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'We're in the sandwich': Aged care staff members' negotiation of constraints and the role of the organisation in enacting and supporting an ethic of care

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A B S T R A C T

Aged care staff are often seen as holding power in care relationships, particularly in client engagement. Such a perception, however, may limit our understanding and analysis of the dynamics and politics within care spaces. This paper uses interview and focus group data from both staff and clients of an Australian aged care provider to identify the positions given to, and taken up by, staff in client engagement. Focusing on one of these positions, in which staff are seen as managing and negotiating constraints, the paper uses an ethic of care lens to examine the context in which engagement – and this position taking – occurs. Findings reflect the importance of the organisational and systemic context to the practice of care ethics and the potential vulnerability and disempowerment of care giving staff. Implications for the support of staff in client engagement and the role of care organisations beyond structures and processes to an active participant in an ethic of care are discussed.

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Introduction

In the contemporary aged care environment, client engagement is a fundamental but challenging aspect of practice. With changing perspectives on clients or service users has come a focus on citizenship, rights, and empowerment (Beresford & Branfield, 2006; Cornwall & Shankland, 2008; Gilliard, Means, Beattie, & Daker-White, 2005; Scourfield, 2007; Valokivi, 2005). This focus has placed a spotlight on the various ways in which service providers and their staff, among others, engage with clients around issues of individual care, services, and the broader system; this engagement is now seen as vital to care (Cook & Klein, 2005). Indeed, it is increasingly

embedded in policy and systems; in Australia, where this study was conducted, following a number of other countries, these principles are now embedded within person-centred and consumer-directed models of aged care required by the Federal system.

Exploring this dimension of care practice is of particular interest in aged care given the challenges to participation inherent in that context (Abbott, Fisk, & Forward, 2000; Baur, Abma, Boelsma, & Woelders, 2013; Brannelly, 2011; Penney & Wellard, 2007). Indeed, older people are often assumed to be incapable of participating (Brannelly, 2011), or 'problematic' to involve (Baur & Abma, 2011) and those with significant care needs in particular can face ageist constructions of their capacity that result in limited opportunities to participate. The ways in which both aged care clients and staff are supported to engage are vital to ensuring that clients who face increasing challenges to engagement as a result of declining health and increasing potential for vulnerability as a result of increasing

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reliance on services are afforded their rights to full participation in an environment in which systemic and institutional processes can impinge on these rights.

While client engagement is an essential part of aged care, it is also a complex part of care that is shaped by multiple factors at the individual, service, and system level. Among these factors is the power relationships that exist in the aged care environment. Understanding power relationships is vital to understanding the dynamics of engagement in practice. While staff are often positioned in the literature as powerful actors in the engagement process and have been criticised for taking on a dominant role in relation to older clients (Lyttle & Ryan, 2010), it has also been suggested that staff are constrained and lack power within the system in which they operate. Time and resource pressures, policy conditions, legislation and compliance requirements, and risk management expectations are some dimensions of the work context that have been found to constrain staff (DeForge, van Wyk, Hall, & Salmoni, 2011). Tensions exist for staff between professional duty of care and management of risk, and client autonomy and decision making, which can result in challenges to this autonomy (DeForge et al., 2011; Huby, Stewart, Tierney, & Rogers, 2004; Mitchell & Glendinning, 2007). Staff accounts of their experience have suggested a complex tension for staff needing to maintain efficiency standards while promoting client autonomy (Persson & Wästerfors, 2009). Some staff approaches to these constraints include 'breaking rules' or using 'work-arounds', to promote what they see as the client's wellbeing or quality of life (DeForge et al., 2011). Thus, staff can be constrained and need to negotiate rules and professional standards while acting in the client's interests. This raises important questions about the extent of staff power in relation to clients, the organisation, and the care system, each of which is a separate but connected dynamic.

These findings highlight two related issues, both of which resonate with an increasingly prominent philosophy—ethic of care. Specifically, the findings from this literature highlight the importance of interrogating power dynamics within the care context, not only between staff and clients, but also between staff and the other agents in care. Thus, the literature suggests that it is important, in considering the power relations inherent in aged care, to consider staff within a system which supports or – as may be the case – does not support their practice. Kittay (1998) emphasised the need to interrogate power relations, not to problematise inequality necessarily but to identify the inappropriate use of power in care. Power relations, however, it is argued, do not exist solely between the staff member and the client—that is, the giver and receiver of care. Vitally, in addition to relationships involving significant others including informal carers, they also exist between the care giver, in this case, the staff member of a care provider, and the organisation and system in which they work. An ethic of care is a philosophy in which care is conceptualised as occurring in an interdependent and relational way; this includes the interdependence and networks that extend beyond the immediate care dyad (Barnes, 2012). Care takes place within what Kittay (1995) refers to as 'nested dependencies'; in other words, while care is provided by one person to another, and the care receiver may be seen as dependent on that care giver, the care giver is themselves dependent on an organisation or system to support them in providing care. The failure of the organisation or

system – or community as a whole – to support the provision of ethical care is seen as a social justice issue (Barnes, 2012).

Therefore, it is important in exploring the practice of engagement within the context of aged care to consider not only the accounts of client power that can be identified, and not only the roles that staff play in these accounts, but beyond that the power relations between staff and the organisational or systemic context of their work. While rhetoric focused on client control, choice and autonomy predominates, little attention is simultaneously given to the 'complex, life-sustaining web' (Tronto, 1993, p. 103) in which care takes place and in which, therefore, staff attempts to facilitate client participation in their care occur. This paper addresses this gap, exploring the roles of staff in client engagement with a focus on their relationship to the organisation and system in which they work. In other papers, we have explored how clients were framed and positioned in discussion about engagement practice (Petriwskyj, Gibson & Webby, 2014) and how staff positions reflect power relations from the perspectives of both an ethic of care and the dominant policy framework of choice and control (Petriwskyj, Gibson & Webby, 2015). The second of these papers revealed that staff were described by both themselves and by their clients as enacting the principles of an ethic of care in a variety of contexts. This paper focuses on the positions that can be conferred on, or taken up by, staff in practising client engagement in the aged care context, with a particular focus on the organisational and systemic contexts of aged care and the role of the organisation and system in enacting and supporting an ethic of care.

Research approach

The aim of this research was to examine how client engagement is enacted using the context of Blue Care, a large Australian aged care provider, to explore this. Blue Care is a not-for-profit service provider operating under a faith-based umbrella organisation and provides residential, community care and respite services as well as retirement living. Blue Care was at the time of the study in the early stages of a focus on organisational culture, seeking to define a service model (Blue Care Tailor Made) which recognises roles of staff and clients in person-centred care. The data discussed here are part of a larger multi-dimensional qualitative analysis, involving data collected from clients, staff, and organisational documents. This paper reports on the analysis of interview and focus group data from clients and staff. The study was approved by the Human Research Ethics Committee that governs research within all organisations operating under the not-for-profit umbrella organisation UnitingCare, including Blue Care. The research approach is described in detail elsewhere (Petriwskyj et al., 2014; 2015) and described in brief below.

Data collection

Staff and clients were invited to participate through a letter distributed by the service managers or the researchers and were asked to directly indicate their interest in participating to the researchers. Semi-structured interviews and focus groups were conducted by the researchers (Author 1 and Author 2, University staff who were independent of the organisation), using an interview guide developed by these researchers. For