Theorizing accommodation in supportive home care for older people

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ABSTRACT

This paper examines the issue of what thinking is necessary in order to advance a notion of *accommodation* in the organization and provision of supportive home care for older people. Accommodation in this context is understood as responsiveness to the singularity of older adults, and we consider how this idea might be used to support opportunities for (independent) living for elders as they age and become frailer. To elaborate the question we draw on examples from our empirical work – ethnographic studies of home care practice undertaken in Canada and Iceland – and consider these examples in light of critical philosophical and social theory, particularly Agamben's (1993) work, *The Coming Community*. This is a relevant frame through which to consider the potential for the accommodation of the unique needs of older adults in home care because it helps us to problematize the systems through which care is accomplished and the current, dominant terms of relations between individuals and collectives. We argue that giving substance to a notion of accommodation contributes an important dimension to aligned ideas, such as patient-centeredness in care, by working to shift the intentionality of these practices. That is, accommodation, as an orientation to care practices, contests the organizational impulse to carry on in the usual way.

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Introduction

What does it mean to advance the notion of *accommodation* in the organization and provision of supportive home care for older people? This is a question asked by Purkis (2011) in her analysis of the conditions of possibility for care provision where the frailties of older people would make a difference in the "decisions that were made about how our lives would work" and how shared resources ought to be distributed (p. 23). The question took shape for Purkis in the context of a visit to a convent housing mainly older retired nuns. As she was shown around the rooms and facilities, she describes the sister-in-charge as continually making reference, casually or in passing, to the 'accommodations', small and large, that had been made to routines or living arrangements to enable each of the sisters to experience life as fully as possible. The 'rightness'

of this approach to living seems obvious, and to a certain extent in this case made possible simply because of the intimacy of the community. Yet at the same time, it seems worthwhile to consider whether this manner of living, of accommodating older people's specificity, could have more influence in larger, more complex contexts — and importantly, to try to work out what thinking would be necessary to support this. In this we follow Finlayson's (2006) observation that conceiving of a thing is a fundamental kind of political activity, and suggest that what we are mulling over in this paper takes place at this fundamental level: "how to best conceive of a situation in a way that will help make it different" (p. 544). Clearly implied in this framing is a sense that current home care practices tend not to be very accommodating and that if they were, this would be a good thing. But we need to give some substance to the idea, to justify it as a logic of practice.

In thinking through accommodation, we do recognize that health system contexts are increasingly constrained and restrictive. However, despite, or perhaps because of, these limiting

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directions in care practices, we think it is worth articulating a counter-discourse that might help to interrupt adherence to current rationalizing modes of care. Our intention then, is to elaborate a notion of accommodation as a contribution to the development of a more robust conceptual basis for asserting the recognition of the wishes of older people in making home care arrangements, and thus arriving at a meaningful response to the challenge of providing responsive care. Our main contention is that theorizing a logic of accommodation – ontologically supported by Agamben's (1993) work on the 'community without identity' – may work to sensitize for situated home care practices that can acknowledge the specificities of older adults, even in the presence of conflicting obligations. A starting position derived from Purkis's sketch of convent life: as an orientation or practice, accommodation demands, at the very least, a heightened attentiveness to the singularity of older people, a giving way or fitting to their unique needs. But more than that, accommodation is collective. As a mode of concession, accommodation requires the actions of a willing 'community'[1] choosing to be, or able to be, noticing of, responsive to, the singularity of older adults. In other words, accommodation rests on a collective commitment to try to notice what older people need and be responsive to it.

One way we work to clarify our meaning is to consider our use of the term accommodation in relation to allied ideas[2] such as patient-centered care. It is probably true that most everyone agrees that it is a good thing to put the patient at the center of care, whether we are thinking about frameworks for professional practice relations (Mead & Bower, 2000), models for particular health services (Pelzany, 2010; van Mossel, Alford, & Watson, 2011) or models of care for entire care systems (Hollander & Prince, 2008; Tronto, 2010). But how this might actually work is less clear despite the extensive literature detailing the characteristics of such practices, as well as the many barriers to their implementation (Hughes, Bamford, & May, 2008). Yet despite challenges there is a strong desire to treat patients as unique individuals, to be responsive to needs, preferences and wants, or at the very least, a desire to end paternalism and involve patients more meaningfully in their care. Even though we know, as May (2011) reminds us, that patients are always already involved in their own care, there is a clear sense in this literature of both the urgency of the ideals of patient-centeredness, as well as a recognition of its under-performance in terms of implementation.

At the same time, the significant difficulties of actually centering patients in care, despite extensive efforts to do so,

should signal a possibly deeper problem and perhaps point us to consider Žižek's (2008) reflections on the "disavowed dark underside" of organizational practices (p.168). In this view, patient-centered care models run up against an embedded or radical organizational disinclination to actually center patients' needs, and instead the organizational logic[3] is more inclined to consolidate and foster those processes and practices of order, function and efficiency that ensure the 'well run system' (Rudge, 2011). The considerable barriers to the implementation of patient-centered care do seem to suggest something like this at play, as actual implementation seems to demand significant philosophical and structural changes, at both organization and individual levels, not to mention a major reallocation of material and non-material (i.e. time) resources (see for example Groene, 2011; Hollander & Prince, 2008; Jowsey, Yen, Wells, & Leeder, 2011; Leplege et al., 2007; Mead & Bower, 2000; Pelzany, 2010). The resistances of implementation, fed by the current organizational logic, may also explain how the preferences of older people come to be compromised even in contexts which promise patient-centeredness but which actually tend to require significant concessions from older people. For example, our work in home care suggests that although supportive and patient centered care practices such as help with bathing or meals or housework are intended to be accommodating to changing needs and failing bodies, these rapidly become programmatic and unaccommodating when regimented through standardizing practices oriented to organizational efficiency and the smooth flow of the work (Ceci, 2008).

The point of these observations is not to diminish diverse efforts to orient care more securely around patients' needs but rather to suggest that a well theorized notion of accommodation might help to reframe the current configuration of the problem of supportive care for older people. Accommodation we argue, as idea/practice/ethos, may have value as a contesting figure, an orientation that contests or challenges the organizational impulse to carry on in the usual way.

Challenges to the very idea of accommodation

Value systems and social arrangements in many Western political–cultural contexts prize individualism and require independence (Bauman, 2004), which makes the notion of accommodation as we are thinking of it difficult to advance. One of the challenges is the sense in which the needs or desires of the individual and those of the 'collective' can appear to be in conflict, or at least in a state of tension. This seems particularly the case in the context of care for older people because they seem to contribute nothing to collective interests — at least in the ways these interests are often understood. Yet to oppose the individual and collective in this way, and we often do seem

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[1] As a helpful reviewer of this manuscript observed, we use the term 'community' in a number of contexts through the paper. Rather than attempt to define community, a notoriously unsatisfying task, we thought instead to clarify our meaning and use of the term. For our argument, we are thinking community as, most basically, a space of recognition, for example, of the singularity of others, where concerns may be negotiated, a place where others may demonstrate concern. Empirically, we are never 'out of' community, though of course, there is always the question of recognition that creates specific community.

[2] We also acknowledge here our sympathy with those who work in the tradition of the ethics of care (for example Liaschenko, 1994; Tronto, 2010). Though we do not take up this discourse specifically, there is a shared concern with the ethico-politics of care practices, to which we think the present analysis may be a contribution.

[3] Mol (2008) draws attention to the logic of practices. Mol does not use this term to refer to either logic as philosophy or to logical-ness in the ordinary sense of a mode of reasoning, but rather to underline that intelligibility or coherence are implicit or embedded in practices, practices have a sense or intention, and that bringing this to language helps us to talk about it. Logic, she writes, "is meant to evoke the sense that locally, some things are more comprehensible than others" (8). See also Foucault (1991).