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Staff members' negotiation of power in client engagement: Analysis of practice within an Australian aged care service

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ABSTRACT

With increasing focus on client control and active client roles in aged care service provision, client engagement is highlighted as fundamental to contemporary care practice. Client engagement itself, however, is complex and is impacted by a range of issues including the relationships and power dynamics inherent in the care context. These dynamics do not simply reflect the roles that are available to or taken up by clients; just as important are the roles and positions that staff of aged care services are offered, and take up, in client engagement. This paper presents the findings of a study that explored client engagement practice within a large Australian service provider. Analysis of interview and focus group discussions addressed the ways in which staff were positioned – by both themselves and by clients – in terms of the roles that they hold within engagement practice and the power relations inherent within these. Analysis of power from the dominant policy perspective of choice and control, and the alternative perspective of an ethic of care suggests that power relations within the care context are dynamic, complex and involve on-going negotiation and regulation by clients and staff members in aged care. The use of these two contrasting perspectives reveals a more dynamic and complex understanding of power in care practice than dominant uni-dimensional approaches to critique suggest.

Introduction

Client engagement – that is, interacting and communicating with clients effectively and providing opportunities to contribute to planning and decision making – is a vital part of care services. Increasing expectations of client involvement are linked to concepts of service user empowerment (Beresford & Branfield, 2006; Cornwall & Shankland, 2008) and citizenship in care (e.g. Scourfield, 2007; Valokivi, 2005). These changing expectations have been driven by shifts in perspectives about the roles of 'professionals' and 'service users' including a focus on the rights and abilities of service users rather than their limitations (Gilliard, Means, Beattie, & Daker-White, 2005). Engagement at the levels of individual care, services, and the broader system is seen as vital to contemporary care (Cook & Klein, 2005).

Although client engagement is the espoused ideal in health and care services, this is not always effectively put into practice. This is especially the case when older people are assumed to be incapable of participating (Brannelly, 2011), or their participation is framed as 'problematic' (Baur & Abma, 2011). However, client engagement is a complex issue which is shaped by multiple factors regarding the attitudes, values, and knowledge of both clients and staff, as well as broader institutional factors relating to the structure of the service provider. These factors are necessary to consider in designing and implementing engagement strategies.

Particularly highlighted amongst these issues are power relationships; these are fundamental to understanding the

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dynamics of engagement and are inherent in the aged care environment (Baur, Abma, Boelsma, & Woelders, 2013). The roles in engagement that are assumed and designated by staff, clients and the organisation both shape and are shaped by the engagement processes themselves. In another paper, we explored how clients in an aged care setting were framed and positioned in discussion about engagement practice (Petriwskyj, Gibson, & Webby, 2014). However, understanding clients' positions within engagement is not sufficient to fully understand the power dynamics in everyday engagement practice. Staff also simultaneously assume, and are designated, positions within engagement.

Staff members are often positioned in the literature as powerful actors in this process. Indeed, staff have been criticised for assuming a dominant role in care, particularly in decision making (Lyttle & Ryan, 2010). Issues such as lack of communication, lack of consultation, and management of risk highlight the power that staff members hold over clients' choices and care (Penney & Wellard, 2007). Clients' power can be bounded by direct staff behaviour or by contextual constraints (Harnett, 2010). Therefore, the need to consider power relations and control over communication and interactions has been highlighted in both acute care and aged care settings (Baur et al., 2013; Lyttle & Ryan, 2010).

Through such discussions, power in the care context is presented as relative. This is a somewhat traditional power hierarchy which emerging models of care provision have sought to challenge. Thus the increasing focus on issues of client 'voice', 'choice', 'control' and 'rights' has brought issues of power — and particularly 'power sharing' and 'empowerment' into sharp focus in the care context. The prominence of personalisation or consumer direction is a strong example of this philosophy in policy and practice. A rhetoric that rejects 'care' as 'dependence' and as inherently problematic has dominated the disability rights space and increasingly is being applied to other care contexts (Fine and Glendinnning, 2005).

At the same time, however, an alternative perspective developing from feminist critique of conceptualisations of care and justice (e.g. Gilligan, 1982; Tronto, 1993) and focused on care ethics has been growing in prominence. This perspective has been a focus for critique of personalisation policies and the emphasis on 'choice' and 'control' (e.g. Barnes, 2011; Barnes, 2012; Rummery, 2011). Proponents of care ethics seek to dismantle what is seen as the 'moral boundary' between these concepts. Through the ethic of care lens, the sole focus on rights, autonomy and choice is seen as both limiting and potentially dangerous; in Barnes' (2012) view, for example, the "conceptualisation of what is required to meet needs as a choice over services is an impoverished view of what is necessary to enable well-being and social justice" (p. 65). An ethic of care sees such perspectives on power and power sharing in care, particularly the focus on independence and autonomy, as overly simplistic. Rather, it adopts a view of care as characterised by interdependence and relationality, rather than either dependence or independence, control or autonomy. Care ethics focuses on relationships and reciprocity within a set of fundamental moral principles (Tronto, 1993).

That is not to argue that an ethic of care need not consider power relations; indeed, this approach developed from debate about the relationship between care and social justice, and recognises the potential for disempowerment in the care relationship. Tronto (2010) highlights three things that need to be recognised for the organisation of good care, the first of which is "a clear account of power in the care relationship and thus a recognition of the need for a politics of care at every level" (p. 162). Kittay (1998) similarly emphasises the importance of interrogating power relations, but highlights the difference between inequality of power in the care relationship, which is not in itself seen as problematic, and the exercise of domination as the inappropriate use of power.

Given these different perspectives, it is important to fully understand the complexity of staff roles in engagement and their positions amongst other actors. The aim of this paper is to explore the positions that can be conferred on, or taken up by, staff in practising client engagement in the aged care context. This paper focuses on the positions of power within the care relationship and where inequalities exist or are either used or mitigated by staff. The paper uses these two contemporary theoretical lenses – first, the concepts of choice, autonomy and control that dominate recent policy shifts, and second, an ethic of care – to explore the potential reframing of the care relationship and the contrasting and unique understandings that can be offered by these different perspectives as they are practised in a dominant policy framework of consumer choice and control. This paper focuses on the practice of client engagement within the context of an aged care service in Australia, particularly in terms of how staff members and clients across the breadth of the organisational context perceived and negotiated the roles of staff in client engagement.

Research approach

The aim of this research was to examine how client engagement is enacted within the context of a large Australian aged care provider, Blue Care. At the time of the study, Blue Care was implementing a new service model called Blue Care Tailor Made, focusing on flexible and integrated service delivery, which was designed to allow clients to easily navigate and choose the services they required. This research was designed to support the service model by independently identifying key issues and directions for client engagement. This required multi-dimensional qualitative analysis, involving the consultation of clients, staff, and organisational documents. This paper reports on the analysis of interview and focus group data from clients and staff.

Data collection

Before recruitment began, the study was approved by the Human Research Ethics Committee (HREC) governing research within Blue Care. Staff and clients were invited to participate through a letter distributed by the service managers or directly by the researchers and were asked to contact the researchers to indicate their interest in participating. Interviews and focus groups were conducted by researchers who were independent of the organisation (Author 1 and Author 2), using an interview guide developed by these researchers.

Interviews and focus groups were conducted across 17 Blue Care services. These sites were chosen in collaboration with Blue Care to represent urban, rural/regional, and coastal services, and to include community, residential, and retirement-living services across the state of Queensland. Sites were chosen to ensure that