7.1 Introduction

The aim of this chapter is to outline my research objectives, to describe the design of this study, and to present my research questions, data, research process and methods of analysis in a concise form. Finally, at the end of this chapter I shall discuss the ethical issues and choices of this study.

The main objective of the following three chapters is to empirically test and further develop the activity-theoretical working hypotheses of object-dependent well-being and disturbance load that I developed in Chapter 5. The empirical studies are built according to four activity-theoretical principles.

First, an activity-theoretical approach to work-related well-being means studying it as a result of, and as a mechanism within, *object-oriented activity* in contrast to much previous research which has studied well-being as a response to or as a cognitive appraisal of different environmental stimuli. Thus, the unit of analysis in this study is a *single activity system*, not the individual or a sample of individuals or a sample of workplaces. This has meant adopting a case study design according to which I confine my research to City Home and Country Home, which together form the municipal nursing home in Raahe.

A second element determining my research design is the presumption of the developing nature of activity. It means that the object of my study, the nursing home as an activity system, is in movement. It is in a process of change. Therefore to understand its present state I must analyze how it has developed into what it is now, how its present developmental phase could be characterized, and what new developments already exist in its present practices that anticipate its future development. From this it necessarily follows that work-related well-being is also in a process of change, too. That is, well-being varies not only quantitatively, for there are probably qualitatively different kinds of well-being as well. Therefore I shall start with a historical analysis that enables me to identify the different developmental layers that constitute the present activity and work-related well-being.

Third, following Leontjev's theory of the relations between activity, object, motives and emotions work-related well-being is studied primarily as *object-dependent emotions* in

contrast to much previous research which has assumed that certain work conditions evoke positive and negative emotions. However, the dependence of the object and motive construction from the tools and social organization of the activity point towards analyzing object-dependent well-being within the totality of the activity system including tool-mediation and social mediations in the analysis (see Chapter 5).

Fourth, disturbances and contradictions are important phenomena related to the change and development of activity. According to Engeström (1988), change and development exhibit themselves empirically in the everyday life of the participants as disturbances, impossible tasks, breakdowns or other forms of deviations from the anticipated normal course of actions. Such deviations can be a source of emotional distress to the workers. They may also lead to an increase in physical work demands and to physical strain. Therefore their analysis in a study focused on work-related well-being is necessary. Theoretically these problems can be interpreted as contradictions within and between the elements in the activity system.

On the basis of these premises it is possible to pose my main research question:

> How is the work-related well-being of the employees constructed within the activity, change and development of City Home and Country Home?

7.2 The general research design

The general research design of this study applies the methodology of developmental work research (Engeström 1987). The study consists of three substudies: a historical study of the main trends in the development of elderly care, and a study of the local development of City Home and Country Home (Chapter 8), an interview study of work-related emotions of the employees of City Home and Country Home (Chapter 9), and a study of the disturbances of morning routines in City Home and Country Home (Chapter 10).

The research design upon which the structure of the three substudies is based is shown in Figure 24. The historical study of the development of City Home aims at constructing a hypothesis of the developmental phases through which City Home has developed. An important part of this analysis is a hypothesis of the different historical grounds on which object-dependent well-being can be constructed in nursing home work. These historical hypotheses are tested and revised with two kinds of actual-empirical data (arrows 2. and 4. in Fig. 24). First, the interview data where employees from City Home and Country Home talk about their work-related emotions is analyzed against the background of the historical hypothesis of qualitatively different kinds of object-dependent well-beings in nursing home work (arrow 1.). Second, morning routine episodes from City Home and Country Home are analyzed from the perspective of what disturbances occur during the morning routines, and how these disturbances could be interpreted developmentally (arrow 3.).

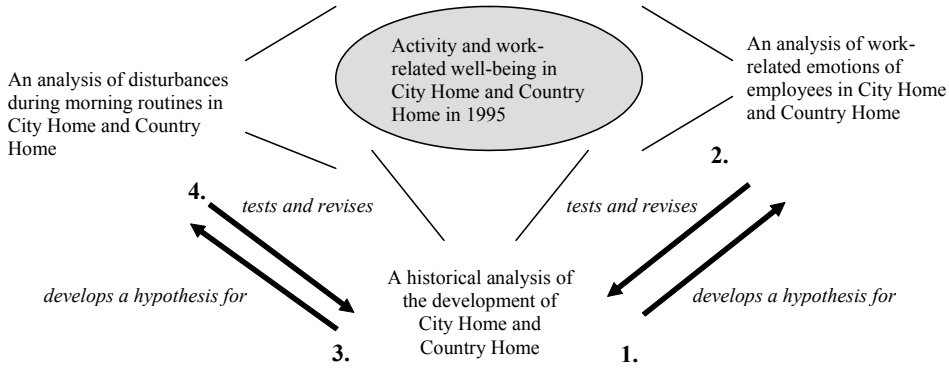


Fig. 24. Research design in this study.

Thus, in this study the activity and work-related well-being in City Home and Country Home are analyzed from three complementary perspectives and using three different types of data: documents, interviews, and video data.

7.3 Research questions, data and methods of analysis

In the first substudy, presented in Chapter 8, I shall examine the historical development of City Home. Although directed to the past, the objective of this analysis lies in understanding the form of City Home in 1995 as a distinct developmental phase within a developmental trajectory. This substudy involves two analyses with two different sets of data. The first analysis concentrates on the theoretical ideas and ideologies concerning and directing elderly care in Finland during the 1970s–1990s, and how these ideas were present in the development of City Home. The second analysis focuses on the changes in the residents, methods of working, organization of work and staff of the City Home between the years 1976–1995. My research questions directing these analyses can be formulated as follows:

1. What were the main developmental dimensions according to which elderly care was developed in Finland during the 1970s–1990s?

2. How did the object and other elements of City Home (and Country Home) work activity change during the period from the 1960s to 1995?

The data for the historical analysis mostly consist of historical documents about City Home. The data and methods for the historical analyses are presented in more detail in Chapter 8, but a general view of both is in Table 6.

The second substudy, presented in Chapter 9, examines work-related emotional distress and emotional well-being as experienced by employees of City Home and Country Home. The focus of this study is in analysing the descriptions of specific work events that the employees have experienced as emotionally exhausting or tiring, and the events that the emp-

loyees related to joy, enthusiasm and interest at work. These emotionally significant events at work are analyzed in terms of the object and the motive they exhibit, and thus the working hypothesis of object-dependent well-being is tested. Research questions three, four and five guide this analysis:

> 3. What objects and motives can be analyzed from the employee descriptions concerning events at work that were experienced as tiring or exhausting?
>
> 4. What objects and motives can be analyzed from the employee descriptions concerning events at work that were related to experiences of joy, enthusiasm and interest?
>
> 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of City Home and Country Home?

This substudy uses employees' interviews as data and its method of analysis is based on the notion of explanatory models (see Table 6). A more detailed description of the data and methods is given in Chapter 9.

The third substudy, presented in Chapter 10, focuses on an analysis of what kind of obstacles or disturbances employees face when executing a typical work task. The morning routines of residents who need a lot of help in their daily activities were chosen for the subject of the analysis. The analysis starts from an observation that several residents resist carrying out morning routines and employees use specific forms of verbal interaction to overcome residents' resistance. Building on this observation the analysis centers around the activity of residents and the activity of employees during the morning duties. In addition, the ways in which employees deal with residents' activity, and the consequences that the activity of residents has for carrying out morning routines are systematically analyzed. The research questions guiding this analysis are:

> 6. What kind of disturbances and innovations appear as the employees' and the residents' scripts meet in the everyday work activity of City Home and Country Home?
>
> 7. What are the consequences of these disturbances from the employees' perspective?

This substudy uses videorecorded morning duties as data. Analysis of the data is based on modified discourse analytical methods and previous activity-theoretical studies (Table 6). Both data and methods of analysis are described in more detail in Chapter 10.

Table 6. Research problems, data and methods.

Research problem	Data	Methods
1. What were the main developmental dimensions according to which elderly care was developed in Finland during the 1970s–1990s? (Chapter 8)	– national guidelines concerning elderly care from the 1970s, 1980s and 1990s. – textbooks and research reports concerning the development of elderly care in the 1980s and 1990s. – volumes from the 1980s and 1990s of two Finnish professional magazines dealing with elderly care	Identifying the leading principles and new ideas according to which elderly care should be developed. Reducing leading principles to two developmental dimensions according to which I constructed historical-ideal types of elderly care by using the activity system model as a theoretical basis.
2. How did the object and other elements of City Home (and Country Home) work activity change during the period from the 1960s to 1995? (Chapter 8)	– minutes of staff meetings during 1975–1995 – yearbooks of City Home during 1975–1995 – records of coalition board meetings during 1986–1993 – City Home's scrapbook 1976–1987 – small group sessions and history seminars with the staff in 1996 – individual interviews in 1995	Identifying changes in residents and in the work arrangements of City Home, identifying problems in working at City Home, and dividing the time period into developmental phases according to the theoretical models of developmental cycles.
3. What objects and motives can be analyzed from the employee descriptions concerning events at work that were experienced as tiring or exhausting? (Chapter 9) 4. What objects and motives can be analyzed from the employee descriptions concerning events at work that were related to experiences of joy, enthusiasm and interest? (Chapter 9)	– transcribed interviews of all employees of City Home and Country Home directly involved in resident care (n=36)	Analysis of the objects and motives of the explanatory models of negative (tiredness, exhaustion) and positive (joy, enthusiasm, interest) work-related emotions.
5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of City Home and Country Home? (Chapter 9)		A comparison of the objects and motives of the historical-ideal types of elderly care and of the explanatory models used by the employees of City Home and Country Home.
6. What kind of disturbances and innovations appear as the employees' and the residents' scripts meet in the everyday work activity of City Home and Country Home? (Chapter 10) 7. What are the consequences of these disturbances from the employees' perspective? (Chapter 10)	– 15 videorecorded and transcribed morning routine episodes from City Home and Country Home concerning residents who need a lot of help in their daily activities.	An initiative-response analysis of all resident utterances and gestures, complemented by an analysis of employee responses to resident initiatives and their consequences. A step-by-step case analysis of the phases of two different morning routine cases

7.4 The research process

This research was part of a developmental project ordered by the social services of Raahe and carried out by Merikoski Rehabilitation and Research Center. The timing and the different phases of the research project and the developmental project are depicted in Figure 25. The developmental project was lead by Mr. Juhani Palonen from MRRC, who was assisted by Mrs. Marita Korhonen and myself.

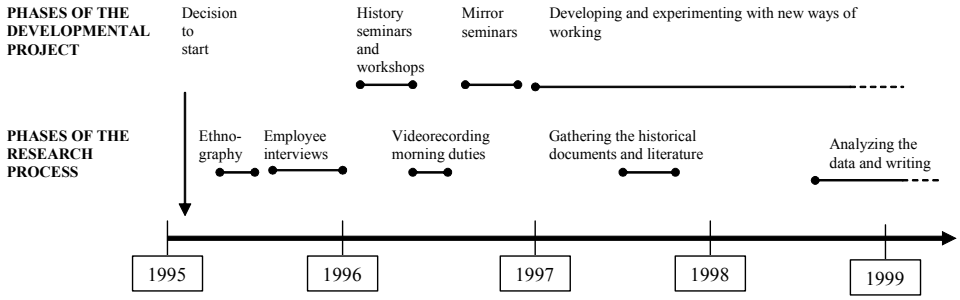


Fig. 25. Timing of the research process and the developmental project.

Figure 25 shows that the ethnography in October 1995 and the employee interviews between October 1995 and January 1996 were not affected by the developmental project because the developmental project seminars and workshops only began at the beginning of February in 1996. The data concerning morning duties was videorecorded in May and June 1996 after the employees and consultants had performed a preliminary analysis of the historical development of City Home and Country Home. Excerpts from the videorecorded morning duties were used as material in the mirror seminars (see Fig. 25) where the employees with the help of consultants analyzed them. The historical analysis during the developmental project was based for the most part on collective remembering, and thus, for the purposes of research, a more systematic data basis of the development of City Home was gathered from the archives of City Home in 1997.

A more thorough analysis of the interview data, videodata and historical data, and the writing of the results, took place for the most part after the developmental project had finished at the end of 1998.

7.5 Ethical issues in this study

After the management's decision to launch the developmental project the employees of City Home and Country Home were asked to form a committee representing members of the unions, all occupational groups and the staff of each cell. The plan of the developmental project and a preliminary research plan was introduced to the committee and discussed together with the consultants and researchers. The committee approved both plans and no changes were suggested.

The research plan was handled and approved by the ethical committee of Merikoski Rehabilitation and Research Center.

Participation in the employee interviews was voluntary. Letters of consent informing about the interviews (Appendix 1.) were distributed to all members of staff. The head nurse made a timetable for the interviews so that everyone could participate during working hours. Employees were advised to book a time for the interview from the timetable and bring with them the letter of consent signed. All members of the staff agreed to participate.

For the videorecordings of morning routines informed consent was applied for from both employees and the resident concerned.

The idea to video the morning routines as an example of a typical work task was from the beginning discussed and developed in co-operation with the employees in the history seminars held during spring 1996. Before videorecording written information sheets (Appendix 2.) were distributed to each cell of City Home and to Country Home. In addition, each morning when I was videoing a verbal approval to participate was confirmed from the employee concerned. It was emphasized to employees that participation was voluntary. Altogether three employees expressed a wish not to be filmed.

Employees discussed the videorecording of morning duties with residents with the help of the distributed information sheets. Employees also informed the relatives who visited on a regular basis. In addition, employees asked for verbal permission from a resident each time before I entered a resident's room with a camera, and they emphasized that participation was voluntary. A number of residents at City Home and Country Home were declared legally incompetent and had been appointed a guardian by the court. Permission to film was each time verbally confirmed by these residents, too. In addition I contacted guardians in advance and asked for oral consent on the telephone first, and later I sent the information sheet (Appendix 2.) and the informed consent document (Appendix 3.) that was to be returned signed. None of the guardians refused the filming. A couple of residents refused to be filmed. One resident first agreed and then changed her mind in the middle of her morning duties.

Thus, residents' informed consent was applied for in three phases: a few weeks in advance when the information sheets were distributed, from the guardians if such had been appointed, and from the residents themselves each time at the time of the filming.

8 Historical analysis of the development of City Home and Country home

8.1 Introduction

In the following I shall first position the idea of a historical analysis to discussions of change and development within work stress literature and within literature concerning elderly care and nursing homes. Then I shall present my research objective, research questions, historical data and the method of analysis I used.

Scientific analyses of history and development of concrete local work processes are almost totally absent in work stress literature. Yet, almost every review and textbook of work stress includes a discussion of change in the world of work. These discussions seem to fall into two categories. The first category contains historical accounts of industrialization and the rise of mass production type of operations according to the principles of Taylorism with increased psychological demands, lost autonomy and high levels of work stress (e.g. Karasek & Theorell 1990). The second category of accounts refer to the most recent changes in worklife. The phenomena that are often mentioned under this category are the use of new computer-based technologies, the globalization of the economy, job insecurity, a change from manual to mental work, new production concepts (teamwork, telework, subcontracting), etc., most which are treated as new sources of stress (e.g. Cooper *et al.* 2001, Kompier 2002). Thus, change at work is a major theme and even a motive for work stress research, but such discussion remains at the level of general trends in the worklife. What is lacking are detailed studies of the development and change of actual organizations or workplaces. Even in the intervention studies reviewed in Chapter 4 changes and developments of actual workplaces, when mentioned at all, were merely described as background information. They were not treated systematically as the object of research. Neither is the studying of change and development of work an explicit issue in discussions of current methodological challenges in work stress research. However, Cooper *et al.* (2001, 247–248) and a number of other authors suggest that work stress researchers have so far taken a reactive attitude towards changes and that a more proactive approach would be needed. Historical analyses of concrete work processes aiming towards identifying significant develop-

mental trends and trajectories that influence the present situation might provide the necessary tools to take a more proactive approach towards potentially stressful changes.

In Finland during the late 1980s and at the beginning of the 1990s several studies of change concerning the nature and quality of care in nursing homes were published (Ahonen ja Kiuru 1989, Viljaranta 1991, Byckling 1994, Laiho & Virnes 1995, Vaarama ja Lehto 1996). These studies can be divided into two groups. The first group originated from criticism towards nursing home care already expressed during the 1970s. Nursing home care was criticized as lacking individual care, ignoring the psychological and social needs of the elderly, undermining the autonomy of residents, lacking holistic perspective towards the elderly, being hierarchically organized, and diminishing the personal initiative of workers (e.g. Kivelä & Kivelä 1984, Ahonen & Kiuru 1989). This criticism resulted in several intervention case studies which explicitly aimed at making nursing home work more humane (Ahonen & Kiuru 1989, Viljaranta 1991, Byckling 1994). None of these studies actually studied the development of nursing home work, which had led to the problems. The starting point for the development work in these studies were the known deficiencies of nursing home care that were interpreted as a result of a rationalized model of care in nursing homes. Two types of problems emerged in these studies. First, employees found the starting point of the deficiencies of the present way of working difficult to accept. Therefore there were difficulties both in getting the employees to participate in developmental work and difficulties in implementing the changes (e.g. Byckling 1994, 31, Ahonen & Kiuru 1989). Second, the results of the developmental work were often meager and difficult to evaluate (Elovainio 1994, 263).

A second group of studies about change in nursing homes originated from the economic recession at the beginning of the 1990s in Finland. In these studies the starting point for change was, largely for economic reasons, to decrease the number of allocated places in nursing homes. The strategy was to transfer some of the nursing-home allocations to sheltered housing. Some municipalities even closed down their nursing homes. Neither group of studies included historical or developmental research of nursing home care, which might have clarified why there were so many nursing home allocations and why it was so difficult to decrease them or transfer them to assisted living facilities. Although this strategy led to a significant decrease in the number of allocations, the nature of care in sheltered housing units has been called into question. Vaarama and Lehto (1994, 56) have asked whether these units are in fact "the institutions of the 21st century", indicating that institutional care did not decrease; it just changed its name and moved into new units.

An exception in Finnish nursing home studies is Paasivaara's historical study of the development of Finnish policies of elderly care from the 1930s until the 2000s (Paasivaara 2002, Paasivaara *et al.* 2003). Paasivaara studied the development at four levels: governmental goals of geriatric policies, municipal policies in three municipalities in the north of Finland, goals of institutional care organizations in these municipalities, and practical routines of elderly care in these organizations. She summarizes the results from the three municipalities and their institutions into a general model of four developmental stages of geriatric care in Finland: the activation stage (1930–1950), the schematic stage (1950–1970), the complementary stage (1970–1990) and the innovative stage (1990–). Paasivaara's scope is to emphasize the need to place the analysis of practical care into a wider context that encompasses how governmental, municipal and organizational policies affect care practice. As a result, the study does not focus too well at the level of concrete changes

and the development of local institutions. However, the study is useful in bringing up theory- and policy-historical trends and changes that have affected nursing homes.

In sum, there is little research concerning change and development either at work in general or in nursing homes. In spite of its emphasis on change in working life, work stress research has not so far systematically analyzed change and development in actual workplaces. Finnish research aiming towards change in elderly care and in nursing homes has substituted careful developmental analyses by foregrounding predetermined goals.

8.2 Research objective and research questions for the historical analysis of City Home and Country Home

The objective of this historical analysis is to develop a hypothesis of the present (1995) developmental phase of nursing home work activity in City Home and Country Home. The analysis is divided into two complementary analyses: a theory-historical analysis and an object-historical analysis (Engeström 1987, 325). The theory-historical analysis aims first at identifying significant developmental ideas about elderly care that were introduced by administrations, researchers and practitioners during the 1970s, 1980s and 1990s in Finland, and second, at building a model or hypothesis of ideal type solutions of elderly care based on these ideas. The theory-historical analysis aims at constructing a developmental map of the terrain of elderly care in Finland. The object-historical analysis aims at studying the local change and development of City Home through following how its object changed, what kind of contradictions followed and how other elements in the activity system of City Home changed.

The object-historical analysis starts with the development of City Home and includes Country Home at the point from 1993 onwards when they both became a part of the social services of Raahe. Therefore the past phases of Country Home are not included in the analysis.

The first research question is related to the theory-historical analysis:

> 1. What were the main developmental dimensions according to which elderly care was developed in Finland during the 1970s–1990s?

The second research question is related to the object-historical analysis:

> 2. How did the object and other elements of City Home (and Country Home) work activity change during the period from the 1960s to 1995?

8.3 Data

8.3.1 Data of theory-historical development in elderly care

To provide data for research question one I covered mainly three types of literature. *First*, I examined the national guidelines concerning elderly care given by the Ministry of Social Affairs (Sosiaalihallitus 1978 & 1982, Vanhuspolitikkaa vuoteen 2001), reports of elderly care by the National Research and Development Centre for Welfare and Health, STAKES (Byckling 1994, Vaarama 1995, Kovalainen *et al.* 1996, Vaarama 1993, Vaarama & Lehto 1996, Uusitalo & Staff 1997) and reports of implemented developmental projects by the Association of Finnish Local and Regional Authorities (Laiho & Virnes 1995, Pihlaja 1990). *Second*, I examined textbooks and research reports containing expert analyses of the development of elderly care (Kivelä & Kivelä 1984, Aho & Kiuru 1989, Byckling 1994, Satka 1994). And *third*, I reviewed two Finnish professional magazines that deal with questions of elderly care: *Gerontologia* (volumes 1987–2001) and *Dialogi* (volumes 93–2001).

8.3.2 Data of the change and development of City Home

To provide data for the second research question I used the following sources that were available from the City Home archives and data I collected myself during 1994–1995:

- the minutes kept of staff meetings of City Home covering the years 1975–1995
- official yearbooks of City Home covering the years 1985–1994
- records of coalition board meetings of City Home between 1986–1993
- City Home's scrapbook covering the years 1979–1987
- individual interviews in 1995 and seminars in 1996

Minutes of staff meetings

The main source for my analysis of the change and development at City Home was the minutes of staff meetings. Original copies of the minutes were kept in folders in a storage room at City Home.

The folders consisted of the minutes of altogether 260 staff meetings covering the years 1975–1995. The number of minutes in the folders varied from 3 to 23 per year. The mean number of minutes per year was 12. However, no source was available which would have indicated the total number of staff meetings held each year. Only the minutes from 1984 (20 staff meetings) were numbered, which made it possible to ensure that minutes of all staff meetings that year were in the folder. For the years from which there were only a few minutes in the folders it is probable that more meetings were held but for some reason the minutes were lost. Concerning the years from which there are 20 minutes or more one can notice that during some periods of the year the meetings were held even weekly, and during other periods once or twice a month. The years that were covered best were the mid 70s (15 to

23 minutes per year) and the 1980s (12–23 minutes per year). The years that were covered worst were the late 1970s (5 to 15 minutes per year) and the 1990s (0 to 5 minutes per year).

The minutes were typed and from one to two pages long. Each minute consisted of the time (typically 90 minutes) and place of the meeting, a list of participants, notes of each item on the agenda and the signatures of the Director of City Home and often also of the member of staff who took the minutes. Typical headings in the minutes were: announcements, issues related to care, problems of care, vacations, work instructions, aob (any other business). An example of a typical shortish minute is in Appendix 4. The minutes not only contained formal issues to be announced but also problems and issues of work, feedback, and plans that the Director or the personnel wanted to discuss. Discussions of problems to do with work-related well-being in City Home were also recorded in the minutes on several occasions. The minutes also contained the decisions that were made about changes in work arrangements and it is apparent that the minutes served as a memo of what has been agreed upon so that those members of personnel who were not present at the meeting could be informed. For an example see the minutes in the Appendix. In the following text, references to the minutes of staff meetings will be made by giving the date and year of the meeting; e.g. (Staff meeting, October 13th, 1978).

The folders containing the minutes also contained the announcements for the meetings that were dated usually one week ahead of the meeting. The announcement for the meeting consisted of the date, place and agenda for the meeting, and was signed by the Director. Holes in the announcement sheets indicate that they were probably hung on a noticeboard to inform staff of the meeting.

City Home Yearbooks during 1985–1994

The City Home yearbooks contained basic statistics (number of residents, mean age, care classification, cost of care per day at City Home, resident load during the year, number of staff) and a summary of basic activities, new enterprises and future plans. The yearbooks prior to 1985 were not available. In the following text I shall make references to City Home yearbooks by giving the year; e.g. (Yearbook 1987).

Minutes of coalition board meetings

The files at City Home also contained minutes of coalition board meetings between 1986 and 1993. The minutes of coalition board meetings included proposals and decisions for new posts, budgets, resident loads, records of strategic planning of seats and services according to national guidelines, announcements to and from the county administration, proposals and feedback from member municipalities, etc. The overall perspective these minutes give is at another level than that of the staff meeting minutes. The files contained minutes of a total of 52 coalition board meetings, 5 to 9 meetings a year, with the exception of only two meetings during 1993 because in that year the coalition was disbanded. The minutes of the meetings before 1986 could not be located. In the following text I shall make references to the minutes of the coalition board meetings by giving the date and year of the meeting; e.g. (Coalition board meeting, April 24th, 1988).

City Home's scrapbook

The files at City Home also contained a scrapbook which included documents concerning the inauguration of the building (opening speech by the Chairman of the coalition board covering the details of the planning of City Home, invitation lists, invitation cards), lectures held by the Director in national seminars, Director's speech at the decennial jubilation of City Home in 1985, a short paper on the local history of elderly care prepared by a local teacher for the same occasion, and a collection of over 100 newspaper clippings from local and county newspapers between 1975 and 1987. The newspaper clippings included news reports of different seasonal events held at City Home, profiles of residents, news reports of improvements and training at City Home, interviews of both staff and residents, brief news of the annual statistics in the City Home yearbook, announcements for open posts, and obituaries of residents. The last newspaper clip in the scrapbook tells of the preparation for a plan for the development of elderly care services in 1987, which includes as a possibility the disbanding of the coalition of municipalities running City Home. In what follows, I shall make reference to the material I have found in the scrapbook by giving the date and year in which the material was originally published or produced, and by using the titles "Director's speech/lecture/etc. April 24th, 1985, scrapbook" or "local newspaper Raahelainen March 13th, 1983, scrapbook".

Individual interviews in 1995 and history seminars and small group sessions in 1996

In 1995 I interviewed all employees of City Home. Although the interviews concentrated on their emotional experiences at work several interviewees also reminisced about their work during the 1970s and 1980s in City Home. One employee even recalled working in the municipal home of Raahe, which was the predecessor of City Home. Extracts from these interviews are used as data for the historical analysis. I shall refer to these interviews by giving the year of the interview e.g. (interview 1995).

My research was part of a development project during the spring of 1995 which consisted of "history seminars" in which the staff together with the researchers studied and collectively remembered and analyzed the history of City Home (see Fig. 25). The personnel was divided into small groups which wrote down things, events, and situations they remembered from different periods in the history of City Home. The results of these small group sessions were discussed in larger seminars. I made jottings from small group sessions and the larger seminars were videorecorded. Historical accounts from these jottings and video recordings are used as additional sets of historical data. In the following I shall make reference to the seminars by giving the date and year of the seminar, and by using the terms "seminar" or "group session"; e.g. (seminar , January 23rd, 1996)

8.4 Methods of analysis

8.4.1 Research question 1

As a first step in the analysis of significant developmental dimensions in elderly care I examined my data sources in chronological order and distinguished the main developmental ideas according to which elderly care had developed or should be developed in the future.

As a second step I constructed each idea or principle into a developmental dimension. Examples of the above-mentioned principles are: supporting homecare vs. institutional care of the elderly; and creating individually-tailored services vs. producing standard services for everyone. This step resulted first in a total of eleven developmental dimensions, many of which were overlapping and synonymous.

As a third step I experimented by creating different two-by-two fields with the dimensions I had constructed and I summarized overlapping and synonymous dimensions. The result of this step was a two-by-two tabulation constructed from two developmental dimensions.

As a fourth step I constructed four ideal types of elderly care to fit into each of the four fields in the two-by-two tabulation. Thus were constructed four ideal types of elderly care with the help of the activity system model. Other studies employing the developmental work research approach that have used the same kind of technique are e.g. Engeström, Haavisto and Pihlaja 1992, Launis 1994, and Virkkunen 1995.

8.4.2 Research question 2

The background for the analysis concerning research question two is based on two theoretical ideas that direct the attention of the analyst: the idea of City Home as an object-oriented collective activity system, and the idea of historical change as developmental cycles that are driven by contradictions caused by changes in the elements of the activity system.

The idea of activity as an object-oriented system directed the historical analysis to follow the object of City Home, i.e., the residents. On the one hand, this meant paying attention to the data concerning the residents, and on the other hand I also closely examined what kind of feedback and needs the member municipalities expressed towards City Home. Another perspective to the object of City Home is its exchange value, which directed my attention to the costs of care. The activity system-oriented analysis directed me also to pay attention to the tools that City Home and the employees were using (the building, ideologies of care) and to the social organization of City Home (the schedules, the division of tasks, areas and residents).

The idea of change as developmental cycles directed the historical analysis to distinguish developmental periods of City Home and their mechanism. According to the cycle model the founding of City Home was not the beginning of such a period. Rather it was the

midway point of the developmental cycle during which the previously consolidated activity of the Municipal home of Raahe was questioned and moved into a double bind phase, and a new solution, in which the running of City Home was worked out, implemented and consolidated. This theoretical model is put to test with the historical data described above.

As a first step in the analysis I carefully scrutinized the minutes of the staff meetings, the minutes of the coalition board meetings, the City Home yearbooks and City Home's scrapbook, and wrote down in separate files each set of data, meeting by meeting and year by year, paying special emphasis to the above-mentioned features of the activity system. As signals of change I paid attention to the occurrence of problems, disturbances and new arrangements.

As a second step of analysis I gathered data from these different sources to form a common file which proceeded chronologically year by year from 1975 to 1995.

As a third step in the analysis I divided the time period into developmental phases according to the phases of the cycle model. The first interpretation was discussed critically in my steering committee after which I revised it to its present form.

8.5 Theory-historical development in elderly care

During the 1970s and the 1980s the discussion of elderly care was dominated by themes related to the ideologies of care highlighting the needs of the clients and criticizing institutional care. These discussions were motivated largely by questions of the quality of care. During the 1990s themes related to the organization and the structure of elderly care services started to dominate, highlighting the efficiency and productivity of elderly care. The motivations behind this shift were largely economic and were related to the economic depression in Finland, which reached its height in 1993 (e.g. Vaarama 1995).

In the following I shall concentrate my theory-historical analysis on these two discussions.

8.5.1 Discussions of the ideology of care

The field of social work, to which nursing homes for the elderly administratively belong, has been dominated by demands to strengthen the client's role in the choosing, organizing and implementation of services. These demands started in the 1960s and 1970s, but they still represent an important theme in social work in the 21st century. It has been argued that a shift should take place where bureaucratic, inflexible and paternalistic ways of working would be replaced by new arrangements which emphasize clients'needs, autonomy and individuality (Satka 1994).

Concerning elderly care this trend is evident in the letter of instructions concerning elderly care that the Ministry of Social Affairs published in 1978:

> "THE GOALS AND GUIDING PRINCIPLES IN ELDERLY CARE
> … In the planning and implementation of services the goal should be increasing independency and normality. In practice this means that we strive to move away from a paternalistic attitude and help the elderly to help themselves. " (Sosiaalihallitus 1978)

The demands for such a shift become understandable when we take into account that traditionally social work had been associated with the use of social and administrative control over the poor, infirm and disabled in the organizing of services. Concerning nursing homes for the elderly this paternalistic trend can be found from historical documents. The following two excerpts are from a textbook concerning care in municipal homes and nursing homes for the elderly. The first excerpt is from *A Handbook for the Care of the Poor* from 1926 and the second excerpt is from *Municipal homes and nursing homes for the elderly* from 1960.

> "MUNICIPAL HOME
> Duties of the Director
> The Director is the matron of the municipal home. Her duties are… . However, actual caring is her most important duty. … This duty also involves taking care of the psychological needs of the inmates. This involves guidance, advising and, although we speak of adult persons, their upbringing.
>
> LIFE IN A MUNICIPAL HOME
> Daily routine
> Life in the municipal home should be as peaceful and orderly as in a well-organized private home. The daily routine should be followed to the minute. Meals, working and other duties of the day should be scheduled each to take place exactly at the same time each day. This is not a burden but gives inmates a feeling of safety and coziness, and makes it possible for the Director to perform her duties in a practical way." (Tavastähti 1926, 104–105 and 113–114)

> "PSYCHOLOGICAL CARE
> Special features of institutional life
> … One important duty of personnel is to help each resident to accept the necessary rules of communal living. Another point of view is, of course, that there should be no more institutional rules than are necessary. The more individual freedom that can be allowed, the easier it is for residents to feel happy in municipal homes or in nursing homes for the elderly. From the point of view of happiness one of the most important problems is the contradiction between communal living and individual freedom. In this respect the idea of municipal homes and nursing homes for the elderly is slowly changing. Before, a municipal home or a nursing home for the elderly was designed primarily as a large communal home. Nowadays it is thought that the room each elderly person lives in is her home. " (Tarvainen 1960, 156–157)

The paternalistic care ideology is shown in the first excerpt in the idea of upbringing as a part of psychological care, and in the emphasis on the positive effects of a strict schedule. The second excerpt, published 34 years later, shows how the new ideology of autonomy ("more individual freedom") is brought side by side with the old rule-oriented care ideology. The excerpt even comments on the change of concept that was slowly taking place in the institutions.

The rationale for the paternalistic tendencies becomes understandable if one reads what the *Handbook for the Care of the Poor* writes about the different groups of inmates that these institutions cared for. Side by side they had to care for the "honourable elderly" as well as for persons who had lived their lives as vagrants, hobos or prisoners, or who are

"mentally or morally retarded." In addition to this single mothers with their children inhabited municipal homes, too (Tavastähti 1926, 88–89). In this respect upbringing and discipline at the municipal home becomes more understandable.

Client-centered principles from nursing sciences invaded especially the institutional services of elderly care in the beginning of the 1980s. A good example of this is a textbook article "Developing the Content of Care in Institutional Elderly Care" (Eloniemi-Korhonen 1983) where the following principles of "humanistic care ideology" were presented as guidelines for developing care: human dignity, equality, autonomy, independence, personal integrity, comprehensiveness, individuality, and safety.

A related but conceptually different developmental dimension that appears in the literature is the demand to develop the services in an activating or rehabilitational direction. The self-dependency and active rehabilitation are the explicit aims in this dimension. The opposites of this type of care are preserving care, passive care, or the kind of care where the caregiver does everything for the client. Reality therapy, community care and support of functional capacities are some of the methods related to this dimension (e.g. Isohanni 1989) Gerontological research has also become part of this dimension (see Kivelä & Kivelä 1984, Jylhä & Heikkinen 1983), and it has received increasing attention during the 1990s. Rehabilitation of the elderly suffering from dementia and the elderly living in their own homes has been emphasized (e.g. Vaarama & Lehto 1996, 57–58).

Several of the developmental projects at the end of the 1980s and at the beginning of the 1990s aimed at introducing principles of humane care, individuality and autonomy into nursing homes for the elderly (Ahonen & Kiuru 1989, Viljaranta 1991, Byckling 1994). These projects also emphasized humanizing the work of employees, not only the care of residents. This was thought to be achieved through granting more autonomy to employees, through giving them opportunities to participate in the planning of their work and through enhancing good relations within the work community and with superiors. At this point the development of elderly care comes into contact with the development of the psychosocial work stress approach reviewed in Chapter 4.

I shall reduce the above-mentioned trends in the ideology of care to a single developmental dimension (Fig. 26). At one end of the dimension is the care ideology which could be called "standard rule-oriented care," and at the other end is a care ideology which could be called "customized negotiated care."

Fig. 26. Developmental dimension of the ideology of care in care services for the elderly.

8.5.2 Discussions of the service structure of elderly care

During the 1990s the emphasis in discussions concerning the developing of elderly care services started to shift from the ideology and quality of care towards the structure and

organization of services. These discussions were largely motivated by economic reasons, but humanistic justifications, typical of discussions about the ideology of care, were also highlighted. The key phrase in these discussions was the change of the service structure (e.g. Viialainen & Lehto 1996).

The core of service structure discussions was to question the emphasis on institutional care. The idea of institutional care had been to move the elderly to institutions instead of bringing services to their homes. Now it was demanded that elderly care services should enable independent living at home. This demand, however, was not new. The Ministry of Social Affairs had already in 1978 and more clearly in 1982 started to emphasize home care and warned against increasing the number of institutional places (Sosiaalihallitus 1978 & 1982). In spite of this, the number of institutional places in elderly care continued to increase during the 1980s.

A second thread in the discussions concerning the service structure of elderly care was flexibility. The services elderly people need are produced by separate social and health care sectors on the one hand, and on the other by separate institutional and home care services. As a result, several different employees have provided the services for an elderly person, and when the needs of the elderly person have increased new employees or new care providers have been called in. This has led to overlapping services and to the urge to move away from their home and into institutions at an early stage. Both of these developments have increased the costs of care. One target of this discussion has been to overcome the rigid division between the services of the social sector and those of the health care sector (e.g. Vaarama 1995, 110). New developments based on multiprofessionality and a new, regional basis for different services have been suggested (Pihlaja 1990). Also services that fall between home care and institutional care were demanded. One result of these discussions were the so-called intermediate housing solutions: group homes, service apartments and other forms of sheltered housing.

A third thread in the discussions concerning service structures was the role of the public services. In Europe already in the 1980s and later in Finland in the 1990s the dominance of the role of public services in elderly care was questioned. The increase in the number of elderly people and their increased need for services make it difficult for the public sector by itself to respond. Private service producers, third sector service providers and family and friends are needed to respond to the needs of the elderly. A service structure that is based on such a mix of service providers is called the welfare-mix, the service mix, or a pluralistic service strategy (Vaarama 1995, Kovalainen *et al*. 1996).

I have reduced the discussions concerning the service structure in elderly care to a single developmental dimension. At one end of the dimension is “services based on institutional living” and at the other end is “mixed services that support living at home.”

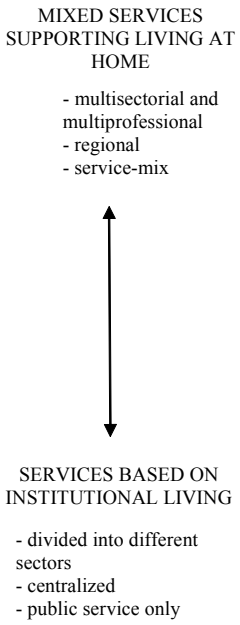


Fig. 27. Developmental dimension of the service structure in elderly care.

8.5.3 Four ideal types of elderly care services

In the following I have developed four ideal types of elderly care services with the help of the cross-tabulation of the developmental dimensions (Fig. 28). It should be emphasized, however, that these service types are ideal in the sense that I have constructed them exclusively on the basis of theory-historical dimensions.

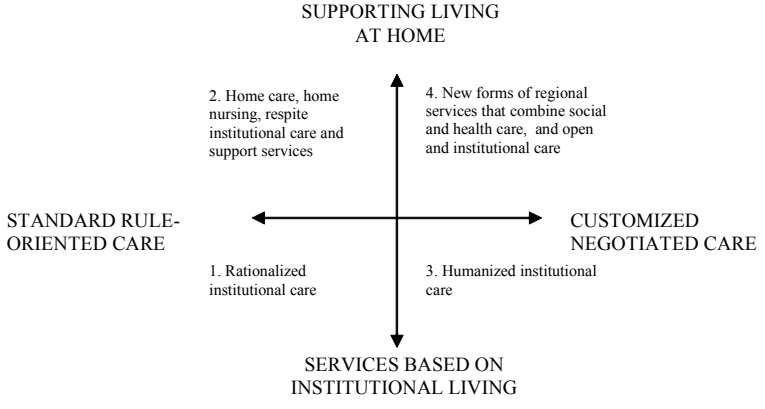


Fig. 28. Four ideal types of elderly care services.

In the following I shall briefly examine the central features of each of the four fields created by the cross-tabulation of the developmental dimensions. I shall use the activity system model as a tool in the examination.

1. Rationalized institutional care

Field one is characterized by standard rule-oriented care in an institutional service structure. These features are combined in traditional institutional care where the care concept is to bring together a large number of clients of the same type and produce the services they need in a centralized and standardized manner. Examples of such institutions include nursing homes for the elderly or institutions with a large number of sheltered apartments. An ideal activity system model of this type is depicted in Figure 29.

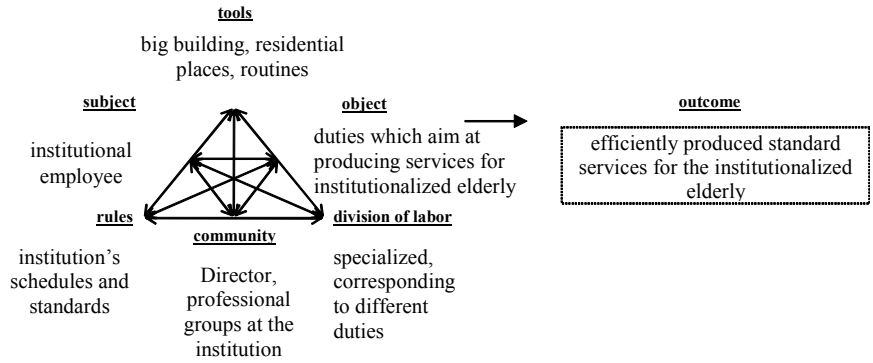


Fig. 29. Ideal model of rationalized institutional care.

This ideal model is based on the idea of mass production, where similar services are produced for a large number of institutionalized elderly and in which employees are oriented more to their duties than directly to the elderly. This is largely due to the division of labor, which is based on seeing cleaning, eating, washing and health care as separate duties carried out by separate employees. The actual building with its residential places is the central tool by which clients are brought together for services. Activity is controlled by schedules and routines that need to be followed by both residents and employees. Cost-efficiency is achieved by the scale and limited variety of services.

2. Respite care within institutional services

Field two in Figure 28 combines standard rule-oriented care with services that support living at home. These features are present in a number of home-oriented services, e.g. home help (cleaning), home nursing or other support services (e.g. meal service).

One of the developmental alternatives to traditional institutional care is suggested by field two. Institutional services can support living at home with respite care, day care or weekend care. The care ideology may remain the same, but the object changes from institutionalized elderly people to elderly people still living at home. Co-operation exists with home care employees but only in the form of exchange of clients as the elderly move from their homes to the institution for a fixed period of time. This exchange is regulated by rules governing the length and cost of the periods.

Figure 30 presents the ideal model of respite care within institutional services.

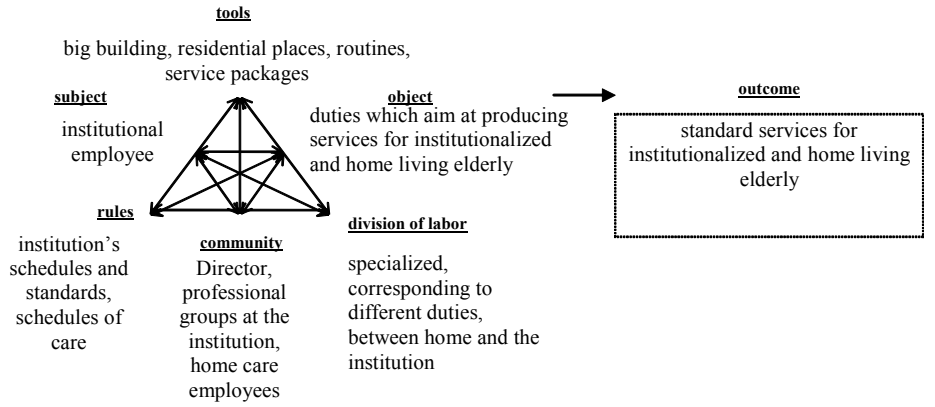


Fig. 30. Ideal model of respite care.

3. Humanized institutional care

Field three in Figure 28 presents a combination of institutional services and customized negotiated care. Forms of institutional living in which individual needs are accounted for fall under this ideal type. The object of humanized institutional services is in one sense the same as in rationalized institutional care: the elderly who have been permanently placed in an institution, away from their home. But in humanized institutional care the elderly are highlighted as individuals with individual needs. This demands significant changes in the way the institution operates within rationalized institutional care (Fig. 29). Employees need to orient themselves towards individual residents, which can happen through implementing a personal employee system or through operating in small groups. Thus, the division of labor needs to be based on residents, not on duties. The identity of the subject changes from an institutional identity to an identity related to residents. Employees need new tools with which to perceive and satisfy the individual needs of the residents. The system of centralized schedules and rules needs to be directed towards more flexible goals. This often means that a large institution needs to be broken into smaller units, where small groups of residents live supported by a small team of employees. Thus, the institutional building may need modifications to enable humanized care. Also tools for working with small groups are needed.

The ideal model of humanized institutional care is depicted in Figure 31.

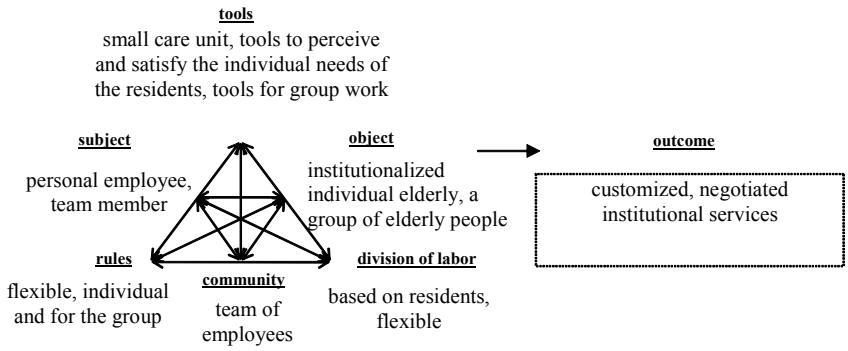


Fig. 31. Ideal model of humanized institutional care.

4. Regional multiprofessional and multisectorial services

Field four in Figure 28 represents a combination of customized and negotiated care services and services that support living at home. The combination of these two dimensions is somewhat new. In the literature the dimension representing the shift from institutional living to living at home has meant diminishing the number of institutional places and enhancing the home care services. In other words, its developmental potential for institutional services has been little. In addition, the dimension representing the shift from standard services to individual care has mainly concerned the development of institutional care, and its relevance for developing services which support living at home has been small. As a result, we have seen several attempts to humanize institutions without expanding their role to support elderly people who still live at home. And we have seen an increase in different home care services though without virtually any discussions concerning their flexibility. So far, flexibility has largely been sought by combining the home care services of the social sector and the home nursing services of the health care sector.

One way to interpret the combination in field four (Fig. 28) is to view it as a challenge which could break down the division and hierarchy between institutional care and home care, and that between social services and health care services. This could mean new units that would combine institutional and home care services using methods and staff from both social and health care services. This would better enable the customization and negotiation of care and provide better support for continued living at home or returning home. Such a development is depicted as an ideal model in Figure 32. The new object of such services would be the elderly of a certain region living either in their own homes or in institutional homes. By institutional homes I mean a unit ideally located in the region and serving as a home base for all employees working in elderly care in that region. The unit and its employees could flexibly use the places in their unit for temporary care, rehabilitation or as a shelter for the region's elderly. They could mix the traditionally separate home care and institutional services into flexible forms to enable living at home. For this they need tools with which to perceive and monitor the current and future needs of their clients. A regional basis could better enable co-operation with resources other than public sector resources, such as relatives, enterprises and third sector organizations.

An ideal model of a regional multisectorial unit is depicted in Figure 32. It is more like a hypothesis of one possible new development than a model of already existing models.

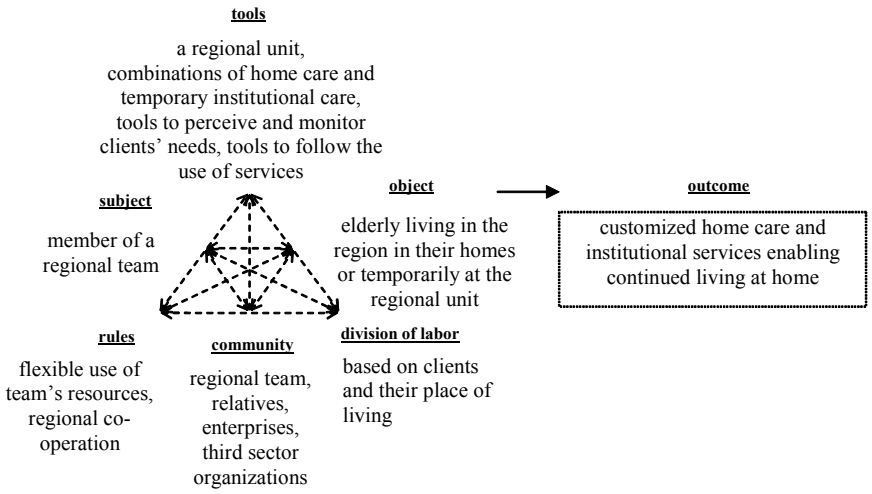


Fig. 32. Ideal model of a regional multisectorial unit.

These ideal types serve as a preliminary hypotheses or landmarks against which I shall interpret the local changes and developments at City Home. I do not expect to find the ideal types as such in real life. But I do expect to find traces and elements from the data that can be compared with these types. I shall also watch for the opportunity to find traces of totally new ideal types that do not fit into the above-sketched typologization. The ideal types are more like theory-historical tools with which to make sense of the complex historical data in Chapter 8 and of the actual-empirical data in Chapters 9 and 10.

8.6 The development of City Home

This section analyzes the development of City Home beginning from the final phase of its predecessor, the Municipal home of the City of Raahe and ending in 1995 when the data gathering for the actual empirical analysis began. I have divided this period into six developmental phases: 1) the crisis of the municipal home in the late 1960s, 2) the developing of the idea of a nursing home for the elderly between 1962–1975, 3) the beginning of City Home between 1975–1983, 4) developing and generalizing the cell working model between 1983–1992, 5) the dissolving of the coalition between 1987–1993 and 6) the deadlock of institutional care between 1988–1995. The temporal overlapping of some phases is intentional.

In the following chapters the main features and turning points of each phase are described on the basis of the data, and at the end of each phase its crucial elements and relation-

ships are depicted with the help of the activity system model, the concept of contradictions, and the models of the developmental cycles.

8.6.1 The crisis of the municipal home in the late 1960s and early 1970s

The general background which led to the establishment of nursing homes for the elderly were the demands of the growing elderly population, and the crisis of the old municipal home institution.

In Finland the proportion of the elderly in the population started to grow during the 1950's and 1960s. Until then the proportional size of the elderly population in Finland had been relatively small compared to other European countries (Urponen 1994, 226). The increasing number of elderly created extra demands on the health care system. A growing number of elderly were in need of health care services, but hospitals did not accept the long-term sick and municipalities did not have proper institutional facilities for the elderly long-term sick. As a consequence, the long-term sick went to municipal homes. The proportion of residents in the sick wards of municipal homes rose from 26.4% in 1957 to 35.6% in 1966 (Piirainen 1974). However, municipal homes could not provide proper care for the long-term sick and public criticism arose in the 1960s demanding that the care of this group should be transferred to the health care system, and nursing homes should be established for the elderly who were not bedridden or long-term sick. After the establishment of the National Health Act in 1972 the health care services in municipalities were able to take over the care of the long-term sick from the municipal homes.

Another problem created by increases in the elderly population was the problem of poor housing. The rapid societal changes in Finland during the 1960s and 1970s hampered the situation of the elderly because a large proportion of the rural population moved into the cities and to Sweden, and the elderly were left more isolated. Furthermore, a major barrier to continued independent living for this group was the condition and equipment level of their apartments.

We get a good picture of the local situation in the County of Oulu (of which the City of Raahe is a part) from the figures presented in a speech by the county mayor in the opening ceremony of City Home in 1975. In 1973, the Finnish parliament had granted a total sum of 3.5 million FIM for the renovation of the apartments of the elderly. In the County of Oulu alone, 2,603 applicants applied for a total of 14 million FIM. The county administration was able to grant benefits for only 140 applicants (local newspaper *Liitto*, August 30th, 1975, scrapbook).

The situation throughout Finland was such that by the 1970s, the care of the long-term sick had overstretched the resources of municipal homes, and the poor housing conditions of the growing elderly population could not be satisfactorily improved through renovations or the building of new rental apartments alone.

A municipal home had been founded in Raahe in 1895 (Virtanen 1985, scrapbook). The residents of this home were a miscellaneous group of poor and disabled individuals. Typical to municipal homes in general, the Raahe municipal home operated until the beginning of 1960s much like a farmhouse with its own cattle and fields, and with the goal of self-sufficiency. Self-sufficient residents were largely responsible for the duties of the house, and

even received a small income for their work. The number of hired employees was small. In 1965 there was only one licensed practical nurse, two mental nurses, one cleaner, three kitchen personnel and the Director to look after 35 to 40 residents. In addition to do the farm work there was a male supervisor, a male workman and one cowgirl as long as the farming lasted (history seminar, January 15th 1996). Many of the employees had an apartment at the institution.

According to an employee who was hired by the municipal home in 1965, there were at that time altogether 35 to 40 residents of which 12 were bedridden; there was a separate building that had been used for mental patients, there were disabled young residents, poor healthy residents, poor elderly and a few senile elderly (history seminar, January 15th 1996). By that time the mentally ill, orphans, the handicapped and tuberculosis patients had been transferred to separate institutions.

In the late 1960s and the beginning of the 1970s the old municipal homes in Raahe and in the neighboring municipalities were in need of repair. A few neighboring municipalities did not even have a municipal home and they were facing an obligation from the Ministry of Social Affairs to build one by themselves or to take part in a coalition to build one (speech of the Chairman of the coalition board at the decennial jubilee of City Home March 1st 1985, scrapbook).

A few of the employees who had been working at the municipal home in the late 1960s recalled the great variety of residents. Especially the care of the long-term sick had been troublesome because of the inadequacy of the building and equipment, and the lack of professional staff.

> N: As a matter fact what I remember of the nine months I was there at the old site [in the 1960s], there were … well, bedridden inmates that were quite heavy to handle and it was difficult to wash them, the tub, I remember, the tub was hidden in the corridor behind a curtain. … There we washed some of the folk, the others we took to the sauna, that used to be here; it's demolished now. It was the madhouse we used to call it where there were those in better condition, whom we also visited and helped and made check-up visits during the night there, too. (interview 1995)

> "There were the mentally ill who had been… calmed down with drugs to a point, and all sorts of things, …Then there was at the old side, at Merikatu, a kind of an outbuilding, where the ones who were in better condition were kept, and in the main building were the ones in worse condition. … I never saw a doctor there, … it can be that he was contacted by phone, but for example no rounds or such took place there. There was no doctor and we had inmates with cancer at the ward. Each room had several inmates, there was no such thing as privacy. And only those who couldn't do things by themselves were helped. Most of the residents were from the poorer classes. At the end of the 1960s we had cancer patients, and we fed them with a nasogastric tube, … and others who were in poor condition.". (history seminar, January 23rd, 1996)

These local accounts are supported by the more general accounts of the problem of municipal homes in the late 1960s in Finland that led to the building of new nursing homes for the elderly or to the changing of municipal homes nursing homes for the elderly (Piirainen 1974, Koskinen 1983, Urponen 1994).

In sum, the care of the long-term sick demanded better facilities, proper equipment and qualified staff that the old municipal home was unable to provide. Theoretically this inadequacy can be modelled as a contradiction between the tools and the changed object of the

municipal home. In addition, another part of the heterogeneous object of the municipal home, the healthy elderly, gained attention. Their lack of privacy on account of large dormitories was another contradiction between the tools and the object of the municipal home. According to the data presented above, the outcome of the care of the municipal home as a result of these contradictions was not satisfactory either from the perspective of the care of the residents or from the perspective of the employees.

I have modelled this phase of the Raahe municipal home with the help of the activity system model and the developmental cycle model in Figure 33. The municipal home is modelled as an activity system only according to the elements that are presented in the data above. The inadequacy of the building and the lack of equipment in the care of the long-term sick inmates is given an activity-theoretical interpretation in the form of a contradiction (the lightning-shaped arrow marked with number one in Fig. 33) between the object and the tools of the municipal home activity system. The same contradiction is also used to depict the inadequacy of the big dormitories in the care of the healthy elderly. Another contradiction, marked with number two in Figure 33 stands for the comments that the municipal home did not have a doctor. I have interpreted this as a contradiction between the community (unqualified staff) and the object (the long-term sick) of the municipal home. The development of these contradictions was due to a change in clientele at the municipal home, and a change in the ways in which this clientele was viewed. The number of long-term sick and the number of poor elderly had increased. In addition, public opinion became concerned about the conditions in which both of these groups of residents lived in municipal homes.

The Raahe municipal home in the period between the late 1960s and the early 1970s can be viewed as a slowly advancing double bind phase in its development, which is characterized by increasing trouble and breakdowns in the work activity (see Chapter 5, Fig. 16). I have consequently named this period the crisis of the Raahe municipal home. Following the logic of the developmental cycle model this phase was preceded by the phases of the previously consolidated form of the municipal home institution (phase 0. in Fig. 33) and its need state (phase 1. in Fig. 33). Because the data I have used does not cover earlier periods, a more detailed analysis of these phases is lacking.

The development of the secondary contradictions depicted in Figure 33 forced the municipal authorities to begin planning better solutions for the care of the elderly and the long-term sick.

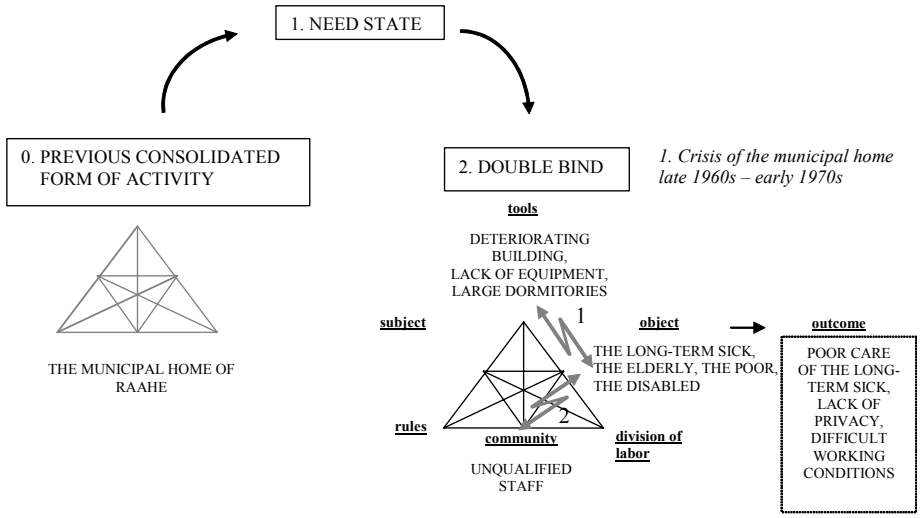


Fig. 33. Problems of the municipal home in Raahe in the late 1960s and early 1970s interpreted as secondary contradictions of a double-bind phase in development.

8.6.2 Developing the idea of a nursing home for healthy elderly in 1962–1975

In 1962, the Social Board of the City of Raahe made a proposal to the city council to build a nursing home for the elderly, but that proposal was left on the table (speech of the chairman of the coalition board at the decennial jubilee of City Home March 1st 1985, scrapbook).

After consulting social inspector Ilmari Hirvelä of the county administration a meeting with five neighboring municipalities, Saloinen, Pattijoki, Revonlahti, Siikajoki and Raahe was set up in 1966. The idea behind the meeting was to strive for a coalition of several municipalities that together would build a joint nursing home for the elderly. According to the inspector the Ministry of Social Affairs would approve such a coalition to build a nursing home to house 80 residents. At the meeting the inspector reminded Revonlahti and Siikajoki that they still did not have a municipal home, and that the postponement that the Ministry of Social Affairs had granted them to build one lasted only until 1967. The Ministry of Health had suggested to the City of Raahe that a facility for the care of the long-term sick could be built by Raahe hospital. The possibility of financing a joint nursing home for the elderly with the help of a cheap loan from the National Insurance Institution was discussed (speech of the chairman of the coalition board at the decennial jubilee of City Home March 1st 1985, scrapbook).

Between 1966 and 1972 several meetings between municipalities were held and different plans were discussed. In May 1972 a meeting was held between the municipalities, inspector Hirvelä from the county administration and inspector Lauha Toppari from the Ministry of Social Affairs. Both inspectors emphasized the urgency of building a nursing

home for the elderly but they expressed controversial arguments about its size. On the one hand they favored a large nursing home for economic reasons, but on the other hand they warned against offering too many nursing-home places and neglecting the development of home care.

> "Toppari said she had noticed that the existing municipal homes in Raahe, Saloinen and Pattijoki did not fulfill the requirements for a nursing home for the elderly. … She was pleased that the plan now was for a mutual project because small care facilities are uneconomic. She said it was important to clarify how big the nursing home should be and for whom it should be built. She had noticed that a majority of those living in nursing homes did not belong there. In addition she remarked that with the plan for a nursing home with 80 places the number of institutional places in Raahe would be much higher than the average, especially if the building of a Private Home was taken into account. She highlighted the need to develop open care and the building of apartments.
>
> Inspector Hirvelä said that a strict policy should be adopted of not accepting the long-term sick into nursing homes. His opinion was that the allocation of 80 places mean that the long-term sick could not be catered for in the nursing home.
>
> Representatives of the municipalities agreed that the new nursing home should be for the elderly only, but they acknowledged the problem that doctors and hospitals were putting pressure on nursing homes to care for the long-term sick."
>
> (speech of the chairman of the coalition board at the decennial jubilee of City Home March 1st 1985, scrapbook)

The Ministry of Social Affairs and the county administration had an important role in directing municipalities towards establishing larger mutual institutions. According to Piirainen (1974, 351) in Finland in the 1950's the recommended size of a municipal home was 30–50 places, to avoid an institutional impression. In 1965 the recommended minimum size of a nursing home for the elderly was 40 places, and a nursing home of 100 places was considered to be ideal. The reasons behind this change were economic. The need for personnel to do night shifts and the shortening of the working week made considerable demands on personnel resources even if the institution was a small one.

In 1973 the City of Raahe (now comprising also of the municipality of Saloinen) together with the municipalities of Siikajoki and Pattijoki founded a coalition to establish a joint nursing home for the elderly. It was agreed that the institution should cater for 80 residents. The planned allocations were the following: Raahe 40 residents, Saloinen 20 residents, Pattijoki 15 residents and Siikajoki 5 residents. The location of the new nursing home stirred up debate. Some of the municipalities argued for a peaceful distant location but the position of the Ministry of Social Affairs was that a central location was more appropriate (speech August 29th 1975, scrapbook). Thus, a decision was made that the nursing home would be built on the premises of the old Raahe municipal home. Most of the personnel for the new coalition nursing home was to come from the municipal homes of the three member municipalities.

To sum up, the period of negotiating and planning of City Home between 1962–1975 can be interpreted as a search for solutions to the contradictions of the work activity of the municipal home of the City of Raahe and to contradictions in the municipal homes of other municipalities. According to the developmental cycle model, the phase following the double bind is characterized by a construction of a new object, a new motive and new tools.

The above-described process shows the construction of the object and the motive as a search for solutions to several contradictory tendencies. The first step of the new solution seems to have been the idea of a separation of the two groups then inhabiting the municipal home: the long-term sick, and the healthy elderly who needed a home. In terms of the developmental cycle model this can be seen as a dividing cycle. The second step was to provide a home for the elderly that was economically feasible.

The third contradictory tendency that can be identified in the development process was the tension between increasing institutional care and developing home care. On the basis of the data it seems that the actors from the social and welfare services in the municipalities as well as the social inspector from the county administration were unanimously promoting a large nursing home with a capacity for 80 residents. However, the social inspector from the Ministry of Social Affairs asked the municipalities to reconsider the size of the institution and reminded them of the need to develop homecare and to build new apartments for the elderly. On the other hand, the recommendations of the Ministry of Social Affairs were in favor of large institutions for economic reasons. The outcome of this controversy was, however, to favor institutional care.

I have modelled this development in Figure 34 as two subsequent phases: the previous double-bind phase representing the crisis of the Raahe municipal home, and the new object/motive construction phase representing the development of a new solution, a nursing home for the healthy elderly. In the formation of tools the planning and construction of the building for City Home played a central role. The actual material building with its 80 single-room apartments for residents was a key part of the new solution. I have modelled the elements of the new solution that were available in the data to the activity system model in Figure 34 (written in **bold**). The resulting activity system is without contradictions because it was the plan according to which the coalition was formed and the new building was built.

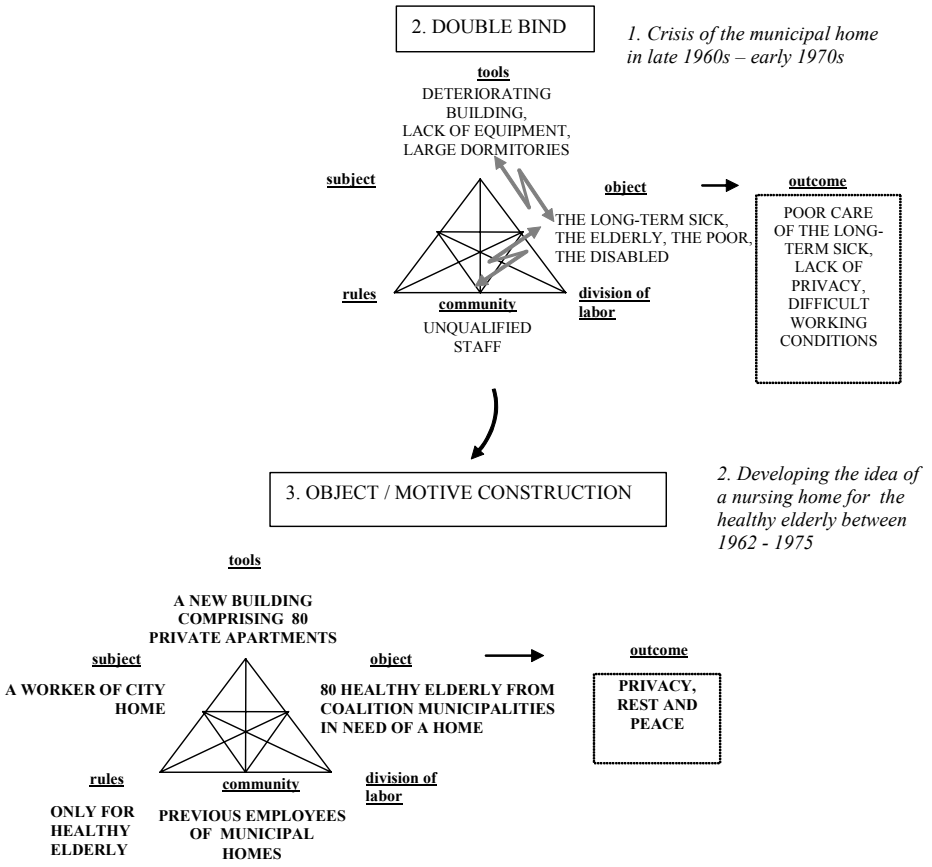


Fig. 34. Developing the idea of City Home interpreted as the object / motive construction phase of development.

8.6.3 The beginning of City Home between 1975–1983

I have modelled the beginning of City Home as a separate developmental phase because of its extraordinary character. During this phase the original plan to reserve City Home only for the healthy elderly was abandoned. This phase led City Home to think of itself as a "hotel for the elderly."[3]

Implementation of City Home

The new coalition nursing home for the elderly, City Home, started in March, 1, 1975. 12 long-term sick patients were transferred from the premises of the old municipal home to

3. The name, "hotel for the elderly", was an invention of one of the employees during the history seminars of the developmental project in Spring 1996.

the local health center's ward, and the fit elderly residents from this municipal home and from the municipal homes of the other member municipalities moved to the new building.

Only such elderly who were able to manage their daily activities by themselves were allowed to move to the apartments of the new nursing home for the elderly.

> "If you think of the history of this home when we moved in, there was only one resident who needed assistance when going to the bathroom or when going to the dining hall to eat. All others managed by themselves." (interview 1995)

City Home started with 26 employees. The largest group of employees were nursing aides (10) who were largely non-professional female workers. The Director and the Deputy Director had a degree in social work. The LPNs, the mental nurses (together 5) and one registered nurse were the only employees with an education in health care. In addition to these there was the kitchen with the matron, two cooks and three kitchen aides. Maintenance work, heating etc. was carried out by a male janitor.

During 1976 the per capita cost of care per day at City Home was 50.09 Finnish marks (FIM), and the annual operating costs of City Home were 1.4 million FIM (local newspaper *Kaleva*, the beginning of 1977, scrapbook).

The core of the daily schedule was the meal times. Breakfast, lunch, afternoon coffee, and dinner were all served in the downstairs dining hall for everyone to attend. For example, the morning routines (waking up, washing, dressing) had to be finished by 8.30 a.m. when breakfast was served in the dining hall. The weekly task schedule of aides was divided into cleaning days and bathing days. At the beginning new machines to clean and polish floors were introduced. To a large degree cleaning was performed according to written instructions and weekly schedules. The work shifts of personnel were synchronized with the schedules. For activities demanding extra personnel (e.g. sauna bathing) more personnel were provided on the shift. The work-shift schedules were separate for aides and nurses (staff meetings 1975–76).

At the beginning the operating principle of City Home was that its four wings with a total of 80 apartments functioned from the perspective of the employees as a single unit.

The minutes from the staff meetings in 1975 and in 1976 show how the change from the old municipal homes to the new big institution required a great deal of rule making and scheduling in the beginning. Principally the division of labor between employees was supposed to be very clear. The aides were responsible for the cleaning and the housekeeping, the LPNs who were fewer in number and one registered nurse were responsible for the primary care of the residents, including their medication and tests. In the morning the LPNs started by helping the residents in the downstairs wings and the aides started with the cleaning according to the weekly cleaning schedule. The new nursing home for the elderly was much larger in space than the old municipal home.

> "I: What was your work like if you compare it to what it is now?
> R: Well, I remember the cleaning, because the care of residents did not take so much time. That has certainly changed now. We really cleaned too much, then, because it isn't necessary to polish the floors all the time. ... We cleaned the floors every week and polished them with a machine.
> I: The rooms as well?
> R: No, just the corridors.

> 1: You were mostly like cleaners then, weren't you?
> R: Well, looking after the residents was part of the work, but there wasn't much of that then. ... I had to keep an eye on their dressing and washing, but you didn't need to help them much, they did it themselves." (interview in 1995)

Principles of activation and rehabilitation were new ideas that were strongly advocated by the Director of the nursing home for the elderly. This took the form of different types of groups in which the residents could participate. In 1976 three weekly groups operated at City Home: the hobby group, the fitness group and the stretching group. Employees were repeatedly encouraged to come up with ideas about new groups so that every resident could participate (staff meeting August 31st 1976).

Two regular problems that were discussed in the staff meetings during 1976 were "what should be done about the fact that many of the residents have got nothing to do except to wait and complain", and "What should be done with residents who refuse to make their beds and clean their rooms" (staff meetings October 14th, November 12th, November 19th, 1976). Some residents even required their food to be brought to their room. The argument by residents was that they pay for their care and that it is the duty of staff to fix their beds and their rooms. The argument by personnel was that by engaging in daily activities residents avoided becoming institutionalized and passive. Not all elderly at City Home were satisfied in spite of the several activity groups which operated almost daily.

As a solution to the problem in 1976 the Director introduced a personal-friend system to the nursing home. The idea was that each of the 10 aides and 5 LPNs had 4–5 personal friends to whom they would pay special attention whenever other duties allowed them to. The execution of this does not seem to have been unproblematic because in several staff meetings the employees are reminded to attend to their personal friends (staff meeting February 18th 1976). The idea of the personal-friend system was an adaptation of the personal-nurse system derived from hospitals (Director's speech at the decennial jubilee of City Home March 1st, 1985, scrapbook). At the beginning of 1981 the personal-friend system was complemented with individual care plans that each employee had to write for their own personal friend (staff meetings November 25th 1980, January 20th, March 10th, October 13th 1981).

A change in the residents and in the model of care

The mean age of the residents during the first years was 75 years and there were four residents who were over 90 years of age (see Table 1, Appendix 5.). The mean age of the residents grew from 75 years to 77.9 years during 1976–1983 (clippings from local newspapers *Kaleva*, *Liitto* and *Raahen seutu* 1977–84, scrapbook).

The records of the early staff meetings include problems of care discussed in the meetings. These records reveal that in spite of the strict inclusion criteria, towards the end of 1975 some of the residents needed help in getting back to their room, some needed reminding that they should go to the bathroom, and some were reluctant to move to the downstairs dining hall and wanted their meals in their rooms (staff meetings May 13th, October 14th 1975).

> "All residents who need to be escorted to their rooms are usually persons who should be encouraged to visit the bathroom regularly after meals and after coffee breaks even though no immediate need would be apparent." (Staff meeting, May 13th 1975)

In 1976 it is recorded in the staff meetings that "none of the new residents are able to make their beds or clean their rooms"(staff meeting December 28th 1976). It was a rule of the house that each self-reliant resident was responsible for the making of his or her own bed and for the tidying of his or her room. This rule was a manifestation of the rehabilitational and activating aims that the Director strongly advocated. Some residents in the beginning helped in the central kitchen or with watering flowers, but largely it was the employees who were responsible for house duties.

The placement of residents who were considered too disabled was resisted by the personnel and by supervisors. In 1977 employees' representatives reported to the coalition board that "we feel bad about the decision to place person x.x. in City Home and we feel it to be like a punishment that all residents who are in a bad condition are gathered in the nursing home for the elderly"(staff meeting February 9th 1977).

Changes in eating, washing and cleaning

The change in the condition of residents created problems in almost all of the daily activities of City Home. According to the minutes of the staff meetings and interviews several problems occurred in the execution of eating, washing and cleaning. These problems resulted in several changes in the division of labor and in the schedules of City Home.

At the beginning of City Home in 1975 meals were served in the ground floor dining hall to all residents according to a fixed schedule of meal times. During 1977 the staff meetings recorded haste during meals in the dining hall because so many residents forgot to attend and arrived late (staff meeting January 11th 1977). Employees had to fetch many of the residents from their apartments because they simply did not remember or understand to attend in spite of repeated announcements through the central intercom. As a result the time for eating became short because the kitchen had a schedule of its own and the residents had to eat in a hurry. At first the residents were specially reminded to attend on time and the announcements were intensified. When the problem persisted, aides who were in the cleaning shift were ordered to help bring residents from the wings to the downstairs dining hall (staff meetings January 11th and August 30th 1977).

Continency had been one of the inclusion criteria in City Home in 1975, and in the week schedule a bathing day (sauna) once a week was planned to be sufficient. A growing number of residents did not remember or were not able to look after their daily personal hygiene (staff meeting April 26th 1977). In addition a growing number started to show signs of incontinency. As a solution, Monday was adopted as the second bathing day in the week schedule in addition to Thursday. A list of residents who need to be washed on Mondays was established. Seven months later it is recorded that Monday mornings were considered too busy and heavy because in the downstairs wing there were so many residents that needed to be washed (staff meeting November 29th 1977). At that point it was decided that part of the residents who needed to be washed on Mondays should instead be washed on Sunday mornings so as to ease the pressure on Mondays. According to a 1979 work schedule the showering had already been divided into Mondays, Tuesdays, Thursdays and Fridays; each wing on a different day and in one downstairs wing twice a week (staff meeting September 4th 1979). In 1981 a part-time washer's post was established. In 1984 it was changed to a full-time post.

Cleaning, the primary job of the aides, was originally arranged according to a weekly schedule in which different parts of the house were scheduled for certain weekdays, with the exception of Thursday, which was for saunabathing in which the aides assisted. Of the five aides in the day shift in 1975, two formed a 'cleaning pair' who during their work shift concentrated only on cleaning. Others participated more with helping residents. As the number of residents needing help grew one of the solutions to ease the pressure during morning duties and in getting residents to the dining hall was to draft in more aides to the helping of the residents.

According to a staff meeting record in 1979:

> "the situation with showering and bed making in the morning is chaotic. The following experiments were made: The morning routines are to be carried out all together. Staff with cleaning duties will also participate. ... [they] will help with dressing and showering … We will have to compromise on the cleaning. ..."(staff meeting February 20th 1979)

Three years later the weekly waxing of the corridors was diminished to twice a month, and a few months after that the waxing with a machine was replaced by ordinary washing with water "to ease the cleaning of the floors and to use the time thus saved to help residents" (staff meetings November 2nd, 1982 and February 8th 1983). In 1984 the waxing and washing of the floors was diminished by a half "in order to secure the safety of residents"(staff meeting October 9th 1984). As a growing number of residents had mobility problems the polished floors were dangerously slippery. In 1985 a suggestion was made that the cleaning upstairs would be diminished to once every two weeks to find time to help residents more (staff meeting November 19th 1985).

In 1984 the increase in the number of dependent residents had reached a point in which a single employee in a night shift could no longer manage alone. After heated negotiations a second employee was allocated to the night shifts (interview 1995). This happened on the condition that night shift personnel would clean part of City Home public areas, because nursing aides did not have enough time to do it during the day-time. Gradually, as the change in the type of residents continued, the cleaning tasks for the night shifts diminished and then ceased altogether in 1990.

I have modelled this period, the beginning of City Home between 1975–1983, as the application phase, which followed the object / motive construction phase in development (see Fig. 35). I have used the activity system model and the theory of developmental contradictions to define the key elements and key dynamics of this period. I supplemented the activity system model representing the plan of City Home (Fig. 34) with new elements that can be gathered from the data concerning the beginning of City Home (supplemented elements written in **bold** in Fig. 35). When comparing the activity system model of the previous phase to the model describing the application phase the most crucial difference is in the object of activity. The plan of City Home was based on the idea of healthy independent residents, but in practice City Home from the beginning had a combination of dependent and independent residents. The dependent residents caused difficulties in carrying out the daily routines in the planned manner which is shown in the application phase activity system model as two internal contradictions and in its outcome, referred to as "chaos" (Fig. 35). This clash between the real object of activity and the planned schedules and division of labor is modelled as two secondary contradictions in Fig. 35: 1) as a contradiction between features of the planned weekly schedule and the growing number of dependent resi-

dents, and 2) as a contradiction between the planned division of labor and the dependent residents that needed more help than the small number of nurses were able to give. These contradictions exhibit the tension between the plan for the nursing home and the reality that City Home had to face during its beginning phase between 1975–1983. During this phase the growing needs of the residents demanded that the aides set aside their planned cleaning tasks during the morning routines and before meals to help the residents. In addition, the amount of cleaning was gradually diminished in the weekly and monthly schedule. The planned weekly schedule concerning bathing was changed first to include a second day for bathing, and eventually to a scheme in which each wing of the building had its own bathing day. Also, new plans to handle dependent and confused elderly were started (the personal-friend system, care plans) (Fig. 35).

I have interpreted the separation of the long-term sick from the healthy elderly as representing a dividing developmental cycle where the object of the last phase of the municipal home was divided into two. As a consequence, two different activities were constructed, that of the nursing home for the elderly and that of the health center's ward for the long-term sick (dividing arrow in Fig. 35).

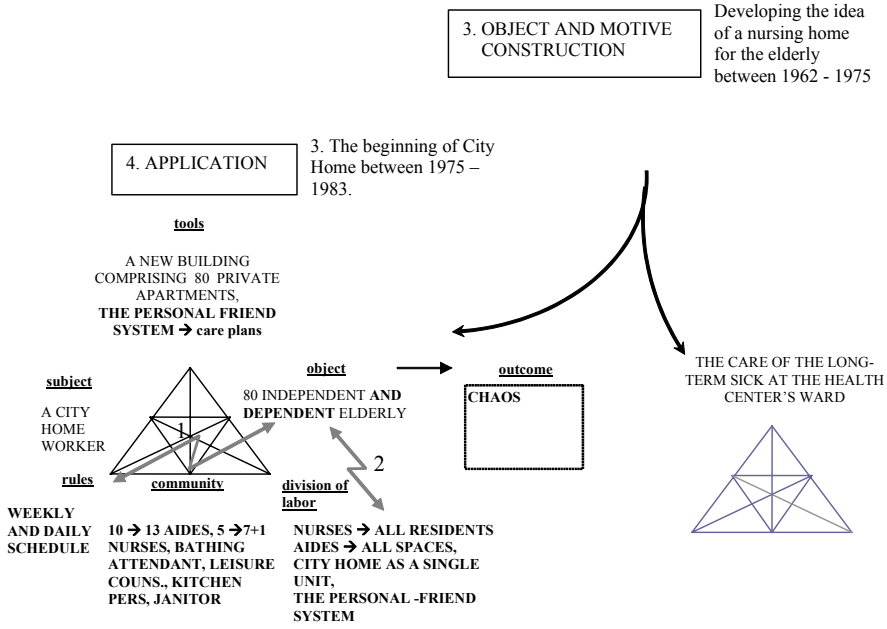


Fig. 35. City Home at its beginning interpreted as an activity system in the developmental phase of application; the separation of the care of the long-term sick interpreted as a dividing developmental cycle.

By 1983 the number of staff had increased from 26 to 34. The increase consisted of 2 LPNs, 3 nursing aides, a bathing attendant, head nurse and a leisure activities counsellor. In the activity system model in Figure 35 these are marked down as increases to the community. The biggest increase (four new posts) took place in 1983 (local newspaper *Raahen seutu*, June 9th 1983, scrapbook).

The costs of care increased, too. In 1983 the per capita cost of care per day was 116 FIM, an increase of well over 50% when compared to 1976. Also the annual total operating costs had risen from 1.4 million FIM in 1976 to 3.3 million FIM in 1983 (local newspaper *Raahen seutu*, June 1st 1984, scrapbook).

Staff meeting records during 1977–1979 include several remarks that are related to work-related well-being, such as "Haste and a killing work pace" (staff meeting, January 10th 1978), and "chaos in the mornings" (staff meeting, February 20th 1979) Discussions that took place during the same period, such as "Do we have easier jobs for certain staff on medical grounds? " (staff meeting, August 17th 1978), and "What do we do when an employee doesn't show up in the morning and we can't get a stand-in?" (staff meeting, September 18th 1979) are similar. These discussions, together with the data showing considerable difficulties in carrying out daily activities support a conclusion that problems of employee well-being were associated with this period. These remarks cease to appear in the staff meeting records after 1980.

8.6.4 Developing and generalizing the cell working model between 1983–1992

The changes made in the division of labor and in the weekly schedule analyzed above during the period 1977–83 took place within the same overall system which is described in the activity system model in Figures 34 and 35. As the pressure continued and further problems continued to rise the degree of flexibility with which these problems were met diminished. This resulted in a developmental process in which the original concept of City Home had to be redefined to improve the care of independent and sick residents. In 1983 the first version of a cell working model was introduced and implemented, and between 1983 and 1992 all activities gradually moved into separate units, called cells. In addition, a new care ideology was adopted.

The division of City Home into cells

The dividing of City Home into specialized units began before 1983. Already from the beginning of City Home residents with mobility difficulties were given apartments in the ground floor wings to make access to the ground floor dining hall. In 1975 those LPNs who were responsible for helping residents were recommended to stay in the downstairs wings during the morning duties because "in practice they have no time to go upstairs and there's no point in going there either" (staff meeting, April 4th 1975). The residents in the upstairs apartments did not need so much help because these apartments were reserved for the more physically able. At the end of 1977 a staff meeting records that most of the residents in one of the ground floor wings needed help in all their daily activities. In 1980 a decision was made to concentrate all residents requiring assistance in one of the downstairs wings and to allocate a larger daily workforce there. A year later it was reported that "there are so many residents in bad condition and in need of help that there are not enough rooms downstairs...." (staff meeting, May 12th 1981). Room changes were

planned to ease the situation. As a consequence of these developments certain parts of the house required more helpers and cleaners even before the decision to divide into units.

In 1983 the Director suggested in a staff meeting that City Home should create special areas or wards (staff meeting, August 30th 1983). The aim was not only to ease daily tasks but also to facilitate a more individual approach towards residents. Different solutions were discussed during the following weeks and at a staff meeting in September 27th 1983 it was reported that:

> "We discussed of cell working, that is, dividing into new work groups in order to move towards more individual and goal-directed resident-centered care" (staff meeting, September 27th 1983).

In the same meeting a new three-week work schedule and a schedule of daily tasks, based on a division into three areas, was introduced. The two downstairs wings, the 'southwest wing' with 16 residents and the 'northeast wing' with 16 residents , were both formed into cells. The two upstairs wings with 40 residents operated as the third cell. A day shift with three to four employees (one LPN and two or three nursing aids) was instituted in each cell . However, employees were not permanently attached to a single unit and would work in several units during any one week.

According to the staff meeting record in which the Director presented the idea of dividing City Home into smaller areas, the rapid rise in the number of staff during 1983 acted as the final stimulus to take the decisive step of adopting a new structure (staff meeting August 30th 1983).

The decision to divide City Home into three areas, cells, could be considered a legitimization or summing up of the many smaller changes that had already taken place. During 1983–1992, several functions that had previously been carried out centrally gradually took place within the cells and carried out by a group of employees attached to each cell.

> R: Well, this cell working, we have not had it for a long time, before we took care of everyone and we operated all over the place, and now we're only in our own cell, mainly. Its very nice, you get to know the residents and your work. I'd say that
>
> I: Is this perhaps the clearest change if you compare it to earlier days?
>
> R: Yes, that's what I think.
> (interview in 1995)

The first experiences of the three cell-model were predominantly positive. According to a discussion in a staff meeting some of the residents were disappointed at first because they had understood that as a consequence of the new model employees would be with them all the time. It was emphasized that "the personal-friend service should be carried out whenever routines allow us to" (staff meeting, October 25th 1983).

During 1984 two problems demanding for a further development in the new model were brought up in staff meetings: the continuous change of working area from shift to shift made it difficult to develop the cell working further, and the upstairs cell consisting of the two upstairs wings was too big. As a result the upstairs cell was divided into two cells in 1984.

The downstairs cells came to be named as 'Home Path' (the original name in Finnish was Kotipolku) and 'Liveliness' (Touhula) and the upstairs cells were 'Harmony Corner'(Sopula) and 'Happy Hut' (Onnentupa). The names were invented by the residents in

a name-giving competition. Many of the discussions in the staff meetings on cell-working at that time concentrated on inventing new recreational and activity groups for the residents in each cell (e.g. staff meeting, December 3rd 1984).

New care ideology

The change in the type of residents also led to further in-service training for personnel. In 1982 some personnel took a course in Oulu on how to deal with confused elderly who suffer from delusions. A seminar about reality therapy was arranged for all of City Home personnel in March and June 1983 by specialist registered nurse Ulla Eloniemi-Korhonen (see the literature in Chapter 8.5.) (staff meeting, August 17th 1982).

> "During the first two seminar days the lecturer was Ulla Eloniemi-Korhonen from Kuntokallio Institute. She lectured among other things about: the nature and planning of care, changes in aging among the elderly, humanistic care and the central principles of interaction. … Specialist nurse Ulla Eloniemi-Korhonen has worked in Canada where she got acquainted with a new way of thinking that is new to us but towards which we strive as much as possible. … The old models of care were focused on caring for illnesses. The new model is based on helping the person according to her own terms. … Even elderly people whose functions have deteriorated into a hopeless state can through the new model become functioning, living elderly. On the basis of nursing a wonderful life can be achieved, said Eloniemi-Korhonen."
> (local newspaper *Raahen seutu*, June 9th 1983, scrapbook)

During the year 1982–1983 it is recorded that there were altogether 19 education sessions and a total of 114 employees who took part in these sessions (local newspaper *Raahen seutu*, June 9th 1983, scrapbook). Educational courses continued during 1984 (local newspaper *Kaleva*, June 14th 1984) and 1985. At a speech at the City Home decennial jubilee the Director estimated that "At the moment we are in the deepening phase of cell working".

> "City Home is too big an institution to function as a single unit. We have acknowledged this and sought an answer. Lately we have emphasized a new care ideology: goal-oriented, activating and rehabilitating holistic care. The goal has been completely accepted but its implementation takes time. The whole personnel has received training last fall and during this spring we have clarified the principles of goal-oriented holistic care."
> (The Director reported in the local newspaper *Raahen seutu*, June 1st, 1984, scrapbook)

In practice the new care ideology took the form of working in small groups, making individual care plans, and an active, closer contact between residents and employees. The following newspaper interviews give a picture of this phase.

> "The personnel is enthusiastic about the education and it has been well received. …
>
> Nursing Aide A: "The course was good but I should have taken it when I was younger." …
>
> Nursing Aide B: "What you learned was that talking with people and listening to them is extremely important." …
>
> The cell working is accomplished by residents and personnel and even the janitor and kitchen personnel participates. Each day, three to four employees interact with the residents in each cell. In small groups they jog, sing, play, tinker, read, take a walk or even help the janitor with the watering of the flowers or help the kitchen personnel lay the tables. We aim at arranging the work shifts so that the same nurses can work with the same residents for longer periods.

> A LPN: "We are able to be more aware of residents' needs. They feel safer and we can plan their long-term care. It has deepened the relationships between personnel and residents and relationships among staff. At the same time, work motivation has increased and the will to develop oneself so that you can have your finger on the pulse of things."
>
> Nursing Aide C: "The good thing is that working in small groups is more effective than in big groups. …
>
> Head nurse: "The benefits of cell working can be seen in the residents. Many have cheered up and started to take an active part in things." (interviews in a local newspaper *Kaleva*, June 14th 1984, scrapbook).

On the basis of these newspaper items the effects of the new care ideology seem very positive: enthusiasm, increased work motivation, the beneficial effects on residents speak for themselves. Some of the employees' comments express reservations, but nevertheless the overall picture that the reporter received was positive. The same estimate was given by personnel (staff meeting, September 11th, 1984).

Working in cells

One of the most significant changes in the implementation of cell working model was that meals were served in the cells instead of in the dining hall. Other functions of City Home started to take place at the level of cells, and the cells started to gain independence in deciding their own daily schedules. This change, too, came about gradually.

During 1984–1985 increased problems with dining hall congestion were solved by each cell catering for their own residents. This was a mixture of the old mode of working (common meals – City Home as a single unit) and a new mode (residents eating in their own cell). In November 1987, however, one of the downstairs cells with the most disabled residents, now named 'Liveliness', started to experiment with having their breakfasts served in their own cell twice a month. This soon spread to breakfasts being served independently each morning in all four cells (staff meetings June 28th, 1988, July 26th, 1988). This development also required material changes. During 1989 the small closed kitchens in the cells were renovated to form larger living-room-and-kitchen combinations to redirect activities from the downstairs hall and the central corridors to the cells. This was followed by a decision to start to eat dinner in the downstairs cells, Liveliness and Home Path, instead of taking each resident to the public dining hall (staff meeting, April 25th, 1989). The residents of the upstairs cells Harmony Corner and Happy Hut, continued to have their dinner in the dining hall. It was not until 1995 that the change in the condition of the residents in these cells reached a point where personnel began planning for dinner to be served in the cell. Eventually, this step was taken in 1995 after the reorganization of the upstairs cells (staff meeting, May 14th, 1995). This was a major relief for both employees and residents, as the "dragging", as many of the employees put it, of the disabled residents from the downstairs cells to the dining hall gradually came to an end. During the interviews in 1995, many employees even related the actual beginning of cell working to the period when meals began to be served in the cells.

> V: ... The whole system operated first as one cell. Then this cell working began, round '89 or was it '90? ...Meals started to be served in the cells. A step forward in this big house. (interview 1995)

During 1989–1990 some staff meetings and the initiation of new employees was shifted to take place in the cells. Staff in the cells started to develop own flexible daily and weekly schedules.

Problems of cell work

From the point in 1983 when cell work was first established until 1992 when the cells developed their own schedules, a recurring item in staff meetings was the concern that employees should be ready to change from their own cell to another one if needed. This probably reflected the fact that situations occurred in which employees resisted working at another cell or did not pay attention to residents from other cells. For the head nurse who was in charge of drawing up work shift schedules it was convenient that when someone was absent, another employee from another cell could replace the absent worker. For employees this was problematic for two reasons. First, employees identified and oriented themselves now towards working in their own cell, and secondly, their information about the residents noe living in other cell had become more limited which caused them to feel inadequate about working in another cell (staff meetings October 22nd and November 5th, 1985). It was not until 1987 that the employees were attached to particular cells on a long-term basis, with the exception of management, clerks, the head nurse, the registered nurse and kitchen personnel. Even then both of the upstairs cells operated with a common evening shift (staff meeting, November 3rd, 1987).

Another problem was the personal-friend system, based on the idea that each employee would be a 'personal friend' to four or five residents, and the employee would look after their individual needs whenever routines allowed. Also making and keeping up the individual care plans of each resident was a personal friend's responsibility. The implementation of the cell model, especially after employees were placed in particular cells, made it difficult to maintain a personal friendship with someone who perhaps now lived in another cell. As late as 1991 the list of 'personal friends' was for the first time totally renewed and later that year the whole system was abandoned and the making of individual care plans was delegated to the workgroup of each cell (staff meetings, November 19th and December 3rd, 1984, February 23rd, 1988, April 30th, 1991, yearbook 1991).

The implementation of flexible schedules in the cells also caused controversy. Not everyone was happy about abandoning the uniform daily schedule.

> R: When I first arrived at this house [in 1987] and we started to plan things, when the cell work started and we brought these new ideas, they were smashed. It was different from what those who had worked here for decades were used to. They thought we did it wrong.
> I: What happened? ...
> R: In the morning when we started, if the person was sleeping in her room we let her sleep ... We didn't obey the schedule in a slavish manner that everybody should be at the table by 8.30. We adopted a softer line and we gave the residents the freedom to choose. ...These microwave ovens were acquired for the cells for that reason ...
> But they thought what we did was wrong. And the washing in the mornings. We didn't wake up a sleepy person and say something like 'You're having a washing day this morning.' You see, on certain mornings they had to be washed because they were incontinent, and they needed washing in addition to the sauna bathing day. ..We could come later to take this person

> to the shower when she woke up...we didn't force the person to wake up because 'She has to go to the shower,' we made it pleasant and flexible.
> (interview 1995)

The home unit experiment

A small but interesting experiment was carried out in 1985–1986. The janitor's apartment on the ground floor of City Home was changed into a "home unit" in 1985, a place for three or four elderly people who could live independent lives there. The idea was that the more able elderly from City Home could first move to live at the home unit and move then to an apartment of their own.

> "Home unit: We have planned to start a coalition service house in the janitor's former apartment which would be like a rented apartment for the elderly. This will be done following a suggestion from the institutional care inspector from the county administration. Its residents will move there from the wards. They will get their full pensions and a rent subsidy, and they can buy services from the nursing home. The corresponding places that become vacant on the wards will be used by the member municipalities for respite care. The number of places therefore will not change. [We will start this] as a cautious experiment from the beginning of the year." (staff meeting, September 11th 1984)

For City Home this was an answer to the increasing criticism of institutional care. This is directly expressed in the speech that the Director gave in the decennial jubilee of City Home on March 1st, 1985:

> "Vappu Taipale [at that time a high-ranking member of the Ministry of Social Affairs] calls nursing homes for the elderly dead end institutions from which there is no return. We have succeeded in keeping dead ends open here. Beginning from February, 1, 1985 the janitor's apartment has as an experiment been turned into a home unit which operates like sheltered housing. Those who live there have the freedom to be independent or they can buy services from the nursing home. They are not patronized by us, but they are sheltered by us. From here there is only a half step to a rental apartment, to living at one's relatives or to an apartment of one's own. … We ask for your acceptance for the home unit and we hope for its success. " (speech, March 1st 1985, scrapbook)

After the speech very little can be learned from the available sources about what happened to the home unit. It is not mentioned in the minutes of the staff meetings. The yearbook records that it housed four elderly residents in 1985. Then in 1986 it is briefly recorded that the home unit closed down and was turned into office space (yearbook 1986). A discussion took place at a personnel meeting in 1986 that is possibly related to the fate of the home unit. The personnel discusses three residents who could live independently outside the nursing home, but who apparently did not wish to move. It is agreed upon that they should not be forced to do so (staff meeting, November 14th, 1986).

In sum, during the phase of developing and generalizing cell working City Home changed its concept of care from a "hotel of 80 rooms" into a community care model. This happened gradually as the structure of the four cells was formed, the cells acquired permanent personnel and the freedom to plan their own schedules and activities. However, the overall concept still remained within the limits of institutional care for the institutionalized elderly. The experiment with the home unit was the only example of a different kind of care concept, which aimed at rehabilitating the elderly to live independent lives.

In Figure 36 I have interpreted this change with the help of two activity system models. The lower activity system model represents the period of the beginning of City Home (reproduced from Fig. 35) as a previous developmental phase, and the upper activity system model represents the period of developing cell working. The new elements of cell working appear in the upper activity system model in **bold** and the elements of the lower model from the previous phase are in standard font. For a single employee the object of activity changed to include only the elderly living in the cell and the apartments of that cell. Also significant was the activating care ideology and small group activities as new tools. On the basis of the accounts reviewed above this resulted in more individual care for residents, and greater enthusiasm and increased motivation among employees. After introducing elements of cell working at City Home several problems occurred which can be interpreted as contradictions between the old and the new way of working. Examples of these in the data are the unwillingness of employees to change from their own cell to another cell, the difficulties of maintaining the personal-friend system while working in only one cell and the controversies between employees who preferred the old fixed schedules and employees who preferred the new flexible schedules. These problems are interpreted the old in Figure 36 as tertiary contradictions between the old and the new, typical of the phase of application and generalization in the developmental cycle model (see Figure 16). These tertiary contradictions are marked in Figure 36 as lightning-shaped arrows within the subject, the object, tools and rules of the upper activity system.

The home unit experiment, however, represents something different than the cell working model. The idea of moving institutionalized residents to a rented apartment within City Home to practice independent living that would enable them to move to their own homes can be interpreted to represent an attempt to move away from closed institutional care. Therefore I have modelled the home unit experiment as a deviation (an arrow with a dotted line) from the developmental track of developing cell working in Figure 36. As the short arrow shows the experiment was not successful.

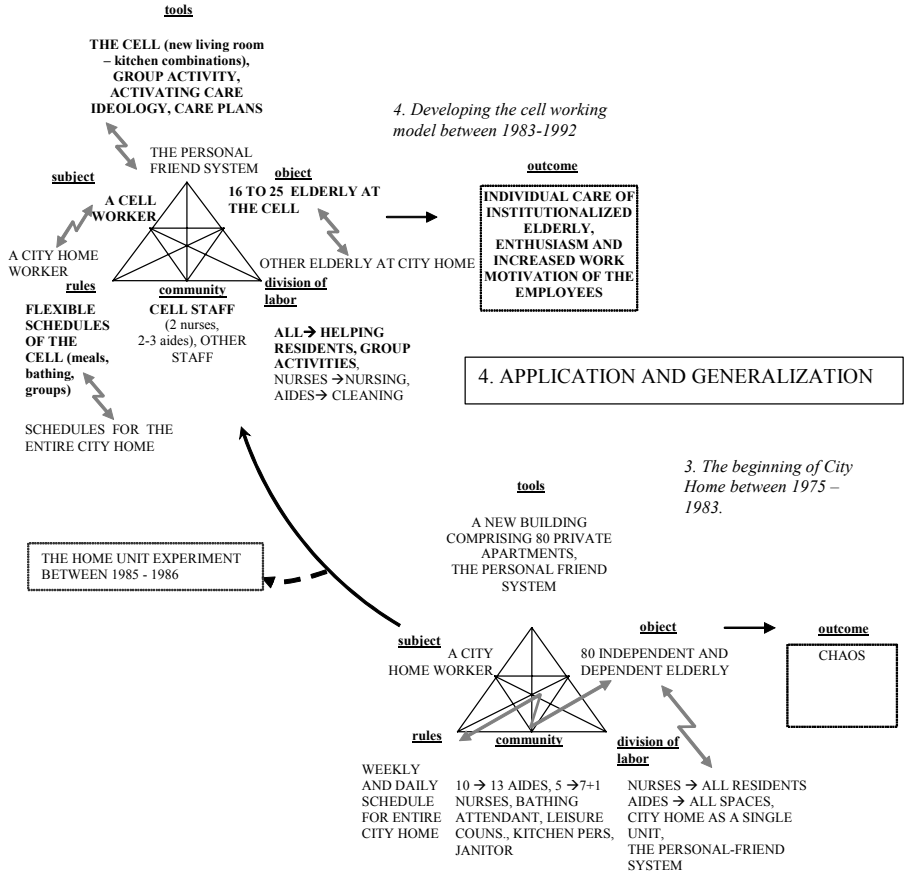


Fig. 36. The developing of cell working at City Home and the rise of tertiary contradictions between the model of the beginning of City Home and the cell model.

From 1983 onwards the costs of care continued to increase. In 1984 the increase of yearly operating costs was almost 20% (up to a total of 5.3 million FIM) due to the increase in the number of staff. The per capita cost of care per day increased, too. In 1984 it was 128.70 FIM and in 1987 181.45 FIM. During 1988 the per capita cost of care per day and the operating costs increased another 20%. The coalition municipalities were alarmed by the increase and wanted to ascertain whether the higher costs lead to higher quality of care (staff meeting, April 11th, 1988). In 1992 the per capita cost of care per day was 315.79 FIM.

The increased costs were largely due to an increase in staff. The number of personnel increased from 34 in 1983 to 43 in 1992. The number of nurses increased from 7 to 9 and the number of aides from 13 to 16. In addition, positions for a physical therapist, an occupational therapist, and a social worker were opened up.

8.6.5 The dissolving of the coalition in 1987–1993

At the time when the cell working was established and started to consolidate in City Home new demands arose in the member municipalities. These new demands were in many ways contradictory to the idea of care upon which the cell working was based and City Home rejected them. This lead to the dissolving of the coalition in 1993 and the City of Raahe took over City Home. I have modeled this development as a partly parallel phase with the developing of the cell working model. This phase pushed City Home into a narrowing developmental track.

In 1987 the situation at the Raahe social service center was such that they had a waiting list of 44 elderly for City Home. Six of these were classified as urgent, and open care resources were inadequate. The city owned an old municipal home, Country Home, which now operated as a nursing home for the elderly and it had 18 residents in 14 places already. The municipality of Siikajoki, which had the largest proportion of elderly population, had six elderly on the waiting list, none of which were urgent. The third partner in the coalition, the municipality of Pattijoki, had two or three elderly on the waiting list (coalition board meeting, December 15th, 1987).

At the beginning of 1987 the City of Raahe applied serious pressure to place several elderly in vacant places in City Home. These demands were dealt with in personnel meetings on several occasions (staff meetings, January 27th, February 9th and February 24th, 1987). The decision of these meetings was that there was not enough personnel to take on extra residents. The matter was also handled in a community meeting with residents and in a meeting with union representatives with the same results. The latter meeting produced a statement in which the acceptance of extra residents is rejected for two reasons:

> "a) ...because City Home is built on a one room – one resident principle, the taking of extra residents would mean the placement of two residents in the same room, which would seriously limit both parties' right to privacy. ... b) Personnel resources have proven to be inadequate already for the care of 80 residents, because the need for care among the residents has increased but no extra staff has been provided." (coalition board meeting, March 3rd 1987).

In their meeting on March 3rd, 1987 the coalition board finally rejected the demand for extra residents on the grounds that no extra staff or extra space was available.

Consequently, two meetings were held to discuss the development of City Home and the needs of the municipalities. The meetings were taped and detailed records from both meetings were produced. In the first meeting (May 5th, 1987) the member municipalities and the coalition board discussed over the situation. The Director of the social services of the City of Raahe explained the situation from their point of view and requested 10 extra places. One of the other two member municipalities rejected the idea of having extra residents: "Let's not ruin this environment." The third member municipality supported the idea of extra places and also wanted more places for short-term care to support the open care provided by relatives. City Home's Director rejected the idea of extra places and suggested that the City of Raahe could use two of its places for short-term care only. She was supported by the Chairman of the coalition board:

> "The number of personnel is planned in accordance to the number of seats, and it is not possible to care for extra residents with these staff resources. These are the limits of the coalition which we have tried to communicate also to the member municipalities, but when they experience heavy pressure it tends to radiate all the way down here." (coalition board meeting, June 2nd, 1987)

The City of Raahe representatives were not happy with this result and suggested that it might be better for the city to build a new nursing home of its own.

Another meeting was arranged a few weeks after the first one in which representatives from the county administration were also present (May 15th, 1987). The representatives from the county administration declared that the present number of institutional places in this area should be enough. City of Raahe representatives alluded to the possibility of resolving the coalition and of the City of Raahe taking over City Home. Other member municipalities rejected the idea. In the end it was agreed that the City of Raahe can change two of its places into short-term care places and that there can be two extra residents in these places because it is not somebody's home but is only a short-term place. It was promised that short-term care would also be provided to other member municipalities whenever temporarily vacant places appeared. In addition, day-care was promised to be provided for one or two elderly people. Representatives of Raahe were not happy with this result and in the coming months they investigated the possibility of dissolving the coalition but found it impossible (coalition board meeting, June 2nd, 1987).

Because of the model of its management City Home was relatively independent of the wants and wishes of the member municipalities. The Director headed the coalition board (kuntainliiton hallitus) and the coalition council (kuntainliiton valtuusto). The social boards in the municipalities had no direct right of decision as to how City Home was to be developed or even as to what kind of residents should be looked after there. The chosen representatives from each municipality in the coalition board and in the coalition council executed decision authority over City Home.

During 1989–1991 the member municipalities repeatedly presented two demands for the coalition board and City Home: the demand for more short-term care to support the open care, and that a unit for severely disabled, bedridden elderly should be established at City Home. The fulfilling of these demands were set as a precondition for the acquiring of extra staff (coalition board meetings March 14th and August 1st in 1989, September 25th, 1990 and August 26th, 1991). It is true that City Home had practiced short-term care already from the beginning phase in the late 1970s. However, the amount of such care had remained low when compared to the number of residents in permanent places.

During 1988–1990 the fact that the member municipalities, especially the City of Raahe, had organizational difficulties with City Home led to alternative arrangements. In 1992 the biggest member, the City of Raahe, produced a plan to incorporate City Home into the social services of the city and to combine City Home and Country Home. This, it was hoped would reduce administrative costs, encourage the flexible use of personnel in both open care and institutional care, and lead to co-operation between open care and institutional care. A yearly cut of expenses of 800,000 FIM was mentioned in the plan (coalition board meeting, September 17th, 1992).

On the 1st of January, 1993, the coalition was finalized and the City of Raahe became the new owner of City Home (coalition board meetings, December 9th and December 30th,

1992). The two nursing homes, City Home and Country Home, began to operate as a single unit, managed by the Director of Country Home.

How should we interpret this chain of events which led to the resolving of the coalition? To a large degree City Home and the coalition board rejected the demands made by the member municipalities. The number of short-term care residents remained marginal and City Home refused to establish a ward for bedridden residents. Instead, City Home's major concern was to further develop cell working to take care of residents who were older and more disabled each year. In 1989, for example, two of the member municipalities demanded that day-time services be arranged in City Home for those elderly who still lived in their own homes. City Home decided to offer day-time services (meals, sauna-bathing) on only two days a week with the condition that a home help employee from the municipality would accompany the group of five to six elderly. City Home pointed out that their resources could not cope with more (staff meeting, February 21st, 1989). The municipalities used the day-time services for only a year. In the annual reports of City Home in 1990 and in 1991 it is recorded that "Day-time services were offered but the member municipalities did not use them" (Yearbooks 1990, 1991). In 1996 the new Director explained why the day-time services were not successful:

> "[It had been arranged so that] one employee from the home care services used the premises of City Home with a group from Pattijoki [one of the member municipalities] and the employees of City Home stood around doing nothing. In other words it had not been planned properly and the employees couldn't or wouldn't participate. At Country Home it operated better, although also there it came to a standstill. There were no appropriate facilities for day services, the elderly just nodded at their tables, there were no places where to rest." (interview May 22nd, 1996)

The problem for the municipalities was that they needed more services (extra seats) and also different kind of services (short-term care, day-care) than City Home was able and willing to provide. The municipalities had invested considerable funds in the building of City Home and continued to pay steadily rising payments for each resident. But all allotted places were occupied and the turnover was slow. Very few elderly moved from City Home back to their own apartments. According to estimates by employees, some residents could have managed in rental apartments with little or no home help services but simply refused to move away from City Home, and the policy of the house was such that no one was forced to move unless he or she wished to (staff meeting, May 31st, 1988).

The unwillingness and the inability of City Home to respond to the needs of the member municipalities led them to develop alternative care arrangements. The largest member, the City of Raahe, decided in 1987 after negotiations with City Home about the placing of more residents, to build a new nursing home for 20 residents on the site of Country home, the old municipal home for the elderly. During 1988–1989 the city also built a service center to provide day-care services. As a result, City Home was largely left outside of the services for the elderly in the City of Raahe.

In one of the history seminars in 1996, the Director of the social services of the City of Raahe explained the background to the resolving of the coalition from the point of view of the member municipalities:

> ".. The background, however, was that such a nursing home operating in cells with that staff was not needed. In fact the whole system of nursing homes for the elderly has been questioned, and there are many places where it has been closed down. …
>
> It is the coalition syndrome that we had here. That is one of the reasons why the City of Raahe started to develop its own services because it couldn't use the coalition for everything. … It came to us because the municipalities hadn't developed anything outside the nursing home concept. … we developed our own system, if you think of Kreivinaika [a service center to support home care] with its customization and network operations. But the nursing home for the elderly, its been left waiting for better times that we should now find." (history seminar, April 15th, 1996)

We learn from these events that City Home saw as its object only the elderly who were permanently placed there. The major concern in City Home was the quality of care and the quality of life of its residents, not the overall situation of the elderly in the member municipalities. The ideology behind the cell working in City Home was very much affected by criticism of institutional care. Domesticity, respecting the individual, and activation were all frequently highlighted in City Home personnel meetings and personnel training. Thus, from the point of view of City Home the demands by the member municipalities were a threat to the small communities (cells) in which each resident had a home of his or her own.

In Figure 37 I have modeled the tension between the demands of the member municipalities and the concept of care at City Home as quartenary contradictions (see Fig. 16 in chapter 5) between neighboring activity systems. The lower activity system model in this figure represents the cell working model of the previous Figure 36 but without the tertiary contradictions. The smaller activity systems on the upper left side represent the member municipalities' social services. The quartenary contradictions between the new demands and the whole activity system of cell working are pictured with only one lightning-shaped arrow. In this instance, the new demands were in contradiction with each element of the cell working model. I shall give few examples of this from the data. The demands for services for those elderly who still live at home stands in opposition to the idea of caring only for the institutionalized elderly, the object City Home had constructed for itself. The idea of rooms at City Home as homes for the elderly along with daily group activities was not suitable for short-stay elderly, or for the bedridden.

The demands of the member municipalities could be interpreted as pressure to expand the object of City Home to concern the needs of also other elderly, not only those who were institutionalized at City Home. But to accept this challenge would have presupposed finding a solution to truly contradictory demands, such as how to take care of the more disabled residents of City Home as well as take on even more disabled, bedridden elderly, and start to provide short-term supportive services for those elderly still living at home? From the responses of City Home to these demands we learn that they interpreted the problems in the municipalities as a consequence of poorly developed homecare. According to the City Home Director, "the problems of open care should not be foisted upon the nursing homes for the elderly" (coalition board meeting, June 2nd, 1987).

Instead of trying to find a comprehensive solution City Home maintained and defended the cell working and rejected increased demands. Because the social boards of the member municipalities could not exert direct power over City Home, it was able to reject those demands for a number of years.

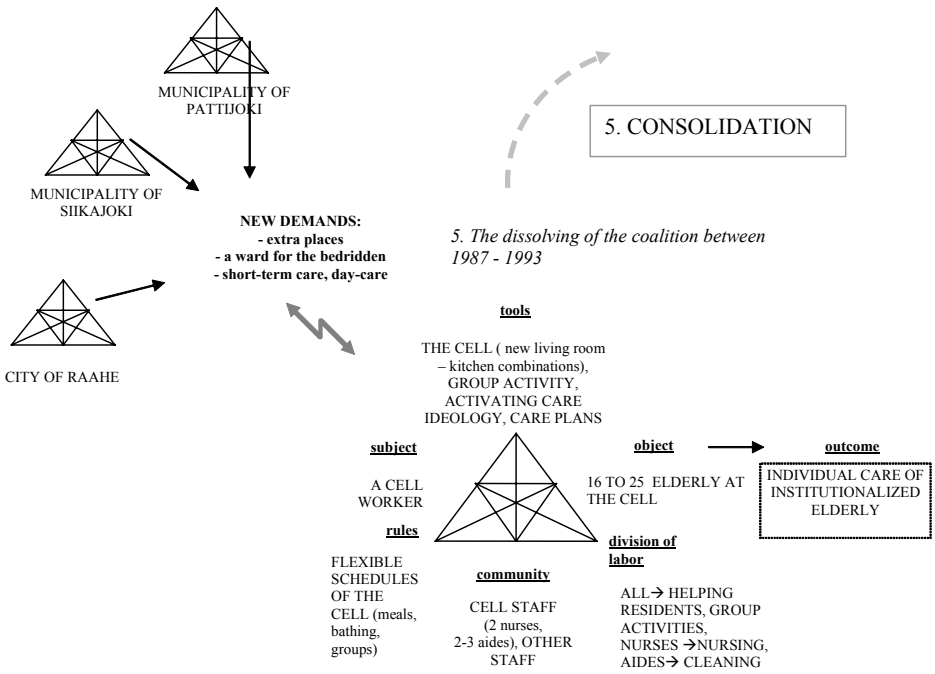


Fig. 37. The tension between the new demands of the member municipalities and the cell model of City Home interpreted as quartenary contradictions in the beginning of the consolidation phase in the developmental cycle.

8.6.6 Deadlock in institutional care between 1988–1995

During the same period when the member municipalities started to make new demands on City Home, the situation inside the cells continued to change. As the residents living in the cells grew older and became more disabled the idea of cells as small activating communities started to fall apart. To further develop the cell model City Home required more personnel and building renovation, but the member municipalities did not wish to invest more in institution which failed to respond to their needs. The number of residents at City Home started to fall. The dissolving of the coalition in 1993 accompanied by a deep recession in Finland's economy led to City Home cutting personnel and the number of allocations. I have interpreted this period as the development of deadlock in institutional care. In 1995 the City of Raahe was unsure what to do with City Home and wanted to start a development project concerning its future role in elderly care services.

Flagging enthusiasm of cell working

The change in the condition of City Home residents did not stop during the period in which City Home developed the cell model during 1983–1987. The mean age of resi-

dents continued to grow, and more residents suffered from incontinency, mobility problems and dementia.

Change was due to two reasons outside City Home. Throughout the 1980s the number of home help services expanded in Finland. As a result, many of those elderly who in 1975 were offered institutional help were able during the 1980s to manage in their homes with the help of the home help and home nursing services. The municipalities now needed institutional places for those elderly who could not cope in their own homes in spite of the open care services. In addition, the number of elderly people increased. The result of these two interlinked processes, the development of the home help and home nursing services and the rise in the number of the elderly, was that the potential clientele of the nursing home for the elderly continued to change.

During the three-year period from1985 to 1987 the rise in the mean age of residents was over two years: from 77.36 years to 79.6 years (Table 1, Appendix 5.). It remained at that level during 1988–1992. Another way to look at the qualitative change in residents is to study the classifications based on individual assessments of each resident (Tables 2, 3 and 4, Appendix 5) The classification figures from 1985 to 1990 show a rise in the proportion of those residents who are totally unable to cope by themselves and a decrease in the proportion of those residents who were totally independent. In 1985, 19 out of 81 residents (23%, class D) were totally dependent on others in their daily activities. Four years later in 1990, 27 residents (34%, class D) out of 80 belonged to this group. During the same period the number of those residents who were estimated to cope by themselves without help sank from 20 in 1985 (25%, class A) to 11 in 1990 (14%, class A). Thus, the classifications as well as the mean ages of the residents point in the same direction as the staff meeting records, interviews and other data: the type of residents continued to change throughout the 1980s and this continued even during 1991–1992 although the mean age of residents did not rise during that time (Tables 3 and 4, Appendix 5).

The continued change in residents challenged the cell working model. In a staff meeting in 1988 it is noted that "the condition of residents in general has worsened and as a result the cleaning and the primary care take all the time in a shift" (staff meeting, February 23rd, 1988). In several personnel meetings in 1988 the employees are challenged to "think of better ways to maximize the use of the available workforce and to enhance co-operation between different occupational groups."(staff meetings February 9th, March 8th and March 22nd, 1988). The number of residents who needed to be showered everyday increased in 1988. Also in 1988 shifts were distributed among personnel to guard the main entrance so that disoriented residents would not walk out. In 1989 an electronic monitoring device was installed in the doorway.

The recreational activities, fitness groups and hobby groups that flourished in the cells in the mid 1980s started to come to an end because of the change in the condition of residents. There were no longer so many residents who would have benefited from such activities and in any case much of the time of employees went on primary care and cleaning. The importance of activity groups was also questioned. A suggestion is recorded in the minutes of a staff meeting that "only those residents would be activated who still can benefit from it, while others would be granted rest and peace " (staff meeting, February 23rd, 1988). The weekly program of group activities in each cell was critically scrutinized.

In the records of the staff meetings the requests for, and announcements of, different group activities ceased around 1987–1988. The time of activity and recreational groups

seems to have passed. Difficulties in finding time for the personal-friend system was also reported (staff meetings January 12th, 1988 and January 10th, 1989). The importance of walking residents was highlighted on several occasions.

In addition, the employees' motivation to give individual, activating care failed. In July 1989 the personnel dealt with the feedback that relatives, volunteers, friends and visitors had given City Home:

> "Personnel especially on evening shifts are too busy to meet relatives, volunteers need more guidance, the residents are institutionalized, which is inhumane – they should be given a chance to wash and dress themselves. Personnel fraternize with each other and take smoking breaks, smoking breaks should only be at coffee and meal breaks. All residents should be treated as equal – no yelling and cursing at residents." (staff meeting, July 11th, 1989)

As a response to the worsening condition of residents and the increased work pressure the City Home Director developed a plan to further develop the cell model. This plan was expressed in the yearly announced five-year plans. The core of the plan was to hire more personnel to cope with the increased numbers of disabled residents, to form smaller cells and to renovate a number of rooms in the downstairs cells for bedridden patients. In 1988 the Director reported to the coalition's board that an increase of two employees per year during the next coalition plan for 1989–1993 would be necessary in order to form smaller cells (coalition board meeting May 17th, 1988). In addition a three-part renovation plan was developed according to which in the first phase during 1992 two new saunas were built in two cells, in the second phase during 1995–96 one of the cells was broken into two or three smaller units, and in the third phase during 1998–1999 another of the remaining cells was divided into two or three parts.

In 1988 only one of the member municipalities was critical towards the hiring of more staff. In 1991 all three-member municipalities rejected the idea. During the period from 1987 to 1990 the number of personnel increased from 36.5 to 40 vacancies; 1–2 vacancies per year. In 1990 there were fewer new posts, and in 1992 none (coalition board meeting, August 26th, 1990).

The utilization rate dropped, too. An important measure for City Home had been the yearly utilization rate. It was recorded in each yearbook, and during the 1980s it was a standard feature in the news flashes that the local newspapers published about City Home. The utilization rates during the 1980s varied between 96%–99%. Why full capacity was not reached was explained by the fact that residents' rooms were left empty when a resident was temporarily hospitalized. However, during the 1990s the utilization rates dropped. In 1989 it was still 98.8% but during 1990 it dropped to 93.42%, and remained at that level in 1991 (94.19%) and in 1992 (91,94%), too. At the beginning of 1993 two staff meetings discussed "how could the resources of City Home be better utilized?"

> "Barriers to a fuller utilization of City Home are: attitudes – the nursing home for the elderly is still thought of as a municipal home, the big size of the institution is frightening – the elderly would like to move to smaller institutions or to the health center's ward, the home care services enable the elderly to live longer at home, the elderly are allowed to move to the nursing home only after the resources of open care services have been exhausted, the health center's ward provides short-term care also, the elderly and their relatives who live at home see City Home's short-term care as expensive although it is cheaper than at the health center's ward, the health center's ward is seen as more effective." (staff meeting, January 26th 1993)

Four different solutions were suggested to enhance the utilization rate: 1. Publicity, 2. New practices (flexible short-term care arrangements, new payment system, etc.), 3. Spatial arrangements (smaller units, sheltered apartments), 4. Giving City Home a new name by arranging a competition (staff meeting, January 26th, 1993).

In sum, towards the end of the 1980s many of the features of the cell model no longer matched the type of clientele that lived at City Home. A new plan was developed but the member municipalities did not accept the increases in staff resources. And at the beginning of the 1990s the utilization rates started to drop to unacceptably low levels and City Home tried to come up with ideas how to attract more residents.

Centralizing trouble

In the staff meetings in 1989 it was reported that during the weekends and the evening shifts employees had to hurry to complete their duties: to get each resident ready before breakfast, to gather those residents who ate in the cells and those who ate in the dining hall and to get each resident into bed before the night shift began (staff meeting, October 17th, 1989). The weekends and the night shifts were the worst because there were fewer employees then.

The problem with busy evening shifts was first relieved by changing the work shift schedules. Until then there had been shifts starting from 10 a.m. and lasting until 6 p.m. The aides' shifts were first changed to start at 12 a.m. and last until 8 p.m. and the LPNs' shift started at 1 p.m. and lasted until 9 p.m. when the night shift begins. A few months later the number of employees staying until 9 p.m. was increased. In the end five out of the six employees in the evening shift (two in each downstairs cells and two for the whole upstairs) were required to stay until 9 p.m. (staff meetings, August 7th , September 4th and October 30th, 1990). A month later it was reported that there were still too few employees in the evening shift. As a solution, the physical therapist and the social worker were both required to do one evening shift a week (staff meeting, November 13th, 1990).

However, these solutions do not seem to have carried very far. At the end of 1990 the following discussion concerning weekend and evening shifts is recorded:

> "Because no extra staff is available (the next new employee arrives on October 1st 1991) we have to come up with other solutions:
>
> solution 1: demented residents, who cause a lot of disturbance and need extra attention should be moved to one of the downstairs cells...;
>
> solution 2: we should inform relatives once again that help during the evenings and the weekends is needed;
>
> solution 3: the workforce should be shifted from the morning shifts to the evening or to the weekend shifts. Weekend mornings are the most important" (staff meeting, November 27th 1990).

According to employee interviews the idea of concentrating restless demented residents in one unit was not a new idea. However, the original principle of City Home, that a resident's room is his or her home, together with the idea that the residents of each cell formed a small group meant that the room shifts which were necessary for such changes to take place, were thought of as impossible.

After the solutions were presented in November 1990 the planning began. Which of the downstairs cells would be the new dementia unit and which residents should be placed in there were questions discussed in the staff meetings that followed.

In February/March 1991 the new dementia unit was formed out of Home Path cell. According to employee interviews and records of the 1991 annual report the new dementia unit created a better situation for demented residents and also relieved pressure on other cells. However, the picture that emerges from the data is that immediately after it was established it created further problems. In the 1991 yearbook it is reported that "the size of the dementia unit (17 residents) causes personnel stress". In the annual report a reminder is made that the "ideal size of a dementia unit is a maximum of six residents." (yearbook 1991).

Five months after the establishing of the dementia unit in Home Path the same problems again arose in the upstairs cells, and help was needed upstairs during the evenings and weekends (staff meeting, May 14th 1991). The two upstairs cells still operated with common employees during evenings and weekends, namely two employees for the whole upstairs for the weekend and evening shifts.

A questionnaire survey of psychological strain was run in City Home and its results were discussed in the staff meeting. No practical suggestions were recorded. It was only recorded that: "everyone has to work very hard, and everyone is really tired after work but not totally exhausted." (staff meeting, May 14th, 1991).

Fewer Places

Immediately after the coalition was resolved in 1993 the center for Raahe social services was faced with the situation that the number of institutional places it now had was too high. During 1989–1990 the City of Raahe had built a new building for Country Home, the city's own nursing home for the elderly, and increased the number of its places from 14 to 20. In addition, the city now had City Home.

The number of institutional places was an economic question. Each municipality and city received financial support from the state for institutional care. Financial support was dependent on the number of institutional places each city or municipality had. However, the state support system also aimed at directing the amount of institutional care provided by issuing financial support only to a limited number of institutional places. The appropriate number of institutional places was defined in relation to the number of elderly in the population. Consequently, the City of Raahe had so many institutional places that it did not receive financial support for all the places, and keeping those places was expensive.

The City started to investigate the possibility of turning 20–30 institutional places into supported housing. Supported housing is an intermediary form of services for the elderly and other disabled persons who are not fit to live in normal apartments but do not need institutional care, either. In the continuum of services supported housing has been situated between home care and institutional care. In supported housing the resident pays the rent and for the services he or she gets. There are many forms of supported housing from specially-built service houses with personnel, to ordinary apartments connected to home help services and home nursing services. The crucial criteria for supported housing are set by the National Insurance Institution (KELA). This is because KELA subsidizes the rent paid by residents in supported housing. For institutional care no support from KELA is avai-

lable. The chief criteria according to which KELA decides whether certain apartments are supported housing or institutional care is the extent of services available. In supported housing the number of employees and the resources for daily care services are limited. The residents in supported housing are necessarily, then, persons whose need for help does not exceed the limits of these criteria.

In the planning phase of this change, personnel at City Home came up with a plan that the 20 apartments in Country Home would be changed into supported housing for more able residents and City Home would specialize in the more disabled and demented elderly. A significant part of the plan was that some of the personnel now at Country Home would be moved to City Home. This would have provided a partial solution to the problem of personnel shortages in City Home (staff meeting, January 26th, 1993).

In spite of the plans by City Home's staff a decision was made that Harmony Corner, one of the upstairs cell of City Home, would be changed into a 20-place supported housing unit in April 1994. In practice, this decision meant that all the more able residents from the City Home cells had to be transferred to this new unit, and those residents currently living in Harmony Corner who were too frail for sheltered housing were transferred to the remaining City Home cells. In the beginning 13 residents came to this unit from other City Home cells. Ten Harmony Corner residents continued to live there. In the future residents would be those elderly who were supported by open care and would move from their homes to Harmony Corner apartments.

The new unit, Harmony Corner, was to operate with only four employees but in a close co-operation with the open care services. Nursing services, for example, would be provided by the circulating home nurse. Only one vacancy from City Home was transferred to this unit.

Cutting the budget

In August 1992 the staff meeting dealt with a demand made by the member municipalities that the budget proposal for 1993 should decrease the operating costs of City Home by half a million FIM.

> "We need ideas how to make such cuts. Personnel costs make up 75% of the operating costs. Could we reduce the use of stand-in staff during sickness absences, holidays and leaves?" (staff meeting August, 1992).

The need to cut the budget was a consequence of the rapidly deteriorating Finnish economy, which led to state support to municipalities being slashed. Almost all municipal services faced cuts during that era. To what extent the decision concerning City Home was also a consequence of the rejection of the member municipalities' demands and the imminent break-up of the coalition, is uncertain.

The rule to inhibit the use of stand-in staff led to the reorganization of personnel distribution. To a large degree from 1992 onwards stand-in employees were taken from City Home. In cases of absentees, and also during vacations and leaves the work shift schedule was changed so that personnel had to change cells not only between two shifts but also within shifts. Absent personnel were replaced by an employee from another cell. The employees called this the "recycling of personnel". This kind of personnel re-distribution was not always possible and as a result some shifts were undermanned. The crucial principle of cell work, a permanent member of personnel in each cell, could no longer be followed.

At the break-up of the coalition in 1993 five posts were spared at City Home: the Director, the Deputy Director, the clerk, the occupational therapist and the activity councellor. As a result, cost cutting in City Home was expected to yield one million FIM during 1993 (staff meeting, September 14th, 1993). Both nursing homes for the elderly were run by the same Director, who came from Country Home.

Between 1992 and 1995 the number of vacancies at City Home dropped from 43 to 35 and these vacancies were filled by temporary employees (unemployed individuals, trainees, those doing civilian military service) whose working period were only from six to twelve months. In a staff meeting at the end of 1994 (staff meeting, December 20th, 1994) three students, 4 unemployed, three trainees and one doing civilian service, altogether 11 temporary employees, were recorded as working at City Home. In other words, almost a third of the workforce was replaced by temporary employees of whom a majority were not qualified for elderly care. A further aspect of this new workforce was that not all of them were licensed to do night shifts and some of them could only be used for the morning shifts. This resulted in difficulties in drawing up the work shift schedule (staff meeting, October 17th, 1994). The work shift schedule had been drafted by the head nurse according to a fixed formula which presupposed a given number of registered nurses and LPNs. This fixed formula now had to be abandoned. The number of evening shifts, weekend shifts and night shifts increased for the remaining permanent employees. And the regularity of shifts was interrupted. Moreover, a LPN was not available in each cell during the weekends and evening shifts (staff meeting, April 10th, 1995).

From the point of view of work-related well-being the period between 1992 and 1995 seems to have been a period of growing concern. The issue is mentioned each year in the staff meetings. An inquiry in 1993 concerning the type of education that would be needed in City Home resulted in three requests: to hear lectures on psychological well-being at the workplace, to learn about coping at work and to learn about mental health problems. To the question “What would I like to change in my work?” the majority of employees answered that those responsible for cleaning should be able to concentrate on that (staff meeting, May 25th, 1993). A meeting between the head nurse (who was largely responsible for City Home after the dissolving of the coalition) and the shop stewards in 1994 brought up issues related to work-related well-being: the use of unmotivated child care staff as stand-in employees was experienced as a burden and the problems of mental well-being and problems in the work community were seen as a result of an increased work pace.

In 1995 the Director of the center of social services contacted the Merikoski Rehabilitation and Research Center to start a developmental project that would have a positive effect on the worker well-being at City Home and Country Home.

Figure 38 represents a theoretical interpretation of the development of City Home between 1988 and 1995. It starts with the cell work activity system model. I have interpreted that the five year plans would have led to the consolidation of the cell working model (the grey dotted arrow in Fig. 38). However, the actual development took another direction. The decisions of the member municipalities to freeze the execution of the five-year development plan, the falling utilization rates, the diminishing number of personnel due to budget cuts, and the decision to change one of the cells into an open care unit, all meant that City Home's importance diminished. Country Home faced the same demands except for the diminution of its allocated places. As a small institutional unit it had operated much like one of the cells at City Home.

In Figure 38, I have interpreted the period between 1988 and 1995 as a narrowing cycle in which the object of City Home and Country Home, its residents, narrowed to include only the care of the long-term elderly sick for whom the cell working concept had not been developed. Also the number of places at City Home diminished as one of the upstairs cells was turned into a supported housing unit. In Figure 38 I have interpreted this to represent a dividing cycle in which the new unit parted from City Home to form another activity system with another object and another concept of care. Together with this development, personnel resources at City Home were cut back. The result was a developing deadlock; posing the question how can older and more disabled residents be cared for with fewer resources? My theoretical interpretation of this situation is depicted in the lower activity system model in Figure 38. The changed elements when comparing to the previous cell working model are marked in **bold** and the consequent secondary contradictions are numbered from 1 to 5. The first contradiction points at the tension between the tools of cell working and the older and more disabled residents. The appeals at the staff meetings to leave the residents in peace and the disappearance of group activities stand as empirical evidence for this contradiction. New tools to suit the present object better had not been developed. The second contradiction points to the problem of developing individual, flexible schedules for each cell when employees have to circulate between three cells. This contradiction exists only at City Home because Country Home operated as a single unit with its own personnel, and it was rare to circulate staff between these two homes. The third contradiction points to the disproportion between more dependent residents and the division of labor which solely directs the attention of nurses to residents. This means that nursing aides are caught in a situation where they ought to take care of their cleaning duties but helping residents takes most of their time. The fourth contradiction points to the fact that with fewer, temporary employees it is difficult to pursue flexible schedules and the result was that fixed schedules with no extra activities were maintained. The fifth contradiction aims at explaining why employees felt that all their time went to washing and cleaning. The diminished personnel resources contradicted the idea behind the division of labor that nursing aides and nurses had their own responsibilities but they also had time to help and activate residents. The result of this contradictory situation was that care activity dwindled to include only the care of basic physical needs for the elderly. Employees experienced a sense of haste and psychological strain. These features I have interpreted to represent the outcome of activity in Figure 38. They are not the only outcome of City Home and Country Home, but at this developmental phase they are very important ones.

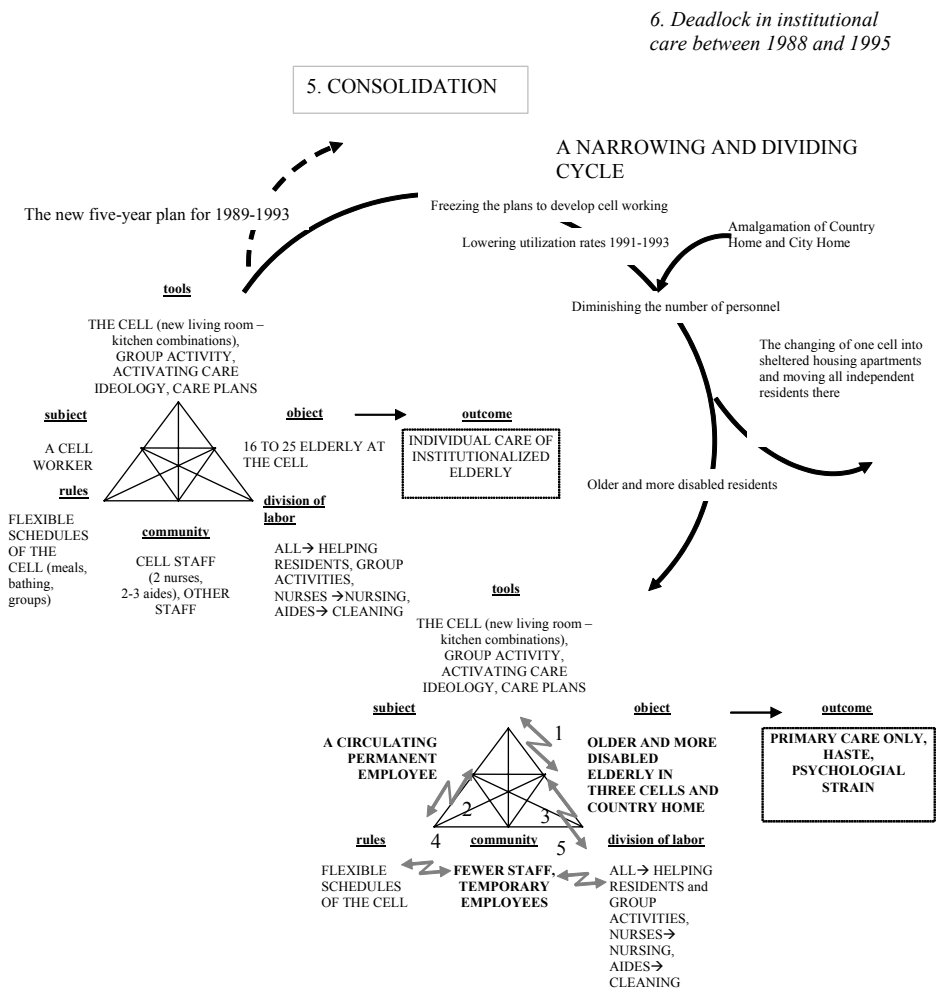


Fig. 38. Deadlock in institutional care at City Home and Country Home between 1988 and 1995.

8.7 Conclusions

I have divided my conclusions concerning this chapter into three themes. First, I shall summarize the local object-historical development of City Home and to a lesser extent: Country Home, and I shall examine it in the light of the working hypothesis of the theory-historical development of elderly care in Finland that I developed in Chapter 8.5. Second, I shall return to the activity-theoretical principle of primary contradictions and examine how it was expressed in the development of City Home and Country Home. Third, I shall summarize how work-related well-being issues arose during different phases of development.

8.7.1 The six phases of City Home and the developmental dimensions of elderly care

I have summarized the development of City Home in Figure 39 in terms of six developmental phases. In the figure the developmental contradictions of each phase have been reduced to a single developmental tension that best characterizes the driving force of the phase. These "tensions" do not represent another theoretical interpretation but their function is simply to compress the rather complex activity system models of the past subchapters into a form that fits to the figure and yet captures the essence of the contradictions. In the following I shall briefly explain the main dynamics of each phase in the figure.
The development of City Home does not start from its inauguration in 1975 but from the crisis of the Raahe municipal home. My data from that period is rather scarce but it was still possible to sketch out a rough picture of the problems that led to the developing of new care concepts both for the elderly and for the long-term sick. In Figure 39 I have summarized the situation of the municipal home as a tension between its main concept ("food and shelter for the poor") and the needs of two groups of residents; the need for privacy of the healthy elderly and the need for proper medical care of the long-term sick. This tension led to the next, partly parallel phase in City Home's development; the planning of a nursing home for the elderly (phase 2 in Figure 39).

As the data in Chapter 8.6. shows, the planning phase also had its contradictions. For the municipalities it seems to have been clear that they wanted to provide the healthy elderly with an institution that would allow them the privacy they lacked at the municipal home. Only the national inspector and county administration warned against the dangers of institutionalization, but at the same time they encouraged the building of a large enough institution. In this intervention we see directly how the national and county policies influenced local decision making (Paasivaara *et al.* 2003). However, on the basis of this case the influence was not as unambiguous as Paasivaara *et al.* suggest. The suggestions of the inspectors reflect both the institution-centeredness typical of governmental policies during the 1950's–1970s and the idea of providing a wide selection of services for the elderly typical of the period from the 1980s to the 1990s (Paasivaara *et al.* 1990, 121–123). The most difficult problem for the municipalities to solve during this phase was the question of costs of this type of care. To be able to solve this they needed to form a coalition of several municipalities. In Figure 39 I have described the driving tension of this phase as one between the use value ("the needs of the elderly") and the exchange value ("the costs of care") of care. This tension is related to the theoretical concept of primary contradictions and I shall return to this issue later in this chapter.

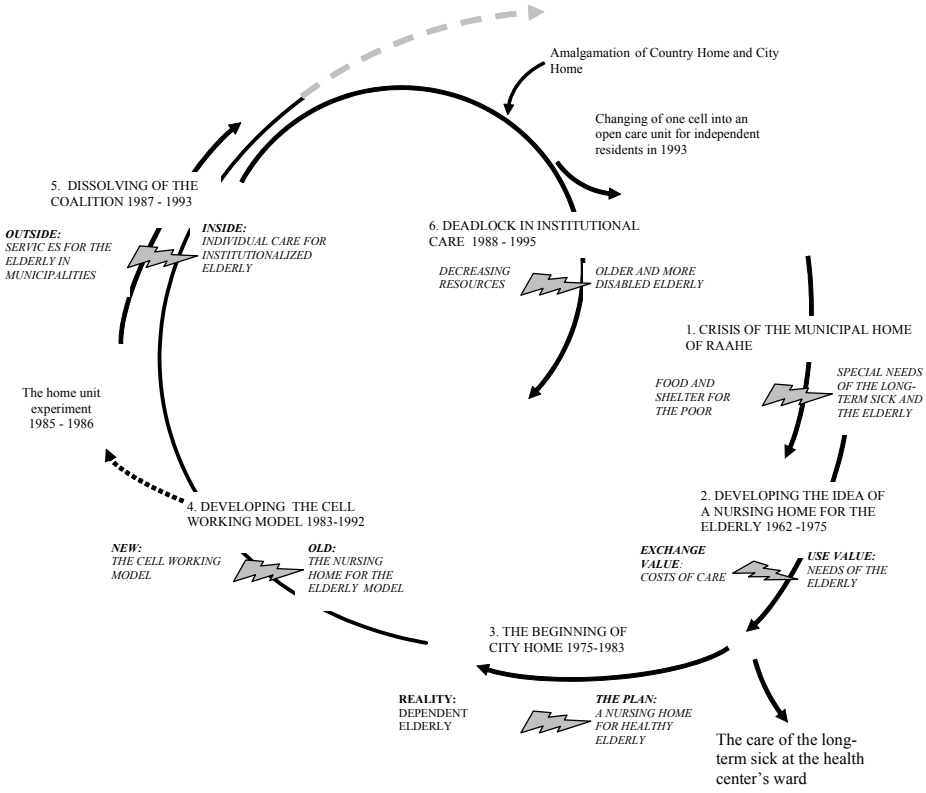


Fig. 39. A theoretical interpretation of the development of City Home as six successive phases in a narrowing developmental cycle.

At the beginning of City Home, we see the beginning of a dividing cycle which occurred when the care of the long-term sick was independently set up at the health center's ward. The new phase, the beginning of City Home (phase 3. in Figure 39), presents a surprise. The new concept, a nursing home for independent healthy elderly, runs into trouble when the member municipalities start to place dependent elderly in City Home contrary to the idea upon which it was founded. The new concept would appear to have been misconceived, and as a result City Home ran into a set of secondary contradictions at the implementation phase. In Figure 39 I have described this as a tension between the plan and reality. This is also theoretically interesting since no special set of contradictions has been described to belong to the implementation phase. On the basis of this analysis it can be argued that the implementation phase is sensitive to a new set of secondary contradictions that exhibit themselves between the planned elements of the new model and the elements that are realized during implementation. In this case these new secondary contradictions lead to the development of another concept of institutional care, the cell-working model (phase 4. in Figure 39).

The developing of the cell working model (phase 4. in Figure 39) is marked by a notable increase in personnel and the study and application of new working methods. Even this

regenerative period is not without tensions and conflicts. The building of the cell model is slow and the employees themselves have to try and solve the tensions between the two models: the declining model of working as a one big unit with a general personnel and general schedules, and the slowly emerging model of cell working with only a small group of employees and the possibility of self-regulation. In Figure 39 I have interpreted this tension as one between the old and the new way of working. The contradiction between the old and the new elements in the phase of application and generalization I have called the tertiary contradictions (see Fig. 16). This tension even found its way into interpersonal conflicts between employees who favored the old way, and employees who attempted to do things the new way.

A small but important experiment takes place when in the midst of developing the cell working model the home-unit experiment is launched. We learn from the documents that both for City Home and nationally it represented a small attempt to break away from the concept of a closed institution on which the cell working model was based. I have consequently included this small experiment in Figure 39 as a breakaway attempt from the direction to which the cell working model was otherwise headed (the dotted arrow in phase 4.). It seems, however, that during this experiment the idea of institutional care as a whole was not questioned. The home unit was only considered to be an addition to institutional care, and City Home carried out the experiment on the basis of a suggestion from the county inspector. It is perhaps of no surprise, therefore, that the experiment did not last long and did not become more widespread.

As the cell working model was beginning to generalize at City Home the new demands of the member municipalities questioned the idea of institutional care inherent in the cell working concept. In Figure 39 I have interpreted this as a tension between the outside (the needs at the member municipalities) and the inside (at City Home) which closely parallels the developmental cycle model's suggestion of quartenary contradictions (see Fig. 16). This period represents the fifth developmental phase ("Dissolving of the coalition") in Figure 39. As we learned, City Home was unwilling and unable to solve these demands. It would have meant questioning the concept they just had developed, the developing of a new object and a new motive for City Home, and consequently the developing of a new model or new models of care. Instead, employees and the Director of City Home as well as members of the coalition board concluded that the demands of the municipalities exhibited problems of homecare to which City Home could and should not respond. This led eventually in five years time to the dissolving of the coalition.

What we learn from the events that follow the dissolving of the coalition is that the developmental cycle of City Home began to narrow. The plans to develop the cell-working model further were not realized and instead of consolidation (the grey dotted arrow in Figure 39 pointing towards an expansive cycle) the model started to crumble, which is depicted in the model in Figure 39 as a turning inwards into a narrowing developmental cycle. However, the sixth developmental phase in Figure 39, "Deadlock in institutional care" had already begun before the dissolving of the coalition. During the heated negotiations with the member municipalities in 1987–1988 the enthusiasm for cell working had begun to fade at City Home because the type of residents had become more dependent and less physically able and so the cell working model was no longer so appropriate. In addition to the effects of the dissolving of the coalition the worsening municipal economy affected City Home and aggravated the lack of fit between the cell working model and the more

dependent residents. I have reduced the new set of secondary contradictions of this phase to a tension between decreasing resources and the problem of older and more disabled residents (Fig. 39). This interpretation is a working hypothesis based on the analysis of historical development and it needs to be tested with empirical data from the work practice of the 1995 situation (i.e. actual -empirical data). During this phase Country Home was amalgamated with City Home and one cell from City Home was turned into a sheltered housing unit belonging administratively to home care (the connecting and dividing arrows during the sixth phase in Fig. 39). Especially the latter development further aggravated the deadlock situation at City Home, since all independent residents were transferred to the new unit and more dependent elderly from municipalities replaced them.

If we now examine the local development of City Home in the light of the developmental dimensions and the theory-historical ideal types of elderly care, the developmental interpretation gains more depth. I have depicted the above-described six developmental phases of City Home as movements in a two-by-two field in Figure 40.

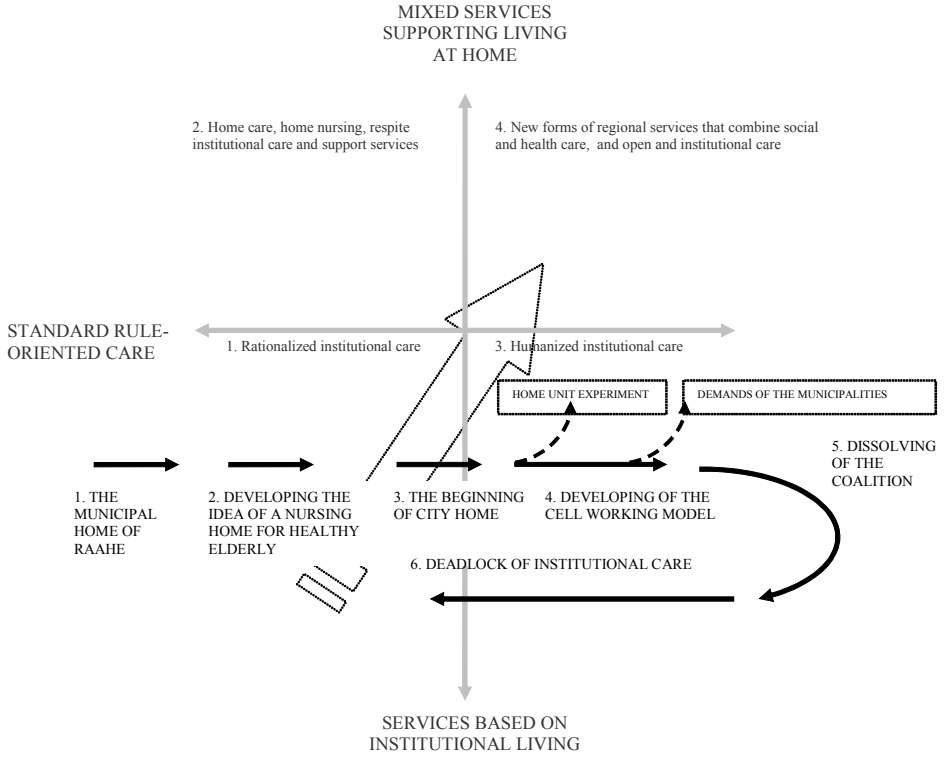


Fig. 40. The path of City Home within the developmental dimensions of elderly care and a hypothesis of its future developmental direction.

The starting point for the development of City Home started from the municipal home of the City of Raahe which clearly can be located to belong to the rationalized institutional care field in Figure 40. It provided standard services for each of its residents and the ser-

vices were clearly based on institutional living. When examining the next phase in light of the developmental dimensions we notice that the idea of City Home was also based upon producing services based on institutional living – only this time exclusively for the healthy elderly. In this sense it turns out that the idea of City Home was largely based on the same idea of institutional services as the municipal home. In activity-theoretical terms the object and motive were not qualitatively new. The institutionalized poor changed into the institutionalized elderly. In this light the developmental cycle of City Home was already at the planning phase taking the form of a repetitive cycle (see Figure 15). The authorities consulting the municipalities at this point did emphasize the importance of supporting those elderly who lived at home and the dangers of building an over-large institutional system. It can thus be argued that a larger object and motive, that of supporting the elderly living in their own homes, was also in view. On the other hand, the municipalities were forced by legislation to build a municipal home.

However, the beginning of City Home was a move towards customized care with its single apartments for each resident. A more decisive and an explicit step towards customized care was the development of the cell working model. In Figure 40 I have located it as a move towards the humanized institutional type of care.

The home unit experiment and the demands of the member municipalities are most interesting when interpreted in the light of theory-historical two-by-two field. Both seem to point in a direction that combines customized services and services that support living at home, that is towards the hypothetical type in field four in Figure 40 (dotted-line arrows in Fig. 40).

The decision of City Home in 1987 to limit its concept of care only to services supporting institutional living can be interpreted as a further move towards institutional care (arrow pointing downwards in Fig. 40). This led to the dissolving of the coalition and to the tightening of City Home's resources. Together with the growing dependence of the residents it led to the crumbling of the cell working model which can be interpreted in Figure 40 as a move back towards rationalized institutionalized care – only this time with extremely dependent residents.

This interpretation of the developmental path of City Home suggests that the solutions to the deadlock situation it was in 1995 were not to be found solely by further developing services to support institutional living. The analysis supports the conclusion that new solutions require the development of a new object and motive that is related to the other end of the developmental dimension: mixed services supporting the elderly who live at home. This direction is depicted in Figure 40 as a move from field one to field four (a large arrow with dotted silhouette).

However, the data from staff meetings in 1993 support the view that this was not the understanding of the personnel nor the Director of City Home and Country Home. Most of the ideas about developing City Home and Country Home at that point were exclusively based upon continuing long-term institutional care. It seems that City Home and Country Home now had to question its founding idea of an institutional home for the elderly that was developed between 1962 and 1973, and the direction it took in 1987.

8.7.2 The development of City Home and Country Home and managing the primary contradiction of care

A second perspective with which to summarize the development of City Home and Country Home is the perspective of primary contradictions. In Chapter 5 we learned that according to activity theory primary contradictions are the primary force of change and the development of any activity under the conditions of the market economy. By primary contradiction is meant the tension between the use value (the non-financial value) and the exchange value (the financial value) that exists in the object and in every element of the activity system model (the subject, tools, community, rules and division of labor). Because of changes both in use values (the needs of clients) and in the exchange values (costs), activities change. The primary contradiction cannot be permanently solved, that is, the fact that under the market economy everything has both a value in itself (e.g. bread satisfies hunger) and a monetary value (e.g. bread is worth some sum of money) cannot be overturned without changing the whole economic system. But in each activity (e.g. baking) this tension has to be managed in a satisfactory way, i.e. the bread has to be tasty *and* it has to be reasonable priced. In a way, each form or concept of activity (e.g. a small private bakery, a baking factory, or a chain of small bakeries, etc.) can be analyzed as to how it manages this primary contradiction.

These contradictions also concern nursing homes for the elderly. In a municipal nursing home such as City Home the exchange value of the object, the residents, is not related to direct economic profits derived from their care because the care is not sold and provided by a private organization, but it is instead financed from public funds by a municipal organ. Therefore the exchange value of residents is a negative one: the less money their care costs, the more profitable it is. The use value of the residents is related to the needs they have, and to the conceptions that we hold about the needs that they have, and how the care is able to fulfil those needs. To put it simply, the primary contradiction in the object of nursing-home work may be conceptualized as a tension between the costs of care and the needs of the residents.

The municipal home care concept had originally been based on the idea of a self-sufficient farmhouse with its own fields and own cattle, run by a minimal number of salaried employees together with a large, miscellaneous group of residents, many of whom were able to work and thus provide food and shelter for themselves and for those incapable of working (the sick, the aged, the disabled). This concept made it possible to keep the costs of care at a reasonable level and to provide the basic elements of living for the poor and infirm. In more theoretical terms, the farmhouse was a way to manage the primary contradiction between the costs of care and the needs of the poor. The way the municipal home managed the primary contradiction is depicted in the upper part of Figure 41. A change in the quality of the clientele of the municipal homes and a change in the ideas of care destroyed this balance. The residents were no longer able to participate in work in the fields and in the cowshed, and as a result more personnel had to be hired or food had to be bought, and the costs of care increased. In addition, the increasing number of long-term sick and the advancing concepts of medical care created a demand for services other than just food and a roof over one's head. Also changes in the ideology of elderly care demanded better conditions than large dormitories and the obligation to work to support daily needs. Privacy,

rest and peace were demanded for the elderly. The secondary contradictions of the municipal home activity system that resulted from this aggravated primary contradiction were depicted in Figure 33.

During the next phase in City Home's development, developing the idea of a nursing home for the elderly (phase 2. in Fig. 39), the negotiations can be interpreted as finding a new solution to manage the primary contradiction in the care of the elderly. In the data on the negotiations above, the exchange value of the object construction is shown in the arguments concerning the economy and size of the future institution. The use value side of the residents in the municipal home is reflected in the worry that the elderly have no privacy and the long-term sick do not get proper care.

The new solution worked out for the primary contradiction in the concept of care for the elderly is shown in Figure 41.

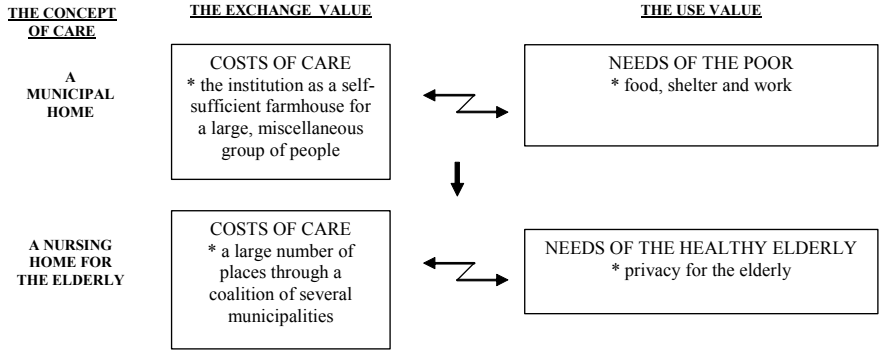


Fig. 41. Primary contradiction in the object of activity in the municipal home and in the nursing home for the elderly.

In Figure 41 we see the development of the primary contradiction of the object of activity into a new form during the shift from a municipal home to a nursing home for the elderly. The new solution to the primary contradiction in the nursing home for the elderly combines the special needs of the elderly and the size of the institution. The new institution is for a special group, for the elderly (the new use value), but also for a coalition of municipalities whereby there can be many elderly residents together (the new exchange value). In other words the nursing home for the elderly serves the special needs of the elderly but does it for a large enough group at the same time, thus keeping the costs of care down.

However, at the beginning of City Home (phase 3 in Fig. 39) the original idea of managing the primary contradiction failed from the very beginning. The elderly were more dependent than was expected and the more independent residents became bored in their apartments where there was little to occupy them. Especially the dependent had the kind of needs that disturbed the balance in the primary contradiction and resulted in a new set of secondary contradictions that demanded the developing of another care concept.

The new concept, cell working, however, solved the problem only from the use value side of the contradiction. It was developed to ensure better care for dependent institutionalized elderly but it did not manage well the exchange value side of the primary contradic-

tion, the costs of care. The cost of care per day at City Home increased six-fold between 1976 and 1993 (without taking inflation into account). The yearly rise in operating costs was 20% in the 1980s and the auditors questioned such increases. In theoretical terms the cell working model was a poorly managed primary contradiction between costs and care.

The home unit experiment and the demands of the member municipalities aimed at changing the object of City Home's activity in such a way that it would have also included the support of elderly who still lived at home. On the other hand, the demands also included the care of even more dependent, bedridden elderly. When examined from the point of view of primary contradictions the experiment and the new demands aimed at introducing new objects and as a result, new use value for the escalating costs.

The changing situation inside City Home, moreover, further aggravated the primary contradiction. The more dependent elderly did not benefit from cell working, and the plans to develop cell working further would have increased the costs of care even more. The aggravated primary contradiction led the member municipalities first to freeze the plans for City Home, then to build alternative service concepts of their own, and finally to dissolve the coalition. City Home became part of the social services of the City of Raahe, which already had built new institutional seats (Country Home) to manage the situation. This again changed the way the primary contradiction was formed. As the data showed, the number of institutional seats became critical, which increased the costs of institutional care without producing new use values.

The first move that the City of Raahe made to manage the unbalanced primary contradiction was to change the allocated places in Harmony Corner into rented apartments (sheltered housing). When the economic recession hit the City of Raahe in 1992 the budget of City Home and Country Home needed to be cut. Thus, at this point the managing of the unbalanced primary contradiction was one sided. It was mainly based on reducing costs. This, however, led to the worsening of care as the cell-working system of City Home started to crumble and the care provided there started to resemble rationalized institutional care in which only standard services were delivered.

8.7.3 Change and development at City Home and three periods of work-related well-being

The remarks related to employee well-being in the staff meeting records supported by interviews were derived from the following periods: 1977–1979 (period I in Fig. 42), 1983–1985 (period II in Fig. 36), 1988–1991 (period III in Fig. 42) and 1993 and continuing till 1995 (period IV in Fig. 42). In the following I shall examine these periods with the help of the working hypothesis I developed in Chapter 5 about the relationship between work-related well-being and phases of the developmental cycle (see Fig. 22.). Put briefly, the hypothesis proposed that during the phases of the descending part of the cycle work-related well-being is threatened, and during the ascending part it is renewed.

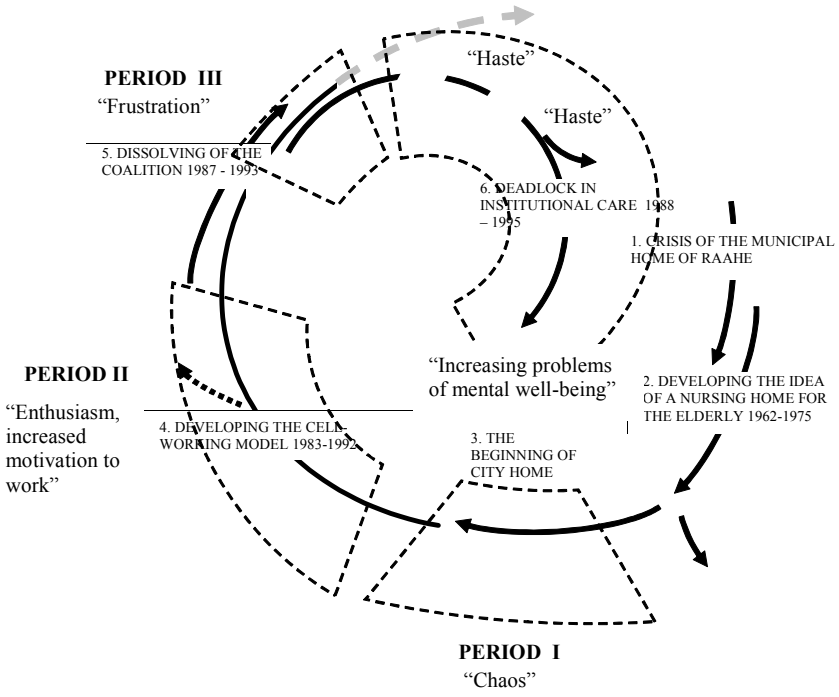


Fig. 42. Four periods of work-related well-being in the development of City Home.

According to the developmental analysis presented above during the first period, 1977–1979, the condition of residents started to decline and as a result their need for help increased. This challenged the way that City Home functioned. Gradually, problems about washing, cleaning and eating became worse and in 1979 the situation was described even in the official staff meeting records as "chaos". The division of labor based on functioning as a one large unit of 80 single-room flats with disabled residents instead of independent residents created an unstable situation that was also reflected in worker well-being. The remarks related to well-being reported "haste" and an "increased work pace" in both 1978 and 1979. After that the staff meeting records are silent for a while about such problems. This outburst of problems of work-related well-being at the beginning of the application phase of a developmental cycle was not part of the general working hypothesis I put forward in Chapter 5. Rather, the application phase should be the start of the renewal of work-related well-being. In this case the extraordinary clash between the plan and the reality in the application phase resulted in problems. In 1980 the residents who were most disabled were concentrated in apartments in the two downstairs wings, as the areas were called before the cell working period. Instead of a common schedule and common work shifts for City Home as a whole, different schedules and the concentration of particular work forces for different wings started to appear, and in 1983 a decision was made to establish a three-cell work model. These new arrangements concerning the rules and the division of labor eased the chaotic situation and there were consequently fewer worker well-being problems.

The newspaper interviews and staff meeting minutes give a picture of a positive phase in work-related well-being during 1983–1985 when the model of cell working was developed. In a way, this could be interpreted as the beginning of a second, more successful application phase. It seems possible to suggest that with the help of the new activating care ideology and the formation of cells some employees at least became more motivated. This finding and interpretation supports the working hypothesis developed in Chapter 5.

In 1988 we learn that the employees of City Home participated in two counseling groups and that in the staff meetings suggestions were gathered to improve the climate in the work community. In the interview one employee remembers that during that time they felt frustrated ("we didn't have anything to give") and tired. Also outsiders observed shortcomings in the way employees treated residents and in staff meetings employees were reminded of the principles of good care that they should follow. This period is depicted in Figure 42 as period III. What had happened? At that time the cell working model was generalizing but at the same time the change in the type of residents towards more disabled elderly had changed the nature of working. Much of the way employees had formerly worked with residents was gone, personnel now having to concentrate mostly on primary care and cleaning. Singing and spending time with residents had stopped. There was an increase in the physical workload, but there were also strong feelings that the part of work that was left out was important, even vital, and that there should be more to working than basic chores. Situations that produced frustration and tiredness were not the same as in the 1977–1979 period. It is not haste and the increased work pace that causes tiredness and frustration at this point but the change in the nature of the work and the related changes in the motivation to work. These findings support the working hypothesis I presented in Chapter 5. According to my developmental analysis, this period takes place at the beginning of a new cycle, a phase during which I assumed work-related well-being becomes threatened.

However, soon after this phase the continuing change in residents leads to a situation where there does not seem to be enough time for even primary care and cleaning. Haste, an increased work pace and problems in social relationships within the work community come up in the staff meeting between 1989 and 1991. The City home plans to increase the number of employees were not fulfilled and in order to ease the tightening situation in the cells, in 1991 restless demented residents were concentrated in one of the downstairs cells. On the one hand, this relieved the situation in the other cells but on the other, it created a difficult situation for the new dementia unit, which became too crowded. In other words, we can reconstruct a picture where the change in residents has again led to a stressful situation, and where a solution was invented and implemented which this time relieved the pressure in some cells yet increased it in another (the shaded areas in period IV in Fig. 42). The fourth period of remarks related to worker well-being overlaps with the phase during which our intervention at City Home starts (period IV in Fig. 42). The problems appear under headings such as mental health at the workplace and how to cope at work. The problems are related to the extensive use of a temporary unqualified work force, irregular work shift arrangements which together with the continuing change in residents again created an aggravated situation including an increased work pace and difficulties in carrying out of the daily tasks.

On the basis of the available data it seems fair to suggest that phenomena related to work-related well-being in City Home during the observed period were periodical. They emerged in the data in four different periods, all of which were significantly related to

change and development at City Home and at Country Home. The chaos at the end of period I is a consequence of the tension between the planned concept of City Home and the dependent elderly that in reality came to be the majority of residents. Enthusiasm prevailed during the second period, the developing of cell working. Frustration in the third period is a consequence of the inappropriateness cell working to the care of the dependent elderly. And the alternation of haste, partial solutions and recurring haste that eventually led to problems of mental well-being among the employees during period IV were a consequence of City Home's decision to limit its care to only the institutionalized elderly and the consequent dwindling of its resources.

My data is very limited concerning developmental phases 1 ("crisis of the municipal home") and 2 ("developing the idea of a nursing home for the elderly") and therefore this analysis is not sufficient to make arguments about work-related well-being during these phases.

The picture given by staff meeting minutes, newspaper stories, yearbooks and retrospective interviews about "what it was like" is a general one. This data hopefully captures the overall climate in the work community but it is unable to depict the variety of responses individual employees experienced concerning their work-related well-being during different periods. Further, the data in this chapter has largely been retrospective in nature. According to the research design I presented in Chapter 7 (see Fig. 24) the picture a historical analysis gives about the present needs to be tested with actual-empirical data. The next chapter focuses on how individual employees described their feelings at work during the fall of 1995.

9 An analysis of employees' work-related emotions in City Home and Country Home

9.1 Introduction

This chapter deals with employees' work-related positive and negative emotions at City Home and Country Home. Emotions are used here as primary indicators of well-being, which is in accordance with much of the research on work stress (see Chapters 4 and 6).

My approach to studying the work-relatedness of emotions is based on the working hypothesis of object-dependent well-being I developed in Chapter 5. The hypothesis was developed in the context of activity theory, which means studying emotions as the result of and mechanism for historically evolved object-oriented activity – not as stimuli to environmental causes. I presented the following working hypothesis of a new form of work-related well-being, object-dependent well-being. The preliminary definition is as follows: *Work-related well-being is the successful accomplishment or the potential successful accomplishment of individual actions in the direction of her motive constructed from the collective object and motive.* Following Leontjev's thinking, I will consider emotions as "signs" or "markers" of the success of actions in relation to the motive constructed from the collective object of the activity. In this chapter I will test that working hypothesis on the empirical data.

Leontjev gives important clues as to how emotions and motives could be studied. He starts from the premise that the subject is not actually aware of his or her motives while he or she acts. He or she is fully aware of the goals of his or her actions, but not of the motives. Psychologically effective motives are only reflected in the subject in terms of the emotional coloring of his or her actions, which sometimes leads to the false conclusion that it is the emotions that direct activity. Leontjev's point is that emotions are but a signal or a reflection of psychologically effective motives (Leontjev 1978).

How, then, might we study emotions as signals of object-related motives? Below is an example given by Leontjev.

> "A day filled with a multitude of actions, seemingly completely succesful, may nonetheless spoil a person's mood, leaving him with some kind of unpleasant emotional residue. Against the background of the concerns of the day this residue is hardly noticed. But then comes a

> minute when the person looks back and mentally sorts out the day he has lived through; at this moment there surfaces in his memory a given experience, and his mood acquires the objective reference: There arises an affective signal indicating that specifically this experience left him with the emotional residue.(ibid. 125)

This example could describe an employee who after an apparently successful day at work comes home and feels miserable. Let us move away from Leontjev's example and assume that the day has not even been a successful one even on the surface. How can the employee understand this negative emotional residue? According to the example, "*he looks back and mentally sorts out the day*". This looking back brings to mind "*a given experience*" and an affective signal indicates that the experience was the reason for the emotional residue. The simple but important methodological clue here is to look back and locate the experience that resulted in the emotional residue.

According to Leontjev, it causes no difficulty to the subject to talk of the motivations he or she *knows,* but these are different from the motives that are psychologically *effective*. He suggests a "round-about" method for studying psychologically effective motives in which emotions guide the way:

> "To recognize the real motives of his activity, the subject must also proceed along a "round-about way", with this difference, however, that along this way he will be oriented by signals-experiences, emotional "marks" of living." (ibid. 125)

Is Leontjev suggesting here a kind of introspection for everyone interested in their real motives? I believe not. A few lines earlier he argues that motives are revealed to the consciousness only by means of the analysis of activity and the related dynamics.

I decided to study emotions via employee descriptions of emotionally colored events at work. In this I employed the "round-about" method suggested by Leontjev, with a view to identifying the objects and motives in events that are colored or "marked" by emotions.

9.2 The research objective and research questions

My objective in this chapter is to examine how and through what mechanisms employees' negative and positive emotions are related to their work.

Research questions three, four and five guide this analysis:

> 3. What objects and motives can be analyzed from the employee descriptions concerning events at work that they experienced as tiring or exhausting?
>
> 4. What objects and motives can be analyzed from the employee descriptions concerning events at work that they related to experiences of strength, joy, enthusiasm and interest?
>
> 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of City Home and Country Home?

9.3 The data

I interviewed each City Home and Country Home employee, a total of 35 interviews. The process lasted six weeks (14.11.1995–5.1.1996) and the total number of days in the field conducting interviews was sixteen. I conducted three interviews per day, each of which lasted from 1.5 to 2 hours.

The City Home interviews took place in one of the resident's rooms, while we used a hobby room at Country Home. Because my interest was in the *work-related aspects* of the employees' well-being I wanted the interviews to take place at work during working hours, where the room and its artifacts, the work clothes, the smell and sounds all helped to keep the interview close to the context in which I was interested (see also Kleinman 1980, 106 on the importance of the interview setting).

Participation in the interviews was voluntary, but none of the employees declined. A letter of information was delivered beforehand to each employee. It included a request for consent to use the interview as research data and assurance of confidentiality and anonymity in the course of the data analysis and report publication were given. All employees brought their signed consent form with them when they came to the interview.

Following the premises of the active interviewing method (Holstein and Gubrium 1995, see below), I opened the interviews as follows:

> "I have no real list of questions I would like you to answer, and there are no right or wrong answers. I'm rather interested in your own stories, experiences and well-being here at work. Everybody has their own story to tell about work. You could start by telling me how you feel about your job. Tell me your own story in your work."

I used this opening because I wanted to say what I was interested in, and how I wanted the interview to proceed. Instead of going mechanically through a list of questions I consistently encouraged the interviewees to give examples of situations and events they had experienced. I also encouraged them to go further by asking what-happened-next and what-did-you-do-then types of questions. I also asked them to give their interpretations of the reasons why such situations had arisen.

I had prepared for the interviews by spending one day in each of the five units and writing detailed field notes of each time (see Chapter 2). Even during such a short preparation period I got to know some of the residents by name and I met most of the employees. I also learned what the units where like and how they differed from each other. All this information enabled me to help the interviewees to relate their experiences to the concrete details of their everyday practice (Holstein and Gubrium 1995, 45).

I also took the liberty of asking questions by recapitulating and paraphrasing what I thought were the key points in the responses of the interviewees. As the interviews proceeded I also tested the preliminary hypothesis I had developed earlier about the central role of the routine tasks and the timetable according to which they were to be performed. When an interviewee mentioned the timetable or the routine tasks I asked whether she thought they were important. I had developed my hypothesis during the days I spent in the units and during the two-month period in which I interviewed the 35 employees of the home. Examples of the supplementary questions are given in the following sections.

The interview questions I constructed were intended to help the interviewee to produce descriptions of emotionally colored events at work. First I had to decide what verbal descriptions for which emotions I would use. In constructing the questions I used a research

questionnaire that has been used to measure mood states in a number of studies on work stress and studies focusing on psychophysiological functioning. The Profile of Mood States (POMS) protocol (McNair *et al*. 1971, Järvenpää *et al*. 1993) groups 65 verbal descriptions of emotions along six dimensions: tension-anxiety, anger-hostility, depression - dejection, vigor – activity, fatigue – inertia, and confusion – bewilderment, and it was on the basis of these dimensions that I built my initial interview protocol.

I chose to analyze only those parts of the interview dealing with the fatigue – inertia and the vigor – activity dimensions and I did this for two reasons. First, the initial body of data was too large and I had to limit my analysis and thus chose one positive and one negative dimension. Second, conducting the interviews and becoming familiar with the transcripts showed me that different emotions did not differentiate different situations. Events that were described as tiring and exhausting also aroused emotions such as irritation, confusion and depression, and vice versa. This plasticity is a known phenomenon in studies of emotions (Buunk *et al*. 1998, 150).

The original verbal descriptions of the fatigue –inertia dimension in POMS used the words *worn out, listless, fatigued, exhausted, sluggish,* and *bushed* and of the vigor – activity dimension the words *lively, active, energetic, cheerful, alert, full of pep* and *vigorous*. The results presented in this Chapter are based on the following two groups of interview questions:

1. What is it that makes you feel tired or exhausted here at work?
2. What gives you strength here at work? What gives you joy at work? What do you find inspiring or interesting here at work?

Both of these main questions were followed by some of the following set of additional questions:

- give me an example of this kind of working
- tell me what happens on such a day
- what is it that makes you feel ….. on such a day?
- how do you cope with the situation? What do you do next?

All of the interviews were transcribed by a research assistant. Given the needs of the analysis the level of detail in the transcribing was down to recording both the questions and the answers verbatim, and marking shorter pauses (0–3 s.) with the sign "(pause)" and longer pauses with the exact duration of the pause in seconds, e.g. "(6s.)". Omissions in the transcriptions are marked with "…" or ":". Other details such as non-verbal sounds were not transcribed.

9.4 Methods of analysis

In the following I will first explain what kind of analytical status I give to the interview data and then proceed to introduce the notion of "explanatory models". The section ends with a detailed explanation of the phases and steps in the analysis.

9.4.1 Interview responses as explanatory models

In their book about interviewing, Holstein and Gubrium (1995) differentiate two kinds of respondent models that exist, either explicitly or implicitly, in each interview situation and affect the status that is given to the interview responses.

According to traditional approaches, respondents are viewed as "vessels of answers", that is as "repositories of facts and the related details of experience"(ibid., 8). The task of the interviewer is to tap this vessel carefully in order to gain access to the unbiased data it holds. The respondent is assumed to act as a passive reporter of his or her subjective feelings and behavior, and gaining access to this knowledge is a relatively straightforward endeavor, although skill demanding of. Inherent in the model are many methodological cautions so as to ensure that the knowledge the respondent possesses is gathered as naturally as possible ("as it exists out there"). If the respondent gives contradictory answers during the interview the task of the interviewer is to uncover which of these is the "real" one and which are biased. In this sense, the purpose of the interview is close to that of measurement: if you obtain contradictory results from weighing an object, for example, there is something wrong with your measurements. Thus the interview, or the questionnaire, is simply a data pipeline.

An alternative to this traditional approach is to model the respondent as an active narrator or constructor of experiental knowledge. Here he or she is an active participator who, from a diverse, multifaceted and partially emerging fund of knowledge, selects and construes a response that makes sense in the interview situation and in relation to the matters under consideration. In this case there is no pre-existing set of knowledge to be "gathered" by the researcher. The interview is inherently an interactional event within which relevant data is co-constructed by both the interviewer and the respondent. The data thus constructed reflects both the respondent's circumstantial and historical ways of knowing and the interview interaction itself. The meanings thus produced are not totally predetermined or totally new. The model leads to different methodical strategies than the conventional approach. The main aim of the interviewer is to "systemically activate applicable ways of knowing – the possible answers – that respondents can reveal, as diverse and contradictory as they might be."(ibid., 37) Incitement through using introductions that precede narratives, using background information to lead the respondent to the details of everyday life, and suggesting different positions from which to consider the matters at hand are among the variety of ways in which the active interviewer challenges respondents and gives room for them to use the stock of knowledge they have and that the situation offers.

The options I had with my data included treating the accounts given by the interviewees simply as more or less direct evidence of their experiences as such, or treating them as constructions or narratives mediated by culturally relevant and available ways of talking about work and emotions in the nursing home. I decided to take the latter option, and to analyze the interview responses as revealing the culturally relevant knowledge that employees use in their work.

The significance of exploring such culturally relevant ways of knowing lies in the idea that these stocks of knowledge have their origins in the activity and in the history of the home for the elderly, and that they are consequential in the activities of the employees.

In order to theorize the concept of "culturally relevant knowledge" I turned to the concept of explanatory models used in medical anthropology. Arthur Kleinman, a psychiatrist

and an anthropologist, developed the concept of 'explanatory models' (hereafter referred to as EMs), which are "notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process" (1980, 105). Kleinman's interest is in the different EMs of diseases held by laymen and medical specialists, and how these constructs collide in health care contexts.

He writes very little of the methodology of eliciting sickness EMs, but uses both field notes from clinical ethnography and clinical case presentations based on interviews.

The problem I address in my study is comparable with but in significant ways different from Kleinman's (see Table 7). What is common is that we are both concerned with the socially and culturally developed meanings people give to their experiences. However, whereas Kleinman is interested in the interpretations of an episode of sickness in the context of health care, my research focuses on interpretations of emotionally colored events in the context of a work community and work activity. The frameworks we are using for creating our explanatory models are different. Kleinman creates them from the informants' utterances concerning the cause, course and treatment of a sickness episode, whereas I create them from the objects and motives that the interviewees' descriptions of emotionally-colored events exhibit. Kleinman's analysis of the variance in explanatory models of sickness focuses on the multiple social perspectives (e.g., medical specialists, patients, non-medical healers, family) that surround the course of a sickness episode, and on differences between large cultures (e.g., the Western biomedical perspective, traditional Chinese medicine, and popular culture). However, he does not seem to be concerned with how these cultural EMs develop and change. My activity-theoretical analysis of the variance in explanatory models of emotionally-colored events, on the other hand, focuses on the historical change and layeredness of an object-oriented activity system.

Table 7. A comparison of the explanatory model framework in Kleinman (1980) and in this study.

	Explanatory models of sickness episodes (Kleinman 1980)	Explanatory models of emotionally-colored events (this study)
Context	Practitioner-patient relationship in clinical communication	Work community (activity system) in a process of change
The problem	Interpretive conflicts between patients and doctors in clinical communication	Explaining the work-relatedness of emotions
object of the explanatory model	Notions about a sickness episode	Notions about emotionally-coloured events or situations at work
Data	– ethnographical field notes – loosely structured interviews at home or in the clinic	– active interviews at the workplace
Criteria	An explanatory model consists of some or all of the following: 1) etiology of the sickness episode 2) time and mode of the onset of symptoms 3) pathophysiology 4) course of the illness 5) treatment	An explanatory model consists of 1) a description of an emotionally-colored event or situation, 2) the object and motive of the event or situation 3) the cause and solutions (concerning events that evoke negative emotions)
Interpretation of variance	Multiple cultural perspectives (e.g., different healing practices, biomedicine, folk beliefs, popular ideas, patient perspective, family perspective, practitioner perspective)	Developmental and historical, activity- based

The idea of explanatory models comes close to the phenomenographical idea of conceptions that individuals have about the surrounding world (Marton 1988). Several previous studies employing the developmental work research approach have used such conceptions in their analyses of interview data (e.g. Simoila 1994, Launis 1994, Engeström *et al.* 1987) and different conceptions in a work community have been interpreted to reflect multivoicedness and the development of work. An important premise in these analyses has been that the whole variety of conceptions in a given work community changes very slowly, but that its individual members may express different conceptions at different times and in different situations.

9.4.2 Three data sets and two phases of analysis

In the process of checking the original transcripts of the interviews I read them several times and listened to unclear parts from the original tapes.

I then separated three sets of data from each interview for separate analysis: (1) parts dealing with tiredness or exhaustion at work, (2) parts dealing with the feeling of getting strength from work, with feeling joy at work and with the feeling of something being especially inspiring or interesting, and (3) parts including metacommunication (talk that touches on the interview situation). It should be emphasized that it proved to be difficult just to separate the parts of the interview in which the interviewee chose to speak about tiredness and exhaustion. For example, these concepts were also described as annoyance, being under stress or feeling disgusted. Sadness and tiredness were also related in the accounts.

The reason for separating parts (1) and (2) was to facilitate separate analysis of the passages concerning negative and positive emotions. The methodological justification was that I was looking at the construction of work-related well-being from two different angles within the same interview – a kind of biangulation.

The aim of focusing on all parts of the interviews which included talk of the interview itself (3), was to see how the interviewees interpreted the interview situation. Methodologically, analysing statements concerning the interviews means focusing on *how* the data was produced. I will discuss these findings in terms of the reliability and validity of the study (see Chapter 12).

The parts dealing with situations that provoked work-related negative and positive emotions were analyzed in two phases (Fig. 43). During the first phase, explanatory models of emotionally-colored events were constructed from the responses through three steps in terms of both negative and positive emotions. The distribution, combinations, and historicity of the explanatory models were examined in the second phase. The analysis of the models concerning events that provoked negative emotions lead to a further analysis of the degree of externalization of one of them: the Duties EM (see Fig. 43).

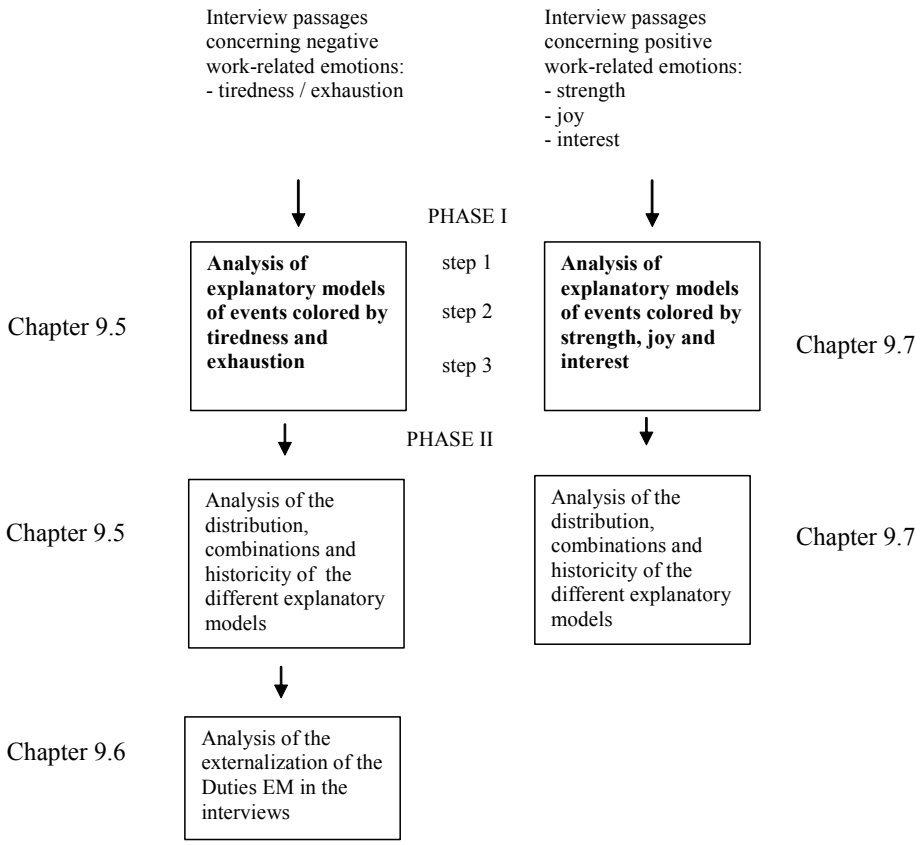


Fig. 43. Phases in the analysis of the interview data concerning negative and positive emotions at work.

The concrete steps taken in each phase are explicated in the following.

Phase I: Analysis of the explanatory models

The analysis of the explanatory models proceeded through three steps (Fig. 43, Table 8). In the first step, descriptions of emotionally-colored events were identified in the interview passages concerning tiredness/exhaustion and strength/joy/interest. These descriptions typically consisted of an account or a narrative in which the interviewee was doing or trying to do something and experienced the emotions that were mentioned in the interview question. I excluded from the analysis passages that related tiredness to the shift work, to physical strain and to illness. I interpreted the first-mentioned to refer to the working conditions regardless of the job content. A brief analysis of the excluded parts is presented in Chapter 9.5.

The second step was to examine the accounts on the basis of two related criteria: at what the actions in the account were directed, and what the desired result of the actions was – which was achieved in the case of positive emotions, or not achieved in the case of negative emotions. *Because these actions were emotionally significant I interpreted them to point to*

the level of activity and thus to the level of object and motives. (See Chapter 5 for an elaboration of the role of emotions in differentiating between levels of action and activity.) Thus, in my analysis of these descriptions I distinguished between the object and motive in the described events on the basis of which then I compared the different descriptions. I took the typical key words and phrases used in the descriptions as criteria of the comparison in difference. I thus developed a categorization of different explanatory models on the basis of the different objects and motives found in the different descriptions.

The interview passages concerning tiredness and exhaustion also dealt with reasons and solutions, which were analyzed in the third step in the light of these explanatory models. The interview passages concerning positive emotions obviously did not cover reasons and solutions with regard to strength and interest in the same manner as those concerning negative emotions.

Table 8. Three steps in the analysis of the interview passages dealing with events at work that provoked negative and positive emotions.

Data	Step 1	Step 2	Step 3
Interview passages dealing with tiredness and exhaustion (negative emotions)	Descriptions of events marked by these emotions were detected from the interview passage: an account in which the interviewee is doing or trying to do something emotionally significant.	The descriptions were compared with each other on the basis of the object and the motive expressed in the descriptions of the events → a categorization of different objects and motives was developed → different explanatory models of tiredness and exhaustion expressing different objects and motives were constructed	Reasons and solutions in terms of tiredness and exhaustion attached to the descriptions were analyzed from the interview passage
Interview passages dealing with strength, joy and interest (positive emotions)	Descriptions of events marked by these emotions were detected from the interview passage: an account in which the interviewee is doing or trying to do something emotionally significant.	The descriptions were compared with each other on the basis of the object and the motive of the described events → a categorization of different objects and motives was developed → different explanatory models of strength, joy and interest were constructed	(Not performed because no reasons or solutions were given in terms of interviews for events that were colored by these emotions)

Below are three excerpts (A, B and C) from interview passages dealing with tiredness and exhaustion at work, followed by an explanation of how the object and motive were detected from the descriptions.

In the first excerpt the interviewee is talking about a tiring situation in which she has to keep an eye on a resident to keep her from injuring herself. The key words (in italics) in this respect are "accidents" and "injured".

> EXCERPT A
>
> N: Well, it sure is kind of restless there. It sure makes me a bit restless as well and - - yet in a way (pause) you have to continuously keep an eye on them - - so that no *accidents happen* - - (pause) and then if one of them is in her room I feel I continually have to go and see that she *doesn't get injured* there and somehow, well (pause) it is kind of restless. And then, just when you don't see it yourself, and (pause) but, well, you can't be everywhere at the same time can you, but it still bothers you. (24111m)

The second excerpt also describes a tiring situation that centers around the residents but in a somewhat different sense. Here the problem is not the possibility of an accident, but the acute situation of a confused resident that needs to be negotiated. The key words here are "situation" and "so that you can defuse the situation".

> EXCERPT B
>
> V: There are of course days when you feel more strained.
>
> K: What has happened on a day like that?
>
> V: Well, of course you have given more of yourself. There are so many kinds of *situations*, no one day is like any other. But this kind of *situation* is always worse when many of them are on their way home. Mother and father are starving at home because she's here and stuff like that. Well, perhaps it's just the kind of *situation* where you need to use your brains a lot, so that you can defuse *the situation* when problems arise. They take their toll. (18123)

The third excerpt describes a tiring, rushed situation in which the tiring aspect is related to the problem of getting all the residents seen to by 8.30 in the morning of a sauna-bathing day. The key words are "work", "seeing to", "getting them seen to" and "by 8.30".

> EXCERPT C
>
> Well, of course these, if you think that *work* is, well I was in the sauna, and Ethel was *seeing to* the residents, dressing them in at the sauna, and then, well, there was only one permanent employee who was *seeing to* them, and it feels like, somehow, that you're in a kind of a hurry, so can you *get them seen to*, all seen to by 8.30 (13122)

What are the differences between these excerpts in terms of the object and the motive of the employee in the description of an event or a situation? The object to which the interviewee's actions are directed in the first and second excerpts are the residents, but the motives are different. In the first excerpt the interviewee explains how she struggles to keep her eye on the residents so that they will not hurt or injure themselves, whereas the motive linked to the residents in the second excerpt is concerned not with safety, but with solving or "relieving" the resident's problem (the resident believes she has to go home because her mother and father are starving there).

The third excerpt deals with a situation that also involves the residents, but in yet another way. Here the object toward which the employee is striving is not related to specific residents, but is focused on getting all residents "seen to" by 8.30. I have therefore interpreted the object to be the task of seeing to all residents, and the motive to be to fulfill the scheduled duties on time.

Phase II: Analysis of the combinations, distribution, and historicity of the explanatory models

Phase II in the analysis focused on the combinations, distribution and historicity of the explanatory models.

Given the active interviewing technique and the method of constructing explanatory models from the interviews, any one interview might have included several models. It is of interest which explanatory models appear together and which do not. It is possible to argue that some exclude others, and that some are complementary. Combinations of models in one interviewee's responses are analyzed in terms of both tiredness and exhaustion, and strength, joy, and interest.

The distribution of the explanatory models is analyzed according to the criteria presented in Table 9 in order to determine whether their use is different among different groups of employees and in different units of City Home and Country Home.

Table 9. Employee criteria for the analysis of the explanatory models.

Occupational title	Vocational training	Working time at the nursing home	The working unit
– nursing aides – licensed practical nurses and registered nurses (also includes the physiotherapist and specialized nurses)	– those with little vocational training (no qualification, only various courses) – those with a vocational qualification	– those who have worked for up to five years in the home – those who have worked for 6 to19 years in the home – those who have worked for over 20 years in the home	– those working in large cells caring for residents in better condition (Happy Hut, Country Home) – those working in small cells caring for residents in worse condition (Liveliness, Home Path) – those with no permanent cell

In Chapter 8 I developed a typology of four ideal types of elderly care in Finland and tested its validity in the light of the development of City Home and Country Home. The development of City Home was depicted as a loop from rationalized to humanized institutional care and back. However, given the various developmental experiments and external demands a new type of concept in elderly care seemed to emerge, regional multisectorial units. On the basis of my theoretical working hypothesis of object-dependent well-being, and of my theory-historical hypothesis of ideal types of elderly care, I developed working hypotheses of different types of object-dependent well-being in elderly care (Table 10) onto which I will project the different explanatory models I found in the interviews. Table 10 lists each ideal type of elderly care in terms of how it constructs its object and care motive, the basis of each type of object-dependent well-being, and the challenge it poses. These working hypotheses provide the background against which I will analyze the historicity of the empirical explanatory models of emotionally significant events. The rationale behind this type of analysis is in the hypothesis that variance in ways of talking about work and work-related well-being is the result of the historical layeredness of activity.

Table 10. A hypothesis of different types of object-dependent well-being according to historical ideal types of elderly care.

Historical ideal type of care (typical features in parenthesis)	The object and motive of care	Basis of object-dependent well-being	Challenge of object-dependent well-being
Rationalized institutional care (*scheduled duties,standard services, big units, specialized division of labor)*	Individual duties according to the division of labor → fulfilling of duties (so that the elderly get their services)	Everyone fulfills their duties.	Am I able to fulfill my duties?
Humanized institutional care (*individual institutional care, flexible rules, small units, teamwork)*	Institutionalized individuals and groups → the fulfilling the needs of individual elderly people	Every individual resident is taken into consideration.	Are we able to show consideration to each individual resident?
Respite care (*standard services, scheduled coordination between open care and institutional care, service packages)*	Individual duties providing services during the respite periods → fulfilling of duties (so that the elderly get their services)	Everyone fulfills the duties called for in the service packages and in the coordination of care.	Am I able to play my part in the service packages and in the coordination of care?
Regional multisectorial care (*regional unit, customization of services, flexible mixing of homecare and institutional care)*	The elderly living in the region and their needs → concentrating the mix of services to support living at home.	All elderly people in the region get the kind of services they need.	Are we able to provide the right kind of mix of services for individual elderly people?

Phase III: The externalization of the Duties EM in the interviews

My analysis of the interview passages dealing with tiredness and exhaustion led me to an unexptected and interesting observation: some interviewees explicitly questioned and criticized the type of thinking and doing that emphasized the performance of scheduled duties. With other interviewees not being able to fully carry out these duties was a typical response to the question "What makes you tired or exhausted at work?". I had categorized these answers in terms of an explanatory model I named "Duties," according to which the emotionally significant object towards which the employees were striving were the duties, and the motive was to carry out these duties according to schedule so that the elderly at the institution would receive good care. I also found some interviewees explicitly questioning and criticizing this using the same words and key phrases as those employing this explanatory model. These questioning interview accounts were not included in the Duties EM category.

At first I saw the criticizing and questioning simply as validation that the Duties EM was indeed an indigenous way of thinking and acting at City Home and Country Home, and not just another researcher's construct. However, when I interpreted it in terms of the expansive learning actions proposed by Engeström (1987) (see Fig. 18), it led me to an analysis that opened up the dynamics of the change and development of the object and motive construction at City Home and Country Home. This method of analysis is data driven and is presented in connection with my analysis in Chapter 9.6.

9.5 Explanatory models of tiredness and exhaustion at work

This section focuses on the analysis of the interview responses to the question "What makes you feel tired / exhausted at work?"

The analysis aims at answering research questions three and five:

> 3. What objects and motives can be analyzed from the employee descriptions concerning events at work that they experienced as tiring or exhausting?
>
> 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of elderly care?

The section is divided into four parts. The first part introduces the five explanatory models of tiredness/exhaustion that I found and constructed from the interview responses. The second part examines the distribution of these explanatory models among the different employee groups, and the combinations used by individual interviewees, while the third part considers them from the historical perspective of ideal types of elderly care. The section ends with a brief summary of the main findings.

9.5.1 The Five explanatory models

The five explanatory models that I found concerning tiredness and exhaustion at work are summarized in Table 11. The description in the middle column is an ideal interview response indicating the key features of the model. Excerpts from the data are given below.

Table 11. Explanatory models of tiredness and exhaustion at work in City Home and Country Home.

Name of the explanatory model	Frequency (the number of interviews)	An ideal description of the explanatory model	The object and motive expressed in the explanatory model
1. Duties	12	I get tired because I don't have time to finish my duties.	Object: duties Motive: getting duties finished on schedule
2. Duties and being with the residents	14	I get tired because we should have more time for these residents but we also have our duties.	Object: duties and residents Motive: finishing the duties and spending time with the residents
3. Residents' situation	9	I get tired because of the residents' difficult situations.	Object: the situation of the resident Motive: finding a solution to the resident's situation
4. Residents' safety	6	I get tired with the dangerous situations of the residents.	Object: safety of the resident Motive: securing residents' safety
5. Residents' placement	1	I get tired when residents who could still manage at home are put in the home.	Object: placement of the resident Motive: finding the right place for the resident

In the following I will scrutinize in detail the interview data suggesting these explanatory models. An excerpt that well represents each one is given, and the key phrases indicating the criteria are marked (written in *italics* in the excerpts).

It is interesting that the different causes that lead to tiredness and the solutions for preventing it were mentioned by the interviewees in connection with these explanatory models. These are also reported below.

1. Duties

Excerpt 9.1 is an example of an interview passage exhibiting the use of the Duties EM.

> EXCERPT 9.1.
> I: Mmm. What makes you tired?
> R: Well I guess anything makes me tired. I must be getting old because when I get home I no longer …
> I: Tell me about a day at work that's tiring or exhausting
> R: Well, it's er…(pause) Well, the kind of a day, for example when first thing in the morning, you see that there aren't enough employees and you know that we have to *make the beds* and do the *cleaning* and all kinds of *jobs*, and there aren't enough employees, it's (pause), you feel in the morning that you won't be able to do to it properly, that you should be *everywhere*, and it makes you feel that the whole day is gone so, you can't get to it properly, to *the work* (pause)… so you're forced ---- to leave it (pause)
> (12122)

The employee is saying that her tiredness results from unfinished work and jobs, such as making the beds and cleaning. Other responses belonging to this category mentioned the following unfinished duties or duties that had to be carried out in a hurry: cleaning, taking the residents to the sauna, to eat, to rest or to the bathroom, and tending them (which means washing and dressing them in the morning and undressing them in the evening).

The emotionally significant object which is mentioned as being difficult to successfully achieve or master are the duties (*making the beds, cleaning, jobs, work*), and the motive related to it is to carry out the tasks on schedule (*making it, having the time to do it*). Events during which the object is unsuccessfully achieved in terms of this motive result in feelings of tiredness and exhaustion. The interview passages explaining experiences of tiredness and exhaustion at work that were based on this logic and these phrases I interpreted as exhibiting the use of a cultural explanatory model, the Duties EM.

The key phrases in the interview passages indicating and accompanying this model were:

> *"having the time to do it, having to make it by that time, having the time to finish it, getting it all done, getting them all seen to, job, work, my own jobs, certain jobs, basic job, basic things, rush, tight pace, tight shift, many things that should be done, to have time to be everywhere/several places at the same time, concentrate on something, focus on something"*

There were passages in 12 of the interviews exhibiting the use of this explanatory model.

The reasons for such tiring and exhausting situations that were reported in connection with the Duties EM are reported in Table 12. The numbers in parenthesis refer to the number of interviews in which this cause and solution were mentioned.

Table 12. Reported causes of and suggested solutions for tiredness and exhaustion in connection with the Duties EM.

Name and description of the explanatory model	Reported reasons	Suggested solutions
1. Duties I get tired because I don't have time to finish my duties.	– too few employees (8) – residents in poor condition (3) – own fault and age (2)	– work faster (5) – more employees (1)

Two interesting phenomena are worth mentioning in this context. Three of the interview passages belonging to this category also contained references implying the importance of the residents although special linguistic means were employed. Excerpt 9.2 is an example.

> EXCERPT 9.2.
> R: Well, we have taken it lightly here, we've only done a little bit of vacuum-cleaning and dusting, and we've taken the bathrooms, sort of bending the rules, … nevertheless, as long as we manage to take care of the residents, I suppose that's the most important thing.
> (12122)

Here the interviewee shows that she knows taking care of the residents should be the most important aim, but the use of the phrase "I suppose" shows ambivalence and dissatisfaction with the fact that she has been forced to compromise on the cleaning because of the residents.

Some interviewees brought up issues to do with their personal background, as shown in excerpt 9.3.

> EXCERPT 9.3.
> R: I don't like this anymore as I used to like it in the old times --- you always thought that it was like at home, you did everything, now you don't care any more.
> I: You thought of how you worked at home?
> R: Yes
> I: What do you mean by that?
> R: Well, I mean that like at home you always had to be in time and do all the work on time. That's the way it should be, at least in a farmhouse. … And there were no working hours, you did it as long as there was work.
> (1112)

The interviewee explains her dislike of her present job by referring to what it had been like at home. At home everybody worked until the work was finished. In her present job she is forced to leave some of her duties undone (the Duties EM), which is not the way it should be according to the principles she had learned at home.

2. Duties and being with the residents

Excerpt 9.4 is an example of an interview passage exhibiting the use of the Duties and being with the residents EM.

> EXCERPT 9.4.
> R: … but this exhaustion has grown from what I've listened to and seen and experienced, that some of the vacancies have been left unfilled when people have retired. Aides have not been hired. Or, well (pause) uhm… (pause) Well, it makes you feel that there aren't enough of us, if you think *we should have time for them*. … Because on the wards *there are always the daily jobs that have to be done* (pause). …And then, when we are too few, who *spends time with them*, in other words it's against. … Well I'll tell you about myself, that it would be nice to sit

with some granny, and spend time there and do something but then you know that the time you can spare for one resident is soon up, because you have to go to the next one or you have some job to do, in other words I think its a burden.
(0712m)

Here the employee says that she gets exhausted because she has her daily duties to perform, but individual residents also need her to sit by and spend time with them. The difference from the Duties EM are the references to the residents. Other interview passages belonging to this category also emphasized the need to do the jobs or various duties, and also the need to have time for the residents. The frequent use of the conditional ("we should have … ") and the idea of "spending time" or "being with the residents" were typical features.

The emotionally significant object that the employee is not able to successfully achieve is dual: the duties and the residents. The motives attached to this dual object concern the performing of duties and being able to spend time with the residents. In the forming of the explanatory models it proved to be impossible to categorize these passages in either the Duties EM or the models referring solely to the residents (see below). My solution was to form this contradictory EM with two objects falling between the Duties EM and EMs concerning the residents.

The key phrases in the interview passages indicating and accompanying this EM were (in addition to the phrases typical of the Duties EM):

"we should have more time for the residents, we should have more time to socialize / to chat / to be with the residents/elderly, we should listen and understand the residents, we don't have as much time left for the residents as we should have, so that we would have time to fuss over them, we can't care for them as well as we should"

There were passages in 14 of the interviews exhibiting the use of this explanatory.

The causes of the tiring and exhausting situations that were reported in connection with the Duties and being with the residents EM are reported in Table 13.

Table 13. Reported causes of and suggested solutions for tiredness and exhaustion in connection with the Duties and being with the residents EM.

Name and description of the explanatory model	Reported causes	Suggested solutions
2. Duties and being with the residents: I get tired because we should have more time for these residents but we also have our duties.	– too few employees (11) – the residents are in a poor condition (5)	– more employees (4) – fix the cell working (4) – staying calm (2)

3. The residents' situation

Excerpt 9.5 is an example of an interview passage exhibiting the use of the Residents' situation EM

EXCERPT 9.5.
R: … Then there are those days when you feel more stressed.
I: What has happened on such a day?
R: Well, of course then you have been forced to give more of yourself. There are so many kinds of *situations*, not a single day is like any other. But the worst kind of *situation* is when *many of them want to go back home*. Mother and father are starving at home because she's

here, that kind of thing. If this happens to too many at the same time you have to be quite a diplomat *to be able to resolve these matters*. … Indeed. Yes, then you'll suffer the consequences. You really need to be a diplomat to be able to pull the right strings. …
I: Yes. What makes you feel tired at work?
R: Well, maybe just the *situations* when you have to use your brains a lot so that you can *resolve the matter* when *a problematic situation* arises. They take their toll.
(18123m)

Here the interviewee repeatedly recalls a situation that had evoked feelings of tiredness and stress. At the heart of such situations are confused residents who are agitated and start to get ready to go back home. Other interview passages that I included in this category described situations when a resident had run away, when it was difficult to help them to dress, when an employee was worrying about a resident's overall situation or about problems in other daily activities related to their lives in City Home and Country Home.

The emotionally significant object that is difficult to master in these descriptions concerns the residents' situations and the motive seems to be the resolution of such situations or helping the residents. The interview passages mention both problematic residents and residents' problems.

The key phrases that were used in these interview passages were:

"the good care of residents, their well-being is the most important thing, for the residents, for some people, many kinds of situations, so that you can resolve the situations, caring, to have [resident's name] in mind, what you would consider a good thing for her/him, what could be done to make her/his life better"

There were passages in eight of the interviews exhibiting the use of this explanatory model.

The reported causes and suggested solutions for such tiring and exhausting situations were somewhat different than with the previous two explanatory models. They are reported in Table 14.

Table 14. Reported causes of and suggested solutions for tiredness and exhaustion in connection with the Residents' situation EM.

Name and description of the explanatory model	Reported causes	Suggested solutions
3. Residents' situation: I get tired of the residents' difficult situations	– the institution's course of action (2) – dementia (2) – changing employees (2) – lacking of decision making authority (2)	– prioritizing duties (1) – reviving cell working (1) – tolerate it (1)

4. Residents' safety EM

Excerpt 9.6. is an example of an interview passage exhibiting the use of the Residents' safety EM.

EXCERPT 9.6.
R: Yes. mmm. And of course such days are, when *something happens to these residents* here, have I been able to watch over and look after them in that way. You can't avoid it, you can't be with everyone at the same time, you know, and anyway *accidents can happen* (pause) so, if *somebody falls and hurts themself,* it always makes you feel bad.
(04121)

This interview excerpt brings out another kind of worry that is related to the residents. The employee describes how the constant watching over them and the fear of accidents is tiring and when something happens it makes her feel bad. Other interview passages dealing with the same type of situations referred to falls, all types of accidents and sudden illness.

If we examine the object and motive in these situations, we notice that these descriptions also have the residents as their object, although unlike the Residents' situation EM, they highlight another aspect: physical integrity or safety. The attributed motive is to watch over or the residents so that they meet with no accidents or sudden emergencies.

The key phrases in the interviews indicating the use of this explanatory model were:

> *"unexpected situations, sending to hospital, falls, hurt oneself, sudden incidents, accidents, worrying over their safety, no harm comes to them"*

There were passages in five of the interviews exhibiting the use of this explanatory model

The causes of and solutions for these tiring and exhausting situations are given in Table 15.

Table 15. Reported causes of and suggested solutions for tiredness and exhaustion in connection with the Residents' safety EM.

Name and description of the explanatory model	Reported causes	Suggested solutions
4. Residents' safety I get tired of dangerous situations of the residents	– too few employees (2) – working alone (2)	– more employees (5)

5. Residents' placement

The fifth explanatory model of tiredness and exhaustion was found in only one interview. Excerpt 9.7 below from that interview shows yet another type of resident-oriented emotional reaction, this time regarding their placement in the elderly-care system.

> EXCERPT 9.7.
> I: Why don't you tell me about an incident or an event that has stuck in your mind and that somehow reflects the pressure of this job, the mental pressure.
> R: (6 seconds) There are in fact lots of situations in which that recurs. One of them is when, because I sort of believe in staying *at home* as long as possible and we could support the elderly in that, and I believe in that (pause) because in this care it happens all the time (pause) that people come in too good condition (pause) and you have no influence on that (pause) and I have found that extremely frustrating, and I haven't been able to have any influence on that (pause) that they come (pause) there are indeed those who *could manage at home* (pause) and in a way you know that at home (pause) in the field there are even those who are in much worse condition (pause) that this is in a way one of the things you encounter quite often here. Everyone is so ---
> I: Could you say more precisely what it is about that (pause) that frustrates you?
> R: Well, exactly that, that they rant and rave everywhere in the name of *home care and open care* but in practice anyhow nobody controls it (pause) That it's like this. This is like one of the things that (pause) disturbs me all the time --- Its not long ago when I pushed ---
> I: Tell me, what kind of incident was that?
> R: Well, nothing new, only whether we would *make this permanent* (pause) I have no influence on that at all.
> I: How would you have liked to influence it?

R: Well when I, if I were to decide I wouldn't bring her here ---, would have looked for *some other (pause) places* and in a way --- try (pause) ---
I: Why not?
R: Well, its not something good for *the client herself* that when ---
I: What does she do?
R: Well in a way there's no --- company, someone to talk to --- a little bit, I'm sure that she'll become *institutionalized*.
(27111)

Here the employee is talking about her frustration at seeing how elderly people who are in good condition are taken in as residents of the home and become institutionalized. What is difficult or impossible for her to achieve or to control is the placement of the elderly, and her motive in this is to support staying at home as long as possible and to find other better places for those who are in good condition.

The key phrases that indicate this new explanatory model are:

"staying at home, managing at home, client, open care, homecare, making it permanent, other places, becoming institutionalized"

The reported causes of and suggested solutions for this tiring situation are reported in Table 16.

Table 16. Reported causes of and suggested solutions for tiredness and exhaustion in connection with the Residents' placement EM.

Name and description of the explanatory model	Reported causes	Suggested solutions
5. Resident's placement I get tired when residents who would still manage at home are placed in the nursing home.	– wrong decisions by the supervisors (1)	– finding a more suitable place, experimenting (1)

9.5.2 Combinations of the explanatory models

The majority (80%) of the interviewees used a single explanatory model in answering the question concerning tiredness and exhaustion at work and the remaining seven used two (Table 17).

The Residents' safety EM was never used in isolation and the Duties EM was almost always in evidence (Table 17).

Table 17. Explanatory models of tiredness and exhaustion in interviews with only one or two EMs.

Interview answer	Duties (12)	Duties and being with the residents (14)	Residents' situation (9)	Residents' safety (6)	Residents' placement (1)	Number of interviews total
One EM was in evidence	11	10	6	0	1	28
Two EMs were in evidence	1	4	3	6	0	7

The most common combinations were Residents' safety with either Duties and being with the residents (in three interviews) or with Residents' situation (in two interviews).

The Duties EM was not apparent in the same interview as Residents' situation or Duties and being with the residents.

9.5.3 The Distribution of the explanatory models according to the different employee groups

Differences in the use of the explanatory models among the two occupational groups at City Home and Country Home, the nursing aides and the nurses (LPNs and registered nurses) are presented in Table 18.

Table 18. The use of explanatory models of tiredness and exhaustion by occupational group.

Occupational title	Duties (12)	Duties and being with the residents (14)	Residents' situation (9)	Residents' safety (6)	Residents' placement (1)	Number of EMs total	Number of respond-ents total
Nursing Aides	11 42%	7 27%	4 15%	4 15%	0 –	26 100%	21
LPNs and regis-tered nurses	1 6%	7 44%	5 31%	2 13%	1 6%	16 100%	14

It is clear from the table that the use of the Duties EM was most frequent among the nursing aides and very rare among the nurses. The nurses used most frequently referred to Duties and being with the residents and the Residents' situation, but also a number of aides used these EMs.

Table 19 shows the use of these EMs according to the level of vocational training.

Table 19. The use of explanatory models of tiredness and exhaustion according to the level of vocational training.

Vocational training	Duties EM (12)	Duties and being with the residents EM (14)	Residents' situation EM (9)	Residents' safety EM (6)	Residents' placement EM (1)	Number of EMs total	Number of respond-ents total[1]
No vocational qualification	8 44%	6 33%	2 11%	2 11%	0 –	18 100%	15
vocational qualification	4 17%	8 35%	6 26%	4 17%	1 4%	23 100%	19

[1]one respondent is missing because of lacking information

It is clear from the table that the use of the Duties EM was more frequent among employees with no vocational qualification, all of whom were nursing aides, and that the Residents' situation EM occurred slightly more frequently among those with a vocational qualification. The differences concerning the use of the other EMs are very small.

The following table (20) shows whether the number of years working at City Home and Country Home was associated with what explanatory models the employee used in the interviews.

Table 20. The use of explanatory models of tiredness and exhaustion according to the number of years of working at City Home and Country Home.

Working time	Duties EM (12)	Duties and being with the residents EM (14)	Residents' situation EM (9)	Residents' safety EM (6)	Residents' placement EM (1)	Number of EMs total	Number of respondents total[1]
0–5 yrs.	2 25%	3 38%	2 25%	1 13%	0 –	8 100%	7
6–19 yrs.	7 29%	8 33%	4 17%	4 17%	1 4%	24 100%	19
over 20 yrs.	2 22%	3 33%	3 33%	1 11%	0 –	9 100%	8

[1]one respondent is missing because of lacking information

The table shows no significant differences between newcomers and employees of long standing.

Table 21 shows the differences in use of the EMs according to the type of unit in which the respondent worked.

Table 21. The use of explanatory models of tiredness and exhaustion according to the type of unit.

Working unit	Duties EM (12)	Duties and being with the residents EM (14)	Residents' situation EM (9)	Residents' safety EM (6)	Residents' placement EM (1)	Number of EMs total	Number of respondents total
Big units for residents in better condition	6 26%	10 43%	3 13%	3 13%	1 4%	23 100%	19
Small units for residents in worse condition	6 50%	1 8%	3 25%	2 17%	0 –	12 100%	10
No permanent unit	0 –	3 43%	3 43%	1 14%	0 –	7 100%	6

Employees working in small units with residents in a worse condition most frequently used the Duties EM, whereas those working in big units with residents in a better condition most frequently referred to Duties and being with the residents and Duties. Other differences between the three employee groups are based on too small numbers for any reliable conclusions to be made.

9.5.4 Explanatory models of tiredness and exhaustion and historical ideal types of elderly care

Earlier in this chapter (see 9.4) I constructed a working hypothesis of different types of object-dependent well-being according to the four historical ideal types of elderly care. This working hypothesis suggested that the theory-historical developments in elderly care that I analyzed in Chapter 8 (see Fig. 28) have highlighted different aspects of the elderly and their lives as an emotionally significant object of employee activity in elderly care. Further, in the analysis of the development of City Home (and Country Home) showed that these theory-historical ideal types had relevance and validity in terms of understanding the local developmental phases. The next stage is to use the explanatory models that came up in the interviews in 1995 as an empirical test of that working hypothesis. In the following I consider the relation of the emotionally significant objects and related motives in each explanatory model to the objects and motives in the historical ideal types of elderly care.

The object and motive of the Duties EM equals those of Rationalized institutional care. The daily jobs that are worried about, and the frequent expressions "making it in time" or "having the time to do it" all fit best to a rationalized institution in which the production of standard services is based on daily schedules and the division of labor according to different duties or jobs.

The Duties and being with the residents EM, with its dual object and related motives, adds elements of individual residents to the emotionally significant object, but also keeps the duties in focus. In terms of the theory-historical analysis, it resembles a mixture of models of the rationalized and humanized institutional care, and includes elements of both. It could also be interpreted as a transitional EM representing a shift from the rationalized model of care to the humanized model. This interpretation is supported by the frequent use of the conditional tense in references to the need to spend time with the residents.

The residents' situation EM with its orientation towards the problems and special needs that individual residents have is most conveniently understood as an expression of individual-centeredness and on active attitude towards humanized institutional care.

The importance of resident safety is difficult to attribute to any single historical ideal type of care, and the explanatory model could rather be attributed to several of them. However, special emphasis on the safety of residents has been a feature of different types of institutional care because these elderly people are living in a strange environment, the responsibility for which lies with the service providers. Safety in domestic environments has been a fairly recent concern in elderly care and for this reason I have included Resident's safety in Table 22 to match the rationalized and humanized institutional types of care.

The Resident's placement EM was the only explanatory model to single out features of an emotionally significant object that point beyond issues within the institution. Concern with issues to do with the right placement of individual elderly people within the system of elderly-care services points towards viewing the object from a wider perspective that, in significant respects, resonates with ideas of the ideal type, or the hypothesis of regional multisectorial care.

Table 22 summarizes the compatibility between the features of the historical ideal types of care and the explanatory models of tiredness and exhaustion.

Table 22. Historical ideal types of elderly care and explanatory models of tiredness and exhaustion in the employees' interviews in 1995.

Historical types of elderly care – ideal object and motive	Explanatory models of tiredness and exhaustion in 1995
Rationalized institutional care – duties → performing the duties according to the schedule	Duties EM Residents' safety EM Duties and being with the residents EM
Humanized institutional care – individual resident → fulfilling of individual needs	Residents' situation EM Residents' safety EM
Respite care – duties and services→ fulfilling the duties	(no corresponding EM)
Regional multisectorial care – the elderly living in the region → concerting their mix of services	Residents' placement EM

9.5.5 Interview accounts excluded from the analysis

I excluded from the analysis interview passages relating tiredness to work shifts, physical work strain and illness. In terms of activity theory, these three elements refer to the level of operations and their conditions in the structure of the activity. Normally unnoticed conditions become goals of actions, such as when the shift system is not working it may come into focus, but it nevertheless does so for short periods only. This is not to say that the conditions of work are without meaning from the point of view of work-related well-being: on the contrary. I will return to this issue, and to the issue of how these conditions are related to the action and activity level, and to the explanatory models of tiredness, in Chapter 9.8.4. I have compressed the essential elements of these three excluded topics in Table 23.

Table 23. Accounts of tiredness and exhaustion excluded from the analysis.

The topic of the interview passage	f.[1]	The main contents of the interview passages
Work shifts	20	The problem of not getting enough sleep or rest because of night shifts Today's evening shift followed by tomorrow's morning shift Today's short morning shift followed by tonight's night shift Too few days off after night shifts Six or seven successive work shifts without a day off, especially if the seventh one is a night shift.
Physical strain	7	The tiring effect of the heat during the sauna day from 7 am until the afternoon. The exhaustion from walking back and forth along the long corridors the whole day. Lifting and assisting disabled residents.
Illness	4	High blood pressure, common cold, cardiac arrhythmia, rash

[1] f refers to the number of interviews dealing with this topic

9.5.6 Summary of the main findings

The main finding of this section (9.5) concerns the five different explanatory models of tiredness and exhaustion that the employees of City Home and Country Home used in the interviews.

The different emotionally significant objects and motives of work in residential homes that these explanatory models reveal are 1) the scheduled duties, 2) duties and being with the residents, 3) the residents' situation, 4) the residents' safety and 5) the residents' placement. The second of these represents an explanatory model of two emotionally significant and rival objects, the duties and the residents.

Three interview passages exhibiting the Duties EM also included references to taking care of the residents, but special linguistic reservations were used. While bringing out the importance of the care of the residents, at the same time they slightly questioned its significance compared to the fulfilling of duties.

Some interviewees using the Duties EM included references to their personal background as an explanation of why finishing their duties was so important to them.

The Duties and being with the residents EM was used most frequently (in 14 interviews), Duties EM in 12 interviews, Residents' situation in eight, Residents' safety in six and Residents' placement in one.

Different explanatory models were accompanied by different perspectives on the causes of and solutions to tiredness and exhaustion at work. The use of the Duties, Duties and being with residents and Residents' safety models was accompanied by the attribution of the tiring or exhausting situations mainly to the shortage of employees, whereas the users of the Residents' situation and the Residents' placement EMs did not mention that at all: the former referred mainly to different features of the home's operating procedures (Table 24).

Table 24. Causes and solutions presented in connection with the explanatory models of tiredness and exhaustion.

	Duties (12)	Duties and being with the residents (14)	Residents' situation (9)	Residents' safety (6)	Residents' placement (1)
Causes of tiredness / exhaustion	– too few employees (8) – residents in poor condition (3) – own fault and age (2)	– too few employees (11) – residents are in poor condition (5)	– the institution's course of action (2) – dementia (2) – changing employees (2) – lacking decision authority (2)	– too few employees (2) – working alone (2)	– wrong decisions by the supervisors (1)
Solutions	– work faster (5) – more employees (1)	– more employees (4) – fix the cell working (4) – staying calm (2)	– prioritizing duties (1) – reviving cell working (1) – tolerate it (1)	– more employees (5)	– finding a more suitable place, experimenting (1)

When the causes of the tiring and exhausting situations were seen to result mainly from the shortage of employees, the solutions centered around getting more or focusing on individual solutions (working faster and staying calm). Several interviewees wanted to revive or fix the cell working as a solution for tiredness and exhaustion.

When the combined use of these explanatory models in single interviews was analyzed, it was shown that explanatory models other than Residents' safety were mostly used alone: Residents' safety was always present in connection with some other model.

There were several differences in terms of which employee groups used which explanatory models in the interviews. Duties EM was more often used by those with no vocational qualification and those working in small units with more dependent residents. However, the use of the Duties and being with the residents EM was distributed almost evenly among the employee groups. The Residents' situation EM was used more by nurses and employees with a vocational qualification, but also by a number of nursing aides.

Examination of the explanatory models that the employees used in 1995 showed how several of their objects and motives had conceptual connections with the historical ideal types of elderly care. Duties and the Residents' situation EM were the most clearly connected to the concepts of rationalized and humanized institutional care, respectively. Duties and being with the residents EM turns out to be an interesting explanatory model as it is a dilemmatic combination of two historically different objects and motives in elderly care. Residents' placement EM was shown to represent connections to the hypothetical new type of services for the elderly, regional multisectorial care.

In addition to describing actions from which emotionally significant objects and related motives could be extracted, the interviewees also brought up issues related to working conditions and illness in the context of tiredness and exhaustion at work. Physical strain resulting from lifting residents, staying on one's feet the whole day, and the heat of the sauna was reported, as well as problems related to shift work and sleeping. A few interviewees mentioned some common illnesses that they thought had resulted from the strain at work.

Before examining the objects and motives found in the explanatory models of positive work-related emotions (strength, joy and interest), I will focus for a moment on the ways in which the object and motive of the Duties EM were commented on in the interviews. The starting point for this additional analysis was the observation that few employees who did not use the model themselves in explaining their tiredness and exhaustion nevertheless commented on it.

9.6 Externalization of the Duties EM

The analyses presented in this chapter were not planned in advance but developed from the observations I made both during the interviewing and while analyzing the passages concerning tiredness and exhaustion at work.

When I had identified passages containing key phrases typical of the Duties EM I found that a few of the interviewees were not using these phrases to explain their own tiredness, but they were referring in a questioning and critical manner to how *other employees* used this kind of talk at work. In a way, they were criticizing the use and the consequences of the

Duties EM. Excerpt 9.8 below illustrates this: the key phrases of the Duties EM are in *italics* and questioning remarks are in **bold**.

> EXCERPT 9.8.
>
> R: **Here the doing is valued, the kind of terrible rush that (pause) you dash about, and run and move around. That's valued more than spending time with a person**. This is my view. It might be all wrong. It's just that I have understood it this way. (pause) Exactly the fact that when, (pause) when everybody is *in a hurry*, everybody says that they have a terrible amount of *work*, there are too few employees, we *have to have so much time to clean*, today we only *had the time to clean so and so many* closets, today we *have not had the time* because of this, and there are *so many left* we haven't taken to the sauna yet. **It's just that**, well, *you have to do that much during a certain day*, it's exactly, this schedule that ties you to this, that today you do this and that, and you have so many jobs, and like (pause) … **you can't be flexible there at all because (pause) because, well, it's this certain routine that counts here.** (21123m)

It is highly interesting in terms of the above analysis that the interviewee explicitly paraphrases ("everybody says that …") the kind of talk that many employees used when explaining to me what made them feel tired (lines 5–8 in excerpt 9.8.).

I was conscious of these kinds of passages already during the interviews, and (following the active interviewing technique) whenever I noticed someone referring to duties and schedules I paraphrased and asked questions aimed at challenging the interviewee's perspective.

At first I took these accounts as an internal validation of the Duties EM construct. In other words, I took them as proof that the way of talking about work that the model represented was also used inside the home and not only in the interviews. I still think that this was the case. However, the fact that some employees questioned the objects and motives that other employees held dear could also point further: to the dynamics of how a meaningful object of work is constructed and how the motives connected to this object develop and change. In other words, it suggests a mechanism of qualitative change of object-dependent well-being (see Chapter 5, Fig. 22.). With this hypothesis in mind I proceeded with the analysis of these accounts in the following manner.

First, I thoroughly analyzed all of the interviews to find passages that explicitly questioned the Duties EM, and determined what kind of explanatory models of tiredness and exhaustion these interviewees had used themselves.

Second, this analysis led me to acknowledge that the questioning accounts represented only the extreme end of a much more subtle spectrum. While few interviewees clearly questioned and criticized the Duties EM, there were some who tentatively asked whether it could be questioned, some who seemed to be fully conscious of such an explanatory model without questioning it, and finally some who used it in a non-reflective manner and did not comment upon it in any way, despite the fact that I tried to challenge their views. A selection of interview excerpts showing this variety is presented below.

Third, I consequently closely followed the course of a single interview during which the interviewee, while explaining to me why she felt tired at work, became for a moment conscious of the motive and object that made her do the things she did in her work. This case comprises the third part of the analysis in this chapter.

The chapter closes with a summary of the main findings.

9.6.1 Interview passages that question the Duties EM

Questioning accounts of the Duties EM were found in ten interviews (Table 25).

Table 25. The number of interviews presenting a questioning account of the Duties EM.

	Duties EM (12)	Duties and being with the residents EM (14)	Residents' situation EM (9)	Residents' safety EM (6)	Residents' placement EM (1)
Questioning accounts of the Duties EM	0	2	6	1	1

None of the questioning accounts appeared in those interviews in which the respondents used the Duties EM to explain their own tiredness or exhaustion. Most of them occurred in connection with the use of the Residents' situation EM, and a few were presented by interviewees who also used the Duties and being with the residents EM.

Of the 10 questioning accounts, four were presented by nursing aides and the remaining six by LPNs or registered nurses.

9.6.2 Examples of the degree of externalization of the Duties EM

While I was going through the interviews in search of phrases that could be labelled questioning I came across a spectrum at one end of which the features of the duties EM were described in a non-reflective way more like a necessity, and at the other end the model was consciously reflected upon, questioned and rejected.

The six excerpts (excerpts 9.9.–9.14) that follow are from six different interviews and were chosen on the basis of how they exhibited different degrees of reflection, questioning and rejection in relation to the duties EM (marked with italics in the excepts). I discuss them within the framework of internalization and externalization (see Chapter 5, Fig. 18).

Some of the excerpts also reveal my active role as an interviewer. Given my own experiences of the home during the ethnographic phase, and the responses of some of the interviewees, I had developed a sense of the crucial importance of the timetable-dependent performance of duties in the daily practice of the home. Thus, I was able to introduce minor interventions following the active interview schema I had adopted. For example, in cases in which an interviewee described a hectic working day and mentioned a time limit with which she should comply, I asked her whether the time limit was important, or I just recapitulated that part of her description to her. In some interviews I also paraphrased what the interviewee had just explained, specifically pointing out expressions associated with the sphere of duties and checking that I had understood her correctly. It must be emphasized that I did not conduct such interventions in a consistent and systematic way, and hence a systematic analysis of their content and results is not possible. However, I will give a few examples and discuss their implications.

In most cases the results of these interventions did not show in the interviews. It was often just a matter of explaining why keeping to the timetable *was* important, and sometimes the interviewee just gave a minimal positive response to my question or paraphrase.

1. Non-reflective, unquestioning interviewee; active interviewer

In the following excerpt the interviewee explains the sauna-bathing morning as a typical example of a tiring working day. I coded it as representing the Duties EM.

EXCERPT 9.9.

R: Well, of course these, if you think that the work is … well, I was in the sauna and Sheila [another employee] was there seeing to the residents, dressing them in the sauna, and then, well, there's only one employee, a permanent employee, seeing to the residents and it feels that *we are like in a hurry*, that *can we get them seen to, get everybody seen to by 8.30*, …

I: Yes, and you have to make it by 8.30, see to them?

R: Well, yes we sometimes leave some of them, for example now we left one granny in bed because she didn't want to get up, so we left her *... but if you leave many, well, it doesn't help you at all.*

(13122)

Here the interviewee refers to the problem as time pressure ("in a hurry"), explaining that the residents have to be taken care of by 8.30. She points to the fact that there was only one member of the permanent staff on duty. My next question was aimed at raising the interviewee's awareness of the importance of keeping to the timetable she had just mentioned. The result is a confirmation ("well, yes…") followed by an explanation of the necessity of doing so even though some exceptions could be made.

My interpretation of this passage is that the interviewee took the timetable for granted and did not reflect upon it, despite my question.

2. Reflective, unquestioning interviewee

The following excerpt starts with my asking the employee to say more about the time pressure which she had mentioned earlier as a tiring aspect of her work. This passage was coded as representing the Duties and being with the residents EM.

EXCERPT 9.10.

I: Mmm. Could you say more about the time pressure?

R: Well, of course first of all, at the end of the day, there are too few of us on staff of each department so that, … and they need so much help, and we should maintain some level of cleanliness, or have to, and so *there's almost inevitably quite a hassle so that you can make it through the day* (pause) *None of these things are like exactly tied to the schedule* but anyhow you should do certain (pause) certain jobs during that day because you can't leave much undone because the next day somebody else has it before her, so (pause) *you can't think well, I can't be bothered with that today, let someone else do it* (pause) someone else tomorrow but we have to try to do our own things there (pause) Sometimes you're forced to leave it and say that it didn't work out today, this job. Then in a way you should have time for these people because they are, well (pause) for at least some kind of conversation or chat or (pause)

(15121m)

This interviewee also starts with a reference to the number of staff and the quality of the residents. She then explicitly brings up the role of the timetable, but she does not question it even though she seems to be in a dilemma when she says, "None of these things are like exactly tied to the schedule but anyhow you should do certain (pause) certain jobs during that day because you can't leave much undone because the next day somebody else has it before her…" She first partially denies it and then confirms it.

Note also how she labels the possibility of not performing the tasks scheduled for a certain day as laziness and lack of consideration: "you can't think well, I can't be bothered with that today, let someone else do it (pause)". This labelling actually strengthens and legitimizes the force of the timetable: there are only bad options available- work under time pressure and get tired, or leave the tasks undone and be called lazy.

My interpretation is that in mentioning the timetable and its binding role, she shows reflectiveness towards it although she does not question it.

3. Reflective, in a dead end situation, unquestioning interviewee

In the next excerpt the interviewee describes the evening round as an example of a tiring situation at work. The whole passage was coded as showing signs of the Duties and being with the residents EM.

> EXCERPT 9.11.
>
> R: It is *a bit of an assembly-line type of job* this our evening shift, the bedtime round. But anyhow we have to go through them all and see to them. …
>
> *They say you could do your work in a different way, think in a different way, but, well (pause) I don't know how* when (pause) they have to get food, they have to go to pee, you have to clean up their poo, so (pause) *how can you do it, in a different way, because you have to take care of them right when things happen. ...*
>
> *Of course you've heard so much about the rush and about the shortage of employees. You'll be bored* (pause) but that's just how it is, like ---- there are unemployed nurses on the dole and (pause) and they would be able to work. You just don't see them here, there's no money for that.
>
> (22122)

At the beginning her initial description of the evening round is given in rather critical terms: "… a bit of an assembly-line type of job", but she quickly refers to the necessity: "But anyhow we have to go through them all and see to them". Her next utterance shows that she knows some people question this way of working and this type of thinking, but she does not know how things could be done in a different way.

There is also a metacomment about the interview situation at the end of this excerpt ("Of course you've heard …"): here the interviewee is showing that she knows so many employees are telling me about the haste and the shortage of staff that I might get bored.

This extract is very similar to the previous one except for the explicit reflective talk on the possibility of doing things differently. The critical terms with which the interviewee describes the evening round seems to be very close to questioning but, as she explains, despite what some may say, she does not know of another way of working.

4. The interviewee becomes reflective, cautiously questions, analyzes the practice

This excerpt is from the beginning of an interview, where the interviewee answers to the opening question ”Tell me about your job?”. The passage this excerpt is from was coded in the EM analysis to the Duties and residents category.

> EXCERPT 9.12.
>
> R: Well, uhm, about this work, well it demands quite a lot from us, and then, although it's demanding, *we anyhow have this time, we have to get things done in a terribly short time*, … We're pressured by the fact that *we have to get it done, by a certain day* we have to do the cleaning because tomorrow, because its Wednesday the sauna bathing starts. …
>
> I: What’s the reason for that?
>
> R: Well, what is it that does it? *Is it the time* (pause) mmm (pause) is it that, *is it because we have linked the timetables, meal times and things, or I don’t know.* Like *piece working*, *so we have to do it by this or that time, well, how many are there that we haven’t bathed yet, we have to do so and so many.* You don’t think about what condition they're in when they come. … but then it's not always even the same team, so we could develop in it so it would be more flexible. That’s one thing for sure. … That we’re lacking that kind of flexibility. (28112m)

The interviewee starts by saying that they are under heavy pressure, but she immediately goes further in pointing out, “we have this time, we have to get things done in a terribly short time”. Thus, the timetable comes under conscious reflection. The interviewer’s question (“What’s the reason for that?”) prompts her to construct the problem further, and it is here that she asks whether it is the “linking” of the timetable for meals, and that they therefore have to do the work in a “piece-work” manner. This could be interpreted as a small piece of actual-empirical analysis in which the interviewee identifies connections between the timetable and the time pressure (see Fig. 18 in Chapter 5).

She then moves on to speak of the high turnover of employees and the consequent lack of flexibility as another explanation for the heavy pressure.

I interpret this as a cautious questioning of the construction of time at the nursing home. Note also that in explaining the piece-work-type consequences of the “linking of the meal times” she uses the language of the Duties EM (“we have to do it by this or that time”, “we have to do so and so many”). She does not present this as a necessity, however, nor does she explicitly reject it, and throughout the passage she expresses uncertainty about her interpretations (“Is it that…”).

5. The interviewee reflects, questions, rejects, ends up in a contradictory situation

The next lengthy excerpt is part of an interview passage that began with the question, “What makes you feel tired at work?” I coded the passage as belonging to the Residents' situation EM.

> EXCERPT 9.13.
>
> R: *... but somehow I feel that I don’t quite accept the fact that the most important thing in care is the washing and feeding of people, and (pause) and (pause) well, the hygiene (pause) but not only that*. It's very important but like, *everything else is left and forgotten*. … Its a question of time of course and its a question of attitudes of course (pause) and of ways of doing the work, and then, whatever, but the fact that the number of employees has been cut does have an effect, and then they're trying to replace them on the cheap with someone on unemploy-

ment allowance or who is it that we have had, trainees or people on civilian service or students and their work contribution has been quite high actually, … *And all the time I have this feeling that (pause) uhm (pause) the work, that the work could be done in another way but either because we have no time or (pause) or we don't have the opportunity or, it creates a kind of a conflict situation*. … Because as I see it, nobody here makes any kind of care plans or discusses what would be (pause) uhm (pause) good for some *person* or what could be done with someone to (pause) make her life better. For a few, for a very few some plans have been made, such as (pause) uhm (pause) she has to walk by herself when she goes to eat or something, go on her own, to try to go on her own, so that no one takes her in a wheelchair or something like that, so that we can rehabilitate her walking. …

I'm not like a permanent employee here which means that I don't have the opportunity, the nerve or what should I say, to start (pause) to start the kind of conversation that might result in (pause) disagreement and that kind of stuff. …

I: How does it feel, like when you have lived with this kind of contradiction?

R: Uhm (pause) it's been hard. I think it's been so hard and I've been thinking about it a lot. Not long ago (pause) I felt that I was forced to think about these work issues and (pause) and these situations in my working life, and where I'm going with my work, so I felt that my thoughts were like buzzing around so everyone could see, I was so tense. I was even thinking and pondering about it all the time at home.
(21123m)

At the beginning of this excerpt the interviewee questions what she argues to be current work practice. She questions and rejects the primacy of eating and washing. She is concerned that nothing else is provided for the residents, and that nobody thinks about what could be done to improve their lives. It is interesting that she does not use the term "resident", but consistently refers to "people". What she considers missing are care plans focusing on the quality of the residents' lives and on simply spending time with them.

However, she sees herself as being in a very ambivalent situation. It is not that she knows no alternative ways of doing the job (excerpt 9.11): her problem is that she has not been able to raise the issue in the work community for fear of conflict, and because she is not permanently employed. At the end of the excerpt she links her situation directly to her well-being both at work and at home.

6. The interviewee reflects, questions, rejects, presents an individual solution and a historical analysis

The following excerpt is a continuation of a passage in which the interviewee describes her own tiredness in terms of dealing with the difficult situations that the residents may be in. I coded her response as exhibiting features of the Residents' situation EM.

She mentions a different kind of tiredness that she has observed in her work colleagues at the dementia unit.

EXCERPT 9.14.

I: Why is it that people get tired?

R: Of course it's a question of the nature of the nurse, and then of the way she acts there. If you're the type of person who has to *have everything in tip-top condition and everything has to happen on time, everything has to be tidy and quiet. If you have like certain patterns according to which everybody has to operate, then for sure you'll be tired at Home Path* [the dementia cell at City Home] if you operate with principles like that. You can't have any

rules or boundaries there. Of course you have to have some kind of a base because after all we operate in an institution. But it has to be so free. If you start to set those kinds of rules and limits there, and you start to work by them, you won't make it.

I: What kind of rules and limits?

R: Well, for example *that everyone has to wake up at the same time and all have to go to eat at the same time*, things like that.

I: Well, what happens when you operate according to a different system?

R: Well, I do things my way, and after all everybody else (pause)

I: Does it lead to clashes, disagreements?

R: No it doesn't, in fact it might be that in the morning I peek into the rooms and see that the resident is sleeping and move on to the next one, and see someone who is not asleep so I'll go there. There's someone awake and I start with her. Then another staff member might be taking the resident I left sleeping to breakfast. …

I: Where does this way of acting come from, that everything has to be in tip-top condition, on time, tidy, quiet? These patterns, where do they come from?

R: Well, it could also be a question of character. Some people might be like that in their personal life, have to have some kind of order. *And then, of course, because this is an institution, it's how it's done here. It may have its origin way back in time when the home was even more hospital-like and everything had to be done on time. Maybe not everybody has gotten rid of that principle.* It's funny, though, because I started then, too. It feels good, the big change in care work so it's no longer so important that everything is so tidy.

Her excerpt exhibits several features occurring in previous excerpts. The interviewee explains the tiredness of some of her colleagues as resulting from both personal and work-related matters. The reflective description of both fit perfectly with the features of the duties EM: "*everything has to be in tip-top condition, happen on time, and quiet, .. all have to be awake at the same time and all have to go to eat at the same time*". She explicitly rejects this way of acting and refers to the nature of the specific unit she is working in: the dementia unit: "*you can't have any rules or boundaries there*". Her solution to the contradiction is explicitly individual. She says *she* acts differently although she sees others performing according to another kind of scheme. The example she gives of the waking up of the residents in the morning is telling.

In the last part of the excerpt the interviewee gives a historical explanation for the way of working that the Duties EM represents. She traces it to the period when the home operated "*more like a hospital and everything was performed on time*".

The next passage traces the course of a single interview during which the interviewee, together with the active interviewer, became conscious of the object and motive in her work.

9.6.3 A case of becoming conscious of the performing of duties as a motive

The following excerpts (9.15. a–f) form a small case study of a single interview in which the interviewee, after a lengthy discussion with me constructs a breakthrough in her

self-understanding concerning the object and motive of her work. It could be argued that this breakthrough also gave her new insight into the tiredness she was experiencing.

The interviewee is a LPN who, at the time of the interview, was working in the dementia unit (one of the downstairs wings called Home Path). The excerpts follow the course of the interview.

The first excerpt (9.15.a) starts when the interviewee has just explained how tired she has been and how she has been off work, and the interviewer asks her to explain further.

> EXCERPT 9.15.a
>
> I: What made you tired? Or what makes you feel tired?
>
> R: I, my (pause) I notice that I feel tired because of, the kind of (pause) when the daily rhythm is so (pause) That it's like I (pause) that there's like no time left. That you have like so many things in your mind that you have to do during one day. And when these days follow one after the other and (pause) And staff indeed (pause) like, we always have to check on the roster what time people are leaving, and (pause). (22123)

The interviewee's first turn contains several attempts to define the reason for her tiredness. She starts with the daily rhythm, switches to the lack of time, complains that there are so many things to be kept in mind, and refers to the changeover of employees during the day. Note the signs of uncertainty in her sentences, which shows that the reasons are far from self-evident.

She then refers to a particular part of the day, describes the evening shifts and explains how she "has to move from one job to another" without a chance to recover in between.

> EXCERPT 9.15.b
>
> R: … when you have so many intensive evening shifts for several evenings in a row you're really so tired that you don't recover from it in a day or two, when (pause) all the time you just have to like move from one job to another that you don't have time to recover there. (22123)

This leads her to talk about how difficult it is to stop even when there is no time pressure (below). In other words, the focus of the problem shifts between excerpts b and c from the external demands of the work to her internal capability to ease the work pace at times when there is no hurry.

> EXCERPT 9.15.c
>
> R: And I wish, of course, that when there's no hurry I could use that time and do things in a more relaxed manner. But it easily turns into a bustle, so (pause) If you work all the time under pressure then it's like you can't settle down but you continue be rushed even then. … I always catch myself that I can't stop. Wait a minute, I can slow down because there's no hurry. (22123)

Next the (active) interviewer proposes an interpretation of what the interviewee has just said. The interpretation formulates her previous turns into a strategy according to which she works: "you try to make it on time, … maybe faster and more efficiently". This is already very close to what I later came to name the Duties EM. Her response is a confirmation of my interpretation with a reformulation of the problem using the phrases "finish" and "duties", which brings it close to the Duties EM.

> EXCERPT 9.15.d
>
> I: How is it (pause) still about that rush (pause) ee (pause) Am I right in thinking that on a day like that or (pause) in other words quite commonly as a matter of fact (pause) the way

that you try to respond to the situation is that, like, you try to make it. … You try to do things maybe faster, more efficiently (pause).

R:#Yes, that's right. Yes, yes it is, yes. … I just try to finish those duties in a way that (pause)

I: Yes. What might be the reason for that?

R: I don't know is it just my basic attitude? I don't know really. Then I don't know why I'm like that. Why do I do things that way?

I: Do you think that you are like that?

R: I think that I act in that way. (22123)

In answering why that situation arises, the interviewee wonders whether it is the way *she* is. My question challenges this explanation. In her next response she changes the formulation. There is a radical difference between "it's the way I am" and "it's the way I act".

Next she says that if she knew why she acted in that way she would change her behavior. It is then that she seems to realize something new (marked with italics in exceprt 9.15.e).

EXCERPT 9.15.e

R: Of course I could have an influence on that too, somehow, if I realized it (pause) Yes (pause) If I could learn to know so as to be able to do something about it, so I'd know what the problem was with me here. …

I know for sure that I (pause) I might start somehow to (pause) that *I get nervous if I can't perform. There now, that's it,* I (pause*) that I get nervous about it and I have to somehow (pause) as if to get those things done and (pause) And then, if I don't make it its like a bad thing for me.* Could that be it?

I: Did you find that out now?

R: I started to think about it now.

I: Mmm. (22123)

The sentence "I get nervous if I can't perform " seems to be crucial. The phrase that follows, "There now, that's it…" clearly shows that she has discovered something. The interviewer's response ("Did you find that out now?") suggests the same. What she says she realizes at that point is how important it is for her to "as if to get those things done". In more theoretical terms, she realizes a possible motive that has directed her actions, a motive that is related to her tiredness.

In the last excerpt (below) she further elaborates on this and puts the newly discovered possible motive in the context of her work collective: getting things done is important because otherwise others might come and complain (marked with italics in exceprt 9.15.f). This tells us something of the collective nature of this object and motive.

There is also some cautious questioning in the middle of the last extract as she says, "I consider it too important…", but otherwise this passage does not seem to result in the manifest questioning or rejecting of the newly found motive.

EXCERPT 9.15.f

R: I guess (pause) Is it, is it the same thing if I think that I at least try to do the things and the duties that I'm supposed to do during my shift. That *I consider it a too important so that nobody can come to say to me you should have taken care of that then and (pause) when you're at work everything is forgotten and neglected* (pause) I don't really know, 'cos this is sort of what I hear(pause) is it --- but it could be.

I: Has anybody said anything like that to you?

> R: Well, of course I don't really. (pause) No, not very much. I've tried to do my best. (22123)

Next I asked her whether she knew of anyone who had left her duties undone and had been criticized by her fellow employees. She told me of one fellow employee who often left her cleaning duties undone and spent time with the residents. She said it annoyed her on the one hand, but then again she saw how good this fellow employee was with the residents so she did not mind. She even said, "Maybe she sees important things that I don't notice because I'm so busy with my duties. Because what's really important here she does well. … caring for our residents".

9.6.4 Summary of the main findings

These passages were taken from 10 interviews in which the interviewees explicitly questioned the way of acting and thinking that prioritized the fulfilling of scheduled duties on time. In doing so they used the key phrases of the Duties EM in a questioning manner. None of them used the Duties EM themselves in explaining their own tiredness and exhaustion. Most used the Residents' situation. Both the nursing aides and the nurses questioned the Duties EM.

A closer examination of the use and questioning of the Duties EM revealed passages that exhibited the whole spectrum from non-reflective use (despite my interventions) to conscious questioning, rejection and analysis of. Between these two extremes were passages in which there was conscious reflection, and in which the possibility of an alternative framework was considered, but the model was not questioned or rejected. There were also passages in which conscious reflection of the was accompanied by cautious questioning and analysis.

Further, a passage from a single interview with a LPN was identified during which the interviewee moves from non-reflective use of the Duties EM to the conscious reflection of her duties as a possible emotionally significant motive.

The significance of these findings is discussed in the conclusions of Chapter 9 (section 9.8.3).

Before that I will turn to a yet another part of the interview data that focuses on the object and motive constructs from the opposite perspective, and analyze passages that deal with work as a source of strength, joy, and interest at. I consider this to be a bi-angulation of the same issue, work-related emotions, taken from another perspective, that of positive emotions.

9.7 Explanatory models of strength, joy, and interest at work

This chapter focuses on the analysis of interview responses to the questions, "What gives you strength here at work? What gives you joy at work? What do you find inspiring or interesting here at work?" I have grouped the responses and will analyze them through the same procedure as in Chapter 9.5 with regard to tiredness and exhaustion (see Fig. 43 and Table

8). What is different here, however, is that when describing events and situations giving rise to positive emotions the employees did not suggest any reasons or solutions, as they did with the events that evoked negative emotions. Moreover, no questioning of the explanatory models of these positive emotions was detected in the responses.

The analysis in this section aims at answering research questions four and five.

> 4. What objects and motives can be analyzed from the employee descriptions concerning events at work that they related to experiences of strength, joy, and interest?
>
> 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of elderly care?

The section is divided into four parts. The first part introduces the nine explanatory models of strength, joy and interest that I found and constructed from the interview responses. The second part examines the combinations of explanatory models used by single interviewees and their distribution of different employee groups. The third part analyzes the models from the perspective of historical ideal types of elderly care and the main findings are briefly summarized in the final section.

9.7.1 The nine explanatory models

The nine explanatory models that I found in the responses concerning strength, joy and interest at work are summarized in Table 26. The description in the middle column is an ideal interviewee response reflecting the key features of the explanatory model. Authentic interview excerpts follow.

I have grouped these explanatory models as I did those of tiredness and exhaustion as far as possible: those that do not correspond appear at the end of the table.

Table 26. Explanatory models of strength, joy and interest at work in City Home and Country Home.

Name of the explanatory model	Frequency (the number of interviews)	An ideal description of the explanatory model	The object and motive expressed
1. Duties	11	I get strength and joy when I have managed to finish my duties.	Object: duties Motive: getting duties finished on schedule
2. Nice old people	14	I get strength and joy from dealing with nice and happy elderly people.	Object: Nice elderly people at work Motive: Enjoying one another's company
3. Satisfied residents	10	I get strength and joy from residents who are satisfied with the services they get in the home.	Object: Residents living in the home Motive: Making the residents satisfied with the home
4. Resident rehabilitation	17	I'm happy when we succeed with people, when they make progress in their rehabilitation.	Object: Resident's problem or a problem resident Motive: Making progress with the resident's problem
5. The client in the service system	2	I'm happy when we make progress with a client and she can move to a more suitable place in the system.	Object: The placement clients Motive: To find a suitable place in the service system
6. Work community	11	I get strength and joy from enjoying my work and getting help from my work community.	Object: Work community Motive: good interaction and co-operation with others
7. Making a living	6	I'm happy to have a job and a salary to make a living for me and my family.	Object: One's own and one's family's life Motive: Making a living
8. Oneself	15	I get strength and joy from the elderly people who are grateful and look forward to seeing me.	Object: Oneself Motive: Feeling accepted and important
9. Leisure time	17	I get strength from things (various) outside work.	Objects: e.g. health, family, objects of other activities Motives: various and a change from work

In the following I will scrutinize in detail the interview data suggesting these explanatory models. One excerpt that well represents each one is presented, and the key phrases indicating the criteria are given (marked in *italics* in the excerpts).

1. Duties

An Example of an interview passage exhibiting the use of the Duties EM is given in excerpt 9.16.

> EXCERPT 9.16.
>
> I: Yes, you said at the beginning that you also get strength from work. …
>
> R: Well, I like, I don't know, I like this work, when I'm with the elderly I like it, and when I manage to do some job well and (pause)
>
> I: As an example, tell me of a situation in which you felt really energetic and perky.
>
> R: Well, *when I manage to do a lot*, when I get to *do some work*, on a single day, for example cleaning that lounge with this machine, going right through, and the residents. Then you feel that you have, that today you have, but on some other day you feel that you can't do good work, when you're not able to get any *visible work done*. … Mmm, then you

feel that you didn't get anything done all day (pause) when all your time goes on the residents.

(27112a)

When this interviewee was asked to give an example of a situation that made her feel energetic, she talked about getting a job done properly, in this case a cleaning job using a machine. She also mentions "the elderly" at the beginning of the excerpt, and "the residents" at the end. In the latter case she explicitly indicates a hierarchy between the "visible work" and the residents: if all her time goes on the residents she feels that she has not accomplished anything the whole day.

Three other interviewees also related their feelings of strength and joy exclusively to their cleaning duties, and some associated these positive emotions with extra duties that they were able carry out in addition to their normal work. These included sewing and sorting out the laundry. I also put in this category two passages in which the respondents indicated their interest in developing the methods of their cleaning work.

The emotionally significant object in these interview passages comprises the duties, and the motive related it is their fulfillment according to the schedule.

The key phrases occurring in the interview passages indicating and accompanying the Duties EM were:

"jobs, work, getting to do it, having the time to do it, getting it done / ready"

There were passages in 11 Interviews exhibiting the use of this explanatory model.

2. Nice old people

The following interview excerpt contains an example of an explanatory model relating feelings of strength and joy at work to meeting nice old people.

EXCERPT 9.17.

I: Why don't you tell me about it, what gives you like strength here at work, or what helps you to carry on? Could you come up with a story or an example?

R: I don't know. It's so difficult just like that, but I don't know, *I do like to be with the old people.*

I: Mmm. What kind of nice experiences do you have with them?

R: Well, usually the elderly are like so *happy.* Of course there are exceptions to that but *very happy-like* they are and they tell you of those by-gone days and about their own youth.

(12121)

Other examples that I put in this category including joking with the old people, hugging them, listening to nice stories and describing positive reactions to waking up and going to eat.

In four of the passages the employees explained how working among the nice old people was more interesting than "only" cleaning or kitchen work, and brought variety to a job that would otherwise be monotonous.

The key phrases occurring in the interview passages indicating the Nice old people EM were:

"nice, pleasant, happy, wonderful granny, distinctive personality, to like the elderly, I like to be with the elderly, good stories, among people, dealing with people, variable, versatile"

The emotionally significant object in these descriptions are the nice and happy elderly residents. However, they do not really stand out as objects of work: it is rather that the employees describe the time spent with them in terms of complementary objects marked by positive emotions. The accounts explaining how working among people makes an otherwise monotonous job more varied support this interpretation. Spending time with nice old people gives employees strength and joy to go about their own duties.

3. Satisfied residents

The next interview excerpt is an example of how the respondents related their feelings of strength and joy at work to seeing that the residents were satisfied with life in the home.

EXCERPT 9.18.

I: Yes, O.K. What kind of things give you joy at work?

R: Mmm, well also the kind of, *when the residents are satisfied* and (pause)

I: Mm

R: And then (pause)

I: Could you come up with an example?

R: Well, I can't think of one but anyhow, you can see if someone is (pause) and there are several of them you can tell, *when they are satisfied* and smiling and (pause)

I: Mmm. Yes, how do you make residents satisfied?

R: Well, I try to take good care of them

I: Mmm, how do you do that?

R: Well, at least those who can tell me what clothes they want to wear or which dress they want to put (pause) to put on, you can ask and do as they wish (pause) but not all of them can say (pause)

I: Mmm. Yes

R: Of course that's one of the things that you listen to, but then again (pause) you can't always when (pause) there are those who only want to lie in bed all day, then of course you also have to try to make them get up and move around, make them walk and (pause)

(12123)

In seven of the responses I included in this category the satisfaction of the residents was related to the standard services of the home (getting dressed, waking up, making the bed, recreational activities). One respondent, when talking about a satisfied resident told me of the time she had passed on a note from the resident to her relatives informing them that a visit to the hospital had been cancelled, and that she was still in the home. The respondent told me that the resident was related to her, and was an old friend.

The key phrases indicating the use of this explanatory model were:

"Resident, satisfied, likes to be here, feels at home, is delighted"

The explanatory model these employees use views the residents as an object of the services of the home, and the motive being to make them satisfied with the services so that they like living there. This gives a different perspective from that of the residents as an object of work, as exhibited in the Nice old people EM.

One of the responses in this category related one resident's satisfaction to the granting of a personal favor. This deviates from the other responses in that the satisfaction was achieved through other than the standard services that the home provides. However, this excep-

tional incident was based on kinship and not on viewing residents' needs from a different or broader perspective.

4. Resident Rehabilitation

The next interview excerpt brings out a third aspect of the notion of residents as emotionally significant objects, and a further related motive is mentioned.

> EXCERPT 9.19.
>
> I: In what kind of situation do you experience joy at work?
>
> R: … Even small things can make you feel good in a way. … Or *when you can help somebody do something* she hasn't done before. And she's even enjoyed doing it. …
>
> Or the evening before, one of the residents living upstairs who usually stays in bed all evening and his wife nags him about it, its a couple. … This man almost like (pause) slept all the time. Lies in bed all day long and then doesn't sleep at night. Last night when there was ski jumping on television *we got him up to watch it*. He was still watching it when I did my last call there, watching the television. He'd got something else to think about than just lying in bed. Even that was, I think, it was quite a miracle, because its been so long since he's watched television
>
> (18122m)

According to this interviewee the thing about the residents that brought joy to the employee was the improvement or an advancement in their condition and in their abilities.

Other responses in this category concerning what success, advancement or rehabilitation had meant fell into two categories. The first (six responses) covered success in getting unsettled residents to eat, sit with others or walk around, and the second (nine responses) referred to rehabilitational progress in terms of mobility or encouraging a previously passive resident to be more active and to start to do something (e.g., watch television, read, play an instrument).

In one of the responses in this category the employee described how her interest in her work was related to getting the relatives of one resident involved in solving some of his problems, while two others ascribed it to developing the activities in the cells so as to better meet the needs of the residents.

The emotionally significant aspect here is related to the residents' problems (the inability to move, difficulties in speaking, symptoms of illness, passiveness) or to problem residents (shouting, spitting out food, quarrelling), and the motive attached to them is an improvement in their condition.

The key phrases in the responses indicating the use of this explanatory model were:

> *"developing, recovering, rehabilitating, making someone to do something, strengthen, cheer up, succeeded, enthusiastic, furthering a matter, has started to do something, advancing"*

5. The client in the service system

In two interviews, after discussing improvement and rehabilitation in some residents the respondents expanded the perspective to include the question of where in the system the rehabilitated resident should live. These matters also seemed to have considerable emotional significance. An example is given in excerpts 9.20a and 9.20b below, both of which are from the same interview.

EXCERPT 9.20a

I: Yes, about the, well what could it be that would make your day at work give you strength or joy?

R: What could it be (6s.) yes, well (pause) things such as, you know (pause) like with a *client*, when there's something (pause) that you have tried to achieve with some *client*, something related to the care, and then (pause*) you actually succeed*. … Those kinds of things when you see an improvement. …With the psychiatric cases we've made *huge advancements*, like with --- (pause) … it always gives you satisfaction to see it (pause)

I: #What kind of advancement has taken place?

R: Well her, when she came from [another institution], well she (pause) she just lay in the fetus position in bed and shouted and screamed like a lion if you touched her. … (pause) terrible resistance, it was something horrible (pause) it took a few years but now she's quiet, the girl is in good enough condition that *you could even place her in a group home* (pause) … Yes, I always gain something from these, like Rita, … how she now feels better and how ill she was then (pause) but that (pause) with some luckily we have succeeded before they have been taken away. … And then as a replacement there comes someone who doesn't need this kind of costly *institutional place* (pause) this is my opinion. (27111a)

During the same interview, the question of appropriate placement comes up in relation to another resident's story.

EXCERPT 9.20b

R: Like now, when we also have one, one who's staying and, well, she can't hear a thing which is a bit like, … I've nothing against her staying here (pause) but you would think that she (pause) that there would be some (pause) like that, well mainly I thought of that cell at City Home for example, that (pause) what is it (pause) Harmony Corner … (pause) *the unit for home services*. Why didn't they place her there, then --- Of course they have listened to her, too. Maybe she wanted to come here (pause) (27111a)

There was a second interview in which the subject of the appropriate placement of the elderly also comes up. It is manifest in the following excerpt when the interviewee wonders how the home should change to enable the residents to participate more actively.

EXCERPT 9.21.

R: In other words this should in principle be a slightly smaller unit, so that we could make it like more home-like, now there's a big community here and the residents in a way, either they are forgotten or they vegetate here in their own rooms. They don't want to go anywhere any more if you can't involve them as soon as they arrive. … The daily routines come, of course, but (pause) but, but (pause) *a home for the elderly shouldn't be the place you end up in*. It should be *like a transit place from where you can still return home.* … But anyhow these old people who come here, they're in such bad condition that I don't know how we could invest more in their rehabilitation.

(28113m)

The main finding in this excerpt is the idea that the home should no longer be the place where old people stay for good.

These excerpts show a motive beyond the improvement and rehabilitation of the resident *within the home for the elderly.* The resident is considered more than a mere individual or a body in the home. This larger perspective could be characterized as an object expanded to include the placement of the resident, and the motive related to this placement is to find something more suitable than the institutional environment. It should also be noted that the

interviewee in the above excerpts uses the term “client” several times when referring to the residents.

The key phrases indicating the use of this explanatory model were:

“client, group home, institutional place, home-service unit, place to stay, transit place, home”

6. Work community

One third of the respondents (f=11) talked about “doing well”, “having a good time” and “sharing difficult problems” with their colleagues. These were situations that evoked with emotions of strength and joy at work. One example of such a response is given below in excerpt 9.22.

EXCERPT 9.22.

I: Mmm, mmm. What kind of things here at work give you joy? Could you come up with some incidents that (pause) have put you in a good mood or made you feel happy?

R: At work?

I: Mmm.

R: Yes I guess (pause) Quite often I think (pause) or it depends (pause) Many things may produce I guess … and especially sometimes when we have this, this kind of that we get on with the duties and there's this kind of a (pause) there are enough staff and we have a good sort of (pause). When there may be some kind of fun people at work, then *we can sing and laugh and talk crazy nonsense*, it of course depends on many things (pause).

I: Could you describe this kind of day that you just mentioned, you get on with your jobs and you have some kind of fun people and you have a good time (pause)

R: Yes

I: And so on (pause). What is it that does it (pause)? Describe the day a bit more. Think about what it is that, that gives you the kind of (pause). What does it give you?

R: It (pause) it feels that then we have, when we're really in a good mood and a good bunch it makes you (pause), work becomes meaningful then and you really enjoy it and you get something for yourself, I can’t explain it better (pause).

I: What happens on such a day?

R: Well, I guess at least we get our jobs done and many times there, in the smaller cell even the (pause) like in the dementia cell for example or in any of those smaller cells even the residents because they're so close, they often too, they notice. They even say that its nice to watch us when we're in a good mood and happy and singing, so that (pause) maybe it touches them too and (pause).

I: Is it important that you get the jobs done?

R: I guess its not of course the most important thing but anyhow it's so nice (pause).

I: Yes, or well, I mean that (pause) that gives you a good feeling?

R: Well, well it does, yes, and it happens in a way, on the side, that you don’t think about it that much so now you have to do this, it happens so naturally (pause). (12122)

Other interview responses I categorized as using the same explanatory model referred to “colleagues”, “work community”, “good relations”, “doing well” and “a good climate”. None of them mentioned their supervisors.

The key phrases indicating the use of this explanatory model were:

"Work community, good bunch, good relations, good climate, doing well, getting on with things, together, we"

The emotionally significant object in these descriptions seems to be the work community and the motive to get on well and have good time together. If the community succeeds in this it gives strength and joy to its members. It may be of some significance that one of the positive aspects of good interaction that was explicitly brought up was its effect on carrying out one's duties. The duties seemed less onerous when there was good interaction. A few interviewees also mentioned the possibility of discussing difficult problems as positive consequence of a good work climate. It was not clear whether the difficult problems were of a professional or a personal nature.

7. Making a living

Six interviewees explained that, for them, the salary and the fact that they had a job was a source of strength and joy at work. The following excerpt exhibits this type of logic.

EXCERPT 9.23.

I: What if we think of this coping at work the other way around, like from the perspective of what makes you carry on?

R: Pay day. Did you ask what makes me carry on?

I: You weren't serious when you said pay day, or?

R: No, well, mmm, well the salary is quite important for sure. Our household economy doesn't hold up if I don't get a salary [laughing]. …

But for sure you can say like some wise person said that really these residents are important to us. Often at home you notice that you're thinking about work and the residents and your colleagues. Even that Sally [one of the residents], at times I'm so mad at her and at other times I can't but laugh when she's so wonderful.

I guess you don't think about it so much what makes you carry on because its been clear to me absolutely that you have to work to make a living and to pay your bills. And I've been thinking that I have had a good job and I've got it with unusually little education. (21122m)

The emotionally significant feature of their work according to this excerpt and other similar responses is the salary and the knowledge of having a permanent job. What is the object and the motive that make the salary and having a job emotionally important? According to the responses and the excerpt above, the emotion-awakening object could be characterized as being one's own and one's family's life, and the motive attached to it as making a living. The salary that results from having a regular job is important for the "running of our household", as the interviewee explains. She and her family ("*our* economy") need money to pay the rent, buy food, and so on.

In two of the interview passages the respondents associated features of their personal background to the model. They explained how they were taught as children that you have to work to make a living.

The key phrases indicating the use of this explanatory model were:

"salary, permanent job, job, to have work, to have to work, keeping one's job"

The excerpt above is also interesting in that it shows *how* the respondent uses this explanatory model. At the beginning (line three) she starts her response in a straightforward manner without the usual hesitations (see the other excerpts for a comparison), and continues by repeating the question. These two abnormal features made the interviewer question whet-

her she was serious in answering the way she did. After confirming her response she turns to paraphrase someone else (a "wise person") to indicate how the residents are also important, and yet at the end of the excerpt she returns to the making a living explanatory model as if concluding that however she copes at work it is clear to her that working is a necessity.

8. Oneself

A number of employees (f=15) discussing strength and joy at work described situations in which personal feedback given by the residents was very important. A typical example is given in excerpt 9.24.

> EXCERPT 9.24
>
> I: To what kind of events or incidents at work you relate joy at work, do you feel joy at work?
>
> R: Well, yes they, at least I'm delighted when they recognize when you come to work after a day off, even though they are so confused they anyhow recognize you when you come to work. They even say sometimes, "Oh how nice when you came". That's quite pleasant. What else could I say. (21122m)

In seven of the interview passages categorized as exhibiting this type of explanatory model the interviewees quoted residents, as the one did in excerpt 9.24: "How nice it is that you came Lisa", "You're such a nice person", "Well, there comes the cheerful one".

When asked to think further about why the residents were so grateful to them, six employees related this to the production of the usual services of the home: caring for the residents, taking them in and seeing to them. They highlighted this using phrases such as: "these kind of natural things", "in these normal matters". Four interviewees thought the gratitude stemmed from their stopping to chat with the residents or giving them "a moment of time". Four of the passages described how the feedback was directed at the employee's personality, but none related the gratitude to any improvement or advancement in the resident's condition.

The key phrases indicating the use of this explanatory model were:

> *"thankful, they thank you, feedback, they like you, they show how important you are, they recognize you, they trust you, they show that they need you, you, myself, [quotations from the residents]"*

The emotionally significant object in this explanatory model is the employee's own self, and the motive is to gain the acceptance and appreciation of the residents.

9. Leisure Time

The most common response to the question "What gives you strength here at work?" was to refer to the sphere outside of work (f=17). Usually the interviewees referred to physical exercise, nature, home and family, friends and hobbies. The relevance of these activities in terms of having the strength to carry on at work was in offering an antidote to working (four responses), by making them forget about work (four responses) and by giving them an opportunity to rest (three responses).

A typical example of an interview passage exhibiting the use of this explanatory model is given in excerpt 9.25.

EXCERPT 9.25

I: Well, what gives you strength?

R: Mm (pause) mm, I don't know, could it be that I have a huge number of hobbies during my leisure time. And many of them are totally different from (pause).

I: What do you do?

R: Well, jogging is absolutely number one. [laughing] And number one is jogging and of course everything else as well. Most of it is related to exercise to some extent. But jogging in particular. I have, and well, I am (pause) I'm with the union. … There's quite a lot, too, quite a lot of everything. We have a good bunch and extremely good people. – Its fun and (pause) and then I've been to the workers' institute (pause) I've studied English and all kinds of things, even sign language. (pause) All kinds of things. It is so different than what we have here ---

I: In other words you think that your coping is based on being active in your hobbies?

R: I'm sure it is.

I: Yes. (22122m)

In this excerpt, and in other interview passages belonging to this category the emotionally significant object is the interviewee's own health, other personal abilities, the family and various objects of other activities with various motives. The logic here in relation to coping with work is that the strength derived from these objects in the outside-of-work-activities is transferred to the work activity, or compensates for the work-related loss of strength.

The key phrases in the interview passages indicating the use of this explanatory model were:

"exercise, jogging, outdoor activities, from the nature, hobbies, leisure time, family, home, friends, variation, rest"

9.7.2 Combinations of the explanatory models of strength, joy and interest at work in single interviews

The interviewees sometimes used several different explanatory models in their responses to questions concerning strength, joy and interest at work. Thus, it may be of interest to consider what combinations appeared. The nine models could theoretically result in 81 different combinations. Table 27 shows the number of explanatory models per interview.

Table 27. Combinations of explanatory models.

The number of explanatory models per interview	The number of interviews (tot. =35)
One	2
Two	15
Three	10
Four	5
Five	3

The table shows that approximately 70% of the interviews featured two or three explanatory models for strength, joy and interest at work.

Two interviews featured only one explanatory model, the Duties EM and the Resident Rehabilitation EM in the other.

There were 13 different combinations in the 15 interviews in which two models were used, most of which involved one concerning the residents (explanatory models 2.–5.), and Leisure time EM or One self EM.

There were 10 different combinations in the 10 interviews in which three models were used.

The Duties EM was used only a few times with the models referring to the residents in some way: in combination with the Nice old people and the Satisfied residents EMs, but never with Resident rehabilitation or the Client in the service system.

The combinations in which the Making a living EM and the Work Community EM appeared showed no consistent pattern and these models were used with several others.

9.7.3 The distribution of the explanatory models in different employee groups

Which employee groups used which explanatory models in the interviews, or were the different models evenly distributed among staff?

Table 28 shows the use of the models by occupational group.

Table 28. Explanatory models of strength, joy and interest at work by occupational group.

Occupational title	1. Duties (11)	2. Nice old people (14)	3. Satisfied residents (10)	4. Resident rehabilitation (17)	5. Client in the service system (2)	6. Work community (11)	7. Making a living (6)	8. Oneself (15)	9. Leisure time (17)	Total
Nursing aides	10 16%	11 17%	6 10%	6 10%	0	9 14%	2 3%	10 16%	9 14%	63 100%
LPNs and registered nurses	1 2%	3 7%	4 10%	11 28%	2 5%	2 5%	4 10%	5 13%	8 20%	40 100%

The nursing aides used the Duties, the Nice old people and the Work community EMs in the interviews more than the nurses, who in turn made more use of the Resident rehabilitation EM. However, also a considerable number of nursing aides used the Resident rehabilitation EM.

If the use of the explanatory models is considered from the point of view of vocational training, the picture does not change very much (Table 29).

Table 29. Explanatory models of strength, joy and interest at work according to the level of occupational training.

Vocational training	1. Duties (11)	2. Nice old people (14)	3. Satisfied residents (10)	4. Resident rehabilitation (17)	5. Client in the service system (2)	6. Work community (11)	7. Making a living (6)	8. Oneself (15)	9. Leisure time (17)	Total
No vocational qualification	8 19%	8 19%	4 10%	3 7%	0	5 11%	2 4%	8 19%	5 11%	43 100%
A vocational qualification	2 4%	5 9%	6 11%	14 25%	2 4%	5 9%	4 7%	6 11%	11 20%	55 100%

[1] The models in one interviewee's response are excluded because of lacking information about vocational training

Those without a vocational qualification used more often the Duties, and the Nice old people EM than those with one. The differences narrowed a little when compared to the analysis according to occupational group. Those with a vocational qualification used the Resident rehabilitation EM more often than those without although, again, a few of those also used this EM.

The following table shows the use of the explanatory models according to length of service at the homes.

Table 30. Explanatory models of strength, joy and interest at work according to the number of years of working at City Home and Country Home.

Working time	1. Duties EM (11)	2. Nice old people (14)	3. Satisfied residents (10)	4. Resident rehabilitation (17)	5. Client in the service system (2)	6. Work community (11)	7. Making a living (6)	8. Oneself (15)	9. Leisure time (17)	Total
0-5 yrs	2 11%	4 23%	1 6%	3 16%	0	2 11%	2 11%	3 16%	1 6%	18 100%
6-19 yrs	5 8%	8 13%	8 13%	9 14%	2 3%	6 11%	3 5%	9 14%	12 19%	62 100%
Over 20 yrs	4 21%	1 5%	1 5%	4 21%	0	3 16%	1 5%	2 11%	3 16%	19 100%

[1] The models in one interviewee's response are excluded because of lacking information about the number of years employed

The distribution of the use of the explanatory models is very even, and there are no significant differences, which is partly due to the small numbers in each category.

The final table shows the use of the explanatory models in terms of which unit the employee was working in.

Table 31. Explanatory models of strength, joy and interest at work according to the type of unit.

Working unit	1. Duties (11)	2. Nice old people (14)	3. Satisfied residents (10)	4. Resident rehabilitation (17)	5. Client in the service system (2)	6. Work community (11)	7. Making a living (6)	8. Oneself (15)	9. Leisure time (17)	Total
Big units with independent residents	8 13%	7 11%	6 10%	9 15%	1 1%	6 10%	4 6%	10 16%	11 18%	62 100%
Small units with dependent residents	2 7%	2 7%	3 11%	5 19%	0	5 19%	1 4%	3 11%	6 22%	27 100%
No permanent unit	1 7%	5 36%	1 7%	3 21%	1 7%	0	1 7%	2 15%	0	14 100%

Employees with no permanent unit used the Nice old people EM slightly more often than those who worked permanently in small and large units. Other differences between these employee groups are small and not reliable because of the small numbers.

9.7.4 Explanatory models of strength, joy and interest at work and the historical ideal types of elderly care

The emotionally significant objects and related motives at homes for the elderly that are expressed in the explanatory models of strength, joy and interest at work are again a set of findings that could be used to test the working hypothesis of different types of object-dependent well-beings. The theory-historical ideal types that formed the basis of my working hypothesis are given in the left-hand column in Table 32. This section examines the twelve explanatory models of strength, joy and interest at work that the employees used in the 1995 interviews in the light of that working hypothesis.

Table 32. Historical ideal types of elderly care and explanatory models of strength, joy and interest in in the employees' interviews in 1995.

Historical types of elderly care - ideal object and motive	Explanatory models of strength, joy and interest at work in 1995	
Rationalized institutional care – duties → performing the duties according to the schedule	Duties EM Nice old people EM	
	Satisfied residents EM	Making a living EM
Humanized institutional care – individual resident → fulfilling of individual needs	Resident rehabilitation EM Work community EM	Oneself EM Leisure time EM
Respite care – duties and services→ fulfilling the duties	(no corresponding model)	
Regional multisectorial care – the elderly living in the region → concerting their mix of services	Client in the service system EM	

The Duties EM found in the speech of employees suggests that the way in which rationalized institutional care constructed the object and motive of their work still had personal and emotional relevance at City Home and Country Home.

The explanatory models of strength, joy and interest at work comprises four different models that were related to the residents of the home. The Nice old people highlights the significance of having nice and happy elderly residents to provide variety in the duties each employee has to take care of. Here it is not the taking care of the individual needs of the residents that the employees are interested in, such as the need to have company or to talk to somebody. The tone here is rather that of the layman: nice and happy elderly residents are interesting as they are, as one's own grandmother or grandfather is. For this reason I have interpreted this as fitting and enriching the rationalized institutional type of care in which individual residents are not specified as an object of work, and in which the employees do not possess special knowledge that would enable them to acknowledge all kinds of individual residents' needs as an emotionally significant object. It could be argued that the humanized institutional type of care makes difficult and unhappy old people in particular an emotionally significant object, whereas in rationalized institutional care they represent a problem for the employees.

The satisfied residents EM binds together the residents and the services the home produces for them. Residents who are satisfied with the services and with living at the home *as it is* produce positive emotions in the employees, according to this explanatory model. Considered in the light of theory-historical ideal types of elderly care, orientation towards the satisfaction of residents differs somewhat from that towards fulfilling the scheduled duties typical of rationalized institutional care. On the other hand, the orientation is limited to whether the residents are satisfied with the standard services of the home or not. In this sense, it is more of a "customer-oriented" version of the rationalized institutional care than one that starts from the individual needs of the institutionalized elderly person as in humanized institutional care. I have therefore interpreted it to present features from both, and have placed it in between rationalized and humanized institutional care in Table 32.

The object and motive in the Resident rehabilitation EM reflects the orientation towards the individual needs of residents in humanized institutional care. However, this explanatory model is limited to the success or progress of the resident within the limits of the institution.

The Client in the Service system EM breaks the limits of humanized institutional care in taking into account where in the system (including the home) the resident could and should live. I have interpreted this expansion to reflect the theory-historical developments that point towards a new type of elderly-care service: the regional multisectorial care (Table 32).

The remaining four explanatory models of strength, joy and interest at work - the Work community, Making a living, Oneself and Leisure time EMs - were not represented in my working hypothesis of object-dependent well-being at the home. Considered in the light of the historical ideal types of elderly care, only the Work community EM could be attributed to one of the ideal types, and others are more general and related to any of them. They are therefore placed in a column of their own in Table 32, corresponding to all of the historical ideal types.

The object and motive of the Work community EM, the enjoying of good interaction with colleagues, has some relevance to the humanized institutional type of care which highlighted and aimed at enhancing good relations among employees and between supervisors and employees. The emphasis on the general needs of the individual (autonomy, individuality, activation, social relations) in humanized institutional care was directed to the needs of the employees as well as to those of the residents. I have therefore placed this EM to correspond to the ideal type of humanized institutional care in Table 32. However, this does not mean that it stands in opposition to any other of the ideal types.

9.7.5 Summary of the main findings

The main finding of the above analysis concerns the emotionally significant objects and related motives that were connected with positive emotions (strength, joy, interest) at work.

These objects and motives included 1) fulfilling the scheduled duties, 2) enjoying the company of nice and happy old people, 3) resident satisfaction with the services of the home, 4) progress in an individual resident's condition, 5) a more suitable placement for a rehabilitated client, 6) good interaction with the work community, 7) making a living, 8) being accepted and appreciated as an employee, and 9) leisure-time pursuits.

Seventy percent of the interviewees used two or three different explanatory models during the passages in question. The combinations of models showed very few consistent patterns, the most usual combination being one related to the residents (EMs 2 to 5) and Oneself and/or Leisure time EM. The duties EM was used a few times with the Nice old people EM and the Satisfied resident EM but never with the Resident rehabilitiation EM or the Client in the service system EM.

In terms of which employee group used which explanatory model, it was found that the Duties, the Nice old people and the Work community models were used more frequently by the nursing aides, whereas the Resident rehabilitation EM was used more frequently by the nurses, but also by a number of aides. The same differences were found but to a lesser degree when the focus was on those with no vocational qualification compared to those with one: a few employees in the former group used this EM.

As far as length of service in the home and type of unit worked in were concerned, the only difference that could be detected was that the employees with no permanent unit used the Nice old people EM slightly more often than the other employees.

9.8 Conclusions

In this chapter I have analyzed whether and how employees' negative and positive emotions are related to the object and outcome of their work. In testing this working hypothesis of object-dependent well-being I have focused on their descriptions of events and situations at work that they were able to connect to emotions such as tiredness, exhaustion, strength, joy and interest.

In the following I will first summarize the findings concerning both types of explanatory models in terms of object-dependent well-being, then I will interpret the variety of emotionally significant objects and related motives in terms of historical layeredness. Third, I will discuss the findings concerning the externalization of the Duties EM as an indication of the developmental mechanism of object-dependent well-being. I will then assess the significance of the interview passages focusing on difficult working conditions in explaining tiredness and exhaustion at work, and will end the chapter by discussing the methodological implications.

9.8.1 A variety of emotionally significant objects and motives

The analysis presented in this chapter provides a strong argument in support of the working hypothesis concerning the object-relatedness of work-related emotions, and thus of object-dependent well-being. The explanatory models that the employees used in describing emotionally colored situations and events show a variety of emotionally significant objects and motives involved in their work in 1995 in these two homes for the elderly. In effect, it could be argued that there were, in fact several different kinds of object-dependent well-being. In the following I will briefly summarize and discuss these findings in terms of the theoretical model of object- dependent well-being I presented in Chapter 5.

Both negative and positive emotions were related to the perfoming of the scheduled duties at the homes (Fig. 44). This finding is supported by the results of previous research on homes for the elderly (Gubrium 1975). For example, Sinervo (2000, see also Chapter 3) found a knowledge structure used by employees that he called "the functional model of nursing". That is somewhat similar to the Duties explanatory model found in this study. The fact that it was used almost exclusively by the nursing aides suggests, that this orientation stems from the division of labor at the home.

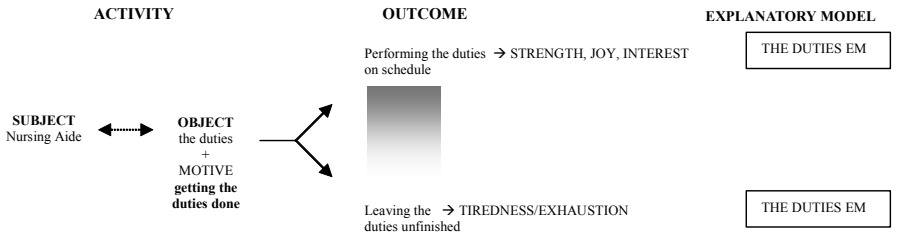


Fig. 44. A model of object-dependent well-being according to the Duties EM.

Not surprisingly, the elderly people living in the homes proved to be emotionally significant to the employees. What is surprising, however, and new in the light of previous studies, is the variety of different approaches and motives concerning the elderly as emotionally significant objects. Figure 45 is a synthesis of the objects and motives of these explanatory models. As the figure shows, only two approaches to the residents as objects of the activity were represented in both types of models. As far as other approaches to the residents were concerned, only one type of emotional outcome is depicted, according to the findings.

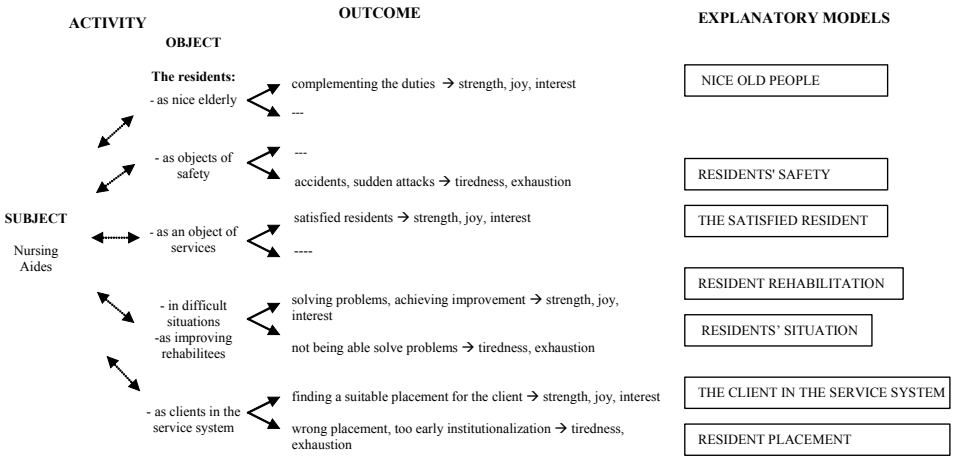


Fig. 45. A model of object-dependent well-being according to the explanatory models related to the residents.

Nice and smiling old people (The Nice old people EM) were perceived as emotionally significant objects that complement the otherwise dull and routine performing of duties. The safety of the residents was also sometimes of emotional significance to the employees. These two models (Nice old people and Residents' safety) were often used in the interviews together with the Duties EM. The residents' satisfaction with the services of the home and with their living there was a source of emotional well being, according to the Satisfied resident EM. The analyses of both negative and positive work-related emotions included an explanatory model in which improving the situation or the condition of individual residents

within the home was emotionally significant (Residents' situation and the Resident Rehabilitation). Further, an explanatory model was found according to which the appropriate placement of the elderly person, or elderly "client", in the service system had become an emotionally significant aspect. All these orientations towards the residents are different and the motives they carry lead to different kinds of activity. This variety is a richer and more complex than indicated in previous research on the orientations of employees in homes for the elderly, most of which has operated within a dichotomy, a negligent versus a compassionate attitude towards the residents (Gubrium 1975, Shield 1988, Diamond 1992, Foner 1994). Sinervo's knowledge structures also comprised the purely negative and the purely positive (2000).

The interview passages concerning strength, joy and interest also revealed other emotionally significant objects than those related to the duties and to the residents (Fig. 46.). The work community EM shows how the maintaining of social relationships at work can be an emotionally significant object and motive in itself. Thus, it could be argued that in their work activity employees also reproduce the social relationships of the work community. This finding is supported in the majority of studies on work stress in nursing homes, in which variables representing the number and quality of social relationships at the workplace have been shown to contribute to indicators of well-being (e.g., Hare, Pratt and Andrews 1988, Chappel and Novak 1992, Schaefer and Moos 1996, Elovainio and Sinervo 1997, Sinervo and Elovainio 1998, Sinervo 2000).

The Making a living EM brings up yet another emotionally significant element of work: the sustaining of one's livelihood by means of having a permanent job and receiving a salary (Fig. 46). This brings us back to the activity-theoretical idea of primary contradictions that was introduced in Chapter 5 and discussed further in Chapter 8 in the analysis of changes and developments in City Home and Country Home. According to this theoretical principle, under conditions of market economy every element of activity, in this case especially its object, has a dual nature in terms of possessing value in itself (the use value) and value in money (the exchange value). Making a living could also be interpreted within this framework to show how this also applies to in nursing home work. The object of this work activity is related to the needs of the elderly residents (use value) and to the employees' need to make a living (exchange value). The emotional significance of having a salary and a job is related to the latter aspect of the object. The fact that this explanatory model was not once used as the only model for positive emotions, and that it was used together with almost every other explanatory model, could be interpreted as supporting the idea of the duality of the object. In other words, at least according to its use in the interviews, making a living was not the only source of emotional well-being at work for anyone. Its significance in terms of work-related well-being has not been covered in previous studies on homes for the elderly.

The explanatory model in which the employee gains strength and joy from elderly people who are grateful to them and look forward to seeing them presents the employee's own self as an emotionally significant object and a motive in terms of gaining acceptance and being valued (Fig. 46). Thus, it is not only the work community that is reproduced in work activity, but also the subject's self-esteem. On the other hand, it is open to question whether the other side of the coin here is the growing emotional dependency of the residents on individual employees. This may conflict with the ideas of care that aim towards autonomy and activeness in residents.

Getting strength and joy through activities outside work (Fig. 46) is a generally accepted phenomenon, although previous research on employee well-being in homes for the elderly has not paid a lot of attention to this.

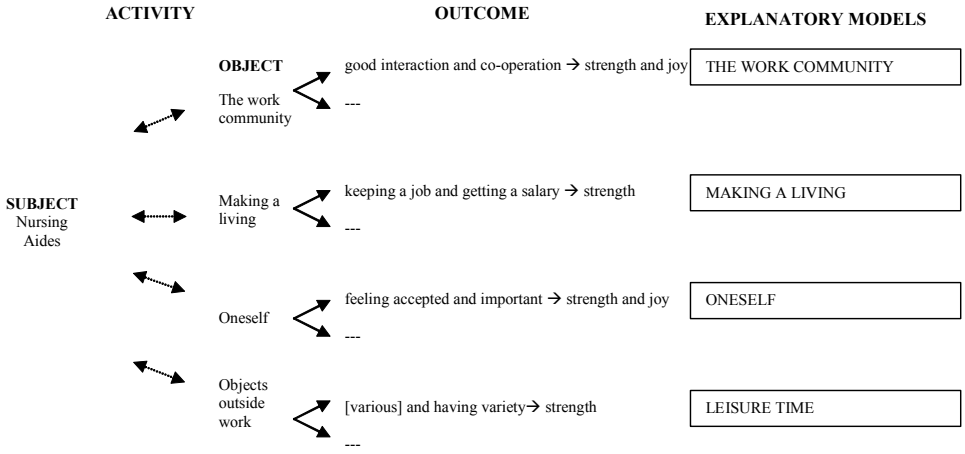


Fig. 46. A model of object-dependent well-being according to four explanatory models of strength, joy and interest at work.

9.8.2 The variety of emotionally significant objects represents different historical layers of activity

The fact that the objects and motives in the explanatory models presented in Figures 44 and 45 had features similar to those of historical ideal types of elderly care strongly suggests historical layeredness of the present. Figure 47 shows the models that had features similar to the historical ideal types of elderly care. On the left-hand side of the figure are the models of tiredness and exhaustion at work, and on the right-hand side are those of strength, joy and interest, both types presented in chronological order, the most recent being at the top. The time line runs from the left and right margin towards the center, which represents the year 1995 when the interviews were performed.

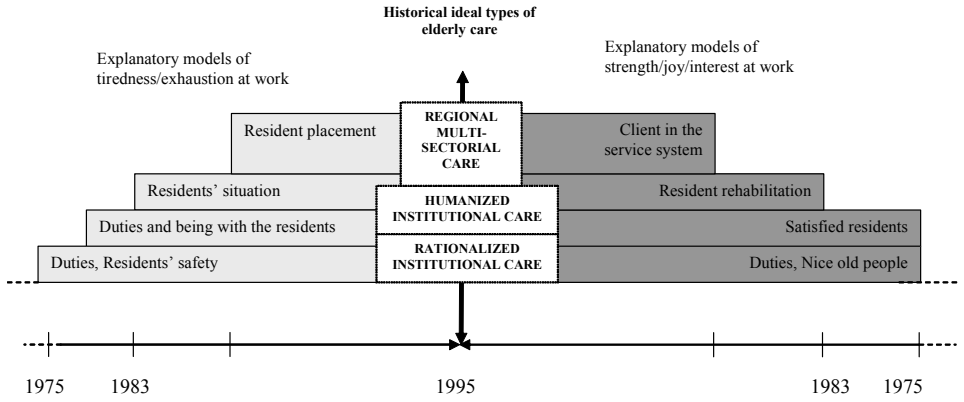


Fig. 47. The historical layeredness of emotionally significant objects at City Home and Country Home.

According to the figure, the Duties EMs constitute the oldest motivational layer as they most clearly represent rationalized institutional care. The year 1975 was the founding of City Home, but the dotted lines going further into the past hint that the origins probably date to the time of the municipal home. The oldest layer also contains the Residents' safety and the Nice old people EMs. The object and motive of the former was found not to be specific to any historical ideal type of elderly care. It seems reasonable to assume that the safety of residents was as much a concern in rationalized as in humanized institutional care, as it will be in any future types of care. Rather than including this in all of the layers on the left-hand side of the figure, I have thus only placed it on the bottom layer from which it reaches into the present (1995). The Nice old people EM belongs to the same layer as the Duties EM for two reasons. First, the content refers strongly to the performing of duties in that the interviewees explained that without the company of happy and smiling elderly people their routine duties would seem dull. Second, when the combinations of the explanatory models were analyzed, it was found that the interviewees who used the Duties EM also used the Nice old people EM. The curious thing about the former is the fact that a considerable number of employees still, in 1995, used an explanatory model that had its origin back in time. This suggests that features of rationalized institutional care were not altogether rejected from the work activity in City Home and Country Home during the period of cell working (see Chapter 8).

Between the rationalized and the humanized institutional care are the layers that constitute the Duties and being with the residents and the Satisfied residents EMs. These models exhibit an orientation towards both duties/services and residents. Ideas of humanized institutional care strongly highlighted the need to consider the elderly living in institutions as unique persons and as needing individual care. For this reason I have interpreted these explanatory models as representing an intermediate layer between those that include orientation exclusively to the duties or to the residents. The Duties and being with the residents EM represents a dilemma according to which the performing of one's duties is experienced as emotionally important, but the residents' need for company is also acknowledged. This is interpreted in Figure 46 to have started when humanizing ideas started to spread. The

Satisfied residents EM is more successful in combining the performing of the duties and fulfilling the needs of the residents: the duties are important not in themselves, but in producing services that satisfy the residents, thus representing a resident-oriented view. It is depicted in the figure to have started side by side with the Duties and being with the residents EM.

What is of special interest is that the way in which the residents are viewed as emotionally significant objects differs quite a lot between these explanatory models and the Residents' situation and Resident rehabilitation models I have placed in the next layer. Only the residents' need for company is represented in the Duties and being with the residents EM: none of the interviewees emphasizing both duties and residents showed any orientation towards the problems the residents were experiencing. In fact, the view of the residents closely resembled the Nice old people EM. Both emphasize the need to talk to and spend time with the residents. The Satisfied residents EM only considers the residents in terms of the usual services that the home provides: waking up, dressing, eating, and so on. These kinds of intermediate objects and motives could suggest the existence of an ongoing developmental process from duties towards residents. I will return to this subject later.

Both the Residents' situation and the Resident rehabilitation EMs highlight the individual needs of elderly residents in a way that corresponds to the ideas of humanized institutional care: awareness of their situation, their condition, their activeness and abilities as emotionally significant objects is inherent in them. Figure 47 shows these layers as starting from 1983, when these ideas were introduced in City Home (see Chapter 8.6). However, in my view, the models also represent an intermediate layer between humanized institutional care and the new hypothetical regional multisectorial care. This interpretation is supported by the fact that the elements that led to consideration of the client's placement were based on progress made in rehabilitation or general condition of the resident. Thus, the possibility of viewing the object of activity at the home in a wider context was a result of active and rehabilitation care.

The Resident placement and the Client in the service system models show traces of a wider emotionally significant object and motive that stands out from the realms of institutional care. The essential difference here is that they cross the borders of the institution. The only concern is no longer how well the residents manage at the nursing home, and employees start to consider their interests also in terms of *where* they could live. This is a different and historically a new way of perceiving what the object and motive of work in a home for the elderly is. I have therefore placed these explanatory models on the top layer in Figure 47.

In broad terms, Figure 47 depicts the historically multi-layered motivational sphere at City Home and Country Home in 1995.

9.8.3 The development of emotionally significant objects, motives and object-dependent well-being

In analyzing the interview responses I usually focused on coding the contents in a particular category on the basis of certain criteria, as I have done in this chapter with the explanatory

models. However, this type of analysis leaves open the question of whether and how the expressed motives develop and change: as a rule this would require a longitudinal prospective study.

The questioning of the Duties EM and the different degrees of externalization that emerged in Chapter 9.6 could be considered important clues to the development and change of objects and motives in City Home and Country Home. This seemed to be happening right in front of the interviewer in the single-case analysis as the interviewee suddenly became conscious of the object and motive that drove her.

It could be argued on the basis of the theoretical model of learning actions within a developmental cycle (see Fig. 18) that this shows evidence of a mechanism for the development of the constructed object, and also of a qualitative change of object-dependent well-being. Questioning and rejecting the Duties EM could be interpreted as a result of learning actions taken by individual employees at the beginning of a developmental cycle. These questioning accounts are empirical signs of an incipient externalization phase.

Typically it has been collective problem-solving situations (team meetings, intervention sessions) that have been analyzed within this framework (e.g., Engeström 1999), but here I found questioning in the context of individually conducted interviews before any intervention had started.

According to my interpretation, the six excerpts analyzed in Chapter 9.6 show the following phases in the process from internalization to externalization (Table 33). The degree of externalization and the phases of the developmental cycle are on the left and written in italics, while the corresponding empirical signs in the interview excerpts are on the right.

Table 33. Different degrees of externalization in the interviews as phases in the developmental cycle.

Internalization/externalization	Signs in the interviews
Internalization governs (the phase of a previously consolidated form of activity)	The Duties EM is taken largely for granted and it is not consciously reflected upon in the interview inspite of the interviewer's interventions (Excerpt 9.9.).
Externalization starts (the need-state phase)	Features of the Duties are explicitly brought up and discussed in the interview as a necessity, but the possibility of questioning is not brought up (Excerpt 9.10.).
	Features exhibiting the Duties EM are brought up in a critical tone and the possibility of questioning it is discussed (Excerpt 9.11.).
Externalization advances (the double-bind phase)	Features exhibiting the Duties EM are discussed and questioned but no alternative way of working is mentioned, nor the possibilities discussed with others (Excerpts 9.12. & 9.13.).
Externalization advances (historical analysis, the individual construction of a new motive)	The duties EM is explicitly questioned, rejected and analyzed historically. And a new, individually constructed motive is constructed (Excerpt 9.14.).

The conclusion to be drawn is that the motives expressed in the Residents´ situation/Resident rehabilitation and the Residents' placement/Client in the service system models are *a result* of questioning and rejecting the Duties model in the face of the changed clientele of the home. Accordingly, the mixed type of EM, encompassing both duties and residents, would present an intermediate phase, a motive contradiction on a developmental path.

The two types of EM mentioned above could be interpreted to represent *individually constructed* new objects and motives. However, as is evident in the description of the morning routines in excerpt 9.14, these individual alternatives are not yet *collective* solutions. They are perhaps more like new shoots or pathways to the collective construction of new objects and motives in the context of the home. It is also possible that they will remain embryonic, or lead to an individual crisis causing the employee to leave the home in search of another job (excerpt 9.13.).

Figure 48 summarizes this interpretation with the help of the developmental cycle model.

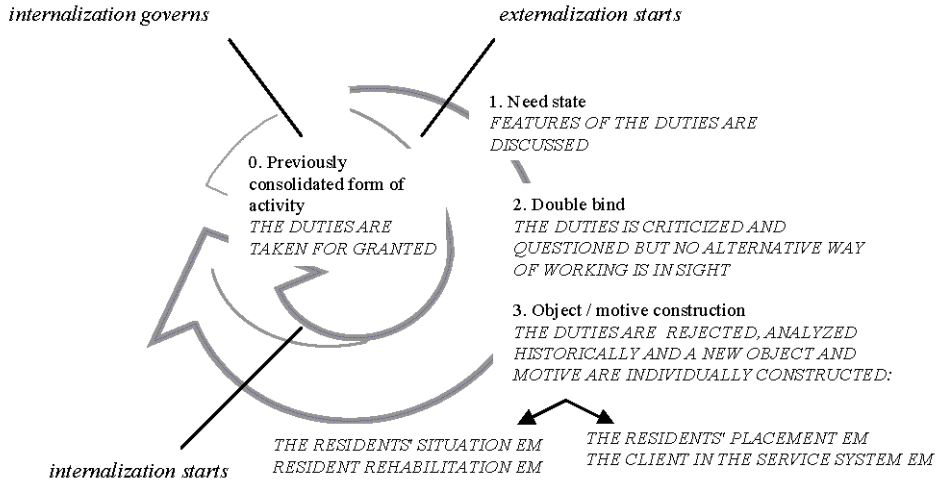


Fig. 48. The developmental mechanism of object and motive construction in City Home and Country Home.

In my view, the case of a single interview presented in the third part of Chapter 9.6 is illustrative of the non-conscious quality of motives and of the kind of work that is required to recognize them (Leontjev 1981, 122-124). The "emotional coloring of actions" served here as a starting point. The hypothesis I had developed during the previous interviews served as a tool with which I was able to recognize the tendency towards the "fulfilling my duties on time" model in her speech. This enabled me to offer her an interpretation that served as a springboard for her self-understanding of a possible motive that had directed her actions. It is perhaps better to talk about 'possible motives' here, since the story she told of a fellow worker shows that she at least also *knew* of other motives.

It seems to me that this complicates the picture of what her motives were. Apparently she realized in the course of the discussion that she was at least able to verbalize a more resident-oriented motive to complement the duties motive. A possible interpretive framework here is Leontjev's differentation between psychologically effective motives and only known motives (1981). The former are those that actually direct your behavior, whereas the latter are those you know should direct your behavior. "Fulfilling one's duties" was the psychologically effective motive that she found, with the help of the interviewer, by follo-

wing the emotional coloring of her actions, but immediately after this she said she knew that it was the residents who were important.

9.8.4 Working conditions and tiredness/exhaustion in the interviews

It was not only difficulties in mastering the object of the activity, but also more traditional occupational-health problems that were brought up in the interview passages concerning tiredness and exhaustion at work. Frequent accounts of difficulties in sleeping due to awkward shift arrangements and working in high temperatures during sauna days also had tiring effects, as did the heavy lifting and constant standing. I suggest that these are different but not separate causes of tiredness and exhaustion. They are different in the sense that sleeplesness or poor sleep quality, and heat, have a direct, unmediated effect on the subject that is both physical and psychological, and which may lead to tiredness or exhaustion regardless of the object of the activity or how well it is mastered. The theoretical model for studying these effects is the interactional stress model (stimulus → organism → response), which was covered in depth in Chapter 4.

The effects are by no means separate, from the object of the activity and object-dependent well-being or from the developmental trajectory of the home. Several interview accounts suggest that the difficulties in getting to sleep between shifts and coping with heavy night shifts are partly attributable to the problems of caring for the residents. The rush to finish all one's jobs during the evening shifts while at the same time attending to the residents keeps the employees awake thinking what they may have forgotten. Many even recalled calling the home on account of some resident or some job they feared they had forgotten. The exhausting heat effect of the sauna bathing was apparently largely attributable to the fact that they tried to deal with all the less mobile and slow residents during the one or two sauna days that were scheduled for the week. In effect, the sauna-bathing started immediately at seven o'clock in the morning and continued almost without a break until the afternoon. In other words, the resulting heat effect on the employees was not only physical, it was also very much socio-cultural. One only has to think of the dynamics of a situation in which employees are helping a less mobile and resisting resident out of bed (see Chapter 10). The resulting physical strain is not only from the weight of the residents or the lifting technique of the employees, it also has to do with the different objects of the participants.

Moreover, neither the work-shift problem nor the heat effect of the sauna-bathing were merely typical occupational hazards: they were, to a significant degree, consequences of the change that the home was going through. This goes back to the narrowing cycle of the home in which the member municipalities first refused to fund improvements and then dissolved the coalition altogether, leaving the home and its residents to the town of Raahe (Chapter 8.6). This, together with the economic recession at the beginning of the 1990s, contributed to the strategy of hiring non-qualified employees to replace those about to retire or leave. The replacements were not authorized to do night shifts, which meant that the permanent staff had to do more, and more generally that the entire shift system changed. This also had its effect on the sauna-bathing days. Because certain checks concerning the health status of the residents had to be carried out in connection with the sauna-bathing, it was the qualified

permanent staff who had to spend the whole day in the heat of the sauna and the dressing room.

In sum, important issues that were significant to the well-being of the employees, other than object-dependent well-being, were brought up in the interviews. These issues should not be considered separately from the action and activity level of analysis, nor from the developmental trajectory of the home.

9.8.5 Methodological lessons

I have developed and tested a new methodology for analyzing work-related emotions of employees. The theoretical core was Leontjev's activity-theoretical idea that certain types of actions acquire the kind of emotional coloring and an emotional residue that can be recalled by the subject. Thus, my aim in the interviewing was to help the respondents to remember and describe actions that were colored with emotions, such as tiredness/exhaustion and strength/joy/interest, and thereby to connect experiences that were significant in terms of work-related well-being to descriptions of concrete events and situations. Eventually this worked out, but it was not easy. The interviewees' initial responses were mostly very abstract and general, and an analysis of these would have resulted in a very general and familiar list of problems and reasons for dissatisfaction/satisfaction. It turned out that the active interviewing method with its orientation towards eliciting narratives was very helpful in getting to the level of describing concrete emotionally-colored situations and events to do with work at the home.

The analysis of these descriptions was directed by two working hypotheses: a theoretical one and a historical one. The theoretical one directed my attention to the object and motive of the subject, thus enabling me to discover links between work-related emotions and different objects and motives in the work. This is a new and exciting discovery since previous research has linked work-related emotions only to certain features of the working conditions. It brings the important issues of the object and meaning of work center-stage in occupational-health research.

The historical hypothesis developed through my theory-historical analysis in Chapter 5 enabled me to detect historical layeredness in the variety of objects and motives brought up in the explanatory models.

An unexpected methodological finding resulted from the difficulty in categorizing interview passages featuring the vocabulary of the Duties EM, but in a questioning manner. This finding is related to the methodological problem of whether signs of change and development can be detected in cross-sectional data. On the basis of the analysis and the results reported in this chapter, it could be concluded that researchers should be careful in recording not only the explanatory models the respondents use, but also those they explicitly question and reject. Attention should also be given to how conscious the respondents are of the models they use. Here again, several of the principles of active interviewing proved to be valuable. Paraphrasing the responses and developing and testing the hypotheses during the course of the interviewing, together with the respondent, seemed valuable in studying the developmental phase the respondent was in.

As the small case study of a single interview reported in Chapter 9.6 showed, interviews can be interventions. This case was largely accidental, but an active developmental interviewing methodology could be developed on the basis of these results. This would extend the aims of the interview from gathering information on the possible sources of object-dependent well-being in a given workplace to experimentally finding out the developmental possibilities of object-dependent well-being. This idea is similar to the methodological principle of the zone of proximal development employed by Vygotsky (1978) and Engeström (1987).

10 An analysis of disturbances in the work activity of City Home and Country Home

10.1 Introduction

This chapter deals with disturbances and their handling in the everyday work activity of City Home and Country Home. My approach is based on the working hypothesis of disturbance load that I developed in Chapter 5, which predicts that disturbances in work activity lead to extra work, anticipatory work and repair work, and thus are a significant source of increase in both psychological and physical work demands. Such disturbances are a result of changes and development in the different elements of the work activity.

The chapter is organized as follows. I will begin by summarizing the hypothesis of the developmental phase and contradictions of City Home and Country Home that was developed in Chapter 8. I will then outline the research objective and questions for the analysis of disturbances and explain why I chose to concentrate on the morning routines as representing everyday work activity and the kind of routines I used in my data. Next I will introduce the reader to the discourse-analytical method of response-initiative analysis that I modified and used in my analysis. I will present the results of the initiative analysis and, before concluding the chapter, describe a case study of two different morning-routine episodes.

In Chapter 8, I developed a working hypothesis of the developmental phase in City Home and Country Home in 1995. The 1990s had been a period of narrowing development leading toward deadlock in institutional care for the elderly. Before that, during the latter part of the 1980s, City Home had developed a costly cell working model to better respond to the individual needs of the more dependent, permanently placed elderly residents much in the spirit of the ideology of humanized institutional care. However, at the end of the decade, the model was unable to respond to the new needs of the member municipalities or to the development of open-care services that demanded other than permanent institutional care for the elderly. As a result, City Home was isolated from the system of services in elderly care, its resources were first frozen and eventually cut, the residents became more dependent and one of the four cells was turned into an open-care unit. In terms of the quality of care, this resulted in a deterioration in the cell-working principles (flexibility, individu-

ality, activation) and a focus on merely fulfilling the basic physical needs. The employees experienced haste in their everyday duties and were under ever-increasing mental pressure at work.

I crystallized this developmental phase in more theoretical terms in Chapter 8 with the help of the activity-system model and the idea of developmental contradictions. The resulting model presented in Figure 49 (reproduced from Chapter 8) highlights the elements that, according to the historical documents, had changed from the cell working period: the object of activity had continued to focus more on disabled and more dependent elderly people, the cell worker had changed into a circulating employee, the work community had decreased in number and approximately one third of the qualified staff were replaced with temporary trainees, those doing civilian military service and unemployed persons (the changed elements are marked in **bold** in Fig. 49).

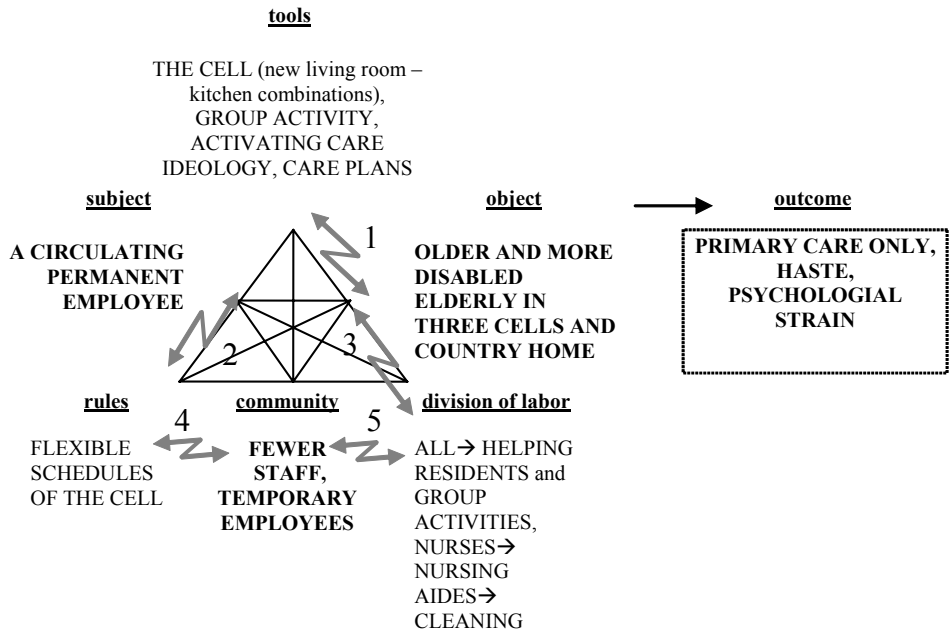


Fig. 49. A historical working hypothesis of the developmental contradictions in the work activity of City Home and Country Home in 1995 (see also Fig. 31).

The elements that had not changed were the tools and rules and the division of labor (Fig. 49). In one respect, the object of activity had also remained the same: the elderly in City Home and Country Home were still "residents" who were placed there on a permanent basis.

This mixture of older and newer elements resulted in five contradictions between the elements of the activity-system model (Fig. 49). The *first* was between the tools of the old system and the needs of the more disabled and dependent elderly people who were left in the homes. The group-based activities in the cells were not suitable for the people who lived there. The *second* contradiction was in the idea of each cell having its own flexible rules and the fact that the personnel were no longer permanently attached to any of them, but had

to circulate among them, thus promoting the use of a standard schedule. The *third* contradiction was between the needs of the more disabled residents and the division of labor, according to which the nursing aides had enough time for cleaning and the nurses enough time for nursing after everyone had helped the residents. Instead, the residents needed so much help that the nursing aides in particular found it difficult to finish their cleaning duties. As a result, the residents' need for help was not always met and the cleaning duties were often left unfinished. The *fourth and fifth* contradictions both resulted from the reduction in personnel, which went against the idea of flexible schedules, and supported the division of labor.

The decline in the quality of care (now restricted to primary care), the time pressure and the psychological strain on the employees, all reported in the historical analysis in Chapter 8, are depicted as outcomes of these contradictions of care in Figure 49.

10.2 Research objective and research questions

As discussed in Chapter 3, previous research into work-related well-being has not focused at close range on what actually happens at work, and how the work process proceeds in practice. It has largely relied on two assumptions: first, that objective structural features of work, dependent on the organization and the technology it uses, determine the behavior and the well-being of the employees, and second, that the process of work flows normally and undisturbed (e.g., Elo 1989). Thus, the study of employees' actions and choices at work has not become an object of research on work stress. Limitations in the epidemiological methodology and in its underlying epistemological commitments have also contributed to the absence of studies on work as subjects' activity. There are several macro-approaches in sociology that have taken a similar structural position, with researchers studying how different features of institutions, culture, society or class affect individuals and groups. However, demands for the microlevel analysis of people's everyday actions and experiences, began to arise in sociology in the 1950s (e.g., Blumer 1969), and in work-stress research quite recently (e.g. Griffiths 1999, 591).)

Microlevel studies of everyday work practices are an essential element of developmental work research (Engeström 1987, 1999). These actual-empirical analyses serve to test the working hypotheses concerning the developmental layers and contradictions of the work activity that are generated by the preceding historical analysis. In other words, present-day phenomena are studied under the assumption that they represent a mix of previous and current developmental phases, some in contradiction with each other, and new phenomena. Guiding the empirical analyses is the preassumption that this mix and these contradictions exist in everyday work practice as different types of *disturbances* or problems and, on the other hand, as *innovations* or deviations through which employees try to overcome the contradictions. Further, the disturbances are analyzed in this study in terms of whether they increase the work load of the employees.

The concepts "disturbances" and "innovations" presuppose an expected course of events. In recurring situations this course of events has been described as a *script* (e.g., Engeström 1992, Haavisto 2002). The script may be explicit (as in the form of a written procedure or a schedule), but the expected course of events is often implicit, and the parti-

cipants are not consciously aware of the script they are following. In work settings the script is formed by the schedules, routines, the division of labor and professional rules that are common to all employees or employee groups. Thus, the employees largely follow the common work script. The script of everyday life at a home for the elderly can be approached from two perspectives, that of the institution/employees and that of the residents. Thus, two possible scripts appear: the institution's script according to which the employees largely act, and the residents' script of their everyday life. The undisturbed flow of events at the home calls for compatibility between these two scripts. In other words, the working script should allow room for the residents' own living, and the residents should comply with the rules and procedures of the institution. The message in the ethnographic literature (see Chapter 3) is that often this is not the case. However, in contrast to the reviewed ethnographic research in nursing homes I shall not take the incombatitibility of the employees' and the residents' scripts as an ahistorical starting point. Instead, I shall examine it as a result of historical change and as the present developmental phase of the work activity of City Home and Country Home.

The research objective in this chapter is to assess the working hypothesis suggesting, that developmental disturbances resulting from historical change in City Home and Country Home lead to extra work demands in the everyday work activity, characterized as disturbance load. I also consider the developmental possibilities of the work activity by looking at the innovative deviations in everyday life at the home. The disturbances and innovations are analyzed following the meeting of two scripts, that of the institution and that of the resident.

The research questions guiding the analysis are as follows:

6. What kind of disturbances and innovations appear as the employees' and the residents' scripts meet in the everyday work activity of City Home and Country Home?

7. What are the consequences of these disturbances from the employees' perspective?

10.3 Data on everyday work activity: the morning routines

In terms of activity theory the "everyday life" of a workplace consists of actions and clusters of actions. The task of researchers is to decide which actions should be chosen for closer scrutiny. In their study of cleaning work, Engeström and Engeström (1986) chose the cleaning of a normal office for the object of their actual-empirical analysis. A further study on the work of general practitioners in health centers (Engeström 1990, Engeström R 1999) comprised video recordings of consultations during a normal workday. Virkkunen (1995) studied the work of workplace inspectors and video-recorded a variety of inspections. Engeström *et al*. (1992) and Haavisto (2002) studied the process of change at Finnish district courts, and in their empirical analysis they traced different phases of three cases conducted prior to a reform in the justice system. The chosen cases represented the type that caused a lot of trouble, according to the judges. The researchers collected data on three similar types of cases after the justice reform to enable before-after

comparison. The processes were traced through videorecordings of the court hearings, and by interviewing all participants and collecting all documents.

In effect, there are three types of criteria for choosing empirical data. On the one hand, researchers aim to capture a performance that is *typical* of the work process in question (e.g., the cleaning of a normal office), while on the other hand the data gathering is directed at practices that stand *at the core* of the process (e.g., inspection, consultation) and further, at *troublesome or difficult* incidents (the court cases).

The work in a home for the elderly contains several clusters of actions that recur from one day to the next and are, in that sense, typical. These clusters include the morning routines, serving breakfast, cleaning, serving lunch and dinner, and other activities (see Chapter 2 for an ethnographic description of the everyday life in City Home and Country Home). It is not self-evident which of these should be considered as "the core" of the work: in terms of its societal object, it is the residents and the personally delivered services rather than cleaning the public areas or serving meals. A cluster of actions that are both typical and personal comprise the morning routines, which recur every day and are personally executed with each resident. In fact, it is clear from my ethnographic data that this round is one of the most long-lasting recurring events of the day, when the resident and the employee or pair of employees engage in personal interaction. There are usually only moments of interaction during the meals when the plate is delivered, or when an employee helps a resident with his or her eating. Other moments of personal interaction do occur, however. As the ethnographic account in Chapter 2 shows, it is not unusual for an employee to sit down for a while if she has nothing else to do, and to chat with a resident. Nevertheless, these events do not recur systematically and it would thus be difficult to collect systematic data on them.

What typically happens during the morning routine with one resident in City Home and Country Home? Those who are able to move by themselves are often already up, and the job of the employee is simply to greet them and move on to see how the person in the next room is doing. Those who need help are assisted out of bed, taken to the toilet in the room, and finally helped to get dressed. This, is not always an easy task, however. Consider the following event that I witnessed in City Home during one resident's morning routine. The resident in this excerpt was a male of well over seventy years of age, who had been mentally handicapped all his life. The events were video- and audiotaped, and the recordings transcribed according to the chosen conventions (see Table 10.2 below).

EXCERPT 10.1. (episode 3, waking up)

[Sheila, a nursing aide, knocks on Hank's door. Hank is in bed.
Sheila goes into the room with Lily, another nursing aide. Sheila bends over Hank's bed while Lily gets gloves from the bathroom.]

313 Sheila: GOOD MORNING HANK
314 Hank: Morning
315 Sheila: HOW ARE YOU?
316 Hank: Nothing
[Lily comes from the bathroom to stand by the bed and looks at the resident.]
317 Sheila [as if talking to a child]: Nothing, is it (.) Shall we go for a little wash
[Lily moves from the bed towards the window.]
318 Hank: I don't know
319 Sheila: I DON'T KNOW
320 Lily: #We shall have to (.) consider it a little.
[As Lily speaks she opens the curtain and light pours into the room.]

321 Sheila: #Yes (1s.) let's consider it, shall we
[Sheila takes the blanket off Hank and puts it at the end of the bed.]
(2s.)
[Lily opens another curtain and comes to stand by the bed while she stretches the protective gloves.]
322 Sheila [looking at Hank]: We should start to move to the bathroom now
(7s.)
[Sheila and Lily stand by the bed looking at Hank. Then Sheila pulls Hank's feet to the edge
of the bed and bends over to look at his backside.]
323 Sheila: There's nothing here, it seems
324 Lily: No
(2s.)
[The employees lift Hank to sit on the edge of his bed.]
325 Sheila: All righhht.

This detailed transcription of the videotape shows three things. First, the job of assisting the residents with their morning routines involves a lot of verbal interaction – and sometimes puzzling silence. In other words, the actions proceed through discourse: the employees used ten conversational turns and the resident three. Second, the job does not proceed smoothly. The resident is not a passive recipient of the employees' actions, but plays an active role despite his limitations. His comments (turns 316 and 318) and his silence (between turns 321–322 and 322–323) suggest that he is resisting being woken up and taken to the bathroom. This is also shown in the employees' responses as they repeat his utterance (turns 317, 319) and persuade him (turns 320, 321, 322). It is not at all a picture of a compliant resident getting help from employees with his daily activities. It could be argued that here the employees' and the resident's scripts collide, although not dramatically. The resident resists getting out of bed, which seems to be the employees' priority. This collision of scripts creates potential disturbance in the course of the morning routines from the perspective of both resident and employees. Third, the employees use specific interactional strategies in trying to overcome the disturbance caused by the resident's resistance. After waking him up, Sheila asks (turn 317) whether he would like to have for a wash. Hank answers "I don't know," but the conversation does not continue with Sheila asking what the problem is and whether Hank would like to have a wash or not. Instead, Sheila repeats Hank's utterance and the other nursing aid Lily confirms that Sheila's proposal should be considered. Next Sheila informs Hank that he should begin to move to the bathroom. Hank does not comment on this. Then both aides wait for a short while, talk to each other, and get Hank to sit on the bed without ever finding out whether he wants to have a wash or not.

The following conclusions can be drawn. *First*, any analysis of this type of work in which verbal interaction is an integral part should employ methods with which to analyze conversations. *Second*, analyzing disturbances during morning routines in terms of a collision between the resident's and the employees' scripts seems promising. This should involve studying both the resident's activity and the employees' efforts. *Third*, closer scrutiny of the aims and consequences of the resident's activity in the morning routines could reveal what the potential for change in the morning routines is.

10.3.1 Initial data

My initial bulk of data comprised 35 video- and audiotaped morning-routine episodes filmed during seven mornings in City Home and Country Home within a four-week period between May 17 and June 19 in 1996. I arrived in time to film the morning report at 7.00 a.m., after which I arranged with one of the employees on that shift that I would "shadow" her with a video camera, and that she would carry a portable tape recorder with a microphone attached to her collar. This was voluntary for the employees, and several refused. This arrangement had been planned and agreed upon beforehand with the employees and the director of both homes. The procedures for obtaining the informed consent of the residents for the filming and tape-recording was explained in Chapter 7 (Ethical issues in this study).

By "morning-routine episode" I mean a sequence focusing on a single resident that starts from the moment when an employee or a pair of employees either knock on the resident's door or otherwise enter the room in the morning. It ends when, after helping the resident, the employees leave him or her in the lounge, by his or her door or in the room, and move on to the next one. Thus, the episode is the helping of one resident with his or her morning routines by a single employee or a pair of employees.

The contents of the 35 episodes I taped varied from saying "Hello" to an independent resident to helping a more dependent one at every stage, from waking up to moving to the lounge to wait for breakfast. On the basis of their contents, I placed them in six categories from A to F (Table 34). Category A, "Total care", refers to episodes during which the employee/s helped the resident in waking up, getting up, moving to the bathroom, washing, moving back from the bathroom, dressing and moving to the lounge to wait for breakfast. Category B, "Partial care", refers to episodes that differed from those in category A only in that the resident was not properly dressed because it was a sauna day and only a dressing gown was put on for breakfast. Category C, "Dressing", refers to episodes during which a resident who had already been to the sauna was only helped to dress, and then moved to the lounge. Category D, "Making the bed" refers to episodes during which the employee only needed to make the resident's bed and then helped him or her to the lounge. In these cases the resident or someone else had already seen to the other things. Category E, "Doing the hair" refers to episodes during which the employee only fixed the residents' hair and the final category F, "Saying hello" to those during which the employee only stops by to exchange a few words with a resident who had got up and dressed independently.

Table 34 shows the number and quality of the morning-routine episodes that I was able to regard during the seven mornings.

Table 34. The number of video- and audiotaped morning-routine episodes by date, unit and category.

Category	May 17. Liveli-ness	May 20. Happy Hut	June 3. Home Path	June 11. Home Path	June 17. Country Home	June 18. Country Home	June 19. Country Home	Morn-ing-routine episodes total
A. Total care	3	2	3	2	3	4	2	19
B. Partial care	2	–	–	–	–	–	1	3
C. Dressing	1	–	–	–	–	–	1	2
D. Making the bed	1	1	1	1	3		1	8
E. Doing the hair	–	–	–	–	1	–	–	1
F. Saying "Hello"	–	–	–	–		1	1	2
Morning-rou-tine episodes total	7	3	4	3	7	5	6	35

Table 34 shows, the majority of the elderly who were helped during these mornings needed help with every aspect of their routine (categories A to C, a total of 24 episodes). In 11 of the episodes (categories D to F) the residents were so independent that the employees only made their beds or helped in doing their hair.

This distribution of different types of morning routines in my data reflects the historical development of the residents in City Home and Country Home. When City Home was opened in 1976 the rule was that only those who could get there independently would be admitted. Twenty years later, two thirds of the morning-routine episodes which I filmed involved residents who needed help at every stage.

Because my research objective in this chapter is to test the hypothesis that the discrepancy between the changed clientele and the tools, rules and division of labor at City Home and Country Home created disturbances in the everyday work activity, I decided to limit the initial body of 35 morning-routine episodes to those involving the most dependent residents under the assumption that they would show the historically developing contradictions most clearly. This applied to episodes in categories A to C, and since those in categories B and C only covered partial care (because of sauna-bathing arrangements), I also decided to exclude those from the analysis.

This left me with 19 episodes all representing category A: “total care”. Upon closer examination of the video- and audiodata I found that in four of these episodes the resident was not helped to wash in his or her room, but was taken to the cell’s bathroom where I could not follow with the camera. Thus, only audio recordings of these encounters exists, and I also excluded these four episodes from the analysis.

Consequently, 15 “total care” morning-routine episodes were included in the analysis. Each one was transcribed turn by turn from the videotape and audiotape by a research assistant, after which I revised the transcript of each episode with the help of the original tapes. I transcribed the verbal interaction and also noted the body movements and positioning of the participants in the videotapes to make verbal descriptions that I enclosed with the tran-

scripts (see excerpt 10.1. above for an example). During the different phases of the analysis I returned to the videotapes to complement the verbal interaction with body movements.

Transcribing verbal interaction from an audio- or a videorecording necessarily involves selection and interpretation. Verbal interaction with all its intricacies can never be fully transposed into the written form. The most detailed conventions for transcribing talk have been developed within conversation analysis (CA) (for an overview, see Atkinson and Heritage 1984, Drew and Heritage 1992, in Finnish Tainio 1997). However, studies employ somewhat different sets of conventions depending on the purpose and aims of the analysis. In this study my interest lies in the content of the speech and I have therefore chosen not to reproduce in full the nonverbal features of talk (such as breathing, intonation and coughing). However, in the few episodes in which the resident was unable to speak and communicated through some kinds of sounds (groans, growls), I also included them in the analysis. The conventions I chose are presented in Table 35.

Table 35. Transcription conventions for the morning-routine analysis.

Indicator in text	Explanation
CAPS	Words written in capital letters indicate loud volume
(.)	A pause of less than one second
(Xs.)	X -second pause
#	Overlapping speech
---	Unclear words
(?)	This mark at the end of a word indicates uncertain meaning
…	Words or sentences cut from the original transcript
:	Several lines of speech cut from the original transcript
[text]	The researcher's observations of gestures, actions and tone of voice, for example

All names referring to employees or residents were changed in the transcription to protect their anonymity.

10.3.2 Basic features of the chosen episodes

Table 35 lists the basic features of the episodes and of the verbal interaction during the 15 "total-care" routines. These include a) the phases that allowed for more variation in the way in which the routines were carried out, b) the length of the episodes beginning with entering the resident's room and ending when the resident was either sitting in the lounge or was left sitting in his or her room, c) the number of employees working with the resident during the episode, d) the number of the resident's conversational turns, the total number of turns (resident and employee), and the percentage of the resident's turns of the total number, which gives a picture of how much interactional time both residents and employees used during the episodes.

For the purposes of later analysis, these "total care" episodes are divided into seven successive phases (Table 36.): 1) waking up, 2) asking for permission to do the recording, 3) getting up and moving to the bathroom, 4) washing, 5) moving back to the room, 6) dres-

sing and 7) moving to the lounge. This phasing is largely empirical and is employee-oriented because it is from that perspective that I gathered the data. It is based on the way most of the morning routines were actually executed at City Home and Country Home, and follows the changing of the topic of the interaction (greeting, asking for permission, etc.). It also clearly follows the moving of bodies from one space to another (the arrows in Fig. 50).

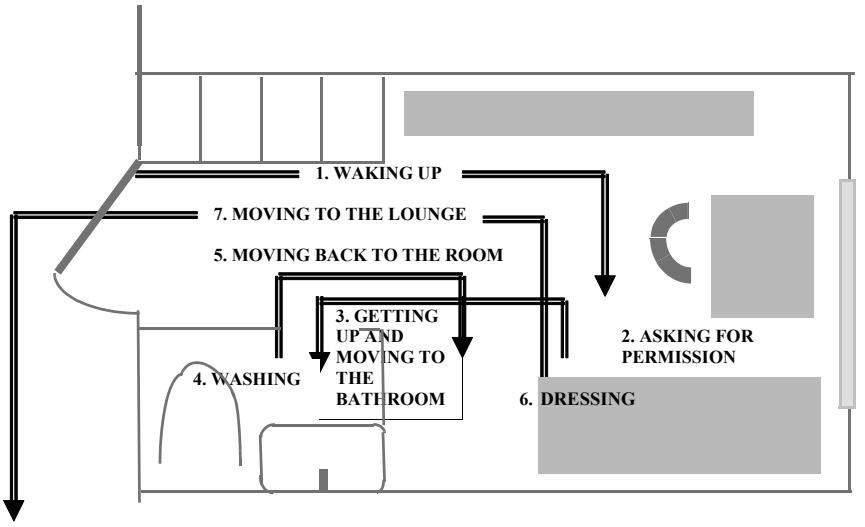


Fig. 50. Typical phases of the morning routines within the layout of a resident's room (see also Chapter 2, Fig. 4).

Phase one (waking up) took place between the door and the bed, phase two (asking for permission) by the bed, phase three (getting up and moving to the bathroom) by the bed and on the way to the bathroom, phase four (washing) at the bathroom, phase five (moving back to the room) between the bathroom and the room, phase six (dressing up) usually by the bed, and phase seven (moving to the lounge) was marked by moving from the resident's room to the lounge via the corridor (Fig. 50).

In nine of the 15 episodes the employee(s), instead of taking the resident back into the room from the bathroom, dressed him or her there and moved directly to the lounge. In other words, phase five was missed and phase six took place in the bathroom (Table 36, episodes marked with shaded boxes).

Table 36. The number of conversational turns, the number of employees and the total length of the 15 "total care" episodes.

Episode	Number of conversational turns in the different phases of the morning routines: resident / total							Total number of turns and percentage of resident turns in the episode	Length of the episode & the number of employees
	1. Waking up	2. Asking for permission	3. Getting up and moving to the bathroom	4. Washing (and dressing)	5. Moving back to the room	6. Dressing	7. Moving to the lounge		
1.	1 / 5	3 / 10	4 / 17	43 / 180	[4]	[4]	9 / 24	60 / 236 25%	13 min, 2 empl.
2.	1 / 4	?[1]	6 / 19	31 / 107	[4]	[4]	9 / 24	47 / 154 31%	10 min, 2 empl.
3.	2 / 5	0 / 5	3 / 22	7 / 32	2 / 11	4 / 33	1 / 27	19 / 135 14%	12 min, 2 empl.
4.	1 / 1	0 / 1	0 / 10	7 / 24	6 / 13	6 / 18	4 / 11	24 / 78 31%	15 min, 1 empl.
5.	2 / 5	5 / 12	7 / 15	17 / 41	[4]	[4]	0 / 1	31 / 74 42%	18 min, 1 empl.
6.	5 / 13	?[1]	15 / 39	?[1]	[4]	[4]	1 / 10	21 / 62 34%	14 min, 2 empl.
7.	2 / 6	5 / 10	4 / 15	12 / 82	4 / 15	[4]	14 / 12	41 / 140 29%	12 min, 2 empl.
8.	0 / 1	2 / 5	11 / 23	15 / 34	[4]	[4]	1 / 4	29 / 67 43%	8 min, 1 empl.
9.[2]	19 / 34	4 / 7	10 / 22	?[1]	6 / 12	57 / 111	19 / 34	115 / 220 52%	24 min, 1 empl.
10.[3]					[4]	[4]			19 min, 1 empl.
11.	5 / 9	20 / 42	0 / 3	22 / 55	0 / 0	35 / 84	8 / 16	90 / 209 43%	27 min, 1 empl.
12.	3 / 7	6 / 12	7 / 29	2 / 67	[4]	[4]	3 / 17	21 / 132 16%	18 min, 2 empl.
13.	4 / 9	2 / 4	15 / 31	9 / 30	[4]	[4]	12 / 71	42 / 145 29%	22 min, 1 empl.
14.	1 / 1	1 / 4	10 / 26	15 / 120	[4]	[4]	8 / 49	35 / 200 18%	10 min, 2 empl.
15.[2]					[4]	[4]			19 min, 1 empl.
Total number of turns and percentage of resident's turns in each phase	46/100 46%	48/112 43%	92/271 34%	180/772 23%	18/51 35%	102/246 41%	89/300 30%	575/1852 31%	

[1] The question marks indicate data of such poor quality that is was not possible reliably to count the turns of the participants
[2] In these episodes the resident suffered from aphasia and was unable to speak
[3] This episode involved not a single resident but a married couple
4 Omitted phases in the episodes

What important information does Table 36 give in terms of analyzing disturbances and innovations in the morning routines? It shows the variation in the number of employees participating in the episodes, in the length of the episodes, in the amount of verbal interaction in the different episodes and the different phases, and in the proportion of resident talk between the episodes and between the different phases.

The length of the episodes varied from eight to 27 minutes, the average being 16 minutes (Table 37). The number of employees participating in the morning routines is related to the length of the episodes: those involving two employees were, on average, shorter than those involving only one (Table 37). The episodes in which the resident was helped to get dressed in the bathroom without moving back to the room were also shorter than when the resident was helped back to the room to dress (Table 38). Without closer analysis, it is impossible to say whether the shorter episodes were the ones that proceeded smoothly, or whether the faster pace in the shorter episodes involving two employees caused resident resistance and disturbance. It is not clear from the quantitative data in Table 36 whether either of the two basic forms of morning routines (seven phases or five phases) caused more problems than the other.

Table 37. Episode length and basic conversational features according to the number of employees present.

Number of employees	Episode length, mean	Total number of turns[1]	Number of resident turns[1]	Percentage of resident turns of the total[1]
One employee	19 minutes	793 turns	331 turns	42%
Two employees	12.7 minutes	1059 turns	244 turns	23%

[1] Counted from the data of 13 episodes. Two episodes in which the resident was unable to speak were not taken into account.

Table 38. Episode length and basic conversational features according to the number of phases.

Number of phases	Episode length, mean	Total number of turns[1]	Number of resident turns[1]	Percentage of resident turns of the total[1]
Five phases (dressing in the bathroom)	13.8 minutes	1210 turns	327 turns	27%
Seven phases (returning back to the room to dress)	19.3 minutes	642 turns	248 turns	39%

[1] Counted from the data of 13 episodes. Two episodes in which the resident was unable to speak were not taken into account.

In terms of verbal interaction (Table 36), on average, in 31% of the conversational turns during the morning routines it was the residents who were speaking. It is difficult to evaluate whether this is a lot or a little since no comparable studies exist to my knowledge. However, it does at least show that a basis for analyzing the everyday life of the nursing home through verbal interaction between residents and employees exists.

The amount of verbal interaction (the total number of resident and employee turns) in the shorter episodes with two employees was slightly bigger than in the longer episodes with only one employee (Table 37). However, both the absolute number of resident turns and the proportion of the total number of turns were much smaller in the episodes with two employees than in those with one employee (Table 37). Those in which the resident was taken back to the room to dress had a higher proportion of resident talk than those in which the resident was dressed in the bathroom (Table 38).

When the verbal interaction were considered in terms of the different phases of the morning routines (Table 36) those with proportionally more resident turns were dressing (phase 6) and those involving moving (phases three and five), excluding phases one and two (greetings and asking permission to record).

Since almost all of the residents involved in these episodes were able to speak (with the exception of those in episodes 10 and 15), one might have expected the episodes and phases in which there were disturbances as well as new practices to feature more verbal interaction (arguing, debate, negotiation) in general, and more resident participation, than those that evolved without such deviations. However, these hypotheses need to be confirmed through a closer study of what the interaction was about. I will therefore turn next to methodology for analyzing the contents of verbal interaction, and return to the basic features of the episodes listed in Table 36 at the end of the chapter.

10.4 Methods of analysis

Some of the most established microsociological methods are those developed for the analysis of verbal interaction. A full review of the different theoretical and methodological approaches to studying verbal interaction is way beyond the limits of this work (for a concise overview, see Linell 1998, 40–54). The discourse-analytic field is very diverse and incorporates several different methodologies. The analysis of discourses may include analyses of texts, interviews and naturally-occurring talk (for a recent review in Finnish, see Jokinen & Juhila 1999). An approach that is relevant to my study of the scripts of employees and residents during morning routines involves studying initiatives in interaction.

The Swedish discourse analyst, Per Linell, has developed a theory according to which each turn in a conversation can be analyzed in terms of the degree to which it contains both initiative and responsive elements (Linell 1998). Linell's starting point is a dialogical approach to verbal interaction, which means that individual utterances should always be viewed as part of an ongoing interaction rather than in monological terms as the acts of an individual mind (ibid, 12). Thus, every turn of talk in a conversation is both an answer to something that has been said before, and a projection into the future introducing something new. In that sense, every turn contains both responsive and initiative elements.

It is important to stress at this point the difference between the everyday use of the word "initiative" and the use Linell suggests. In everyday terms, "an initiative" is usually understood as an explicit suggestion on behalf of some actor. Linell's understanding is more subtle. If almost every turn in a conversation can be analyzed as showing both initiative and responsive elements, an explicit initiative in the everyday sense ("I would suggest now that …") is only the strongest case in this respect. Linell's way of analyzing even the smallest initiative elements turn by turn provides the analyst with a method for scrutinizing the actor's active engagement in more detail. This was especially valuable for me because of the nature of my research site: the everyday life of frail elderly people in a nursing home. If only the most explicit initiatives were to be analyzed, much of the activity of the residents would remain in the shadows.

Linell developed a sophisticated method for classifying the turns into 20 different categories according to the degree of initiative-response elements they contain. At one extreme are pure or free initiatives, which are turns in which a new topic is introduced into the conversation, not dealt with in previous turns (this is probably close to the everyday use of the word "initiative"). At the responsive extreme are turns that are only responses to the previous one and bring no new element.

For the purpose of this study I have used only a crude version of Linell's initiative-response analysis, concentrating on distinguishing the turns in the residents' speech that were only responsive from those containing at least some initiative elements. Because the chances of the residents influencing the institution's routines were limited, and because many of these elderly people were weak and frail, I decided to keep the criteria low in terms of which turns or actions were initiative in nature and to include those that carried the slightest hint. Employing the method developed by Haavisto (2002) for studying of the effects of initiatives, I will analyze how the employees handled them and what kind of immediate consequences they had.

I understood the initiative turns of the residents during the morning routines as indicative of their script in relation to that of the institution or the employees. The employees' script is most clearly revealed in the way in which they handle the resident initiatives. When the resident's script contradicts that of the employees, there is a disturbance. This may cause problems if the parties are not able to find any common ground, it may lead to innovations if they come up with novel solutions, or the morning routines may continue as usual if the situation is somehow resolved.

I have analyzed the verbal interaction in the morning-routine episodes in two stages. The first deals with the resident initiatives, their handling and their consequences in the whole data corpus, while the second focuses on two different episodes presented as descriptive case studies emphasizing the resident initiatives, the employee responses and the resulting consequences in the emerging episode.

10.4.1 Phase 1: The resident initiatives, their handling and their consequences

The analysis of resident initiatives proceeded according to the five consequent steps depicted in Figure 51.

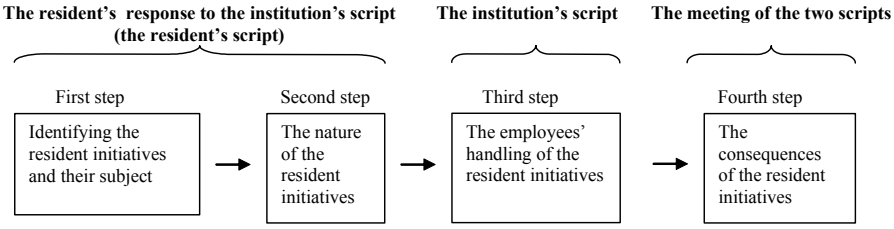


Fig. 51. The four steps of initiative analysis and the perspective opened up by each one.

The analytical procedure for each step is explained in the following.

First step: identifying the resident initiatives and their subject

First, I identified all the residents' conversational turns from the transcripts. Given the special nature of elderly residents, I also considered carefully in a few episodes the different non-verbal sounds (groans, puffs, preservations) of which some could be interpreted as turns, whereas others did not follow the typical rhythm.

I excluded from the analysis the unclear turns in which I was unable to distinguish the possible response/initiative elements.

Next I excluded the resident turns I interpreted as containing only *responsive* elements. My criterion was that responsive turns only continue the theme taken up in the previous employee's turn without bringing in any new aspects. Examples of such turns are marked in the following two excerpts in *italics* (E=employee, R=resident).

EXCERPT 10.2. (episode 7, waking up)
E: Well, good morning Kathy
[The employee puts on the lights, turns off the signal light and goes to Kathy.]
R: Morning
E: Has anybody slept here?
R: Yes

EXCERPT 10.3. (episode 11, washing)
E: Let's see how warm the water is. I guess that nightgown is coming off. Is it o.k., is it too warm?
R: Its warm all right
E: Can I use it?
R: Yes you can.

After excluding all the responsive turns from the data I concentrated on those containing elements that were more or less initiative. Examples of such turns are marked in **bold** in the following three excerpts.

EXCERPT 10.4. (episode 7, moving to the room)
222 E: Well now (1s.) you can read here for a while, we'll then pick you up for porridge and coffee
223 R: Yes
224 E: Mm, and then(?)
225 R: It looks like nobody has brought the Raahe newspaper

226 E: Why don't I go and find out whether the new Raahe newspaper has been brought?
:
229 E: [the employee comes back to the resident's room] No, it was, John Smith [another resident] who was reading it, after he's finished I'll bring it to you.
230 R: Mm
231 E:# Why don't you look at another magazine in the meantime?
232 R: Yes
233 E: # All right
234 R: **- - I want to go and sleep a little**
235 E: Well, let's first eat our porridge and have some coffee and then we can rest a bit

Excerpt 10.4. shows two resident turns with initiative elements. In the first one the resident starts a new subject by asking for a certain newspaper. The employee's next turn shows that she acknowledges the resident's initiative, and as a result she walks out of the room to the lounge to look for the newspaper. The second resident's turn exhibiting initiative elements takes place after the employee suggests that she might read a magazine instead of the newspaper. The resident says she wants to go back to bed to "sleep a little".

Excerpt 10.5. below illustrates a special case of resident initiative: the resident is unable to speak because of aphasia.

EXCERPT 10.5. (episode 10, washing)
E: Here's the spot where the blood test was taken yesterday, on your forearm, I guess this patch can be taken away (.) it looks fine. (2s.)
E: Can't use this? [a questioning intonation] Not this one? O.K., well. Here now --- like that because during the day -- because -- when you need to go to the bathroom. [flushing of the bathroom] Let's still wash hands and face before we go away. (30 s.) [running water].

In excerpt 10.5. the initiative action of the resident is evident in the speech of the employee. The employee's turns suggests that there is something the resident does not want (probably a day diaper), which she has to show nonverbally because of the aphasia. The employee with her talk as if confirms that she understands what the resident wants. This I also identified as an initiative "turn", although the resident did not speak. Thus, episodes 10 and 15 in Table 36 also included initiatives although no conversational turns by the resident were recorded.

Another special case of initiative action is presented below in excerpt 10.6.

EXCERPT 10.6. (episode 12, moving to the bathroom)
[Employee 1 is standing beside the resident's bed putting on plastic gloves. Employee 2 comes into the room, goes by the bed and moves to the bathroom.]
E2: O.K., I'll take the gloves, too --- if there's --- is something in her pants
[E2 comes to the bed pulling gloves on her hands.]
E2: Should we just take her, with that walking aid, and by the armpits
[E2 and E1 lift the resident from the bed to sit.]
E2: There we go, if we put on the slippers a little bit --- if it would help so it's not so slippery
[E2 takes the resident's slippers, stoops down and helps her to put them on, looks at the resident, the resident follows E2 with her gaze while E2 stands up. E2 puts the walking aid in the front of the resident.]
E2: O.K., there
[E2 lifts the resident by one armpit and E1 by the other. **The resident shoos away the employees' hands.]**
E2: There now, why don't you Annie take hold from there so that we can start to walk

R: **# Don't**
E2: Let's take hold from there
R: # **Let me be now!**
E: # Lets' go for a pee to the bathroom
R: **Don't hurry**
E: # And for a wash.

Excerpt 10.6 illustrates the fact that an initiative can also be a gesture or an action, as when the resident pushes away the hands that take hold of her. Another thing that is apparent is that an initiative is not necessarily a single turn or a single gesture, and may include several successive turns and actions. Thus, as long as the turns and actions were related to the same subject, as in excerpt 10.6., I coded them all as a single initiative. An example of two successive initiative turns that were not related, and that were consequently coded as two different initiatives, was given in excerpt 10.4.

After identifying all the turns and actions that contained initiative elements I categorized them according to their immediate subject. This gives information about what it was that the residents wanted and what it was in the morning duties they wished to influence. For example, in the above excerpt 10.4. the resident's first initiative subject was related to getting a newspaper, and the second one was related to returning to bed. Categories containing similar subjects were grouped together on the basis of data-driven interpretation. The resulting categorization is given in Chapter 10.5 (Table 40).

The Second step: the nature of the resident initiatives

In addition to the fact that the resident initiatives had a subject, they could also be categorized according to their direction or aim in relation to what the employees were doing. In the following I call this the nature of the initiative.

A very simple way of characterizing a resident initiative in relation to the ongoing morning routine and employees' efforts is to divide them into resisting, neutral and extending initiatives (see also Haavisto 2002, 183–186 for a somewhat similar method of analysing client initiatives in courtroom interaction). Resisting initiatives express resistance to an ongoing issue or a phase in the routine, neutral initiatives do not challenge the existing order or phases, and extending initiatives aim at bringing in something extra. Thus, both resisting and extending initiatives have the potential to change or to transform the morning routine. This hypothesis is depicted in Figure 52.

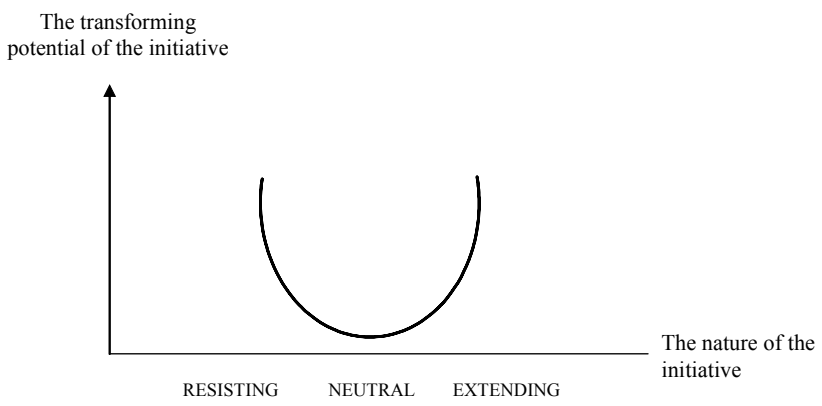


Fig. 52. A hypothesis of the transformation potential of different resident initiatives.

This type of categorization holds special relevance when viewed against the theory of change in developmental work research. According to this theory, disturbances and problems of the present are empirical signs of developmental processes, and elements of the possible near future (the zone of proximal development) can often be detected as small innovations in the present. Thus, client initiatives that resist or oppose what is going on are possible indicators of disturbances, and initiatives in which the clients propose something new and different are possible markers of the possible near future. The resident-initiative categories and examples of each one are discussed Chapter 10.4.

These first two steps in the initiative analysis (identifying resident initiatives, their subject and nature) aim to highlight two things: how the residents reacted to the institution's script and, on some occasions, what the residents wanted themselves, i.e. their script (Fig. 51).

The third step: employee responses to resident initiatives

In the third step I analyzed how the employees responded to the resident initiatives which brings out the institution's script that the employees followed. In her study of client initiatives in the courtroom, Haavisto did not analyze separately how the judges and other participants handled them (Haavisto 186, 2002). However, she does refer to Lacoste's study of patient initiatives during medical consultations, which showed that most medical responses refuted the patient initiatives by means of formal acquiescence, partial responses and rivalling responses, for example (Lacoste 1981 cited in Haavisto 2002, 186–7). The context of my study is different from that of Lacoste's. Here the clients are residents who go about their daily living with the help of employees of the nursing home. I placed the handling of the initiatives in five categories: negotiating, smoothing over, passing over and blocking. The detailed categories and criteria, and examples of each category, are given in Chapter 10.5.

It is the employee response to the resident initiative that gives information about the institutional script, whether it collides with the resident's script or not.

The fourth step: consequences of the resident initiatives

After categorizing the subject, nature and handling of the resident initiatives I analyzed their consequences. Being restricted to the morning-routine episode data meant that I had to limit my analysis to the immediate consequences.

In analyzing the consequences of client initiatives during a court hearing, Haavisto created five consequence categories: total bypass and rejection of the initiative, a small break in the process and a smoothing repair, discussion about the rules and the procedure of the hearing, a change in the topic during the court hearing, and effects that changed the procedure (Haavisto 2002, 186–188).

My analysis started from the simple categorization presented in the analysis of the nature of the initiative. From the perspective of the morning routines, the consequences of the residents' initiatives can be characterized as extending them in some way, as having no effect on the way in which they are carried out, or as being restrictive and leading to disturbances. As the data was being examined, this initial categorization developed into five categories of consequences ranging from the extending to the restrictive: an extension of or a deviation in the morning routines, introducing a new initiative, continuing the morning routines as usual (neutral), continuing them with minor difficulties (mild disturbance), and their collapse (strong disturbance). The detailed categories and examples of each one are given in Chapter 10.5.

In concluding the four-step analysis of the resident initiatives I carried out a cross-tabulation examining the kind of initiatives (in terms of their subject and their nature) that gave rise to various kinds of responses and effects, and what kind of responses to different kinds of initiatives lead to what kinds of effects.

10.4.2 Phase 2: A case analysis of two different morning-routine episodes

The initiative analysis gives a picture of the nature and extent of the residents' activities, how they are handled by the employees and the consequences, from the whole data corpus of 15 "total-care" morning-routine episodes. However, it does not capture the dynamics of single cases in which the events unfold as a result of the resident-employee interaction. Initiatives do not just "pop up" during the episodes. They are part of an ongoing scene in which an initiative is taken in response to something that preceded it, and the employee's response is related to what she is aiming to achieve. With a view to filling this gap, two case studies of different morning-routine episodes are presented.

The case studies rely on video- and audiotaped recording of the episodes. The flow of events and the interaction through which everything happens is captured in a phase-by-phase description. Particular emphasis is placed on viewing the resident initiatives in the meaningful context of emerging events during the morning routine.

The case studies extend also beyond the actual episodes in that an epilogue follows both accounts. In the first case this consists of observations on what happened to the resident in the lounge after the episode, and a short interview with the employees about it, and in the second case it is restricted to the employee's comments after the episode.

10.5 Results

This section is divided into two parts. The results of the initiative analysis of the 15 "total care" episodes are presented first, and then two morning-routine episodes that were shown in the analysis to differ from one another are examined in more detail.

The results of the initiative analysis are presented in the following order. First, the number of resident initiatives in different episodes and in different phases is given, and the subject is briefly discussed. Second, the nature of the initiatives in relation to the employees' script is discussed and examples of the different types given. Third, the way in which the employees handled the initiatives is analyzed and examples given. Fourth, the immediate consequences of the initiatives are presented with examples of different outcomes, and finally, the correspondence between the initiatives, their handling and their consequences is examined by means of cross-tabulation.

10.5.1 Resident initiatives and their subjects in the morning-routine episodes

According to the analysis of all residents' conversational turns and initiative actions, during the 15 "total care" episodes, there were 94 turns or actions containing initiative elements (Table 39). The total number of resident turns in the data was 575 (see Table 39), thus approximately 16% of them contained initiative elements.

The initiatives were distributed unevenly across the 15 episodes. Eight episodes included less than five, whereas three episodes (#1, #9 and #11) contained over half of all the initiatives found in the data.

Table 39. Residents' initiative turns and actions in 15 "total care" morning-routine episodes.

Episode	Number of resident initiative turns and actions							Total number of resident initiatives
	1. Waking up	2. Asking for permission	3. Getting up and moving to the bathroom	4. Washing (and dressing)	5. Moving back to the room	6. Dressing	7. Moving to the lounge	
1.	0	1	2	17	[3]	[3]	1	21 (22%)
2.	0	?[1]	2	3	[3]	[3]	1	6 (6%)
3.	0	0	2	1	0	0	0	3 (3%)
4.	0	0	1	1	1	2	0	5 (6%)
5.	0	1	2	5	[3]	[3]	0	8 (9%)
6.	0	?[1]	0	?[1]	[3]	[3]	0	0 (0%)
7.	0	0	1	4	0	[3]	0	8 (9%)
8.	0	0	1	0	[3]	[3]	0	1 (1%)
9.	3	0	1	4[2]	1	8	3	20 (21%)
10.	1	0	0	1	0	1	0	3 (3%)
11.	1	1	0	2	1	3	2	10 (11%)
12.	0	0	1	1	[3]	[3]	0	2 (2%)
13.	0	0	2	0	[3]	[3]	1	3 (3%)
14.	0	0	0	1	[3]	[3]	2	3 (3%)
15.	0	0	0	0	0	1	0	1 (1%)
	5 (6%)	3 (3%)	15 (17%)	40 (44%)	3 (3%)	15 (16%)	10 (11%)	94 (100%)

[1] The question mark indicates such poor quality of data that it was not possible reliably to count the turns of the residents
[2] Due to the poor quality of data only some of the resident turns were included in the initiative-response analysis
[3] Omitted phases

The different phases of the episodes contained different numbers of resident initiatives. Almost half were expressed during washing, and very few during waking up, asking for permission to do the recording and during moving back into the room.

Most of the initiatives were related to the issues at hand: undressing, dressing, clothes, washing and moving from one place to another (Table 40). There was also a large number of single miscellaneous initiatives that were difficult to categorize under any more comprehensive heading.

Table 40. The subjects of the resident initiatives during the "total care" morning-routine episodes.

Subject of resident initiatives	f.	%
1. Dressing, undressing, clothes	23	28%
2. Washing	10	11%
3. Moving from one place to another	10	11%
4. Physical discomfort, health	8	9%
5. Videorecording	5	5%
6. Their own participation	5	5%
7. Miscellaneous (e.g., getting up, getting a newspaper, commenting on what the employee just said, physical needs)	24	26%
8. Unclear	9	10%
Total	94	100%

10.5.2 The nature of the resident initiatives

Figure 53 and Table 41 show the resident initiatives according to their nature.

I have grouped the initiatives under broader headings according to the suggested categories of resisting, neutral and extending initiatives. Expanding initiatives, the resident's own activity and additive initiatives are included in "extending initiatives" because they are aimed at extending the normal course of the morning routine. Initiatives aimed at gathering information, clearing up things or simply announcing neutral requests are grouped under "neutral initiatives". Finally, correcting, questioning and opposing initiatives are grouped under "resisting initiatives" because they are negative in relation to the course of the morning routine as carried out by the employees. Further, of the extending initiatives, expanding initiatives have the highest transformation potential, whereas additive initiatives are close to the neutral initiatives. Similarly, in the resisting group, opposing initiatives have the highest transformation potential and questioning and repairing initiatives the least (Fig. 53).

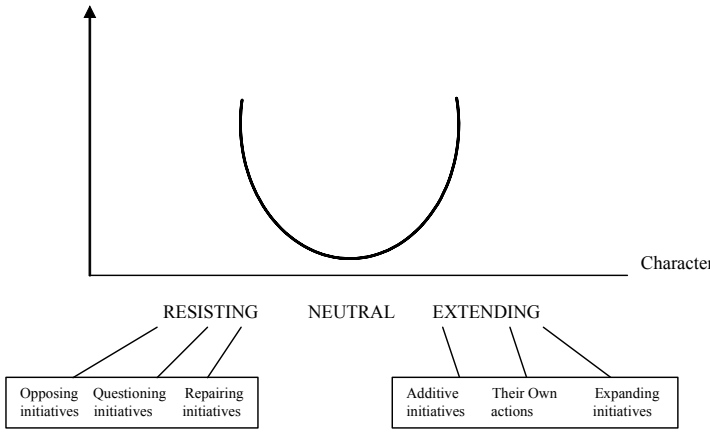


Fig. 53. The transformation potential of the different resident initiatives.

Table 41. The nature of the resident initiatives.

Resident initiatives		
1. Initiatives extending the course of the morning routines		
1.1 Expanding initiatives	n=3	
1.2 Residents' own actions	n=6	n=22 (23%)
1.3 Additive initiatives	n=13	
2. Neutral initiatives		n=25 (27%)
3. Initiatives resisting the course of the morning routines		
3.1. Repairing and correcting initiatives	n=13	
3.2. Questioning initiatives	n=13	n=46 (49%)
3.3. Opposing initiatives	n=20	
Initiatives of an unclear nature		n=1 (1%)
Total		n=94 (100%)

Below are examples of each category of initiatives, beginning with the three groups of extending initiatives: expanding, the residents' own actions and additive initiatives.

1.1. Expanding initiatives

A dominant feature of the expanding resident initiatives was that they suggested a qualitatively new, broader aspect of the ongoing script of the morning routine.

In excerpt 10.7. below I have interpreted the resident's initiative (written in **bold)** related to getting out of bed as a qualitatively new issue in relation to the ongoing script according to which the two employees simply communicate with each other. That the employees' script is such is shown in the fact that the conversation between them continues in the same manner after a minimal response to the resident's expanding initiative.

EXCERPT 10.7. (episode 1, moving to the bathroom)
[Employee 2 goes to the top end of the bed.]
E2: ALL RIGHT. Shall we take this one here, then
E1: #Let's take Jill
[Employee 1 removes the blanket and sheets from the resident and draws the side of the bed down.]
R: -- -- --
[Employee 2 glances at the back of the resident.]
E2: -- -- yes, you've got gloves on, why don't –
[E1 Pulls the resident's feet to the edge of the bed and E2 takes hold of her arms.]
R:# Give me too – give me a hand
[The resident moves her hand to employee2's side.]
E2: Yes, for you too
[Employee 2 takes the resident's hand and supporting her at the back of her neck, draws her to sit on the edge of the bed.]
E1: #Jill has been to the shower so we don't
E2: Yes Jill has been to the shower
[E2 straightens one arm of the resident and E1 the other.]
E1: Yes, she was in the shower on Tuesday

Another of the three expanding initiatives dealt with resident participation: after the washing the resident wanted to know whether she should get up or not. Both these initiatives expanded the role of the resident from a passive receiver or passive object of the morning routine to that of an active participant. The third expanding initiative concerned the employee's role. The resident, after having been taken to sit in the lounge, asks the employee, who is already leaving, to sit down with her. This small initiative had the potential of expanding the employees' role to that of a fellow human being.

1.2. The resident's own actions

During several of the episodes the residents, without expressing a verbal initiative or responding to a request from a staff member, took action that momentarily interrupted the employees' actions. The effect of such initiatives was also visible in the employees' reactions. I categorized these resident actions, which seemed to add something new to the course of the morning routine, as "extending initiatives", of which there were six during episodes I analyzed.

Excerpt 10.8. below gives an example of a resident's own actions as an extending initiative. As the employees are dressing the resident her dress falls to the floor, and she makes an effort to pick it up. The gesture is small, but in principal forms an exception to the ongoing employees' script according to which they do everything for the resident.

EXCERPT 10.8. (episode 2, washing)
E1: Oh, oh [employee1 picks the resident's dress up from the floor] the dress fell.
R: **#Aahhh [The resident holds out her hand to take the dress]**
[E1 takes hold of the resident's hand.]
E1: #Yes, wait now
R: #Aaaaaa
E1: #Don't, not now, we don't have to take it now, let's wait for Mary [another employee] to put your pants on for you.
R: Yeesshhh
E1: O.K., there

The other six initiatives in this category dealt with going to the bathroom before the employees arrived to help, standing up or sitting down during washing and dressing, and reaching for clothes or personal items. The qualitatively new element in these actions was the residents' participation and active involvement in terms of what and when something happens.

1.3. Additive initiatives

I categorized resident initiatives aimed at adding something to the ongoing actions without bringing in anything qualitatively different as additive initiatives. They were not totally neutral (see below), yet their transforming potential was not as great as with the expanding initiatives and the resident's own actions (see above) (see also Fig. 53).

Excerpt 10.9. below gives an example of such an initiative. The employee is working in turn with two residents living in neighboring apartments. When she tells the first resident of her plan to take her to the bathroom first, and then to go to the other one, the resident asks where her shoes are. Asking for shoes before going to the bathroom is not an exceptional request and as such comes very close to a neutral initiative. However, it was not exceptional for the employees to take residents to the bathroom barefoot. Thus, her request for shoes does bring a small additive element to the episode without otherwise transforming its course.

EXCERPT 10.9. (episode 5, getting up)
E1: What's there, O.K.. I'm going to put you on the toilet to sit and then I'll put shoes on Sally [another resident], there you go [the employee helps the resident up from bed]
R: Mhhyh
E1: Take your stick now so that, if we could move better with that (the employee pushes the walking aid towards the resident)
R: **Where can we find(?) shoes for my feet**
E1: Is it these. Or shall we put those with a paw [the employee looks around the room and by the bathroom]
R: They're there(?)
E1: Well I can't see them now, I don't see them, have you sold them
R: Over here
(16 s.)

E1: All right [employee 1 puts shoes on the resident], mmhh, get up now

Most of the additive resident initiatives dealt with clothing and washing. The residents wanted to put on a certain item of clothing, wanted to have their hair washed, or wanted to check whether the water was warm. What was exceptional about them was that the majority (10 out of 13) occurred in a single episode (episode 9). This episode involved not a single resident, but a couple, the wife offering several additive initiatives concerning the special clothing her husband needed (see the second case study below).

2. Neutral initiatives

The next category of resident initiatives comprised those I interpreted as being neutral in relation to the employees'/ institution's script of the morning routine. They included statements, attempts to clear things up and initiatives aimed at obtaining information.

The next excerpt (10.10.) shows an example of the last-mentioned type of initiative. The resident interrupts the employee's question by asking what time it is. As such this is a neutral question and does not lead to any further developments in the course of the morning routine.

EXCERPT 10.10 (episode 11, waking up)
E1: All right, were should we go next. Would it be [the employee looks at the doors in front of her], I think Nelly is asleep, she's just been there [the employee goes to the door of the opposite room and carefully opens it] Nelly is awake here, good morning Nelly.
R: Good morning
E1: I looked from the door to see whether Nelly was awake, there. Would you like to
R: #What time is it
E1: It's a little past half-past seven
R: #Aha
E1: #Five minutes past it's just
R: Aha

In the next group, labeled resisting initiatives, all categories share the common feature that they go against the ongoing course of the morning routine. They are presented in order from the weakest to the strongest levels of resistance (see Figure 53).

3.1. Correcting initiatives

The first category in the group includes initiatives that correct or repair something said or done by the employee(s). The force is not as strong as with questioning or opposing initiatives, but their position is clearly negative towards what the employees are doing. Several of the turns contain negations (e.g., 'no', 'Don't').

In excerpt 10.11. below, the employee (E) greets the resident and asks her permission for the researcher (RR) to enter the room, then informs the resident (R) that they would then go for a wash. The resident responds by saying that all she needs is to go to the bathroom. Thus, she corrects the employee's suggestion of going for a wash. As such, the resident's initiative shows slight resistance to the employee's script. This is evident in the employee's response in which she explains that they are going to the bathroom, and repeats the plan for the wash.

EXCERPT 10.11. (episode 8, waking up)
[The employee knocks on the door.]
E: Good morning Ophelia, well now, the photographer would like to come in here to video the nurse's work, does it bother Ophelia.
R: I guess not
E: Good, so we can come
RR: Good morning
R: Good morning
E: We'll take Ophelia in there for a wash
R: -- -- **I guess there's no need for anything else than going to the bathroom**
[The employee pulls the resident's feet to the edge of the bed, the resident pulls herself up and the employee supports the resident at the neck.]
E: #Yes we'll go to the bathroom and we'll go for a wash, hold on there
R: Yes

3.2. Questioning initiatives

A stronger category of resisting initiatives were those directly questioning what the employees were doing. Typical forms of questioning included resident responses such as "I don't know" to employees' questions or suggestions, and turns mimicking or wondering aloud about them.

In excerpt 10.12. an employee is helping a resident Sandy with her washing and dressing in the bathroom. Their conversation turns to the weather, and the employee reminds Sandy that some students are coming to visit the home. She suggests that Sandy might let them take her, out but Sandy questions this idea by answering, "I don't know". Excerpt 10.1. at the beginning of Chapter 10 shows another example of a questioning initiative.

EXCERPT 10.12. (episode 5, washing)
E: Let's find a shirt for you from there, you see I thought it was in your nightgown, there, I'm sure you'll be warm enough with that one
R: Oh, is it warm out there
E: Yes it will be. And these students, school kids will come, and they'll take Sandy [the name of this resident] out, won't they?
R: **I don't know**
E: Oh yes they will. (18 s.) Let's wipe your face.

3.3. Opposing initiatives

The strongest category of resisting initiatives comprised those that directly and openly opposed what the employees said or did. The residents refused aloud to do what the employees suggested or asked, and/or tried to stop or prevent non-verbally what they were doing by shooing them away with their hands, grabbing their hand or going limp in the midst of the activity.

In excerpt 10.13 resident Hillary, and an employee have finished the washing routine in Hillary's bathroom and are starting to move back to her room. Hillary resists starting to move, the employee encourages her to, but Hillary explicitly refuses.

EXCERPT 10.13. (episode 13, moving to the lounge)
[Employee flushes the bathroom.]
E: Straighten yourself up properly Hillary, then we'll walk. Now let's walk over there and take hold of the walking aid.
[The employee leads the standing resident by both hands.]
R: **I don't think I can get it**
E: #Come on, step over the threshold, step
[The employee is standing on the other side of the threshold trying to pull the resident over]
R: **I'm not going--**
E: Yes we can do it (.) just come (.) step over the threshold(.) step (1s.) Hillaryyy (.) step there (.) step there (.) there you go(.) once more(1s.) O.K.(.) just a little bit(1s.) try to go a bit

The opposing initiatives were most often related to getting out of bed, moving about and washing.

Table 42 lists all the resident initiatives according to their nature in each of the "total care" morning routines.

Table 42. Resident initiatives according to their nature in each "total care" morning-routine episode.

Episode	1. Extending initiatives			2. Neutral initiatives	3. Resisting initiatives			Total number of resident initiatives
	Expanding	The resident's own actions	Additive		Correcting	Questioning	Opposing	
1.	1	2	–	3	2	6	6	21 (22%)
2.	–	3		–	–	–	3	6 (6%)
3.	–	–	–	–	1	1	1	3 (3%)
4.	–	–	1	2	2	–	–	5 (6%)
5.	–	–	1	5	–	2	–	8 (9%)
6.	–	–	–	–	–	–	–	0 (0%)
7.	1	–	1	2	2	1	1	8 (9%)
8.	–	–	–	–	1	–	–	1 (1%)
9.	–	1	10	4	3	2	–	20 (21%)
10.	–	–	–	2	–	–	1	3 *(3%)*
11.	–	–	–	6	1	1	2	10 (11%)
12.	–	–	–	–	–	–	2	2 (2%)
13.	–	–	–	–	–	–	3	3 (3%)
14.	1	–	–	–	1	–	1	3 (3%)
15.	–	–	–	1	–	–	–	1 (1%)
Total number of initiatives	3	6	13		13	13	20	93 (100%)
	22 (24%)			25 (27%)	46 (49%)			

Table 41 shows that in terms of resident initiatives, the morning routines comprised resisting episodes, mixed episodes and extending episodes. The majority of initiatives in the resisting episodes were correcting, questioning or downright opposing (episodes 1, 3, 13) and in the mixed episodes resisting and expanding in equal amounts, or mainly neutral (episodes 2, 4, 5, 10, 11, 14). The only episode in which the resident initiatives were mostly extending was episode 9, although there were a few even in the most resisting epi-

sode (episode 1). Conversely, even the most expanding episode included a few resisting initiatives (episode 9).

The residents presented some resisting initiatives in almost 90% of the episodes, and showed the strongest resistance, opposing initiatives in about 50%. This is similar to the use of expanding initiatives: in almost half of the episodes the residents did not present any extending initiatives, and in only three were there any expanding initiatives.

Discussion

Before moving on to consider the employee responses to the resident initiatives, I will briefly discuss the results so far in the light of the research questions addressed in this chapter.

First, the sheer number and distribution of the initiatives in the total-care episodes shows that the residents were, or at least aimed at being, active participants in the morning routines. In other words, even the most dependent had a lot to say about how they wished their morning to proceed – some more than others as the distribution shows.

A closer look at the nature of the initiatives shows that the majority expressed resistance to what the employees were about to do. The residents sometimes reacted against getting up, against moving to the bathroom, and most often against the washing routine. Several resisted moving to the lounge to wait for breakfast. In terms of the institution's script, all these phases had to happen: the residents were to be awakened, before being dressed they had to be washed, and after dressing they had to be taken to the lounge to wait for breakfast. Thus, it could be argued that resisting resident initiatives are clients' interventions in the functioning of the home. They are empirical signs of clashing between the institution's and the residents' scripts.

From the perspective of work flow, the resisting initiatives represent one set of *potential disturbances*: disturbances in the sense that if the residents get their way the morning routines are interrupted or conducted in a different way than the employees intended, and potential in the sense that a resisting resident initiative does not necessarily lead to a breakdown or even an interruption in employees' actions. What follows from an initiative in reality depends on several things: whether the employees listen to the residents' resisting initiatives at all, and either way, what the outcome is. This is considered in more detail below when the handling and the consequences of the initiatives are analyzed. Of course, resident resistance could also result in innovation, not only disturbance.

So far, it appears that resisting initiatives carry strong potential for disturbance in the morning routines. Judging by the number of such initiatives, there is quite a lot of potential for disturbance among the most dependent residents, and thus a strong likelihood of an increased work load.

The residents also presented extending initiatives, which did not oppose, question or correct the employees' actions but aimed at adding something new to them. Like the resisting initiatives, they too, carry a higher potential to transform employees' actions than neutral initiatives, which do not cause disturbance. Three of the most far-reaching initiatives (expanding initiatives) were aimed at changing the role of the residents and of the employees. In these cases, as well as with the initiatives in the "residents' own actions" category, the residents were seeking opportunities to contribute to the morning routines. In one case, the apparent aim was to change the role of the employee. The additive initiatives mostly

dealt with issues such as getting the right clothes on, having a certain kind of wash, or leaving something in the room in a certain way. Common to all of these was their potential to change something that was done in a random or routine manner to something that was done in the way the resident wanted. Such initiatives fit one of the developmental dimensions constructed in the historical analysis of elderly-care services, the one with standard services at one end and customized, negotiated services at the other (see Fig. 26 in Chapter 8).

In terms of the developmental status of City Home and Country Home as activity systems, the high number of potential disturbances (resident resistance) and the considerable amount of potential innovations (extending resident initiatives) point towards possible developmental instability in the work activity.

10.5.3 Employee responses to resident initiatives

My analysis of employee responses to resident initiatives resulted in four response categories:

- negotiating responses,
- smoothing-over responses,
- passing-over responses and
- blocking responses (Table 43).

The way in which each category was formed is explained below and an excerpt with an example of each response is given. The turns or described actions that support the categorization are in *italics* in the excerpts.

Table 43. Employee responses to resident initiatives during "total care" morning routines.

Employee response category	f.	%
1. Negotiating response	45	48%
2. Smoothing-over response	25	27%
3. Passing-over response	14	15%
4. Blocking response	9	10%
Total number of responses	93[1]	100%

[1] One response is missing due to the fact that one of the resident initiatives was unclear.

1. Negotiating response

When the resident's initiative was followed by a mutual handling of the issue I categorized the employee response as negotiating. This mutual handling included the employee commenting aloud or pondering on the initiative to the resident, asking a further question or otherwise negotiating.

In excerpt 10.14. (see also excerpt 10.1. from the beginning of the same episode), two employees (E1 and E2) are helping a resident, Hank, with his morning routine. He has been helped to the bathroom to sit on the toilet. As he sits down he repeatedly tells the employees that something "squeaked". Employee 1 goes back to him and asks about what was squeaking, traces the problem to the resident's thigh, lifts him into a better position and asks

whether it is better now. This negotiating employee response includes five consequent turns, of which four were questions aimed at finding out what the problem was.

EXCERPT 10.14., (episode 3, washing)
E2: Would you straighten your back up a bit Hank, and I'll take a little
R: Ooh it squeaked(?)
E2: [humming] I think it's where the clean
[E2 goes to look for something in the closet.]
R: SQUEAKED. SQUEAKED
[E2 turns to look at the resident. E1 is inside the resident's room]
E1: [shouting from the back of the room] *WHAT SQUEAKED? WHAT*?
E2: Are these from a different pair here ---
[E2 is looking in the closet. *E1 comes into the bathroom and bends down to look closely at the resident, who is sitting on the toilet.]*
E1: What
R: That sharp(?) thing is hurting me
E1: Your leg (.) where
R: In the thigh
E1:#The thigh. Should we (.) raise you a little bit then.
[E1 takes hold of the resident and raises him.]
E1: Is it better now (.) Is it
E2: Should we take Hank -- --
E1: I suppose it is
E2: Take him over here
E1: Let's dress him there
E2:#Yeah
E1: Let's just put a diaper on here, so its easier for us, the bathroom is so small
E2: #Yes, the bathroom is so terribly small so we have to balance to

The employee responses to almost half (48%) of the residents' initiatives in the "total care" morning-routine episodes were of this kind of negotiating nature (Table 43).

2. Smoothing-over response

In cases in which a resident's initiative was followed by understated comments, paraphrasing, laughter, rhetorical questions, persuasion or affirmation I categorized the employee response as smoothing over. It resembled the negotiating response in that the initiative was followed by employee comments, but it differed in that the intention of the employee was not to further discuss the matter, but to smoothly close it. These responses were also accompanied by special discursive features such as the frequent use of "we" and the use of mitigating or diminutive word endings.

Excerpt 10.15. is from episode 1, during the washing and dressing routine in the bathroom. Two employees are washing the resident, who is resisting and making questioning remarks. The employees do not enter into negotiation with the resident, but carry on with what they are doing, coordinate the routine between themselves and smooth over the resident's initiative by repeated paraphrasing.

EXCERPT 10.15. (episode 1, washing)
E2: Should we wipe the armpits
R: Oh goodness

E1: Oh goodness, yes
R: It's O.K. if -- -- I could get it
E1: *You could get it.* Should *we* put more of that cream on.

In 25% of the cases the resident's initiative was followed by a smoothing-over employee (Table 43).

3. Passing-over response

I categorized employee responses that totally ignored the resident's initiative as passing-over responses.

Excerpt 10.15. gives an example of a passing-over response to a questioning initiative. The resident refuses to wear something (apparently her panties), but the employees just talk about what they are doing without paying any audible attention to her.

EXCERPT 10.15., (episode 1, washing)
E1: A pair of new panties Jill has. [humming]
[Shouts can be heard from the corridor.]
E1 is putting the panties on the resident.
R: You can't -- take two(?) of them
E2: #Have you got gloves there, put them on her (.) so that
E1: In that closet

A total of 15% of the resident's initiatives were passed-over by the employees (Table 43).

4. Blocking response

I categorized explicitly negative employee responses to resident initiatives as blocking responses. They took the form of verbal denial and/or physical coercion.

In excerpt 10.16. two employees are helping a resident to her wheelchair before moving her to the lounge. As they are fastening the safety belt the resident expresses an initiative by putting her hands in between the belt and her stomach. One of the employees tells her not to do this and they both take hold of her hands to prevent her.

EXCERPT 10.16. (episode 2, moving to the lounge)
E1: Good, now let's go Eliza, let go of the wall there
R: Yes
E1: Yes, your chair is ready there, O.K.
E2: #There
[The employees come to the chair with the resident, E2 moves the safety straps away from the chair seat]
R: Oaahh [neutral tone]
E2: Yes, there
[The employees help the resident to the geriatric chair]
R: Aaahh [neutral tone]
E1: Good
E2: There
R: Aaa, aaa [neutral tone]
[The employees moves the resident into a better position in the chair]
E2: Like that
[E1 starts to fasten the safety belt around the resident's waist. The resident puts her hand between the belt and her stomach.]

R: Mmaaah'aaah'aa [neutral tone]
E2: Hmmmmm [humming]
E1: Don't put your hands there, there now
R: Aaa'aaa [neutral tone]
[*The employees hold the resident's hands and fasten the belt.*]
E1: There we are
R: Yes(?)
E1: Yes
R: A'aaa'aa'aeh [neutral tone]
E2: Hmmmm [humming]
R: Uuaa'aaa'aa [tone agitated]
[E1 brings the belt across the resident's stomach and E2 clicks the lock on at the back of the chair]
E2: There, now
R: Aa'aahaaa [tone neutral]

A total of 10% of the resident initiatives were met with a blocking response from the employees.

Table 44 shows the employee responses to the resident initiatives in each episode.

Table 44. Employee responses to resident initiatives (in each "total care" morning-routine episode).

Episode	Negotiating response	Smoothing-over response	Passing-over response	Blocking response	Total
1.	2	6	10	2	20
2.	–	2	–	4	6
3.	2	1	–	–	3
4	1	3	–	1	5
5.	6	2	–	–	8
6.	–	–	–	–	0
7.	6	1	–	1	8
8.	–	1	–	–	1
9.	16	–	4		20
10.	3	–	–	–	3
11.	8	2	–	–	10
12.	–	2	–	–	2
13.	–	2	–	1	3
14.	–	3	–	–	3
15.	1	–	–	–	1
Total	45	25	14	9	93

The table shows an irregular distribution of employee responses over different episodes. There are two kinds of episodes that elicited responses, negotiative episodes in which the majority of initiatives were met with a negotiating response (episodes 5, 7, 9, 10 and 11), and episodes in which the initiatives were mostly smoothed over, passed by or explicitly blocked (episodes 1, 2, 13, 14). The remaining episodes were either mixed or contained

so few initiatives that it is not possible to draw any conclusions about their nature (episodes 3, 4, 8, 12).

Tables 1–3 (in Appendix 6) show to what extent different kinds of initiatives evoked different kinds of employee responses. It appears that the employee response depended heavily on the nature of the initiative. A responded negotiative style was used most often with neutral and extending initiatives, and remarkably more seldom with resisting initiatives. Smoothing-over, passing-over and blocking responses were used almost exclusively with resisting initiatives.

Discussion

An employee confronted with an initiative from a resident has to react to it in some way. He or she may listen carefully and try to find out more about what the resident wants, or may totally ignore what the resident says and carry on with what he or she was doing. Employee responses to different resident initiatives bring out the employees' script. The above analysis distinguished four different types of employee responses to resident initiatives.

The negotiating employee responses in this data suggest a script according to which the residents' wishes are respected and taken into account during the morning routines. This would fit the notion of customized and negotiated services (see Fig 28 on the developmental dimensions of elderly-care services). However, this kind of response is not yet synonymous with customized services, and thus I turn next to the consequences of the initiatives.

Indeed, smoothing-over, passing-over and blocking responses suggest another kind of employee script. Smoothing over a resident's initiative is to neutralize it in such a way that it can be passed over without giving a rude impression and without upsetting the resident. Passing over means basically the same, although in this case it is difficult to tell whether it was passed over intentionally or by accident. Both responses, intentional or not, suggest a script of standard services that are delivered in the same way to every resident regardless of his or her wishes. A blocking employee response leaves no doubt in this regard: the resident's wish is denied.

A cross-tabulation of employee responses to different types of resident initiatives revealed that the extending and neutral types mostly elicited negotiative responses, but it was a different matter when the residents resisted what was happening. Thus, resident resistance was only seldom handled through negotiation, and more often through smoothing over, passing over or blocking. This supports the argument that such initiatives are potential disturbances for employees and therefore have to be neutralized and not negotiated.

Upon closer examination, it is clear that most of the extending resident initiatives were only minor additions to what the employees were doing and were thus close to neutral. This may well explain why they were handled in a negotiative manner: of the three that had expanding potential, one attracted a negotiative and one a smoothing-over response. Only one of the residents' own actions attracted a negotiative response. (Table 1 in the Appendix 6).

This connection between the nature of the resident initiative and the type of employee response also seems to explain why some episodes were characterized by negotiating responses and others by smoothing-over, passing-over and blocking responses (see Table 44).

In the former the resident initiatives were largely extending or neutral, and in the latter they were largely resisting.

It could thus be concluded that the employees' responses were negotiative only to the more neutral resident initiatives, but when confronted with resisting initiatives or the residents' own actions they responded in a neutralizing way. Thus, the more transformation potential the resident initiatives had, the less likely they were to be met with a neutralizing employee response.

All in all, this analysis supports the dominance of the standard script of the nursing home according to which the employees responded to the resident initiatives. If the script was resisted by the residents the employees aimed at neutralizing the resistance, and it was only initiatives that were neutral or contained small extensions or additions that they negotiated. In terms of the developmental dimensions presented in Chapter 8, this strongly supports the idea of standardized services as the guiding model of employee actions. If the resisting resident initiatives are considered potential disturbances, the smoothing-over, passing-over and blocking employee responses could be seen as *anticipatory work* aimed at preventing them from becoming full-blown. In this sense, they could well add to the disturbance load of the employees.

10.5.4 Consequences of the resident initiatives

The final step in the analysis was to evaluate the consequences of the resident initiatives and the employee responses. The consequence categories and their frequences are presented in Table 45, and an example of each consequence category is then given.

Table 45. Consequences of resident initiatives in the "total care" morning routines.

Consequence category	f.	%
1. Additive consequences	17	18
2. A new resident initiative	5	5
3. Continuing as usual	59	63
4. Continuing after minor difficulties	7	9
5. Major difficulties	5	5
All consequences	93	100%

1. Additive consequences

A resident initiative led to an addition to the morning routine when it resulted in a new way of doing something or an addition to what was happening otherwise. They were all contained within the normal script, and did not lead to qualitative transformation or expansion.

In excerpt 10.17. a resident and an employee have finished the dressing routine and the employee starts to take the resident from her room in a wheelchair. They have not talked about going to the lounge or elsewhere. Thus, the employee is acting in accordance with the employees' or the institution's script: after the residents have been washed and dressed they are taken into the corridor or to the lounge to wait for breakfast. This script is inter-

rupted when the resident takes an opposing initiative: she says she is not going into the corridor. The employee's negotiative response ("You're not?") is a short confirmative question, and the taking back of the resident into her room. This is followed by a short conversation about the time and whether the resident would like the morning paper. By glancing at her watch and referring to the time the employee demonstrates how her script is strongly bound to the time schedule: breakfast is served at 8.30. The resident's response to the employee's reference to the schedule ("Its eight o'clock") is a double confirmation, indicating that she wants to stay in her room regardless of what time it is, and the employee agrees. Thus the consequence of the resident's opposing initiative ("I'm not going into the corridor") and the negotiative response is a deviation from the employees' script: the resident can stay in her room instead of going to sit in the corridor.

EXCERPT 10.17. (episode 11, moving to the lounge)
[The employee pushes the resident in her wheelchair towards the door of her room]
E: O.K., its not, I was just straightening it out.
R: I'm not going into the corridor.
E: You're not
[The employee stops and starts to reverse back into the room]
R: No, I thought I'd sit here
[The employee glances at her watch]
E: Its eight o'clock
R: Yes, yes
E:# Yes, well, should I bring you the Raahen seutu [a local newspaper] if you
R:#--It's O.K. you can bring it but you don't have to
[The employee pushes the wheelchair by the table in front of the window]
E: 'Cos you don't know whose room it's in
R:#Yes
E: Yes, well, why don't you look at the morning sun from here
R: Thanks, thanks

Table 46 below lists the additive consequences according to the nature of the preceding initiative

Table 46. Additive consequences of resident initiatives.

Additive consequences of opposing initiatives	Additive consequences of correcting initiatives	Additive consequences of neutral initiatives	Additive consequences of additive initiatives	Additive consequences of expanding initiatives
– dressing up is transferred from the bathroom to the room – the day diaper is left out – the resident can stay in her room to wait for breakfast (see excerpt 10.17)	– resident's clothes are taken to the laundry – a search is started to find the resident's own newspaper – the resident is put to sit to a better chair	– the resident receives a paper hankerchief (twice)	– a medication is left on the table by the bed – a special piece of clothing is put on (five times) – a visit to the bathroom is prolonged – extra washing is provided	– the resident is helped to participate in getting up

2. A new initiative

One type of consequence was that one initiative led to another. Excerpt 10.18. is an example: the first initiative comes when the resident asks if it is warm outside. The employee's negotiative response includes a suggestion to which the resident gives a questioning response ("I don't know"). This second initiative is the consequence of the first one.

EXCERPT 10.18. (episode 5, washing)
E: … Let's find a shirt for you here, you see I thought it was in the nightgown (.) there (.) I'm sure you'll be warm enough with this one
R: O.K., is it warm out there?
E: Yes it will be. And these students, school kids will come, and they'll take Sandy [the name of this resident] out, won't they?
R: I don't know
E: Well, they will. (18 s.) [sound of running water] Let's wipe your face. …

3. Continuing as usual

When the initiatives did not lead to any visible or audible addition, new initiative or deviation from the ongoing actions, I categorized them as "continuing as usual".

In excerpt 10.19. the employee has just taken the resident to sit in the lounge in conclusion of this morning routine. As the employee is making her more comfortable the resident asks her to sit with her a while (an expanding initiative). The employee repeats the wish, laughs a little, sits for a few seconds, says she would like to, tells the resident to adjust her position – and walks away. I have interpreted this response to be a smoothing-over one (paraphrasing, laughing, no real negotiation about the initiative), and the final consequence to be zero. The employee moves on to the next resident or to some other job. Thus, the resident's initiative leads to nothing.

EXCERPT 10.19. (episode 14, moving to the lounge)
[Employees 1 and 2 have just helped the resident to sit on a sofa in the lounge]
E1: That went well
E2: Yes, it did there
E1: There we are
R: #Why don't you sit down for a while
E1: #Shift your position a little bit. Sit down for a while [laughs]
[E1 Sits by the resident on the sofa.]
E1: I'd like to. Move your bottom a little backwards. Like that, there, now its good.
[E1 gets up from the sofa, takes off her protective gloves and leaves.]

4. Continuing after minor difficulties

When the consequences of a resident initiative was a slight break in the morning routine I categorized it as "continuing after minor difficulties". These breaks took the form of further opposition to a resident initiative or concerned comment between the employees. When such occasions arose, the employees managed to overcome the problem and continued the morning routine as usual.

In excerpt 10.20, two employees are starting to wash the resident in the bathroom. The preceding actions of getting up and moving to the bathroom were difficult. The employees try to make the resident sit down properly while they wash her. At this point the resident

starts to make opposing initiatives that continue, and from the employee's comments we learn that the resident is also trying to do something herself. The problem is also apparent at the end of the excerpt when the second employee asks whether the first has managed to wash the resident. Despite this slight break, the employees manage to proceed with the morning routine as normal.

EXCERPT 10.20. (episode 12, washing)
[Two employees are starting to wash the resident in the bathroom. Sound of running water.]
E1: -- ---How can we get her a little bit forward, I'll put this
R: #No -- -- --
E1: -- -- -- We'll wash the bottom a little bit
R: No more
E1: Yes, we will, it'll make you feel good (.) there (.) So(?)-- --
E2: She's trying(?) -- --like by herself(?)
E1: Mm
E2: Did you manage to wash her
E1: Yes, sort of

5. Major difficulties

On five occasions in the 15 "total care" morning routines a resident initiative led to serious problems that threatened the whole process. This typically happened when the resident was being taken to the bathroom or to the lounge and made an opposing or questioning initiative to which the employees responded by smoothing it over or passing it by. As a consequence the resident refused to move or started to fall and the employees had to let her slide to the floor or carried her to the bathroom or lounge, which required considerable effort.

Excerpt 10.21. is a repetition and continuation of excerpt 10.13 which showed the opposing initiatives of one resident, Hillary, as she and an employee were starting to move away from the bathroom to the lounge. Hillary's initiatives (lines 447 and 449) are met with a smoothing-over employee response in the form of encouragement, but this ultimately leads to a temporary break in routine as Hillary starts to slide to the floor and the employee is not able to hold her up. Eventually the employee has to call for help. A second employee comes and together they manage to lift her up and take her to the lounge for breakfast.

EXCERPT 10.21 (episode 13, moving to the lounge)
[Employee flushes the bathroom.]
E: Straighten yourself up properly Hillary, then we'll walk. Now let's walk over there and take hold of the walking aid.
[The employee leads the standing resident by both hands.]
R: I don't think I can get it
E: #Come on, step over the threshold, step
[The employee is standing on the other side of the threshold trying to pull the resident over]
R: I'm not going--
E: Yes we can do it (.) just come (.) step over the threshold(.) step (1s.) Hillaryyy (.) step there (.) step there (.) there you go (.) once more(1s.) O.K.(.) just a little bit (1s.) try to go a bit
R: Ahh, ahh goin (.) going there
[The resident starts to slide down.]

E: Now we're in trouble. (3s.) Mmm, let's let Hillary sit here.
[The employee gently lets the resident slide down to sit on the floor]
R: Ouch
E: We're gonna need some help (.)Hillary is sitting on the floor.
[The employee walks out of the resident's room into the corridor.]
E: ALLY COULD YOU COME? I had to leave Hillary sitting there, she just wouldn't take a step

Table 47. Consequences of the resident initiatives.

Episode	1. Additive consequences	2. New initiative	3. Continuing as usual	4. Continuing after minor difficulties	5. Major difficulties	Total number of resident initiatives
1.	1	–	16	2	1	20
2.	–	–	3	3	–	6
3.	1	–	2	–	–	3
4.	–	–	5	–	–	5
5.	1	1	6	–	–	8
6.	–	–	–	–	–	0
7.	2	2	3	–	1	8
8.	–	–	1	–	–	1
9.	8	–	12	–	–	20
10.	2	1	–	–	–	3
11.	1	1	8	–	–	10
12.	–	–	–	1	1	2
13.	–	–	1	1	1	3
14.	–	–	2	–	1	3
15.	1	–	–	–	–	1
Total	17	5	59	7	5	93

Table 47 shows an uneven distribution of consequences to resident initiatives: episodes 1, 2, 12 and 13 were dominated more by negative and less by additive consequences, whereas with episodes 5, 7, 9, 10 and 11 it was the other way around.

Tables 1–3 (Appendix 6) show what kind of resident initiatives led to what kind of consequences. Over 60% of the initiatives led nowhere regardless of their nature. Only resisting initiatives led to minor breaks or the threat of collapse in the morning routine, and a small number had additive consequences. In most cases, however, the additive consequences were a result of extending resident initiatives.

Table 7 (Appendix 6) similarly shows what kind of employee responses lead to what kind of consequences. Even negotiative responses lead nowhere ("continuing as usual") in 50% of the cases, while 75% of the smoothing over, passing over and blocking responses (when counted together) were successful in keeping the routines on track.

The table also indicates that minor problems and major difficulties never followed negotiating responses: each case of a negative consequence was preceded by a smoothing-over, passing-over or blocking employee response to a resident initiative. In 20% of the cases when a smoothing-over response was given, the consequences were negative.

Any small changes to the course of the morning routine to comply with a resident's wishes (additive consequences, see Table 7) were made following a negotiative employee response, and in some cases resisting initiatives led to additive consequences when negotiatied by the employees (Table 6, Appendix 6).

Discussion

Approximately two thirds of the resident initiatives had little effect on the course of the morning routines regardless of their nature. This further stengthens dominance of the employees' script.

Close to a fifth of the initiatives led to additive consequences, but half of these took place in a single episode (episode 9) and very few in the other episodes. Moreover, these additive consequences were rather small in scale, and mostly included small deviations from the employees' script in favor of the residents' wishes. Even with expanding initiatives, when the resident's initiative suggested more involvement in the morning routine, the result was only a momentary expansion in role and a fast return to that of a passive receiver.

Minor problems and major difficulties could most readily be categorized as disturbances in the morning routine. The actual proportion of such consequences was rather low (14%) in comparison with the initial proportion of resisting initiatives (49%). However, even the minor problems involved extra work demands in terms of both talking (urging, preventing) and acting (assisting, holding up, carrying), which added to the physical and psychological work load. Further, situations of threatened collapse required another employee to be called to help. All of the employees coped with these situations, which thus did not immediately lead to further radical reconsideration of the morning routine.

Employee response seems to have partly determined the consequences of the different resident initiatives. The employees managed to neutralize most of the disturbance potential of the resisting initiatives, as well as most of the transformation potential of the extending initiatives. Most effective in this regard were the smoothing-over, passing-over and blocking responses, but negotiative responses also often resulted in neutral consequences. All disturbances (minor problems, major difficulties) in the morning routine involved a smoothing-over, passing-over or blocking employee response to a resisting resident initiative.

Thus, overall, even with the most dependent residents the morning rounds proceeded in a rather routine manner, even if this was the result of extra work involving both anticipatory and repair actions. The employees dealt with most of the resisting initiatives in a neutralizing manner, thus maintaining the routine course of events.

10.6 Two episodes as case studies

The above analysis gives important information about the scope and nature of resident initiatives, about how employees cope with them, and about their consequences in terms of the "total care" morning-routine episodes. In many respects, the picture is a polarized one. On the one hand, there were episodes involving mainly resisting resident initiatives and smoothing-over, passing-over or blocking employee responses in which things then

took their normal course, although on a few occasions there were minor difficulties or potential collapse. On the other hand, there were episodes during which most of the resident initiatives were of the extending kind, the employees handled them in a negotiative manner so that everything continued as usual with small additions in compliance with the residents' wishes. The question remains as to why the episodes were so different?

In order to find out, the case descriptions of two different episodes were analyzed more deeply. The first one involved a lot of resident resistance, neutralizing employee responses, a couple of difficult situations and one instance of potential collapse, and the second episode was one featuring mostly extending and additive resident initiatives that were handled by the employees in a negotiative manner. Several of the initiatives expressed in the second episode resulted in small changes in routine.

In the following both episodes are presented in the same manner. First, some background information is given about the particular morning during which the episode took place, and about the events that preceded it, and then the whole episode is presented as a sequence of events emerging phase-to-phase from beginning to end. In particular, all of the non-neutral resident initiatives (extending and resisting), and the employee responses and their consequences, are included in the flow of events. Following both case descriptions is an account of the events that followed it and of employee reactions to it. Finally, both case descriptions are briefly discussed.

10.6.1 Case 1 (episode 1): Coercive routine

Introduction and the overall picture

Of all the episodes in my data, this one represents an extreme case in terms of resident resistance. The resident in question is quite active: she expresses a lot of initiatives, a considerable proportion of which are of the resisting kind. The employee responses are mostly of the smoothing-over, passing-over and blocking types, with only a few attempts at negotiation. The result in this case is that the routines are interrupted several times, and once face major difficulties on one occasion.

The episode involved a female long-term resident of City Home and two employees. It took place in one of the downstairs cells, the Liveliness, which for some time had been categorized as a cell for the more disabled residents (see Chapter 2 for more details about the cell). In 1996 when the episode was filmed the cell housed 16 residents, many of whom were restricted in their movements, and several also presented psychiatric symptoms. However, none of them were totally bedridden at the time. A minor renovation had been carried out in 1992 during which four private resident rooms were combined to make two larger "nursing rooms", each capable of housing two more disabled residents. Nevertheless, the cell functioned according to the same daily and weekly schedules as the other cells.

This episode took place on a Friday morning and exceptionally, the cell was staffed with four employees, three aides and one LPN: normally there were only three employees. Additional staff had been assigned because it was a showering day. Usually showers or saunas were on Wednesdays and Thursdays (when an additional employee was on the shift), but

on this particular week Thursday had been a holiday and as a result the Friday was the second showering day that week.

Before starting their morning rounds the employees gathered at 7.11 a.m. in the nurse's station for a report on the residents given by the LPN. The following information on the resident in question was reported in her file:

- the use of a laxative agent on Wednesday and her bowel movements,
- she had had four visitors on Thursday who had brought new underwear for her, and
- she had been able to sit in an ordinary chair, although every now and then she started sliding out of it.

(source: a video-recording of the morning report)

The whole report was over by 7.26 and the employees left the nurse's station. One of the aides headed towards the shower room and the remaining three had a short conversation on how they would divide the duties that morning. Two of them agreed to "take the doubles[4]" and the third was assigned to take ambulatory residents to the shower room for a wash. Episode 1 was the first duty for employees 1 and 2 that morning.

Next, the course of episode 1 is described according to the same succession of phases I used earlier in this chapter: waking up, asking for a permission, getting up and moving to the bathroom, washing and dressing, moving to the lounge. Within each phase most of the non-neutral resident initiatives (extending and resisting), their handling by the employees and their consequences are analyzed in the context of the ongoing events.

Waking up

At 7.27 a.m. employee 1, without knocking, opens the door to the nursing room housing two residents, Jill and Eliza, and says in a loud voice "*GOOD MORNING*". A quiet "*Good morning*" can be heard from Jill's bed but the greeting is partly drowned when employee 2 steps in and says "*All right*". Meanwhile employee 1 moves to the window and opens the curtains and the window.

Asking for permission (one initiative)

Employee 1 then moves close to Jill's bed and asks for her permission to allow me to come in with the camera. It takes several turns from both parties, both questions and affirmations, before employee 1 concludes that the resident has granted permission for the filming.

Getting up and moving to the bathroom (two initiatives)

The shift from the close and careful interaction with the resident that characterized the asking for permission to that of the next phase is quite sharp: employee 1 stops to talk to the resident and starts to negotiate with the other employee. The employees decide between themselves to "take" Jill, that is, to get her out of bed and take her to the bathroom.

4. During the ethnographic phase of my research I learned that some of the employees used the term "doubles" for residents who needed two employees to help them during the morning routine. "Taking" a resident was also a frequently used expression for helping a resident with the morning routine, washing or in getting to bed in the evening.

As the employees take the blanket off and start to pull her up, Jill expresses a weak initiative (both verbally and with bodily gestures): "*Give me one too, a hand for me" (*the resident moves her hand to employee 1's side). This is acknowledged by employee 1 with a verbal affirmation ("Y*es, for you too"*) and with a gesture as she takes Jill's hand while they pull her up to sit by the bed. In the above analysis I categorized this as an expanding initiative with a negotiative employee response resulting in an additive consequence (see excerpt 10.7.). Interestingly, this extending resident initiative was preceded by a break in the interaction between her and the employees: the employees did not discuss the matter of getting up with the resident at all: it was in this extending initiative that she was able to participate in the routine, otherwise she would just have been lifted up by the employees.

Almost immediately after the resident had been pulled up to sit by her bed, the employees pull her up and start to walk her to the bathroom. At this point she expresses her first resisting initiative (excerpt 10.22.).

EXCERPT 10.22. (episode 1, moving to the bathroom)
[E2 straightens one arm of the resident and E1 the other.]
35 E1: Yes, she was in the shower on Tuesday
36 E2: Do stand on your own two feet, now, let's walk
[Employees 1 and 2 take the resident by the arms and lift her up to stand by her bed on the word, "now".]
37 E1: Good
[The employees start to walk the resident forward.]
38 R: Oh how terrible when I hha, when hh'h they walk hhah, they walk hh'h and take me hh'h
[The resident leans backwards and towards employee 2, the steps come slowly, the employees are walking ahead and pulling her]
39 E2: [laughs]
40 R: Hohahhohh
41 E2: Well what is it that makes you laugh
42 E1: She's had a good night
[The employees and the resident come to the sliding door of the bathroom, which employee 1 opens with her hand]
43 R: What on earth
44 E2: Let's go – there.

Again, the employees start the moving to the bathroom by discussing among themselves (line 35), and do not ask Jill whether she needs to go to the bathroom, neither do they inform her what they are about to do. In line 36 they simply urge her to stand on her feet as they lift her up. She seems to be horrified at what is happening (a questioning initiative, line 38) and leans backwards, and as a result the employees have to support her strongly while walking to the bathroom. It is unclear whether she is intentionally leaning backwards, resisting the walking, or is just feeling dizzy after the quite quick rise to a vertical position straight from bed. The employees do not comment on the initiative in any way (a passing-over response), but continue to walk her to the bathroom (continuing as usual). Jill's guffaw (line 40) represents laughing but appears in fact every time when she gets upset (see below), and is probably due to some kind of aphasia. Her turns, which are recognizable speech (e.g., lines 38 and 43), are also somewhat blurred. The employees do not consider whether she is attempting to say something (line 40), but instead interpret it as laughing. This is curious given that she has just explicitly opposed the walking (line

38). One plausible explanation why the employees interpret the resident's distress as laughing is that they are trying to overcome her resistance in order to continue moving to the bathroom.

This excerpt shows how, for the second time during this episode, the resident's initiative is preceded by a break in the interaction: the resident is not informed about what is going to happen. Apparently this was because it was self-evident to the employees that, after waking up, Jill would be taken to the bathroom. This was the standard script according to which they proceeded and there was no need or reason to discuss it with her. As a result, Jill resists both verbally and with her body, which apparently increases the physical load of the employees as they have to support and drag her. The effect of Jill's resistance on their psychological work load are more difficult to evaluate. The slight laugh of one of them (line 39) in response to Jill's horrified reaction could be interpreted as a sign of embarrassment.

Washing (17 initiatives)

In the bathroom the employees start to undress Jill and eventually get her to sit on the toilet bowl for washing. During this they talk to each other, but Jill thinks they are talking to her and she asks questions and tries to sit down earlier. These neutral and additive initiatives are either passed over or blocked. At this point a third employee rushes into the bathroom to ask whether employee 1 has remembered to put the name of another resident on a list of some kind. Here, too, Jill thinks that the employees are talking to her, and a few moments later she asks what she should write. Thus, the pattern of breaks in communication following resident initiatives and blocking or passing-over employee responses continues.

The following seven minutes in the bathroom during which the employees wash the resident, put cream on her skin and dress her are characterized by frequent resisting initiatives, which are mostly passed over or smoothed over by the employees. None of these actions (washing, creaming, dressing) is negotiated with her: the employees proceed in mutual understanding and by commenting between themselves as to what should happen next. Another feature characterizing the whole phase is that Jill tries to scratch her skin and the employees tell her not to and stop her. At one point employee 1 asks employee 2 whether Jill's itching is due to "some kind of allergy". Employee 2's answer ("could be") probably reflects the fact that the two nursing aides do not know the reason for the itching.

For a brief moment Jill manages to interrupt the unfolding events. This takes place in the middle of the washing routine.

EXCERPT 10.23. (episode 1, washing)
[sound of running water]
80 E2: Now the other side
81 E1: And then from the front
82 R: No
83 E2: Hehheh [laughing]
84 E1: No [with a mimicking intonation] (2s.)
85 R: I hh don't think I can take this kind of thing
86 E1: What
87 E2: What
88 E1: Hehhehh [laughing]
89 E2: What is it you can't

90 R: Take this kind of thing
91 E2: Take this kind of thing
92 R: Yes
93 E2: Hmmhh. [the sound of running water stops]. The thing is that I guess you have to take this kind of thing this morning.
[Employee 1 returns to the room to find some clothes for the resident.]

Prior to the excerpt the resident had expressed several resisting initiatives which the employees had passed over or smoothed over. These initiatives were mainly in the form of short negations ("*no*", "*don't*") as in turn 82 in excerpt 10.23. A different resisting initiative interrupts the ongoing events for a second when Jill announces that she cannot "take this kind of thing". Both employees question what she says (lines 86 and 87), and although employee 1 starts to smooth it over, employee 2 asks again what she means (line 89). Jill basically repeats her statement, which employee 2 first paraphrases (line 91), and then she sighs and explains how things are: the resident has to take this kind of thing this morning. The employees then continue the job of washing and dressing the resident despite her continuing resistance. Excerpt 10.23. could be interpreted as showing a momentary "fracture" in the events dominated by the employees' script. During this fracture the employees' or the institution's underlying script is audible in employee 2's response: residents have to accept what the standard script of the morning routines dictates. There are no options. This explains why negotiation with residents about what happens next are not needed, and why Jill's resisting initiatives are passed over or smoothed over or blocked.

During the latter part of the washing phase the employees finish the washing and dress the resident. Jill expresses several further resisting initiatives, which in turn are smoothed over, passed over or blocked, and they have no consequences. Jill's attempts to scratch herself and the employees' preventive measures continue until she is dressed.

Moving to the lounge (one initiative)

The phase during which the employees help Jill from the bathroom and to the lounge follows the same course. Once they have finished dressing her they discuss between themselves, over her head, whether they should take her to the lounge to sit. However, Jill interferes.

EXCERPT 10.24. (episode 1, moving to the lounge)
186 E2: Jill, no
187 R: Ahhohhaahhhh
188 E1: # Should we take Jill
189 E2: # And here you are again scratching your armpit
[Employee 2 takes the resident's hand away from her armpit]
190 E1: Should we take Jill to sit at the table
191 E2: It was, yesterday she sat at the table and was quite --
192 E1: Well, O.K., she can then
193 R: I don't think I can that --- sitting hahahohhhahh
194 E2: All right, what is it
195 R: Haohohahahoohh
196 E2: [laughing]
197 E1: [laughing]

In line 193 the resident expresses yet another resisting initiative after the employees have ignored her in the decision of whether to move her to the lounge to sit or not. Her argument seems to be that she cannot sit at the table (line 193) but the employees do not respond at all. They either intentionally or by accident pass over the initiative in the following line 194: the intonation of employee 2's turn resembles the opening line of a conversation. This makes it clear to Jill that they are not taking her opinion into account and is perhaps why her speech turns into meaningless guffaws, to which the employees respond by laughing.

The resident is not yet subdued, however. Despite her resistance the employees managed to perform the washing and dressing together when Jill was sitting on the toilet. Taking her to the lounge is a different matter. As they finish dressing her, she twice tells them that she cannot and will not go: "211 R: *Jill can't go haahhoahhaho*", "229 R: *I don't think I can when I haoahahoahaoah*". In the first case the employees pass over the initiative, and in the second they laugh themselves and again ask Jill why is she laughing. A major difficulty in the morning routine only becomes apparent when the employees start to walk her to the lounge.

EXCERPT 10.25. (episode 1, moving to the lounge)
[The resident is standing and holding on to a rail on the bathroom wall while the employees are putting her pants on]
233 E2: You're losing all your strength --- with laughing
234 R: Ahoahaoahaohh
235 E2: Come on now, let go, we're not gonna take the wall with us
236 E1: [laughs]
237 E2: All right, and then
[E1 and E2 take Jill by both arms and start to take her from the bathroom and out into the corridor.]
238 R: Aohaoahaohhahao
239 E2: Oh dear [laughing]
240 E1: Huh, she's all, she's losing all strength
241 R: Ahoaohaoahahh
[The resident stops moving her legs and starts to sink down onto the corridor floor]
242: E2: JILL
[Both employees support the resident from her armpits and almost lift her towards the table in the lounge]
243: R: Aoahaohaoahahh
244 E2: What's making you laugh so much
245 R: Ahaoahao yours hooaoahaohh
[The employees lift the resident onto a chair by an empty table in the lounge]
246 E2: Take hold of the table so that we can get you, let's lift you up a bit.
247 E1: All right
248 R: Oahaoahahh

Following the lack of response to or the smoothing over of several initiatives, in the middle of the corridor Jill starts to sink to the floor and the employees have to use extra physical energy in taking her to the table. It is impossible to know for certain why she stopped walking and started to sink to the floor. Perhaps it was again due to vertigo resulting from the change from a sitting to a standing position, or it may have been conscious resistance in a situation in which she was being forced to do something against her will. What

is certain, however, is that she explicitly resisted moving to the table, and that the employees did not negotiate it with her. In this case, then, the disturbance (resident resistance) escalated into a potential collapse of the work process, which in turn put extra physical and probably also psychological load on the employees.

Why is it, then, that the resident resisted moving to the lounge and sitting at the table? There was something odd about it in that the morning report had referred to her ability to sit, thus it was not an unknown aspect of her care. Moreover, employee 1's question whether they should take her to sit at the table was a sign that there was some potential difficulty. A look at what happened next clarifies the matter somewhat.

Epilogue

When employees 1 and 2 left Jill alone at the table in the lounge it was 7.39 a.m. I continued to shadow them as they kept returning to the lounge bringing in other residents and made the following observations concerning Jill from the video recording.

> At 7.49 a.m. Jill is sitting alone at her table and scratching herself.
>
> At 8.11 a.m. she is sitting alone with her eyes closed in an awkward looking bent position. There are three other residents at other tables.
>
> At 8.23 a.m. employee 1 escorts another resident to Jill's table. The employee says: "Open your eyes, Jill". Jill wakes up, opens her eyes for a moment and then continues to sit with her eyes closed, shaking her head.
>
> At 8.40 a.m. Jill is given a plateful of porridge, she raises her head and starts to eat by herself.

Thus, moving to the lounge meant an hour of waiting and dozing at the table – alone. Jill, being unable to move by herself, had no alternative but to sit and wait. All the employees were busy helping other residents with their morning routines, most of whom were as dependent as Jill. The more independent kept to themselves, preferring to stay in their own rooms until the breakfast trolley arrived. Viewed from this perspective, Jill's resistance to the employees' script is understandable: she did not want to sit alone at the table for an hour waiting for breakfast.

At 9 a.m. that morning it was time for the employees' coffee break, which they had in the staff coffee room in the basement. I joined them and talked with employees 1 and 2 about the morning. The following is from my field notes.

> "Sitting in the coffee room with employees 1 and 2, talking about how the morning routines went today.
>
> E1: It was peaceful, compared with yesterday
>
> E2: I haven't worked on a showering morning before
>
> Researcher: Did you feel rushed?
>
> E1: No
>
> Researcher: What about Jill and Eliza?
>
> E1: Jill walked better."
>
> (field notes May 17th 1996)

It appears from these notes that, when interviewed on the spot, the employees did not consider this particular morning to be rushed- on the contrary, employee 1 referred to it as

"peaceful". This is quite astonishing given the troublesome events of episode 1. Then again, we do not have the data to compare this morning with other mornings with the same resident. If this was "peaceful", how much resistance was there on a rushed morning? Another possibility is that the employees considered these events to be part of the normal routine: after all, the same scene was probably acted out every morning. This would suggest that the employees are so used to resistance from the residents that they take it as a normal feature of their work.

My question, "W*ere you rushed?*" reveals that my impression was that they were, and I wanted the employees to reflect on that. From the answer I received it appears that they were not under particular time pressure. My next question focused on the morning routines of Jill and Eliza, who shared a room. Again, neither of the two employees makes reference to Jill's resistance, her itching, or the ensuing problems. In fact, employee 1 observes that Jill was walking better than she usually did, although she virtually had to be carried to the bathroom and then to the lounge.

Summary

Of all the episodes in the "total care" morning-routine data, this one stood out as the one with the most resisting resident initiatives, the most non-negotiative (smoothing over, passing over and blocking) employee responses, and the most negative consequences. It thus represents a case in which the employees' script and the resident's script collide in a serious way.

The employees' actions and the resident's initiatives formed a pattern that recurred in almost every phase of the episode: the employees proceeded according to a mutual understanding without informing or listening to the resident, the resident intervened mostly by expressing resisting initiatives, which the employees then smoothed over, passed over or blocked. This pattern recurred during the move to the bathroom, the washing and the move to the lounge. This step-by-step analysis makes the resident's resisting initiatives seem meaningful and even appropriate responses to the employees' actions.

However, the resident was not only resisting. In fact, at the very beginning of the episode she expressed an extending initiative, which was also part of a similar pattern. When getting out of bed she asked for a hand to enable her to take part after the employees had simply agreed between themselves that they would "take" her. The result of this initiative was a transient moment of co-operation as one of the employees responded both verbally and physically by offering her hand. This did not lead to any deeper reconsideration of the script from the employees' side, however. During the following phases they continued to proceed without considering the resident's participation, and the resident's extending initiative change into resisting ones.

In essence, this pattern shows a collision between the standard services (the institution's script) and the resident's wishes. The word "coercive routine" describes it well.

Episode 1 contains two deviations from the above-mentioned pattern. The first one was when the employees asked the resident to allow the researcher to film the morning routine. In doing this the employee drew close to the resident, used several turns to explain what the permission was about, answered the resident's question about it and, finally, after the initial hesitant granting of permission, she further asked the resident to confirm her consent. It could be argued that all this was necessary when there was a real need to have this resident's

view on something. However, this interaction pattern did not recur in any other phase in episode 1. The conclusion is that the employees did not really need the resident's view during the actual morning routine. The reason why the employee took such extraordinary pains to obtain permission for the filming was the researcher's demand for informed consent. When permission had been granted the employee left the resident's side and directed her talk to the other employee in negotiating how to "take" this resident. The change in the discourse to the normal script was swift and in this no informed consent was needed.

The second exception was when the employees interrupted their standard procedure during the washing routine as a result of the resident's comment. During this moment the institution's script being followed by the employees became audible and shared.

10.6.2 Case 2 (episode 9): room service

Introduction and the overall picture

Episode 9 represents a morning-routine episode that is different in many ways from episode 1. Here, too, the resident (in fact a couple) is quite active. The episode contains a total of 20 resident initiative turns or actions although the majority are of the extending type. The employee responses are also very different from those in episode 1. Almost every resident initiative is handled in a negotiative way with the exception of a few that are passed over. The consequences, too, look very different. Although the majority of the initiatives lead to the continued following of the normal routine, a considerable proportion eventually resulted in small but significant additions as far as the residents were concerned. There appeared no major or minor difficulties.

The residents in this episode were an elderly couple, a husband who was limited in his movement and whose speech was impaired, and his wife who was very talkative and had no visible limitations in mobility (see the morning report below). The couple was in respite care, after which they were to return to their home where they were looked after by their daughter. They were being assisted in their morning routine by a female LPN.

The episode took place at Country Home, a formerly independent nursing home for the elderly, now operating as a part of City Home. Country Home was a newish building with spacious single rooms for 20 residents. The residents ranged from those who were fully mobile and socialized freely to the severely handicapped who needed help in every aspect of living, many of whom suffered from psychological and psychiatric problems. At the time of the filming two of the twenty beds were occupied by elderly people in respite care.

The episode in question took place on a Monday morning, and the staffing included five employees: a registered nurse, a LPN, a nursing aide and two trainees of which one had some experience and the other one was a newcomer. According to the weekly schedule, Monday and Tuesday were allocated to the cleaning of all twenty apartments.

The morning report in the nurse's station lasted from 6.50 a.m. to 7.15 a.m. The night-shift worker reported to the morning shift by going through a file that had a separate sheet for each resident.

> "Sandra: Slept well
> Charlie: had visitors

> Annie: talks and wanders about, she didn't believe she should sleep, she wanted to go somewhere.
>
> :
>
> Carl: stayed awake until 12 midnight., woke up at 4 a.m.
>
> Jill: nothing
>
> Joan: nothing
>
> Emil: slept well
>
> The newcomers:
>
> Couple X: He has an electric wheelchair, one arm has been amputated, he has hemiplegia, his wife helps him, she's demented but is of help, he's not allowed to go to the bathroom alone, he can walk with the help of a walking stick, he moves to the bed by himself during the day, he has been falling and has fractured his ribs.
>
> One of the morning-shift employees asks: do they ask for help?
>
> Reply: no, they don't understand.
>
> They want to manage independently, at home their daughter lives in the next apartment. They wanted to have a bath, but we had three simultaneously for a while, it was difficult with two. "
>
> (field notes, June 17th, 1996)

The field notes show that the couple in question were new admissions, and the night-shift worker gave more details about them than about the more permanent residents.

Following the report, it was agreed with the LPN doing the morning shift that I would shadow her on that morning. First she helped one resident to make of her bed. Then she was involved in two "total care" morning-routine episodes (episodes 7 and 8 in Table 36), and in three episodes involving only bed-making or doing the hair. Before engaging in episode 9 she briefly called in on two more resident rooms just to see how things were. It was at 8.16 a.m. when she heard a bell indicating a call from the room occupied by couple x.

The course of episode 9 is charted below according to the same succession of phases used earlier: waking up, asking for permission, getting up and moving to the bathroom, washing, moving back to the room, dressing, moving to the lounge. Within each phase most of the non-neutral resident initiatives (i.e. extending and resisting), their handling by the employees and their consequences are examined in the context of the ongoing events. The episode contained a total of 20 resident initiatives.

In excerpts 10.26–10.30 below, Rh stands for the Resident husband, Rw for the Resident wife, E for the employee and RR for the researcher.

Waking up (three initiatives)

The door to the couple's room is open and the employee enters and greets them. The wife is standing by the bed and her husband is already sitting by it. The employee greets them, and as she tries to turn off the alarm by the door, the husband and wife start to wonder whether it would be possible for the husband to have a shower, as had been promised the day before (an additive initiative).

> EXCERPT 10.26 (episode 9, waking up)
> [Employee is trying to turn off the alarm by the door.]
> 643 Rh: We'll see if

644 Rw: Although they talked about it yesterday
645 E: Now it's stopped
646 Rw: About the shower – what they talked about
647 E: Oh, so you didn't have a shower yesterday
648 Rw: Well, 'cause there was nobody to take us
649 E: Oh, well, would you like to have the shower now
650 Rw: Sure
651 E: A full shower
652 Rw: Mm, well
653 E: Or would you like to take a bath
654 Rw: Well, they even talked to me about taking me to the whirl
655 E: #Whirlpool
656 Rw: #Pool for a bath
657 E: Yes
658 Rw: They haven't taken me there yet
659 E: Well, now
660 Rw: So I could try the facilities
661 E: Well, yes, so could
662 Rh: No, it's, it's not
663 Rw:# It's not gonna work out for Dad, no
664E: Well, if I take you to have a full shower
665 Rw: Well, yes
666 E: And then, well
667 Rw: Yes, very good
668 E: Yes, we'll go to the bathroom here, I'll get the shampoo and everything ready, so we can wash your hair and well, then you can go there a bit later, after breakfast
669 Rw: Yes

This episode starts with a resident initiative as they use the alarm system to signal that they need assistance. Further, even before the employee manages to turn off the alarm (before line 645 in excerpt 10.26), the residents are giving some indication of what they want to happen next (turns 643–644, 646). This initiative concerning getting to the shower is met with a negotiating response from the employee: she asks further questions (lines 647, 649, 651), even makes a further suggestion to the wife about the whirlpool (line 653), and finally negotiates and explains how and in what order everything could be done (turns 661, 664, 668).

Before proceeding any further the employee asks for permission to have the session videorecorded. In this episode too, it takes several turns, further questions and affirmations before the employee concludes that both the wife and the husband have agreed to the filming.

Getting up and moving to the bathroom (one initiative)

Then the employee leaves the couple's room to fetch the shampoo and towels for the shower. Meanwhile the husband has an urgent need to go to the bathroom and he gets up by himself and starts to move there with the help of his wife. When he is by the bathroom door the employee returns to the room and takes over.

Washing (four initiatives)

Before the employee goes to the bathroom with the husband the wife makes sure that the bathroom is warm, and that there is warm water (additive initiative). In the bathroom the employee gives the husband a shower and washes his hair. The wife waits in the room and intervenes twice from the bathroom door to make sure that the water is warm and that his hair is being washed (extending and additive initiatives). The concern about warm water (and later warm clothes) is related to the husband's special needs (see below). The initiatives are briefly negotiated with the employee and accepted.

After the washing the employee comes out of the bathroom to get clean clothes for the husband. She also asks the wife whether they have clean clothes in the closet. The wife suggests that she puts other clothes on him now so that his own could be washed before they return home (an additive initiative). The employee and the wife engage in negotiation about the clothes, the laundry and going home, which results in the decision to make sure that the husband's own clothes are taken to the laundry that evening (an addition to the script).

As the employee returns to the bathroom with the husband's underwear the wife starts to pick up additional items of clothing in the room, which she then takes to the bathroom. The following excerpt shows the details of the resulting conversation.

EXCERPT 10.27 (episode 9, washing)
[The wife picks up items of clothing hanging at the end of the bed.]
865 Rw: These are ours, because – its so big, his hands have been so bad since the war that he has to wear different kinds of protective sleeves. Where did I, I can't remember.
[The wife looks for something in the closets]
:
[The wife opens the bathroom door and passes the item of clothing to the employee]
873 Rw: Here are the socks and
874 E: Yes
875 Rw: Here are some of the sleeves
876 E: Sleeves even, should we put them on, do we need to put them on
877 Rw: For the day
878 E: Yes
879 Rw: They should indeed be on
880 E: # Well, let's put it on, then
881 Rw: # They should always be on
882 E: Oh well, I thought that it's not
883 Rw: # Put it on the broken arm
884 E: # O.K., yes
885 Rw: You should never take them off
886 E: No
887 Rw: Not during the night and not during the day
888 E: Well, let's put these on, too
889 Rh: Yes, them too
890 Rw: # Here's one
891 E: # Careful
892 Rw: There's also the glove
893 Rh: Put that one - -
894 E: # What, have you got anything for this. Take hold of that so that I can dry your thighs. And then we can put on your pants. The skin is fine, there's no - - -

895 Rw: # Alright now, its very good now
[The wife turns away from the bathroom door.]

What we learn from this excerpt is that the husband is still suffering from the serious frostbite he got during the war, which is why he always needs extra clothing. The employee is obviously not aware of this (turns 876, 882), and it is the wife who makes sure that he gets what he needs. Apparently, this is also the reason why she was so concerned about the heating and the warm water in the bathroom at the beginning of the episode. Her concern is shown in a cluster of turns (873, 875) representing an additive initiative which results in a negotiation on the employee's part (turns 876, 880, 882, 888), and in an addition to the script (putting on the extra clothing).

Moving back to the room (one initiative)

The same pattern of the wife looking after her husband's special needs recurs when the employee helps the husband back to the room from the bathroom. The employee heads towards a sofa when the wife intervenes by asking where should "Dad" sit (a correcting initiative). The employee points to the sofa, but the wife explains that it is difficult for him to get up from such a soft seat. The employee agrees and helps the husband to sit in a chair (an additive consequence).

Dressing (eight initiatives)

Next, the employee helps the husband to finish dressing. During this the wife expresses several non-neutral initiatives. First, she finds a pair of special socks, which are meant to prevent the wearer from slipping (an additive initiative). The employee takes them and puts them on the husband (an additive consequence). Secondly, when the employee takes a shirt to put on the husband, the wife remarks that it is his own shirt (a corrective initiative), apparently referring to the suggestion of putting his own clothing to be laundered. The employee agrees that another shirt would be better (an additive consequence). Later during the episode they return to the same issue, and the wife gathers all the husband's clothes that need to be washed. Third, the wife brings a pair of mittens that are to be used during the day (an additive initiative with an additive consequence). Fourth, when the employee suggests that the couple could go outside later in the day, the wife responds by suggesting that the husband will not be able to get onto the balcony with his wheelchair (a questioning initiative). The employee responds by suggesting that they could go outdoors through the main door of the home (a negotiating response). The husband agrees. Fifth, the wife wonders how they could secure the amputated arm so that it would not hang loose (an additive initiative). This is an initiative on which the employee does not comment (a passing-over response), because she starts to talk about a different issue (continuing according to the script). Consequently, the arm is not secured before they leave for breakfast.

All in all, during the dressing phase, the wife continues to be active and expresses several initiatives through which she ensures that her husband's special needs are taken into account. These initiatives do not challenge the course of the morning routine, and most of them merely add something to the ongoing course of events.

Moving to the lounge (three initiatives)

As the couple prepares to move to the lounge for breakfast, the employee finds a pill on the bedside table. The following conversation takes place.

EXCERPT 10.28 (episode 9, moving to the lounge)
1026 E: … You've got something here.
[The employee bends over the bedside table where there is a pill next to a small plastic can which is used to keep the pills in]
1027 Rw: # It's an aspirin, put it there in the can. There.
1028 E: Not here, there
1029 Rw: # I always leave it there just in case for the night
1030 E: # Let's put it there
1031 Rw:It helps Dad, if he gets chest pain, it helps
1032 E: There's a hair, let's not put it there, it needs to be rinsed at least
[The employee takes the can to the bathroom and rinses it.]
1033 Rw: I'll put it here on the paper
[The wife puts the pill on a sheet of paper on the bedside table]
1034 E: Yes
1035 Rw: All right, let's go and eat
1036 Rh: - - We'll see if they give us any
1037 E: Yes they will, it would be good to go now
1038 Rw: Yes, O.K., there's food and drink here and it's done well. Thanks a lot.
1039 E: You're welcome.
[The couple leaves the room and heads towards the corridor leading to the dining room.]

In the excerpt the couple is ready to move to the dining room for breakfast and the employee starts to tidy the room and gather the laundry. As she is tidying she notices a pill on the table and asks the couple about it (the last utterance in line 1026). It is again the wife who intervenes (lines 1027, 1029, 1031, an additive initiative). The aspirin pill that the employee otherwise might have cleared away while tidying the room turned out to be an important issue for the couple. This is shown in the wife's explanation when she says that she "always leaves it there". Although she probably does not see the sense in using aspirin for nightly chest pains, the employee negotiates the matter (lines 1028,1030) and takes care that the tin in which it can be put is clean. The result of this resident initiative is a small, personally important addition (the pill is left on the bedside table). It is an addition in terms of the script of tidying the rooms and the tables.

Epilogue

After the resident couple had gone the employee made their bed and tidied up their room a little. During this she evaluated the morning's events.

EXCERPT 10.29 (talking after episode 9)
1047 E: … Normally this work isn't quite like this, usually you should, but now there are more of us. Its almost always been like, that we've got like one nurse (.) on the morning shift and then there's one nursing aide, and then these unemployed girls.
:
1055 E: … When there's only one nurse and then a nursing aide, when its planned that way, then I should go every now and then and look after the residents more (.) I should even, bet-

ween my duties go and look if they're all right, and take care of the medications (.) Now I needn't worry because there's Pauline [a registered nurse]
1056 RR: Quite
1057 E: When Pauline, we agreed that Pauline should take care of the medications
1058 RR: Yes, what does it mean that Pauline takes care of the medications
1059 E: Well, she makes sure that, you know, that everyone is taken to breakfast and that the medications are there, and that they are administered so that everything goes where it should.
1060 RR: Yes
1061 E: And, and indeed, she makes sure in the resident's rooms, at breakfast, that when Pauline is there I don't have to. I can work like, like more peacefully (.) I don't have go every now and then. When we're short of people, then its perfectly normal (.) you have to make sure that no accidents happen there.
1062 RR: Yes
1063 E: But that's, that's a total (.) a total responsibility.

Excerpt 10.28 is interesting in that the employee very explicitly explains to me that this was not a normal episode because there was an extra employee, the registered nurse Pauline, on the shift. There are two things worthy of note here. First, the employee clearly felt she had to point out to me that there was something different about this episode. The dialogue was spontaneous in the sense that the employee just started to talk about the episode without my asking any questions or suggesting that this episode was somehow different: the extraordinary thing about it, according to her, was that she worked with this couple without interruption, in other words without needing to check how the other residents were doing (turn 1055). Secondly, she suggests that she was able to do this because there was an additional employee on the shift. The usual quota for a morning shift was one nurse (a RN or a LPN), one nursing aide and a few unemployed "girls", whereas now there was an additional nurse, which meant that she did not have to have to take care of the medications at the breakfast table "between her duties" (line 1055). In saying, "When we're short of people", she makes a direct link to the then ongoing debate in City Home and Country Home between the director, the head nurse and the staff about adequate staffing levels (see Chapter 9 for similar expressions used in the interviews six months earlier). This explanation seems to convey a plea to the researcher that they needed more staff on the shifts.

The employee does not comment at all on the wife's recognizable activity in episode 9, or on how it affected the outcome.

Later, however, she explains that the extra service (having a full shower in the morning, see below) this couple received was partly due to the fact that they were not permanent residents.

EXCERPT 10.30 (talking after episode 9)
1065 E: … Its awfully good, these, that all the rooms have a bathroom, you can take a shower. Usually we don't give full showers otherwise than during the sauna. But the ones in respite care are a little bit of an exception. They didn't go to the sauna on Thursday because they came in so late. We really did talk that yesterday they would have had, it was difficult when there were three at the same time, there must have been visitors so they couldn't.
1066 RR: Yes. In other words it was a little bit different
1067 E: Yes, it was like
1068 RR: # Morning

1069 E: Like different as far as they are concerned. But if a resident has messed themselves, then you have to.

In effect, then, according to the employee the couple's status as clients in respite care justified making exceptions. The other side of the coin is that as far as the permanent residents are concerned, exceptions are not made, or at least not as a matter of course.

Summary

Every phase in episode 9 shows the same pattern: the wife expresses initiatives in order to ensure that the special needs of her husband are taken into account, the employee responds in a negotiative manner and small additions to the normal script of the morning routine are the result. No difficulties or threat of collapse arise. All in all, the residents receive good, individually tailored service and the employee has no visible or audible trouble in delivering it. There are several issues that could be argued to contribute to this end result.

The status of this elderly couple in the eyes of the employees was clearly different from that of the permanent residents in Country Home. They were newcomers and switched between their own home and the nursing home at respites. The difference is brought out most clearly in the amount of information given about them during the morning report. Most of the permanent residents only warranted comments on whether they had slept or not, whereas of the couple attracted discussion of several important issues, which undoubtedly shaped the way the employees organized their morning duties. The fact that they were newcomers is also evident in that there were several points on which the employee was unsure and had to ask (the clothing, the pill).

The couple, and especially the wife, lead the episode from one phase to the next. This started from the very beginning, when they alerted the employee that they needed help. Without the wife's active intervention the special needs of her husband would probably not have been taken into account. In a way, the resident receiving total care in this episode had an active spokeswoman with him, and it would have been extremely difficult for the employee to do things her own way and not to take the wife's suggestions and demands into account.

The couple expressed only a few resisting initiatives, and most of them followed the lines of the employees' script: they wanted to get up, they asked for a shower, they suggested additional clothing when it was time to dress. Their script was in line with that of the employee, and all that was needed were a few additions due to the special needs of the husband.

After this episode the employee wanted to point out to me that it had not been a normal morning. For her it was unusual to be able to work without interruption. It was as if she was worried that I would get too good a picture of how things were at Country Home. Curiously, however, in her evaluation of what made this episode unusual, she did not consider at all the active role of the wife, or the couple's compliance with the morning routine. Primarily, she wanted to emphasize the role of the extra nurse on the shift, which gave her the freedom to concentrate on this couple. Later she also pointed out that because they were "visitors", it was possible to make exceptions in terms of having a full shower in the morning.

To sum up, episode 9 represented a case of a total-care morning routine with no potential disturbances and thus no need for extra anticipatory or repair work, and no disturbance

load. In fact, at the end of the episode the couple even gave explicit positive feedback to the employee about the service they had recieved (thus the name “room service” for this episode). The only problem for the employee seemed to be that the researcher shadowing her was getting too rosy a picture of the situation in Country Home in the midst of heated negotiations over staffing levels.

10.7 Conclusions

In this chapter I have focused on ordinary morning-routine episodes as carefully chosen examples of everyday work activity in City Home and Country Home. My analysis was guided by two hypotheses. The first one was the general hypothesis of developmental work research that everyday work practice does not proceed smoothly and as predicted, but that employees face disturbances that are related to its development and to changes coming from outside of their work activity. To test this hypothesis I concentrated on the morning routines of the most dependent residents (the 15 “total care” episodes), because on the basis of the historical analysis (see Chapter 8) I assumed that these residents presented the greatest challenge to the concept of care at City Home and Country Home. I also expected that episodes with these residents would contain the most disturbances, and also innovation potential. The second hypothesis was that disturbances at work are a significant source of “disturbance load”, in other words extra physical and psychological work load that affects the work-related well-being of employees.

In the following I will summarize the findings of this chapter and discuss them from two perspectives. First, in terms of the development of City Home and Country Home: I will assess whether this empirical analysis confirmed or changed the developmental hypothesis that grew out of the historical analysis. I will then discuss the findings from the perspective of the disturbance load of the employees.

10.7.1 Developmental phase: a delayed crisis in the re-invented rationalized model of institutional care

The hypothesis concerning the developmental situation in City Home and Country Home was summarized in Chapter 8 on the basis of three inter-related theoretical models: the developmental-cycle model (Fig. 39), the two-by-two square of the developmental dimensions of elderly care (Fig. 40), and the model of City Home and Country Home as an activity system with certain developmental contradictions (Fig. 38). In the following the findings from this chapter are discussed in the light of each of these models.

First, the developmental phase of City Home and Country Home was evaluated to be in the double-bind phase of the cycle model (see Fig. 39 in Chapter 8). This phase was characterized as “the deadlock of institutional care”, implying that the whole idea of institutional long-term care from which the home had developed its working model was in crisis. Theoretically, the double-bind situation would be marked by increasing disturbance and

problems in the everyday work activity. At worst, it would indicate a situation in which the options are either to innovate or fail. The fact that, regardless of their nature, over 60% of the potential disturbances (resident initiatives) reported in this chapter led nowhere else than to continuing as usual during the morning routines of even the most dependent residents seriously questions the double-bind hypothesis. The employees managed well in neutralizing both resisting and extending resident initiatives: only 14% of them led to visible minor or major difficulties of the morning routine. A number of initiatives (18%) did have additive consequences but these were mostly only small additions to the prevailing script. There was quite a lot of unrest and potential instability within the work activity, especially in the form of active and widespread resident resistance, but the employees managed to keep it largely beneath the surface and were thus able to continue as usual. This was made possible partly because the residents were frail elderly people who did not have the power or the means to make their demands more effectively. This was clearly shown in episode 1. All this prevented the aggravation of the situation into a crisis. The results of this actual-empirical analysis thus indicate that there were lots of potential disturbances but little actual trouble, which reveals a state of prolonged need or delayed crisis, during which different problems start to arise, rather than an acute critical situation.

Second, according to the historical analysis it was assumed that City Home and Country Home had developed from a rationalized (a hotel for the elderly) to a humanized (the cell working model) institutional-care concept during the 1980s, and that the development during the 1990s had been regressive in terms of rationalized care. This time, however, the residents were older and more dependent than in the mid-1970s. The actual-empirical analysis reported in this chapter largely confirms this hypothesis. The customer-oriented concept of care acknowledges and takes into account individual customer demands, such as resisting and extending resident initiatives, whereas the standard-oriented concept allows employees very little scope to operate outside of the standard script, and they have to reject client initiatives that pursue something more. The analysis of employee responses to different resident initiatives shows that employees faced with a resisting resident more often aimed at neutralizing the resistance than negotiating about it. This supports the conclusion that the employees also interpreted the resisting initiatives as potential disturbances that had to be neutralized – not negotiated. The extending initiatives were almost always negotiated, but upon closer examination their transformation potential was rather small: most of them only concerned minor additions to the ongoing employees' script. These findings support the conclusion that, as a whole, the concept of care at City Home and Country Home upon which the institution's script was based was closer to standard than to customized care. The residents with their initiatives were nevertheless moving it in a more customized direction.

The other developmental dimension in elderly care concerned the service structure (see Fig. 27 in Chapter 8). At one end of this dimension are "services based on institutional living", and at the other end "mixed services supporting living at home". The findings of the morning-routine analysis seem to focus mainly on developing practices within institutional care (the two lower quadrants). However, episode 9 could be interpreted as being related to the developmental dimension of service structure. The couple in question fits in either of the two upper quadrants in Figure 27. Their stay in the home was not institutional care, but care aimed at supporting their living at home. They received good, even to some extent customized, service during their morning routines because they complied with the

institution's script, because they were able enough to exert an influence, and because their status as visiting residents was different in the eyes of the employees. There were no potential disturbances or neutralizing employee responses. Thus, it is possible to argue that this points to the conclusion that the concept of care at City Home and Country Home was more fitting to visiting clients than to dependent long-term residents.

Third, an activity-system model (see Fig. 38 or 49) was drawn up according to which the tools and ideas of cell working from the latter part of the 1980s, which emphasized the individuality and activation of residents, were still in use in City Home and Country Home in 1995–96. It is also assumed in the model that the daily activities within each cell are guided by "flexible schedules". The developmental contradictions in the activity system were thought to be a result of changes in the amount and quality of staffing, and in the changed state of the residents. The fewer and less qualified staff (community) that rotated between different cells was thought to contradict the flexible schedules (rules) and the division of labor. The older and more dependent clientele (the object) was thought to contradict both the idea of activating group activities (tools) and a division of labor based on the assumption that nurses and nursing aides have enough time to concentrate on their duties after helping the residents. These hypotheses were based on data from historical documents. The empirical analysis changes that model somewhat. By way of a conclusion, I have modelled a new activity system (Fig. 54). The main differences compared to the activity-system model are in the rules, tools, object and outcome elements (written with bold in Fig. 54).

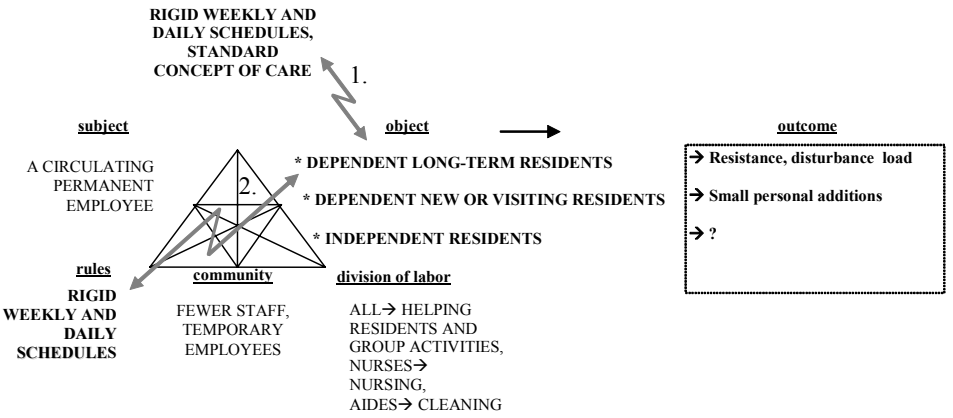


Fig. 54. An activity system model with developmental contradictions based on the actual-empirical analysis of the work activity at City Home and Country Home in 1996.

The analysis of the morning routines rather confirms the fact that the employees were guided by rigid schedules and standard procedures (the institution's script) that went ahead regardless of residents' individual wishes and needs (see the "tools" element in Figure 54). This was even verbalized by the employee in episode 1when she replied to the resisting resident: *"The thing is that I guess you have to have this kind of thing this morning.*" (see excerpt 10.22). There were no signs of flexibility, and the morning routines were governed by the objective that all residents should be ready for breakfast at 8.30 a.m., which reflects the old system of rigid weekly and daily schedules (see the "rules" element in Fig. 54).

The question of the adequacy of staffing levels and staff qualifications, and the resulting contradictions, is a tricky one and is not fully answered in this analysis. The employees were sure that most of their problems were due to poor staffing levels. The worst of the economic recession, during which the two homes had cut FIM 1.5 million from their operating costs in 1993 by reducing staff costs (Raahe, Budget for nursing homes for the elderly for 1994), was over. At the time of the data gathering the employees were negotiating with the management about the hiring of more personnel, and the new director had restored the use of substitutes when someone was ill or on vacation. The analysis of the morning routines nevertheless supports the conclusion that the contradictions were also related to the tools and rules of the standard-care concept, and not only to the inadequate staffing levels or to the poor qualifications of the temporary employees. On the one hand, it is possible to argue that the concept of care we saw in operation in 1996 was partly a consequence of years of short-handed shifts, rotating permanent employees and unqualified temporary personnel, but it is unlikely that things will change simply by hiring more personnel. On the other hand it is also possible that the cell-working model never really developed into a generalized concept of care in the latter part of the 1980s. A plausible explanation for this could be that new demands from the member municipalities and the freezing of the resources of City Home interrupted the generalization and stabilization of the new work practice, and the employees returned to their old practices of rationalized institutional care.

This leads on to the question of the object of activity that was depicted simply as "older and more disabled elderly in three cells and at Country Home" in the activity-system model in Figure 38. The analysis presented in this chapter gives a more detailed picture. First of all, considering the whole spectrum of residents encountered during the shadowing of the employees (see Table 34), clearly not all fit the above description. If the spectrum of 35 morning-routine episodes is a representative sample of the residents in City Home and Country Home, then one third of them were in a good enough condition not to need help with all aspects of their morning routine (see the "independent residents" in the "object" element in Fig. 54). My analysis does not cover the episodes involving these residents, however, and we thus do not know the factual outcomes (see the question-mark in the "outcome" element in Fig. 54.). My analysis further extends the picture of the more dependent residents The two case studies covering two extremes of morning-routine episodes show why some were characterized by resident resistance, neutralizing employee responses and occasional disturbance, while others featured extending resident initiatives, negotiative employee responses and small additions. Episode 1 concerned a long-term resident with very limited possibilities of influencing her care because there was very little she was able to do by herself. Her ability to communicate was also limited. She had been living in the home for a long time, and the reports on her were rather minimal. To be blunt, to the employees she was one of the "doubles" that had to be "taken" in the morning as a part of a routine procedure. Compare her with the husband in episode 9. He, too, had severe limitations but he had his wife with him, and she acted like his personal nurse or spokesperson, communicating and translating his special needs to the employee. The episode proceeded largely under their command, so there was little to resist. This couple also had a different status in the eyes of the employees because they were new: there were plenty of things the employees did not know and had to ask. They still lived at home some of the time, which probably gave them a more independent status and thus more power than totally dependent residents with no alternatives and nowhere else to go.

The picture that these case studies and the analysis of resident initiatives suggest is that there were roughly two groups of residents in City Home and Country Home for whom the concept of rationalized institutional care operated very differently. For the long-term residents with severe limitations and little chance of speaking for themselves (see "dependent long-term residents" in the "object" element in Fig. 54), the efficiently produced standard services ("we take the doubles, you take the rest") had turned into a coercive routine to which they reacted with resistance (see "resistance" in the "outcome" element in Fig. 54). On the other hand, for the visiting clients or residents with the ability and power to speak for themselves (see "dependent new or visiting residents" in the "object" element in Fig. 54) the same services concept even accommodated small personal additions (see the "outcome" element in Fig. 54). As far as the latter group is concerned, however, we might ask whether this "room service" type of care resulted in any activational and rehabilitational outcomes, and thus in better coping at home.

According to this model, two developmental contradictions explain the resident resistance and the employee responses. Dependent long-term residents (such as the one in episode 1) cannot cope with the rigid schedules and the standard concept of care (the institution's script) according to which employees operate. This is illustrated in Fig. 54 in terms of two contradictions (numbers 1 and 2 in the figure). The first is between the tools and the first object group, implying that the tools that direct the employees' actions are mainly rules that dictate what to do with the residents and when. The second contradiction is between the rules and the first object group, indicating that the dependent long-term residents cannot comply with the timetable of the institution. In this case, the rules have become the tools.

What is evident in the activity-system model is that there was also a group of residents (possibly two groups, see the question mark in the "outcome" element in the figure) for whom the rationalized institutional-care concept seemed to work better, and even resulted in minor personal additions to the morning routines.

10.7.2 Disturbance load from neutralizing resident resistance

In terms of work-related well-being, the picture that emerges is paradoxical. By and large, the analyzed morning routines progressed well, and there were only a few incidences of minor difficulties or bigger problems. The employees' evaluation of episode 1 in the case study also supports this conclusion. The employees even succeeded well with some residents, and the ethnographic data did not suggest any major difficulties (see Chapter 2). However, according to the historical analysis, the period from 1992 until 1995 and beyond was a time of increasing complaints in the staff meetings about "mental health at work", "how to cope with work", "stress" and "increased work pace" (see Fig. 38 in Chapter 8).

I suggest that the key to this paradox lies in the disturbance load of anticipatory work. The original hypothesis of the disturbance load was based on the idea that actual disturbances (collapse, breakdown, mistakes) happen and they cause extra work and frustration. In the analysis of the morning-routine episodes, however, the number of actual breakdowns

(minor and major difficulties) was rather small, and although they did visibly cause extra work and hassle, their significance could be evaluated as being less. What the employees faced far more often was potential disturbance embedded in the residents' resisting initiatives.

The neutralizing of these potential disturbances involved extra anticipatory work: smoothing over, passing over and blocking the initiatives in order to keep the institution's script on track. Physically, this anticipatory work of putting down the resistance of frail elderly people does not seem too demanding, but psychologically it is clearly a different matter. Smoothing residents' resistance implies responding consciously so as to go against their will with as little trouble as possible: explicitly blocking an initiative could provoke further resistance. The key to smoothing over is to engage in false negotiation so as to soften the message that the initiative is out of the question. For an employee who is oriented towards resident individuality and autonomy, this creates an emotionally stressful situation. Even for employees whose orientation lies somewhere else, the continuous smoothing over of resident resistance, day-after-day, can become a burden. The fact that the public rhetoric of City Home and Country Home continued to emphasize values quite opposite to those operating with resisting residents did not make things easier.

The employees seemed to be mostly unconscious of this disturbance load, as indicated by how the two employees assessed the most extreme episode in the whole data (see episode 1 above). They made no mention of the aggravated juxtaposition they had managed that very morning. The whole subject about resisting residents only barely surfaced in the conversations with employees during the ethnographic phase, and during the interviews. What the employees did express, however, was stress, exhaustion, and numbness which they most often attributed to time pressure, insufficient staffing and shift arrangements. One plausible explanation for this discrepancy is that the continuous anticipatory work they did with the resisting residents had become a routine part of their job, and as such nothing much to talk about. It is also possible that they lacked the words and concepts to talk about it. Furthermore, the whole issue encompasses difficult moral questions that may have inhibited its collective handling. Finally, it has to be noted that not all residents resisted: there was a group that the employees were able to serve well. All in all, however, the daily struggle with some of the residents that the analysis of the morning routines brought to light apparently took its toll.

10.7.3 Methodological lessons

Capturing the dynamics of a work activity is never an easy task. This was also the problem I faced when I wanted to give a systematic view of the possible disturbances and innovations involved in the work at the nursing homes for the elderly. The decision to use morning-routine episodes as samples of everyday work practice worked well in that it enabled me to gather a systematic data set which included the same set of actions carried out in different cells, with different employees and with different residents. The intimacy of morning routines related to undressing and washing was a problem, but it was solved by the decision to keep the camera and the researcher outside the bathroom. The portable

tape recorder did go in with the shadowed employee, however, so that the verbal interaction was recorded.

Once I had the data I faced the problem that, to my knowledge, there were no readily available analysis methods for videotaped situations in elderly care. When I read through (and watched) several transcribed episodes it began to show that, although for the most part everything went smoothly, there was some tenseness in the interaction between the residents and the employees. It took a while to realize that, in a sense, each episode was an interplay between two actors, the resident and the employee, whose aims were not always in concert. The very basic activity-theoretical rule to "follow the object" and firm guidance from my supervisors, helped me when I started to analyze the work from the perspective of the doings and sayings of the residents. This was far from natural for me at first, not least because it was the employees' work-related well-being in which I was primarily interested. The methodological lesson here was that, in order to dig oneself into the well-being of the subject in the activity, one should first consider the object. The mistake I was close to making would have been to concentrate on the subject. I think that the analysis presented in this chapter shows that it is impossible to understand the subject without understanding the object in terms of what it does and how the subject responds to it.

One of the surprises I had when I was reading the transcribed data was how active the residents really were during the morning routines. This was something that I did not realize during the ethnographic phase, or during the filming of the episodes, possibly because the residents' contributions were often so quiet and therefore easily overlooked. It was only after careful listening to and watching the tapes, and reading the transcripts, that I came to realize how much the residents tried to influence the routines, and consequently how much work this gave the employees. Without the use of a video camera and tape recorder much of the interaction that took place would have been lost. In my view, the analysis shows that the use of this analytical tool with which I was able to separate turns and actions incorporating initiative elements from turns that only had responsive elements highlighted well the often frail and quiet activeness of the residents. One persistent methodological problem in researching institutional care has been the silence of the residents. It is very common for those interviewed about their care to express satisfaction with everything and to wish for nothing. There is even a board game for residents and employees that was designed to bring out resident criticism and aspirations. The methodology utilized and developed in this chapter offers another kind of solution to that problem. Everyday work practice in elderly care is a rich source for analyzing what it is that elderly clients really want.

Another unforeseen finding was the large amount of anticipatory work that the employees did in handling the resident initiatives. The decision to separate the employee responses from the overall consequences of the initiatives in the analysis brought this new aspect of emotionally difficult work to light.

The initiative – response – consequences analytical method made it possible to produce a systematic overview of the rather large body of data that the 15 transcribed morning-routine episodes comprised. This, in turn, showed up the variability in the episodes, and enabled closer attention to be directed toward different types of episodes. Thus the way was paved for conducting "empirically informed" case studies of two contrasting episodes, which finally shed light on the reasons why some residents resisted and others complied with the employees' actions.

11 Conclusions

11.1 Introduction

The previous three empirical chapters have examined the work activity and work-related well-being of a nursing home for the elderly from several new angles. This research was motivated by an effort to find a more useful construction of the work-relatedness of employees' well-being. Case studies of interventions aimed at changing work in favor of better well-being, along with my own experience of working in occupational health services, have indicated that the prevailing ways of conceptualizing the relationship between work and well-being have not been very useful in practice. My analysis of the reasons for this showed that this was largely due to theoretical and methodological limitations in the studying of work. The occupational health studies (mostly within the work stress tradition) lacked any detailed analyses of work, the ethnographic studies of work lacked a focus on employees' well-being, and both ignored change. Therefore, I aimed at combining the perspectives of work, well-being and change in the analyses of this study. In doing so, I have employed a new theory in the field of occupational health studies, namely the cultural historical activity theory, and a related new methodology, the developmental work research.

Thus, my main research objective has been to apply new theoretical and methodological tools to better understand the work-relatedness of well-being from the perspective of changing work to improve well-being. The aim of this chapter is to discuss how I have succeeded and what the implications of this study are.

In the following, I shall summarize the main findings of each of the empirical chapters as answers to the corresponding research questions. Then, I shall discuss the results as three zones of proximal development: firstly of City Home, Country Home and nursing-home work in general, secondly of the work-related well-being of the employees, and thirdly of future research in nursing homes, in occupational health research, and in developmental work research.

11.2 Summary of the findings of the empirical chapters

Before summarizing the results of this study, one should recall the overall research design on which the analyses were made and through which the results of the chapters are linked.

The design of this study is an application of the methodology of developmental work research which is based on the premise that a work practice, at any time, is in some phase of a cyclical process of change and development that is incomplete. Thus, to study work is to study and enhance ongoing development. The idea is to capture the essence of the present phase of work activity by tracing its development from some point in the past to the present. In developmental work research, the first hypotheses concerning the developmental situation of the present are established through historical-genetic analyses of the development of the work practice under scrutiny. This was the aim of Chapter 8. In the next actual-empirical phase, the developmental hypotheses based on historical-genetic analyses are tested, corrected, and enriched with data gathered from the present work practice. The employees' explanatory models in Chapter 9 and the analysis of the morning routine episodes in Chapter 10 serve this purpose (see Fig. 24).

The end result of the historical-genetic analyses and the actual-empirical analyses is to formulate a more precise analysis of the present developmental state of the work activity, as well as a hypothesis that concerns the field of possibilities for the near future, the zone of proximal development. This hypothesis is tested experimentally through the planning of a new work practice which will advance the incomplete development, and then implementing the plan by changing the work practice. The present study, however, does not cover the phases of planning and changing of the work practice in City Home and Country Home, although as a whole the developmental project also covered these phases (see Fig. 25 and Chapter 13). In the discussion concerning the future development of City Home and Country Home (see below), the elements of the zone of proximal development are depicted on the basis of the findings of this study.

Next, the main results of the three empirical chapters are summarized as answers to the corresponding research questions. A concise summary of the results is crystallized in Table 48.

Table 48. Summary of the main results of the study.

Research question	Main results
1. What were the main developmental dimensions according to which elderly care was developed in Finland during the 1970s –1990s?	Two developmental dimensions of elderly care: 1) from standard rule-oriented care to customized negotiated care, 2) from institutional services to mixed services supporting living at home. Four ideal types of elderly care: rationalized institutional care, humanized institutional care, respite care and regional multisectorial care.
2. How did the object and other elements of City Home (and Country Home) work activity change during the period from the 1960s to 1995?	From the institutionalized housing of the healthy elderly to a homelike institutional care of the dependent elderly which failed to manage the new challenge of providing services for the elderly still living in their homes. This failure resulted in gradually impoverishing institutional care. Work-related well-being of the employees varied in accordance with the developmental phases of the work activity.
3. What objects and motives can be analyzed from the employee descriptions concerning events at work that they experienced as tiring or exhausting? 4. What objects and motives can be analyzed from the employee descriptions concerning events at work that they related to experiences of joy, enthusiasm and interest? 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of City Home and Country Home?	Tiring events were related to the following objects and related motives: the scheduled duties, the residents' situation, the residents' safety and the residents' placement. Also, a dilemmatic object comprising of both the duties and the residents was found. In addition, a group of employees questioned the role of scheduled duties, and a closer examination revealed a spectrum from fully internalized, non-reflective orientation towards the duties, to a questioning and analytic orientation towards them. An active interview technique produced an externalizing shift in a single interview passage. Strength-giving events were related to fulfilling the duties, spending time with nice old people, satisfying a resident, resident rehabilitation, finding a suitable placement for a resident, enjoying the company of workmates, getting a salary, feeling accepted and important, and doing various things outside work. The objects and related motives expressed in the interviews in 1995 could be related to several historical phases, starting from the rationalized institutional care model of the housing of the healthy elderly to humanized homelike care concept. In addition, the events related to the placement of a resident were interpreted to represent an object and a motive related to the hypothesized future model of care.
6. What kind of disturbances and innovations appear as the employees' and the residents' scripts meet in the everyday work activity of City Home and Country Home? 7. What are the consequences of these disturbances from the employees' perspective?	Residents' frequent and widespread resistance towards the employees' efforts were a form of potential disturbances for which the employees needed to do anticipatory extra work, mainly in the form of negotiating or neutralizing but also in the form of physical efforts. When looking at the consequences of the residents' resistance, the employees' anticipatory work succeeded quite well. But in a small number of episodes the resistance led to visible and audible difficulties in the conducting of the morning routines. These difficulties caused more extra work, both in the form of coaxing and in the form of lifting, carrying and bending. Some of the residents' initiatives led to small extensions and additions to the morning routines, but they stick mainly to the prevailing institutional script.

Research question 1. What were the main developmental dimensions according to which elderly care was developed in Finland during the 1970s–1990s?

The first research question was related to the need to first find landmarks on which the services for elderly care were developed in general in Finland, earlier and up to 1995. The rationale behind this theory-historical analysis was to develop tools with which to discern and understand the local development of City Home and Country Home. An analysis of relevant guidelines and literature resulted in the construction of two main developmental dimensions in elderly care; one that was related to the ideology of care, and one that was related to the service structure of care.

The dimension concerning the ideology of care highlighted the development from *standard rule-oriented care* to *customized, negotiated care*. The standard rule-oriented care emphasized the following of administrative rules, the passive, receiving role of the client, and the idea of, standard services for everyone. It had its roots in the services for the poor, dating back to the beginning of the 20th Century. The customized, negotiated care dimension consists of two related developments in care ideology. The first is a humanizing emphasis towards the autonomy and individuality of the clients, which arose as a response to the criticism directed at institutional care in the 1960s and 1970s. The second development arose during the 1980s, which emphasized the activation and rehabilitation of the elderly clients. These two developments had already begun during the 1960 and 1970s in Finland, however it was still incomplete in the 1990s and a subject of frequent discussions.

The dimension concerning the service structure of the services for the elderly drew a developmental line from *services supporting institutional living* to *mixed services supporting living at home*. The favoring of institutional services had its roots in the municipal home system that preceded the nursing homes for the elderly. The idea of services, on which both municipal homes and later nursing homes for the elderly were based, was the building of public institutions through which persons in need of services would be centralized. Both ideological and economic reasons contributed to the a development in the service structure in which a majority of the services would support the elderly to continue to live at home.

The construction of these two developmental continuums made it possible to build a two-by-two matrix which combines them into four different fields (see Fig. 28). On the basis of this matrix and with the help of the activity system model, I constructed four ideal types of elderly care: *rationalized institutional care, respite care, humanized institutional care,* and *regional multiprofessional and multisectorial services*. For the first three ideal types, one can find existing care concepts that more and less fit the ideal type description. The fourth ideal type, a combination of customized, negotiated care ideology, and a service structure based on mixed services supporting living at home, proved, however, to represent a new care concept, at least from the perspective of a nursing home for the elderly.

Research question 2. How did the object and other elements of City Home (and Country Home) work activity change during the period from the 1960s to 1995?

My analysis shows how the institution and its employees worked through *six developmental phases* during an approximately 35-year period, and how each phase was characterized by a different set of problems and disturbances that had to be solved. These problems were due to changes in the types of residents, in the ideology of care, in the amount and quality of the personnel, and in the demands of the municipalities involved.

City Home was founded on the idea of a nursing home for the healthy, independent elderly. This was a result of the *crisis* of *the municipal home* (the first developmental phase, in the early 1960s) during which several different groups of residents, among them the long-term sick and the poor elderly, received only the basic necessities, and the circumstances did not provide possibilities for special care nor personal privacy. The key tension apparent during this phase was between the special needs of the different groups of residents and the general concept of care that a municipal home, as a general poorhouse, was able to offer. Thus, during the *development of the idea of a nursing home for the elderly* (the second developmental phase, 1962–1975), the municipal authorities, together with inspectors both

from the county level and from the national level, worked out a solution for the elderly in municipal homes. This solution aimed at satisfying the determined needs of the elderly (housing, privacy, rest, and peace) and in a way that was economically viable. The essence of the solution was a balance between these two perspectives. The needs of the elderly were to be satisfied by providing each resident with a private, one-room apartment, and the economic viability was ensured by building an institution big enough to have an economic advantage. A basic condition for this concept to work was that the home would be for the healthy elderly only, while another solution for the long-term sick within the health care sector would be provided.

The period following the City Home's opening turned out to be not only an implementation of the fine plan of the authorities and the management, but a third developmental phase, the *beginning of City Home* (1975–1983). This was due to the fact that the municipalities involved mostly sent dependent elderly to City Home, whose concept of care, as a hotel for the elderly, could not accommodate them. The driving force of this phase was the tension between the planned concept of City Home (a home for healthy elderly) and the reality (sick, dependent elderly). This resulted in an increasing number of problems in the everyday life of the home, and several adjustments were needed. These adjustments, together with steady increases in the number of personnel led to a renewed developmental phase, the *developing of a cell-working model* (1983–1992). During this phase, the organization of the institution changed, the employees were trained for a new care ideology and new rules were implemented. Furthermore, the costs of care increased, mainly due to a sharp increase in the number of personnel. In addition to creating new inspiring solutions, during this phase the employees and the management also faced a conflict between the previous care concept and the new cell model. My analysis revealed that this tension between the old and the new formed the key tension during this phase. Another aspect that emerged was that the type of residents continued to change; there were more dependent elderly people.

Parallel to this phase, the municipalities involved developed a home care concept for the elderly living in their own homes, which led to two conflicting demands for City Home. The home care concept had made it possible for the elderly to continue living at home, despite limitations that would have led to institutionalization earlier. As a result, the elderly who eventually were directed to City Home were much more dependent, nearly bedridden. In addition, the municipalities also wanted City Home to provide preventive services to support living at home for these elderly who were still able to do so. I have referred to this phase according to its end result: the *dissolving of the coalition* (1987–1993). Namely, City Home rejected the demands from the member municipalities on the grounds that all its places were reserved for long-term residents, and the fine cell-working model developed for them was not suitable for the bedridden elderly, nor for respite care. In response, the member municipalities began to prepare for the disolution of the coalition and to build their own service centers and group homes. As a result, during 1990–1993 the utilization figures of City Home dropped. Furthermore, the yearly plans to increase the number of personnel in City Home were frozen. In 1993, the coalition dissolved and City Home was left to the biggest member in the coalition, the City of Raahe, and Country Home became part of the same unit. The economic recession which hit Finland at that time forced the municipalities to cut expenses wherever they could. Developmentally, this phase meant the start of a narrowing of the resources and the activity of City Home.

The changes that triggered the sixth developmental phase, the *deadlock of institutional care* (1988–1995) also came from within. The condition of the residents had reached the degree in which the central instrument for the working of the cell, the group activities, were no longer appropriate. Thus, City Home was entering into a phase in which it needed to reconsider its concept of care, though its resources and usage were cut due to the actions of the municipalities and the economic depression. After the dissolving of the coalition the new owner, the City of Raahe, transformed one of the four cells into apartments for sheltered housing to cut expenses. Several of the more independent elderly from other cells were moved into these apartments, and more dependent ones replaced them in the emptied cells. According to my analysis, the driving force of this phase within City Home was the tension between the decreasing resources and the older and more disabled residents.

The analysis of the local development of City Home and Country Home gained more depth when it was examined from the perspective of *the management of the primary contradictions of care*. The solution to the tension between the costs of care (the exchange value) and the needs of the residents (the use value) in the municipal home had been based on a combination of a self-sufficient farmhouse (low operating costs) and a home (food and shelter). In the original idea of a home for the healthy elderly, the costs of care and the needs of the elderly were to be balanced by providing the elderly with private, single room apartments (the use value) in a large complex in which resources of several municipalities could be centralized, achieving an economic advantage because of size (the exchange value). This, however, did not work with the dependent elderly that the municipalities started to send to City Home, and, as a consequence, a third concept of care had to be developed. However, in the developing of the cell model during the 1980s only the needs of the residents were considered and the perspective of the costs of care was largely neglected. Thus, the built-in problem with the cell-working model was that it was too expensive a solution for the rather limited number of elderly it was able to serve. In more theoretical terms, in limiting itself to institutional care only, the concept of cell working did not manage to balance the tension between the use value and the exchange value of care. Around 1987, the new demands of the municipalities could be seen as efforts to introduce new use values to the concept, and thus to better balance the primary contradiction. The municipalities had money, and they were willing and able to spend it on elderly care. This is apparent in the fact that, after the refusal of City Home, they went on to build other solutions for their elderly. Furthermore, the rather short-lived home unit experiment of City Home was an effort to produce use values other than only institutional care. To conclude, the cell working model did not function because it was too limited in scope and too expensive. Instead of negotiating with the municipalities' needs and thus developing a new concept, City Home tried to stick to the cell working concept, which resulted in deadlock for City Home and Country Home in 1995.

When approached from the perspective of the four ideal types of elderly care, the local development of City Home revealed a path from rationalized institutional care to humanized institutional care during its first four developmental phases. The beginning of the fifth phase, the dissolving of the coalition, as well as the home unit experiment, could be interpreted within this framework as attempts to break away from the institutional care domain. The rejection of these demands and the decision to remain within the institutional concept of care resulted in a regression of the humanized cell working concept towards rationalized

institutional care. The challenges for the future, however, still focused on developing new concepts, which would better support the elderly living at home.

An unexpected finding of the historical analysis was that the minutes of the staff meetings, as well as to some extent other sources, contained information about changes in the work-related well-being of the employees. In effect, I was able to link this data to the developmental analysis of the work activity. The result was four different periods of work-related well-being, starting from the beginning of City Home in 1975. The first period of remarks related to the work-related well-being of the employees appear in the staff meeting records between 1977 and 1979. The overall appearance of these remarks is negative: work is experienced as chaotic, the work pace is killing and the employees feel that the work has to be performed in a hurry. The local context of these remarks is the developmental phase, when the original plan of City Home as a home for the healthy elderly collided with the fact that all new admissions were more or less dependent elderly persons. The second period was during 1983–1985, when remarks of enthusiasm and an increased work motivation were found in the data. These remarks were related explicitly to the then new working method: the cell-working system. The third period dates to 1988–1991 when remarks expressing frustration, tiredness and loss of motivation appeared in the staff meeting records. During this period the change in the clientele had exceeded the limits of the cell-working system, the development of City Home was frozen due to the collision with the municipalities, and no solution to the changed situation in the cells was visible. The fourth period of remarks related to work-related well-being began in 1993 and continued through 1995. The contents of those remarks were complaints of stress and problems of mental well-being at work. These remarks were related to irregularities in the work shift arrangements, to difficulties in carrying out daily tasks, and to the use of temporary work force.

Next, I will summarize the results of Chapter 9 in which my objective was to examine how and through which mechanisms employees' negative and positive emotions were related to their work in City Home and Country Home in 1995 (research questions three, four and five).

Research question 3. What objects and motives can be analyzed from the employee descriptions concerning events at work that they experienced as tiring or exhausting?

In this actual-empirical study I wanted to find out what emotionally significant objects and related motives of nursing home work could be found through interviews in which the employees of City Home and Country Home, in 1995, described such events at work that they had experienced as tiring or exhausting. Behind this analysis was an activity theoretical hypothesis of emotions as being related to the level of activity and thus, showing a dependency of the object and motive of the subject within the collective work activity. In the context of work activity, I called this hypothesis of work-related well-being *object-dependent well-being*.

The objects of work and related motives that were associated with tiredness or exhaustion were

1. *Duties:* managing to finish one's duties according to the schedule (the Duties EM[5]),

5. EM refers to the notion of "explanatory model". This is related to the presumption that the employees, when describing during the interviews, the frustrating or exhausting situations were using and constructing culturally-relevant explanatory models that exhibit features of the work activity.

2. *Duties and being with the residents*; managing to finish one's duties and finding time for the residents as well (the Duties and residents EM),
3. *Residents' situation*; finding a solution to the residents' situation (the Residents' situation EM),
4. *Residents' safety*; ensuring that no accidents or attacks occur (the Residents' safety EM),
5. *Residents' placement*; finding the right place for the resident to live (the Resident's placement EM).

These different objects and related motives of nursing home work were accompanied by somewhat different views of the causes in City Home and Country Home that have led to tiredness or exhaustion. Consequently, suggestions for the solutions to these problems were also different. In the answers that employed the duties EM, the Duties and residents EM or the Resident's safety EM, the tiring and exhausting situations were seen as caused by too few employees, and the solutions suggested were that they should work harder, to stay calm, to hire more employees, and to return to the cell working model. In the answers that employed the Resident's situation EM or the Resident's placement EM, the way the nursing home operated was seen as the cause for tiredness or exhaustion. The suggested solutions included reviving the cell working system, prioritizing duties, tolerating the situation, and experimenting with new solutions.

Some objects and motives seemed to exclude the use of others, and some objects and motives seemed to be only additional. When examining the combinations of the different EMs in the interviews, I noticed that the Duties EM was almost never used with the Residents' EM, and the Residents' safety EM was never used alone.

The division of labor at City Home and Country Home, as well as the nature of the unit the employee was working in had an effect on the reporting of emotionally significant objects of work and related motives. However, interesting deviations from the established division of labor also appeared. When examining the use of different EMs, according to different occupational groups, it was found that the Duties EM was mostly used by the aides, and the Duties and residents EM and the Residents' situation EM were most often used by nurses. However, a considerable number of aides also used these EMs in the interviews. Employees who were working in the smaller cells which housed the most dependent residents more often used the Duties EM, and employees from bigger units with more independent residents more often used the Duties and residents EM.

An unexpected finding emerged in several interviews in which the employees explicitly questioned the type of thinking and acting that was almost identical to one of the explanatory models I had constructed, the Duties EM. This led me to further analyses guided by the activity theoretical notions of internalization and externalization and the framework of developmental learning actions.

In a systematic search of the interview data, I found that ten employees explicitly questioned the Duties EM type of thinking and acting, and that most of them used the Resident EM in explaining their own experiences of tiredness or exhaustion.

A closer examination revealed a whole spectrum of interview passages, ranging from a non-reflective use of the Duties EM (even despite the interviewer's attempts to encourage them to reflect on it) to a conscious, reflective but not questioning use, to cautiously ques-

tioning, to explicitly questioning, and even to further analyzing the background of the Duties EM and suggesting individual alternatives to it.

In addition, a case study of an interview with a LPN showed how she, *during* the interview, shifted from a non-conscious use of the Duties EM to a conscious reflection of the use, during which she pondered whether it is the fulfilling of the scheduled duties that really keeps her going. This development during the interview was assisted by the active interventions of the interviewer.

Research question 4. What objects and motives can be analyzed from the employee descriptions concerning events at work, that they related to experiences of strength, joy, enthusiasm and interest?

The rationale behind analyzing the objects and motives of nursing home work, also from the descriptions concerning positive experiences (strength, joy, enthusiasm, and interest), was bi-angulation: looking at the same phenomenon (object-dependent well-being at work) from another, opposing perspective.

The objects and related motives that were associated with feelings of strength, joy, enthusiasm, and interest at work were

1. *duties*: being able to fulfill one's duties according to a schedule (the Duties EM)
2. *nice old people*: enjoying the company of one another (the Nice old people EM)
3. *satisfied residents*: enabling the residents to feel satisfied with living in the home (the Satisfied residents EM)
4. *resident rehabilitation*: helping with a resident's problem (the Resident rehabilitation EM)
5. *client in the service system:* finding a suitable place in the services system (the Client services system EM)
6. *work community:* good interaction and cooperation with others (the Work community EM)
7. *making a living*: having a salary and making a living (the making a living EM)
8. *oneself:* feeling accepted and important (the oneself EM)
9. *leisure time:* various (the leisure time EM).

An analysis of the different combinations of the EMs in the interviews showed that the most usual combination was one of the explanatory models related to residents (EMs 2 to 5) and the Oneself EM and/or Leisure time EM. The Duties EM was used few times together with the Nice old people EM and the Satisfied resident EM, but never together with the Resident rehabilitation EM or with the Client in the service system EM.

Differences in the use of EMs were found according to the occupational title and the unit in which the employee worked. The aides used the Duties EM, the Nice old people EM and the Work community EM more frequently in the interviews, whereas the nurses used the Resident rehabilitation EM more often. However, a number of aides also used the Resident rehabilitation EM. The employees with no permanent unit used more often the Nice old people EM.

Research question 5. How are the objects and motives found in the descriptions of emotionally significant events related to the historical development of City Home and Country Home?

The objects and related motives concerning both tiredness / exhaustion and strength / joy / enthusiasm, and interest were evaluated in the light of the historical ideal types of elderly care, as constructed in Chapter 8.

The Duties EM together with the Nice old people EM, with their orientation towards the scheduled duties and the elderly residents as an additional human stimulation, could be linked with the rationalized institutional care ideal type, and thus to represent the oldest motivational layer in City Home and in Country Home. The Residents' situation EM and the Resident rehabilitation EM, with their orientation towards the resident as an individual, and towards his or her problems and abilities, were found to correspond to the ideas of humanized institutional care, and thus to represent a more recent motivational layer in the development of City Home and Country Home.

From this perspective, the Duties and residents EM represent a dilemmatic motivational layer that can be situated between rationalized and humanized institutional care. It represents a transitional layer between these two major ideal types. Also, the Satisfied residents EM, with its orientation towards the residents from the perspective of duties, was interpreted as a transitional motivational layer which is not purely duty-oriented nor purely oriented towards the residents' individual needs.

The object and the related motive in the Residents' placement EM and the Client in the service system EM did not resemble either of the institutional ideal types. Nor did they fit with the respite ideal type of care. Their orientation towards the most suitable placement of the elderly within the services of the elderly care was interpreted as related to the hypothesis of the regional multisectorial services ideal type.

Concerns about residents' safety (the Residents' safety EM) were found to be related to all historical ideal types of elderly care.

Research question 6. What kind of disturbances and innovations appear as the employees' and the residents' scripts meet in the everyday work activity of City Home and Country Home?

Research question 7. What are the consequences of these disturbances from the employees' perspective?

In Chapter 10, I turned from historical data and interview data to the actual everyday practice of City Home and Country Home, as it existed in 1996. This second actual-empirical analysis used audio and videotaped morning routine episodes as data. The idea was to examine the work practice in the episodes as an incomplete result of the years of development and changes in City Home and Country Home. The hypothesis was that the incompleteness of development would show as disturbances in the everyday work practice. From the perspective of work-related well-being, the hypothesis was to examine whether the disturbances add to the physical and psychological workload of the employees.

A closer look at the morning routine episodes revealed that the interaction between the employees and the residents involved quite a few tensions. These tensions were taken under more careful and systematic scrutiny by analyzing the initiative elements of all residents'

conversational turns and actions. *This analysis showed that about half of all residents' initiative turns or actions resisted what the employees, who were following the institution's script, were about to do.* According to the day schedule of City Home and Country Home, before 8.30 a.m. all residents were to be woken up, taken to the bathroom, washed, dressed and taken to the lounge to wait for breakfast. In particular, the residents who were long-term inhabitants of the home and who had difficulties in speaking for themselves resisted the employees' efforts. The residents who were better able to speak for themselves, who were newcomers or had the status of a visitor, complied better with the employees' efforts and presented initiatives which aimed at adding personally important issues to the morning routines.

When confronted with resident resistance routines the morning duties the employees mostly aimed at neutralizing the resistance by smoothing, passing or blocking the residents' initiatives, and thus to keeping to the script. Thus, residents' resistance was interpreted as *potential disturbances* to the employees, and the neutralizing of these initiatives was interpreted as *anticipatory extra work* that the employees did in order to keep to the institution's script. When confronted with extending resident initiatives, the employees mostly negotiated to overcome them.

However, when looking at the consequences of all resident initiatives, it was found that regardless of their character, *in over 60% of the initiatives the morning routines continued as usual*, that is the initiatives had no effect on what was happening. Thus, both the anticipatory work of pacifying potential disturbances, as well as most of the negotiations, succeeded in keeping to the home's script. As a result, despite the residents' activeness, the morning routines mostly proceeded in a normal manner. This was, however, the result of the active extra work of the employees.

Fourteen percent of the initiatives (all resisting initiatives that were handled by smoothing, passing or blocking) did lead to *actual disturbances, that is, to small difficulties or even to the threatening collapse of the continuing of the morning routines*. These demanded extra physical work in the form of lifting, carrying, and holding up residents, and extra psychological work in the form of urging and coaxing the residents to comply.

Almost one fifth of the resident initiatives (most of them extending initiatives that were handled through negotiating) led to *small additions to the morning routines*. These were, however, mostly small scale additions and did not challenge the institution's script. Few of the most dependent residents presented initiatives, which aimed at changing the resident's role from being a passive receiver to being a participant. One resident's initiative was directed at changing the employee's role more towards being a fellow human being.

11.3 The zone of proximal development of City Home, Country Home and nursing home work in general

In the following, I will discuss several points of this study from the perspective of developing the work situation in nursing homes for the elderly.

All previous studies of nursing homes I reviewed in Chapter 3 took nursing homes for granted. It is as if the homes had always existed and would continue to do so. According to

the ethnographic studies, the only problem with nursing homes is the quality of care at the institutions. Despite the long time span and the heterogeneous theoretical backgrounds, the studies presented quite an unanimous view of the direction in which nursing home care should be developed: total patient care (Gubrium 1975), advocacy and the quality of life (Shield 1988), mother's wit (Diamond 1992), and compassionate care (Foner 1994). The work-stress studies look at nursing homes from another perspective: according to them, the problem is the quality of work life for the employees.

Both perspectives are relevant, but the results of my study question whether the problem is only *how* nursing homes should operate. The historical analysis, together with the analysis of morning routines raises serious questions about the purpose and the position of institutional care of the elderly. One of the most important things the analyses showed was how the purpose of nursing home care had changed throughout its history – and there were signs it would continue to do so in the future. In more theoretical terms, this is a question of change in the object and the motive of nursing home work activity. From this perspective, the possibilities for a better quality of care and for a better work life in nursing homes look somewhat different.

The analysis of emotionally significant objects and related motives in the interviews of the employees of City Home and Country Home suggest that the motivational basis in the nursing homes was multilayered. Several points deserve to be discussed from the perspective of nursing home work.

The analysis of the morning routines depicted a more unanimous picture of the work practice at City Home and Country Home than the analysis of the explanatory models. In accordance with the spectrum of differently-perceived objects and motives one might have also expected the actual work practices to be more heterogeneous. Those attached to the fulfilling of duties (the Duties EM), following only the standard script according to the schedule, those attached to rehabilitating the residents (the Resident rehabilitation EM), enabling the residents to manage by themselves in the morning, those attached to enjoying the good interaction with the elderly (the Nice old people EM), focusing on only helping the lively and talkative elderly, and those attached to the correct placement of the elderly (the Residents' placement EM), suggesting more suitable places for the residents to live. The work practice revealed by the analysis of the morning routines suggests, however, that to a large extent the employees worked along the lines of the Duties EM and the Satisfied resident EM, following the scheduled routines and neutralizing residents' resistance. Is there a discrepancy between the interviews and the actual practice, and if so, how can this discrepancy be explained and what difference does it make from the perspective of developing nursing home work?

According to Leontjev (1981), motives develop so that at the beginning of a transition phase new motives are only known but not yet psychologically effective in action. Hence, for the subject there is no difficulty at this stage to tell the interviewer how things should be (the only known motive), but in actual practice, he or she acts in accordance to the motive of the previous practice (the psychologically-effective motive). Thus, if my interpretation of the development of the motives at City Home and Country Home is right, then it is possible that the employees using explanatory models belonging to the humanized institutional care and to the regional multisectorial care presented only known motives in the interviews, and during the morning routines were driven by the psychologically effective motive to fulfill their duties according to the schedule.

On the other hand, the data for the morning duties was not gathered with the explicit aim of examining whether the objective and motives of the explanatory models were only known or psychologically effective. To begin with, the analyzed data only included 15 morning routine episodes with only seven employees (plus the employees who assisted the shadowed employee with residents who required the presence of two employees). Thus, it is possible that the employees who were not shadowed employed different motives during their morning routines. However, the uniformity of the 15 episodes and my experiences from the ethnographic phase do not give much support to this possibility. Another possible limitation in the morning routine data is the inability to show all the found objects and motives of the explanatory models, because morning routines cover only one part of the activity in the homes. For example, it is somewhat difficult to imagine how an employee with a motive related to the right placement for the elderly (the Residents' placement EM) would perform the morning routines differently or respond to the initiatives of the elderly differently than another employee with a different motive. However, the morning routines are an excellent piece of data for examining the use of motives, such as in the Duties EM, the Duties and the residents' EM, the Satisfied resident EM, the Residents' situation EM, and the Resident rehabilitation EM. Thus, there is evidence for some degree of discrepancy between what is said and what is done.

Lastly, there is the factual possibility that some of the employees simply had to follow the collective rule during the morning routines, against their personal psychologically-effective motives and thus creating emotional distress and frustration for themselves. I will discuss this more thoroughly below from the perspective of work-related well-being. The comments of the employees after Episode 1 suggest, however, that this was not the case for all employees.

It is remarkably interesting how persistently the past lives in the practices of an institution and in the minds of the employees. One could have expected that during the development of the cell-working model (1983–1992), with all the training and enthusiasm, the new object of the individual elderly, and the new related motives would have replaced the scheduled routines as an emotionally-significant object. For some it did, but apparently for a number of employees it did not. There can be several reasons for this. The fact that the cell-working model was never fully generalized, and that City Home and Country Home during the 1990s had to regress towards a "hotel for the elderly" model, perhaps revived the significance of old objects and motives. It may also be that the picture given largely by the historical staff meeting records, official yearbook, and newspaper stories was too positive in the sense that the incompleteness of the change was not highlighted very much. Thus, perhaps the cell-working model never factually existed to the extent that these documents lead us to believe. Perhaps its object and motive existed more on the lips of the Director and the employees (knowing how things should be) and less in the actual everyday practices (how things were done). Finally, one possible explanation might be extracted from the fact that employees working in different type of units used different explanatory models in the interviews. This indicates that change and development affects different units in a different way. The employees in the smaller units, with more dependent residents, more often found the fulfilling of duties to be an emotionally-significant object and motive when compared to employees in the bigger units, with less dependent residents. This was probably because with more dependent residents the duties tend to be left undone and the residents are found to be more disturbing. Be that as it may, one of the lessons here is never to ignore

the power of the "past" practices and the emotional significance of their objects and motives for the employees. Even more so for those employees and work communities who do not have the concepts with which to externalize their past and present practices, and thus cannot become conscious of the emotionally-significant objects and motives that work behind their backs.

Furthermore, a possible future of the work activity lives and works in the minds of the employees, as the Residents' placement EM and the Client in the service system EM showed. It can be that the use of these explanatory models only exhibited known motives, or that the concrete actions that are motivated by such objectives took place elsewhere than during the morning routines. But the fact remains that there were indications of a new motivational layer, although at the time City Home and Country Home were to a large degree in isolation from the system of services in elderly care.

From the perspective of employee learning, that aims at promoting the development of the work activity, the multivoicedness that the spectrum of different motives exhibit is both a resource and a challenge. Discussions of what is important in nursing-home work and how it should be developed might end up as a battle between competing perspectives if the work community is left to rely only on common sense problem solving techniques or on principles of democratic dialogue (see also Sinervo 2000, 70–72). Remember that, in the explanatory models, different objects and motives were also related to different views on the causes and the possible solutions of a problem. On the other hand, nor have autocratic orders from the management proven to be successful in the developing of work practices, heedless of the employees' views.

To be able to bypass the deadlock of competing perspectives in a collective and individual learning process, the work community needs concepts and models with which to analyze the multivoicedness that the findings of this study indicate. An understanding of the object-dependence of motives and emotional reactions at work (such as in Fig. 21), with feedback on different explanatory models found in the work community (see Figs 44, 45 and 46) could be useful starting points for collective and individual reflection, questioning, and learning.

As the findings concerning the questioning of the Duties EM indicated, this type of learning was already in existence at City Home and Country Home, but only in an individual form and sporadically. This study did not dig into the process of how and why this type of learning had taken place. We do not know to what extent it had happened spontaneously and to what extent as a consequence of different unintentional or intentional interventions (e.g. discussions, literature, education). What we do know on the basis of this study is that signs of varying degrees of this type of learning could be detected in the comments of only some employees. A bold conclusion that could be reached might be that without conscious collective efforts to learn to conceptualize the past and the present, less than one third of the employees made individual progress in this direction. What is more striking, however, is that this individual learning apparently had not had any detectable consequences for the collective work activity.

This study revealed several sources for the multiple motivational bases found at City Home and Country Home. If they are interpreted only as employees' personal fondness or personal opinions, the prospects for joint development are weak. Discussions debating which opinions are right and which ones are wrong are usually not fruitful. To interpret the spectrum of differently-perceived objects of work and related motives from a historical

perspective, offers an alternative approach for the mutual dialogue (see Fig. 47). First, it renders the different conceptions sensible and understandable, because all different objects and motives have been reasonable during some historical era. Second, it raises the question of how to perceive the object, which motives are reasonable in the present situation, and which are the possible new motives of the future. It might well be that it is exactly through this type of analysis and debate that individuals and collectives are able to change and develop their emotionally-significant objects and motives. In addition to the historical perspective, the division of labor of the present practice was also found to contribute to how the object and motive for work was perceived. A careful analysis of the use of explanatory models in different occupational groups also showed signs of change. The finding that a considerable number of aides used the resident-related explanatory models should evoke discussion as to whether the aides' share in the established division of labor is changing.

The discrepancy between what is said and what is done, discussed above, points to the need to establish the collective learning process on more than only fragments of interviews. It is essential to bring specimens of the actual work practice to the work community for an analysis, and discuss what the present practice is and how it should be developed. The analysis of residents' initiatives, presented in Chapter 10 is an example of such material for learning.

The direction for the future development of City Home and Country Home that these analyses suggest is to give up on the "one-concept-for-all" idea that actually was developed for the elderly who now are able to live at home. Instead, two different groups of elderly persons emerge as the possible new object for City Home and Country Home. The first is the small group consisting of the most dependent and fragile elderly who resisted the scheduled and structured morning routines. And the second is the more independent elderly who are able to speak for themselves and who demand personal service.

Concerning the first group, the challenge is to develop a concept of institutional care that is not so tightly scheduled, that allows for individual differences and client participation, and where the employees' role is closer to being just another human being. These demands can be inferred from the initiatives this type of resident presented referring to morning routines. It is perhaps not surprising that these demands echo the ideas of humanized institutional care and cell working. How is it possible to overcome the limitations of the cell-working model that failed? Two issues seem important here. First, a realization that the object is different when compared to that of the cell-working period. This time the elderly are closer to being bedridden and still in need of care that is not the typical hospital ward concept. Second, to be economically viable, that is, to be able to manage the primary contradiction between the needs of the residents and the costs of care, the number of elderly persons needing this type of care and the number of places available for this type of care should be kept as small as possible. This leads us to the challenges concerning the second group of possible new object of nursing homes.

For the elderly still living at home, and for the more independent elderly living in a nursing home, the challenge is to develop an intermediate form of care that aims at supporting the elderly in independent living. For the elderly still living at home (such as the couple in Episode 9), it is definitely some type of respite care with explicit rehabilitational and activational aims, rather than "room service" (see Case 2 in Chapter 10). This idea is not drawn from the initiatives of the residents but from the historical analysis that showed how the development of home care services created new challenges for the long-term institutions.

Several of the more independent elderly now living in a nursing home (such as the residents in the morning routine episode types D–F, see Table 34) could, perhaps, with the help of the new rehabilitational services, move to sheltered housing or other forms of non-institutional living. The effectiveness of these services and their success in cooperation with the home care services are critical in determining the proportion of elderly needing long-term institutional care. If the rehabilitational means are effective and timely, a majority of the elderly would be able to continue living at home throughout their lives, without longer periods of institutionalization.

Therefore, it is possible to depict a hypothesis for the possible near future of City Home and Country Home as a new form of the managed primary contradiction of elderly care. In Figure 55, on the bottom line, a balance between the costs of care (the exchange value of the services) and satisfying the needs of the elderly (the use value of the services) is achieved by diminishing the number of places for costly long-term institutional care and using a majority of them for respite services, thus enabling an increased number of elderly persons to benefit from the services of the homes. The new use values that City Home and Country Home would produce are directed at two different groups of dependent elderly: the small group of very dependent elderly for whom institutional care is indispensable, despite active rehabilitation, and the dependent elderly who can continue non-institutional living at home or in sheltered housing with the help of effective and timely services.

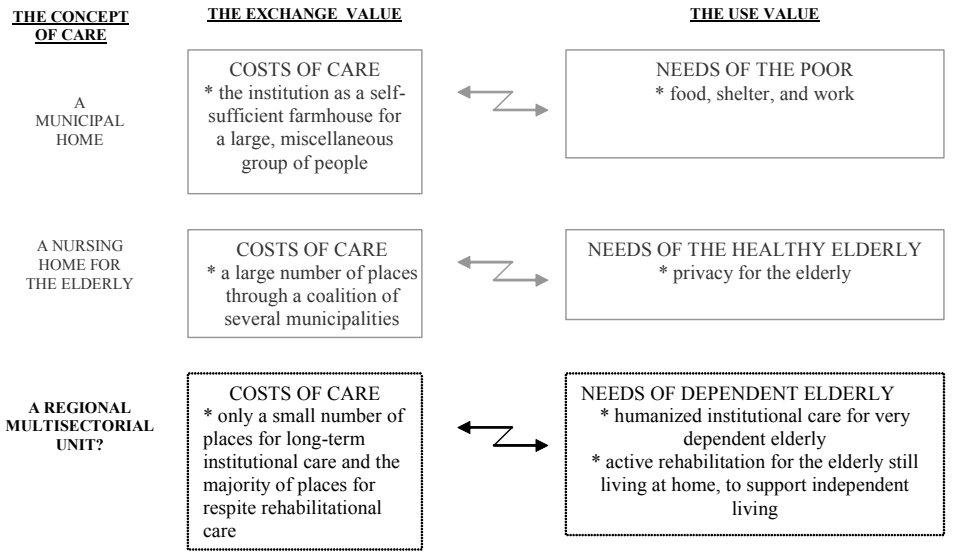


Fig. 55. The form of the primary contradiction in the object of activity in the municipal home, in the nursing home for the elderly and in the hypothesized new concept for the nursing home, the regional multisectorial unit.

In Figure 55, I call the new concept "a regional multisectorial unit," according to the theory-historical hypothesis of the fourth ideal type of elderly care (see Fig. 28 in Chapter 8). This ideal type includes the idea to break the sharp division between open care and

institutional care by creating regionally oriented units that would combine open care and institutional care into "combinations of home care and temporary institutional care." The conclusions presented above change this hypothesis by including the institutional care of the very dependent elderly in the new concept. Thus, the regional unit would produce both rehabilitational respite services for the elderly still living at home, as well as the humanized institutional care for the very dependent. It is unsure whether it is possible or even desirable for these two forms of care to be combined. This may be decided after periods of experimentation. It is possible that the two practices, that of an active rehabilitation unit with rapidly rotating clientele and that of a humanized small unit with long-term residents, are too difficult to combine. On the other hand, the need to change units and the need to get acquainted with new personnel would diminish if the same team could provide for both services. The regionality principle, however, seems necessary for the rehabilitational services because of the need for flexible and informed respite services in close proximity to the homes of the elderly.

What about the tools (e.g. theories, methods, models, equipment) required for an effective execution of the new concept? The most radical change in the tool box of City Home and Country Home is the shift from tools for providing services (standard procedures, daily schedules, weekly schedules, check-lists) to tools for diagnosing rehabilitational needs and methods with which to respond to them. In terms of employee qualifications this is a major leap. Something like it was part of the training for the employees of City Home in the early 1980s but, as the analysis showed, it never generalized into an established practice. Also, a number of new employees was employed without any formal qualifications for nursing. In Chapter 9 we learned that nearly half of the interviewed permanent employees were lacking formal training, all of them aides (see e.g. Table 19). One must remember, that for a long time, a nursing home for the elderly was considered to require mostly "female qualifications": the knowledge of feeding, bathing, cleaning and helping healthy or slightly dependent elderly in their daily living[6]. Now, with a possible new concept of the nursing home, these are not enough. In practice a majority of the non-qualified employees would have to seek suitable vocational training. And even with formally-qualified registered nurses and LPNs, the skills and knowledge concerning the rehabilitation of the elderly, aimed at supporting their independent living at home, is something for which they are lacking experience. Concerning the humanized long-term care of the very dependent elderly, the leap is probably not as big. It might be possible to return to some of the ideas of the cell-system.

It is now possible to present a more closely defined activity system model of the central elements of the possible future concept of City Home and Country Home (Fig. 56). The model is based on the ideal type of "regional multisectorial services" with changes in the object, outcome, and tools (changes in the ideal type model are shown in **bold** in Fig. 56).

6. There's an interesting connection here to Diamond's idea of "mother's wit" as the central future logic of the nursing homes for the elderly (see Chapter 3, Diamond 1992).

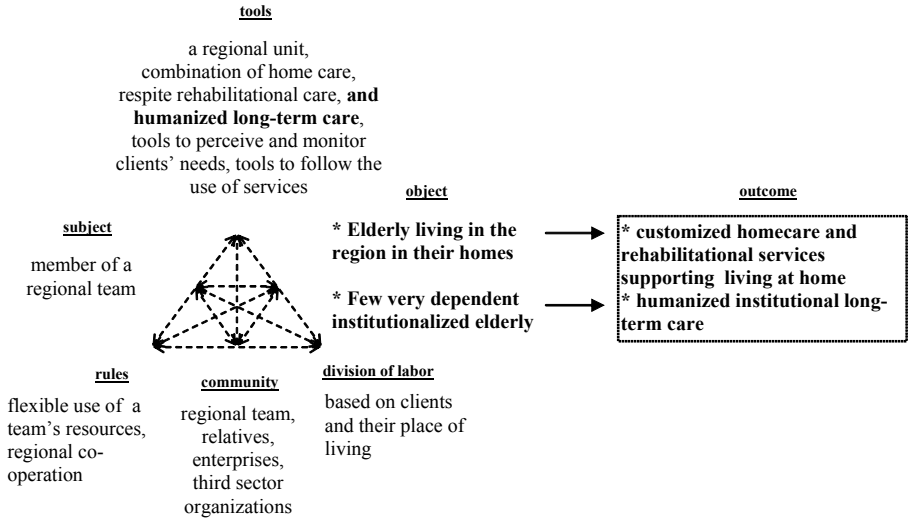


Fig. 56. A model of the possible new concept of care of City Home and Country Home.

A prerequisite for the development of a new concept of care is the questioning and rejecting of the old concept, the idea of long-term institutional care upon which City Home and Country Home were based. This never happened during the incidents of 1987, when instead the Director, the employees, and the coalition board continued to support the cell-working model. Even in 1995, most of the employees and the Director at the time defended the concept and blamed the City of Raahe for not showing respect for the care of the elderly. To enable a critical re-evaluation of the then prevailing concept, the models developed in the historical analysis of this study as well as the analysis of the resident initiatives, are crucial for the learning process of the employees and the supervisors.

According to the principles of developmental work research, the next step in the development would be "the modelling of a new solution" (Engeström 1987, see Chapter 5). For City Home and Country Home the models in Figures 55 and 56 are important tools to start to construct a new concept. These and further models need to be examined and discussed; the planning of new tools for new activity is required, and, finally, experiments should be conducted and evaluated to actually change the practice. All these steps were taken during the developmental project of City Home and Country Home, but they are not discussed here in greater detail (see Chapter 13). They represent a future research challenge which is beyond the scope of this book.

11.4 The zone of proximal development of the work-related well-being of the employees

This study set out to construct a better understanding of the work-relatedness of employee well-being. In the following, the central findings of this aspect are discussed.

On the basis of the findings of Chapter 8, the developmental phases of work should be acknowledged as a significant new object in the promotion of work-related well-being. Such phases, especially when prolonged or stuck, can form a serious threat to employee well-being. Several of the developmental phases of City Home and Country Home exhibited negative consequences for employee well-being, and the duration of such phases was at least several years. Thus, it is during such developmental phases that new measures, aimed at promoting occupational health and work-related well-being, should be put into practice. In the history of City Home and Country Home there would have been several opportunities for such interventions. In fact, the periods of normal routine practice without developmental tensions seemed almost completely missing in the trajectory of these nursing homes.

A central demand of these new occupational health measures is that they should enable the work community and the management to better notice the emergence of such developmental phases, and to better tackle the demands of such phases. It should be kept in mind that the stress complaints and the present developmental phase of work are not automatically linked to each other. Instead, more often it seems that the problems of work-related well-being and the development of production concepts are kept apart. If you return to the complaints in the staff meeting records in Chapter 8 you will notice how they often appeared in a general, decontextual form, such as "haste," "increased work pace" or "how to cope with work." There were also a few descriptions which linked the feelings of the employees and the problems in the work process, e.g. the complaint in a staff meeting on February 20th, 1979: "the situation with the showering and the making of beds in the morning is in chaos." According to the data, even this staff meeting, however, did not analyze the fact that the chaos was due to a specific developmental phase, the failure of the original idea of City Home, and that a new concept with a new idea of the objective of nursing-home work had to be developed. Thus, the link between the complaints and the developmental phase of the whole activity should be explicitly established. In some cases, the stress complaints might even have been the first signs of an evolving developmental phase. This could be the new role of occupational health professionals in the promotion of work-related well-being. This requires close co-operation between the occupational health professionals, the work community, the supervisors, and the developers of the working methods and production concepts. This also requires new tools.

One possible new tool, inspired by the method and findings of Chapter 8, could be *the history of work-related well-being in the workplace*. The construction of the history of the phenomena (both positive and negative) of work-related well-being during the lifespan of the workplace, combined with changes in the clients, in the economy of the company, in the production methods, and in the organization of work, would provide both the management and the employees with a view of how change of work and work-related well-being have been linked in the past. This would also enable an overview of the present phenomena of work-related well-being in context. The constructing of a history of work-related well-being in the workplace should be based on documents, such as staff meeting records and yearbooks, in addition to interviews and collective remembering. The problem with documents focused exclusively on issues of health and well-being (such as the data of sickness absences, reports of occupational health and safety inspections and meetings, and medical records) is that they usually do not link nor help in linking the well-being issues with changes and problems in the productional activity.

The findings of the analysis of morning routines at City Home and at Country Home together with the historical analysis suggest an important new source of problems with work-related well-being: the extra emotional and physical work load created by work disturbances and potential disturbances. They offer important additional insights into the promotion of work-related well-being. Focusing on deviations, problems, and hindrances that complicate and hamper work may uncover important sources for emotional distress and physical tiredness among employees.

To be able to do this, the occupational health professionals need new tools with which to uncover these phenomena. Several aspects in the prevailing methods of analyzing work are inadequate for this purpose. First, the use of indirect methods to analyze work (e.g. general questionnaires, standard check-lists) effectively prevent both the occupational health professionals and the employees to get a hold of possible disturbances in their everyday work practice. Even interviews often fail to report disturbances at work simply because the employees are either not at all conscious of the disturbances they handle everyday, or they have begun to take the disturbances as a normal part of their work. This was also shown in my study. What is needed instead are ethnographic methods which allow for documenting the actual flow of events at work, with the possible strenuous disturbances. An example of this is my video and audiorecordings of the morning routines at the nursing homes. Different observation techniques are also useful. These new methods are not easy to implement. To spend time at the workplace observing in detail how the work proceeds is new to most occupational health professionals, and also to the work communities. Workplace inspections and the more focused job/task analyses have usually been only short visits to the work place, dominated by the use of different structured devices (see above) for which the details of work are only specimens with which to test the general hypotheses that these devices measure.

However, the time and tools to document the everyday events at work are not enough. With an orientation towards, for example, the characteristics of "good work" the analyst may observe or record from an ethnography only the presence or absence of these characteristics without any observations of whether the work process proceeds with ease or whether it is interrupted or hampered. One important conceptual tool is *the concept of disturbance,* as it points to a deviation from the normal, expected script of how work should proceed. In this study, the analysis of the everyday practice from the perspective of disturbances brought up two new concepts: the residents' resistance as *potential disturbances* of the work practice, and the employees' *anticipatory work* of neutralizing the resistance. Both of these concepts enable the analyst and the work community to base work-related well-being in the everyday work practice and the development of work.

The findings supporting the hypothesis of the object-dependedness of work-related emotions and the findings concerning the development of it point towards a third new perspective concerning the promotion of work-related well-being.

From the perspective of object-dependent well-being it is important, even vital, that the employee has the possibility to succeed with the aspect of the collective object of work that he or she has come to value most. The possibility to succeed creates energy and resources, probably regardless of the actual amount of work – at least up to a certain point. Whereas when not being able to succeed with the object, the resources are exhausted and even a fair amount of work is tiring. This might help to provide new insights into the question of why, in the same work activity, some employees flourish and others are exhausted. A practical

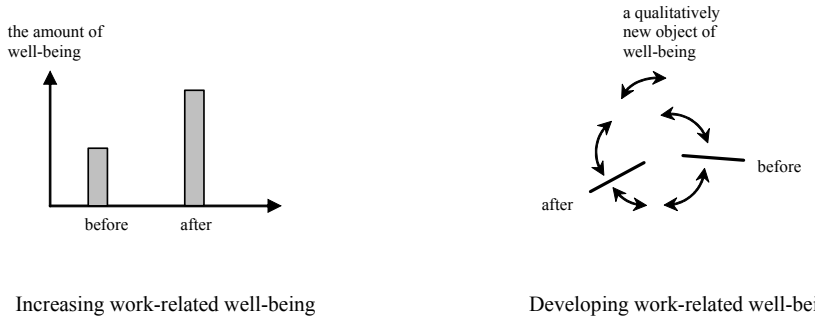
example of this was given in excerpt 9.14 in Chapter 9, as one employee explained how some employees, for whom tidiness and following schedules are very important, became exhausted very quickly while working in the dementia-cell "Home Path" at City Home.

However, within a collective work activity it is not possible for every employee to work only with the objects that have emotional significance for him or her, nor is it possible only to follow the individual motives related to these objects. Within City Home and Country Home this means that, for example, nursing aides oriented towards the situations of the residents (the Residents' situation EM) could not create resources and energy through fulfilling their cleaning duties but felt exhausted if only the cleaning duties had to be performed. Further, when looking at the analysis of morning routines, one sees that despite the possible motives related to residents' situations (the Residents' situation EM) or to residents' rehabilitation (the Resident rehabilitation EM), the employees followed a very rationalized script. For the employees with such motives the smoothing, passing and blocking of residents' resistance must have been emotionally extremely exhausting. For employees with motives directed at fulfilling their duties according to a schedule, the residents' resistance must have been emotionally difficult, too, because it threatened their success.

Despite the spectrum of different employee motives, the bottom line, also from the perspective of work-related well-being, is the factual needs of the elderly residents and their factual active interventions in the collective work activity of the nursing home. From this perspective the rationalized script and the motives related to it are simply not adequate, and this should be brought up and made conscious within the work community. Hence, the question arises of whether and how the emotional significance of objects and the related motives can change.

According to the results of Chapter 9, the emotional significance of the collective object changes and develops through developmental cycles in which internalization and externalization alternate. Thus, from this perspective, work-related well-being should be viewed as *a developmental phenomenon*. That is, work-related well-being is not a "state" but a process during which, ideally, the emotional significance of the object of activity is sought, created, consolidated, and, finally, lost. Thus, work-related well-being from this perspective could be understood as a renewal process.

These findings point to a profound change in the aim of occupational health professionals. Until now, the aim has been to promote work-related well-being, that is, to increase its amount by creating a better balance between the demands of work and the resources of the worker. Now, if we understand work-related well-being as a qualitatively developing phenomenon, our task is to promote its development. Depending on the developmental phase, this may even lead to a temporary decline in the experienced amount of well-being. These different ways of promoting work-related well-being are depicted in Fig. 57.



Increasing work-related well-being

Developing work-related well-being

Fig. 57. Two models of promoting work-related well-being.

The findings of Chapter 9 give preliminary hints as to what the development of an object-dependent well-being, from an individual perspective, could entail. The first issue is to make visible the possible emotionally significant objects and related motives of the employees. The emotion-based interview scheme of Chapter 9 and the notion of explanatory models can serve as a starting point. Second, the interventionists' aim should be to make the employee conscious of and to reflect upon which objective and related motives in the collective activity are emotionally significant for her or him. The active interview technique is one possible method, but methods aiming at identifying the emotional significance of objects and motives *in action* should be developed. Such a method could start from an interview situation and then proceed to videorecording everyday work situations, and then examining them together from the perspective of the object-dependent emotions.

The reflection of the personally important objects and related motives of the present should be followed by a visit to the occupational history of the subject, thus enabling him or her to analyze the personal developmental trajectory leading to the present. Changes in experienced work-related well-being during the subject's occupational career should be discussed with the help of the developmental cycle model. To the degree that the subject's occupational history and the developmental history of the workplace crossbreed, they should be examined together. It is important to notice that the development of object-dependent well-being always takes place within some collective activity, and it is entangled with the change of this activity and its object. This mutual analysis of the subject's work-related well-being within his or her cycles of object and motive development should lead to a consideration of the future development and the possible developmental steps that the employee is willing to take.

It is at this point, at the latest, that this individual level analysis should be combined with the collective learning process of the work community. Otherwise, each subject develops his or her own future scenario which may contradict each other, which may be left encapsulated or which may be in contradiction with the development of the collective activity.

The findings of this study point to the need to create a dialogue between the development of the collective activity and the objective and motive development of individual employees. This necessarily seems to involve both individual and collective learning. It is through

these kinds of processes that the development of work and the promotion of work-related well-being are integrated.

11.5 The zone of proximal development of future research

In the following section, I shall discuss the implications of this study for three different fields of research: for the research in nursing homes, for research in work-related well-being, and for cultural historical activity theory and developmental work research.

11.5.1 Research in nursing homes

The findings of this study most urgently call for the inclusion of change in further research concerning nursing home work.

This case study showed the historical developmental path of one particular home for the elderly in the north of Finland. Further studies, both in Finland and elsewhere, would be needed to get a fuller and richer picture of the similarities and differences in the developmental phases of homes for the elderly. This would increase our understanding of the present situation of nursing homes, of the continuities and discontinuities in the development of the work practices.

Especially interesting, in the light of this study and the previous ethnographic research, are the humanizing efforts of homes for the elderly (see the references to "total patient care," "psychosocial care," and "compassionate care" in Chapter 3 and the cell-working model of City Home): did they succeed anywhere to develop into a generalized work practice (see also Sinervo 2000, 62)? Or is it a transformation in the *purpose* of the nursing homes that finally changes the rationalized institutional practices and solves the problems of institutional care of the dependent elderly?

A theme very rarely dealt with in the context of homes for the elderly is money. The work practice is often described as if it only resulted from the personal characteristics of the employees, the different care ideologies, and the rules of institutions, without any references to the economy of the institutions. Diamond (1992) touches on the subject from the perspective of the residents and the employees as he describes how the health insurance systems work in stripping the nursing home residents of their financial resources, and how the employees must work double shifts or hold several jobs in order to make a living. He also develops an explanatory framework out of the capitalist production logic that rules the nursing home industry in the U.S. What his employee and resident perspective lacks, however, is the concrete economy of the homes and its relationships with the development of the work practice. That nursing homes function within a capitalist economy should not be a surprise to anyone. My study was able to show the co-development of the operating costs and the new work practice at City Home, and the dead-end which was the result of rising costs and the limited number of clients. The historical analysis also revealed how, in the development of the concepts of care in City Home and Country Home, the management (and the lack of management) of the primary contradiction between the costs of care and

the needs of the elderly was crucial. My analysis, however, only concerned a municipal institution, and did not include in the analysis data regarding employee costs and residents' payments. Further studies would need to examine the development of the purpose and the work practices of nursing homes, from the economic perspective, in private institutions as well. Furthermore, concrete studies would be needed to evaluate the management of the primary contradiction in the future planning of nursing homes for the elderly.

One of the important implications of this study is the simple fact that homes for the elderly do not exist in isolation, but in a system of services for elderly care. Although it may seem that the homes operate on their own, as in the case of City Home and Country Home during the later phases of their development, the changes and developments elsewhere in the system of services (in home care, in sheltered housing, in health services) have significant, even vital consequences for the homes for the elderly. However, research into nursing homes has largely focused on the work practices only *within* the institutions. This bias was also present in my study. Some neglected questions are: "why do residents come to nursing homes and from where?" The analysis would have benefited from a more systematic examination of the practices of placement and the management of the whole system of elderly care. Studies that follow the paths of the elderly in the system of services would cast light on this issue. In addition, studies that analyze the history and development of the whole array of services for the elderly in more detail would show more systematically the dependencies that exist between different care providers, and the opportunities for future developments.

Several new developments in the purpose of homes for the elderly have taken place since the data gathering of this study, in 1995 and 1996. One typical example is the forming of sheltered housing units from the apartments in nursing homes for the elderly, which also occurred at City Home in 1993. The developmental paths leading to the forming of such new units, and the work activity with the residents or clients in such units, should be analyzed and modelled. Such analyses and models would operate as important tools in the development work of homes for the elderly.

The identification of emotionally significant objects and motives in the interviews of the employees leaves much room for method development. A major leap forwards would be to examine the emotional significance of objects and related motives in action, and not only in the interviews. This will undoubtedly require the development of new methods, but the theoretical idea upon which the analysis of the explanatory models was based could serve as a starting point. I will return to this issue below in the section concerning work-related well-being in nursing homes.

The analyses of the spectrum of emotionally significant objects and related motives in nursing home work needs to be repeated in other homes for the elderly in Finland and elsewhere. More importantly, new studies might also seek answers to the question of the hierarchy between different objects at work and between work and outside work. According to Leontjev, the hierarchy of motives also changes in the course of development (Leontjev 1978, 1981). Thus, a developmental methodology would need to be employed here, too.

The findings in Chapter 9 point towards the importance of understanding how the personal life circumstances and the biography of the employees influence the process in which some aspect of the object of activity gains emotional significance. This aspect might be one clue to the permanence of individually significant motives, despite change and develop-

ment in the collective work activity. This aspect of motive development should be analyzed by seeking, more systematically, links between the personal life situation, the personal life and history, the personal occupational history, and the development of motives in a changing work activity (for similar suggestions, see Saari 2003).

The analysis of resident initiatives during the morning routines in this study could offer a complementary view to the well known problem of getting to know what the residents living in the institutions "really" want and how they experience the care they receive. The findings of this study suggest that, to explore this perspective fuller, an analysis of what the residents say and how they react during the everyday practices, such as the morning routines, could add to the employees' understanding of the subject and lead to the development of the services.

My final remark in this section stems from the findings of this study in which the individual employees and the work community as a whole were mostly unconscious of the different aspects that the findings of this study brought forward. Several elements of the historical development of City Home and Country Home came as a surprise to the employees. The interviews revealed how the sources of both emotional distress and emotional highlights were largely not reflected on by the employees. Neither did the almost pervasive phenomenon of resident resistance appear to be an acknowledged feature troubling the everyday activity. In addition, as the historical analysis pointed out, the nursing homes as a whole were in trouble, although in everyday practice the employees were still able to prevent more serious breakdowns. These findings point towards the importance, and even an ethical necessity for the researchers to intervene in the situation of the homes with their findings.

11.5.2 Research on work-related well-being

This study has several implications for occupational health research, especially in the area of psychosocial work stress research. Many of the implications seem to touch exactly on the criticisms and suggested developments of the work stress approach that have been suggested in the literature, according to the review in Chapter 4. The major theoretical challenges for the interactional and transactional models of work stress were: how to take more into account the activeness of the individual, how to add a view of change and process to research, and how to account for the specific context in which stress takes place. The major methodological criticisms required a more contextual methodology with an in-depth case study design, the study of indigenous meanings, the study of real processes, and the enabling of contradictory and conflicting views to surface.

The findings of this study show that progress in the understanding of the work-relatedness of well-being requires a new theoretical conceptualization of work in occupational health studies. The activity-based analyses of the present study have increased our understanding of the different historical, present, and future concepts of care, of the significance of the activity of the elderly residents for whom the care is provided, of the spectrum of the motivational bases of the employees and of the significant everyday events that the employees engage in. This has enabled us to gain a new understanding of how the work-related well-being of the employees is constructed. And further, this has enabled us to envision

possible future developments in nursing-home work and in elderly care, which from the perspective of the new occupational health interventions are important.

Measurements of the traditional work characteristics based on the person – environment conceptualization do not enable us to analyze what the purpose of a particular task is, to whom it is directed, what kind of tools the employees use nor what the social organization of the work community is like. Consequently, it does not enable us to analyze how these issues are related to the well-being or ill-being of the employees. Unintentionally, this conceptualization pictures the employee as a passive recipient of the characteristics of work that are determined by the technology and the management of the workplace. Further, these measurements only tell how things are. They never tell how things could be.

Analyzing work as activity implies the use of radically local research design. Thus, in order to understand the work-relatedness of well-being better and to have better possibilities for interventions, occupational health research should employ case study designs involving one activity system, two interacting activity systems or several networking activity systems.

The findings of this study suggest that phenomena of work-related well-being are periodic in the history and life cycle of a work activity. The findings indicate that these phenomena are closely related to specific developmental phases of the work activity. Even the occurrence of the more traditional risks (in this study heat, shift-work, lifting, bending positions. See Chapter 9) were shown to be related to developmental changes in the work activity.

The findings of Chapter 8 gave some support to the hypothesis presented in Chapter 5, that the different developmental phases of work activity (the need state, double bind, object/motive construction, application/generalization, and consolidation/reflection) entail qualitatively different phenomena of work-related well-being. The double bind situations in the development of City Home (at "the beginning of City Home" and at "the deadlock of institutional care") were accompanied by intense complaints of time pressures and heavy work pace. The "development of the cell model" phase was, in the beginning an object/motive construction phase, and towards the end of the 1980s an application/generalization phase. It was accompanied both by remarks of enthusiasm and remarks of conflict between employees who preferred the new and employees who preferred the old way of working. The beginning of "the deadlock of institutional care" was a developmental need state situation, and it was characterized by feelings of frustration and by complaints of lowered working morale among employees.

Previous research has largely treated these phenomena as a result of *structural* features typical of certain types of jobs (e.g. monotonous jobs, time-piece jobs, high demands – low decision latitude jobs, high risk jobs). An exception to this are the studies which have focused on dramatic, often unique changes at workplaces (e.g. layoffs, see Vahtera *et al.* 2004). However, the picture that this research gives of work is very static. And the problem that this picture creates is the problem of how to change the work. All different stress outcomes have been correlated with badly designed jobs, and all well-being or growth outcomes with good, "healthy" jobs. As a result, its results have not been very useful in understanding what happens to employee well-being during different phases of change. Neither has it been useful in intervening to promote well-being during such periods.

Thus, the challenge that my findings pose for occupational health research is to study how the change of work affects the employees instead of studying how the features of work

affect the employees. This challenge is both theoretical and methodological. In terms of theory development, the challenge is to employ and develop theoretical models of change that enable the researchers to perceive change and development at work, and to relate this to occupational health outcomes and to outcomes concerning the occurrence of the traditional occupational exposures. The developmental cycle models of developmental work research that I have used in this study are but one example of such models. Methodologically, the studies that are needed would be longitudinal retrospective or prospective in-depth case studies. Also, studies which compare the emotional outcomes of work in different developmental phases would be needed.

The findings in both Chapter 8 and Chapter 10 support the hypothesis that disturbances of work that are caused by changes and incomplete development in the elements of work activity increase the work demands of the employees and cause extra physiological and psychological loads. Previous research has correlated phenomena of work-related well-being mostly to the planned, normal features of certain types of technology and the social organization of jobs.

Thus, more studies which systematically document the disturbances of work processes and their consequences in different branches of businesses are needed. It is unlikely that each and every job would have a unique set of disturbances. Rather, I would expect that within a branch of business, say in nursing homes, a set of typical disturbances exists in a given developmental phase. Thus, knowledge of such typical disturbances in different branches of businesses, in a given developmental phase, would prove to be valuable tools for occupational health professionals and for the work communities and supervisors.

It would be interesting to know the share of the total work load that such disturbances are responsible for. This, however, poses difficult problems of measurement. For example the fact that the employees are not always aware of all the disturbances, or that they take them for granted, rules out the use of questionnaires or interviews as research instruments. Another example is the measuring of the emotional load that the disturbances cause. As the findings of this study show, they depend on the content of object-dependent well-being and are not the same for all employees.

The findings concerning the object-dependedness of employees' work-related emotions point towards a neglected source of well-being and ill-being at work. Previous research has demonstrated the importance of certain *working conditions* (e.g. social support at work, the degree of autonomy, and decision latitude) and *the amount of work* (e.g. working hours, work demands), but it has been largely silent about the significance of the purpose and content of work for employee well-being.

The findings that the elderly are important to the employees in elderly care are not a surprise. In human service work that is what you would expect. What is more of a surprise are the many different ways the elderly can be perceived as emotionally-significant objects. Also, the strong presence of *other* meaningful objects that compete with the elderly, even in nursing-home work, can be surprising. The theory behind this finding, the cultural-historical activity theory, states, however, that object-dependedness is in no way limited to work in which other people and their lives form the object of the work activity. Perhaps astonishingly, the theory argues that a range of different phenomena can become objects of activity, and thus, emotionally significant for the employees. This argument calls for further research on the object-dependedness of employee well-being in different branches of business other than just human service work.

Methodologically, studies which combine interview data with data from everyday work practices to examine the emotional significance of a success or a failure with different objects would be needed.

11.5.3 Cultural-historical activity theory and developmental work research

The contributions of this study to the cultural-historical activity theory and developmental work research focus on the empirical use of the developmental cycle model, on using the notion of primary contradictions in empirical analysis and modelling them, and on the study of the personal emotional significance of the object within the developing collective activity. In addition, the methodological idea of interventional interviewing deserves to be mentioned. In the following, all these are discussed briefly.

Although the idea of the cyclical development of the activity systems is at the heart of developmental work research, concrete empirical research utilizing this idea is scarce. Theorizing has mostly concentrated on modelling the ideal cycle of expansive development, and the cycles of narrowing, bifurcating, repeating, and blocking development have been less developed (Engeström 1987, 1995). This study, especially Chapter 8, sheds new light on the use of the idea of developmental cycles. First, it shows a bifurcating cycle, as the municipal home in Raahe developed into two separate activities, a nursing home for the elderly and a health center bed ward, each having a developmental trajectory of its own. Second, the analysis of the period at the beginning of City Home shows a deviation from the ideal developmental cycle. According to the ideal model of the developmental cycle, implementation of the new work practice should be followed by tertiary contradictions between the old and the new concept. In the analysis of City Home the implementation phase was characterized by a new set of secondary contradictions due to the lack of correspondence of the plan of City Home with its actual use. It is unlikely that this is a rare situation in the development of work practices. Another way of modelling it would have been to view it as a step backwards to the double bind phase and the start of a new planning phase (the development of the cell-working model). Third, the analysis gives an empirical example of a narrowing cycle. Originally, the seeds for narrowing development were sown in the decisions which limited City Home's object to that of being for the institutionalized elderly. The case shows how this narrowed-down object lead to a disturbed balance in the primary contradiction and to decisions by the municipalities to freeze the development of City Home.

Another theoretical idea at the core of developmental work research, which has not been utilized that much in empirical research, is that of primary contradictions. In this study, the excellent documentary data, that also included information about the economic issues (or the lack of taking them into account) behind the development of City Home and Country Home, compelled me to draw conclusions about the different way in which the municipal home concept and the home for the *healthy* elderly concept managed the primary contradiction between the costs of care and the fulfilling of residents' needs. Figures 41 and 55 highlight the idea that the core of any work activity can be modelled as a solution to the

contradiction between the use values and the exchange values it produces. Further, it was also shown how different changes can affect the achieved balance, and as a result both the use values and the exchange values need to be reconsidered and re-modeled, as well.

Perhaps the most important contribution of this study to cultural historical activity theory and developmental work research is that it increases our understanding of the ways in which the emotional life of individual subjects is intertwined in the change and development of work practices. So far, activity theoretical considerations of emotions have focused on the development of individual motives (e.g. Bujarski, Hildebrand-Nilshon and Kordt 1999), on emotions and motives concerning children's play (e.g. Hakkarainen 1999), on adult learning in general (Mahn & John-Steiner 2002), and on theoretical developments (e.g. Vasilyuk 1988). Empirical research into the work-relatedness of emotions in adults and in work communities has not caught my eye. This study brought forward the object-dependedness of employee emotions and its relation to the collective's division of labor and to the historical development of the work activity. The results, in a few aspects, hinted at the significance of the employees' personal occupational and life history in understanding which part of the object of the collective work activity becomes emotionally significant (see also Saari 2003, 214 on the same issue). The findings concerning the spectrum of emotionally significant objects in the work activity also point to the need to consider the individual emotional perspective in the developmental interventions of work practices. Whether this has to be done collectively or individually is left to be examined experimentally. What seems clear, however, is that the individual development needs to be included a dialogue with the collective development of work.

Finally, and in relation with the above-mentioned issue, the idea of active interviewing, in the context of developmental work research, could be developed into a more conscious method of developmental interviewing (or a series of interviews) with which to engage the interviewee in conscious reflection and externalization of his or her internalized motives, and the change of motives during his or her work career. This idea has some similarities with developmental dialogue, an activity theory based method to promote the development of work through a structured series of individual and small group dialogues with an outside expert (Mott 1996). With the kind of active interviewing I have in mind, the emphasis is more on making visible (and audible) an individual's object-dependent well-being, his or her motives, and the developmental phase of well-being. I want to emphasize that I do not expect much from an intervention in which individuals are actively interviewed and encouraged to become conscious of their motives and the object-dependedness of their well-being. This is because the individuals realize their actions within the collective work activity – not as separate individuals. Therefore, it is on the layers, structures, and prospects of collective activity that the individuals need to reflect their motive development. And it is inevitable that, to a great extent, this should be accomplished together – not only individually. Thus, active developmental interviewing could be part of the work community's expansive learning effort to collectively and individually master the present developmental challenges *and, simultaneously to promote work-related well-being.*

12 Evaluation of research

12.1 Introduction

The research paradigms and, consequently, the criteria for validity and reliability relevant for my study, and, more generally, for studies employing the developmental work research methodology are case study research, critical social research, and qualitative research. Also, criteria for the quality of inquiry for research within cultural-historical activity theory have been suggested (Wardekker 2000). The quality of this study should not be judged against the criteria of validity and reliability developed for survey types of research.

In the following, I shall first review the criteria for validity and reliability that have been set by authors representing case study research (Gomm *et al.* 2000, Scofield 2000, Mitchell 2000, Yin 2003), qualitative research (Silverman 2000, Becker 2001), critical social research (Wainwright 1997), and cultural-historical activity theory (Engeström 1995, Wardekker 2000). After that I shall discuss thoroughly the validity and reliability of each empirical analysis in my study.

12.2 Validity and reliability in case study research, qualitative research, critical social research, and cultural historical activity theory

Construct validity

According to Robert Yin (2003), the quality of case study research from the perspective of *construct validity* refers to whether the operational measures selected from the data reflect correctly the issues that are being studied, or whether the data is gathered only on a subjective or on a random basis. To ensure good construct validity, he suggests careful selection of data (with a connection to the research questions), the use of multiple sources of evidence and triangulation, the maintaining of a chain of evidence from the rese-

arch questions to the conclusions of the study, and the utilization of key informants to review drafts of the research findings.

Other authors have challenged the significance both of triangulation and member validation in the validation of case study research and qualitative research. Both Bloor (2000) and Silverman (2000) have pointed out that triangulation with different types of data and consequently, applying different methods in no simple way leads to better validity. This is because different methods produce different results that are difficult to compare with each other. Using different sets of data concerning the same phenomenon does allow for a fuller picture to be drawn of the object of the research, but it does not help in producing a more valid account. Member validation is problematic because the procedure of presenting your results for comments is similarly shaped by the circumstances and by the method of the initial data gathering and analysis. The members' accounts are not useless, however. They are not verifications but a set of additional data on the matter (Bloor 2000).

Internal validity

Internal validity deals with claims about causality or, more broadly, about making inferences about the assumed relations between phenomena.

Yin suggests four tactics to ensure internal validity in case study research. First, pattern matching involves the comparison of a found empirical pattern with a predicted one that has been defined prior to data collection. In addition to this, he also recommends the building of rival explanations as patterns with which to match the empirical findings. The second tactic to enhance internal validity is explanation building, which occurs mostly in a narrative form and should reflect theoretically-founded propositions. A third tactic to enhance internal validity in case study research is the use of time series analysis or to build a theoretically-informed and hypothesis-directed chronology. The fourth tactic, as suggested by Yin, is the use of modelling, which is a special case of pattern matching. Yin discerns four types of logic models: individual-level models, linear and system models at the firm or organizational level, and program-level models. Non-linear system models, according to Yin, are suitable for analyzing reformations or transformations of an organization (Yin 2003).

For authors writing about validity in qualitative research, the problem of "anecdotalism" is viewed as one of the biggest dangers. Anecdotalism refers to a style in which research findings and conclusions are supported only by a few anecdotal data extracts, without reference to the representativeness or typicality of such extracts in the whole data. Silverman, also, abandons triangulation and member validation in the improving of the validity of qualitative data. Instead, he suggests five interrelated analytical manoeuvres to enhance validity. First, assumed relations between phenomena should be assessed critically, actively seeking possibilities to refute the assumed connections (the refutability principle). Second and third, all parts of data must be inspected and analyzed, that is, the analysis should not be limited only to those parts that support the researcher's first observations (the constant comparative method and comprehensive data treatment). Fourth, the researcher should actively seek cases that deviate from others (the deviant-case analysis). How one case is deviant from something else is of course a theoretically-defined issue. Fifth, simple counting techniques and tabulations to survey and picture the whole corpus of qualitative data improve the validity of the analysis and counteract anecdotalism (using appropriate tabula-

tions). Here the problematic division between "qualitative research" and "quantitative research" is overcome (Silverman 2000).

Becker keeps the validity of qualitative research very simple: whether data are accurate resulting from a close observation, whether data are precise also allowing unanticipated issues to arise, and whether the analysis is full and broad including a wide range of matters (Becker 2001).

Critical social research is concerned with putting the beliefs and behavior of people into a historical and structural context so as to reveal their co-dependency and the underlying social or political oppressive forces. From this perspective, the validity of research involves the combining of two possibly conflicting criteria: a top-down deduction and a down-up induction. The analyst should be true to what the people mean as well as to take into account how broader historical, political, and social issues shape these meanings. Wainwright suggests that such an approach entails "an oscillation between ethnographic data and the social critique." As to the validity of ethnographic research, he suggests much of the above-cited criteria. Further, in critical social research, doing research is not only about producing knowledge but also about transforming institutions and processes (Wainwright 1997).

Wardekker has examined the issues of the quality of research from the perspective of the cultural-historical activity theory. First, research, to be valid, should be focused on practical activities and should take into account both the contextual issues of these activities and their historical development and change dynamics. Second, Wardekker seems to suggest that the breadth and quality of dialogue between researchers and the researched (or a polylogue) is central to the quality of research in activity theoretical studies. Data is a co-construction of the researchers and the actors in the researched practices. In this sense, objectivity as an outsider's view of things is not the key to validity. Rather, the criteria of objectivity and validity is the documentation and the use of dialogue in the co-construction of practice-relevant knowledge. Because change and development is continuous (although not linear) according to the activity theoretical approach, the third aspect in the quality of research is a sensitivity to change and learning as a result of the research. This includes creating concepts and models that facilitate and monitor change during research regarding participants and practices (Wardekker 2000). This idea comes close to the pragmatic criteria of validity as suggested by Kvale (1995). According to these criteria, the validity of research findings is tested when they are used to change practice. Engeström (1995, 109–110) has pointed out that if we assume the object of our research to be a moving, developing entity, a research strategy based on a static observation from the outside of how things are is not valid from the perspective of understanding change. This is because a developing object, at a given time, exhibits both characteristics that are passing and characteristics that have only begun to emerge. Thus, valid research for developing objects not only tells what the object is like but also what it is going to become. From this it follows that a research strategy for a developing entity is *developmental research,* which Engeström somewhat equals to experimental research. Experimental research advances from merely observing the object of research to actually intervening with it in order to uncover some mechanism according to which it works. This is also the strategy of developmental research. From this it follows that important criteria of valid knowledge in developmental research are historicity (i.e. the different historical and newer layers of the research object are distinguished), anticipation of future development (i.e. the alternative possibilities of the future development of the object of

research are analyzed), and experiments with which the hypotheses concerning the future development are tested in practice.

External validity (generalizability)

The question of the generalizability of the findings of case study research and qualitative research is discussed extensively in the methodology literature. Some qualitative researchers abandon the whole idea and restrict the validity of their findings only to the unique setting where they have conducted their research, while others claim that the findings of case studies and qualitative studies can be generalizable, on the conditions that will be reviewed below. Almost all authors discussing the matter relate this to the fact that the sampling and statistical techniques for ensuring external validity in survey types of quantitative research have become the "golden standard" of the generalizability of research. Of course, this would rule out any possibility that the findings of a case study research and of qualitative research could be generalizable, and thus possess external validity.

The literature concerning the ways in which case study research and qualitative research can produce findings that are generalizable is diverse. One attempt to establish external validity to qualitative research is the "microcosm" claim. According to it, what we see in a little part of reality (the case) is also true of the larger picture as a whole. This view has been criticized for lacking convincing justifications and for not being helpful in discerning what the universal features within a single case could be. It is obvious that some features of a case may reflect a more universal quality whereas others are particular to the local setting. Another attempt is to argue that it is up to the readers to decide whether or not findings of a case study or a qualitative study are applicable beyond the studied case. This claim has been called "naturalistic generalizability" or "transferability" of the findings. The studies should only entail enough descriptions so that the reader may judge whether the findings are transferable or not. The problem with this claim is that it falls short in advising the researcher as to how to conduct his or her study in a way which ensures external validity (reviewed in Gomm *et al.* 2000).

Yet another way of improving the generalizability of case study research and qualitative research is related to the selection of the case to be studied. Schofield (2000) has suggested different selection criteria for different types of research aims. For research with the aim to study "what something is," Scofield suggests the study of what is typical; for research with the aim of studying "what might be," she suggests that the selection should focus on the leading edge of change, and for the studying of "what could be," a site with exceptional outcomes or conditions should be selected. However, some authors argue that the typicality or representativeness of the setting, when compared to other settings, is not of importance in the generalizability of case study research. According to Mitchell, the case should be selected on the basis of its explanatory power rather than for its typicality (2000, see also Silverman 2000,106).

Several authors writing about the generalizability of case study research and qualitative research point to the importance of distinguishing between statistical inference and theoretical, logical or analytical inference (Silverman 2000, Gomm *et al.* 2000, Mitchell 2000, Yin 2003). In the survey type of quantitative research, generalizability is said to be reached through statistical inference, whereas in case study research and in qualitative research generalizability rests on theoretical inference.

> "Statistical inference is the process by which the analyst draws conclusions about the existence of two or more characteristics in some wider population from some sample of that population to which the observer has access. … logical inference is the process by which the analyst draws conclusions about the essential linkage between two or more characteristics in terms of some systematic explanatory schema – some set of theoretical propositions. … the extent to which generalization may be made from case studies depends upon the adequacy of the underlying theory and the whole corpus of related knowledge of which the case is analyzed rather than on the particular instance itself." (Mitchell 2000, 177–180)

> "In analytical generalization, the investigator is striving to generalize a particular set of results to some broader theory … .The generalization is not automatic, however. A theory must be tested by replicating the findings in a second or even a third [research site] where the theory has specified that the same results should occur. This *replication logic* is the same that underlies the use of experiments (and allows scientists to cumulate knowledge across experiments) ." (Yin 2003, 37)

> "The crucial issue here seems to be thinking through one's theoretical priorities. Providing you have done that and can demonstrate a research design driven by those priorities, nobody should have cause for complaint. So the secret seems to be to substitute theoretical cogency for the statistical language of quantitative research." (Silverman 2000, 110)

What all these definitions of theoretical, logical, and analytic inference emphasize is the use of theory in making externally valid conclusions of case study and qualitative research. If the findings of a case study are based on and support a more general theory, then its findings should be generalizable according to the application domain of that theory. These definitions also emphasize the need to test the generalizability of the findings in further studies.

An interesting point raised by some of the authors is that even the quantitative studies do not rely on statistical inference only, although all of its validity tests are based on it. Statistical inference works as far as the existence of some characteristics in the sample is concerned, but once the relationship refers to two or more characteristics, the analyst must resort to analytical reasoning based upon some set of theoretical propositions. Thus, not even the generalizability of quantitative studies relies solely upon statistical inference, but rather a great deal of theoretical inference is used (Gomm *et al.* 2000, Mitchell 2000).

An important thread, and one relating to the methodology of developmental work research in the discussions concerning statistical and theoretical inferences, is the difference between enumerative induction and analytic induction (Znaiecki 1934, cited in Mitchell 2000, 250–1).

> "The former looks in many cases for characters that are similar and abstracts them conceptually because of their generality, presuming that they must be essential to each particular case; the latter abstracts from the given concrete case characters that are essential to it and generalizes them, presuming that insofar as essential, they must be similar in many cases." (Mitchell 2000, 250–1)

This difference in logic is somewhat similar to the difference between empirical logic and dialectical logic. Empirical logic identifies, classifies, and defines perceptible (abstract) features of a number of cases, presuming that they must be essential because they are so common. Consequently, a theory may be developed on the basis of the empirically-observed features and the mathematically-shown relationships between the features. Dialectical logic, on the other hand, starts the inquiry from theoretical knowledge, from the pre-

sumed “germ cell model” of the research object, and then proceeds to trace its development as a series of internal contradictions that reveal its causal dynamics. The use of perceptible empirical knowledge is very different in research processes directed by these two different logics. Also, the basis for generalization is created differently. According to empirical logic, generalizability is achieved empirically, through the statistical inference of any perceptible features. Generalizability, according to dialectical logic, is achieved through creating theoretical (concrete) models and concepts which help to explain the change and development of the research object (see Engeström 1995, Tolman 1999, on dialectical logic Illyenkov 1977).

Reliability

Reliability in case study research and in qualitative research means the consistency and repeatability of the use of methods in data gathering and data analysis. Both Yin (2003) and Silverman (2000) emphasize the importance of documenting the research procedures and demonstrating that the researcher has followed them. To further ensure reliability, Yin suggests the use of a case study protocol (including field procedures, research questions, and a guide for the case study report) and the creation of a case study database in which the original raw data is stored and is in principle accessible to other researchers (Yin 2003, 67–77, 101–105). Silverman discusses the importance of retaining access to the words of the research subjects in ethnographic research reports by creating an access to the raw data (Silverman 2000,186). In addition, Silverman (2000, 187) emphasizes the importance of the quality of detailed transcripts in studies using tape-recorded interaction as data.

12.3 Reflections on the research process in City Home and Country Home

In the following, I shall reflect upon the selection of the research site and upon my relationship with the employees in City Home and Country Home. Both of these issues are important from the perspective of the validity and reliability of the study. The reflections are partly based on my field notes and partly on remembering back to the project.

The selection of the site

City Home and Country Home became the object of my research through a developmental project by the Merikoski Rehabilitation and Research Center, through the head of the social services of Raahe, at the beginning of 1995. The developmental project was led by Juhani Palonen, director of research at Merikoski, and the project was based on the developmental work research approach. In 1995, I had just started my studies in a doctoral program in the Center for Activity Theory and Developmental Work at the University of Helsinki. It was decided that I would gather data from City Home and Country Home for my dissertation research and I would participate in the developmental project as a junior consultant. Also, a researcher from Merikoski, Marita Korhonen, joined the team as a junior consultant and as a researcher. Her area was nursing and expansive learning. It was

agreed that before the start of the developmental intervention I would do some ethnographic fieldwork in each unit of the two homes, and both Marita Korhonen and I would interview each employee.

Several negotiations were held between May and August 1995, with the Director and representatives of the employees. At this point, it became clear that the decision to start a developmental project at City Home and Country Home had originated from the administration of the social services because of dissatisfaction with the services of the homes. Within the homes the Director, the head nurse, and some of the personnel somewhat questioned the need for a developmental project. It seemed, however, that a majority of the employees felt that something needed to be done to the dubious situation of the homes in general, and to the growing number of complaints concerning the work-related well-being of the employees. The coalition had dissolved just a few years earlier, the budget of the nursing homes had been cut and one cell of City Home had been changed into a unit for sheltered housing, as part of the city's open care. It was uncertain what the city wanted to do with what remained of the homes. Rumors circulated that the personnel of the homes would be transferred to work in the open care services for a set period, to widen their view of how the system of elderly care services worked. Some feared that they might even lose their jobs.

The supervisors and the employees were presented with a plan of a participatory developmental project in which the consultants from Merikoski would assist and tutor staff to study the work and development at City Home and Country Home, and to experiment with new ways of working. No fixed plan or direction existed in the administration or at Merikoski for the future direction of the homes. The personnel held two meetings among themselves in which they accepted the developmental plan and my preliminary research plan.

In this case, it is clear that the selection of the research site was not based on criteria of typicality but on the basis of a multivocal developmental need. From the perspective of my research aim, the fact that the employees of the homes were experiencing problems in this area can be regarded as an advantage. Also, from the perspective of the chosen research methodology, the fact that the homes were in an explicit process of change was clearly a benefit. The site was also suitable from the perspective of developmental work research and activity theory because it fit the activity system level well, and consequently, possessed explanatory power. A project with twenty nursing homes all over Finland would clearly have been impossible to approach in these terms and with these methods.

My relationship with the employees of City Home and Country Home

I started the ethnographic fieldwork at the beginning of October. In the morning reports, all employees were informed that my presence was part of the coming developmental project. I was well received, both by the head nurse and the employees. I had no difficulty each morning to find a nurse or an aide whom I would shadow during her shift. As the quotations from the field reports show in Chapter 2, the employees I shadowed were willing to explain to me about the practices of the cells, about the residents, and about themselves. For me the ethnographic observations were difficult at first because in my work as an occupational doctor workplace visits were short and focused on some problematic issue (e.g. the use of some chemical, or on noise, or an ergonomic issues). For the first time I was simply spending time in a workplace without the help of some measuring

device or a check-list, and at first I felt stupid. After two or three days of observing, making field notes and writing field reports, the everyday life incidents of the home started to feel really interesting, and I became enthusiastic over how much there was to see and hear. On a few occasions, the writing of field notes aroused some suspicion, as some employee would ask me what I was recording. I answered that I was simply writing down what was happening, who said what, and so on. I also offered them the opportunity to read my field notes, but they declined.

The elderly residents received me astonishingly well. The employees introduced me by explaining that I was a researcher who had come to study how the home worked. It appeared to me that they were quite used to visitors.

There were also moments of mistrust which showed how sensitive the situation was, at least for some of the employees. Once when I observed an evening shift, I made remarks to the employee whom I had been shadowing regarding how little happened during the evenings, from the perspective of the residents. For me it appeared that for the most of the evening the residents just sat in the lounge, unable or unwilling to speak to each other, and many unable to move. The employees were busy with their own tasks and with helping some particular residents. If they had time, they took a few of the non-ambulatory residents, one by one, for a walk along the corridor. Watching this made me feel distressed, and I said to the employee, "Its distressing how little you have to offer to these people." The employee responded by saying that they are doing what they can, and I noticed at once that my remark did not make her happy. After this it took few days before I returned to the home again and immediately when I arrived the head nurse wanted to talk to me in private. She said that the employee with whom I had talked to during the evening shift had experienced my comments as unfair criticism and was really upset about it. The head nurse arranged a meeting between the three of us, and I apologized for my undiplomatic comments.

The ethnographic phase was followed by interviews. Between October 1995 and January 1996, I interviewed each member of the personnel in the two homes. The interviews were voluntary for the employees, but each employee decided to come, which I interpreted as a sign a trust. The ethnographic phase was of enormous help during the interviews. I had already met most of the employees, I was familiar with the daily and weekly schedules, and recognized several of the residents as well. This enabled me to pose further questions about the details of the work. The interviews were very personal. Several employees told about their families and about their lives, beyond the details of their worklife. Some even cried when relating difficult situations. There were also more reserved employees and some who even refused to answer questions regarding personal matters. On the whole, I felt that at the time of the interviews I had gained the trust of the employees.

The fact that my research was part of a developmental project that was soon to start became apparent during the interviews. One example of this was that most employees mentioned the need to hire more staff. I felt that this was the message that the employees wanted to pass through me to the administration of the social services that was behind the project.

The developmental project began at the end of January 1996. In a series of seminars and small group meetings, from January until April, the employees, together with us, reconstructed a picture of the historical development of City Home. It was decided that after a summer break the developmental seminars would begin to analyze material from the present work activity to test the historical analysis. Therefore, the researchers suggested that the morning routines could serve as a sample of the present work practice. The emplo-

yees agreed on this, and with their help the relatives of the residents, as well as the residents themselves, were informed. Videorecording the morning routines was voluntary for the employees, and indeed, at this point some of the employees refused. However, most of the employees were willing to be filmed, and in fact helped greatly with the practical arrangements. I believe that this was because at that point, the data-gathering had become a mutual developmental effort for many. Without the mutual developmental project it might have been impossible to gather such data.

One extraordinary feature of my role as a researcher was that, of the employees working in the cells I was the only male. All employees involved in direct care were women. Only the janitor in the home was a man. Looking at it from a gender perspective, it was a male researcher researching women at work. What effect did this have on the data or on the analysis? During the fieldwork the employees never brought this issue up explicitly. Neither did I find traces of it in my data. If it did have an influence I am not aware of it. During the fieldwork I did not emphasize the fact that I was an occupational physician by profession. I presented myself as a researcher. As the developmental project moved on some of the employees got to know my professional background. I am not aware that this had any effect on my relationship with the employees. They did not bring it up and I find no traces of it in the ethnographic, interview or video data. During the analysis of the video data, I consciously withdrew from analyzing the habitus and the behavior of the elderly residents in medical terms, because my research objectives were elsewhere.

12.4 Validity and reliability of the historical analyses in Chapter 8

In this chapter, I shall first shortly review the criteria of validity and reliability in historical research. Then I shall reflect on the data and analysis of the significant developmental dimensions in elderly care (the theory-historical analysis) and the local development of City Home and Country Home (the object-historical analysis). Issues of construct validity, internal validity, generalizability and reliability are discussed.

In addition to the criteria mentioned above, the historical analyses presented in Chapter 8 must be examined from the perspective of external and internal source criticism, which is a standard procedure in historical research. External source criticism involves an analysis of the original purposes and status that the historical sources (e.g. archives, documents, and objects) had at the time of their creation (Renvall 1983, 165–197, Kalela 2000, 93). To know the original purpose and function of the sources enables the researcher to better understand what information has been included and what has been excluded from the source. Internal source criticism follows external source criticism and asks to what extent the information in the source is true. Important aspects in internal source criticism are the temporal closeness of the source to the events it witnesses, the function that the source has been designed to fulfill, the degree of confidentiality and publicity of the source, and the position of the writer or the producer of the source (Renvall 1983, 197–217). Earlier historical research emphasized the function of source criticism in revealing possible biases in the sources in relation to *the objective truth* of the matters (e.g. Renvall 1983, 166). Later research acknowledges that every source has its biases and that these biases can in themselves be important material for research. The aim towards securing the objectivity of the

sources has been somewhat abandoned and compensated with an aim towards securing *the usefulness* or *fruitfulness* of sources in relation to the research question at hand (Kalela 2000, 89–93).

The theory-historical analysis

The first analysis in Chapter 8 used a selection of national guidelines, textbooks, reports of developmental projects, and the volumes of two professional magazines as sources of theory-historical developments in the field of elderly care in Finland. National guidelines are official administrative documents, prepared by civil servants with the aid of experts, directed at different actors and institutions in the field. National guidelines are seldom radical but nevertheless are often published specifically at a time when new directions or corrections are applied and needed. Such guidelines are often preceded by special committees and reports. Textbooks are written by experts and practitioners and they are directed both at trainees and at experienced practitioners. Textbooks often balance between the conventional, accepted knowledge and newer developments. Reports of developmental and research projects are written by researchers and often directed at other researchers and the administration. The projects these documents report on are often based on some or several new developmental ideas, and although it is sometimes difficult to decide whether such projects have succeeded or not, these documents serve as good sources for the developmental ideas themselves. Professional magazines provide a mixture of articles, reviews, book reviews, discussions, and seminar reports written by researchers, administrative representatives, and practitioners. This rather diverse group of public documents addressed the theory-historical developments in elderly care from several perspectives, and thus potentially increased the validity of the analysis. Also, the use of several types of documents increases the possibility of detecting the majority of the significant developments, even though the comprehensiveness of any single type of source in my data corpus can be questioned. A comprehensive and systematic search for all the document types that I have used, could have increased the validity of this analysis.

In terms of temporal coverage of the sources a bias towards the latter part of the 1980s and 1990s can be detected. As a result, theory-historical trends in elderly care, preceding the humanizing trends of the 1980s, have not been covered as extensively from primary sources as the later developments. For the most part, the picture of the earlier developments have been gathered from sources published in the 1980s and 1990s (with the exception of the use of Tavastähti 1926 and Tarvainen 1960). The result of this bias is probably an unnecessary negative and to some degree anachronistic view of the developments prior to the 1960s and 1970s that I have called "the standard-oriented rule-based care".

One practical test of the validity of the theory-historical analysis is the object-historical analysis of City Home and Country Home (also in Chapter 8), the analysis of the employees' explanatory models (in Chapter 9), and the analysis of the morning routines (in Chapter 10). In all these analyses, the theory-historical dimensions and the ideal types proved to be useful in a credible way in categorizing the phenomena and understanding the findings.

The analysis procedure of identifying significant developmental dimensions in elderly care, from the above mentioned sources, cannot be described in such an exact, mechanical way which would allow the reader to follow in full detail how the analysis proceeded. However, the three analytical steps which are described at the beginning of Chapter 8

enable the reader to see how the dimensions were constructed. It may have increased the reliability of the analysis to fully document the material of each step of the analysis (the issues detected in the sources, the developing of the overlapping dimensions, the crystallization of the 11 dimensions into 2). Now the reliability of that analysis lies in the text and in the quotations from original sources which show what issues I have interpreted as developmental dimensions from the sources and how I have categorized them.

The object-historical analysis

In terms of construct validity, the object-historical analysis benefits from the use of several sources of data. I have examined the change and development of City Home from the collective perspective of managing the everyday work (the staff meeting records), from the administrative perspective (the coalition board meeting minutes, the yearbooks), from the perspective of the picture given to the general public (the newspaper clippings), and from two retrospective perspectives: individual memories of the past (employee interviews), and collective reconstructions (the history seminars). In the analysis, all these perspectives were integrated to enable a "convergence of evidence" (Yin 2003).

The most important source for the object-historical analysis of City Home was the staff meeting records ranging from 1975 to 1995. In 1995, we found the records of the staff meetings from 1975 to 1990 stored in a locked archive room of City Home in two folders. The records for the meetings from 1990 onwards were made available to the employees in a folder kept on a table at the nurse's station. These records were the original minutes of the staff meetings held at City Home. The originality of the records can be concluded from the original signatures and from the signs of age, especially in the older records (yellowing paper, tears, and stains). Worn perforations in the records indicate that they were kept in a folder, and smaller holes in the announcements for the staff meetings indicate that they were attached with pins to a noticeboard.

Although the temporal coverage of the staff meeting records ranges over period of twenty years, there were periods when either the staff meetings were held rarely or the minutes of the staff meetings were lost (for details see Chapter 8, Data of the change and development of City Home). Thus, it is possible that important events and decisions are missing from my analysis, especially from the late 1970s and the 1990s. To some degree, the presence of yearbooks and minutes of the coalition board meetings during these periods compensates for this lack.

The staff meetings were called by the Director of City Home, who in the form of the preliminary announcements also set the agenda. Judging from the agendas and the minutes, the meetings fulfilled several functions: passing on information of important dates and decisions from the Director to the employees, passing on information from the grassroot level (employees) to the Director, workplace democracy, and collective problem-solving. The fact that the staff meetings were not only top-down communication from the Director to the employees greatly improves their value as a source for the everyday work in City Home, from the perspective of the employees.

The original function of these records was to pass on information of issues handled at the staff meetings to those employees who could not attend the actual meeting. In this sense, we are talking about documents that were public for all the personnel at the home. This has several implications for the quality of information in these documents. On the one hand, it

can be argued that the publicity of these documents among the entire personnel makes it very unlikely that it contains untrue or severely-distorted information. In this sense, the minutes give a good picture of what eventually was decided at the meetings and what other employees were supposed to know about it. In particular, changes in the work practice were recorded carefully, because this was the document from which employees not present at the meetings were to gather the new information. On the other hand, it seems obvious that the minutes are partial, and in many sense an "official" version of what was discussed and decided at the meetings (see Renvall 1983, 210). It is highly probable that not all disagreements or debates were recorded in the minutes. However, several such incidents were included in the minutes, which indicates that at least up to a certain point such issues were recorded. Because the residents or the relatives did not have access to these documents, their views are present only in the form that the employees or the Director passed on.

A more serious limitation in the staff meeting data is that it records what was decided upon, but it does not record in detail whether and how decisions were implemented. This may lead to a bias according to which everything that was decided or discussed was also fully implemented. Some difficulties in implementing, say the personal-friend system were however recorded in the minutes. Thus, the staff meeting data is not totally void of knowledge concerning the implementation of decisions. If the employees did not want to or were not able to execute something that was agreed upon, and they were able to do so without getting caught, it probably was not recorded in the minutes of the staff meetings. All in all, with its limitations, the minutes of the staff meetings over a twenty-year period offer a unique window to the change and development of the work activity at City Home, both from the Director's and from the employees' perspective.

The minutes also unexpectedly offered a view of the work-related well-being experienced by the employees. This was due to the fact that it was possible for the employees to bring up at the staff meetings issues which they felt were of importance. Issues of employee well-being were not regularly handled at the meetings; in the regular agenda of the meetings there was no such heading (for a description of the regular agenda, see Chapter 8 and Appendix 4). Instead, such issues were only brought up periodically. As I argue in Chapter 8, one possible conclusion that can be deducted from this is that the issues were brought up when there was a need, and that no mention of these issues meant that nothing significant was happening. This conclusion is supported by the fact that both complaints and expressions of enthusiasm were very closely related to simultaneous turning points in the changes and developments of the work activity. Another possibility is that this is a mere coincidence, or part of some conscious resistance or "game" on the employees' part. Because of the unsystematic nature of the data, neither of the possibilities can be ruled out. A further reservation concerning the use of minutes as a source of employee well-being is their collective nature. The staff meeting records do not focus on the situation of individual employees. Therefore, expressions such as "haste, increased problems of mental well-being at work" do not reflect the views of every employee. However, it seems fair to suggest that such complaints do not find their way into staff meetings if only a few employees are experiencing problems. Therein lies the strength of these records. Probably only problems that are experienced or shared by several employees are part of the discussions at the staff meetings.

The characteristics of other data that was used in the object-historical analysis should also be discussed. *Yearbooks of City Home* were written by the Director or the head nurse,

approved by the coalition board, and they were largely directed at the municipalities and for the general public. They are rather short and their tone is very formal compared to the staff meeting records. Through these documents the management of City Home aimed to justify the existence of City Home. Statistics from the yearbooks were often reported in local newspapers. Problems in the functioning of City Home are rarely discussed, and when they are some kind of solution (e.g. the hiring of more staff) is readily presented. Most valuable for my analysis were the official statistics (utilization rates, number of employees, operational costs, mean age of the residents, the dependency of residents). The purpose of the yearbooks throws some suspicion on some of the statistics. The statistics showing the evaluated dependency of the residents was explicitly used to assure the municipalities that more employees were needed. The evaluations were performed by the employees on elderly persons whose condition fluctuated from day to day. In such a situation, and for such a purpose, it is possible that the evaluations tend to emphasize more the dependencies than the remaining abilities. However, the steady rise in the mean age of the residents also supported the conclusion that the dependency of the residents increased throughout the years. *Minutes of the coalition board meetings* are also public documents. Their tone was rather formal and far from the everyday level of the staff meeting records. As sources, they were valuable in showing the level of planning and the connections to the county administrations, which were to a great extent missing in other documents. These records were also sources of the views of the municipalities. An interesting incident indicating the status of the formal minutes of the coalition board meetings was the taping of the heated extra meetings between the municipalities and the Director of City Home, which took place in 1987. The fact that these important meetings were tape recorded, from which more detailed minutes were made, shows how the participants did not rely on the usual minutes of the board meetings. The minutes from these special meetings include statements and counter-statements, and quite a detailed debate over the issues, not only the decisions which were reached. *The clippings from local newspapers* covering different issues related to City Home over the years, are a source of a special nature. First, it is clear from the tone of the stories that very often the initiative for a story on some aspect of City Home had come from City Home; most probably from the Director. This is even explicit during the events in 1987, as drafts for a letter to the editors of local newspapers, written by the Director, could be found in the scrapbook. Thus, we can see from the newspaper stories what the Director and perhaps the whole personnel wanted to communicate to the general public. A good example of this are the stories which report how the new cell model had been taken into use. That the model was never fully realized at City Home is discussed in connection with several of my analyses; but what this newspaper clipping shows was that the Director wanted to convince the general public that nursing-home care was developing. The different anniversary speeches included in the scrapbook show much the same tendency. They are valuable sources in describing what and how the speaker wanted to mediate to the audience. Secondly, the newspaper clippings in the scrapbook were gathered by the Director or by the employees of City Home, but we know nothing about the basis for including particular clippings in the scrapbook and whether there were newspaper stories that they did not want to include in the scrapbook (for example a negative response from relatives in the "letters-to-the-editor" department). A systematic search in the local newspapers would have shed light on the issue of which stories were accepted and which were not. The purpose of a scrapbook, after all, usually is to memorize "what we have achieved" or "what we have

gone through." Negative or disappointing newspaper stories are seldom found in scrapbooks. In my study, the main importance of the newspaper clippings was to fill in the statistical information from the missing yearbooks. On other issues, the information from the newspaper clippings was contrasted with the staff meeting minutes during the same period.

Several analytical techniques can be evaluated as having increased the internal validity of the object-historical analysis. First, the analysis was guided by two theoretical models throughout. The developmental cycle model and the activity system model acted as patterns against which the empirical data was matched. Further, I constructed a narrative in the text with which the theoretical patterns were integrated (on pattern matching and explanation building in increasing the internal validity of a case study, see Yin 2003, 116–122). Second, the retrospective data allowed me to build a chronology of events and changes which increases the validity of causal claims because, in a chronology, the sequence of cause and effects cannot be temporally inverted. Examples of this in my study are the developmental phases which follow most importantly from changes in the object of the work (the residents) that can be detected from earlier data, and complaints of employee well-being that appear temporarily after disturbances have begun to appear in the work practice. A more systematic discussion of rival explanations (see Yin 2003, 122, Silverman 2000) or conscious attempts to refute the constructed causal connections would probably have increased the internal validity of the analysis.

Some of the results of the object-historical analysis can be generalized to nursing homes and to workplaces beyond this setting, while others obviously cannot. To the latter group belong all empirical particulars, e.g. the number of residents, the development of their mean age, the operational costs, and utilization rates. These figures from City Home are of course not generalizable to other homes as such. This, however, is not the case with the theoretical results of this study. Firstly, to this group of results belong the activity system models of the different care concepts (e.g. the municipal home, the nursing home for the healthy elderly, the cell-working model) and the different contradictions typical to each care concept (the model of the primary contradictions of care in different care concepts, the developmental contradictions of the crisis of the municipal home, and the developmental contradictions at the beginning of City Home). The argument that these results are generalizable beyond City Home lies on an analytical or theoretical generalization (see Yin 2003, 37, Gomm et al. 2000, Mitchell 2000). To be able to generalize from a single case, one needs to base the analysis of the case on a theory which enables the making of generalizations. The activity system model and the theory of developmental contradictions claim to be a generic theory of human activity and a theory of the change and development of activity. Thus, the models of nursing-home work and the change of nursing-home work, created on the basis of this single case study, can be argued to also have relevance to other nursing homes. This is not to say that on the basis of this study all nursing homes have developed exactly through the same phases and with the same contradictions. No doubt, several local variations exist. However, the generalizability of these models is supported in a way by the bibliography. Several of the reviewed ethnographic studies reported features of care that can be evaluated as having some correspondence with the models created in this study. Further, the fact that the local development of City Home could also be explained as moves within the general theory-historical dimensions of elderly care can be evaluated to increase its generalizability. Ultimately, the test which shows the degree of generalizability of these results are studies in other nursing homes which test these models. These models can also be tested in

practice when employees and supervisors from other nursing homes use these models as tools to understand and model their own past and future development.

The generalizability of the finding in Chapter 8, that different phenomena of work-related well-being are related to developmental phases of work activity, also applies to work activities other than specifically nursing homes. Also, in this case, the generalizability is based on theoretical and logical inference. The variation in the occurrence of both negative and positive expressions of work-related well-being could be explained theoretically with a generic model concerning the development of activity. The finding appeared to be logically coherent: changes in the elements of work led to the malfunctioning of the system, which had an effect on the employee well-being. One may reason that in other work activities as well, the developmental phases can be accompanied by phenomena of work-related well-being. No doubt there are some sets of conditions under which this "law" operates. For example, if the changes in the work activity are anticipated or in some other way handled quickly, it is possible that such developmental phases have no effects on employee well-being. Or it is possible that the effects of developmental phases are exceeded by other more effective factors, e.g. from the work environment. In Chapter 8 the description of the phases and the context of the phases in City Home are quite detailed, so enabling the readers to be able to judge a number of conditions under which this development took place (see Mitchell 2000, 180–183).

In terms of internal generalizability (Gomm et al. 2000), the object-historical analysis is valid as far as City Home is concerned, and best during the period when City Home operated as a single unit and the staff meetings were held together. During 1989–1990, the individual cells also began to have staff meetings of their own. Thus, it is possible that the picture given by the general staff meetings, after 1989, does not fully reflect the specific situation in each cell. The personnel did not keep formal minutes of the meetings. Instead, until 1994, the employees kept a "cell diary," a small booklet which I could have used as a source to give more valid information concerning each cell. The cell diaries, however, did not contain the same type of information as the minutes of the general staff meetings. In the cell diaries, single employees freely recorded what a day or an evening had been like, some funny or otherwise significant events were recorded, and some employees recorded the information of some resident being ill or in need of medication. Thus, a different and separate analysis would have been required for this data source, which is why I did not include the cell diaries in my data. Further, the object-history of Country Home, prior to its fusion with City Home, was not included in the analysis. Therefore, the conclusions concerning the development of City Home should be applied with caution to Country Home.

I have aimed at increasing the reliability of the object-historical analysis in several ways. I have documented the analytical procedure step by step, and in the text I have provided the reader with a multitude of numerical data and quotations from the original sources to enable the reader to judge the conclusions I have reached. I did not use an inter-coder agreement procedure, but drafts of my analysis were handled and debated several times in my steering group, with my supervisors, which several times led to the reconstruction and refocusing of my analysis. The summaries I made of each set of sources, as well as the common file developed year-by-year to which data from all sources was gathered, are not included in this book but exist as presentable computer files. They are close to what Yin calls "the case study database" (2003, 101–105). In principle, these files are open for other researchers to

gain access to the raw data on which the historical narrative and the models in Chapter 8 were made.

A further procedure which would have increased the reliability of the analysis would have been to provide for the readers a more detailed table of contents of each data source. This would have enabled the reader to review whether I have used the data sources in a comprehensive manner rather than merely picking the pieces that support my analysis.

12.5 The validity and reliability of the explanatory model analyses in Chapter 9

In Chapter 9, I aimed at analyzing whether and which objects and related motives had emotional significance for the employees of City Home and Country Home, in 1995. Next, I shall reflect on the data and the method of analysis. A short evaluation of how the interviewees interpreted the interview situation is presented. Then, in particular, the issues of generalizability and reliability are discussed.

The first questions about the validity of this analysis must focus on the nature and quality of the data: whether individual interviews are an appropriate method to answer the set research questions. The research questions carry a heavy emphasis on the experiences of the employees. It is difficult to think of examining the emotional significance of something to an individual without interviews. Thus, the fact that my data for this analysis consists of in-depth interviews of all employees involved in direct residential care at City Home and Country Home increases the validity of my conclusions: the conclusions are based on first-hand knowledge of all employees. Thus, there is no selection bias which could have arisen had I interviewed only some of the employees. This should lead to a good internal generalizability of the results: the interviews of employees representing all cells, both homes, and all occupational categories, except for the Director, have been included in the analysis.

A further indicator of the validity of the interview data is that the interviews were audio-recorded to fully and precisely document both the answers, the questions, and the audible interaction that took place during the interview. Thus, it was possible to transcribe the whole interaction verbatim. In the sense of proximity and precision, these procedures increase the validity of the data.

An important feature affecting the interview data is how the interviewees interpreted the situation and the interview questions. How an interviewee interprets the context of the interview situation inevitably shapes the answers and the results. How can you analyze an interview situation from the point of view of the interviewee? It is not possible to go into the interviewees' heads to tell how they interpreted and experienced the interview situation, nor is it wise to speculate how different issues may have affected the interviews. One way of approaching this issue is to use the audiorecordings of the interviews as data, and to focus on passages where the interviewees turn from answering a question to commenting on the interview itself in some way. To examine this, I searched through the whole corpus of the interview data for points where the interviewee deviated from simply answering the question at hand, instead, to commenting on the interview situation. One such spot

appeared at the end of almost every interview, because I explicitly asked the interviewee to comment on what they thought of the interview.

I want to emphasize that this analysis is not an attempt to control potential "biases" in the interviews. To speak of a bias is to imply that somewhere in the heads of the interviewees there are authentic context-independent answers that the interviewer would try to tap. I believe that such "pure answers" do not exist prior to an interview situation. Instead, the answers (the "whats" of the interviews) are inevitably produced in interaction, and an analysis of the features of this interaction (the "hows" of the interviews) is necessary for a more systematic and critical interpretation of the data thus produced (Holstein and Gubrium 1995).

In the total corpus of 35 interviews, 29 interviewees commented on the interview on a total of 62 occasions. The following is a thematic grouping of the most common comments. The first group of these comments (in 19 interviews) reflected on the difficulty of answering questions concerning such experiences as tiredness, exhaustion, and joy at work. According to the interviewees, this was because they had not really thought about it that much, and because they felt that their ability to give answers was generally poor. Also, five interviewees commented that the interview had made these issues clearer to them. In the next common group of comments (in eight interviews), the interviewees expressed their concern with where their answers were going and who would be able to use them. In most cases, these questions came up because the interviewees had mentioned a resident or a fellow employee by name. In the next thematic group, seven interviewees were concerned with whether they were able to answer in a "smart," "systematic," and "precise" manner, despite the fact that at the beginning of each interview, I had asked them to "tell about their experiences in their own words." In fact, some interviewees even repeated in disbelief this starting phrase. When commenting on the "project" of which the interviews were a part, four interviewees used terms which indicated that at the time of the interviews (October 1995–January 1996) the project was seen as belonging to the researchers or to Merikoski. Another interesting group was formed by the comments (in four interviews) in which the interviewees reflected on their own answers in terms which hint at the constructed and partial nature of their answers (for similar observations see Holstein and Gubrium 1995, 33–37).

What do we learn from the comments of the interviewees – especially from the perspective of the validity of the explanatory model analysis? First of all, we learn that although the researchers are ready to ask questions about the experiences of the people, the respondents do not readily possess the answers. This suggests that the interviewees need time and resources to think about the matters that the interviewer is interested in. This would probably increase the validity of the interviewees' answers when compared to a situation in which the interviewees just quickly say "something" to get oneself off the hook. The comments in which the interviewees felt that they had gained a clearer view through the interview point towards the same conclusion: interviews exist to construct knowledge. Thus, instead of "gathering information," the aim towards more valid knowledge could in fact be a more conscious, mutual construction of knowledge – not on a single fleeting occasion but perhaps in a series of two or three meetings. The need for a mutual basis to construct knowledge may also be seen in the comments which showed that the employees experienced the interviews largely as belonging to the interests of the researchers and their organization although it had been explained that the interviews were a part of a participatory develop-

mental project of the home. It should be kept in mind that, in this case, the interviews were performed at the beginning of the project. This is not an uncommon procedure. Often the idea of gathering "baseline data" leads to the same situation. According to these results the limited amount of interaction prior to such baseline data gathering can be a problem for the validity of the data. The fact that I had spent time in each cell prior to the interviews enabled me to ask specific questions, because I had an overall picture of the work activity and I even got to know several employees and residents by name.

The interviewees' comments can also be a sign of more severe limitations in the interviews, which may also have consequences for the validity of the data. In the interview situation, the interviewees had no access to the emotionally-colored events at work, except through their memories. The arrangement of the interviews being at the nursing home was aimed at aiding the employees in making links with the experiences they had had. Nevertheless, I regard the interview responses as not directly exhibiting the respondents' actual experiences, but exhibiting cultural explanatory models learned in being part of a work community. Thus, a crucial question concerning the validity of the explanatory models is whether they are "just talk" or whether the objects and motives they exhibit are effective in the actual practice. Interpreting the morning routine analysis through the objects and motives of the explanatory models gave some light on this issue. However, the morning routine analysis also had its limitations. As I discussed in Chapter 12, a procedure which might have further increased the validity of the employees' accounts is "stimulated recall," in which the employee is interviewed with the aid of videorecorded work situations featuring him or her engaged in demanding work situations. It might prove to be easier for the employees to relate their experiences to concrete recorded situations than to their work in general. This procedure would have increased the validity of the interviewees' accounts.

Another conclusion derived from the employees' comments is that it is not so easy to transcend the limits of a traditional interview situation. Although I very explicitly encouraged the interviewees to speak in their own words, and although I tried to activate them to think through the issues from several, even conflicting, perspectives, some of the interviewees were worried about whether they were able to produce the right kinds of answers.

The next phase affecting the validity of the conclusions of Chapter 9 is the analysis of the interviews. Only part of the interview data that was gathered was used in the analysis. This might potentially weaken the validity of the analysis. However, the grounds for the omissions have been explained in detail at the beginning of Chapter 9. It is shown that, after limiting the data to only two groups of interview questions (one group of negative emotions and one group of positive emotions), and after focusing the analysis only on the descriptions of emotionally-marked situations, the remaining data was analyzed in full breadth. To some extent, the contents in the omitted parts (questions related to work shifts, heat strain, and patient lifting) were also discussed. In addition, the frequences of the use of the different explanatory models in the whole data set, as well as among different occupational groups, were calculated and presented in tabulations.

The decision to examine object-dependent well-being from two opposing angles, from negative emotions and from positive emotions, using the same interviewees, validated those explanatory models that appeared in both sets of data. It also enriched the picture by producing explanatory models that only appeared in the other set of data and thus uncovered aspects that otherwise would have been left hidden.

The fact that the analysis was directed partly by the theoretical working hypothesis of object-dependent well-being and partly by what emerged from the data increases the validity of the results.

Two procedures that further increased the validity of the results were the examining of the results with the hypotheses of the historical ideal types of elderly care, and the analysis of externalization and internalization of the Duties EM. The good congruence between the explanatory models and the hypotheses constructed on the basis of the theory-historical analysis can be argued to increase the validity of the analysis. This links the experiences of the employees to a broader historical analysis (Wainwright 1997).

The analysis that started from the questioning remarks of the Duties EM in a few interviews is an example of what Silverman calls the "deviant case analysis" (Silverman 2000, 180–184). In my case, this analysis led to further analyses that made it possible to detect signs of development of the motives in a basically cross-sectional type of data. The fact that some employees explicitly questioned the kind of thinking and acting that resembled the Duties EM in detail could also be considered an example of member validation.

To what extent are the results of the explanatory model analysis in City Home and Country Home generalizable to other nursing homes, to other work activities within elderly care or to workplaces in general? With these results, I do not think that the empirical particulars, such as the exact distribution of the explanatory models, is generalizable to other nursing homes. However, it is expected that the emotionally-significant objects and related motives found these nursing homes may be found in other nursing homes as well, and perhaps to some degree more generally in elderly care. This generalization is based on theoretical inference. The institutional context and the theory-historical ideas and methods that shape how the employees perceive the object of the nursing home activity are not totally unique or haphazard. This is also confirmed by my literature review of the results of other nursing home studies. Signs of several of the emotionally-significant objects and motives found in this study could be detected in other studies as well. However, new ways to perceive the object and related new motives did arise. Thus, the degree of generalizability of these models is to be tested in further studies concerning nursing homes. In other services of the elderly care, e.g. in open care services, some of the explanatory models of this study may have relevance, whereas others may be specific to institutional contexts. The practical validity of these models is revealed when nursing homes or other elderly care services use these models as tools in reflecting on and developing their work and their well-being. In the hands of occupational health professionals and work-related rehabilitation professionals as well, the practical validity of these models can be tested.

A finding that should be generalizable to all work activities is the object-dependency of emotions. This is due to the application range of the activity theory. From this perspective, the findings of this study are a confirmation of a more general principle that should apply to all activities. Crucial here, from the generalizability perspective, is that the study was designed so as to be able to perceive the generic activity system level. A selection of interviews, according to a class or a population, would have destroyed this design and made its results not generalizable in this sense.

To enable the reader to judge the categorizations made when the explanatory models were constructed from the interviews, I have provided a multitude of data excerpts and the criteria (keywords) for each category. In addition, the original interview transcripts, as well as the parts of the interviews that were used in the analysis, exist as a computerized data-

base independent of the text in Chapter 9. In principle, they are open for other researchers who wish to have access to the data. The data gathering and data selection procedures have been extensively covered in the text. However, a controlled and systematic use of inter-coder agreement might have further increased the reliability of this analysis. In a similar vein, however, numerous handlings of this analysis with my supervisors and in our research group at the Center for Activity theory and Developmental Work Research led to several reconsiderations and revisions of the analysis.

12.6 The validity and reliability of the analysis of the morning routines in Chapter 10

The analysis of the morning routines was aimed at expressing what happened in the actual work practice in City Home and Country Home in 1996, and more specifically: whether there were disturbances and what the consequences of the disturbances were for the employees. In the following, I shall discuss the choice and gathering of data, the different steps of analysis, the generalizability of the different findings, and the reliability of the analysis.

The first question concerning the validity of this analysis is how well do the morning routines represent the nursing home's work practice and the institution's script, and what consequences did the choice to use the morning routines of data have? From the perspective of a single resident, the morning routines took only five to twenty minutes. For the employees on the morning shift, it comprised one and a half to two hours of the whole seven to eight hour work shift. Thus, besides the morning routines there were a multitude of other actions and chains of actions which could have been chosen to represent the status of the work activity in City Home and Country Home. Would the results of the analysis have been different if I had chosen to record the meal times, or the sauna bathing, or the quiet hours between lunch and dinner or between dinner and going to bed? The ethnographical description in Chapter 2 reveals that several of the crucial features that the analysis of the morning routines showed, most importantly the different forms of resident resistance, were also present during meal times, sauna bathing, and going to bed. What the recording of the morning routines does not cover well is the informal socializing between the residents and the personnel that takes place during the quiet hours of the day: a resident may ask an employee to visit her room to talk about something important; the social worker of the nursing home may pay a visit; or the local newspaper is read together in the lounge table. An analysis of these moments, however, would not have changed the conflictuous reality of the scheduled events. I argue that an analysis of the scheduled events best brings out the institutional practices and the actions of the residents in relation to them. The more informal and haphazard personal moments would of course add to this analysis.

Another aspect that the morning routine analysis did not cover well is the transition phase, when it is decided that an elderly person should be to moved to a nursing home and what happens when he or she moves there. From the perspective of the zone of proximal development of City Home and Country Home, this could have given important information. However, this would have left largely unanswered the question of how the usual eve-

ryday work practice proceeds. The good thing about morning routines is that they represent a recurrent, personal, and important interactional sequence that is easy to record. For a scrutiny of the routine institutional practice, the morning routines offer a valid window.

The morning routines were recorded in May–June 1996, approximately six months after the interviews and the ethnography (see Fig. 25 in Chapter 7). The developmental project had begun in January 1996, and between January and June the employees had examined the historical development of City Home and formed a hypothesis of the developmental contradictions of the present care concept. The morning routines were recorded, not only for my research but also to be used as a mirror of the present care concept for the developmental seminars starting in August 1996. The idea was that the employees would also study the morning routine episodes together. In addition, in February 1996, City Home and Country Home got a new director, because the previous director had reached retirement age. Does this endanger the validity of the morning routine data? Had the interviews and the historical analysis already changed the work practice? What consequences did it have that the employees knew that some of the episodes would be made into material for their own developmental work later in the autumn? Had the new director already changed the work practices? As far as I know, at that time the historical analysis had not had any major impact on the work practice. No developmental experiments were made, because the idea was to do the actual-empirical analysis before proceeding to the planning of experiments. The interviews had raised much discussion within City Home and Country Home, but no concrete work changes had been made. From the start, the new director cooperated intensively with us researchers and agreed not to jump into major changes, as the learning process was not yet at that stage. However, she accepted the use of substitutes when someone was ill or on vacation, which had been prohibited during 1993–1995, because of budget cuts. In addition, she restored the previous rule that all personnel would be attached to the cells and changing from one cell to another, within and between shifts, would diminish. The consequence of this may have been that the shifts were more often properly staffed with their own personnel, when compared to the situation in 1995.

I shall discuss later what impact the recording may have had on the morning routines, but the knowledge that these episodes would be examined together later may have had its effect, too. It had been discussed with the employees that the analysis would not focus on their personal characteristics, but on the institutional work practice that they employed. This probably paved the way to accept the recording and to accept to be recorded. On the other hand, some of those who refused referred to the forthcoming seminars where these episodes would be examined, by saying "I don't want to be a model." I do not think that they would have represented another type of work practice. They, after all, allowed me to continue to observe their work and I do not remember noticing anything special about their way of working as compared to those who allowed the recording. However, no systematic analysis of this exists.

The morning routine episodes were filmed during seven mornings, over a period of one month. The mornings during which I filmed were all ordinary mornings according to the employees, and also from the perspective of my previous fieldwork in City Home and Country Home. During this period, I visited City Home and Country Home on ten mornings. Thus, on three mornings the employees refused to be filmed, but allowed me to shadow them without the camera and to make notes. These mornings were quite similar to those which I got permission to film. All three employees who refused appealed to personal

reasons for not wanting to be filmed. Although I had informed the residents, the relatives, and the personnel at City Home and at Country Home when I would start to gather the videodata, the head nurse or the employees did not know in advance exactly which specific mornings I would visit. Thus, the possibility that they would have made special arrangements for the mornings when I would come to film is nonexistent. Besides, it is highly probable that I would have noticed that or other employees would have informed me about it.

A further question concerning the validity of the morning routine data is the effect that my presence and the videorecording had on the employees and on the elderly residents. It is probable that the employees wanted to give a good impression on an outside researcher and on their workmates, considering the upcoming seminars. Could it be that the filmed morning routine episodes differ a lot from an episode without outsiders? When thinking about this, it is important to notice that the possibilities to suddenly perform a task very differently are not very great. The difference between a good performance and a bad performance of the same work practice is remarkably smaller than the difference between two different work practices. If the employees could make the developmental contradictions go away through a personal commitment, the only development that would be needed would be to install cameras in workplaces. So, at its most, the researcher effect may have contributed to "the best possible picture" of the current work practice. It is, of course, very unlikely that the employees would have mistreated a resident in front of the videocamera, or that they would have crudely neglected some vital element in the care. What is important from the perspective of the validity of the analysis is that the picture I got was a picture representing the present work practice: at its worst or at its best. For the purposes of my analysis, the best possible performance of the present work practice is fine. On the other hand, the findings of my analysis do not look like a polished picture. It is possible, though, that without me the resistance and the trouble would have been even more aggravated. The spontaneous comments of some of the employees during and after filming also offer some hints as to what effect the filming may have had. Few employees said that if the camera not been there, they would have talked more with the residents. However, even now the episodes had a lot of employee talk.

Concerning the residents, I got the impression that after they had accepted the filming, they did not pay a lot of attention to it. It seemed that their attention was directed more to what was going on with the employee. I usually positioned the camera pretty much in a corner of the room, not in close range of the events. If the filming did have an effect on the elderly, it is probable that its effect was to calm down resistance and to lead to "behaving oneself." From this perspective, it is possible that there might have been even more resistance than what this analysis was able to show. However, many of the residents behaved in the same way as I had seen them behave during the ethnographic phase. If there was a difference, I did not notice it.

The video and audiorecording of the morning routine episodes increased the validity of the data by making it possible to get a full and precise transcript of the verbal interaction between the employee(s) and the resident. The videotapes also made it possible to return to the non-verbal aspects of the interaction.

Also in this chapter the analysis was limited to only part of the initially-gathered data. The grounds for limiting the analysis to only 15 episodes and the procedure are thoroughly explained in Chapter 10. Since the analysis was only limited to the morning routine episodes of the most dependent elderly, its conclusions do not apply to the care of the more inde-

pendent elderly. On the basis of the ethnographical phase (described in Chapter 2), I got the impression that the more independent elderly better complied with the institutional order, and thus were not a challenge to the employees in the same way as the more dependent ones. Before the analysis of the morning routines was focused on the residents' turns and actions containing initiative elements, the basic interactional features of all episodes were introduced to the reader.

The decision to focus on resident initiatives and their consequences in the morning routines came from the initial observation that the residents' actions, often in the form of resistance, caused friction in how the work proceeded. Thus, from the perspective of identifying disturbances in the work process and their consequences, focusing on resident initiatives and their handling seemed appropriate. This decision was also guided by the methodological schema of developmental work research. The procedure of identifying resident initiatives, the categorization of employee responses, and consequences of the initiatives were all fully explained through the data. The distribution of different types of initiatives, employee handling, and consequences in all 15 episodes was pictured with the help of appropriate tabulations. The connection between types of resident initiatives and how employees handled the consequences of the initiatives was examined through simple cross-tabulations. In addition, two different episodes were further explored with a closer case analysis in which the events were presented in a temporal order, which enabled the formation of causal claims about why some residents resisted while others did not. Finally, these findings were crystallized into developmental contradictions, with the help of the activity system model. All these procedures increase the internal validity of the analysis. Furthermore, in interpreting the results, more effort could have been made of attempting to refute the assumed relations between phenomena.

This type of data carries within it an implicit focus on the immediate interaction between the resident and the employee(s). The long-term developments and consequences for the residents, as well as the less immediate goals of the employees, do not show in this type of analysis. Concerning the first challenge, it would be necessary, for prospective or retrospective longitudinal data, to follow if the morning routines of a resident or a group of residents over a longer period to see the rising and the fading of resistance or extending initiatives, and the employees' contribution. This study did not account for the possible longer-term plans or ideas concerning the residents that the employees may have had or known of. This would have required a prospective or retrospective follow-up of the residents, focused employee interviews concerning a particular resident, and a thorough analysis of the residents' documents.

On the whole, the analysis of the morning routines was based on the idea of the meeting of two scripts, which has its basis in the activity theoretical array of the activity system and its object. The principle of object-orientedness focused the analysis to start from the activity of the residents (the object) in the morning duties. Further, the analysis was motivated by the seeking of disturbances in the activity, which is based on the theory of developmental contradictions as the driving force of change. The analysis was guided by two working hypotheses: the hypothesis of developmental contradictions, based on the historical analysis in Chapter 8, and a theoretical hypothesis of disturbance load. This firm theoretical grounding and pattern matching increases the validity of the analysis.

The resident initiatives were studied in detailed transcripts, with the help of videotapes. Although it is not possible to know the "real" intentions of the residents, that is, whether

the initiatives were really meant to be initiatives, the employees' responses in most cases, and often the continued effort by the residents, support the initiative nature of these utterances or actions. The analysis started with an examination of each utterance and action in the episodes, and in the next phase an analysis of all initiative utterances and actions. Thus, the result is a fairly comprehensive and detailed view of the initiative activity of the residents. Of course this concerns their activity only during morning routines, and to a large degree only in relation to the morning routines. On the basis of this analysis, we get to know very little about what the residents wanted out of life in general, or what they wanted to do, or where they wanted to go. But, from the perspective of the research, the purpose behind these limitations do not matter. All is well if the morning routines represent the concept of care at City Home and Country Home, and the resident initiatives represent the response to it by the object of care. The categorization of the initiatives was grounded partly on a hypothesis developed on the basis of earlier studies, and on the activity-theoretical notions of expansive development and narrowing development, and partly on a more data-driven classification based on audio and videorecorded data. A further support for the validity of the classification of the resident initiatives was the finding that the employee responses, following the initiatives, were quite different from other types of initiatives.

The employee responses were also analyzed from the original transcripts and videotapes. The classification into different types of employee responses was largely data driven, although in the interpretation of the data the dimensions of the theory-historical developmental model were used. The data-driven analysis was based on explicit criteria of what the employees said or did in response to the resident initiatives. Again, it is difficult to tell whether the employee responses, categorized, for example into "negotiating," or "smoothing over" were really meant to be so. Systematic employee interviews, stimulated with the data and the analysis, would have deepened this analysis. The validity of the categorizations, however, is supported by the fact that the most extreme consequences were associated with certain types of employee responses, e.g. difficulties were always preceded by smoothing over, passing over, or blocking responses and never by negotiating responses. Had the consequences to different types of employee responses been random, the validity of the analysis could have been questioned.

Furthermore, the immediate consequences of the resident initiatives were analyzed from the original transcripts and videotapes. The theoretical notions of disturbances vs. fluent flow of work partly directed the analysis, but to a large degree the analysis was based on a classification of what happened according to the transcript and the videotape. Whether a situation should be categorized as "continuing as usual" or as "small difficulties" it would have been informative, but not unproblematic to have an evaluation by the employees. On the other hand, as was shown in the first case description, the employees may also have evaluated the minor difficulties and even the threatening collapses as continuing as usual. Or they may have evaluated events in the "continuing as usual" category to also include minor difficulties.

In addition, descriptive case studies of two different episodes were performed. The case analyses can be evaluated to have increased the validity of the analysis in showing the minute by minute progress of events, which enables us to assess how the utterances and actions of the residents depended on what the employees had just accomplished, and vice versa. In contrast to the comprehensive analysis of initiatives, employee responses, and consequences in the whole data, the case analyses were able to shed light on the why ques-

tions by showing the emerging and the immediate context of the events. The problem with the case episodes is the lack of systematic employee and resident evaluation (see above) and the immediacy of the analysis. Using data other than just the immediate happenings would also have deepened the analysis. For example, the use of residents' medical histories, biographical data, and patient's medical data would have been useful. In addition, the taping of several morning routine episodes with the same residents, over time, could have resulted in a better validity of the analysis.

My conclusions concerning the emotional and physical load caused by the extra work of neutralizing the resident resistance and the handling of the small difficulties as well as the few threatening collapses, were based mostly on logical inference and did not result in evaluations of how much extra load the potential and actual disturbances caused. Thus, no systematic measurements of the physical or psychological work load were performed. However, the logical inference was based on a detailed close range analysis of the actual events, which supports the validity of the conclusions. A more systematic evaluation of the ergonomic load and an evaluation of the emotional load of different types of morning routine episodes could further increase the validity of this conclusion. Furthermore, on the basis of these results, it would be possible to compare the workload of caring for resisting residents to that of caring for complying residents.

Do the findings of this analysis tell us anything about what goes on in other nursing homes? Residents' activeness (in the form of initiative utterances and actions) is more like a new perspective brought up by the type of data and method of analysis than a "finding," but as such it is logically generalizable to other nursing homes, to other elderly care services, and even to other branches of human services. Further, the finding that this very activeness of the residents or of the customers in the form of resisting initiatives is one source of potential disturbances in the care activity should be generalizable to other nursing homes and to other units involved in elderly care. The minimal conditions under which this holds true are of course that the residents/patients/customers are able to express themselves. It is also possible that the dependent nature of the residents, as in this study, is a minimal condition for activeness and for resistance. On the other hand, the exact proportion of resisting initiatives when compared to the amount of more neutral initiatives or to the amount of the extending initiatives, is hardly generalizable to other nursing homes as such. However, on the grounds of these findings and the theory behind them, it seems fit to suggest that the amount of dependent residents' resistance depends on the rigidity of the care concept according to which the services, such as morning routines, are delivered to the residents. This is also reflected in the way the employees respond to different resident initiatives. Fixed schedules and standard procedures do not allow the employees to really negotiate with a resisting resident. A more probable response under these conditions is a smoothing over, passing over or blocking response.

The activity system model, depicting a possible future concept of nursing home care (Fig. 56) as well as the new model of managing the primary contradiction of care (Fig. 55), should be generalizable to other nursing homes facing a similar situation. This generalizability is a practical question: whether these models are able to serve as tools in the finding of a new idea for institutional long-term care.

The findings concerning the nature of the disturbance load of the employees should also be generalizable. In other nursing homes where a concept of care based on rationalized institutional care collides with the needs and demands of the more dependent residents, the

employees also need to keep the system going, and in doing so they have to neutralize the resisting residents' initiatives and use physical force (lifting, supporting, dragging). Of course this does not hold true, if instead of keeping the system going ("continuing as usual"), the employees and the nursing home change the concept of care to better suit the more dependent residents.

On a more general, level this study supports the disturbance load hypothesis. If generalized to work activities, this means that, under conditions of potential or aggravating developmental contradictions, a new form of workload, stemming from the extra work created by potential or actualized disturbances, taxes the employees if developmental actions are not taken.

I have aimed at ensuring the reliability of the analyses by carefully documenting the procedures applied to process the data and how the analyses were performed. Numerous data excerpts have been provided with the criteria of the categories to enable the reader to follow each step and phase of the analyses. In addition, the transcripts and videotapes of the original morning routine episodes form a database that is in principle open to other researchers, independent of the analysis presented in this book. Undoubtedly, the use of an inter-coder agreement procedure would have increased the reliability of these analyses. However, all categorizations were discussed several times and inspected by my supervisors, after which I determined the present form of the results.

13 Epilogue

In this chapter, I shall give a general overview of what City Home and Country Home decided to do, as a result of the developmental project based on the material gathered for the analyses of this book. I shall begin by describing the timing and contents of the developmental project, followed by the concrete experiments and pilot projects. The developmental process and its outcomes are of course another research objective as such. In the preparing of the following description, I have drawn on the fieldwork and preliminary research of Marita Korhonen (see Korhonen *et al*. 1998, Korhonen & Mäkitalo 2001).

At the beginning of 1996, the personnel and the management of City Home and Country Home, together with representatives from other service providers in elderly care, began a developmental project whose goal was to develop the care of the elderly and the work-related well-being of the employees. The research project documented in this book was part of the developmental project (for an overview of the phasing of the developmental project and the research project see Fig. 25).

During the spring of 1996, the participants of the project analyzed and modelled the historical development of City Home and Country Home, and formed a working hypothesis of the developmental contradictions of their present work activity. This analysis was based mainly on collective remembering and on interviews with a few retired ex-employees of City Home. The atmosphere in the history seminars was enthusiastic but as the analysis advanced to a critical reappraisal of the present work practice, the employees found it difficult.

During the autumn of 1996, the employees of each cell participated in "mirror seminars," in which they analyzed the videotaped morning routine episodes as samples of their present work practice, with its developmental contradictions. The idea was to test the historical hypothesis with data from the present work practice. The participants were asked to divide the episodes into phases (e.g., waking up, moving to the bathroom, washing, and dressing,), to examine in detail the interaction between the employee(s) and the resident (with the help of transcripts of the episodes), and to evaluate the type of care and the contradictions of care that these samples expressed. This task was not easy. Especially at the beginning, the seminars were filled with feelings of frustration and with feelings of distress and guilt. Towards the end of the mirror seminars, a considerable portion of the employees described the present work practice as a routinized way of working that no longer served

the most dependent residents very well. At the end of this phase, each cell prepared a vision of what a future morning would look like in a renewed work practice.

This visioning paved the way for the next phase, which started *in early spring of 1997,* during which each cell planned and implemented developmental experiments to renew their everyday work. The idea was that each cell would execute experiments that would solve the present developmental contradictions of care. We researchers presented the employees with a list of three necessary preconditions for the developmental experiments to be expansive in nature: 1) the present large cells with 15 to 20 elderly persons should be divided into smaller units, 2) the present tight schedules should be replaced by a more flexible day rhythm that would allow for the residents to be participants, and 3) the new smaller units should form a network with the open care services. The experiments that the cells implemented varied greatly both in their content and in their scope.

At Country Home the employees decided to experiment by dividing the 20-place unit into two, and by increasing co-operation with the open care service team that operated in the area where Country Home was situated. In the Liveliness, which was one of the downstairs cells in City Home, the employees began to experiment with changing the division of labor regarding cleaning. They changed the rule according to which the aides, after helping the residents, always started to clean on specific cleaning days. Instead, the amount of cleaning needed was first evaluated by a cleaning professional. Consequently, all cleaning was signed to by two aides who were assigned to work full-time, while all other aides concentrated on the residents. The system of having special cleaning days was eliminated. The aides responsible for cleaning did the cleaning whenever they were on duty. These changes, in turn, lead to the problem of what should and could be done with the residents now that there was more time for them. One consequence of this was that a considerable number of nursing aides felt that they needed vocational training to work with the dependent elderly. As a result, several nursing aides from City Home and Country Home decided to attend a three year on-the-job training at the local health care college. At Home Path, the cell for residents suffering from dementia, the employees began to survey the background of the residents by systematically interviewing their relatives and carefully documenting the information gathered. The aim of the employees was to be able to better understand the peculiar behavior sometimes exhibited by the resistents. The personnel also decided to revive the idea of having a more flexible schedule in the morning and concerning mealtimes. The rule that everybody should be up at the breakfast table at 8.30 was changed. Residents were allowed to eat whenever they wanted to instead of only eating during mealtimes.

According to the experiments mentioned above, they more or less kept within the concept of long-term institutional care of the elderly. In terms of the developmental two-by-two field (see Figures 28 and 33) these changes meant a movement back from rationalized institutional care to humanized institutional care. However, the personnel of the upstairs cell at City Home, Happy Hut, with the most independent residents and with some experiences about respite care services, together with a group of home care employees, began to plan improvements in the cooperation between the institutional services of Happy Hut and the open care services of the home care. At first, the suggestions concentrated on improving the communications between institutional care and home care, basically with the former division of labor. New mutual meetings were arranged and better connections via telephone were established. These experiments, conducted during the spring of 1997, did not lead to satisfactory results. As a result, *in the summer of 1997* the employees from Happy Hut and

from home care formed a new task force, which began to plan a new concept of care based on the hypothesis of a regional multisectorial unit (see Figure 28).

This task force was guided by Marita Korhonen, a researcher from Merikoski. The task force together with the researcher arranged a set of ten meetings during *the autumn of 1997*. At first, the task force analyzed the services of a group of elderly persons who were clients of both Happy Hut and the home care services. Next, they started to realize the idea of a multisectorial regional unit, which would produce a new array of services for the elderly still living at home in a given region of the city, and for a few elderly persons who would permanently live in the unit. The new unit would be operated by employees from Happy Hut and from the home care and home nursing services (=multisectorial). A central new idea was that, with the help of the places in the unit, the regional team could now provide more flexible respite services (e.g., overnight, weekend, one week) for the elderly still living at home. Two important new tools were developed. First, a new, mutual care plan was developed out of the pre-existing forms of both home care and of City Home. Second, the layout of City Home, with single-room dwellings along long corridors was not the best possible environment for the regional unit to have its home base. Therefore, architectural planning to reshape the institutional setting was started. The Department of Architecture at the University of Oulu was contacted and Tommi Riippa, an architectural student, supervised by Professor Kaj Nyman, began to work on the plan. This was done in co-operation with the employees, the Director, and the researchers at City Home (for a detailed report and evaluation of the planning process see Riippa 1997).

The possibility of actually changing the physical structure of City Home arose as a lucky coincidence. In the spring of 1996, after the history seminars, City Home received an unexpected notice from the county administration that a considerable sum of money had been allocated to the renovation of City Home. The money had been applied for in the previous five-year plan of City Home and it was to be used during 1996 and 1997. Immediately after the notice an intense debate arose as to whether the money should be spent on renewing, for example, the roof and the pipes of City Home or whether it should be spent on a more radical restructuring of the present structure. Several different alternatives to restructure City Home were presented. Eventually it was decided that, since a new concept of care was taking shape in the developmental project, the renovation money would be spent on building a pilot unit for the regional multisectorial team. The new unit was formed by cutting in half one of the wings of City Home. Thus, out of the long corridor along which the single-room dwellings were situated, two smaller units were formed. Figure 58 shows the architectural plan of the old wing structure and the new small unit structure.

Fig. 58. Architectural plan of the restructuring of the old wings of City Home into small units (reproduced from Riippa 1998).

In February of 1998 the new regional unit, named Hill Home, started as a pilot project. Its home base was within City Home, in a new small unit with six rooms, a rather large living room/kitchen, and bath and utility spaces. A group of voluntary employees from City Home and from the open care services formed the staff. The object of their work were the elderly living at home in a given nearby region. In addition, three elderly persons, who had previously lived in a long-term care unit in at City Home moved to Hill Home. The employees were given authority as to how they would organize the use of the places in Hill Home for the good of their clients. Previously, the decisions to refer a person to the institutional services had first been made by a social worker, and secondly, at a special placement meeting. In Figure 59, on the left side, representing the previous system the layout for City Home is drawn inside a closed box to describe the division between institutional care and open care. The arrow pointing from open care to institutional care describes the fact that the traffic is mostly one-way: once the elderly living at home do not manage with open care, they are institutionalized permanently. On the right side of Figure 59, the long wings in the layout of City Home are cut with dotted lines to picture the structural change from large cells to small units The small unit representing Hill Home is colored in grey. The sectored area, comprising one small unit, and the home symbols picture the region and the elderly living at home, which is the new object of work for Hill Home. The two-way arrow pictures the idea of flexible moving from one's own home to the home base of the regional unit and back.

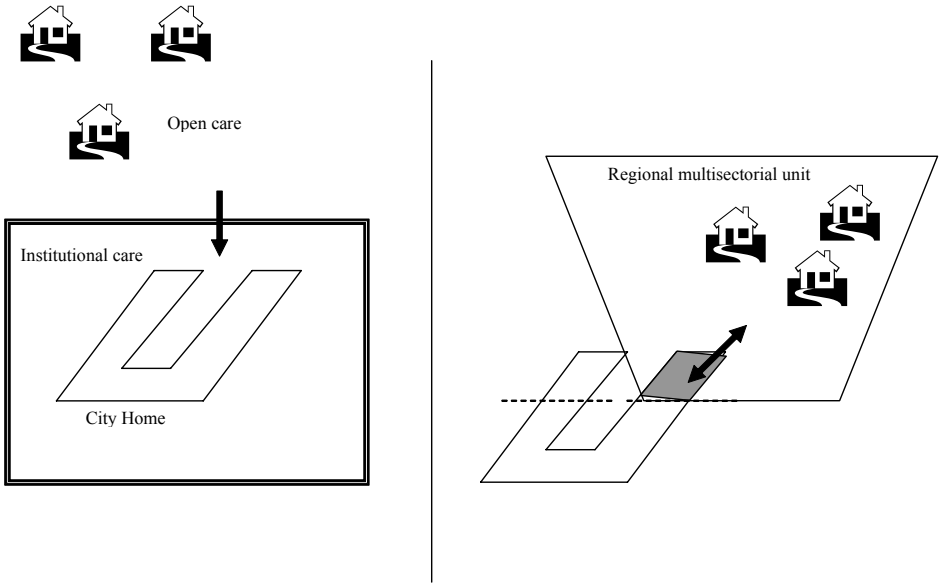


Fig. 59. The model of separate open care and institutional care on the left and the model of a regional multisectorial unit on the right.

The starting phase of Hill Home showed that, in spite of all planning, the attraction of the previous work practices and division of labor between institutional care and open care was great. It was to be expected that without further interventions the new unit would eventually be divided into an institutional unit and an open care unit. Thus, research support from Merikoski was continued. The research support took the form of regular meetings, in which the new team examined the care plan meetings they had conducted with their elderly clients and the staff meetings among themselves. The meetings were recorded and transcribed, and special parts were selected by the researchers to act as mirrors for the employees. The employees learned that, in spite of the new forms of care, planning meetings mostly offered the old home care, home nursing or institutional care services, and some of the needs expressed by the clients had not been considered at all. The effect of this reflection work was that the team continued to develop its concept of care.

After two years in operation, in *the year 2000,* the success of the Hill Home unit was evaluated. In economic terms, it had been able to satisfy the needs of a larger number of elderly persons with fewer resources, when compared to the previous model in which the institutional and open care services operated separately. The number of respite care periods or other short-term periods at Hill Home exceeded what the three cells of City Home had been able to produce together. The amount of overlapping open care services diminished. New innovative solutions to the individual situations of elderly clients had been provided. Few of the elderly in long-term institutional care had moved to live in their own homes outside of Hill Home.

In 1998, the idea was that if the Hill Home experiment succeeds, the new concept would be generalized to the remaining cells at City Home and Country Home. Whether this would

concern all units was a question under debate. At the time nobody knew for sure whether the regional unit would also be able to handle bedridden residents and the elderly in a severe phase of dementia. Some argued that it should, while others argued that small special units for the bedridden and for severe cases of dementia should be preserved. *In 2001,* the administration of the social services of Raahe discussed whether the new concept should be generalized to other units as well. This idea met with resistance from the employees working in other cells and in the open care services. As a result, the administration decided not to act but to wait.

During the period 2001–2002 the management of City Home changed. The leadership of the home was divided between several directors, and new directors and supervisors were appointed. One of the consequences this seems to have had for the Hill Home experiment was that all its institutional places were taken into the use of permanent institutional care. According to the present director of City Home in 2002 all the places were reserved for longterm residents and the team had largely retreated from serving the elderly still living in their own homes. When confronted with criticism the employee team at Hill Home responded in a defensive manner appealing to the special, experimental nature of their unit. A new economical evaluation was conducted which showed that the care at Hill Home was far more expensive than in the other units. As a result the experiment was stopped and the unit rearranged.

The situation in May, 2005 is such that Hill Home is operating as a unit providing respite care only, and it is operating under the home care services. The ten places it has serve now a group of 30 elderly who live at home. The idea of the one to two week respite care periods is to promote the functional capacities of the clients in a way which enables them to manage at home until the next period. The employees who work at Hill Home do not operate in clients' homes any more. Home Path still operates as a unit for the elderly suffering from dementia. However, the wing in which it operates is now cut to two smaller units, each capable of inhabitating six residents. In effect the number of residents has been diminshed from 16 to 12. In addition, all its places have been changed into apartments of sheltered housing which dictates that its residents have to be fairly independent. The upstairs cell, Happy Hut operates now as a ward for bedridden elderly patients. Harmony Corner has faced fewer changes and it still operates as a unit for sheltered housing very much in the manner it did in 1995. Country Home has been divided into two modules which both accommodate mostly bedridden elderly patients. Home care has its home base in the same building but cooperation between institutional care and home care is minimal. One significant change in all cells is that cleaning and laundry are not performed by nursing aides anymore. These functions have been externalized to the technical services of the City. As a result, nursing aides can now fully concentrate on the care of the residents.

To sum up, it seems that the developmental trajectories of the cells have taken rather conventional directions. Out of the three nursing home cells in 1995 Happy Hut developed into a ward for bedridden elderly patients, Home Path developed into a unit for sheltered housing much in the manner of Harmony Corner, and Hill Home developed into a respite care unit. None of these solutions are innovative in the sense that they are based upon existing concepts of care. From the perspective of the elderly persons who live at home what is still lacking are the active and flexible rehabilitational services that would enable the elderly to continue living at home. The present service system is mostly capable of only

replacing the lost or lowered functions with services (home help → home nursing →respite care →sheltered housing →ward).

One of the most intriguing questions is why the innovative development, Hill Home, did not last and had to be dismantled. The information presented above suggests several different reasons. The information, however, is based on a few on-the-spot interviews only with the directors of social services and elderly care in May 2005, and a more vigorous investigation would be needed to uncover the tensions and solutions that led to the present state of affairs. However, the need for innovative new concepts of elderly care hasn't gone away. In the coming years the number of elderly persons will continue to increase, and it is unlikely that the resources of the municipal services will increase.

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City Home's scrapbook (covering documents from 1975 to 1987)
Minutes of staff meetings at City Home from 1975 to 1995
Minutes of the coalition board meetings from 1986 to1993
Virtanen T (1985) Vaivaishoidosta vanhusten huoltoon (Unpublished manuscript by a local teacher written for the ten-year jubilee of City Home)
Yearbooks of City Home from 1985 to1994

Appendices

Appendix 1 The informed consent sheet for the employee interviews. Translation from Finnish by JM.

DEAR EMPLOYEE OF THE NURSING HOME FOR THE ELDERLY

At the beginning of the developmental project researchers (Marita Korhonen, Jorma Mäkitalo) from the Merikoski Rehabilitation and Research Center will conduct interviews. The interviews focus on your thoughts about your work and coping at work.

The information you have is of utmost importance for the project. The information you give will be used in research reports. However, it will be handled without names and confidentially so that only the researchers will know the identity of the interviewees.

Marita Korhonen Jorma Mäkitalo

I allow the use of my interview data for the purposes mentioned above.

Raahe / 1995

_____

Signature of the interviewee

Appendix 2 Information sheet for the filming of morning routines and for the informed consent of the guardians of the residents. Translation from Finnish from the original documents by JM.

Information sheet for the residents and their relatives

A DEVELOPMENTAL PROJECT AT CITY HOME / COUNTRY HOME

City Home / Country Home has started a developmental project in co-operation with the Merikoski Rehabilitation and Research Center and the University of Oulu.

As part of the developmental project the work of the employees will be videotaped. This means that the residents will also appear on tape. Participation in the filming is voluntary for the residents. Permission will be requested each time the filming takes place in a resident's room. The aim of the filming is to document the work of the employees.

The videotapes will only be used for research purposes and in the presence of the employees and the researchers who have signed this letter. The residents will be allowed to watch all tapes which concern themselves, if they so wish. In the research reports the identity of the residents will be kept secret.

We hope you will consent to the filming. The purpose of this filming is to improve the care of the elderly.

Jorma Mäkitalo
Researcher

Eeva Tokola
Director of City Home

Marita Korhonen
Researcher

Juhani Palonen
Director of Research
Merikoski Rehabilitation and Research Center

Appendix 3 The informed consent sheet for the guardians of the residents.

INFORMED CONSENT

City Home / Country Home has started a developmental project in cooperation with the Merikoski Rehabilitation and Research Center and the University of Oulu.

As part of the developmental project the work of the employees will be videotaped. This means that the residents will also appear on tape. Participation to the filming is voluntary for the residents. Permission will be requested every time the filming takes place in a resident's room. The aim of the filming is to document the work of the employees.

The videotapes will only be used for research purposes and in the presence of the employees and the researchers who have undersigned this letter. The residents will be allowed to watch all tapes which concern themselves if they so wish. In the research reports the identity of the residents will be kept secret.

I give my informed consent as a guardian of x.x. for the filming as described above.

Date and place: _____

Signature: _____

(to be returned in the enclosed envelope)

Appendix 4 An example of minutes of a staff meeting at City Home. Translation from Finnish JM. Underlined parts from the original. Exceptions to the original marked with [….].

City Home nursing home for the coalition of municipalities

STAFF MEETING

Time: 11.1. 1977

Present: [a list of participants' family names, n=14]

1§

All unused annual holidays must be taken before the end of April. There is a sign-up list for holiday dates at the nurse's station (of holiday dates). Requests are respected if possible.

2§

We will try to start the personnel lunch hour about five minutes earlier due to time pressure that has appeared in eating recently. Lately, there have been several elderly residents who need assistance and the personnel has to hurry to get them to eat.

Some of the residents are so forgetful that they do not come to the dining hall if no one comes to get them for meals and for coffee. It was decided to announce meal and coffee times over a loudspeaker about five minutes before meals. This way we can diminish the number of elderly residents that need to be fetched from their rooms. The registered nurse will take care of the announcements while on duty. Announcements for supper will be made by the licensed practical nurse who is the on evening shift. On Saturdays and Sundays, the announcements will be made by the nurse who is responsible for distributing medications.

The making of announcements and the use of the recorder-record player should be a duty to be fulfilled by all the staff. John the janitor will control these matters. An instruction session will be arranged on Tuesday of next week at 1 p.m. – .

Be sure that everybody receives instructions from John for fire and catastrophy situations and the location and use of necessary equipment.

Property Inspectors must be asked to come at the end of the month. The date will be announced later. Before that, everyone must check on what belongs to his or her sphere of responsibility. Make a note if you notice items which are not mentioned.

In case of occupational accidents. The insurance company of the nursing home is SAM-PO-TARMO.

[hand-written signature of the Director]

Appendix 5

Table 1. The reported mean age of residents and the reported number of residents over 90, during 1976 – 1995, at City Home (and Country Home 1993–1995)

Year	Mean age	Number of residents over 90
1975	1)	
1976	n. 75	4
1977		
1978		
1979	76.10	
1980	75.95	
1981	77.2	
1982	77.9	
1983		
1984		
1985	77.36	
1986	78.5	12
1987	79.6	
1988	80.2	
1989		
1990		
1991		
1992		
1993		
1994		
1995	83	

[1)] For the empty slots, no information was available in the sources

Sources:

– years 1976–1982 local newspapers, scrapbook
– years 1985–1988 yearbooks
– year 1995 personal communication 23.1. 96, Maisa Karjula (doctor responsible for City Home)

Table 2. The dependency of residents between 1985–1990 at City Home (the situation on December 31 of each year) with a four-scale categorization.

	A	B	C	D	total
1985	20	29	13	19	81
1986	21	34	16	8	80
1987	9	23	21	28	80
1988	28	21	15	26	80
1989	13	20	20	27	80
1990	11	20	20	27	77

A= walking, independent, manage with guidance, adapt well, capable of independent performance
(originally in Finnish: kävelevät, omatoimiset, ohjauksella pystyvät suoriutumaan, sopeutuvat, itsenäisesti suoriutujat)
B= need help in basic functions, guidance and advice are not enough, need surveillance (poor memory), partly in need of assistance
(originally in Finnish: autettavat perustoiminnoissa, ohjaus ja neuvonta eivät riitä, vaan suoritutumista ja toiminoja on tarkkailtava (huonomuistiset) Osittain autettavat)
C= need help in basic functions, poor memory and reluctancy, enforced surveillance needed (cf. a baby or a retarded person at the level of six years of age), in need of assistance almost all the time
(originally in Finnish: Perustoiminnoissa autettavat, musitamattomat ja vastahakoiset, tehostettu valvonta (vert. norm vauva tai 6 -v. tasolla oleva kehv.) Suurimmaksi osaksi autettavat.
D= difficult to care for, reluctant, incontinent, escaping, in need of special surveillance, (unconscious), totally dependent
(originally in Finnish:Vaikeahoitoiset, vastahakoiset, kastelijat, tuhrijat, karkailevat, erityistä tarkkailua vaativat, (tajuttomat), Täysin autettavat
Source: yearbooks 1985–1990

Table 3. The dependency of residents between 1991–1992 at City Home (the situation on December 31 of each year) with a six scale categorization

	1	2	3	4	5	6	tot.
1991	1	6	21	1	43	4	76
1992	2	13	17	0	36	3	71

1= a moving, independently-functioning person, no need for assistance in daily activities; eats and washes independently, bowel and bladder functions normal
(originally in Finnish: Liikkuva, itsenäisesti suorituvaa henkilö, ei tarvitse apua päivittäisissä perustoiminnoissa; syö, pesee itse, suolen ja rakon toiminnat normaalit).)
2= independently functioning person most of the time, who occasionally requires another person's presence for physical or psychological reasons
(originally in Finnish: Useimmiten itsenäisesti perustoiminnoissa suorituva henkilö, joka vaatii toisen hlön läsnäoloa fyysisten ja /tai psyykkisten syiden takia satunnaisesti)
3= a moving patient who needs continuous assistance in some of the daily functions
(Liikkuva potilas, joka tarvitsee apua joissakin päivittäisissä perutoiminnoissa jatkuvasti.)
4= a bedridden patient who needs continuous assistance in some of the daily functions
(originally in Finnish: Vuodepotilas, joka tarvitsee apua joissakin päivittäisissä perustoiminnoissa jatkuvasti)
5= a moving patient who needs continuous assistance and surveillance by the staff for physical or psychological reasons (e.g. a patient with dementia or a moving patient who keeps falling all the time)
(originally in Finnish: Liikkuva potilas, joka tarvitsee hoitohenkilökunan jatkuvaa apua tai silmälläpitoa fyysisten ja /tai psyykkisten syiden takia; esim. dementiaa sairastava tai liikkuva jatkuvasti kaatuileva potilas)
6= a bedridden patient, totally in need of assistance
(originally in Finnish: Vuodepotilas, täysin autettava henkilö)
Source: Yearbooks 1991, 1992

Table 4. The dependency of residents between 1985–1992 at City Home with an adapted four scale categorization.

	A	B	C	D	total
1985	20	29	13	19	81
1986	21	34	16	8	80
1987	9	23	21	28	80
1988	28	21	15	26	80
1989	13	20	20	27	80
1990	11	20	20	27	77
1991[1]	7	21	44	4	76
1992[1]	15	17	36	3	71

[1] the figures for 1991 and 1992 are from the data in table 3. The six scale categorization has been transformed into the four scale mode by combining categories 1 and 2 =A, 3=B, 4 and 5 =C and 6=D.
Sources:
– yearbooks 1985–1992

Appendix 6 Tables for Chapter 10 (see pages 281–3 and 287–8).

Table 1. Employee responses to extending resident initiatives.

Employee response Extending initiatives	Negotiating response	Smoothing over response	Passing over response	Blocking response	Total
Expanding initiatives	2	1	–	–	3
Residents' own actions	1	1	–	4	6
Additive initiatives	10	–	2	1	13
All extending initiatives	13 (59%)	2 (9%)	2 (9%)	5 (23%)	22 (100%)

Table 2. Employee responses to neutral resident initiatives.

Employee response Neutral initiatives	Negotiating response	Smoothing over response	Passing over response	Blocking response	Total
Neutral initiatives	20 (80%)	3 (12%)	2 (8%)	–	25 (100%)

Table 3. Employee responses to resisting resident initiatives.

Employee response Resisting initiatives	Negotiating response	Smoothing over response	Passing over response	Blocking response	Total
Correcting initiatives	5	6	2	–	13
Questioning initiatives	5	5	2	1	13
Opposing initiatives	4	8	4	4	20
All resisting initiatives	14 (30%)	19 (41%)	8 (17%)	5 (12%)	46 (100%)

Table 4. Consequences of extending resident initiatives.

Extending Initiatives	1. Additive consequences	2. A new resident initiative	3. Continuing as usual	4. Continuing after minor difficulties	5. Major difficulties	Total
Expanding initiatives	1	–	2	–	–	3
Residents' own actions	–	–	6	–	–	6
Additive initiatives	7	–	6	–	–	13
Total	8 (36%)	0	14 (64%)	0	0	22 (100%)

Table 5. Consequences of neutral resident initiatives.

	1.Additive consequences	2. New resident initiative	3. Continuing as usual	4. Continuing after minor difficulties	5. Major difficulties	Total
Neutral Initiatives	3 (12%)	5 (20%)	17 (68%)	–	–	25 (100%)

Table 6. Consequences of resisting resident initiatives.

Resisting Initiatives	1. Additive consequences	2. New resident initiative	3. Continuing as usual	4. Continuing after minor difficulties	5. Major difficulties	Total
Correcting initiatives	3	–	9	–	1	13
Questioning initiatives		–	12	1	–	13
Opposing initiatives	3	–	7	6	4	20
Total	6 (13%)	0	28 (61%)	7 (15%)	5 (11%)	46 (100%)

Table 7. Consequences of resident initiatives according to the employee response.

Employee response	1. Additive consequences	2. New resident initiative	3. Continuing as usual	4. Continuing after minor difficulties	5. Major difficulties	Total
Negotiative response	17 (38%)	5 (11%)	23 (51%)	–	–	45 (100%)
Smoothing over response	–	–	18 (72%)	3 (12%)	4 (16%)	25 (100%)
Passing over response	–	–	12 (86%)	1 (7%)	1 (7%)	14 (100%)
Blocking response	–	–	6 (67%)	3 (33%)	–	9 (100%)
	17	5	59	7	5	93