Time to care
Temporal conditions, work performance and meaning of work in the Danish home care sector

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Initial thoughts

“When care 'goes public’ worlds clash. The values, feelings, and interactions that make up the relational essence of care in the private sphere are sometimes devalued, discouraged, and even forbidden in the public world. Care givers and the people they care for are pressured by the norms, rules, and policies of the public world to make care conform to the image of work that predominates in the public world. At the same time, they struggle to sustain the meaning and value of care as they know it in their more intimate relations”.

In the paper ‘Caring by the book’ Deborah Stone (Stone 2000) discusses perceptions of care and the conditions under which it is performed. She emphasizes some essential dilemmas between the emotional and relational aspects of care on the one hand, and the formal organisation and management of care on the other. Stone is concerned with the question of whether public care conflicts with ideals of good care, and she identifies a range of dichotomies, each capturing different dimensions of the ‘care dilemma’: private vs. public, informal vs. formal, physical tasks vs. emotional relationships, talk vs. tasks, love vs. detachment, patience vs. schedules, and relationships vs. rules.

As an American researcher within the fields of social policy, health and care, Stone relates to a context, different from the Scandinavian, in terms of organisation and responsibilities of elder care. She outlines very clearly, however, the ambivalences of care work, which, in varying versions, have been pointed out and discussed by a large number of care researchers worldwide. Among Nordic care researchers the dichotomy between the rationality of caring and the rationality of management has been equally prevalent in discussions of care and work, illustrating, moreover, the dilemma between performing predefined work tasks and being attentive to the actual situation of the elderly.

These ambivalences of care work were initially (and continuously) of inspiration in the development of this particular PhD study. Coming from an institution where the quality of work is a central subject of investigation (The National Research Centre of the Working Environment), I found it to be a source of both curiosity and wonder that care work – apparently – is a profession of such antagonistic and conflicting character. I wondered what it was like to work as a care worker - how the ambivalences emerge and, in particular, how care workers approach the ambivalences in
the actual performance of care work. Working on the assumption that exposure to a field full of conflicts would generate strain over a prolonged period of time I was concerned with the matter of how care workers navigate in the field of diverging needs, demands and possibilities in order to constitute a coherent and satisfying work life.

Aside from the dilemmas in elder care work, the objectives of the PhD study were equally inspired by themes in work environment research, especially those developed and refined within a Nordic context. In recent decades scientific as well as political attention on the psychosocial work environment has increased, with the growing recognition of positive psychosocial work factors being a part of that development. Among the many indicators of the psychosocial work environment - demands, organization, job content, relations and health - ‘meaning of work’ has been shown to be one of the central indicators, as well as being a key positive factor. In studies of the psychosocial work environment in the elder care sector (the NFA cohort study as well as other international studies), care workers report high levels of meaning of work. While stressing a number of negative aspects of care work - high levels of work pace, low influence and low commitment to the work place - care workers still perceive their work as meaningful, experiencing, moreover, relatively higher levels of meaning of work than other professions.

Knowing that care work is perceived as meaningful I did, however, perceive a need to elaborate further on the concept meaning of work. In (Danish) questionnaire surveys meaning of work is defined and measured by a three item scale, including questions on meaning, importance and engagement in work. Yet in consideration of the significance of meaning of work as a work environment indicator, I found it necessary and relevant to go beyond this and investigate the meanings behind the quantitative concept of meaning. By undertaking a qualitative examination of the concept, focusing on meaning in relation to the context and the actual practice of care work, my intention was to assess what care workers actually mean when they state that care work is meaningful.
Research questions and definition of main concepts

This PhD study emanates, as outlined above, from an interest in care work and the conditions under which it is performed. Having a special concern for care workers and how they reflect upon and actually perform their work, the purpose of the study is to examine care workers’ perceptions of meaning of care work and how the performance of meaningful care work is actually constituted in complex and ambivalent practices. Placing myself in the intersection between care research and work environment research, I have designed a study in consideration of these initial reflections and concerns.

The study design is a construction of multiple perspectives and considerations which are expounded in detail in chapter 2. At this point I merely introduce the research questions, expressing the aims of the study and constituting the basis of the development of a design.

What are the perceptions of the meaning of work among Danish home care workers, and how is performance of meaningful care work constituted in the home care sector?

A. What are the associations between client-related work tasks and experience of meaning of work?
B. What are the perceptions of meaning of work among home care workers, and how is meaningful work performed in the everyday work practices?
C. How do the temporal conditions frame and affect home care work performance?
D. What are the consequences of time constraints on the performance of home care work?

Having presented the overall research question and the four sub-questions, I do, however, want to make a small comment on the genesis of the questions. Whereas the overall question and the first two sub-questions were formulated at the beginning of the study, the last two sub-questions were formulated at a later stage in the research process. In line with the explorative character of the study, a third sub-question was initially more open, focusing on work conditions in the home care sector in general. Only at a later stage, after initial analyses of the qualitative data showed that the temporal conditions of work were of particular concern to the care workers, were the last two sub-questions formulated in order to investigate these matters further. These analytical processes are explained in further detail in chapter 2.
Furthermore, this introductory section of the thesis contains definitions of the main concepts, used in this study.

**Care workers**

The term ‘care workers’ is used throughout the thesis to designate people working in the elder care sector. In Denmark care workers are divided in three professions: the social- and health care helpers (1½-year training), the social- and health care assistants (3-year training) and nurses (4-year training). Social- and health care helpers constitute the majority of the employees. The choice of the unifying term ‘care workers’ is primarily based on the fact that this study is not a comparative study, but a study which aims at investigating phenomena and practices across the professions, based on varied and detailed data. Another reason for applying the term care worker is that social- and healthcare helpers and assistants are particular Danish terms, which do not correspond easily with job descriptions of care workers elsewhere. Addressing care work in an Anglo-Saxon context, Davies (Davies 1995) distinguishes between caregivers (providing unpaid care in informal care settings), care workers (providing unpaid as well as paid care, though having received no formal training) and professional carers/nurses (providing public care work and having received formal training). This division reflects well the different organisation of care work in Anglo-Saxon societies, where care is often provided in an informal care setting by unpaid and untrained individuals. In a Danish context, however, care is only rarely provided in an informal setting by people with no training, and using the term care worker in a Danish context consequently implies the meaning of being a professional carer. Finally, the use of the term care worker seems to be spreading, having been more widely applied in care research in recent years, including in the Anglo-Saxon contexts (Dyck and England 2012; Twigg 2000b).

**The elderly**

Throughout the thesis the term ‘the elderly’ is applied as a collective noun for the people receiving home care. Danish care workers often use the term ‘borger’ which directly translated means citizen. In English, however, this term seems to be more formal and does not capture the sense in which ‘borger’ is used in Danish. Danish care workers also use the term ‘elderly’ (though mostly when referring to the elderly as a group and not as individuals). In care research the term ‘care recipient’ is frequently applied, albeit as part of a managerial terminology, but the fact is that it is never used
in the everyday conversations of the care workers. Thus I consider the term the elderly to be the most suitable, rendering them as active and important subjects in the performance of home care work.

Work performance
Work performance is an extensive concept, having been determined as the sum of the capacity, the willingness and the opportunity to perform (Blumberg and Pringle 1982). Having in this study chosen to examine care workers’ perception of meaning and their opportunities to perform meaningful work, emphasizing the perspective of the care workers and the interactional aspects of performance, I adhere to the definition of Blumberg and Pringle. I do, however, not address the dimension of capacity in the study.

Meaning of work
I understand meaning of work as a subjective perception or state that is constituted in a process of individual and societal dynamics. Specifically investigating the meaning of care work, this study focuses primarily on the relations between perceptions of meaning and the context of (home) care work, recognizing that every single care worker forms part of, and interacts with, the work setting. The definition I apply is in concordance with Ravn’s four aspects definition, asserting that meaning is constituted when professional skills are used within a productive work community, making a contribution of importance to others (Ravn 2008). According to this definition, meaning of work is understood as an individual or subjective state/achievement taking place in a collective context.

Meaningful care work
This concept emphasizes the interaction between perceptions of meaning and performance of care work, focusing on the reciprocal relations between the effect of meaning perceptions on care workers’ work-related choices and actions (performance) and the challenges of the (possibilities of) performance of meaningful work on the perceptions of meaning.
Structure of the thesis

The thesis is divided in two main parts. The first part includes chapters on current research and theoretical perspectives, methodological arguments and practices main findings of the four articles, and conclusions and perspectives of the study. The second part includes the four articles.

The chapter on theoretical perspectives and current research presents different perspectives which have framed and supported the analyses of the study, either as background understanding and inspiration, or as perspectives which have been included in later stages of the working process to structure and inform the further analyses of empirical findings. The chapter includes research and theoretical perspectives from the areas of elder care work, time and care, and meaning of work.

The chapter on methodological arguments and practices presents the research questions, the main methodological approaches, the design of the fieldwork, and considerations on how these approaches have framed and influenced the progress of the study. Although one of the four articles is written on quantitative data, the thesis is primarily a qualitative study, heavily based upon fieldwork in two local home care settings. The study is methodologically inspired by grounded theory, having an open and inductive approach to the objects of investigation, whilst analytically it draws on the ideas of reflexive interpretation, understanding the empirical data in a theoretical context.

The chapter on the main findings and perspectives of the study highlights the findings of each article and discusses how they contribute to the understanding of the constraints and possibilities of meaningful work performance in the Danish home care sector. The final chapter presents conclusions and perspectives of the study.

The bibliography includes references relating to the introduction and four chapters of the thesis. References pertaining to the four articles are included in the individual articles. Appendices include an interview guide, used for focus group interviews, and a presentation of how coding processes were structured and carried out.

The second part of thesis consists of the following four articles:
**Article 1**

‘Client-related work tasks and meaning of work: results from a longitudinal study among eldercare workers in Denmark’

Tufte, P., Clausen, T., Nabe-Nielsen, K.


**Article 2**

‘Hvad er meningen? – arbejdspraksis og mening i arbejdet i den danske ældrepleje’

Tufte, P.

Published in Tidsskrift for Arbejdsliv (2011) No. 2

**Article 3**

‘Navigating the field of temporally framed care - Time logics, temporal dilemmas and processes of navigation in care work performance in the Danish home care sector’

Tufte, P.

(The article is being submitted to Sociology of Health and Illness)

**Article 4**

‘Is there time enough? Time resources and service performance in the Danish home care sector’

Tufte, P.

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Chapter 1

Theoretical framing and perspectives

This chapter gives an introduction to the main topics of the PhD thesis and situates the thesis within relevant fields of research. Two fields of research constitute the overall framing of the thesis: elder care research and work environment research. Drawing primarily from elder care research in a Scandinavian context, with a supplementary focus on research in an Anglo-Saxon context, the chapter introduces scientific discussions on care vs. work, care as work and the content and conditions of care work. Addressing the organizational and temporal framing of care work, the chapter introduces relevant studies on governance in care work and discusses the theoretical concepts of time logics. Furthermore, the chapter introduces meaning of work as a central indicator in work environment research, both as it is applied in epidemiological research and through the theoretical perspectives on the concept. Concluding this chapter, I argue for the relevance of this PhD study, positioning the thesis within the discussed areas of research.

1.1 Care vs. work

Gender and social policy are two predominant analytical perspectives in care research. Given that most carers/care workers are women, in the public as well as in the private domain, the understanding of care as part of the gender order is one apparent perspective in care research. Another perspective is care as a welfare state responsibility, focusing on policies and rights and needs of different groups in society (Daly and Lewis 2000; Graham 1983; Thomas 1993). In addition, a third category can rightly be emphasized as an important perspective on care. Within the Scandinavian care research there has, thus, been a strong focus on care as work, and being a central topic in the thesis, this perspective will be central in the following presentation.

Feminist scholars were the first to focus on care work as a subject of scientific research in the early 1980s. Given that care work had been performed mainly as domestic, informal acts, these feminist scholars called for recognition and appreciation of such unpaid work. Gradually, care changed from primarily being based on personal relationships to being work with formal training and task descriptions. Hybrid forms of care and work developed along this continuum, the cash problematic
entering the care relationship within the domestic domains, and the problematic of affect entering work relations (Stone 2000; Ungerson 2005).

Davies has defined care work as “attending physically, mentally and emotionally to the needs of another and giving a commitment to the nurturance, growth and healing of that other” (Davies 1995, pp.18-19). According to Davies herself, this definition illustrates well the complex character of care work, stressing unpredictability and uncertainty as key features of caring, features which require flexibility in response on the part of the care worker.

Thus, the development of formal care work exposed the ambivalences between care and work and challenged the ways to conceive and define care. Several scholars have addressed the differences between domestic care and formal care services, introducing the dichotomy of caring for (a feeling state) vs. caring about (an activity state) (Graham 1983; Thomas 1993; Ungerson 1983), and emphasizing the familiarity, individuality, and vagueness of domestic care, versus the use of trained professionals, specific tasks and focus on ‘doing’ in formal care (James 1992). And, following the distinction between informal and formal care, questions were raised on how the emotional aspects of care were threatened by, and subjected to, the physical and organizational aspects of care (James 1992; Thomas 1993). Referring to her own definition, Davies stated that committed attending could hardly be translated into specific tasks, though also recognizing that the emotional aspects of care could be perceived differently in the formal and informal contexts of care. As such, Davies perceived emotional work, not as affection, but as a commitment in the other person and this person’s situation (Davies 1995).

The considerations on formal and informal care were put forward more than two decades ago and related to an Anglo-Saxon context, where informal care was predominant and the ideals of care were - and partly still are – attached to informal care. Obviously care has been discussed and reconceptualised continuously since then and the dichotomy of care vs. work is less relevant in discussions of care work today because of the broad acceptance of consistency between the two (Knijn and Kremer 1997). While, recognizing the simplicity of the dichotomy between caring for and caring about, I still find it relevant to consider these ambivalences in today’s discussion on care work. In this thesis, aiming at assessing the meaning of care work in a formal, publicly financed elder care sector, I draw on these initial considerations on care and work in the discussions of the
content of care and challenges of care work performance, taking place within a strict organizational framing.

1.2 Care as work

Within the Scandinavian context there is a strong tradition in elder care research. In the Scandinavian countries elder care is situated within the social framing of the welfare state, providing particular circumstances for the public as well as private elder care. Though the specific organization and responsibilities of the welfare state differs between countries, all are characterized by large public elder care sectors, providing and (and to varying extent) financing the provision of services.

One of the most influential Scandinavian care researchers, the Norwegian sociologist Kari Wærness, formulated the distinction between care work and personal services, thereby also calling the attention of the Anglo-Saxon care researchers to the notion of ‘paid care work’ (Szebehely 1996). Wærness has introduced ‘the rationality of caring’ - a significant concept in care research, which has been discussed and referred to in numerous care studies. Arguing that care workers (being mostly women) are capable of acting rationally in their job performance – and not only acting on the basis of feelings and norm conformity – Wærness developed the concept to enhance the understanding of the complexity of care work. Defining care as a combination of feeling concern for, and taking charge of, the well-being of others, Wærness identified certain qualifications and care orientations which she proposed as necessary in order to perform good care. First, care workers should possess personal knowledge of the elderly and be able to identify themselves with their specific situation. Second, they should possess professional skills in order to handle the different needs and states of the elderly, including the physical and emotional challenges which occasionally emerge in caring situations. The rationality of caring dictates that care workers – based on insight and sympathy – respond to the individual and ambivalent situations of the elderly in the performance of care work (Wærness 1984; Wærness 1996).

Wærness defined the rationality of caring in opposition to what she termed as the rationality of bureaucracy – the rationality behind the planning and administration of care work. Criticising the public planning paradigm for overlooking the realities of the caring situations, she argued for a stronger emphasis on the dissimilarities between the elderly and a rejection of standardized care
services in the planning processes (Wærness 1996). In responses to the work of Wærness, it has been pointed out that competing rationalities are an inevitable part of modernity: as the rationality of caring reflects the inherent gender hierarchy in modernity, it will constantly be threatened by the ‘real’ instrumental modernity (Wrede 2008). While, recognizing that the rationalities may have different theoretical and empirical forms, I find the dichotomy relevant as a means to understand the complexity of care work in practice. The dichotomy highlights the different – and potentially conflicting – elements which care workers are confronted with in the daily performance of care work: on the one hand, planning, pre-defined tasks, and time considerations, and on the other hand, the actual and changing needs and wishes of the elderly.

1.3 Performance of care work

A number of studies have addressed the performance of care work, examining the approaches and perceptions of work from the perspective of care workers. As empirical analyses of work performance are central in this thesis, the following section will highlight some of the main topics and problems pointed out in (predominantly Scandinavian) research on care performance.

Across a number of studies, one frequent finding is that the positive aspects of care work are associated with the caring relationship – with the meaningfulness of helping elderly people in need. Continuity, sufficient time and discretion constitute the main values in this context. Negative aspects of care work are related to time pressure, strict planning, feelings of inadequacy and lack of flexibility in job performance and limited use of professional skills (Liveng 2006; Szebehely 1995; Szebehely 2003b; Szebehely 2006; Trydegård 2005; Tufte et al. 2008).

The Nordic comparative study on everyday life and work conditions in home care is one of the central studies in this field (Szebehely 2003b; Szebehely 2006; Szebehely 2007). Analysing work in the home care sector in the Nordic capitals, the study concludes that the rationalities of care and management are both constituting elements in work performance. The planning and descriptions of work tasks were, especially in the Danish context, very detailed, but neither care workers nor care managers perceived the work as being particularly governed in detail, believing that care workers still had licence to be flexible and attentive to the actual situation of the elderly (Szebehely 2003a). Most pronounced, once more, in the Danish context, care workers practice what the researchers identify as ‘responsible disobedience’ (Szebehely 2007). Constructing parallel work practices, care
workers partly work according to work schedules (the formal work practice), and partly adjust work performance to the actual situation of the elderly (the informal work practice).

The emergence of parallel work practices has also been addressed in a number of other studies (Dyck and England 2012; Kirchhoff 2010; Vabø 2003; Vabø 2007). Linking work performance to organization and governance, Vabø states that even though the rationality of management (or management discourse) reduces the responsibility and power of service providers, it has not established itself as the predominant rationality in practice: care workers still consider themselves as independent providers, basing work performance on their own judgments and decisions (Vabø 2007). Still, the rationality of caring is not predominant either. Vabø sees, rather, the actions of the care workers as a way to compensate for the shortcomings of the organization and planning of care, thereby maintaining an inadequate system of governance (Vabø 2003). Similar considerations are put forward by Rønning (Rønning 2004). Approaching the existence of parallel work practices from a different perspective, Kirchhoff associates the emergence of different work practices with the experience of meaning. He concludes that care workers find formal care work a strain and without meaning, whereas informal care work is motivating and meaningful, and he criticizes the organization of care work for not recognizing or even directly opposing the meaningful care work (Kirchhoff 2010). The perspectives on the parallel work practices are relevant in the understanding of care work in general and in assessing the conditions and character of care work performance in particular. Parallel work practices are discussed more in detail in article four of the thesis, framing the discussion of division of care services.

The studies outlined above have pointed out the existence of two parallel work practices and discussed how care workers perceive, navigate within and actively take part in the maintenance of this construction. Other studies have, however, focused more directly on the negative consequences on care. Scholars have argued that the conflicting demands might lead to the setting aside, or even loss of, care values in everyday work practice (Liebst and Monrad 2008; Liveng 2006; Szebehely 1995). According to Liveng, there is an inevitable contradiction between the modernization and professionalization of care and the care worker’s ability to be personal, highlighting that standardisation has reduced care workers’ influence on prioritizing tasks and estimating the use of time, thus limiting the possibilities to perform ‘good-enough-care’. This perspective is shared by Stone (Stone 2000), who identifies a number of care related dichotomies, stating that tasks have
replaced talk, that detachment has sidetracked love, and that schedules have replaced patience. She concludes that elements of organization, management and professionalization are undermining good care.

In concluding this section about care as a work practice, it has been shown how dichotomies are commonly used as a tool for illustrating the contradictory aspects of care work. The principal dichotomy between the rationality of caring vs. the rationality of management exposes the core elements, challenges and potential conflicts of care work. The findings of the studies outlined above, constitute an essential basis of the investigations of this thesis, examining the establishment of meaning in care work performance. I recognize the complexities of care work, but whereas earlier studies have put great emphasis on discrepancies and potential incompatibilities in care work, this study examines how and to which extent care workers are able to manage and unify the complexities in work performance.

1.4 Care as a welfare state service and new forms of organization

Alongside the development of formal care, the provision of care services became a central part in many Western welfare regimes. More women entered the labour market and the scale of publicly financed and provided care services increased. Care had ‘gone public’, thus becoming subject to a process of formalization, commodification and legislation (Antonnen and Zechner 2009).

Research on care in welfare states is broad and varied. Care as a subject of public policy, marketization of care, informal vs. formal care work, care as a right and migration are some of the dominant themes (Daly 2002; Knijn and Kremer 1997; Pavolini and Ranci 2008; Rauch 2007; Ungerson 2004). Given the topics of this thesis, I will highlight a few studies which specifically address the performance of care work and the role the care workers. Examining care as a social good, Daly considers care workers to be part of the constituency of good quality care. To care workers, care as a good equals the opportunity to provide good care, emphasizing the significance of good conditions of work (i.e. emotional fulfilment and social support) (Daly 2002). Addressing the constitution of good care in different welfare regimes, Daly and Szebehely similarly stress the importance of focusing on care work at the micro-level. Stating that “good work conditions – care for the worker – are the precursor to good care for residents” (Daly and Szebehely 2012), they
argue that provision of good care (understood as a welfare resource) depends on the allocation of resources, facility sizes and organization of work.

Care as a welfare state service is not a singular analytical perspective in the thesis. Nonetheless, I draw on the previously outlined reflections on care as a welfare resource, as care workers in this study perceive their role, as performers of a welfare state service, as an integral part of meaningful care work.

Alongside the scientific exploration of care in the Western welfare states, scientific attention has also been focussed on trends of governance in the public sector, especially the implementation and development of New Public Management. New Public Management (NPM) is a broad political and ideological concept of governance, aiming at reorganization of the public sector in order to improve efficiency and service (Christensen and Lægreid 1999). Previously, the public sector was perceived as being too opaque, too expensive and not responsive enough towards the needs and wishes of the public. Governance by contracts, competition and management are the three core elements in NPM reforms (Vabø 2005). NPM builds on private sector ideals, emphasizing standards and measures of performance, output controls (resource allocation linked to performance), disaggregation of units (separation of policy functions, financial functions and service delivery), clear definitions of the clients’ needs and disciplined use of resources (‘doing more with less’) (Hood 1991). NPM offers no strategies or guidelines on how to reach these goals, and therefore models of government and organization are framed and implemented differently in different public settings (Vabø 2006).

The purchaser-provider-split model and the free choice model are examples of NPM-inspired organizational models which have been implemented in the elder care sector in Denmark and several other countries. Central in the purchaser-provider-split model is the split between the purchasers and the providers. In short, the purchasers have the entire (formal) authority of assessing the services, whereas the providers provide the services defined by the purchasers. The purchaser-provider-split model has been obligatory in the Danish elder care sector since 2003. The purpose of the purchaser-provider-split has been to increase the control of resources, but at the same time to focus attention on the citizen, emphasizing care services as a right.
In Denmark, the introduction of the purchaser-provider-split was closely related to (in fact constituting the institutional basis for) the ‘Free Choice’ - a reform permitting the elderly to choose between public and private providers. In this way, a Danish version of NPM was constructed, emphasizing competition between providers and standardization of services (Dahl 2009).

In welfare state research, marketization is addressed as an overall concept that covers tendencies like citizens as consumers, free choice, development from public to non-public care, non-profit to profit care and personalisation. Marketization is seen as the political answer to - or as the actual outcome of a development that is intended to - meet the challenges of the increasing number of elderly people and retrenchment in the care sector (Pavolini and Ranci 2008). In Denmark, the process of marketization has been limited, however, in the past few years an increasing part of the elderly has chosen private providers. Especially elderly persons, receiving practical help, are choosing private providers – now constituting a share of 45% (www.statistikbanken.dk). However, the share of elderly persons, receiving personal care from a private provider, is still small, being just 5% in 2011 (www.statistikbanken.dk). As such, the overall structure of the Danish care sector is still based on the assumption of a state responsibility, where care services are performed by formal, professional care workers, where care services are predominately paid for by the state, and where there is a high degree of legitimacy tied up with the universalistic aspects of the welfare system.

1.5 Implications of NPM on care work organisation
As pointed out earlier in this chapter, the dichotomy between care and work has, due to the increase of formal care work, largely dissipated. However another dichotomy appears to have replaced it: the dichotomy between governance and care. The ambivalence of this dichotomy relates to the question of whether performance of (good) care is possible within the frame of the new forms of governance and management that have prevailed in Western care sectors since the early 1990s. This question has been addressed in a number of studies.

The purchaser-provider-split was introduced in the home care sector to reduce the arbitrariness in needs assessment and service provision and promote, instead, a uniform and fair judgement. This model of organization is characterized by standardization of services and a contracted relationship between the elderly and the municipality (as the purchaser and the elderly enter a written agreement on the services to be provided). Yet when considering the actual performance of care work, it seems
that such a governance tool has its limitations in terms of comprehending and explaining the realities of the caring situations (Burau and Dahl 2013).

Vabø (a Norwegian researcher of ageing and welfare states) has been critical of NPM reforms in general and of the purchaser-provider-split in particular, stressing the problems of letting care worker-care receiver relations being guided by formal agreements and standards (Vabø 2003; Vabø 2005). She criticises the premises of pre-determining needs and pre-defining tasks, as the reality of the elderly often reveals itself to be incompatible with planning, leaving the care workers in situations of adjusting and compromising. And though Vabø claims that the daily work schedules can be considered as mere guidelines rather than work instructions (as they do not include instructions on how to perform the tasks), she still maintains that care workers tend to work against the system in order to meet the needs of the elderly (Vabø 2003; Vabø 2007; Vabø 2009).

The consequences of NPM on care work have, likewise, been addressed in numerous studies, analysing NPM as a state discourse. Care policies are perceived to possess the possibility for empowerment (in terms of visibility and recognition of care workers), though the obverse of this is a potential capacity for disempowerment (disciplining of care workers) (Kantola and Dahl 2005). Recognition of care workers is elaborated further by Dahl, as she discusses recognition and misrecognition in relation to the ambiguities of the NPM discourse. She identifies three possible strategies that care workers may apply in their struggle about time: negotiation, resignation and protest, subsequently arguing that recognition is sought (and obtained) through voice and visibility of the care workers (Dahl 2009). Although discourse analysis is not employed in this thesis, I do find that the perspectives, outlined above, which do draw on such analyses are useful in the understanding of how care workers perceive and act within the frame of the purchaser-provider-model and, more specifically, within the ‘constraints’ of the daily work schedules.

Drawing on the understandings of the principles of NPM and specific models of work organization, I use NPM as part of the theoretical understanding of the conditions of home care work. Assessing the meaning of care work and investigating work performance within the organizational framing of the purchaser-provider-split, the thesis discusses, in general, the impacts and, in particular, the temporal implications of this model of organization. Studies have emphasized the paradoxes of NPM-inspired organizational framing of care work, pointing out that NPM constitutes a framing of
rational decision-making, disregarding tasks, values and situations which are not contained in defined standards. NPM represents governance from above vs. a work practice, sensitive to the realities of everyday life. In this thesis I have chosen to analyse performance of care work from a bottom-up perspective, investigating how care workers themselves perceive, negotiate and act upon the conditions of work and thereby constitute the performance of care work. Thus, I follow the understanding that care workers are not passively receiving, but instead actively constituting the meanings and outcomes of specific policies or organizational framings (Dahl 2009; Vabø 2006).

1.6 Time as a condition of care work

In this thesis the examination of the meaningful care work includes the conditions of work as a central analytical perspective. The conditions of care work entail multiple perspectives, including the content, the specific character and the organizational framing of care work (Trydegård 2005). More specifically, Szebehely has pointed out economic resources, skills, sufficient time and knowledge of the elderly as essential conditions for care work performance (Szebehely 1996). In this PhD study, the analyses of data have identified time as a crucial element in care workers’ understanding of their work, and in two of the articles of the thesis different perspectives on the temporal conditions of care work are examined. In the following, I will present the main theoretical perspectives on time and especially perspectives on time and care, which informed and supported the analyses.

Home care work is ‘timed work’. It is characterized by a rationalized organizational structure, which calls for temporal order. The work day begins and ends at fixed, pre-defined hours and the content and the allocated time for every care visit is defined in the daily work schedule. And, as stated by Adam, when the logic of clock time prevails, work rhythms are (allegedly) not dependent on the particular conditions and needs of the context (Adam 1990). Home care work is, however, performed in the private homes of the elderly, so care workers interact with the elderly within the temporal framing of their everyday life situation, and the existence of diverging logics of time constitute temporal dilemmas in the performance of home care work.

**Clock time**

The significance of clock time is closely associated with the industrialization processes in the Western world. New modes of production lead to new understandings of time. Efficiency and
specialization through labour division became central aspects of work, and an understanding of time as being a standardized and invariable measure, divisible into infinite units, supported this development. A standard bearer for this line of thinking was F.W. Taylor. Being one of the first to do time-use studies of industrialized work he developed an approach to work life, emphasizing rational and efficient work processes (Adam 1990; Eriksen 2002). Taylor’s ideas remain prominent in public service work, being central in the concept of NPM. NPM has, in recent decades, been introduced in public service work throughout the Western world, emphasizing financial accountability, measures of efficiency, marketization and a changing relationship between service providers and customers (Thomas and Davies 2005) (see also section above on NPM and care).

The idea of the ‘rationally calculable action’ supposes that actions can be performed with predictability and punctuality (controllable regularity) within a universally applicable time, also labelled as empty time. Empty time means that time is separated from content and context, a standardized unit with neutral value. As such, time becomes a commodity that can be exchanged and used for any purpose (Adam 1995). This line of thinking indicates that the future is predictable and controllable, and that work performance can be coordinated and determined through detailed planning. A related concept capturing a similar take on time is monochronic time, a ‘one-thing-at-a-time’ presumption. It indicates that every activity can be perceived as a separate activity which ends before the next begins, allowing tasks and events to be scheduled as separate items (Bryson 2007).

The linear, commodified time of the clock is predominant in capitalist societies, indicating that time can be bought and sold, used in the pursuit of productivity, efficiency and profitability. However, a plurality of other perceptions and logics of time exist, i.e. social time, process time, time of domestic life, body time, cyclic time, relational time, and time of past and future life (Adam 1995; Bryson 2007; Davies 1994; Twigg 2000a). Twigg uses the term ‘other time’ as a common denominator for these logics, claiming that they - despite differences in meaning and applicability - share the general feature of being in opposition to clock time: ‘Accounts on the plural character of time typically start from a critique of the hegemonic character of clock time’ (Twigg 2000a).
Other logics of time

Bryson, Davies and Twigg have all addressed the issue of time and care, albeit representing different interpretations of the subject. Arguing that a better understanding of time in care could improve the appreciation of the general dilemmas of care work, Davies introduces the concept of process time (Davies 1994; Davies 1996). She argues that even though care work is different from ordinary capitalistic production of goods, the pre-dominant perception of time, emphasizing punctuality, time-reckoning and no ‘waste’ time, is still prevalent in the institutional structuring of care work. A sole focus on this temporal logic is, however, insufficient to understand what care work is about - in practice, care requires process time.

Process time is closely linked to the understanding of the rationality of caring, that care work is performed in accordance with the reality of the elderly persons (Davies 1994; Wærness 1996). Process time means that the time used on a certain task is adaptive to the circumstances or characteristics of the task which, in turn, are often determined by the variable and unpredictable needs of the elderly. Whereas the logic of clock time emphasizes a linear performance, the logic of process time emphasizes the performance of services as a process. Performance as a process entails waiting time, encountering obstacles, resistance and other interferences, fluid boundaries and responsibilities, multi-tasking in performance of services and attending to the influence of context factors. Taken as a whole these characteristics delineate the understanding of process time as being ‘enmeshed in social relations’ (Davies 1994).

Process time is a way to embrace care actions that cannot be captured in the logic of clock time (the continuous, linear and measurable time). What is seen, rather, is that, these care actions are irregular, non-linear and hard to register. However, as stressed by Davies, both of these time logics are necessary in order to approach and understand care work. The exact measurement of tasks and time in work schedules and the everyday life of the elderly are both realities of care work - it is not a question of either/or. Davies argues that both logics do (and should) coexist - what is important is that care workers have the flexibility to adhere to and include both in their performance, emphasizing ‘the individual’s mastery over the clock rather than being its subject’ (Davies 1994).

Claiming that caring interactions are embedded in different logics of time, Bryson argues that three time dilemmas are useful in illustrating the predominant logics of time: clock time vs. process time,
individual time vs. relational time, and linear time vs. cyclical time. Process time emphasizes that many activities are not delimited events, only occurring in discrete periods of time, one activity ending before the next begins. Instead activities are thought of as processes – as interlaced actions, as events that take place simultaneously, or as tasks that are left and returned to. With relational time, Bryson stresses the point that social (and caring) time “is shared rather than personal and thus sensitive to the contextuality and particularity of interpersonal relations” (Bryson 2007). Individual time indicates that a person does not depend on other persons in terms of controlling and using time, whereas relational time is time shared by more persons in concrete situations, involving shared use and shared control of the time. The final dichotomy expresses the perceptions of time as either linear - things happening one after the other, stressing goal-orientation and progression – or as cyclical time, focusing on time of reproduction and caring, emphasizing the repetition, fragmentation and multi-tasking in activities.

Addressing the constraints of performing care work in fixed temporal frames, Twigg has included ‘body time’ as a third aspect of the dilemma between clock time and process time (Twigg 2000a; Twigg et al. 2011). Having conducted extensive research on the bodily aspects of care work, Twigg states that the individual and variable needs of the body comply poorly with working hours. She focuses on bodily processes such as sleeping, wakening, eating, washing and bathing, stressing that the time and duration of bodily needs and rhythms is unpredictable and expansive. These circumstances are hardly compatible with the logics of clock time. Introducing the ‘trilemma’ of time in care work, Twigg defines clock time as the time of economic production, embodied in care service provision, process time as the time of caring, and body time as the time relating to bodily needs (Twigg 2000a). In another study on body work and, more specifically, on the temporal management of body labour, Cohen draws a similar conclusion, pointing out that ‘the intersection of the requirement for co-presence with the unpredictability of bodies’ social and physical demands makes spatio-temporal organisation of body labour particularly tricky’ (Cohen 2011).

The theoretical perspectives on time logics are included in the third article of the thesis, examining how care workers navigate the field of temporally framed care work. As a means to support the identification and analysis of temporal dilemmas in care work performance, I found the concepts of clock time and process time especially useful. I recognize body time as a central temporal aspect of care work, but have chosen to include the understanding of body time as part of the logic of process time, thereby emphasizing the interactivity between bodily needs, the rhythms and routines of the
elderly and the specific context of the home, and how these circumstances influence and impact upon care workers in their work performance.

**Other studies on time and care**

Having introduced the different theoretical concepts of time which I include in my own study, I will now provide a brief review of studies that have had a less direct influence on this study, but still contributed to forming the overall approach that has been adopted.

An explicit critical approach to the temporal dilemmas in care work is expressed by Andersson, emphasizing that time is neglected and made invisible by care managers and policy makers (Andersson 2008). She points out the gap that exists between care relations which are not restricted by time, and care work practices where real time is needed, arguing that a discourse of ‘lack of time’ is, in practice, very significant among care workers. This perspective is included in the fourth article of the thesis, examining the consequences of time constraints on the performance of work. Addressing the relation between time and work performance, Andersson has pointed out different perceptions of the concept of ‘routine’, defined either as skills that have arisen from experience, a mechanical and repeated act, or adherence between an act and a certain situation. Routines are often perceived negatively in care theories, as the nature of care is seen as inconsistent with strict routines and may be seen to conflict with personal and emotional interaction. I do, however, identify routines – understood as an experienced and skilled practice – as a central part of work performance, and I find the more pragmatic definitions of routines, proposed by Andersson, to be relevant perspectives in my study.

Another line of investigation on time and care is seen in ‘time budget studies’. A number of quantitative studies have addressed the issue of time registration. A thorough time study has been conducted in the Danish care sector, categorizing the time spent in direct time, structure time and other time. The study concluded that standardized and rule based work routines entailed an increase of administrative work tasks, not only for the administrative personnel, but also for care workers (Schultz-Larsen 2004). An American study showed how time was spent, when elderly patients’ visited primary care physicians, categorizing the use of time between patients’ talk and physicians’ talk, and differentiating between topics of the talk (Tai-Seale, McGuire, and Zhang 2007). A similar study design was used in a study on time use in mental health care visits of elderly patients (Tai-
Seale et al. 2007). As quantitative studies, conceptualizing time as a quantity, these studies are supported by the logic of clock time (Adam 1990), leaving the invisible emotional parts of work performance (which cannot be measured in singular care services) underestimated (Land 2002).

A number of nursing studies have also criticized ‘time budget studies’ for being reductionist, focusing on tasks analysis and ignoring the workers’ perspective, turning their own attention to qualitative empirical analyses of work practices, addressing temporal aspects of care work. Allen & Lyne conducted a study on hospital nurses’ working practices, concluding that effectiveness and patient well-being was enhanced through nurses’ flexible working practices (Allen and Lyne 1997). The study highlighted three main components that constituted hospital nurses’ work environment – the patient, the organizational time tables and the complex division of labour – and the authors concluded that flexible working practices (including the breaking of organizational rules) are necessary for hospitals to function.

Likewise, Waterworth also stresses that discourses on efficiency and effectiveness require a flexible approach to time management among nurses. In a study on time management among clinical nurses she has identified six strategies, including the ones of routinization and prioritizing, as a way to optimize the use and control of time. Furthermore, she proposes an alternative perspective on effectiveness, defined as nurses being able to make sense of and adjusting performance to competing demands (Waterworth et al. 1999). Waterworth does, however, also conclude that changes in temporal demands/time pressure affect nurses’ work perceptions negatively, ie. when standards cannot be achieved (Waterworth 2003). In another study on time management among nurses in long-term-care, Bowers concludes that nurses compensate for too little time and many interruptions by developing time strategies, permitting them to spend less time on specific tasks, create new time or redefine the work tasks (Bowers et al. 2001). Having been conducted among hospital nurses, these studies differ from my own study in terms of work content and context. However, I identify patterns of performance which are comparable with the results of these qualitative studies, and I do, to a limited extent, include these results as a perspective in the discussion of my own findings.
1.7 Work environment in the elder care sector – approaches and perceptions of meaning

The work environment has never been a predominant focus in care research. However, a number of studies have been conducted, and in this section I detail a few studies that have informed the development of this thesis.

A large Nordic study, based on quantitative data from Denmark, Sweden, Norway and Finland (NORDCARE), has investigated how organisational changes have affected the work environment in the elder care sector (Trydegård 2012). To increase efficiency and productivity, a NPM inspired reorganisation of the care sector across the Nordic countries has been implemented – manifest in the Danish context in the implementation of the purchaser-provider-model, the enforcement of standardization through time control and codification, and definition of services according to the tool ‘Common Language’, a detailed specification of all possible care services (Dahl 2009; Trydegård 2012). As a consequence of these organisational changes, care workers feel that care work has become more physically and mentally demanding, with increased time pressure, less autonomy, discretion and deterioration of the quality of care. Drawing on the ‘demand-control-model’ of Karasek and Theorell, stating that high strain work situations occur when demands (work load and time pressure) are high and control (decision latitude and development of professional skills) is low, Trydegård argues that the current work situation may influence the well-being of the care workers negatively. A large proportion of care workers stated that they were tired, exhausted and contemplating a change of job.

Other studies have documented the effects of the restructuring of home care (in a Canadian context), finding that that organizational changes (as well as economic cutbacks) had resulted in increased work load, lack of support, job stress and decreased job satisfaction (Denton et al. 2002), and (in a Danish context) that care workers relate resource scarcity and organisational changes with feelings of mistrust and inadequacy in terms of care provision, ultimately leading to experiences of psychological attrition (Tufte et al. 2008).

Within the field of work environment research, numerous studies on the elder care sector have been conducted. In this section I will mention just one, namely the NFA cohort study which has provided data for the first article of this thesis. NFA has conducted a questionnaire survey among elder care
workers in 10 municipalities (about 10,000 employees). It is a rolling survey, conducted three times, and aims to address factors relating to physical and psychosocial work environment, health and well-being among the care workers. The cohort does not contain data on work tasks and organizational contexts. Results from the baseline study in 2005 were compared to Danish labour market figures, showing that elder care workers experienced higher levels of meaning of work and leadership quality than employees in the Danish labour market in general. In contrast, however, care workers reported significantly lower levels of decision latitude and commitment in the work place and higher levels of work pace. Comparing the results of the three rounds in the cohort study (years 2005, 2006 and 2008), one conclusion that can be drawn is that the work environment in the elder care sector is relatively stable. Improvements were identified in care workers’ experience of work-related well-being, leadership quality (already higher, relatively speaking, than the national average), and work pace and commitment in the work place (relatively lower than the national average) (Sandal et al. 2010). Another study on the same data has documented that sickness absence is relatively high (average of 12.8 days per year) and is associated with high physical and emotional demands, low discretion, but also lifestyle indicators (Borg 2007). And yet another study has found that a large part of the care workers report intention to leave their work place within five years, a tendency which is particularly strong among the eldest care workers, where 64% report that they intend to retire before the pensionable age (Tufte and Borg 2007).

I have included this section on work environment in the elder care sector, because I perceive it as a component of the frame within which I understand my own data, being a part of care workers’ work reality and thus a relevant perspective on the main topic of this study: the intersection between meaning and performance of care work.

**Meaning as an indicator of the psychosocial work environment**

Meaning of work is a central dimension in the measurement of the psychosocial work environment. As already mentioned, meaning of work has been identified as one of the key indicators of the psychosocial work environment in the COPSOQ (Kristensen et al. 2005), and it is equally included in NFAs elder care sector cohort study. Identifying meaning of work as a positive state the concept has received increasing attention, especially within positive psychology research. Having argued for the relevance of studying positive states in their own rights and not just as opposites of negative states, studies have found that positive states positively influence workers abilities in handling
strain and coping with stress (Clausen 2009; Schaufeli 2004) and workers’ intentions to stay in their job (Meyer et al. 2002).

A recent study has investigated the associations between psychosocial work characteristics, positive work-related states and labour market outcomes, perceiving meaning of work as one of two positive work-related states (the other being affective organisational commitment) (Clausen 2009). Defining meaning of work as a positive state serves to evoke the psychological attachment between the employees and their work tasks. Results of the study show that meaning of work is predicted by job demands (emotional demands and role ambiguity) and job resources (quality of leadership and influence at work) (Clausen and Borg 2011). Results also indicate that care workers who experience low levels of meaning of work have increased risk for long term sickness absence (Clausen, Christensen, and Borg 2010) and that meaning of work mediates the associations between psychosocial work characteristics and turnover (Clausen and Borg 2010). Altogether these studies indicate that meaning of work is a positive state which may have a positive effect on sickness absence, turnover and recruitment to staff the sector.

Having chosen meaning of work as a central topic of this thesis, I draw on the arguments of the studies outlined above, emphasizing the importance for workers to experience meaning of work and pointing out the relevance of addressing the subject scientifically. In the first article of the thesis I assess the association between client-related work tasks and meaning of work, thereby contributing to the field of epidemiological research on work characteristics and meaning of work. In the following section I present other lines of research on meaning of work, which have also influenced my approach to the (especially the qualitative) investigation of meaning of work.

**A short historical view on meaning in work life studies and definitions of meaning of work**

Within the field of work psychology and other scientific perspectives on work life, numerous studies have addressed the issue of meaning and aspects of work life, relating to meaning of work. Here I introduce a few selected perspectives which I find relevant in terms of understanding and framing the assessment of meaning of work in this thesis.

Looking at the concept retrospectively, the perception of meaning as a motivational factor was predominant in the era of industrial mass production, where the focus was primarily on extrinsic job
factors. This perspective was succeeded by focus on work itself, associating meaning of work with perceptions of ‘good work’. A central contribution to the discussion of good work was Thorsrud and Emery and their assertion that workers have needs and demands beyond salary, fixed working hours and security (Thorsrud and Emery 1969). They formulated six criteria (psychological job demands) for good work; variation in job content, learning, influence, support and respect, making value to the surrounding world and compliance between work and future prospects. Meaning was not included as a specific factor in this scheme, though coherence and purpose, which are essential aspects of ‘good work’, are equally relevant in assessing the concept of meaning (Sørensen et al. 2012). Another central study is the one which heralded the emergence of the job characteristics theory, as developed by Hackman & Oldham (Hackman, Lawler, and Oldham 2005). This theory outlines five core characteristics of work: skill variety, task identity, task significance, autonomy and feedback, which may lead to what is defined as critical psychological states: experienced meaningfulness (the three first characteristics), responsibility (the fourth) and knowledge (the fifth characteristic). These states may further lead to work motivation, job satisfaction and work effectiveness. Whilst these studies have highlighted significant factors influencing the experience of work, they have also been criticized for not relating to (changing) social context and for not involving the subjective perspective (Kamp and Bottrup 2009). Consequently, Kamp and Bottrup argue that meaning of work should be perceived as a dynamic concept - that meaning is established in a continuous interaction between work characteristics, subjective interpretation and the societal context.

Other studies have stressed the importance of the temporal aspects in the understanding of meaning. Brief and Nord make a distinction between the prospective and retrospective perspectives on meaning, arguing that purpose as well as understandings and knowledge may be perceived before and after the actual action(s) (Brief and Nord 1990). Criticizing perceptions of meaning which only focus on the intended accomplishments of work Brief & Nord argue that meaning derives from intent as well as understanding. The concept of meaning of work should be understood as the intention of an action, defined before the action is taking place, as well as a reflection that is put forward on the basis of experiences. Similarly, Wzresniewski et al. perceive work meaning as the employee’s understandings of what they do at work as well as the significance of what they do, distinguishing between the content (what is it?) and evaluation (what is the interpreted value of it?) (Wrzesniewski 2003).
One of the most recently published studies on meaning of work points to the fact that even though a large number of studies have addressed meaningful work, there is little consensus in terms of conceptualization (Lips-Wiersma and Wright 2012). Critical of the fact (among other things) that measures often confuse meaning with antecedents to and outcomes of meaning, the authors have developed what they label as a Comprehensive Meaningful Work Scale (CMWS). Arguing that existential meaningfulness is about wholeness and coherence, the purpose of CMWS is to assess meaning not only by identifying indicators or dimensions, but also through the associations between them. Consequently, the CMWS contains four main dimensions of meaning: 1) developing the inner self, 2) unity with others, 3) serving others, and 4) expressing full potential, and the relations between them are measured by the items being vs. doing and self vs. others. In other words: an individual subjective experience of the significance or purpose of work.

The studies presented above all emphasise the reflexive character of meaning of work, and I find them useful in terms of framing the investigation of meaning of work in this thesis. As such, the relation between meaning and performance of work, and the perception of meaning being an idea of what work is about, as well as an experience of the significance of the work, are central perspectives in the thesis. Wrzesniewski and Dutton have addressed this particular perspective, introducing and elaborating on the concept of job crafting (Wrzesniewski and Dutton 2001). When crafting a job, workers alter the boundaries of the work and hereby determining the content of work. Perceptions of work meaning are central in this theory, being a factor of motivation as well as a result of job crafting. Job crafting is included as a theoretical perspective in the analyses of performance of meaningful care work in the second article of the thesis.

**Meaning of work in Nordic work life studies**

In the Nordic countries in general and in Denmark in particular, meaning of work has become an important factor in work life studies, assessing work, well-being and the work environment (Sørensen et al. 2012). A number of studies have investigated meaning of work, applying an approach which combines empirical examination of meaning with theoretical analyses of the concept. An example of this is seen in the work of Isaksen, in which he examines the meaning of work among workers with monotonous repetitive work (Isaksen 2001). Relating the construction of meaning in a specific context, i.e. work, to the more abstract concepts of meaning of life, Isaksen
has formulated a tripartite definition of meaning of work: 1) the abstract meaning of work (referring to work as an abstract activity), 2) the general meaning of work (referring to the work in itself), and 3) the personal meaning of work (referring to the personal interests and motives in the work). Isaksen has identified ten categories of meaning, including meaning in relation to inclusion at the work place, meaning in relation to social interaction with colleagues, meaning in terms of making a contribution in society, meaning in terms of work being a catalyst for other activities outside work, and meaning as opposed to lack of meaning. Altogether these categories constitute a varied and broad understanding of meaning of work - an understanding which has, however, been criticized by Ravn for not representing a coherent concept of meaning (Ravn 2008).

Assessing meaning of work, Ravn himself has developed ‘Samblomstringsteorien’, illustrating the interconnection between four factors: realization of potential, contribution, joint productivity and creation of value. These factors are essential in Ravn’s definition of meaning of work, supporting the view that meaning is constituted when professional skills are used within a productive work community, making a contribution of importance to others (Ravn 2008; Ravn 2009). Ravn’s definition reflects a constructivist understanding of meaning, arguing that meaning is a subjective perception (a feeling, an insight or a recognition), but still a phenomenon that is constituted and relates to a wider context. Ravn has chosen a deductive conceptual approach to the understanding of meaning, basing his definition of meaning on analyses of psychological theories. He thereby distances himself from Isaksen who applied an inductive empirical approach when examining the meaning of work. Ravn has been criticized for his lack of attention to the empirical field – for not including the actual work content is his approach (Sørensen et al. 2012).

In this thesis I investigate the meaning of care work. I have chosen an inductive approach, resembling the approach of Isaksen and other empirical studies (Kamp 2012a; Morin 2004). The perspectives of Ravn are equally relevant in this study, as I recognize meaning to be a subjective perception, constituted in a wider context. Furthermore, I draw on the definition of meaning proposed by Ravn as the general understanding of meaning of work in the thesis. Finally, I have chosen to focus on meaning of ‘care work’, thereby acknowledging the relevance of including the performance of core tasks in the examination.
To conclude this section on meaning of work in Nordic work life studies, I present a recent Danish study on meaning and elder care work which examines meaning, management and organisation in the Danish elder care sector (Kamp and Hvid 2012). This study has identified three main perspectives on the concept of meaning, namely the critical perspective, the management perspective and the transformative perspective (Kamp 2012b). I find the study of meaning in this thesis placed within the transformative perspective, focusing on the constructivist approaches and variable and negotiable perceptions of meaning. A central concept within this perspective is job crafting, which I (as mentioned earlier) use in the analyses of meaningful work performance. However, I also find the critical perspective relevant in this thesis, not in order to support the analyses, but rather to put the findings into perspective. The critical perspective focuses on meaningful vs. meaningless work in relation to rationalisation and control initiatives. Wærness and Kirchhoff (cf. sections on elder care work earlier in this chapter) are frequently referred to in relation to the critical perspective, with both suggesting that meaningful care work is under pressure due to rationalisation processes. As such, the critical perspective is included in chapter 3, discussing the main findings of the study.

Summing up, the thesis is situated within two research areas: care research and work environment research. I include perspectives on care, especially focusing on the performance of care work, organizational models in the care sector, time logics and parallel work practices/division of care services. And I include perspectives on work environment, focusing particularly on meaning of work as a processual and contextual concept, but also as a parameter in epidemiological studies, being one out of many indicators which are used to assess the psychosocial work environment. Altogether, these perspectives constitute the theoretical framing and perspectives of the study.
Chapter 2
Methodological arguments and methods used

Having outlined former research and relevant theoretical perspectives in the fields of this PhD study, the current chapter elaborates on the research process. I present the design of the study and discuss the methodological approaches, methods of data collection, theoretical perspectives and analytical processes that have been involved. As the PhD thesis consists of four articles, in which the methodological considerations are, given the format of the articles, relatively limited, this chapter discusses the methodological approaches of the thesis as a whole.

2.1 Design – a schematic outline

Reflections on which kind of knowledge is necessary to answer the research questions and how that knowledge should be obtained are crucial in the development of a research design. In this particular study such reflections have guided the initial development of the design, as well as the processes of adjusting and improving the design over the course of research. The objectives of the PhD study, that is, the topics which it seeks to address, favour a research design that combines different methodological approaches and methods. The actual design therefore involves a combination of quantitative and qualitative analyses, though the qualitative part of the study is predominant. Regarding the qualitative part of the study, the character of the design is explorative and interpretive. The methodological approach is constituted by several perspectives, all gathered in the framework of reflexive interpretation. Applying an explorative approach to the meanings, experiences, opinions and practices of work, I use grounded theory method as an inspiration in the collection of data and initial stages of analyses. Assessing the relations between meaning and actions and understanding work practices in their specific contexts, I am similarly inspired by the perspective of objective hermeneutics and rely on different theoretical explanations in later stages of analyses.

The following is a schematic outline of the design.
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<th>Method of data collection</th>
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<td>Questionnaire survey</td>
<td>General Linear Model (statistical method)</td>
<td>Quantitative assessment of meaning and work-related well-being</td>
<td>Significant associations between work tasks, which emphasizes the interaction between care workers and the elderly, and the experience of meaning</td>
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| 4 | Analysing care workers’ critical reflections on time and the consequences on the performance of care work |
|   | Qualitative |
|   | Focus group interviews |
|   | Participant observation |
|   | Reflexive interpretation |
|   | GTM - open and focused coding |
|   | Standardization |
|   | Care in private homes |
|   | Three categories of (perceptions of) division of care services |
|   | The notion of service division constitutes a challenge to care workers’ perception of how meaningful care work is performed |
2.2 Mixed methods

The empirical material used in this PhD is divided into two parts. One part is a qualitative examination and analysis of meaning perceptions and care work practices, focusing on how care workers navigate between demands, expectations and possibilities in the performance of care work, and how meaningful care work is constituted in this process. The other part is a quantitative analysis of the associations between client-related work tasks and meaning of work. In the following I present the designs and analytical approaches of the two parts and reflect on the methodological implications of the chosen designs. As three of the four articles are written on qualitative data, the thesis is predominantly a qualitative study. However, having included one article written on the basis of quantitative data, the study is a combination of the two approaches, and, as such, requires that the notion of mixed methods be briefly introduced.

The methods of quantitative and qualitative research are fundamentally different, belonging to distinct epistemological paradigms. The first one is positivistic, emphasizing representative samples, many observation units and few variables, causality, prevalence and confirmation. The other one stresses the exploration of social phenomena as they are experienced by individuals themselves, less observations and many variables, context, and relations (Kvale and Brinkmann 2009; Malterud 2001; Nielsen 2006; Teddlie and Tashakkori 2008). In practice, a combination of the two is often applied, either in order to let qualitative data inform the development of survey questions (as a way to enhance sensitivity and accuracy), or in order for qualitative data to enhance the understanding of quantitative findings (Malterud 2001). Even though this particular study tends to lean more towards the second approach, the primary objective is for the two methods to complement each other. I perceive the multiple approach a strength of the study, assessing the causal relations between work conditions and meaning of work, using quantitative survey data, and then, using qualitative data material, explaining and understanding the causal relations in their context.

2.3 The quantitative study

Partly influenced by COPSOQ, a questionnaire called The Work Environment and Health in the Danish Elder Care Sector has been developed at NFA. This questionnaire has been used in a cohort study, conducted three times among approximately 10,000 employees, addressing the physical and psychosocial work environment, health and well-being among care workers. This survey provides a
large amount of relevant data on the work environment, concluding (amongst other things) that meaning of work is high, but that physical and psychosocial demands are also high, while influence and possibilities of development are low (Borg 2005; Borg 2007). Data from this survey is used in the quantitative analysis of the PhD thesis.

Article 1 of the thesis analyses the prospective associations between care workers’ perceptions of client-related work tasks, measured in the baseline study (2006), and their perceptions of meaning of work, measured in the first follow-up study (2008). Only data from participants who participated in the study in both 2006 and 2008 were used and only elder care workers who performed client-related work tasks were included, thus excluding, for example, administrative personnel, kitchen personnel and cleaners. Given that less than three percent of the sample was male, men were also excluded from further analyses. Thus, the final sample consisted in 3985 female elder care workers.

Perceptions of client-related work tasks are measured by six items, all relating to the content and performance of care work. Three of the items address interactional aspects of care work, whereas the other three concern conditional aspects. These six items were selected from a battery of eleven items, all addressing the possibilities to perform care work. However, one of the five items, concerned the management level which, not being a relevant perspective in the study, was excluded. The remaining four items were excluded as they thematically overlapped with items which were included in the study. Perceptions of meaning of work are measured by a three-item scale from COPSOQ (Pejtersen et al. 2010), items which address the motivation, meaning and importance that is attached care work. All items were responded to on a 5-point Likert scale ranging from “to a very low degree” to “to a very high degree”. The response on each item was coded from 0 to 100, where 100 represent the highest degree of meaning at work.

The associations between work tasks and meaning are analysed by using general linear modelling (GLM). For each of the six exposure variables, the GLM estimated the difference in the mean score of meaning at work in the two exposure categories as compared with the mean score in the reference group. These estimated differences were reported together with the 95% confidence intervals (95% CI) for the difference and p-values for each of the six exposure variables. The GLM was chosen because the outcome variable was continuous and approximately normally distributed. Estimates for differences in job title, type of workplace and age were adjusted.
2.4 The qualitative study

The qualitative part of the thesis is situated within a constructivist paradigm, assuming a relativist ontology (there are multiple realities, where ‘truth’ is defined as constructions on which there is consensus), a subjectivist epistemology (knower and respondent co-create understandings), and a hermeneutic/dialectical set of methodological procedures (Cuba and Lincoln 2005; Denzin and Lincoln 2005). Within this paradigm I have developed a qualitative design, emphasizing explorative approaches to data collection and interpretative approaches to data analysis, applying the overall perspective of reflexive interpretation analysis (a combination of analytical approaches) (Alvesson and Sköldberg 2000). I draw on main elements of the grounded theory method (which, according to Denzin and Lincoln, is a common method within the constructivist paradigm), but am also inspired by the perspective of hermeneutic interpretation, emphasizing the meaning of social action. A fieldwork, consisting in focus group interviews and participant observation, has been conducted in two Danish municipalities.

Discussing the differences between quantitative and qualitative strategies of research, Malterud addresses the issue of objectivity (Malterud 2001). Opposing the conventional definition of scientific objectivity, eliminating the effect of the researcher and emphasizing measurability and testability, she argues that objectivity in qualitative research implies an understanding of knowledge as being partial and situated, including an adequate account of the position of the researcher. Malterud draws on the work of the feminist scholar Haraway, who introduced the term ‘situated knowledge’, stating that “feminist objectivity is about limited location and situated knowledge, not about transcendence and splitting of subject and object” (Haraway 1988). Hasse, a Danish anthropologist, is also inspired by Haraway, understanding ‘a field’ as a social construction where the work and results of the researcher depend on the interaction with other people (Hasse 2000). Especially focusing on the use of participant observation as a research method, Hasse argues that “the analytical objectives and methodological reflections are constructed relationally in the meeting between the researcher and the people who are of scientific interest” (Hasse 2002).

I find these perspectives informative in order to understand my own role as a researcher, recognizing that I occupy different social positions from where I perceive, as well as take active part in the creation of, the research field. In the following elaboration of the methodological approaches and methods applied I will reflect more in detail on my position as researcher.
According to the constructivist paradigm, knowledge is situated within social and historical contexts, giving the issues of validity and generalization a very different meaning than the meaning related to these issues within the positivist paradigm. Whereas some qualitative researchers dissociate themselves from applying these terms, replacing them with terms as confirmability, reflexivity and transferability (Cuba and Lincoln 2005; Malterud 2001), Kvale and Brinkmann address the concepts of reliability and validity from a qualitative perspective (Kvale and Brinkmann 2009). Arguing for the ‘social construction of validity’, they relate the question of validity, not only to the product, but to all phases of research - from the expediency of the design, over the quality of data collection, the logic of interpretation, to the presentation of findings. Complying with this understanding of validity, I account for the different phases of my own research process, aiming at a high level of transparency (as was equally emphasized by Malterud 2001). Having presented and discussed the findings of the study in the next chapter, I do, in the final chapter of the thesis, reflect in more detail on the perspectives and limitations of the study, including considerations on the applied design.

2.5 Introduction to grounded theory method

The qualitative study of the thesis is inspired by grounded theory (GT), or more specifically constructivist GT. Attending a three days PhD course on GT, held by Kathy Charmaz, I was introduced to the constructivist approach to GT. Charmaz herself is a ‘second generation’ grounded theorist, having been a student of the initial architects of GT, Glaser and Strauss. And being the architect of constructivist GT, Charmaz describes her approach as more pragmatic than former approaches to GT. Thus she positions herself within a constructivist paradigm, dissociating herself from what she labels as an objectivist approach to GT. The following section presents the main elements of GT, the main perspectives of the constructivist approach, and some of the main points of criticism against the constructivist approach as they are put forward by Glaser.

However, before presenting GT I will start by pointing out a distinction between the expressions grounded theory (GT) and grounded theory method (GTM). As stated by Bryant and Charmaz, grounded theory does, in the literal sense, mean a theory resulting from the use of grounded theory methods (Bryant and Charmaz 2007). Grounded theory is, however, the most common expression in both speech and writing often referring to the method and not to the result. To clarify this
potential misunderstanding Bryant and Charmaz argue for a distinction to be drawn between the two expressions, and in the following I use the term grounded theory method (GTM), indicating my own use of GT as a method and not a theory.

GTM is fundamentally a very technical and detailed methodological approach, aiming at useful description, conceptual ordering and theory generation (Strauss and Corbin 1998). GTM aims at studying social processes, containing inductive strategies for collecting and analysing qualitative data. The main characteristics of the method include the premise that the researcher enters the field without (theoretical) pre-assumptions, the close interaction between data collection and data analysis, and the generation of theory from empirical data. Crucial steps in the GTM process are collection of data, conceptualizing and reducing data, construction of categories, identification of properties of and relations between categories, possibly collection of additional data, and potentially the construction of theory – which, taken as a whole, strives to transform empirical data into levels of abstraction or generalisation (Charmaz 2005; Kristiansen 2002; Strauss and Corbin 1998).

Representing the constructivist approach, Charmaz emphasizes that the creation of data and analysis is based on the shared experiences between researcher and participants, understanding data as something that reflects its context as well as the researcher’s thinking. She argues that GT is not a recipe to be strictly followed, but, rather, something from which to take inspiration. Furthermore, this approach encourages the researcher to be reflexive about the assumptions and pre-understandings which are brought in to the inquiry. Recognizing that researchers often know a lot about their topic and the related literature prior to entering a specific research project, the point is, rather, that they must strive to remain as open as possible in order to be properly receptive to the information/knowledge that the data is providing. Finally, Charmaz claims that theory generation is a sensible, though far-sighted, ambition which is hardly within reach of a three years research project.

Opposed to the constructivist approach is the objectivist (and traditional) approach, emphasizing that data represent objective facts and that meanings are inherent in the data, merely waiting for researchers to discover them. According to Charmaz no reflexivity is needed within this approach, as researchers are presumed to have no (or leave out) prior assumptions when entering the empirical field (Charmaz 2002). However, in a reply to the constructivist approach to GT, represented by
Charmaz, Glaser criticizes the notion of constructivism on several levels (Glaser 2002). According to Glaser, a constructivist approach to data collection implies a very active participation of the researcher and a very structured process of data collection. This goes against the premise of GT, positioning the researcher (especially as an interviewer) as mainly listening and passive. Likewise, in terms of analysis and interpretation, Glaser opposes the constructivist idea, claiming that knowledge does not derive from mutual interpretation (between researcher and respondent), but derives from the processes of constant comparison and theoretical sampling. Claiming that ‘data is what it is’ the researcher should, according to Glaser, interfere as little as possible in respondents’ own perceptions of things – GT is about conceptualization of latent patterns, not about a shared understanding of the story. Ultimately, Glaser argues that constructivism and GT are incompatible approaches, not rejecting constructivism as such, but perceiving that, when applied to GT, it represents a remodelling of GT to such an extent that it is no longer faithful to the principles of GT and should, therefore, be considered as another qualitative data analysis method.

I recognize the position of Glaser in terms of illustrating the principal elements of the original concept of GT and thus the view that the constructivist approach represents an act of remodelling. However, I find constructivist GTM to be in line with my own epistemological stance and study design and thus well-suited for my purposes. As previously stated, I have not applied GTM in all stages of analysis, but it has inspired the design in stages of data collection and initial analyses.

2.6 GTM and data collection

Focus group interviews and participant observation were, in light of the study’s focus on perceptions and performance of care work, selected as the main methods of data collection. Inspiration from constructivist GTM is evident in the open and explorative approach to the collection of data. However, ‘open’ and ‘explorative’ are not necessarily clear-cut terms, indicating that investigations can be based on the one question: What is happening here? (Charmaz 2002) or can be conducted according to more structured designs. This particular study is characterized by an open approach within a framework of predefined objectives. While recognizing that the objectives of the study emerge from a pre-understanding of care work, characterized by ambivalence, but also high levels of meaning, the approach to data collection is relatively open, aiming at uncovering the perceptions of meaning and how ambivalences were handled in the performance of care work. The interview guide designed for the focus group interviews reflected this intention. It consisted of only
seven overall questions, addressing the content of care work, the work place and care workers’ reflections on the positive as well as the negative aspects of care work.

Participant observation is, by nature, an explorative method and fits well with the premises of GTM. Once more, the overall objectives of the thesis formed part of the approach, which otherwise can be defined as open. Participant observation was designed to gain insight into day-to-day work practices, focusing on the content of the care visits, the interactions with the elderly and the care workers’ reflections on the work they perform.

2.7 Selection of cases in the qualitative study

The qualitative fieldwork was conducted in the local home care sector in two Danish municipalities. Both municipalities have participated in the NFA cohort study, *Work Environment and Health in the Danish Elder Care Sector*, as well as in NFA initiated intervention studies and were, as such, already in a working relationship with NFA.

When this PhD study was first initiated, the purpose and design of the study were different. The study was designed as an evaluation of a municipal intervention project, a project aiming at developing and implementing an alternative organisation in the elder care sector. However, the intervention project did not – due to internal differences in the municipality - progress according to plan, and eventually it was decided that the intervention project was no longer appropriate for a PhD study. Consequently, the PhD study was redesigned. The new design included qualitative fieldwork in two municipalities, and I found it natural to continue collaborating with the municipality that was already involved in the intervention project (municipality A), and select an additional case as a supplement (municipality B).

The selection of cases is an important part of doing qualitative research, characterized by carrying through in-depth studies of single cases. A large number of strategies can be applied in the process of case selection, but common to them all is that the selection should be based on the purpose of the particular study: *purposive selection* (Neergaard 2007). The selection of cases for this study was (partly) based on the strategy of maximum variation (Flybjerg 1991; Neergaard 2007). According to this strategy, cases which differ considerably on one dimension, i.e. size, localization or organisation, are selected, thereby securing a variation in the data, on the basis of which particular
topics and patterns can be identified and described. As the purpose of the study is to examine the interaction between meaning of work and work conditions, applying the perspective of the care workers and especially focussing on the performance of home care work, the cases should represent a variety of work situations, providing the best possible knowledge on home care performance. I found that geographic setting was a relevant parameter in terms of variance, considering that the private homes of the elderly constitute principal conditions of home care work and assuming that different localities and physical habitats – and the lives that are lived here - signify different conditions of work.

In municipality A, the head of the elder care department consented to the participation of the municipality in the new study. She set up a meeting with the heads of two local care units, and after being introduced to the PhD study and the intended role of the two care units, they also agreed to take part in the fieldwork. Municipality A is rather big, employing about 1500 people in the elder care sector. It is comprised of three previously distinct municipalities – one primarily urban and two primarily rural - which were merged during a structural reform of local government in Denmark in 2007. In consideration of the diversity of the municipality, two local units – taken from two different geographical settings - were chosen for the fieldwork. Consequently, one unit mainly covers a city centre area, predominantly with apartment buildings, whereas the other unit is placed in a smaller village and covers a much larger area, consisting of residential neighbourhoods and houses in the countryside.

Selecting municipality B, the geographical setting was again essential. As municipality A is a provincial municipality in the Southern part of Denmark, covering a substantial area of a town, smaller villages and rural districts, a small capital suburb was selected as the second. This municipality employs less than 300 people in the elder care sector, distributed over four local care units, one being a residential home and the three other home care units. It was the head of the elder care department who first consented to the participation of the municipality, presenting the PhD study to the local care units and eventually engaging two of the three home care units to participate in the fieldwork.

There are, however, limitations to the appliance of the maximum variation strategy in the selection of cases. Firstly, cases were selected among municipalities which were already in a working
relationship with NFA. This facilitated my access to working partners which otherwise could have been more time consuming and, given the situation of having to re-design the PhD project, I found accessibility to be a priority. Secondly, I only had limited (or no) information on other parameters, which could have been relevant to secure maximum variation, i.e. differences in local organisation, management approaches or economy. Nevertheless, I found that the cases did provide significant knowledge on patterns of meaning of work across the cases, as well as allowing the possibility for detailed descriptions of particular work situations.

2.8 Methods used

“How can you write about home care work, never having been a home care worker yourself?”

While doing my observation studies, I was asked that question by one of the care workers. And the question touches upon one of the central elements of research, namely that the researcher places herself in a foreign setting, aiming at understanding and providing knowledge of the Other (Denzin and Lincoln 2005). Confronted with the question myself, I recognized that I would never even get close to knowing home care work in all its particulars, but that focus group interviews and observations would still provide me with some knowledge of the performance of care work which I could subject to further analysis. The following section introduces the design of the fieldwork and how it was actually conducted.

**Focus group interviews**

Focus group interviews are useful as a method in the study of opinions, meanings and dynamics in groups. They aim to explore how opinions and understandings are elaborated and negotiated in a social context, and they give insight on how norms and knowledge are shared in the group. Focus group interviews can be defined as ‘a research technique that collects data through group interaction on a topic determined by the researcher’ (Morgan 2001). Focus groups are about listening and sharing opinions and experiences, and the respondents influence each other through the dialogue. As such, the very interaction between the respondents is crucial in the production of data in focus groups. Furthermore, focus group interviews make it possible to compare similarities and differences among more respondents during the interview process (compared to the individual interview where the comparison of statements happens in the analysis process), providing knowledge on issues that otherwise may be undisclosed by the individual (Halkier 2002; Morgan 1997; Steyaert and Bouwen 2004).
The purpose of conducting focus group interviews in this study was - through the reflections of the care workers – to gain insight on the content and performance of care work and more specifically to assess care workers’ perceptions of the meaning of care work. I found this method to be appropriate, as I consider meaning to be a phenomenon that is established through a combination of individual and collective factors. Four focus group interviews were conducted, two in each municipality. In every interview six care workers participated, three from each of the two local work units. The intention of these group constellations was to secure relative homogeneity, by including care workers from the same local care sector, but at the same time to avoid too much consensus and ‘indexed talk’, by including care workers coming from different work units, not sharing daily work routines (Agar and MacDonald 1995). Furthermore, different professions were represented in the focus groups, as each local care unit participated with two social- and healthcare helpers and either one social- and healthcare assistant or (in two out of eight cases) one home care nurse. Due to difference in education, social- and healthcare assistants do, to some extent, perform different work tasks to helpers, whereas nurses are solely responsible for the nursing tasks. The composition of the focus groups was decided in order for the participants to represent the distribution of care workers in the total work force (though no social- and healthcare students participated), as well as to optimize heterogeneity and variety in terms of work perceptions and experiences.

According to Morgan, the challenge for the researcher is to facilitate an open and free discussion and still get relevant information on the research topic. By using what he calls a ‘funnel strategy’ it is possible to combine the two approaches, starting out with an open and less structured discussion, but ending up being more controlling, asking more direct questions. Designing a guide for the focus group interviews I chose to follow this ‘strategy’, starting the interviews by introducing ‘open’ topics, like ‘how would you describe your work’ and ‘what is a good workplace/describe the ideal workplace’, touching upon the work routines and social relationships. During the course of the interviews I went on to more specific topics, like the goals and values in care work – as well as the negative aspects of the work - the significance of doing care work, care workers’ personal motivation and commitment to the work, and their reflections on dichotomies like care vs. work and personal characteristics vs. professional qualifications. Finally, the topic of meaning of work was discussed. Determining which topics and questions to include in the interview guide I was inspired
by a qualitative study on care work in the Nordic countries (Szebehely 2003a) and a study on the meaning of care work in the USA (Ball et al. 2009), as well as quantitative studies measuring meaning of work: the Danish COPSOQ surveys (Kristensen et al. 2005) and The European Working Conditions Surveys (www.eurofound.europe.eu). The interviews did (naturally) not go strictly according to the guide, but all topics were introduced and discussed.

The literature provides a range of advice and instructions on how to conduct a focus group interview; begin the interview by ‘breaking the ice’, make a round for everyone to get an opening, to listen, follow up and lead the discussion back to former subjects and introduce new topics during the interview, to tone down relatively dominant respondents, to encourage relatively silent respondents to speak out, and to end the interview by summing up what has been said and conduct a debriefing (Halkier 2002; Morgan 2001; Morgan 1997; Wilkinson 2003). In my role as moderator of the interviews I drew upon this advice as well as from my own previous experiences with conducting focus group interviews in research projects. During the course of the four interviews I did experience the need to keep some of the respondents on the track of topics, as they were inclined to keep talking about the problems of work. Likewise, it was also necessary to encourage some of the respondents to speak, i.e. by keeping eye contact with them or by asking them directly. At the end of every interview I asked participants for their opinions of the interview and always obtained very positive responses. The care workers appreciated the fact that they were allowed to sit for two hours and discuss their work, and that they got the chance to meet and discuss with colleagues that they did not know to begin with. All interviews were tape recorded and transcribed in full length by myself.

**Participant observation**

Participant observation is a method used to study naturally occurring events, to explore the behaviour and actions among people in given situations and to gain knowledge of their feelings and interpretations, related to these actions (Waddington 2004). The aim of the researcher is to be ‘explicitly aware of ordinary things’ (Hasse 2002). It is an explorative method, and a precise purpose cannot be defined in advance. As such, there is no standard method of participant observation and the requisite skills are often considered to be acquired through learning-by-doing. As stated by Hasse, the scientific character of the method relies on the personal factor – a statement supported by Warming, arguing that observations will always be experienced (sensed/ understood/
interpreted) by the researcher, and therefore, what is actually being observed, can be ascribed various meanings (Warming 2005).

Given the importance of the researcher as a person in participant observation, the literature contains a variety of practical advice and issues to take into account. Entering the field is the first issue to address. To gain access to the field it is important for the researcher to meet people in the setting in a polite and trustworthy way – to make the image of oneself as ‘a non-threatening person who will not harm their organization in any way’ (Waddington 2004). And, once entered, it is important to keep up a positive, understanding and helpful attitude to maintain a confident atmosphere. Practicing to remember, building writing skills and developing skills at being a novice are other key areas to address. Finally, considering that the researcher is involved in a social interaction with the people in the specific setting, it is a continuous challenge for the researcher to ‘be able to switch back and forth between the insiders’ view and that of an analyst’ (Bernard 1994).

I chose participant observation as a main method of research in order to gain knowledge on work performance ‘in the making’, thus obtaining a thorough understanding of how a work day is constituted in the home care sector. Practicing participant observation in this study I was what Waddington labels an ‘observer-as-participant’, indicating that my role was mainly one of observer, more than it was as participant.

Observations took place in three of the four local care units, participating in the fieldwork. When I was first permitted to follow care workers in their daily work, the heads of the local care units all emphasized that the permission included observation and, to a limited extent, participation. Full participation as a care worker would have had thorough implications for me, of both an ethical and practical character, and the local care units were, in any event, not interested in undertaking the entailing bureaucratic requirements. For my part, it was not an important issue inasmuch that the subject did not demand it and time did not allow it. Consequently, I use the term participant observation to denote the method applied, sometimes referring to myself as observer, sometimes as participant, but ultimately in the meaning of being an ‘observer-as-participant’.

As highlighted in the literature, the purpose of participant observations can only be defined in overall terms, highlighting the explorative character of the method. In this PhD study the purpose
was to obtain knowledge on home care work practices: what a work day consisted of, which obstacles and problems care workers met during the day, how they handled them, and what they appreciated about the work. At all three workplaces care workers began the work day by attending a short meeting at the local office, where they were handed the work schedule for the day and informed of any relevant news. During my fieldwork I followed this procedure as well, attending the morning meetings and receiving a copy of the work schedule of the care worker with whom I was going to spend the day.

I followed care workers in their daily work for three weeks, one week in each of the three units. In total, I followed eight different care workers, attended almost 100 home care visits and met 69 elderly persons (as I visited some of them more than once). The head of the local care unit had decided in advance which care worker I was going to follow – and had asked the person concerned for permission. Of the eight care workers, five were helpers and three assistants. No nurses participated in this part of the fieldwork, as I found that the organisation of their work and parts of their work tasks differed too much from that of the others. All eight care workers accepted my participation - to a varying degree they were all interested in why I was there, and none of them expected (or rather articulated any expectations) me to take part in their work. The elderly were also, to large extent, accepting of my presence – some of them it found it interesting, some did not care, some hardly noticed, and a few were disturbed by it, as they could not figure out what I was doing there.

**Data characteristics**

The following section presents a short description of the main characteristics of the data, of my role as a participant observer, as well as some reflections on this particular construction of data. First of all, the context of care work has a very heterogeneous character, deriving from the group of elderly who receive home care and their homes where the work is performed (Szebehely 1995; Szebehely 2003b). My fieldwork consisted in visits to the homes of many very different people, being in different life situations and having very different needs: old single ladies being unable to get out of bed and get dressed by themselves, old single men needing assistance with cleaning and meal preparation, couples needing assistance with the administration of medicine, elderly persons being sick with either cancer, diabetes, or other physical disabilities. Elderly persons living in nice top-floor apartments, in big houses, in farmhouses, or in small strip buildings, some of these
accommodations being neat and clean, others very filthy, some with only little furnishing, others being densely furnished. Elderly persons being very loving and talkative, some being polite, but reserved, some being very taciturn, and a few being rude, most of them expressing appreciation towards the care workers, yet some of them being rather indifferent.

Depending on the area and the work schedule, I would (in company with the care worker) get from home to home by walking, going on bicycle, or driving. Entering the homes of elderly, the care worker would always introduce me by saying my name and that I was following her around today. In most cases this introduction was sufficient, not causing further questions or comments, apart from the occasional joke, such as welcoming my presence with the quip ‘some supervision is certainly needed’. During the care visits I would observe the actions of the care worker, though in some situations (in all cases of bathing and some cases of washing) I would wait in another room, either talking to the spouse, or if the elderly person was single, spending the time writing notes. I would to some extent participate in the actual performance of tasks, predominantly in practical chores such as doing the dishes or preparing lunch. Only when cleaning was on the schedule would I (in most cases) share the tasks with the care worker.

During the home care visits I also paid special attention to the situation of the elderly person in order to understand the performance of the care worker. I would focus on the state of the elderly person, how s/he acted, reacted and interacted with the care worker in order to observe and (later on) reflect on the work performance in its context. Most often the care worker would only give a very short introduction to the next elderly person to visit just before we arrived at the person’s home. For the most part we would spend the time between visits going over incidents which had occurred during the previous visits, or discussing matters relating to their conditions of work in general. During the care visits I would not converse much with the care worker. Only occasionally would she explain more technical aspects of the work to me, such as how to do a lift or how an ostomy works.

On many visits I had short conversations with the elderly. These conversations typically concerned everyday matters, often using photographs on the walls as an entrance to ask about their family and other elements of their personal history. Having a conversation with the elderly about everyday matters did not necessarily support my understanding of the home care situation (although
Sometimes it did), but it was a way for me to show my appreciation and being friendly in the
situation, a way to give content to my presence (Waddington 2004).

Having finished my workday in home care I spent some hours every day writing field notes. I
occasionally had time during the care visits to make notes, though usually just short comments - but
the main writing was done after work. My field notes sought to capture what had happened during
the particular care visits, reports on the performance of tasks, the conversations between the care
worker and the elderly, the conversations between myself and the elderly, the spouse and/or the care
worker, notes and reflections on things that I had found either interesting, strange, amusing or
surprising. The discipline of writing field notes on a daily basis has constituted an invaluable data
resource, outlining and articulating, but also making me remember at later stages, things that I
otherwise would have forgotten.

The following is an extract of notes on a particular care visit:

Mads is 91, living a big house. The interior really resembles olden times. Mads – or Jensen, as he is
called by K. (the care worker) – used to be a well known businessman in the city. He still wears
shirt and tie, has only two teeth left in the upper part of the mouth. We are going to clean – very
difficult. Everything is very old, too much furniture, many rooms he does not use, carpets all over,
the kitchen quite messy. K. tells me to clean where I can – “it is not going to be good anyway”.
After cleaning the floors, I sit down to talk to him. He suffers from hearing loss, but he talks a lot
about two dolls who “keep him company”. When we leave we talk about his situation: that he does
not hear well and suffers from dementia as well. Apparently his children do not want to change
things – because he wants things as they always were. He also cooks for himself (what is he
actually having?) Only recently, he accepted help for cleaning – K. thinks that he realizes it gives
him a little company once in a while. K. agrees with the decision of the children – because it is in
accordance with his own needs. “We have to be careful that it is not our needs that guide what we
do”.

This example illustrates well the character of my field notes, including facts about the elderly, the
home, what went on during the visit, important statements, peculiarities and reflections of the care
workers or of my own. Of course, the field notes vary in extent and detail, according to the content
of the specific care visit. However, the notes from this particular visit provide a good example of
how the field notes express what I found to be of relevance, but also of how they serve a source of information, in terms of activating my memory and recalling things and situations which would not otherwise be captured.

Focus groups and observation complement each other very well as methods in research on social action. Data in focus groups is primarily produced through discussion of the social action, thus limiting the source of data to verbal behaviour. During observation, however, social action is observed directly and this means that data is produced for a larger range of behaviours. One important thing to consider is, though, how you as a researcher influence the field and the collection of data. Within the understanding of constructivist GTM, data is not only collected, but created in the interaction between researcher and respondents. This point is supported by Waddington, who warns researchers against pretending that social science can be conducted in a social vacuum, instead urging that researchers are aware of their influence and address the possible effects of their presence (Waddington 2004).

In terms of collecting data through focus group interviews I have in the section above accounted for my role as a moderator, recognizing that by introducing the topics of discussion and also partly guiding the discussion along the way, I contributed in the construction of the data. However, I consider the content of the discussion to have been largely determined by the care workers, not least given the fact that the data ended up containing themes and perspectives which I had not anticipated.

Different reflections are, though, necessary when collecting data through participant observation. As stated by Hasse, it is difficult to see or observe the culture that we practice ourselves, whereas we easily recognize the culture of the others, as it is unknown practice to us (Hasse 2002). I see this argument as one of the main advantages of participant observation, though it naturally brings up the question of the premises on which this other culture is recognized. In my own case, my role as an observer and participant has resulted in reflections of different kinds, both when I was doing my fieldwork and afterwards. While I was following the care workers during their work days I was continuously concerned about appearing interested and engaged, but at the same time very aware of not getting in the way. Waddington has pointed to what he calls the ethical dilemma of being passive in a dynamic environment, indicating the difficulties in being present but having no part in
the interactions taking place. I found that situation quite untenable and this compelled me to attend to some chores and otherwise show engagement, in order to actually draw less attention to my presence and ‘fit in’ to the extent it was possible. So, in doing participant observation, I was seeking a balance between being close enough to the performance in order to observe it, participating in the work performance (when possible) in order to show my engagement, not disturbing the care worker in her work, and being friendly and interested towards the elderly so that they would not find me strange or disconcerting, but rather engage in conversation with me.

Reflecting on the process of participant observation – how I progressively became accustomed to the field – I draw on the understanding of Hasse, using the term ‘positioned participation’. Arguing that participant observation involves different stages of learning and interpretation, she claims that we, as researchers, only gradually become capable of interpreting the situations we enter. Only gradually can we become capable of ascribing meaning to the things we experience: at first, impressions are manifold and confusing, then impressions are internalized, then awareness emerges and finally reflections are made from a position which is closer to the ones of the observed (Hasse 2000; Hasse 2002). I recognize this development in my own course of observation, going from being a novice to becoming quite familiar with the (some) of the patterns and routines in the performance of care visits. One illustrative example is the way many care workers applied different tactics in order to create a friendly atmosphere during the care visits, including talking about everyday matters, asking about recent events, and occasionally sitting down. In the first stages of observation, I was left confused and actually tricked by this behaviour, making myself comfortable in the sofa, believing that we were about to have a nice chat. And, indeed, we did, it was just that it took place within a very limited period a time. So, having the impression of being in the middle of a conversation, I would suddenly find the care worker in the hallway, putting on her jacket getting ready to leave. It took me a while to recognize this kind of behaviour, but I came to interpret it as an expression of genuine commitment as well as an act within clear limitations.

Looking at my participant observation in retrospect, it is my impression that the care workers perceived my observation and my participation positively. They seemed to be comfortable with my presence, not showing irritation or uncertainty, and many of them responded to my interest by explaining and openly reflecting honestly on their work. As such, I find that my engagement and active participation contributed positively to the collection of data. By the same token I also believe
that I managed to diminish my interference in work performance of the care workers. My presence did, of course, cause incidents and changes in the performance which would otherwise not have occurred. For one thing, it is evident that my participation in the performance of work tasks influenced the performance in practical terms, allowing the care worker to do other things or limiting the pressure of time during the visit. As the issue of time has turned out to be a central topic of analysis, it is an important aspect to note and keep in mind. My level of participation was such, however, that it only made a significant difference to time pressure on a handful of occasions. In general my participation was relatively limited, in significance as well as in use of time, and I do not consider my participation in work performance to have altered the patterns and meanings, identified on the basis of the data.

2.9 A few reflections on the approaches to data collection

Finally, I want to make a few reflections on the methods used in data collection. Having applied focus groups interviews and participant observation as the predominant methods in the field work, the study has provided insight in the complex and changeable character care work, in the struggles and engagement of care workers in their daily work performances, and in the challenges, problems and values of the work, as they are perceived and reflected upon by care workers.

The field work was carried out in four different work units in two municipalities which were selected, based on the strategy of maximum variation. I wanted the work units to represent a variety of work settings in order to obtain the most nuanced understanding of care work in general and of the perceptions, experiences and practices of meaning in particular. I chose geography as an essential parameter in the selection of cases, assuming that geographical variation would enhance the opportunities of visiting elderly people, living under different circumstances, and meeting care workers, working under different conditions and practicing different work routines. My conclusion is that the data represents a large degree of variation. Variety is, obviously, based on the fact that every elderly is an individual person and every care situation is unique, but also the geographical component has added to the variety in the sense that different habitat and physical settings, different social backgrounds and different cultural habits among the elderly emerged in the data.

The data did, however, also represent a large amount of similarities, especially concerning care workers’ work practices. Examining perceptions of meaning as well as the performance of work,
the study identified a number of patterns in the data, indicating common work approaches across diverse care situations. As such, the data can be characterized as varied, but still representing similarities, altogether providing the basis for obtaining a detailed understanding of the research objectives. It is, however, important to keep in mind that analyses were guided by the purpose of the study, aiming at exploring particular work practices and experiences. Consequently, it was never the intention to do comparative analyses and go more into depth with the differences in the data, hereby indicating that different analyses of the data most likely would have resulted in other perspectives on care work and care workers.

Finally, I want to address the issue of relying on a number of care workers, following them in their daily work practices. From the beginning of the study, I found it necessary to apply the method of participant observation in order to obtain knowledge on the circumstances and character of care work. That did, of course, make me dependent on the selection and cooperation of the care workers. As I already stated earlier in this chapter, the care workers whom I followed were all positive to my participation. They had, of course, been asked in advance whether they wanted me for company, but I never felt that they had been especially pointed out for representing certain qualities, i.e. being particularly polite or skilled. Rather, I got the impression that the selection of care workers was partly random (who were there and who wanted to participate) and partly a consideration of how I would benefit most of the arrangement: getting the opportunity to join different care workers, meet different elderly people and experience different care situations. In that sense, I find that the observation studies contributed to provision of varied data.

2.10 Reflexive interpretation

Processes of data analyses were inspired by the reflexive interpretation approach (Alvesson and Sköldberg 2000). Reflexive interpretation is not a method as such, but rather a perspective which urges researchers to broaden their views and include more analytical perspectives. The point of reflexive interpretation is for the researcher to take a relative stance to interpretation, or as the authors put it: “to avoid getting stuck in a certain type of logic, be it empirical, hermeneutic, critical-theoretical or linguistic” (Alvesson and Sköldberg 2000).

Having applied GTM as the principal inspiration in the coding processes, these processes can rightly be labelled data-driven interpretation. However, I found that the analyses would benefit from
adding other perspectives of interpretation and I applied the hermeneutic understanding of meaning and included theoretical explanations in the analyses of data. Besides from GTM, I was inspired by the perspective of objective hermeneutics, emphasizing the underlying or associated meaning of texts and acts (Alvesson and Sköldberg 2000; Højberg 2009; Kvale and Brinkmann 2009). Wagner et al. (2009) have argued for the combined use of GTM and objective hermeneutics, stating that both perspectives aim at the reconstruction of social patterns and their underlying structures. The authors do, however, also indicate that while GTM aims at identifying similarities and patterns in the data, objective hermeneutics implies a relatively stronger focus on identifying universal structures of meaning, requesting a theoretical denotation of the intended interpretation (Wagner et al. 2009, pp. 11).

By applying this perspective in the study, analyses would reach beyond care workers’ own (self) understanding, assessing their perceptions of meaning of work, but also addressing how meaningful work is actually practiced. Central to objective hermeneutics is the understanding of the part and the whole, constituting the hermeneutic circle: that the meaning of a part should be understood in relation to the whole, and conversely, that the whole can only be understood in relation to its parts. This perspective became equally relevant in the study, stressing the focus on interaction between parts (perceptions of meaning, experiences of the temporal conditions or performance of the individual care visits) and the whole, understood as the performance of care work as a general practice.

Choosing hermeneutic interpretation and theoretical explanations as a supplement to GTM was not a result of limitations of the GTM as such, but, rather, partly caused by limitations of the use of the method in this particular study. According to the notion of GTM, further understanding of a research subject is obtained through continuous empirical exploration. The frame of this study did, however, not allow an extension of the field work, thereby making it impossible to enhance understanding through the increase of empirical data. Still, I also considered the additional perspectives to be a positive contribution to the processes of interpretation, ultimately making reflexive interpretation a necessary as well as a useful approach.

Data analyses
Coding is the process of defining what the data is about. On the basis of the data, concepts and categories are defined. Using an open coding process (Charmaz 2003; Strauss and Corbin 1998), analyses are very detailed, outlining (basically) what people are saying and doing. Focusing on the context of statements and actions is equally part of the analysis, looking for information on the conditions and consequences of what is said and done. In the appendices of the thesis I present the coding processes in more detail, relating to the methods of data collection. In this section I introduce only the main elements of the coding processes, being a general introduction to the open coding process and a presentation of the focused coding processes, relating to the themes of the particular articles.

Initial data analyses of the focus group interviews consisted of a schematic outline of actual statements, topics of statements, the character of the statements (whether they were facts, opinions, reactions, suggestions), and my own immediate questions and comments on the relevance of the statements. Initial analysis of the field notes had, obviously, already begun in the process of writing them. Having completed the field notes, the next step of analysis was to go through the data, in this case not looking for statements, but for ‘doings’ – conceptualizing the course of the care visits by asking the necessary questions of who, what and how (Strauss and Corbin 1998). As such, the analysis identified concepts on (among other things) work settings, work flow, challenges, the elderly, work organisation and coordination, responsibilities, work relations, and communication.

The purpose of open coding is to generate strong analytic directions leading to the next phase, the focused coding, which aims at assessing which codes best capture what is happening in the data and consequently raising them into conceptual categories (Charmaz 2003). Strauss and Corbin do not speak of focused coding (as they include the process of identifying categories in the open coding process). Charmaz has, however, defined focused coding as a distinct phase, and I find this technique useful in this study as a means of understanding the following phases of analysis separately from the first one.

A process of focused coding of the observational data was conducted, aiming at identifying patterns in the performance of care work which could support the understanding of the meaning perceptions and illustrate how they were transformed into practice. As such, the analysis contained elements of comparison across the different care visits within the observation data, and between the two
different kinds of data. However, at this point, I found that the analyses of work performance would benefit from including the theory of job crafting. Coding of the empirical data had led to identification of characteristics and patterns of work performance, but I considered it to be inadequate as a method in order to comprehend the underlying mechanisms of care work performance. In short, job crafting theory stresses how workers alter the boundaries of work to adapt to specific circumstances, and how meaning serves as motivation for, as well as a consequence of, work (Wzresniewski and Dutton 2001). By including the job crafting theory, a stronger analytical emphasis was put on care workers’ incentives and their possibilities to perform and interact with specific work contexts. Furthermore, it provided an important perspective, underlining the interrelations between practice and meaning.

As I have already stated, the objectives of the first qualitative article were determined from the outset, while the objectives of the remaining two were decided on later in the research process. As pointed out by Charmaz, a large number of concepts are identified as a result of coding processes and some of them will be without direct relevance for the study (Charmaz 2003). Other concepts may, however, turn out to be (unexpectedly) prominent, giving occasion for further analysis. During my initial open coding of the focus group and observation data, time emerged as such a theme, revealing itself as an ambiguous and also potentially conflicting aspect of care work. Consequently, further analysis was conducted on this theme.

Coding the interview data on the issue of time, I aimed at identifying patterns across the statements, categorizing them according to indications on content, consequences, collegial relations and future prospects of work. Coding the observation data, I was equally focussed on identifying patterns relating to the significance of time on performance, the explication of time, time as a matter of discussion, and differences in perceptions of time. Having participated and observed care work on a daily basis, my experiences were varied, including care visits of high work pace, care visits of normal work pace, care workers being behind work schedule, work days ending 30 minutes before schedule, care workers calling for assistance from colleagues because of lack of time, and care workers offering assistance to colleagues because of a surplus of time. As a conclusion of the coding processes, I identified ambivalences in care workers’ approach to time, being both very critical in their reflections on time and, at the same time, striving to – and often succeeding in – making the temporal ends meet in their performance. I ended up deciding to write an article on each
side of this ambivalence, not regarding the two sides to be contradictory as such, but considering them, rather, as two perspectives on the same matter.

Aiming to investigate the influence of temporal conditions on the performance of care work (second qualitative article), I included the logics of clock time and process time as theoretical perspectives to support and guide the further analyses of the temporal dilemmas in care work. The concept of navigation was, likewise, included to support the analysis of how care workers handle the dilemmas in work performance, focusing empirically on the daily work schedules and how they were implemented in the actual performance of the daily care visits. The care visits were presented as short descriptions, at the same time showing the particular character of every care situation and serving as examples of some similar patterns in terms of adapting to the temporal dilemmas in care work.

Based on care workers’ critical reflections on time, the final qualitative article aimed at analysing and discussing how time constraints constitute a threat to the performance of meaningful care work. In the focused coding process, analyses of the interview data were guided by the question of ‘Why do they talk so much about time?’ This question was not formulated as a research question to be answered in the article, but as an expression of my own reflections giving rise to inspiration in the analysis process. Including all statements referring directly to the temporal aspects of work or to the temporal framing of work, data was categorized according to subjects like time and the positive aspects of work, insufficient time for work performance, time and work content, time and division of care services, and considerations on how to alter the temporal conditions of work. Having identified the division of care services as a prominent subject in relation to time criticism, as well as being of relevance to the overall theme - meaningful work performance - of the thesis, this topic became the subject of further analysis. Actually, the topics of service division and the constitution of parallel work practices were part of my pre-understanding of the field when I first began collecting data for the study. In the literature on care work I had come across several studies which addressed these themes, claiming the existence of divided work practices, i.e. the formal vs. the informal practices (Vabø 2007) and the formal vs. the hidden practices (Kirchhoff 2010), both concerning the performance of planned and predefined services on the one hand and the performance of additional services on the other. In all four focus group interviews, this topic was introduced in an attempt to determine whether care workers would recognize the image of the two-
sided work practice. As it transpired, no participants acknowledged the image, instead reacting with doubt: “What do you mean by ‘doing something else’?” or “I don’t understand the question”. So, as my own data has revealed, while care workers acknowledge the division of services, they are not immediately able to recognise the premise of division of practices.

To support the further analysis of these findings, I included theoretical notions on standardization of care services and care in private homes, aiming at enhancing the understanding how time influences the balance between how care workers perceive the purpose of their work and the circumstances under which they perform it.

A note on GTM and phenomenology
Phenomenology was not a main methodological inspiration in this study. I did, however, use it as inspiration in a particular phase of analysis, aiming at uncovering the meaning of care work as a phenomenon from the perspective of the care workers (part of analyses of the first qualitative article).

In the analysis of the perceptions of meaning I was inspired by Giorgi’s phenomenological approach to analysis. Giorgi (an American psychologist and a key figure within phenomenological psychology) proposes an analysis procedure, including describing the phenomena, identifying the meanings of the descriptions, and transforming the descriptions into categories (Jacobsen, Tanggaard, and Brinkmann 2010; Malterud 2001). I chose this approach as I wanted to outline the subject-matter of the article (perceptions of meaning of work) as it was experienced by the care workers themselves. However, it is also the case that the way I applied the phenomenological approach does not differ much from the approach of GTM. GTM is associated with phenomenology in terms of being occupied with reality and the phenomena which are available. Both methodological approaches aim at understanding social phenomena from the perspectives of individuals. Phenomenology is concerned with (pure) descriptions of the world as it is experienced by individuals. GTM is equally interested in broad case descriptions (especially within the constructivist perspective) though this method also includes aspects of interpretation on the part of the analyst in order to determine the relations between the identified concepts.

Consequently, in this particular part of the analysis I focused solely on the expressions and statements of the care workers, without paying attention to the context, conditions or relations that
they might form part of. Using the open coding material, but also returning to the original material with this specific focus in mind, I outlined all statements and expressions on the subjects of the positive/rewarding/satisfying/meaningful aspects of care work. After assessing the meanings of these statements/descriptions, I identified four categories of meaning.

**Summing up on the methodological approach to analysis**

The methodological approach in the analysis was, as a whole, inspired and constituted by several perspectives, all gathered in the framework of reflexive interpretation. GTM constituted the main inspiration, supplemented by the hermeneutic perspective on meaning and by different theoretical explanations. The main arguments justifying the adoption of this approach were derived from the importance attached in this study to understanding care workers’ inter-subjective, socially constructed work realities – as they were understood by care workers themselves, but also to understanding the actions of care workers in their specific contexts. In consideration of the contingencies of the research situation, assessing a dynamic and complex work field, a multiple methodological approach, constituted by three main perspectives, was deemed appropriate. The first perspective was a strong empirical focus in the study, assessing the experiences, reflection and actions of care workers. The second was a combination of a rather operational analytical approach (GTM) with a more abstract approach to interpretation (hermeneutics). Hermeneutic interpretation offers no general rules of interpretation, but provides a perspective for analysing and understanding meaning in relation to individuals as well as contexts. Thirdly, the need for theoretical explanations emerged in order to strengthen the understanding of the empirical data. Altogether these perspectives have enabled the examination of how meaning is experienced and practiced in the varied, changeable and contextual realities of care work.
Chapter 3
Main findings and perspectives of the study

This chapter discusses the results of the study and outlines future research prospects. All of the four articles of the thesis analyse and answer a particular research question, and altogether they contribute to answering the overall question of the thesis: What are the perceptions of the meaning of work among Danish home care workers, and how is performance of meaningful care work constituted in the home care sector?

The four articles have, from different perspectives, contributed to the understanding of care work, focusing on care workers’ perceptions and performance of work. Empirically as well as theoretically, the thesis has analyzed, discussed and elaborated on three main perspectives on care work: temporal conditions, work performance and meaning of work. The discussions of this chapter elaborate further on the associations between the three concepts and how they contribute to the understanding of some of the main premises and challenges of home care work today. To illustrate the associations, I introduce a model labeled ‘the meaningful care work triangle’. The chapter begins with a short presentation of the findings of each of the four articles, followed by a general discussion and concluded by considerations on future research.

3.1 Presentation of the four articles

The article ‘Client-related work tasks and meaning of work: results from a longitudinal study among eldercare workers in Denmark’ is based on questionnaire data from 3985 Danish female care workers, investigating the prospective association between the performance of client-related work tasks and the experience of meaning of work. The client-related work tasks were measured by six items, referring to interactional aspects of care work (talking and socializing with the elderly and letting the elderly influence decisions on the service provision), and to aspects of the organizational framing of care work (whether the scheduled time and definition of tasks comply with the actual task performance). Meaning of work was measured by a three item scale. Results of analyses show significant associations between the client-related work tasks that involve interaction between the care worker and the elderly (in 2006) and the experience of meaning of work (in 2008). The organizational aspects of the client-related work tasks are not as strongly associated with meaning of work.
This article illustrates that the experience of meaning of work among care workers is closely related with care work performance, showing that the better possibilities to perform the work tasks that involve interaction with the elderly (in terms of talking and socializing and involving the elderly in decision-making), the higher perception of meaning of work. Furthermore, this article emphasizes the connection between time and performance, showing that it is not the experience of sufficient time in itself that predicts meaning of work but, rather, how the time is actually spent in the performance of work (stressing the interactional aspects of care work).

The article ‘Hvad er meningen? – arbejdspraksis og mening i arbejdet i den danske ældrepleje’ examines the different perceptions of meaning of work among Danish home care workers and analyses how meaningful work is performed in everyday work practices. Based on care workers’ statements and reflections, four categories of meaning of care work have been identified in the data: to help the elderly establish a structure in their everyday lives, to have a general responsibility for the elderly, to perform a duty in society, and to use their professional skills. Analysing how these perceptions of meaning are converted into practice, the concept of job crafting was included as a theoretical/analytical perspective in the analysis of the meaningful work performance. Job crafting means altering the boundaries of work according to needs and circumstances and thereby giving content to the work. Perceptions of meaning are essential in this model, serving as motivation as well as a result to job crafting processes. Findings of the article show that performance of meaningful work is closely related to care workers, crafting their own work. The reality of the home care sector is that the needs and wishes of the elderly do not always comply with the tasks, defined in the work plans, and care workers are (to varying extents) urged to find ways to combine the multiple aspects of work. Furthermore, the pre-defined work tasks are described in varying details, which also entail degrees of interpretation, adjusting the work performance to the actual situation within the frame of the formal regulation of work.

The conclusions drawn in this article are that care workers are active constructers of meaning of work. Care workers are actively shaping and adjusting their work within the formal regulation of care work, and meaning of work is a motivational factor and a result of these processes. Furthermore, the article has shown that meaning is not necessarily (if at all) related to performance
of the single tasks, but constructed and found in the sum of the tasks and in the significance of the
tasks for the elderly.

The third article ‘Navigating the field of temporally framed care - Time logics, temporal dilemmas
and processes of navigation in care work performance in the Danish home care sector’ examines
care workers’ navigation in the field of temporally framed care. Applying the analytical
perspectives of clock time and process time, the article illustrates how temporal dilemmas emerge
in different home care situations and how care workers respond to these dilemmas in practice.
Using the examples of four different care visits the article shows how a daily work schedule is
converted into practice. Analysing the performance of care work, two kinds of temporal dilemmas
were identified: 1) discrepancy between strict time framing (limited time) and the everyday
situation of the elderly and 2) discrepancy between predefined needs and actual needs. Both emerge
from the disparity between the logics of clock time and process time, though appearing as different
conditions of work. At two of the four care visits, the logic of process time prevailed as the care
worker in her performance adapted to the - unpredictable - needs of the elderly, and the time,
allocated for the care visit, was exceeded. At the other two visits, the logics of clock time and
process time were equally present as the care worker adapted to the situation of the elderly and to
the content and temporal directions of the work plan.

Almost inevitably, in their efforts to maintain the overall time frame of the work day, care workers
apply a ‘give-and-take-time’ approach in work performance, altering the temporal framing of the
particular care visits according to what they find is necessary to be done. As such, navigation is
characterized by a high degree of flexibility and responsibility. The article concludes that care
workers navigate in order to optimize the use of time and to make time comply with the elderly
persons’ specific care needs. The article ultimately argues that care workers’ perceptions of
meaning (as identified in article two) are closely associated with the logic of process time and
consequently constitute a main work strategy, guiding the care work practices.

The final article of the thesis ‘Is there time enough? Time resources and service performance in the
Danish home care sector’ examines time as a constraint in care work. Reflecting on the temporal
conditions of home care work, care workers are fairly critical, stressing that time frames are
inflexible, time is limited and occasionally insufficient, altogether constituting a time pressure in
work performance. Aside from the immediate consequences of time scarcity in the daily work performance, care workers relate the issue of time to a more fundamental discussion of care, indicating that time scarcity challenges their perceptions of what home care is and how it should be performed.

In the discussion of which care services to provide, the concept of service division is essential. In the local care units, participating in the study, care workers find themselves in a position where care managers have suggested them to leave out additional services from the work performance as a solution to time reductions. However, a fundamental discrepancy exist between care managers and care workers, as care managers, relying on the standardized wording of the work schedules, articulate additional services as definite items, which could (and should) be left out of the performance of care work, whereas care workers, relying on their work experience, find the division between predefined and additional care services to be simplistic, not recognizing the complexity of care work. To support the analysis of service division the article includes the theoretical perspectives of standardization of care and care in private homes.

The article has identified three ‘sub-versions’ of the overall problem of service division: 1) care workers recognize that some particular services can be labelled as additional, and initial steps have been taken to leave out these services from performance (also in consideration of the problems with splitting), 2) care workers recognize that some services can be labelled as additional, but they find these services indispensable in the performance, and 3) the division of services is a construction which does not reflect the reality of care work and therefore is not valid. This final interpretation exemplifies the fundamental condition of care work – that care services are defined in standardized terms (e.g. ‘a bath’), whereas the performance of the bath (with everything that it entails of initial and succeeding chores and activities) is not articulated. The conclusions drawn in this article are that divisions of services (understood as predefined vs. additional, practical vs. emotional or formal vs. hidden services) are not adequate in order to understand the performance of care work. On the contrary there is a huge overlap of practical and emotional aspects in performance of the particular services.

Summing up, the article shows that pressure of time constitutes a challenge to the meaningful care work. Time scarcity constitutes a pressure on work performance as a whole, reducing care workers’
flexibility, challenging their authority, but still keeping them in a position of responsibility. Ultimately, the battle on time reflects the ambivalences in care work – ambivalences which are becoming increasingly difficult for care workers to handle in work performance.

3.2 The meaningful care work triangle

The study has found strong interrelations between the three main concepts, explored in the articles, altogether constituting ‘the meaningful care work triangle’:

The study has found a close relation between meaning and performance of work, showing that perceptions and experiences of meaning are guiding the performance of work as well as being the result of performance. The temporal conditions are associated with work performance, as the allocation of time for each care visit constitutes the temporal frame of performance. At the same time, time is being subject to negotiation in the performance of work. Finally, the study has found relations between the temporal conditions and meaning of work, showing that time scarcity challenges care workers’ perceptions of meaning because it affects their ability to perform their work, and, reversely, that care workers, when they are asked to consider the meaning of care work, criticize the temporal conditions of work. Therefore, the governance of time in the planning system and the concrete use of time in the performance of work are closely related to perceptions of meaning and the opportunities to perform meaningful care work. In the following, the associations will be discussed in more detail, highlighting some of the main findings of the study.
Meaning of work has been assessed from two different perspectives: as a quantitative indicator of the psychosocial work environment and as a qualitative processual term. The latter has stressed the interaction between the worker and work, being a combination of meaning as an individual contribution, a collective work process and a creation of value (Kamp and Bottrup 2009, Ravn 2008, Wrzesniewski 2003). Both approaches have been useful in the assessment of meaning of work, respectively and in combination. The quantitative assessment of meaning and work tasks has clearly indicated that experiences of meaning are associated with the implementation of the care visit – what is taking place in terms of talking and activities – and not (significantly) associated with what can be termed as the organizational aspects/framing of the work. These results correspond well with the qualitative assessment of meaning, focusing specifically on the performance of care work. As such the qualitative part of the study has contributed with a detailed insight to the daily work practices, emphasizing conditions as well as implications of the performance. Furthermore, the qualitative part of the study has complemented the quantitative part. The quantitative analyses have assessed the associations between meaning and various aspects of work, whereas the qualitative analyses have examined care workers’ perceptions of the concept of meaning of work – in reflection and in action.

The four categories of meaning, identified in this study, relate to different levels of care work: one relates to the use of professional skills, two relate to the everyday life situations of the elderly and one relates to the position of care work/care workers in the welfare state. What is characteristic about these categories of meaning is that they do not relate to the actual content of the work tasks, being either cleaning the floor, preparing a meal, providing a bath, or sitting down for a talk. Rather, care workers attach meaning to the significance of performing the specific tasks, to the role they play and the difference they make in the lives of the elderly.

Emphasizing the performance of work, the perspectives of job crafting and navigation proved relevant to include in the examination of meaningful care work (Wrzesniewski and Dutton 2001, Vigh 2009). The perspectives of job crafting as well as navigation (offering an operational take on work and a more general approach to understanding behaviour in a particular work field, respectively) are about being responsive to the context in which you perform as well as being guided by your own belief of what should – and could – be done in the specific work situation. The capacity to be an active constructor of meaningful work is based on discretion, requiring flexibility.
and responsibility. Care services are defined in standardized terms in the daily work schedules, constituting a frame which is filled out by care workers through performance. As such, frames are given as well as negotiated. The study has revealed multiple and varied work patterns, resulting from the fact that content and conditions of work are framing and regulating performances as well as being objects of ignorance, alteration and interpretation in the performance of work. Perceptions of meaning have shown to be essential in these work processes, as a motivation, as a guideline, as well as a perception of what care should contain.

Examining the performance of care work, the logics of time emerged as an important perspective, revealing strong relations between these two dimensions of the meaningful care work triangle. Time logics – clock time and process time – were included as useful theoretical perspectives on time. Being a quantitative measure of hours and minutes, time is an essential element in the framing and performance of care work, conceptualized by the logic of clock time (Adam 1990, Twigg 2000). Care workers are, however, equally capable of considering and adapting to the temporal conditions of the lives of the elderly, thereby combining conflicting temporal perspectives in the performance. The qualitative time processes are conceptualized by the logic of process time (Bryson 2007, Davies 1994, Twigg 2000). The perspectives of time logics are useful in the analyses of work performance because they identify temporal dilemmas in the daily work practices. As such, time logics represent an additional perspective on the fundamental dilemmas of care work, concerning aspects of care on the one hand and aspects of work and management on the other (Stone 2000, Wæreness 1984, Wæreness 1996). Analysing the temporal conditions of care work, this study has contributed to the understanding of the characteristics of care dilemmas in general, and of care workers’ ways to approach and deal with the dilemmas in particular.

The issue of time in planning and performance of work is ambiguous and controversial, being an essential aspect in the framing of work, an object of negotiation and a scarce resource. Care workers’ altering the temporal framing of work is a central part of the associations between work performance and the temporal conditions, e.g. they change the work plan if the circumstances of a particular care visit do not comply with the predefined tasks and/or the allocation of time. Consequences of adjusting performance of work to the specific care situations do, however, relate more to the relations between the temporal conditions and meaning of work (cf. the meaningful care work triangle). As mentioned in the beginning of the section, these relations concern challenges of
time scarcity to the perceptions of meaning as well as care workers’ expressions of time criticism, arisen from their experiences and perceptions of meaning.

Generally speaking, the temporal conditions of work are objects of criticism among care workers, stating that time is strictly framed, pressured and insufficient. Restricted time makes it difficult for care workers to deliver an adequate performance, hereby constituting a challenge to their understanding of what their work is about. The division of care services is a particular topic which illustrates well, empirically as well as theoretically, the content and implications of the relations between time and meaning of work.

Empirically, the issue of time scarcity has brought about the discussion of service division, revealing care workers and care managers’ different perceptions of what a care service entails and which services to provide. Care workers’ experiences are closely related to the complex and varied character of care work, whereas care managers’ knowledge and concerns are related to other parts of the care practice, e.g. finance, the statutory contracts on care made for every elderly person, the standardized definitions of care and the procedures of planning. Care managers express their position, using a terminology of management, but care workers’ understanding of the realities of care cannot be articulated within this terminology. Consequently, care workers object to the strict division of services as this kind of division does not reflect their experienced realities of care work.

Theoretically, the discussion draws on the perspectives of standardization of care (Björnsdottir 2012, Dahl and Rasmussen 2011, Purkis et al. 2008) and care in private homes (Twigg 1997, Twigg 2000). These perspectives signify the standardized definitions of care services and predefined allocations of time and the particular circumstances of providing care services to elderly persons in their private homes. The latter perspective originates from the comprehensive work of Julia Twigg on body work, however in this context not focusing on working with the body in particular, but emphasizing the aspects of being confronted with and passing boundaries of the personal and private everyday life in the performance of work.

The discussion of service division exemplifies ambivalences of the care situation, touching upon some of the fundamental questions of care. The theoretical perspectives of standardization and care in private homes, and especially the perspectives of scholars such as Dyck and England (2012) and
Kirchhoff (2010) who more directly address (or rather question) care workers’ possibilities to perform good care in situations of contradicting conditions and considerations, illustrate the ambiguous character of care work. As such, the discussions replicate some of the topics that were introduced by Anglo-Saxon care researchers back in 1980’ies, pointing out the contradictions between the emotional and personal aspects of care vs. care as a highly governed, regulated and professional activity (Graham 1983, Thomas 1983, Ungerson 1983). Hence, the theoretical perspectives of standardization and care in private homes represent yet another dimension of the fundamental dilemma of care (referred to above).

The dilemmas of care have been central in the examination and understanding of care work in this study. They have, however, been included in analyses of different problems. Whereas the theoretical perspectives of time logics, supporting the analyses of temporal dilemmas, addressed the problems of how to navigate the dilemmas on performance, the perspectives of standardization and care in private homes were included in the examination of time scarcity in work performance. As such, different implications of the dilemma(s) were revealed.

One of the main conclusions of this study is that contradicting (even conflicting) aspects of care are not incompatible per se - care workers are to a large extent able to incorporate the various and diverging aspects in their problem solution to obtain a meaningful work performance. The diverging aspects of the care dilemmas are all considered important by the care workers in their work performance: performing standardized, practical tasks are not considered to contradict a performance that includes emotions and being attentive to needs. On the contrary, combining the – seemingly – contradictory aspects of care appears to be a widespread practice in work performance, and care workers’ navigation and crafting of their work are essential elements of these practices. Standards do not exclude care – rather standards are performed with care.

Time has, however, shown to be a crucial precondition in this process. Time scarcity challenges the performance of meaningful work by reducing the opportunities to handle the dilemmas of care work, restricting navigation opportunities and reducing flexibility. This situation is very dissatisfying and frustrating for care workers, ultimately challenging their opportunities to perform meaningful care work. Having indicated time sufficiency as a precondition for meaningful work
performance, care workers’ criticism of the temporal conditions of work is the final aspect of the meaningful work triangle to address.

Care workers are very critical to the temporal frames, stating that time for work performance is limited, pressured and occasionally insufficient. The claim for more time reflects an experienced need for more hours and minutes, and the allocation of more time will, to a certain extent, improve the work conditions of the care workers. However, as the study has indicated, care workers’ criticism is equally an expression of discontentment and insecurity, regarding the more fundamental premises of care work - premises which will not be addressed by allocating more minutes to the particular care services.

To investigate further the criticism of time, care workers’ position in the care organisation is a relevant analytical perspective to include. The care organisation has, roughly speaking, a four-level structure, consisting in a political level, an administrative level (care managers), care workers and care recipients. The provision of care services is based on a contract between the political system and the elderly, and the specific services are defined and planned by the care managers. Care workers are responsible for the care work performance – a performance which is characterized by a lack of articulation, as well as being invisible and perishable (Szebehely 1995). Vike et al. (2002) has addressed this problem by stating that welfare states are characterized by internal dilemmas regarding the demands on services vs. capacity to deliver. And as these dilemmas are decentralized within the care organisation, they are relatively most obvious to the care workers. As such, it is the responsibility of the care workers to consider the needs of the elderly and to balance the often unequal relation between the capacity of the welfare system and the statutory rights of the elderly.

These perspectives are relevant in order to understand the complexity of time, the dilemmas of care and the performance of meaningful care work. Time is allocated according to typical care situations, to single fragmented activities. However, care situations are unique, individual, different and nuanced, occasionally unpredictable and changeable. To perform work in accordance with the needs of the elderly is essential to care workers – and it is a practice which to a certain extent can be carried out within the frame of standardized service definitions and allocations of time. However, on a regular basis, the situations of the elderly require different services, extended services or different kinds of attention than the pre-anticipated. In these situations time becomes crucial. And
care workers ask for more time because they need better opportunities to meet the dilemmas of care work.

Specific descriptions of what is actually being said and done in the homes of the elderly are not achievable, and the standardized understanding of time and services becomes predominant: whether a bath requires 20 or 30 minutes, or if putting on support socks, preparing a meal and giving medicine altogether is possible to do in 17 minutes. The study concludes that time is a fundamental condition in work performance, especially in terms of securing the opportunities of a flexible approach to the performance. However, care workers’ requests for and negotiations on time are based on a standardized understanding of care services, constituting a reductionist perspective on the actual premises of care work and keeping care workers in an isolated position in the care organisation.

**A question of influence**

The performance of meaningful care work is closely related with care workers flexibility and opportunities for discretion – matters which are closely related to the question of influence. Care workers have, in accordance with the BUM-model, no influence on assessment of services, but high influence on the work performance. Reflecting on the issue of influence care workers in the study state that they have “influence on how it (the work) is performed” and “influence on the well-being of the elderly”. This kind of influence signifies the flexibility which is crucial in the performance of meaningful work, but which is challenged by lack of time. The associations between time and influence have been addressed by Karasek and Theorell in their Demand-Control-Model (Trydegård 2012). According to this model the combinations of high demands (including demands on efficiency and time pressure) and low control (including lack of influence and discretion) result in high job strain. Other studies have found that lack of influence predicts burnout (Borritz 2006) and that reduced job resources enhance possibilities of mental attrition (Tufte et al. 2008). These perspectives are important to keep in mind when discussing the challenges to meaningful care work performance. Reduced opportunities of meaningful care work are likely to have broad consequences, diminishing the experience of meaning as a positive state and the work-relate well-being of care workers, but also by enhancing labour-market outcomes such as sickness absence and turnover (Clausen 2009, Clausen et al. 2010, Tufte and Borg 2007). Furthermore, it may worsen care workers’ position of isolation in the care organisation, reducing their influence on work
performance but still leaving them with the full responsibility of delivering a good and attentive service.

The study should not be seen as a criticism of the basic characteristics of care work. Investigating the main dilemmas of care work, the study has shown that the particular and detailed aspects of performance are by their nature an implicit part of work practices and thus scarcely amenable to explication within the bureaucratic language of organized care provision. Nevertheless, I have found it important to shed light on these premises of care work, as they have a crucial impact on the work conditions and well-being of the care workers.

3.3 Prospective research

“We slog away for them not to notice. The positive thing about it is, though, that they do not feel the pressure in the same way that we do. But maybe we should let them become aware of the situation, we are in” (Care worker in a focus group interview).

As this quotation indicates the position of the care workers has implications beyond what has been discussed in the thesis. The thesis has focused on determining and explaining how care work is performed in consideration of perceptions of meaning, temporal conditions and the multiple and complex character of care work. Addressing the position of care workers in the care work organization in more detail and especially what they can do to alter their position has not been possible within the frame of the thesis. It is, however, highly important and an obvious theme for further investigation.

According to my data, care workers find themselves in a position of multiple loyalties. They try to protect the elderly from the disturbances they experience themselves, in order to spare them from the realities of the job, but also out of obligation, in order to respect elderly’s right to care services. At the same time, care workers express loyalty towards political decision makers, perceiving themselves as providers of services which are politically decided and thus rendering themselves as a complicit part of the political system. These aspects would be very interesting to examine in continuation of what has been addressed in the thesis, adding a more critical perspective on the premises of home care work and the conditions under which it is performed.
Furthermore, it would be relevant to investigate in more detail the relations between care workers and the elderly. Relations are a central topic in care research and have been addressed in a number of studies (Andersson 2007, Hansen et al. 2011). Discussing the concept of alienation in the care meeting, Andersson has pointed out that alienation, signifying a tension between proximity and distance, may be a restrictive as well as a supportive factor in the relation between the elderly and care workers. This is a very interesting perspective, touching upon some of the themes that emerged in my own data. During the field work I discovered how care workers appreciate personal knowledge of the elderly, collecting information, passing information on to colleagues and trying to incorporate this kind of knowledge in their performance. They did talk about having ‘favorites’, but the question of getting and preserving a good relationship was important in relation to all elderly, indicating that it was not (only) a matter of personal likes and dislikes or a matter of how much time you could spend with someone, but rather an inclusive professional approach. It was not possible within the frame of my own study to focus on this aspect in detail, but it would add significantly to the understanding of home care work performance if the attention towards the individual elderly was examined thoroughly. Important research questions to investigate could be how and to which extent knowledge of the specific elderly persons is a precondition of meaningful care work, or how different kinds of relationships between the care workers and the elderly, based on variations in knowledge, engagement and preferences concerning the elderly, affect the performance of care.

Furthermore, it seems apparent to focus more specifically on the perspectives of policy and planning in future research on meaningful care work performance. In this study I have included different perspectives of organization and planning, discussing the logics of time and the NPM-inspired perspective of standardization and the use of the daily work schedule as a frame of the performance of work. Analyses have, however, focused on care workers and their reflections and actions. Following the investigation of care workers, navigating the dilemmas of care work, and especially how they approach the issue of service division, it would, however, be highly relevant to focus more the policy and planning aspects. Particularly, it would be interesting to explore how dilemmas of time logics could be bridged in the construction and interplay between the governance system, the planning system, and the performance of care work.
Finally, it would be interesting to explore the model proposed in the discussion: ‘the meaningful care work triangle’ in more detail. One possibility would be to use the model as an outset for quantitative studies researching the links between the key notions in the model, or intervention studies researching the consequences of working with the dilemmas in the triangle on service quality and worker well-being.
Summary

The main topic of the PhD thesis is the meaningful care work. It examines perceptions of meaning among care workers and how these perceptions are converted into practice in the actual performance of care work. The temporal conditions of care work constitute a central focus of investigation. Identifying how temporal dilemmas emerge in specific care situations, the study examines how care workers navigate in the field of temporal dilemmas in the actual work performance. Findings show that care workers to a large extent manage to consider and balance diverging aspects of care work in their performance. However, findings also show that time pressure constitutes a threat to meaningful care work, especially challenging care workers’ perceptions of what the performance of care work should entail. Conclusions are that the battle of time reflects some fundamental dilemmas between care as a standardized and statutory service and care as an individual and contextual service. It is an article-based PhD thesis, containing one article written on quantitative survey data and three articles written on qualitative data. The qualitative data is collected in the home care sector in two Danish municipalities.

Dansk resume

References


Homepages:

www.statistikbanken.dk  
www.eurofound.europa.eu/surveys/ewcs
Appendix 1
Facts on the collection of qualitative data

The conduction of four focus group interviews
Two interviews were conducted in municipality A in August 2010.
  - One interview took place at the premises of local care unit 1 and the participants were: two helpers and one assistant from local care unit 1 and two helpers and one assistant from local care unit 2.
  - The other interview took place at the premises of local care unit 2 and the participants were: two helpers and one assistant from local care unit 1 and two helpers and one assistant from local care unit 2.

Two interviews were conducted in municipality B, one in September and one in October 2010.
  - One interview took place at the premises of local care unit 3 and the participants were: two helpers and one assistant from local care unit 3 and two helpers and one nurse from local care unit 4.
  - The other interview took place at the premises of local care unit 4 and participants were: two helpers and one nurse from local care unit 3 and two helpers and one assistant from local care unit 4.

Participant observation
Participant observation took place in the two local care units in municipality A (two weeks in September 2010) and in one of local care units in municipality B (one week in October 2010).

During the participant observation I followed eight different care workers, three assistants and five helpers, attending 100 care visits, divided between 69 different elderly persons, as some of them received more than one visit. In the cases where I followed the same care worker more than one day, these care workers worked according to different work schedules.
### Appendix 2

**Interview guide for focus group interviews**

<table>
<thead>
<tr>
<th><strong>Uddrag fra Serviceloven:</strong></th>
<th><strong>Hvad er formålet med omsorgsarbejde?</strong></th>
</tr>
</thead>
</table>
| § 83. Kommunalbestyrelsen skal tilbyde  
1) personlig hjælp og pleje og  
2) hjælp eller støtte til nødvendige praktiske opgaver i hjemmet.  
Stk. 2. Tilbuddene efter stk. 1 gives til personer, som på grund af midlertidigt eller varigt nedsat fysisk eller psykisk funktionsevne eller særlige sociale problemer ikke selv kan udføre disse opgaver. | |

**Hvordan vil I selv beskrive, hvad jeres arbejde går ud på?**

**Hvordan vil I beskrive betydningen af det arbejde, I udfører?**

- for dem selv  
- for borgeren  
- for samfundet

**Hvad er en god arbejdsplads?**

Overvejelser om  
- fællesskab  
- anerkendelse  
- ansvar  
- indflydelse  
- motivation

**Er der nogle særlige værdier forbundet med omsorgsarbejde, som der ikke findes i andre brancher?**

Hvilke værdier knytter sig til omsorgsarbejde?

**Uddrag fra kronik:**

Skal der være plads til, at hjemmehjælperen kan foretage et fagligt skøn i den konkrete plejesituation, eller skal der være en stor kontrol med hjemmehjælperens tid? Ónsker vi ligeledes en pleje, der er så ensartet og regulert, at det personlige hensyn må falde i baggrunden, eller skal der være tid

**Overvejelser om**  
- faglighed  
- omsorg vs. arbejde

88
og plads til at holde fru Jensen lidt i hånden, når hun er ked af det?

Er disse spørgsmål relevante, og hvad er jeres kommentarer?

<table>
<thead>
<tr>
<th>Hvad er mening i omsorgsarbejdet?</th>
<th>- Eksisterer der en fælles meningsramme?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Er mening lig god omsorg?</td>
<td>- Kan man tale om ikke-mening?</td>
</tr>
<tr>
<td>Knytter mening sig til andre aspekter end omsorg?</td>
<td>- Forudsætninger for mening?</td>
</tr>
</tbody>
</table>
Appendix 3

Coding of focus group interview data

This appendix presents the overall frame and topics of the coding of the focus group interview data. The purpose of the appendix is to illustrate the structure, themes, and procedure of the coding processes, presenting an abstract and not a comprehensive account of the processes. Two processes of coding are outlined separately, addressing the topics of meaning of work and the temporal aspects of work. In the actual undertaking of the coding, these processes did, however, partly overlap.

Combination of initial coding and focused coding on the topic of meaning of work
The following scheme outlines the process of coding of the interview data, according to the topic of meaning. The scheme outlines a combination of the initial and the following focused coding processes, as these processes (especially in the condensed form) can hardly be separated. The initial coding of the data was detailed and disorganized, the focused coding process was more condensed and precise, but themes and subjects in the two processes did, to a great extent, overlap. The structure of the following scheme reflects the interview guide, organising the codes according to the themes of the interviews. The scheme only outlines the main codes and chosen examples of statements and my own thoughts.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Reflections</th>
<th>Context/keywords</th>
<th>Own comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of work</td>
<td>- Help, guide, support the elderly</td>
<td>- A good everyday life</td>
<td>Use of the term everyday life in association with a number of adjectives</td>
</tr>
<tr>
<td></td>
<td>- Housekeeping</td>
<td>- Loneliness</td>
<td>(good, lovely, normal)</td>
</tr>
<tr>
<td></td>
<td>- Convey life quality</td>
<td>- Reduced functional capacity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Being primary contact person</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Do what they cannot do themselves</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work characteristics</td>
<td>Unpredictability</td>
<td></td>
<td>Complexity</td>
</tr>
<tr>
<td>Organization of work</td>
<td>- Regular work schedules</td>
<td>Continuity</td>
<td>Detailed knowledge of the single elderly</td>
</tr>
<tr>
<td></td>
<td>- Regular citizens/my citizens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive aspects of work</td>
<td>To visit the elderly, learn new things, being met by positive people, assist with structure, closeness, making a difference</td>
<td>- Work motivation comes from the elderly</td>
<td>Recognition through an entire perspective, not through fragments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Help is for everyone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Observing changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Following a course</td>
<td></td>
</tr>
<tr>
<td>Negative aspects of work</td>
<td>- Cutbacks</td>
<td>- ‘Is it worthy?’</td>
<td>- Multiple loyalties</td>
</tr>
<tr>
<td></td>
<td>- Time pressure</td>
<td>- Adjustment</td>
<td>- Self regulation of work plans</td>
</tr>
<tr>
<td></td>
<td>- Stressing situations</td>
<td>- Too much disturbance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lack of influence and power</td>
<td>- Less communication</td>
<td></td>
</tr>
<tr>
<td>Ideal work place</td>
<td>- Use of own resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Good management</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Good colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaning</td>
<td>- To help someone to feel or do better</td>
<td>Self confidence?</td>
<td>Are plans compatible with closeness?</td>
</tr>
<tr>
<td></td>
<td>- To give them a good life (even within a short perspective)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- to fulfil a welfare state obligation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- to have a responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- to make a difference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focused coding on the topic of temporal aspects of work

This coding process addressed the temporal aspects of work. The coding process was structured according to a scheme of four divisions, similar to the one below. The following schematic outline entails the main features of the coding process, presenting codes in headlines (overall themes of the reflections and statements) and including only a few examples from the data and of my own thoughts.

<table>
<thead>
<tr>
<th>Reflections and statements, relating to time</th>
<th>Examples</th>
<th>Keywords</th>
<th>Own thoughts and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Alteration of the work schedules</td>
<td>There is no time for reflection between care visits</td>
<td>- Continuity</td>
<td>It is important for the care worker to be the</td>
</tr>
<tr>
<td>- Time reductions</td>
<td>“You go from having 60 minutes to having 40 minutes, and you are supposed to do the same – how is that possible?”</td>
<td>- Planning</td>
<td>primary care person</td>
</tr>
<tr>
<td>- Experiences of time insufficiency – not enough minutes allocated for the specific tasks</td>
<td>“It is much quicker if I wash her myself’”</td>
<td>- Cooperation</td>
<td>Life course perspective?</td>
</tr>
<tr>
<td>- Negotiations with management levels on more time</td>
<td>“Things are becoming so rigid that you come to overlook things”</td>
<td>- Prioritization</td>
<td>They are very confident that they fulfil their responsibilities in terms of providing what the elderly need – but they object to the conditions under which they are provided</td>
</tr>
<tr>
<td>- About being late</td>
<td>“You steel time from some (of the elderly) and give it to others</td>
<td>- Clock time/process time</td>
<td>Deviation of work plans is a grey area – they disagree to which extent the work schedule is guiding</td>
</tr>
<tr>
<td>- Flexibility: not every care worker gets along well every elderly person</td>
<td></td>
<td>- Loyalties</td>
<td></td>
</tr>
<tr>
<td>- Services defined in the plan and those which are not</td>
<td></td>
<td>- Time pressure</td>
<td>The problem is lack of ‘buffer time’</td>
</tr>
<tr>
<td>- Help to self help as part of the performance</td>
<td></td>
<td>- Consequences of lack of time</td>
<td></td>
</tr>
<tr>
<td>- The importance of reading the needs of the elderly</td>
<td></td>
<td>- Purpose of work</td>
<td></td>
</tr>
<tr>
<td>- The meaning of coffee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4
Coding of observation data

Initial coding – writing the field work notes:
Having completed a work day, following a care worker conducting a number of home care visits, I wrote down a summary of every care visit. I consider these summaries as the initial coding of the observation data.

Writing up the summaries I did not follow a defined structure as such. Given that every care visit is unique, varying in purpose, duration, content and character of the recipient, the summaries are consequently different. As main focus points during my observations (and in the writing of summaries) I emphasized the performance of the care workers: the services they provided, how they were provided, and the communication and other interaction with the elderly, as well as my own role: what I did during the visits. Furthermore, the summaries reflect the particular character of the visits: unpredictable events or situations, characteristics of the elderly person, his or her life, the home and, occasionally, a historical perspective.

Aside from giving an account of what went on during the care visits, the field notes also contain my own comments, considerations and questions, emerging during or after the visits. These indicate praise, fun, fascination, movement or astonishment, but also wonder, worry, or things I did not understand.

Finally, the field notes contain statements and extracts of conversations involving the care worker, the elderly and/or myself. These extracts either rely on my memory, being a résumé of conversations that took place earlier that day, or they are notes that I wrote during the particular care visits. Whenever I found the statements and conversations especially relevant or interesting, I would prioritize writing it down immediately in order to render it precisely and ultimately, to be a source for direct quotations from the field.
Focused coding of the field notes, concerning on the temporal aspects of work:

The temporal aspects of work were the main themes of the coding process. Coding was structured according to a scheme of four divisions, similar to the one below. The coding process included several phases, representing different levels of detail. The scheme presented below does, however, only outline the main features of the coding process, presenting codes in headlines and including only a few examples from the data and of my own thoughts.

<table>
<thead>
<tr>
<th>Aspects of performance, relating to time</th>
<th>Examples</th>
<th>Keywords</th>
<th>Own thoughts and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Care workers’ actions during the care visits</td>
<td>Mrs. Jensen is ill with cancer and home from hospital at the moment. Quite often she does not want to have a bath, today she asks for it, so she gets the bath. Changes are made in the plans for the future care visits to Mrs. Jensen.</td>
<td>- Routines - Continuity - Coordination - Prioritization - Unpredictable needs - Reducing the visibility of time - Planning - A heterogeneous group of elderly - High levels of tolerance towards the elderly - They do/perform a number of things simultaneously - Doing a status check is always part of the performance - Clock time vs. process time - Time pressure</td>
<td>Which tasks are related to the definitions of the work schedules and which are not? How well do you actually need to know them (the elderly)? They talk to the elderly about things that they know will interest them Where is the limit of involvement in their private lives? Very difficult to figure out the ‘system of breaks’</td>
</tr>
<tr>
<td>- Use of time</td>
<td>Mr. Hansen needs medicine. When we arrive to his home, he is having a shower. We leave and come back. “I am always packing his bag (for his visit to the community centre), because it makes him calm”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Types of relations (to the elderly, their relatives, colleagues)</td>
<td>“You have to be careful, not to enter and take over their homes, not to focus too much on own preferences”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cooperation with the elderly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Care workers’ behaviour towards the elderly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What is going in the home, besides of the care activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Care workers’ expressions of considerations and criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time is scarce and work pace is increased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- There is plenty of time, giving time for breaks and ending work (meaning returning to the office) before 1 pm.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- They have to use their breaks to call the dementia coordinator or other officials, to discuss technical questions with colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Client-related work tasks and meaning of work: results from a longitudinal study among eldercare workers in Denmark

Pernille Tufte · Thomas Clausen · Kirsten Nabe-Nielsen

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Abstract

Purpose To investigate the association between the perception of client-related work tasks and the experience of meaning of work among eldercare workers in the Danish eldercare sector.

Methods We used baseline and follow-up questionnaire data from 3,985 female eldercare workers. The eldercare workers' perception of the client-related work tasks was measured by six items. Meaning of work was measured by a three-item scale. General linear modelling was used to investigate the association between the client-related work tasks at baseline and experience of meaning of work at follow-up adjusted for job title, type of workplace, and age.

Results When care workers experience to have time to be flexible in the care provision and to be able to talk and socialize with the elderly, they are significantly more likely to experience meaning of work at follow-up than care workers who occasionally or rarely have this experience. Care workers who frequently experience to have to end a visit prematurely are significantly less likely to experience meaning of work at follow-up than care workers who rarely experience this. Experiences of having time to perform other than pre-planned tasks and to have insufficient time have little impact on experience of meaning of work at follow-up.

Conclusion This study indicates that to enhance the experience of meaning of work among eldercare workers, improvements of the relational aspects of care work, i.e. the possibilities to talk, socialize, and involve the elderly in the care provision, should be considered.

Keywords Meaning of work · Client-related work tasks · Long-term care · Longitudinal analysis

Introduction

Population ageing is a recognized phenomenon, challenging social security and health care systems in many countries. The number, as well as the proportion, of older adults is increasing, and the population aged 80 or older is the fastest growing age group in the world (Harper 2010). In the Danish population, the proportion of people aged 80 or older will grow continuously from 3% in 2010 to 8% in 2050 (Colombo et al. 2011). The Danish eldercare sector is therefore facing a number of challenges, relating to an increasing number of elderly people and demands on high quality welfare state provided care services. In order to recruit and maintain eldercare workers both now and in the future, continuous investigation on what constitutes a good working environment—and consequently how to improve it—is needed.

One frequent finding in studies addressing care workers’ perception of their work is that the positive and meaningful aspects of care work are associated with caring relations, i.e. helping and providing care for elderly people in need. Sufficient time, continuity, and flexibility in service provision are essential aspects in this context (Liveng 2006; Szebehely 2006; Trydegård 2005; Tufte et al. 2008; Elwer
A Swedish study has found that helping and doing valuable things for the elderly is associated with care workers’ job satisfaction, whereas feelings of inadequacy in care provision is considered to be the least rewarding aspect of care work and may result in physical and mental exhaustion (Aronsson et al. 1998; Astvik and Aronsson 1994). Other studies have found that care work can be emotionally strenuous, when the organization does not support the professional goals of the care workers (Leiter et al. 1998), or when resources (primarily in terms of time) do not comply with the demands and needs of the elderly (Liveng 2006; Trygdegård 2005). Accordingly, it must be expected that care workers’ perceptions of being able to provide adequate care for elderly persons are central for care workers’ experience of meaning of work.

Recent studies among Danish eldercare workers have shown that the experience of low meaning of work increased the risk of long-term sickness absence (Clausen et al. 2010) and turnover (Clausen and Borg 2010). Meaning of work among nurses is also positively associated with patient satisfaction (Leiter et al. 1998). Experience of meaning of work therefore appears to be associated with a series of relevant outcomes with regard to the aforementioned challenges in retaining and recruiting sufficient staff for eldercare.

Individuals experience meaning of work when work roles and work context are considered purposeful and significant (Pratt and Ashforth 2003; Wrzeniewski 2003), thereby affirming central aspects of individual identity and satisfying basic psychological needs (Keyes 2007). According to Keyes (2007), good mental health is associated with a number of dimensions like quality and purpose of life, autonomy, positive relations to others, and social well-being. A work environment that meets these basic needs will, therefore, be considered as a valuable activity, contributing to experiences of meaningfulness and thereby to the well-being of the workers as individuals (Clausen 2009).

For care workers, possibilities for providing adequate care appear to constitute the core aspects of care work (Liveng 2006; Szebehely 2006; Trygdegård 2005; Tufte et al. 2008). From a quantitative perspective, however, little is known about the association between client-related work tasks and experience of meaning of work among care workers. The aim of this study is, therefore, to investigate the association between six different aspects of client-related work tasks and their longitudinal association with experience of meaning of work among Danish eldercare workers.

**Methods**

We used questionnaire data from a cohort study among eldercare workers in the Danish eldercare sector. All employees at the participating workplaces were eligible for inclusion in the cohort study, regardless of job title, with the exception of temporary workers. In the present study, we used data from participants who responded to the questionnaire in both 2006 and 2008. We included only eldercare workers who performed client-related work tasks, thereby excluding, e.g., administrative personnel, kitchen personnel, and cleaners. As only slightly less than three percent of the sample was men, they were also excluded from further analyses. Thus, the final sample consisted of 3,985 female eldercare workers. Table 1 shows the distribution of job title, type of workplace, and age among the participants.

**Outcome measure: meaning of work**

Meaning of work was measured by a three-item scale from Copenhagen Psychosocial Questionnaire (COPSOQ) (Pejtersen et al. 2010) consisting of the following items: Do you have meaningful work tasks? Do you feel that your work performance is important? Do you feel motivated and engaged in your work? All items were responded to on a 5-point Likert scale ranging from “to a very low degree” to “to a very high degree”. A scale score from 0 to 100, where 100 represents the highest degree of meaning of work.
work, was calculated as the mean score of all the three items in the scale. In 2008, the mean score was 76.7 (SD: 13.1). The psychometric properties of this scale are reported elsewhere (Clausen and Borg in press).

Statistical analyses

We used general linear modelling (GLM) to analyse the association between the perception of the client-related work tasks in 2006 and the experience of meaning of work in 2008. For each of the six exposure variables, the GLM estimated the difference in the mean score of meaning of work in the two exposure categories as compared with the mean score in the reference group. These estimated differences were reported together with the 95% confidence intervals (95% CI) for the difference and p-values for each of the six exposure variables. The GLM was chosen because the outcome variable was continuous and approximately normally distributed. We adjusted the estimates for differences in job title, type of workplace, and age.

Results

Table 2 shows eldercare workers’ perception of their possibilities to perform client-related work tasks. The results showed that a majority of the care workers frequently have time to talk about daily issues, and more than half of the care workers frequently have the time to be flexible and take the time to socialize. On the other hand, it is also more than half of the care workers who frequently experience that the time is not sufficient to meet the needs of the elderly. Nearly one-third of the care workers frequently perform tasks, besides the pre-planned task, and frequently experience that they did not perform what was necessary.

Table 3 shows longitudinal associations between care workers’ perceptions of client-related work tasks in 2006 and experience of meaning of work in 2008, while adjusting for age, type of workplace, and job title.

According to Table 3, care workers who frequently experience to have the time to be flexible (A) have significantly higher score on the scale measuring experience of meaning of work than care workers, who occasionally or rarely experience to have the time to be flexible. Likewise, care workers who frequently experience to have the time to talk about daily issues (B) and take time to socialize (C) experience a higher level of meaning of work than care workers who occasionally or rarely have time to talk or socialize with the elderly.

Table 3 furthermore shows that care workers, who rarely experience having to end a visit with an elderly person prematurely, have a significantly higher score on the scale measuring experience of meaning of work than care workers who frequently experience this (F). Finally, Table 3 shows that there are no significant differences between care workers who frequently, occasionally, and rarely experience the factors in question.

Table 1 Description of the participants (n = 3,985)

<table>
<thead>
<tr>
<th>N</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title</td>
<td></td>
</tr>
<tr>
<td>Nurses and therapists</td>
<td>580</td>
</tr>
<tr>
<td>Residential home assistants and social and health care assistants</td>
<td>701</td>
</tr>
<tr>
<td>Home helpers, social and health care helpers and assistant nurses</td>
<td>2,523</td>
</tr>
<tr>
<td>Activity workers, non-educated employees, and others</td>
<td>181</td>
</tr>
<tr>
<td>Workplace</td>
<td></td>
</tr>
<tr>
<td>Residential homes/basic care homes</td>
<td>1,639</td>
</tr>
<tr>
<td>Home care</td>
<td>1,525</td>
</tr>
<tr>
<td>Combination of home care and residential homes/basic care homes</td>
<td>222</td>
</tr>
<tr>
<td>Other</td>
<td>378</td>
</tr>
<tr>
<td>Missing</td>
<td>221</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>Under 20</td>
<td>3</td>
</tr>
<tr>
<td>20–29</td>
<td>176</td>
</tr>
<tr>
<td>30–39</td>
<td>655</td>
</tr>
<tr>
<td>40–49</td>
<td>1,464</td>
</tr>
<tr>
<td>50–59</td>
<td>1,570</td>
</tr>
<tr>
<td>60+</td>
<td>117</td>
</tr>
</tbody>
</table>

Table 2 Distribution of the exposure variables 2006

<table>
<thead>
<tr>
<th>N</th>
<th>Frequently (%)</th>
<th>Occasionally (%)</th>
<th>Rarely (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Having time to be flexible</td>
<td>3,821</td>
<td>53.5</td>
<td>31.2</td>
</tr>
<tr>
<td>B. Talking about daily issues</td>
<td>3,822</td>
<td>83</td>
<td>12</td>
</tr>
<tr>
<td>C. Taking time to socialize</td>
<td>3,754</td>
<td>52.6</td>
<td>27.5</td>
</tr>
<tr>
<td>D. Performing other than pre-planned tasks</td>
<td>3,823</td>
<td>31.6</td>
<td>38.6</td>
</tr>
<tr>
<td>E. Having insufficient time to meet needs</td>
<td>3,676</td>
<td>51.4</td>
<td>29.9</td>
</tr>
<tr>
<td>F. Having to end a visit prematurely</td>
<td>3,691</td>
<td>30.9</td>
<td>31.1</td>
</tr>
</tbody>
</table>
rarely experience to have insufficient time to meet the needs of the elderly (E), while care workers who only occasionally experience to have time to perform other than the pre-planned tasks (D) experience lower meaning of work at follow-up than care workers who frequently have time to perform other than the pre-planned tasks.

We have only reported results adjusted for age, type of workplace, and job title. The differences between the presented results and results from an unadjusted analysis of the associations between the six items on client-related work tasks and experience of meaning of work (results not shown) are inconsequential, and we therefore decided only to report the adjusted results.

Discussion

The aim of this study was to investigate the longitudinal association between different aspects of client-related work tasks and experience of meaning of work among care workers in the Danish eldercare sector. The results showed that some aspects of the client-related work tasks—particularly regarding the direct care relation with the elderly—were significantly associated with experience of meaning of work.

The results of this study showed that having time to talk and socialize with the elderly and to be able to consider the needs and wishes of the elderly in the daily work performance is longitudinally associated with experience of meaning of work. Similarly, having an elderly person, knowing that the needs of the elderly have been met, also predicts experience of meaning of work. These findings correspond well with earlier studies as they show that the relational aspects of caring for elderly persons are the core activities of care work, and that sufficient time and flexibility are essential conditions for performing these activities (Elwer et al. 2010; Liveng 2006; Szebehely 2006; Trydegård 2005; Tufte et al. 2008). Earlier studies also found that care work tends to be less meaningful and more emotionally strenuous when disparities occur between the goals and the possibilities to achieve the goals of care work or, more specifically, when resources for work performance do not comply with the needs of the elderly (Aronsson et al. 1998; Astvik and Aronsson 1994; Leiter et al. 1998). A study on meaningful care work in the Danish eldercare sector has furthermore found that care workers consider it meaningful to provide care services that make a difference in the lives of the elderly. Taking notice of the actual situation of the elderly, talking about actual matters, and helping to solve urgent problems are all matters that care workers find it important to include in the care provision (Tufte 2011). And as it is stated by Lewinter, ‘the cup of coffee serves many purposes’ (Lewinter 2003, p. 371). It is an act of hospitality, it is an option to observe, and it is a chance to discuss practical things or just to chat. By showing the importance of having a flexible approach to service provision and socializing with the elderly, these findings also support the results of the present study.

The results showed no longitudinal association between having time to perform other than the pre-planned tasks and experiencing insufficient time to meet the needs of the elderly and experiencing meaning of work at follow-up. Accordingly, these results indicate that it is not the experience of sufficient time in itself that predicts meaning of work, but instead how the time is actually spent on the client-related work tasks.

Furthermore, the results of this study are in accordance with the results of previous studies, showing that factors in the psychosocial work environment are associated with experience of meaning of work (Arnold et al. 2007; Leiter et al. 1998; Tufte et al. 2008; Clausen and Borg in press). Leiter et al. (1998) also reported an association between patient satisfaction and experience of meaning of work among nurses, which is in line with our results, by indicating that the relational aspects of care work are important for the experience of meaning of work.

According to the literature, individuals experience meaning of work when work roles are considered to be

<table>
<thead>
<tr>
<th></th>
<th>Mean score as reference</th>
<th>Estimated diff.</th>
<th>95% CI</th>
<th>p-value</th>
<th>Estimated diff.</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Having time to be flexible</td>
<td>77.6</td>
<td>-3.0</td>
<td>-3.9 to -2.0</td>
<td>0.000</td>
<td>-4.3</td>
<td>-5.5 to -3.0</td>
<td>0.000</td>
</tr>
<tr>
<td>B. Talking about daily issues</td>
<td>76.8</td>
<td>-3.6</td>
<td>-4.9 to -2.3</td>
<td>0.000</td>
<td>-6.0</td>
<td>-8.0 to -4.1</td>
<td>0.000</td>
</tr>
<tr>
<td>C. Taking time to socialize</td>
<td>77.3</td>
<td>-2.7</td>
<td>-3.7 to -1.6</td>
<td>0.000</td>
<td>-3.6</td>
<td>-4.8 to -2.5</td>
<td>0.000</td>
</tr>
<tr>
<td>D. Performing other than pre-planned tasks</td>
<td>76.5</td>
<td>-1.1</td>
<td>-2.1 to 0.0</td>
<td>0.042</td>
<td>0.5</td>
<td>-0.6 to 1.6</td>
<td>0.397</td>
</tr>
<tr>
<td>E. Having insufficient time to meet needs</td>
<td>75.6</td>
<td>-0.1</td>
<td>-1.1 to 0.9</td>
<td>0.848</td>
<td>0.6</td>
<td>-0.6 to 1.8</td>
<td>0.346</td>
</tr>
<tr>
<td>F. Having to end a visit prematurely</td>
<td>75.2</td>
<td>-0.3</td>
<td>-1.4 to 0.9</td>
<td>0.653</td>
<td>1.9</td>
<td>0.8 to 3.0</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table 3. Associations between each of the client-related work tasks (2006) and meaning of work (2008), estimated differences in means and 95% confidence intervals (95% CI), adjusted for age, type of workplace, and job title.
purposeful and significant (Pratt and Ashforth 2003; Wrzeniewski 2003), thereby affirming central aspects of individual identity and satisfying basic psychological needs, such as self-acceptance, positive relations to others, and purpose in life (Keyes 2007). From our study, it can be concluded that experience of meaning of work is predicted by the relational aspects of care work and, consequently, when care workers have the possibilities to perform these tasks adequately experience of meaning of work is likely to be enhanced.

As this study shows—and thereby contributes to the existing knowledge on associations between indicators of psychosocial work environment and meaning of work—care workers’ perception of client-related work tasks is associated with experience of meaning of work among care workers. Initiatives aimed at enhancing experience of meaning of work also appear to pay dividends in the longer term, as other studies show that meaning of work is associated with a series of desirable organizational outcomes (Clausen et al. 2010; Clausen and Borg 2010; Arnold et al. 2007; Brown 1996).

A major strength of the present study rests in the large sample size. However, a limitation stems from the fact that both exposures and outcome in this study were self-reported, which may entail suspicions that the results can be ascribed to common methods biases in the data, resulting in an overestimation of the association between client-related work tasks and meaning of work (Podsakoff et al. 2003). One way of controlling common methods biases is to temporally separate the measurement of predictors and outcomes. As the present study is a longitudinal study, our design does, to some extent, eliminate the biases associated with common methods (Podsakoff et al. 2003). In addition, we found that some, though not all, of our six measures of client-related work tasks in 2006 were associated with the experience of meaning of work in 2008. This finding strengthens our results further, as it indicates that the association between client-related work task and meaning of work is specifically related to the possibility of interacting with the elderly and not just a result of a general tendency to respond positively or negatively to questions, related to working conditions and well-being.

The follow-up time was 24 months which is an appropriate time lag in order to identify associations between psychosocial exposures and outcomes at the workplace (Dormann and Zapf 2002). Moreover, the homogeneous sample (female eldercare workers) reduced the risk confounding as did our adjustment for differences in age, job title, and type of workplace. Thus, the internal validity of the present study appears to be reasonable, meaning that the direction of the effect estimates is not seriously biased. As our findings are corroborated by previous research, our results may apply to female eldercare workers in other countries working under similar conditions.

Finally, it must be noted that this study is based on existing data that were collected before the aims of this particular study were formulated. In choosing our indicators of client-related work tasks, we were therefore limited by the available data. It can be argued that other indicators could also hold relevance for the investigated associations, but overall, the findings of the present study support the notion that the experience of different aspects of client-related work tasks influences experience of meaning of work among care workers.

Conclusions and implications

In conclusion, our study shows that female care workers’ experience of meaning of work is predicted by their perception of client-related work tasks. These results show that meaningful care work is related to the interaction between care workers and the elderly and being able to meet the care recipients’ needs for care. To enhance experience of meaning of work among female care workers, continuous managerial and economic attention should be put on the possibilities to perform the client-related work tasks in a satisfactory manner.

Conflict of interest The authors declare that they have no conflict of interest.

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Hvad er meningen? – arbejdspraksis og mening i arbejdet i den danske ældrepleje

Pernille Tufte

Mening i arbejde er en central faktor i vurderingen af det psykosociale arbejdsmiljø. Mening i arbejdet handler om formålet med og vigtigheden af det, man laver, og oplevelsen af mening har betydning for, hvordan man har det, og hvordan man trives på sin arbejdsplads. Denne artikel omhandler, hvilke betydninger af mening, medarbejdere i den danske ældrepleje oplever i deres arbejde, og artiklen viser med udgangspunkt i et kvalitativt feltarbejde, hvordan og i hvilke situationer det meningsfulde arbejde praktiseres. Teorien om ‘job crafting’ udgør rammen for analysen af det meningsfulde arbejde. Denne teori er anvendelig, fordi den ikke udelukker fokuserer på sammenhænge mellem motiver, indhold og betydninger i arbejdet, men inddrager medarbejdernes aktive handlinger som et væsentligt element til at forstå, hvordan mening skabes og praktiseres.

Tidligere undersøgelser har vist, at oplevelsen af mening er blandt de faktorer, der er mest betydningsfulde i de ansattes vurdering af et godt arbejdsmiljø på det danske arbejdsmarked, og særligt i ældreplejen er betydningen og oplevelsen af mening høj (Tangian 2007). En række kvantitative undersøgelser har kortlagt omfanget af mening i arbejdet og associationer mellem mening i arbejde og en række øvrige indikatorer på det psykosociale arbejdsmiljø (Arnold m.fl. 2007; Clausen m.fl. 2010; Clausen & Borg 2010; Leiter m.fl. 1998). Kvalitative studier, primært inden for den skandinaviske omsorgsforskning, har vist, at de positive aspekter ved arbejdet er forbundet med selve omsorgsrelationen – at det opleves meningsfuldt at hjælpe et andet menneske, der har brug for hjælp. De negative aspekter ved arbejdet er relatert til tidspres, nøje planlægning og begrænset brug af faglige kompetencer (Liveng 2006; Szebehely 2006; Trydegård 2005; Tufte m.fl. 2008). Omsorgsarbejdet er således kendteget ved en række forskellige – og potentielt modsatrettede – aspekter, der danner rammen for og indgår i udførelsen af arbejdet.

Denne artikel er en kvalitativ, eksplorativ undersøgelse af, hvilke betydninger af mening medarbejderne i den danske ældrepleje tillægger deres arbejde og en belysning af, hvordan meningsbetydninger praktiseres i det daglige arbejdsliv under de givne arbejdsbetingelser. Artiklen er en empirisk fundet artikel, der baseres på kvalitativt data, indsamlet i hjemmeplejen i to kommuner. Det analytiske fokus retter sig imod medarbejdernes egne forståelser af mening i arbejdet og den arbejdspraksis, hvor det


**Mening i arbejde og ’job crafting’**

I litteraturen er der forskellige definitioner af mening i arbejde: at arbejdet tjener et formål og gør en forskel (Pratt & Ashforth 2003), at medarbejdere føler sig nyttige og værdifulde på arbejdet (Hackman 2005), at man gennem arbejdet bidrager til værdiskabelsen i samfundet (Hildebrandt 2009), eller

“når man i et fællesskab med andre bruger sig selv til at yde et bidrag til mennesker, der har brug for det” (Ravn 2008).


”the physical and cognitive changes individuals make in the task or relational boundaries of their work” (Wrzesniewski & Dutton 2001).

I udviklingen af deres begreb tager de afsæt i traditionelle forståelser af arbejde, hvor der enten blev fokuseret på individuelle fokuser (personlige værdier, mål og forventninger til arbejdet og deres betydning for oplevelsen af arbejdet) eller på de ydre faktorer, fx arbejdspogaver og sociale interaktioner. Hackman og Oldhams ’job characteristic model’ er et eksempel på en anerkendt model, der netop betoner arbejdets design og egenskaber. Modellen fremhæver fem karakteristika ved arbejdet.
Hvad er meningen? – arbejdspraksis og mening i arbejdet i den danske ældrepleje

(autonomi, opgaveidentifikation, opgaveres væsentlighed, variation og feedback) og illustrerer, hvordan disse elementer kan føre til oplevelse af meningsfuldhed, ansvarlighed og viden, hvilket igen kan resultere i motivation, tilfredsstillelse og efektivitet blandt medarbejderne (Hackman 2005). Wzresniewski og Dutton anerkender betydningen af både individuelle motiver og værdier og af arbejdets egenskaber, når man ønsker at forstå menneskers oplevelser af deres arbejde. Men de kritiserer disse forståelser for at være statiske, og de mener, at der er behov for en mere dynamisk og processuel forståelse af arbejde. De pointerer, at det ikke er tilstrækkeligt at fokusere på de formelle arbejdskrav og -betingelser, men at den individuelle medarbejder har et råderum til at forme og skabe sit job, og at der i denne proces sker en tilretning eller ændring af medarbejderens arbejdssidentitet og oplevelse af mening i arbejdet. Det betyder ikke, at arbejdets design og egenskaber ikke er relevante aspekter at fokusere på, men fokus ligger på medarbejderens aktive handlinger – hvordan de enkelte medarbejdere er aktive i designet af arbejdet, og hvordan de er aktive i forhold til at give indhold til arbejdets egenskaber. Argumentet er, at mening skabes i det dynamiske samspil mellem medarbejdere og arbejde. I det følgende vil jeg fastholde brugen af det engelske begreb 'job crafting' i betydningen at forme og tilpasse sit eget job inden for rammerne af de formelle arbejdssituationer.

**Job crafting modellen**

Forfatternes model for job crafting illustrerer, hvordan en række faktorer influerer på hinanden i en forløbende proces (Wrzesniewski & Dutton 2001). Første del af modellen handler om **motiver** for job crafting (behovet for kontrol og mening i arbejdet, behovet for at skabe et positivt selv-billede samt behovet for at indgå i menneskelige re-
påpeget, at netop handlingsrummet er centralt i udførelsen af omsorgsarbejde, fordi medarbejderne skal kunne være fleksible for at kunne tilpasse ydelserne til de ældres specifikke behov (Wærness 1996), og fordi det emotionelle arbejde ikke kan planlægges (Szebehely 1995). Disse forhold understøtter relevansen af netop at fokusere på, hvordan handlingsrummet forhandles og konstrueres af medarbejderne, og job crafting modellen er i denne sammenhæng anvendelig til at belyse, hvordan meningsbetydninger både kan være strukturerende for arbejdet og et resultat af arbejdet.


**Indsamling af empiri**

Det empiriske datamateriale består af fire fokusgruppeinterviews og tre ugers observationsstudier, der er gennemført i hjemmeplejen i to danske kommuner. De to kommuner blev udvalgt blandt de ti kommuner, der indgår i NFAs kohorterapport af arbejdsmiljøet i den danske ældrepleje, og de blev udvælt på grund af forskellige karakteriseringer. De to kommuner er en stor jysk kommune og en mindre københavnsk stadsdel. To enheder i hver kommune deltog i feltstuderne. Der blev taget parti i de to enheder i hver kommune, og det blev prøvet på praksis i de to enheder at deltage i feltstuderne. Der blev gennemført to fokusgruppeinterviews med seks deltagerer i hver enhed, og grupperne var blandede i den forstand, at der i hvert interview deltog to sosu-hjælpere og en assistent/sygeplejerske fra hver enhed. Herved blev grupperne relative homogene, og der er omsorgsarbejde både i samme kommune, men de samtidig kom fra to forskellige enheder og derfor ikke alle havde kendskab til højeregrads daglige arbejdsrutiner, undvikte interviewerne at blive præget af alt for høj grad af konsensus og indforskel (Agar & MacDonald 1995; Morgan 1997). Formålet med interviewerne var at få kendskab til medarbejderes forståelse og oplevelse af mening i omsorgsarbejde. Med udgangspunkt i opfattelsen af mening i arbejdet som et subjektivt fænomen, der udvikles sig i arbejdsforholdene, var fokusgruppeinterviewet blandt en gruppe kolleger en relevant metode.

Observation blev udført i tre af de fire hjemmeplejehusene, en uge hvert sted. Formålet med observation er at få indblik i menneskers adfærd og handlinger i givne situationer og få indblik i de følelser og holdninger, der knytter sig til handlingerne (Waddington 2004). I dette tilfælde var formålet at få kendskab til, hvordan en arbejdsdag i hjemmeplejehusene forløber, og hvordan arbejdsmiljøet skabes i interaktionen mellem medarbejderne, de ældre og arbejdsvælgerne. Der var tale om observation med varierende grad af deltagelse, primært med deltagelse i praktiske opgaver. Den anvendte metode til at tilvejebringe og analysere interviewdata er fænomenologisk. Fænomenologien som metode handler om at forstå sociale fænomener ud fra aktørernes egne perspektiver – at beskrive og forstå (arbejds-)livsverden, som den opleves af aktørerne selv. Der er fokus på bevidsthed (den konkrete virkelighed, som vi kan erføre), præcise beskrivelser og generelle betydninger i beskrivelserne. Jeg har i analysen af det empiriske materiale fra fokusgruppeinterviewene taget udgangspunkt i Giorgis metoderegler, som handler om 1) at indhente og (videre)give konkrete og
udførlige beskrivelser af det undersøgte fænomen, 2) at etablere meningsenheder i beskrivelserne, for herefter 3) at transformere meningsenhederne til kategorier og begreber. Målet er at finde frem til den generelle struktur (den generelle i det konkrete) i det undersøgte fænomen (Jacobsen m.fl. 2010).

**Arbejdsdagens begyndelse**


**Arbejdets indhold og betydning**


Af det empiriske materiale kan der identificeres to overordnede mål med arbejdet, der er overvejende samstemmende med Wærness’ omsorgsdefinition: at yde hjælp til selvhjælp og et normativt mål om at de ældre skal have det godt. Hjælp til selvhjælp er politisk princip, af Dahl beskrevet som et aktiverende princip, inspireret af en

At bidrage til at skabe en god hverdag er det andet formål med arbejdet i ældreplejen. At de ældre skal have det godt handler om at støtte, guide og udføre ting, som de ældre ikke selv kan. Herudover er det et væsentligt element i arbejdet – om end det ikke er en eksplicit opgave – at fungere som (den ofte primære) kontaktperson i hverdagen. I medarbejdernes egne refleksioner over formål og betydning af deres arbejde er den ældres hverdag central, og de taler om ‘en god dag’, ‘en dejlig dag’, ‘en normal hverdag’ og ‘at have en hverdag i deres eget hjem på en værdig måde’. At hjælpe et andet menneske til at få en god hverdag er en stor udfordring. Der er meget stor forskel på de ældre og deres situation, og der er forskellige opfattelser af, hvad det vil sige at have det godt. I løbet af de tre ugers observationsstuder besøgte jeg 69 hjemmehjælpsmodtagere. Forskellige mennesker med forskellige behov for hjælp, der udnyttede fysisk svækkelighed, sygdomme, lammelse, manglende energiniveau, psykiske lidelser eller alkohol- eller narkomisbrug. Andre er forvirrede, diffuser eller har svært ved at overskue (forhold i) deres egen livssituation. Alle har nogle konkrete behov for hjælp, forud for at de har hvert deres hjem og hver deres livssituation med vaner, rutiner og præferencer. Det er i disse meget forskellige verdenskontekster, at en hjemmehjælper træder ind.

**Dilemmaer i omsorgsarbejdet**

Medarbejdere skal på den ene side tilgodese de ældres aktuelle og foranderlige behov og ønsker på den ene side og planlægning, pre-definere arbejdsopgaver og præcise tidsangivelser på den anden side. Dette dilemma er velkendt i den skandinaviske ældreomsorgsforskning. Den danske sociolog Kari Wærness introducerede i begyndelsen af 1980’erne begrebet ‘omsorgsrationalitet’ med henblik på at forklare/understrege, at omsorgsmedarbejdere (oftest kvinder) ikke udelukkende handlers på baggrund af følser eller normkonformitet, men at deres handlinger kan anskues som rationelle i henhold til en omsorgsforståelse (Wær-
Hvad er meningen? – arbejdspraksis og mening i arbejdet i den danske ældrepleje


Omsorgsrationalitet har sidenhen været et centralet begreb i den skandinaviske omsorgsforskning, og en lang række omsorgsforskere har belyst og diskuteret omsorgsarbejdets kompleksitet med udgangspunkt i dikotomien mellem styring og omsorg. Studier har påpeget, at standardisering og rutiner er i modstrid med, hvad der er betydningfuldt i omsorg (handlingsrummet og individtilpasning), og dermed gør det omsorgsfulle møde vanskeligt (Szebehely 1995; Szebehely 2006), at arbejdets indhold og rammer på en gang forudsætter og negligerer medarbejdernes omsorgsorientering (Liveng 2006), at medarbejderne i deres daglige arbejdspakke skal håndtere konflikter og paradoxer mellem de to rationaliteter (Dybbroe 2008), og at planlægningsidealen kan medføre tab af omsorgsværdier (Liebst & Monrad 2008; Vabø 2002).

Tidligere omsorgsforskning har således vist, at de organisatoriske rammer for omsorgsarbejdet er defineret med udgangspunkt i en planlægningsrationalitet, inden for hvilken den konkrete omsorgspraksis finder sted. Endvidere har forskningen vist, at der eksisterer en dobbelthed i denne organisatoriske form i form af præcise definitioner af arbejdssopgaver på den ene side og et handlingsrum, hvor arbejdet udføres med større eller mindre grad af fleksibilitet på den anden side. Job crafting perspektivet er anvendeligt til at belyse, hvordan og i hvilket omfang handlingsrummet udfyldes, og hvordan mening både er en motivator og et resultat af omsorgshandlingerne.

Mening i praksis

Medarbejderens egne refleksioner over, hvad arbejdet i ældreplejen består i, er tæt relateret til de betydninger af mening,
medarbejderne tillægger arbejdet. Disse meningsbetydninger er i analysen blevet kategoriseret inden for fire temaer:

• At hjælpe de ældre med at strukturere hverdagen
• At have et ansvar over for de ældre
• At udfylde en funktion i velfærdssammendraget
• At anvende sin faglighed, at lære nyt og blive udfordret

Der er tale om betydninger på forskellige niveauer. Der er betydninger, der er forbundet til konkrete handlinger, og der er betydninger, der er forbundet til den rolle/funktion, man som medarbejder spiller i den ældres hverdag. Der er betydninger, der udspringer af refleksion, den erkendende betydning (jf. Ravn), hvor medarbejderne reflekterer over betydningen af deres handlinger i en hverdagskontekst (at være i en relation med en ensom person) eller i en samfundsmæssig kontekst (løsning af en velfærdsopgave). Og der er betydninger, der relaterer sig til følelser, oplevelser og konkret respons. Der er således i materialet mange variationer over den positive følelse, det giver at blive positivt imødekommet, at blive takket efter et besøg, at blive anerkendt af pårørende, at møde gensynsglæde, at blive mødt af udsagn som: “jeg savner dig, når du ikke er her” eller “hvis de bare alle var ligesom dig”.

**Besøg hos Ella**

Ifølge kørelisten skal Ella have morgen-hjælp, hvilket uddybes med følgende tekst:

> “Let støtte og vejledning til morgenmad og snøre brød, vejledning til påklædning og øvre toilette, hjælp til støttestrømper, obs. at hun har taget medicin, bad”.

Der er afsat 40 minutter til besøget. Ella ligger stadig i sengen, da vi kommer, hendes mand er oppe, går rundt i jakkesæt, og de har en lille hund. De bor nu i et hus, efter de det meste af livet har drevet en gård. Ella er 88, manden er ældre. Vi går ind i soveværelset, Ella ligger under dynen, hun vil ikke op. Ida sætter sig på sengekanten og forsøger at overtale hende, siger at hvis hun kommer op, kan hun hvile sig videre på sofaen. At hun vil blive mere frisk af at komme i bad. At hun måske bare kunne prøve at sætte sig op? Men Ella kan ikke, hun er så træt, hun vil bare blive liggende. Ida spørger, om vi skal komme tilbage lidt senere. På vej ud fortæller Ida manden, at det ikke er lykkedes hende at få Ella ud af sengen, hvilket han vist både er skuffet og ked af.

At skabe en struktur i den ældres hverdag

At skabe en struktur i den ældres hverdag opleves som det synlige resultat af en konkret indsats, som har stor betydning for medarbejderne. Det handler om, at der i den periode, man befinder sig i den ældres hjem, sker en forandring i den ældres situation. De ældre kan være uden energi, have smerter, være utørlige, være forvirrede eller have brug for at gennemgå ting, og medarbejderne oplever, at de med deres indsats kan skabe situationer, der gavner de ældre og gør dem mere ressourcestærke og får dem videre i hverdagen. At bidrage til en struktur kan antage mange former. Det kan være forbundet med en konkret ydelse – at få den ældre ud af sengen og lave morgenkaffe – men lige såvel tilstedeværelse, snak om forestående aktiviteter, huske ting de ældre glemmer og fastholdelse af rutiner.

Besøg hos Gudrun


At have et ansvar over for de ældre

At have et ansvar over for den ældre handler om at være en væsentlig kontakt – ofte den primære kontakt – i den ældres hverdag. Som medarbejder spiller man (i variierende omfang) en rolle i den ældres liv, og der er ofte tale om ældre, der opholder sig meget alene, og som måske er ensomme. Det ansvar, medarbejderne oplever over for de ældre, er relateret til levering af de ydelser, der på forhånd er blevet defineret, men i lige så høj grad relateret til de mange små handlinger, som ikke er defineret, men som for de fleste er et naturligt led i arbejdet. Disse handlinger består i at gå ind i den situation, der eksisterer, når man ankommer, at snakke, at trøste, at se på en skade, at tjekke købmansregningen, at få en elektrisk maskine til at fungere, at læse skrivelser fra myndighederne, bære skraldespanden ud, vaske tøj selvom det ikke er vaskedag osv. Alle de ting, der er naturlige elementer i et hverdagsliv, og som en medarbejder kan være den nærmeste til at tage sig af. Mange medarbejdere har hørt deres leder sige, at de skal holde sig til, hvad der er beskrevet af ydelser i kørelisten, men det er hverken realistisk eller ønskeligt. Medarbejderne ser deres handlinger som svar på nogle behov, der eksisterer, og det har betydning for den samlede oplevelse af deres eget arbejde. Det er ikke udførelsen af de enkelte små opgaver i sig selv, men derimod oplevelsen af en helhedsorienteret omsorg, der søges og opnås.

At udfylde en funktion i samfundet

Arbejdet i hjemmeplejen har betydning for medarbejderne i den forstand, at de udfylde en funktion og implementerer et an-
svar, som samfundet har påtaget sig i forhold til at tage sig af de ældre.

“Vi skal tage os af de ældre. Det har samfundet valgt at tage sig af, og det tomrum går vi ind og udfylder. Så de stadig har et rimelig værdigt liv, selvom der er meget, de ikke kan. Det er en stor opgave”.

Det giver mening for medarbejderne at bidrage til løsningen af denne samfundsopgave. At anskue sit arbejdes betydning på dette niveau medfører imidlertid også en eksplicitering af en række dilemmaer i relation til arbejdets udførelse. Medarbejderne oplever, at de er blevet pålagt en opgave, som de ikke altid har de rette betingelser for at udføre. Økonomiske stramninger har ændret deres arbejdsbetingelser (fx ved at tiden til ydelser er blevet kortere, og at der er indført restriktioner i forbindelse med ferieplanlægning), og de oplever disse ændringer som en underkendelse af den funktion, de udfylder i samfundet, og en manglende værdættelse af deres arbejde fra systemets side. De taler om ‘de og os’, hvor ‘de’ er de politiske og administrative niveauer over dem selv (dog ikke deres egen leder, som de ikke tillægger herved ansvar eller manøvremuligheder i retning af at ændre på de strukturelle vilkår). Det primære dilemma består i, at medarbejderne er fanget i forpligtelse og loyalitet overfor både deres arbejdsgiver og de ældre.

“Vi skal være loyale. Vi kan jo ikke stå ude hos borgeren og beklage vores nød. Vi kan heller ikke stikke kommunen i ryggen”.

“Der skal man passe på, at det ikke bliver ens egne frustrationer, der går ud over borgerne… Jeg kan ikke lade det gå ud over borgerne, at jeg ikke har ro på mit arbejde”.

Så i praksis forsøger medarbejderne at skåne de ældre for konsekvenserne af en forrin-
Det handler også om professionalisme, at kunne håndtere negative og vanskelige ældre, ældre man ikke bryder sig om, som opfører sig dårligt, som bor ulækkert. I forlængelse heraf er der også medarbejdere, der anfører, at rengøring ikke bare er rengøring, at rengøring også kan indeholde en omsorgsfaglighed – eller at man kan vælge at anlægge dette perspektiv på rengøring. Herved bliver rengøringen led i forsøget på en at skabe en sammenhængende indsats over for den enkelte ældre.

**Job crafting og mening i omsorgsarbejdet**

Medarbejderne i hjemmeplejen oplever deres arbejde som meningsfuldt i forhold til at kunne hjælpe de ældre med at strukturerer hverdagen, at have et ansvar over for de ældre, at udfylde en funktion i velfærdsfaget samt at anvende sin faglighed, at lære nyt og blive udfordret. Om de fire kategorier af meningsbetydninger kan man samlet set sige, at de handler om at gøre en forskel – at bruge sine egenskaber til at skabe en god hverdag for nogle ældre mennesker. Det handler om at give en helhedsorienteret omsorg, hvor de ældres behov bliver imødekommet på den bedst mulige måde.

Job crafting er et anvendeligt teoretisk begreb i forhold til at analysere og forstå de arbejdspublikum, der finder sted. Denne artikel har bekræftet, at handlingsrummet er afgørende for omsorgsarbejdets udførelse – at medarbejderne gennem job crafting udfylder rammerne for arbejdet, men at dette sker i forskelligt omfang, afhængig af situation og muligheder. I henhold til *Bestiller-Udfører-Modellen*, som den danske hjemmepleje er organisatorisk etableret af, er omsorgsfagelserne defineret af udførelser, mens det er omsorgsarbejdernes opgave at opfylde ydelserne. Opgavebeskrivelserne (kørelisterne) siger imidlertid intet eller kun meget lidt om, *hvordan* opgaverne skal udføres. Besøget hos Ella er et eksempel på, hvordan job crafting foregår i flere funktioner og sammenhænge. Medarbejderen er i en situation, hvor flere ting skal overvejes, og beslutninger skal tages relativt hurtigt, og hun forhandler både i forhold til den tidsmæssige ramme, i forhold til rækken af opgaver (hvor ikke alle kan nås eller er mulige er gennemføre), og hun forhandler konkret med Ella, som ikke vil samarbejde. Samtidig viser eksemplet, at det at få Ella op og i gang med dagen var motivationen for det arbejde, der blev udført – og det var også den oplevelse, medarbejderen gik derfra med. Tilsvarende er det at have et ansvar over for de ældre en meningsbetydning, der er styrende for konstruktionen af den konkrete arbejdspublikum. I eksemplet med Gudrun er der tale om, at medarbejderen besøger en ældre person, der har akut behov for trøst og beroligelse, hvilket hele besøget kommer til at gå med. At tage dette ansvar er udtryk for en selvstændig beslutning fra medarbejderens side. Her havde det ikke direkte konsekvenser for udførelsen af andre opgaver, i og med at Gudrun allerede var oppe, selv havde taget tøj på og spist morgenmad, men i andre tilfælde kunne det have betydet, at andre opgaver måtte vige. At udfylde en funktion i samfundet er en meningsbetydning af en anden karakter end de to foregående. Det er en betydning, medarbejderne tillægger deres arbejde på et mere overordnet niveau, som ikke relaterer sig til enkelte opgaver eller enkelte besøg, men som er en mere helhedsorienteret betragtning på arbejdet. Denne meningsbetydning influerer på konstruktionen af arbejdspublikum gennem den måde, medarbejderne forhandler og flytter de kognitive grænser for deres arbejde. At anvende sine faglige kompetencer blev identificeret som den fjerde kategori af meningsbetydninger, en kategori som ikke er så tæt relateret til job crafting som de øvrige, men som kan
forstås som en forudsætning for udførelsen af det meningsfulde arbejde.

Identifikationen af de fire meningsbetydninger, og hvordan mening i omsorgsarbejdet udfolder sig, er således samstemmende med Ravns Samblomstringsteori, der netop påpeger, at mening i arbejdet opstår, når man anvender sine faglige kompetencer til at skabe nytte og værdi for andre end en selv. Analysen i denne artikel har vist, at det værdibaserede og helhedsorienterede perspektiv er væsentligt – at de isolerede omsorgspgaver ofte ikke i sig selv er meningsgivende – men at den samlede betydning af opgaverne opleves meningsfuld.

Job crafting sker på baggrund af meningsbetydninger, og meningsbetydnin-
ger skabes med udgangspunkt i medarbejdernes aktive handlinger. Analysen af job crafting har vist, at handlingsrummet i omsorgsarbejdet er til stede, og at medarbejderne udnytter handlingsrummet til at udføre deres arbejde i henhold til nogle givne mål. Medarbejderne flytter grænse-
erne for deres arbejde med udgangspunkt i deres egen vurderinger og beslutninger og gennem forhandlinger med tiden, med de ældre og med de krav og forventninger, de oplever i arbejdet. Dilemmaerne i omsorgsarbejdet er til stede, og medarbejderne forsøger i den daglige praksis at håndtere dem med henblik på at skabe en god omsorg og et meningsfuldt arbejdsliv. Job crafting er et individuelt ansvar. Som det er blevet påpeget af Szebehely, er omsorgsarbejdet foratchet og uden vidner, og det understreger medarbejdernes ansvarsposition og den store betydning, som medarbejdernes egen forståelse af deres arbejde har. Det er et stort ansvar at udføre omsorgsarbejde, når muligheden for job crafting er til stede – det giver medarbejderne mulighed for at imødekomme aktuelle behov og problemstillinger, men det stiller samtidig store krav til grænseomgivelser. For at klare de for trængende forudsætninger for job crafting i et arbejde, hvor der ikke eksisterer nogen definitive grænser for arbejdets udførelse? Medarbejderne henter selvfølgelig støtte til grænseomgivelserne i de organisatoriske og faglige rammebetingelser (fx tidsramme, opgavebeskrivelser og faglige kompetencer), men ude i hjemmet, i den aktuelle omsorgssituation, beror arbejdets udførelse ofte på situationsbestemte vurderinger og beslutninger fra medarbejderens side.

Det kan have positive konsekvenser for arbejdets udførelse, at medarbejderne bliver overdraget/påtager sig et stort individuelt ansvar, i og med at de forsøger at imødekomme og håndtere de aktuelle behov og situationer. Omvendt kan det individuelle ansvar også have potentielle negative konse-

Der har i denne analyse været fokus på omsorgsarbejdets udførelse ud fra medarbejdernes perspektiv, og artiklen har diskuteret medarbejdernes meningsbetydninger og muligheder og fordele ved job crafting. Det er imidlertid relevant at stille spørgsmålet, om mere job crafting automatisk vil føre til bedre omsorg? Intentionerne bag organisationen af ældreplejen handler om specificitet og effektivitet – definition af opgaver med henblik på at sikre en retfærdig fordeling af begrensede ressourcer og modvirke en tilfældig forfordeling af serviceydelser. Det er inden for disse rammer,

**Noter**

1 Jeg bruger i artiklen ‘ældre’ som den samlede betegnelse for modtagerne af hjemmehjælp – også selvom ikke alle modtagere er ældre, men modtager hjemmehjælp af årsager, der ikke er aldersbetingede.

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Navigating the field of temporally framed care
Time logics, temporal dilemmas and processes of navigation in care work performance in the Danish home care sector

Abstract
The article investigates time as a condition of care work. Applying the logics of clock time and process time as principal analytical perspectives, the article examines how temporal conditions frame and affect work performance in the Danish home care sector. The translation of a daily work schedule into practice forms the basis of the empirical analysis of work performance. The article identifies the emergence of temporal dilemmas in different home care situations and explores how care workers respond to these dilemmas in practice. Findings show that care workers use various tactics to navigate between needs, intentions and opportunities to optimize the use of time and to make time comply with individual care.

Keywords
Home care work – time logics – temporal dilemmas – work performance - navigation

Introduction
In recent decades public sector service work in the West has been in a process of transformation. New models of governance, relating to the concept of new public management (NPM), have been introduced, emphasizing efficiency, standardization and goal orientation (Christensen and Lægreid 1999; Hood 1991). Furthermore, economic cutbacks have been made in various types of service work. Time can be seen as a central indicator of the resources allocated to service work and, in the elder care sector in particular, where care workers are the primary production unit, changes in the allocation of resources often result in changes in the time available for care.
In Scandinavia the elder care sector has been undergoing extensive organizational changes, introducing a purchaser-provider-model and the free choice of service providers. The temporal implications of such change are extensive, and studies have highlighted increased time pressure, reduced discretion and an increased sense of inadequacy as some of the consequences (Szebehely 2006; Trydegård 2005; Vabø 2007). More than half of Danish care workers frequently experience having insufficient time to meet the needs of the elderly (Tufte et al. 2011), and not being able to perform according to the actual needs of the elderly may result in a lack of motivation and reduced job satisfaction (Tufte and Borg 2007).

The issue of how temporal conditions influence the performance of care work has not been addressed in many studies. Where such studies have been undertaken, as in attempts to analyse temporal aspects of work practices among hospital nurses (Allen and Lyne 1997; Waterworth et al. 1999; Waterworth 2003) and in nursing homes (Bowers et al. 2001), the conclusions indicate that flexible time management increases work efficiency, and that routinization and prioritizing are principal strategies among nurses in order to control time at work. Even though they address work in hospitals and nursing homes, the findings of these studies should also resonate in the home care work context, not least because many work tasks overlap. According to Waterworth (1999) routines is a matter of combining work tasks with time, a way to establish a sense of order in the temporal plan of work. Prioritizing is understood as a way of structuring the temporal ordering of work.

This article contributes to the research on time in care work by assessing the temporal aspects of the performance of care work, and analysing how care workers approach temporal ambiguities. In the Danish home care sector, work is framed by daily work schedules, indicating pre-defined work tasks and strict time frames. Every care visit is planned to begin at a certain hour and to last a certain number of minutes. At the same time, care work is undertaken within the temporal framework of the everyday life situations of the elderly. As theoretical perspectives on the temporal framing of care work, I include the concepts of clock time and process time. Clock time (Adam 1990;
Adam 1995; Davies 1994; Eriksen 2002) signifies a linear, standardized and invariable measurement of time, whereas process time (Bryson 2007; Davies 1994; Twigg 2000) signifies time as internal to social lives, a personal experience and dependent on context. Coexisting, but nonetheless constituting a clash in logics, both concepts of time are useful for understanding the complex and ambiguous conditions of time in care work.

Empirically, the article examines how the daily work schedule is translated into practice – how care workers give content to the framing of the work. The analysis focuses on the emergence of temporal dilemmas and on care workers’ navigation of different temporal conditions and considerations in care work. The article meets the call, made by Andersson, for further recognition of time as a significant aspect of care work in research and in practice (Andersson 2008). Furthermore, the article addresses the lack of focus on the performance of care work and care workers’ working conditions, raised by Daly and Szebehely (Daly and Szebehely 2012).

**Time in care work: the logics of clock time and process time**

All work is temporally structured. Time schedules are necessary for efficient work performance (Fine 1990). People sell their labour power, making it available for a certain amount of time, and efficiency depends on the output of the workers during this limited amount of time (Cohen 2011). Care work is characterized by a rationalized and bureaucratic organizational structure which requires a strict temporal order. Tasks are pre-defined and time allocation precisely measured. Work rhythms based on clock time are ostensibly not dependent on context, and do not take account of specific conditions or particular needs. Since home care work is performed in a private home, however, representing an intervention into the private sphere of another person’s everyday life, it also takes place in the time of domestic life (Adam 1990; Twigg 2000).

Davies introduces the concept of process time specifically to address time in care work, arguing that a better understanding of time in care can improve our appreciation of the general dilemmas of care work (Davies 1994). She argues that even though care work is different from ordinary capitalistic production, the predominant perception of time in this
mode of production, emphasizing punctuality, time-reckoning and no time ‘wasted’, remains prevalent in the institutional structuring of care work. Yet an exclusive focus on this temporal logic is not sufficient for an understanding of what care work is about - in practice, care requires process time.

Process time is closely linked to the understanding of the rationality of care, meaning that care work is performed in accordance with the reality of the elderly persons (Davies 1994; Wærness 1996). Process time means that the time used on a certain task is adapted to the circumstances or characteristics of the task, implying that care workers consider the often variable and unpredictable needs of the elderly in the performance of their work. In the planning of care work the expected duration of the task is measured, which means the task is implicitly understood as a linear action. The performance of the task is not linear, however, as a process may include waiting time, obstacles, resistance and other interferences. Boundaries between activities are fluid, different processes can occur simultaneously and their duration is difficult to predict. Thus, process time is a way to embrace care actions that cannot be captured in the logic of clock time – actions which are not linear and measurable, but instead are irregular, non-linear and difficult to record. However, both logics of time are needed to study and understand care work. The exact measurement of tasks and time in work schedules and the everyday lives of the elderly are both realities of care work. It is not a question of either/or, but a matter of recognizing the challenge of their clashing logics.

**Navigation and tactics of practice as analytical perspectives**

This article addresses the temporal conditions of care work and the dilemmas care workers face in their daily practice. The logic of clock time is prevalent in the organizational structure of the elder care sector, whereas process time addresses how care workers consider and act on the everyday situations of the elderly in the performance of care work. Together, the two logics constitute various opposing needs and contradicting demands, challenges and opportunities, to which care workers must respond in practice.
I use the concept of navigation as an analytical perspective on the practice of work (Vigh 2009). Vigh, a Danish anthropologist, who researches (among other topics) conflict, mobilization and social navigation, leans on the original meaning of navigation to describe it as the way people move in a moving environment. He emphasizes the interactivity between the two aspects, not only focusing on how social formations move, or how agents move, but how agency, social forces and change interact. Navigation is a useful perspective from which to assess and understand how people act in difficult and uncertain situations in their social worlds, striving to position themselves in the flux of current conditions and opportunities and thereby to enact their agency.

Vigh argues that the concept of navigation is a metaphor for practice and that it is closely related to de Certeau’s concepts of strategy and tactics. According to de Certeau, addressing the logics and development of everyday practice, strategies are structures of power which can be isolated from an environment, with a place that can be delimited as its own. The space for tactics is the space of the other. Tactics are actions, organized and influenced by the rules and plans of a foreign power (strategy), but never fully determined by those rules. Consequently, ‘a multitude of “tactics” are articulated in the details of everyday life’ (de Certeau 1988). Vigh defines strategy as ‘the process of demarcating and constituting space and tactics the process of navigating it’ (Vigh 2009). How people act is related to events and their perceptions and expectations of what is going to happen, practices dictated by social forces or pressures, the opportunities for action, and the interests, hopes and imagination of people (de Certeau 1988; Vigh 2009).

This particular study analyses the performance of care work. Using the examples of four different care visits, I illustrate how temporal dilemmas emerge in care work and how care workers navigate a field of different opportunities and impediments in actual work situations. I use an example of a daily work schedule in the study, examining how the schedule is translated into practice. I understand the work schedule as the overall framing of the working day, as the strategy of work, outlining the specific work tasks and indications of time use (rules). The work schedule is only an object of investigation to the extent that it constitutes the framing of work. I focus on the performance of care work.
By revealing the tactics of working practice, the article shows how care workers attempt to make time comply with the provision of services that takes place in specific and individual contexts.

**Methodology**

The article is based on qualitative field work in the local home care sector in two Danish municipalities in 2010. The selection of cases is an important part of undertaking qualitative research. Case selection in this study partly followed the strategy of maximum variation, aiming to secure variation in one dimension, that is size, localization or organization, in order to identify and describe particular topics and patterns (Flybjerg 1991; Neergaard 2007). Using the perspectives of the care workers and focusing on the performance of home care work, the cases were intended to represent a variety of work situations. The geographic setting was chosen as a relevant parameter in terms of variance, given that the private homes of the elderly are principal conditions of home care work and that different physical localizations of habitat—and the lives that are lived there—signify different conditions of work. Two municipalities were selected: a large, provincial, urban and rural municipality that employs about 1500 people in the elder care sector, and a small, urban municipality that employs about 300 people in the sector. Two work units of 15 to 25 employees from each municipality participated in the study. The data in this study is derived predominantly from participant observation, but also from four focus group interviews. Participant observation was used in three of the four work units, one week in each unit. I followed eight different care workers and visited the homes of 69 elderly people (almost 100 visits).

In this article, the term ‘care workers’ refers to people working in the elder care sector. In Denmark, care workers are divided into three professions: social and health care helpers (1½-year training), social and health care assistants (3-year training), and nurses (4-year training). Social and health care helpers constitute the majority of the employees. The main reason for using the unifying term care workers is that this study is not a comparative study. It investigates phenomena and practice across the professions.
Another reason is that social and health care helpers and assistants are particular Danish constructs and that the term care worker seems to be widely applied internationally.

Focus group interviews were used to collect data on care workers’ reflections on care work and the conditions under which it is performed. Recognizing the formation of meanings and dynamics in groups (Halkier 2002; Steyaert and Bouwen 2004), the four focus groups touched on open and general topics such as how group members describe their work and how they define the ideal workplace, but also discussed more specific topics such as values and the meaning of care work. Participant observation was used as a method of data collection on naturally occurring events, to explore the behaviour and actions of people in given situations and gain knowledge of their feelings and interpretation of these actions (Waddington 2004). The aim was to gain knowledge on work performance ‘in the making’ and acquire a more thorough understanding of work content, work routines and the different kinds of interaction between care workers and the elderly.

Analysis of the data was inspired by grounded theory method and the reflexive interpretation approach (Alvesson and Sköldberg 2000; Charmaz 2003; Charmaz 2006). Open and focused coding processes are central aspects of the grounded theory method and were used in the initial stages of data analysis. Coding is the process of defining what the data are about—on the basis of the data, concepts and categories are defined (Charmaz 2003; Strauss and Corbin 1998). Open coding identified a large number of topics related to the content and performance of care work. Time was identified as a central aspect, which became a subject for further analysis in the focused coding process.

At this point of analysis, I found it useful to include reflexive interpretation as a methodological approach. Reflexive interpretation enables the researcher to take a relative stance on interpretation—to avoid getting stuck in a certain kind of logic of analysis, i.e., the empirical or the hermeneutic (Alvesson and Sköldberg 2000). The hermeneutic perspective is relevant to an analysis of the performance of care work, emphasizing the relations between the individual care visits (the parts) and the general
character of work performance/care work in practice (the whole). To understand how time frames and affects care work performance, I decided to apply the theoretical perspective of time logics to illuminate the temporal dilemmas in care work, and the concept of navigation to assess how care workers respond to these dilemmas in practice.

**The Danish care work sector and its organizational context**

The empirical analysis in this study focuses mainly on the daily performance of home care work. Some background knowledge is useful concerning the institutional framing of performance and how temporal dilemmas relate to organizational structure.

Elder care in Denmark is predominantly formal, publicly financed and publicly provided. It is a formal responsibility of the state to care for its elderly population and Danish citizens have universal and extensive rights to professional care (Burau and Dahl 2013; Knijn and Kremer 1997). Comparative studies have found that only Denmark complies with the characteristics of the Scandinavian social service model (universalism), including service guarantees, high levels of coverage and a capacity for defamilialization (Rauch 2007; Szebehely 2003). About 166,000 people received home care in 2011. Just under half received practical care (cleaning), while the rest received either personal care or a combination of personal and practical care (Statistics Denmark, homepage).

Denmark implemented a purchaser-provider-split, a NPM inspired organizational model that became obligatory in the Danish elder care sector in 2003. NPM is a broad political and ideological concept of governance in the public sector that aims to improve efficiency and service (Christensen and Lægreid 1999). NPM builds on private sector ideals, emphasizing standards and measures of performance, output controls (resource allocation linked to performance), disaggregation of units (separation of policy functions, financial functions and service delivery) and a disciplined use of resources (‘more for less’) (Hood 1991). In short, there is a clear divide between the *purchasers*, which have formal authority to assess needs and define services, and the *providers* of the services. The model aims to increase control over resources and focus on the clients, enhance transparency, standardize and ensure quality control. The purchasers assess the functional
status and needs of the elderly and define the services they require in daily work schedules.

**The daily work schedule**

The daily work schedule contains information on every elderly person to be visited, and indicates the services to be provided and the permitted use of time. Services are allocated as packages, defining which services *can* be provided. The allocation of time is based on time measurements for every type of service. Service packages and time allocation (quality standards) are decided locally in every municipality. Purchasers decide which services the elderly are entitled to on the basis of the quality standards and individual assessments of needs. Working out the daily work schedules is a matter of allocating the total number of visits between the care workers who are working on that particular day. Most schedules are based on a template, but deviations are common due to changes in the needs and plans of the elderly. Last minute changes may be necessary if a care worker calls in sick, and the particular work schedule has to be divided between the remaining care workers or visits postponed.

Figure 1 is an example of a daily work schedule. The schedule is fictive, but constructed from visits selected from the total number of visits in the observational data. The design of the fictive schedule is similar to genuine schedules, and the visits taken together constitute a realistic working day.

(Figure 1 Work schedule)

The work schedule precisely specifies the expected duration of a visit and the content of the service package, defined to meet the pre-assessed needs of the elderly. The schedules apply the logic of clock time, emphasizing punctuality, predictability and defining services as one-at-a-time linear actions. However, the work schedule is designed in a way that allows a certain level of discretion. Services are defined in packages and labelled ‘can consist of’, indicating scope for interpretation and decision-making on the part of the care worker. Furthermore, the travelling time between the visits is not specified in detail.
‘Road time’ is indicated as a single 15-minute part of the schedules. It is the responsibility of the care worker to make this fit with the amount of time needed to carry out all the visits in the plan.
<table>
<thead>
<tr>
<th>Time</th>
<th>Name and address</th>
<th>Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.15 – 7.30 a.m.</td>
<td></td>
<td>Meeting</td>
<td></td>
</tr>
<tr>
<td>7.30–7.50 a.m.</td>
<td>Vera</td>
<td>Morning help</td>
<td>Consists of: Give medicine, prepare and serve breakfast and put on support socks. - Has a reduction in memory, remind her of her meals and medicine. - Put on support socks, including washing, drying, skin care.</td>
</tr>
<tr>
<td>7.50–8.15 a.m.</td>
<td>Eva</td>
<td>Morning help 2b</td>
<td>Can consist of: Support to prepare breakfast and lunch. Guidance in getting dressed and upper toilet.</td>
</tr>
<tr>
<td>8.15–8.57 a.m.</td>
<td>Kirsten</td>
<td>Morning help</td>
<td>Can consist of: Prepare and serve breakfast, wash the dishes, prepare lunch, take garbage out, give medicine from dosage box, dress, upper and lower toilet, make the bed. Bath. Mental care.</td>
</tr>
<tr>
<td>8.57–10.02 a.m</td>
<td>Bertha</td>
<td>Morning help (3B)</td>
<td>Can consist of: Prepare and serve breakfast, wash the dishes, pour drinks, prepare lunch, take garbage out, give medicine from dosage box, dress, removal, upper and lower toilet, make the bed, help to go to the toilet. Bath.</td>
</tr>
<tr>
<td>10.02–10.45 a.m</td>
<td>Hans</td>
<td>Morning help (3a)</td>
<td>Can consist of: Guidance and support for preparing and serving breakfast and lunch, washing the dishes, taking out garbage, bathing, getting dressed, upper and lower toilet, giving medicine and making the bed.</td>
</tr>
<tr>
<td>10.45-11.00 a.m.</td>
<td></td>
<td>Road time</td>
<td></td>
</tr>
<tr>
<td>11.00–11.49 a.m.</td>
<td>Mads</td>
<td>Cleaning</td>
<td>(No instructions)</td>
</tr>
<tr>
<td>11.49 a.m. - 12.16 p.m.</td>
<td>Bertha</td>
<td>Midday help</td>
<td>Can consist of: Prepare and serve snack or lunch, give medicine from dosage box, removal, help to go to the toilet. Mental care.</td>
</tr>
<tr>
<td>12.16-12.30 p.m.</td>
<td>Hans</td>
<td>Midday help</td>
<td>(No instructions)</td>
</tr>
<tr>
<td>12.30-12.40 p.m.</td>
<td>Eva</td>
<td>Midday help</td>
<td>Can consist of: Warm up and serve lunch, give medicine from dosage box. Mental care.</td>
</tr>
<tr>
<td>12.40-12.50 p.m.</td>
<td></td>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td>12.50-13.00 p.m.</td>
<td></td>
<td>Break</td>
<td></td>
</tr>
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</table>
Temporal dilemmas in home care work

This section analyses the actual performance of care work, focusing on how the predominant time logics affect work performance and how care workers navigate the pressures, opportunities and expectations linked to care work. The work schedule outlines the tasks to be performed within a certain period of time but, in practice, care workers give content to the framing through their performance of the tasks.

When I see the schedule, and I see that I know these clients, I change some things in my head – I won’t consider that I have this specific number of minutes with Mr. Svendsen. I will think: Who am I going to visit before 12.30 p.m.? It is a way to plan so that it fits into my own schedule. I am, after all, the one who knows who is going to take more time.

I see it like this: sometimes my list is short, sometimes it is longer. But these are the clients I have to visit before 1 pm. I do not pay much attention to the time indications; otherwise I would just get stressed out.

It is a common practice among the care workers to take a flexible approach to the work schedule. Within the overall time frame of the working day, care workers often reprioritize the order of the visits and alter the specific time allocated to them. The overall time frame (the beginning and end of the work day) must be kept to since working over time is not permitted. There are limitations to reprioritizing, as the definitions ‘morning help’ and ‘midday help’ set the natural order of the visits. However, within this categorization, geography and the specific content of the visits determine alterations to their order and length. Changes to the work schedule can occur during the working day due to unforeseen events, making some visits last longer or, more rarely, some shorter than initially planned.

The four case studies below demonstrate care workers’ navigation in the face of temporal dilemmas. The four visits exemplify how logics of time emerge in different care situations, how care workers navigate in these situations, and how work performance is constituted by tactics of practice.
Visiting Vera

When the care worker first enters the apartment, Vera is sitting on her bed, very confused and sad. The care worker sits down next to her, holding her. Vera: ‘It is not nice to feel like this. I don’t know what is wrong, I can’t remember anything’. Care worker: ‘But that is what is wrong’. Vera has already put on her stockings, but they need to be taken off to put on the support socks first. Vera takes off the stockings herself, although with great difficulty. She talks about speaks of her clothes, saying that she doesn’t have that much new. The care worker assures her that she has lots of nice clothes. Vera can’t find her glasses and the care worker gives her the bag where she keeps everything. The glasses are in the bag. The care worker helps her prepare breakfast, even though Vera usually does this herself. Vera wants an apple and goes into the living room to find one. The care worker stays in the kitchen to watch her eat her breakfast and take her medicine. Vera gradually becomes calmer.

The visit to Vera’s home was planned to last 20 minutes but lasted about an hour. According to the work schedule, the care worker is supposed to assist with preparing and serving breakfast, give medicine and put on support socks. When she arrives, Vera is confused. She has got dressed herself but without the support socks and she is in no condition to have breakfast. A temporal dilemma is apparent, understood as a disparity between the time of the elderly and the time of the work schedule.

The concept of process time (Davies 1994) is useful for understanding how Vera’s situation is approached by the care worker. The main aim of the visit becomes to calm Vera down and make her feel less confused and sad. The care worker uses a combination of holding, talking to and helping to get Vera through the initial parts of the day, but only by complying with the predominant time of the home.

The temporal dilemma is related to a discrepancy between the pre-identified needs on which the care services, defined in the schedule, are based and actual needs, resulting in a clash of logics. Clock time is downplayed as the allocated time is exceeded and process
time, the time for caring, is prioritized. In her process of navigation, the care worker responds to Vera’s situation and takes different actions to meet her needs. The care worker finds it neither possible nor desirable to isolate the pre-identified needs for breakfast and assistance to put on support socks from Vera’s needs for comfort and time to regain her composure. Inevitably, work performance takes place in the light of the context. Consequently, the time assigned for this visit is exceeded and will have to be caught up during later visits.

**Visiting Kirsten**

When the care worker enters the apartment, Kirsten is still asleep. The care worker wakes her up and Kirsten immediately declares: ‘Oh, I am so glad to see you’. Care worker: ‘Me too. But it has only been two days’. Kirsten: ‘I miss you when you are not here’. Kirsten gets a pill and a glass of water and they go to the bathroom. While Kirsten is being washed, they discuss food. Today is the day for ordering meals for the coming week, and Kirsten misses a special kind of salad on the list. After discussing the food, they discuss what clothes to wear on Thursday, when Kirsten is going to the hospital. The care worker proposes that the weekly bath is moved from Tuesday to Thursday, so that she can be fresh at the hospital. Kirsten agrees, she wants to look good when she goes to the hospital and the care worker teases her about being so attentive to her appearances. Kirsten has breakfast while the care worker makes the bed. They have a final look at the food list. Kirsten says thank you, stating that she is very well taken care of.

Around midday, the care worker returns to Kirsten’s apartment to serve lunch. Since the care worker is not working on Thursday, she wants to go over the upcoming hospital visit, to be able to pass the information on to her colleagues. When Kirsten starts eating, the care worker leaves.

At the morning visit, the care worker spends around 45 minutes with Kirsten, which is the amount of time allocated for the visit. During the visit the care worker is effective and concentrated, performing the tasks at a steady pace. Although focused on the performance of tasks, the care worker shows no sign of being in a hurry. She is attentive to the rhythms of Kirsten, who is waking up and then moving slowly around, taking her
time to choose her clothes. While Kirsten is getting washed and dressed, they talk of daily issues of importance to Kirsten. The care worker is acting and talking calmly, indicating that Kirsten’s time is governing the performance of the tasks.

In this care situation, a temporal dilemma emerges because two opposing logics coincide in practice. The impact of both logics is apparent, but the combination of the two logics presents challenges. The logic of clock time, which stresses punctuality, predictability and efficiency, is evident in the work schedule and frames the work. The time available for a care visit is strictly measured and often scarce, and the schedule indicates a certain amount of tasks which have to be performed. Kirsten, however, is doing things at her own pace and rhythm, representing the logic of process time.

In response to the temporal dilemma, the care worker navigates in this specific care situation by figuratively leaving time outside, when entering the homes of the elderly. The care worker tries to diminish the presence of time by performing the care tasks without visibly looking at the clock and without mentioning the time that is available or left during the visit. Nor does she refer to the premises of the care set-up – that a number of specific tasks must be performed during the visit, preferably in a particular order. The tasks are performed while discussing matters of everyday life, but neither the tasks nor time is explicitly discussed, making the logic of process time more salient without downplaying the logic of clock time.

**Visiting Bertha**

*Bertha is lying, curled up on her bed when the care worker enters. The bed is in the living room and Bertha only moves from the bed to the sofa and back. While still in bed, the care worker changes her diaper. Bertha does not want to put on her long trousers, but she eventually agrees. Bertha moves to the sofa for a cup of coffee and a cigarette. Her body is weak, and the care worker urges her to sit back on the sofa and keep her head up. The care worker feeds her yoghurt with her pills, checking that she has swallowed every mouthful and is ready for the next. After the meal, the care worker leaves.*
When the care worker returns for the midday visit, she finds Bertha once more curled up on her bed. The care worker changes her diaper and warms up some soup. While in the kitchen, she takes care of other smaller chores, such as washing up, checking the fridge for food and taking out the garbage. Bertha complains about the spoon and it turns out to be too big. After a while the care worker wants Bertha to eat by herself, and after ensuring that she is managing she leaves. Bertha says very little, but calls the care worker ‘sweetie’ several times.

Throughout both visits, Bertha’s rhythm is very slow, and the meals are difficult and long. Bertha works along with the care worker, while articulating small objections. The care worker knows Bertha well and her experience shows. She is familiar with her needs and behaviour and the work to be done. Besides performing the pre-defined tasks, the care worker states that it is important for her to observe Bertha and be attentive to changes in her situation. Bertha is not well and has a very limited social network being very limited, so the care worker finds it necessary to see her on a regular basis.

In the visits with Bertha, a temporal dilemma emerges from the discrepancy between the strict time frame of the work schedule and the situation in her home. The dilemma is similar in character to the visit with Kirsten, indicating that the pace or rhythm of the elderly is at odds with the intended pace of the work schedule. The care worker’s navigation can be characterized as working efficiently at a slow pace. Bertha cannot be hurried and the care worker adapts to her pace at certain times, such as when talking to and feeding her, while the activities not directly involving Bertha are initiated simultaneously and performed faster. The care worker is focused and determined and aims to combine the time of the elderly with the time of the work schedule.

Adapting to the slow pace of the elderly while still working efficiently is obviously facilitated by some knowledge of the elderly person. Navigation is based on the care worker knowing the person’s situation and habits, and having a level of confidence and intimacy in the relationship. This is accepted and understood by the care workers in the
study, who highly value elements of continuity in care work – that one person or a smaller group of care workers visit the same group of elderly persons.

In the case of Bertha, the care worker responds to the temporal dilemma by combining the logics of clock time and process time in her work, adapting to her slow pace while still doing an efficient and focused job within the given time frame. Drawing on her experience with Bertha, the care worker does what is needed, according to the work schedule and her own perception of the situation while still recognizing the temporal framing of the visit.

**Visiting Hans**

*Hans is walking around in his underwear when the care worker enters his home. He has wet his underpants as he suffers from cystitis, and the care worker immediately tries to ‘cover him up’ by pulling down his singlet. He is washed and dressed. The care worker puts his clothes and bedding in the washing machine – a daily task while he is ill. They talk about his disease and go over his prescription. Later he will go to the pharmacy to get his medication. Hans does some physical exercises and the care worker ends the visit by talking about different daily issues, including a visiting friend he is due to meet that afternoon.*

*The care worker returns for a midday visit. She does his laundry. Hans has been to the pharmacy, so they spend quite some time going over how much medicine he is going to take and when. Finally, the care worker warms up his lunch, leaving him as he starts eating.*

Hans suffers from cystitis and the visit is influenced by his illness. The work schedule specifies a number of tasks, but some are replaced by others because of Hans’s illness. The care worker focuses on what is more important in the specific situation, prioritizing bathing Hans, washing his clothes, making him do his physical exercises, discussing his medication and preparing his meal. Washing the dishes and clearing the table are among the tasks postponed. The care worker justifies her prioritization of tasks: she visits Hans
regularly and will catch up in the coming days. Even after prioritizing, the care worker does not rush her work and the visit exceeds the time allotted by about 20 minutes.

During the visit with Hans a temporal dilemma emerges, relating to a discrepancy between pre-identified needs and various unforeseen needs. The care worker navigates the particular care situation by being attentive to his needs and prioritizing tasks according to what she believes is required. When services are left out from a care visit, these are normally postponed until later the same day or the following days. In these situations, care workers try to catch up by reducing the time spent on other visits, quickening their work pace, working through breaks or calling for assistance from colleagues.

During the visit to Hans, the logic of clock time emerges when the care worker leaves tasks out, but the logic of process time is still predominant in the care worker’s overall approach to work performance.

**The temporal implications of performing meaningful care work**

As is illustrated in the four examples above, care work is diverse and unpredictable and requires a high level of responsibility and flexibility in its performance. By investigating how time logics emerge and materialize as different conditions of work, this study highlights some of the central dilemmas that care workers encounter and act on in their daily work.

Two kinds of temporal dilemmas have been identified: discrepancies between strict time framing and the everyday lives of the elderly and discrepancies between predefined needs and actual needs. Both emerge from the disparities between the logic of clock time and that of process time, though appearing as different conditions of work. They vary in character, as the first relates to a situation in which the immediate needs of the elderly are in conflict with the pre-defined tasks of the work plan, making it impossible/difficult/undesirable to follow the plan. The other dilemma defines an overall premise of care work, not indicating the unpredictable character of care work but instead
stressing the implications of having a limited amount of time to perform specifically defined tasks in the context of the everyday life of elderly people.

How care workers respond to temporal dilemmas – how they navigate and act in practice – can be assessed by focusing on the tactics they employ. The findings of the study indicate that care workers act according to the logic of process time when care demands differ from the tasks outlined in the work schedule, thus downplaying the logic of clock time and exceeding the time limits. In other care situations, care workers attempt to balance the logics of clock time and process time, remaining attentive to the specific situation of the elderly while recognizing the temporal frames defined in the work schedule.

In sum, the logic of process time prevailed in two of the visits. Navigating these care situations, care workers were attentive to unexpected needs and in both cases - even though the care worker in one of the cases prioritized between tasks - the time used exceeded the planned time. In the other two visits, care workers performed their tasks according to both logics of time. The time limits were not exceeded and care workers worked efficiently, through their knowledge and experience of the elderly, to optimize their use of time while not making time part of the interaction.

The four care visits can help identify certain tactics used in care situations, but these are only examples of a complex reality in which tactics are employed in different combinations and in different situations. The tactics of practice are discussed below from a more general perspective which considers the temporal implications of and possible motivations for work performance.

**When the logic of process time prevails**

When the logic of process time predominates, the care worker considers the current needs and problems and the requests of the elderly person. Being attentive to the life situation of the elderly is an essential part of care work and has been stressed by a number of
researchers in concepts such as the ‘rationality of caring’ (Waerness 1984), the alertness to the needs of others (Staden 1998) and the theory of presence (Klaver and Baart 2011).

As an essential part of care work, attentiveness is not limited to care situations characterized by the predominance of process time. The practice of attentive care was consistent with the temporal framing of many care visits in this study, although in other care visits it was an obstacle to attentive care as the needs of the elderly persons were not consistent with the time allocated for the visit. In situations where time is scarce but attentiveness is required, the temporal implications can be considerable.

It is a basic understanding among the care workers in the study that care recipients are entitled to the services defined in the work schedule and it is their job to provide them. To remove services is therefore not an option. Prioritizing work tasks can be a solution, but it is usually only the smaller tasks that are postponed. However, in the latter case, the need for additional time is also only postponed.

As is noted above, when more time is needed, care workers have navigation options. A further option is to use time left over from other care visits. Care workers stated that it is common practice to use a ‘give-and-take-time-strategy’, aimed at optimizing the use of time within the overall temporal framework of the working day. On occasions, less time than anticipated, both in the work schedule and by the care worker, is needed for a care visit. As in the case of Eva (see Figure 1) where the visit took only five minutes instead of 25. Eva needed assistance with washing, getting dressed and having breakfast, but on arrival at Eva’s home, she had already had her breakfast and was almost dressed. These situations occur, but are as unpredictable as those in which additional time is needed, and make it possible for the care worker to catch up.

When the two time logics clash and the logic of process time prevails, the logic of clock time is set aside. Setting aside a central premise of work, however, has consequences. Spending less time with Eva is related to the logic of process time and does in that particular situation mean that her needs for assistance are less than defined in the work.
schedule. Temporal consequences relate to the logic of clock time, in this case resulting in a surplus of time. These situations are helpful in making time sufficient, but they illustrate another dilemma in care work in that Eva does not receive what she is entitled to.

**When the two logics are considered equally in work performance**

The two logics coexist when care workers recognize the time frames and manage not to exceed the limits defined in their work schedule while still being attentive to the reality of the elderly person. It is, however, the experience of many care workers that time frames are often tight and even pressured, forcing them to optimize their use of time in work performance.

The non-articulation of the temporal conditions, ‘leaving time outside’ when entering the homes of the elderly, is common practice among care workers. Irrespective of their attitude to the temporal conditions of work, care workers do not want to confront the elderly with institutional and political issues. By not discussing the clock and using phrases like ‘let’s sit down and talk about’, care workers indicate that time is available even if it is limited, and dissociate themselves from the temporal frames of their work. Furthermore, the care workers in the study emphasized that they try to protect themselves from what they call unnecessary pressure by creating a distance to the temporal control of their performance Nonetheless, it is obvious that care workers never lose track of the time during a working day. Time frames are recognized but not articulated in their interactions with the elderly.

Knowledge and experience of the elderly person and their routines enhances efficiency and optimizes the use of time. To obtain and sustain this knowledge and experience, a certain level of continuity is needed. Continuity has been a central concept in Danish policy making since the 1980’s and is emphasized as one of the important aspects of care work, by both the elderly and the care workers (Ældre Sagen 2003; Szebehely 2006; Trydegård 2005). In order to get acquainted with the elderly person, follow up on
initiatives and observe changes in their situations, care workers prefer to visit the same group of elderly people on a regular basis.

For this, the care worker is dependent on the interaction of other factors such as the planning of work. The use of templates to design the daily work schedules so that care workers visited a constant group of care recipients was common practice in the care units in this study. Expressions like ‘regular schedules’, ‘regular care recipients’ and even ‘my care recipients’ were relatively common among the care workers. It is impossible, however, for an individual care worker to attend all the daily visits to an elderly persons home. One way to ensure some level of coherence is to inform colleagues about the elderly person’s habits, wishes and regular everyday events including eating habits and the preferred order of tasks. This can happen either through keeping and adjusting the elderly person’s journal or by making notes to be included in the next day’s schedules.

When care workers draw on knowledge and experience to enhance efficiency at work, their performance can be characterized as routinized. The concept of routine, defined either as skills that have arisen from experience, a mechanical and repeated act, or adherence between an action and a certain situation, is often perceived negatively in care theories, as the nature of care is inconsistent with strict routines and can be seen as in opposition to personal and emotional interaction (Andersson 2008). The findings of this study, however, show that using routines does not exclude the personal and relational aspects of care work. On the contrary, routines are based on knowledge which enhances the care worker’s ability to act according to the situation of the elderly, but equally on experience which promotes focused and efficient performance, ultimately signifying the combination of time logics in the performance.

**Navigation as a care workers’ responsibility: what do they want to achieve?**

By assessing the performance of home care work this article illustrates how care workers navigate in order to combine the strict time frames of work with the realities of the everyday lives of the elderly, that is, make time comply with the provision of services in individual contexts. The findings show that navigation is characterized by a high degree
of responsibility and flexibility on the part of care workers, indicating that they take it on themselves to make the limited time sufficient and deal with the implications of exceeding time limits.

Care workers define the overall aim of care work as to assist elderly persons in making their everyday life as good and normal as possible. Care workers ascribe meaning to care work by making use of their professional skills, and by attending to its core aspects: a general responsibility for the elderly, helping to establish a structure to their everyday life, and a sense of performing a duty in society (Kamp 2012; Tufte 2011). These perceptions of meaning of work appear closely related to the logic of process time, adapting the performance of their work to individual circumstances. Consequently I argue that the perceptions of meaning are strongly associated with the construction of care work practices - emphasizing meaningful care work as a main work strategy guiding the tactics of care work practice.

Having outlined the processes of work navigation, it is necessary to touch on its limitations and downsides. Care work performance can be interpreted as a way of ‘making the system work’ by reducing the disparities between the planning of care and its everyday realities. Another interpretation is that care workers act as a buffer, reducing the inexpediencies of the care work system. Care workers demonstrate loyalty towards management, co-workers and the elderly people, thereby obscuring the temporal consequences of the system instead of expressing them openly and acting accordingly. The care workers in the study acknowledged that there are limits to how far navigation can be practiced.

Adequate time is essential in order to be flexible and adaptable to the changeable, unpredictable and uncertain character of care work. The level of work performance depends on circumstantial factors such as knowledge of the elderly, the cooperation of colleagues and, not least, the perspective, courage and skills which care workers exercise in a complex reality. These circumstances are fragile and rely on the availability of time. It is a strongly held opinion among the care workers that the political and administrative
levels of the care organization do not recognize how care work is practiced in general or
the role of care workers in particular. Care workers appreciate their level of
responsibility, but being the ones who have to make ends meet comes at a price, in terms
of the occasionally high work rate, less time for reflection, increased risks of overlooking
things and the reduction of breaks.

Recent cutbacks implemented in the Danish care sector have resulted in time reductions,
and this development has only increased the concern of care workers that their work
performance might be compromised. They worry that further time pressure will reduce
the opportunities for meaningful care work – and ultimately make it difficult or even
undesirable to remain in the profession.

Further investigation is needed of how care workers perceive the temporal conditions of
care work. More attention should be explicitly directed towards issues of time pressure
and time scarcity, facilitating a more informed discussion of the potential for
improvements in the temporal conditions of care work. This, in turn, could serve as the
basis for a more nuanced and enhanced understanding of how best to use the resources,
both human and material, which are available in the care work sector.
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Is There Time Enough? Temporal Resources and Service Performance in the Danish Home Care Sector

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Abstract
Reflecting on the temporal conditions of home care work, care workers are fairly critical, stressing that time frames are inflexible and time is limited and occasionally insufficient, altogether constituting a time pressure in work performance. Besides from the immediate consequences of time scarcity in the daily work performance, care workers relate the issue of time to a more fundamental discussion of what the performance of care does and should entail. The purpose of the article is to examine care workers’ perceptions of the temporal conditions of care work, investigating how time pressure constitutes a challenge to care workers’ own sense and valuation of their work. The article is informed by two theoretical perspectives: standardization of care services and performance of care work in private homes. Empirically, the article examines how care workers perceive the relations between the temporal framing and the possibilities to perform care work. Methodologically, the article is based on qualitative data, collected through focus group interviews and participant observation, and analyzed within the perspective of reflexive interpretation, using grounded theory method and hermeneutic approaches of analysis. A central focus of analysis is the concept of “additional care services.” The use of the concept reflects different understandings of care. Relying on the logic of standardization, managers articulate additional services as definite items, which could (and should) be left out of the performance of care work. Care workers do, however, not accept this notion. Relying on their experience of work, they perceive additional services as an ambiguous concept, which recognizes the multiple character of care work. Conclusions are that time scarcity constitutes a pressure on work performance as a whole, reducing care workers’ flexibility, challenging their authority, but still keeping them in a position of responsibility. Ultimately, the battle on time reflects the ambivalences in care work—ambivalences that are becoming increasingly difficult for care workers to handle in work performance.

Keywords
Time / home care / work performance / care services

Time as a constraint in work performance

I: Would it be better, if you had more time?
Several respondents: Yes, absolutely
I: But where should you draw the line? How much time should you spend with them?
R1: You cannot generalize
R2: There has to be flexibility. (We only ask for) more time, if it is needed. Not in general, but only if the need is there. It is not about more time for coffee.

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The temporal framing of care work is decisive. The availability of time constitutes the fundamental basis for provision of care services, whereas lack of time, conversely, constitutes an immediate barrier for service provision. Home care work is performed according to a daily work schedule, indicating the services to provide at each care visit and the expected duration of the visits. Every type of care service elicits a fixed amount of minutes, determined by the municipal quality standards. Based on these assessments, the expected duration of a visit is calculated.

It is a general experience among care workers in this study that the allocation of time to a varying degree equals the need of time on the particular care visits. On some visits, the available time is sufficient, while on other visits there is a discrepancy between the tasks to perform and the time available to do it, implying either a surplus of time or, more frequently, time insufficiency. As exemplified by the quotation, care workers ask for more time in work performance—not as an indication of general time scarcity, but as an indication of time, being occasionally scarce. Thus, the request for more time reflects the conditions under which care work is performed, revealing the unpredictable and complex character of care work.

In practice, care workers often apply a flexible approach to the division and use of time. Entering the home of an elderly person, the care worker may find the elderly being either noncooperative, ill, or in a bad mood, wanting or being in need of other services than the ones defined in the work schedule—and consequently more time is required. Aiming at adapting the performance of work to the current needs and everyday life situation of the elderly, care workers may divide the time available between the elderly differently than indicated in the work schedule. Consequently, some care visits last longer than planned, while others are shorter.

Still, a flexible approach to the unpredictable character of care work is subject to uncertainty, emphasizing a constant consideration and judgment of the care workers. If taking care of an elderly person requires more time than allocated, care workers may include any available surplus of time. If no previous care visits have resulted in a surplus of time, care workers are however forced to “steel” time from other care visits, requiring that they work faster, postpone tasks, or call for assistance from colleagues. In any case, in order to maintain flexibility in care work performance, a temporal room for maneuver is needed.

R: ‘I have a client who gets 18 minutes to eat’.
R: ‘A client has to get out of bed, sit on the pelvic chair and have a meal served—in 17 minutes’.

These quotations reflect the temporal premises of care work, underlining the correlation between tasks and time. They clearly illustrate the fact that every (group of) task elicits a specific amount of minutes, not indicating that the allocation of minutes is too limited per se, but rather implying that the whole premise of care work planning is untenable. The temporal planning is in its essence rigid, specifying precise indications of time for every care visit. Care workers express vulnerability in relation to that part of the work structure, leaving them in a (occasionally difficult) position of altering the temporal framing in practice. As the Danish elder care sector recently has implemented financial cutbacks, also resulting in reductions of time for service provision, care workers find that this pattern has become even more difficult to enforce. Expressing their concerns of
(occasional) time pressure and time insufficiency in work performance, care workers are confronted by care managers with the possible solution of leaving out additional care services of the performance. Care workers oppose to this solution, perceiving it to be difficult to enforce and a challenge to the kind of care they aim to perform.

The purpose of this article is to examine care workers’ perception of the main challenges in relation to time and care, investigating how time pressure touches upon the essential subject of what care is. More specifically, the article aims at analyzing the notion of service division, outlining the different understandings of the concept and the implications on the performance of care work. The problem of service division touches upon the split between the simple notion of time availability, assessed by a number of minutes, and the complexity of care work performance, implying a more flexible approach to the temporal conditions. This dilemma, exemplified by theoretical understandings on standardization and care in private homes, constitutes an overall perspective of the analysis of service division and the implications on work performance in this article.

The structure of the article implies a presentation of relevant studies, framing this particular article, and a section presenting the data and methods used. The main theoretical perspectives are introduced, supporting the empirical analyses of the article, discussing the perceptions and implications of the division of care services, and outlining some of the related challenges on content and performance of care work.

**Time and care: dilemmas and division of services**

All work is temporally structured. Time schedules are necessary for efficient work performance (Fine 1990). People sell their labor power, making it available for a certain amount of time, and efficiency depends on the output of the workers in this limited amount of time (Cohen 2011). Also home care work is timed work. It is characterized by a rationalized organizational structure, which calls for a strict temporal order. The work day begins and ends at fixed, predefined hours and the content and the allocated time for every care visit is defined in the daily work schedule. However, home care work is performed in the private homes of the elderly, leaving care workers in a position of interacting with the elderly within the temporal framing of their everyday life situation. These temporal frames of care work are supported by two predominant logics of time, clock time and process time. Clock time (Adam 1990, 1995; Davies 1994; Eriksen 2002) signifies a linear, standardized, and invariable measurement of the time, whereas process time (Bryson 2007; Davies 1994; Twigg 2000) signifies time as being internal in social lives, a personal experience and dependent on context. In practice, these logics of time may diverge. When the logic of clock time prevails, work rhythms are (allegedly) not dependent on the particular conditions and needs of the context (Adam 1990), and the different logics of time altogether constitutes temporal dilemmas in the performance of home care work.

A critical approach to the temporal dilemmas in care work is expressed by Andersson (2008), emphasizing that time is neglected and made invisible by care managers and policy makers. These levels of the care organization focus primarily on the help activities, associating the planning process with the understanding of clock time. Less focus is put on the social context, within which the activities are performed and which is associated with the understanding of process time. This dilemma leads Andersson to conclude
that the time spent on care visits is partly invisible. Findings of this study also show that downsizing and new forms of organization have increased time pressure in elder care. Findings of the study, having been conducted in the Swedish elder care sector, may not be fully transmittable to a Danish context, as financial cutbacks in the public sector have been relatively more widespread in Sweden. However, since cutbacks have been implemented in the Danish care sector during the past years, similar tendencies are now showing in Denmark. Andersson concludes that downsizing is problematic, not only in terms of time availability but also just as important because part of time spent on care work has been made insignificant and invisible.

Focusing on time in care work and more specifically applying the logics of time as analytical perspectives are relevant approaches to expose and understand the ambiguous and complex character of care work. However, other perspectives do equally assess the essential dilemmas of care work, focusing more explicitly on the organizational structure and the content and purpose of care.

For the past decade, home care work in Denmark has been organized by the purchaser–provider model, a new public management-inspired organizational model. The purchaser–provider model signifies a split between the assessment of needs and definition of services, performed by purchasers, and the provision of services, performed by care workers. Being closely related to the introduction of another political initiative (the free choice of service provider) the purchaser–provider model concerns efficiency, marketization, and care services as a welfare state right, emphasizing transparency and standardized care services (Dahl 2009). Having divided needs assessment, definition of tasks, and planning of care work from the provision of services, the purchaser–provider model holds an implicit ambivalence. Following the idea of the model, care workers are to provide services, which are all defined in standardized terms. Obviously, the services are defined on the basis of an assessment of the elderly persons’ current needs and situation (purchasers’ needs assessment), but it is the responsibility of the care workers, on a daily basis, to convert the services into practice. Given that the provision of services takes place in a private home context, service provision is a matter of considering and adjusting to individual, changeable, and unpredictable life settings.

A number of studies have addressed the dilemma of adapting standardized services to particular and personal life situations, highlighting the contrasting logics of care and planning (Mol 2008; Waerness 1984), the paradoxes of standardized regulation of care work vs. complexity of work performance (Björnsdottir 2012; Dahl & Rasmussen 2011; Vabø 2007), and especially focusing on the performance of care workers—how they navigate and negotiate the conditions of work in order to perform ethical and meaningful care (Dyck & England 2012; Kirchhoff 2010).

In focusing on the dilemmas in relation to performance of care work, the last-mentioned studies have specifically focused on the issue of division of services. Having conducted a study in the Norwegian home care sector, Kirchhoff has identified a clear division between formal and hidden care services, the formal being the practical and pre-defined services and the hidden being the services that are not part of the formal work contract, unwanted by managers and performed in care workers’ spare time. Kirchhoff concludes that the formal services are monotonous, demotivating, and a strain to care workers, whereas the hidden services, also termed as the private work relations, signify substance and meaning in work performance.
In their analysis of home care work, Dyck and England use the classic dichotomy caring for (the physical tasks) vs. caring about (the relational and emotional dimensions of care work) as the basis of discussing the ambivalences of home care work today. Though recognizing that the caring for–caring about dichotomy primarily serves as an analytical separation, as they overlap empirically, the authors define work contracts and the emotional dimensions of care as two different categories, which (together with the materiality of the home as the third category) constitute ethical care. In practice, home care performance is constituted by care workers, negotiating work regulations and bringing a little “extra” into the care relation, defining this extra as “texturing a care relationship in ways not envisaged in the formal concept of care, assumed by rules and regulations, based on the notion of caring for without the dimension of caring about” (Dyck & England 2012, p.74).

This particular study places itself within the framework of the presented research, relying on the understanding of care work performance being characterized by temporal dilemmas as well as dilemmas regarding the tasks and context of the performance. Especially the clear distinctions between predefined and additional care services, stressing a division between physical and practical tasks, based on work contracts and regulations, and the emotional dimensions of care work, defined as a distinct subject and a matter of care workers’ own initiative and responsibility to include in work performance, are of relevance to this study.

Whereas these studies have pointed out different characteristics of the dilemmas in care work, this study aims, however, to elaborate further on the dilemmas and their consequences in care work performance, especially focusing on the issue of service division. As already indicated in the empirical introduction to this article, care workers in this study oppose to the division between predefined and additional services, perceiving the separation of the predefined/practical and additional/emotional aspects to be a construct that does not fully reflect the realities of home care work performance. Consequently, it is the intention of this study to examine how the temporal framing affects and challenges care workers’ perceptions of care and their possibilities to perform care work.

**Data and methods used**

The article is based on a qualitative field work, collected in the local home care sector in two Danish municipalities in 2010. The selection of cases is an important part of doing qualitative research, characterized by carrying through in-depth studies of single cases. Case selection in this study followed (partly) the strategy of maximum variation, aiming at securing variation in one dimension, i.e., size, localization, or organization, in order to identify and describe particular topics and patterns (Flybbjerg 1991; Neergaard 2007). Applying the perspective of the care workers and especially focusing on the performance of home care work, cases were intended to represent a variety of work situations in order to provide the best possible knowledge on home care performance. Geographic setting was chosen as a relevant parameter in terms of variance, considering that the private homes of the elderly constitute principal conditions of home care work and assuming that different physical localizations of habitat—and the lives that are lived here—signify different conditions of work. Consequently, two
municipalities were selected: a large, provincial municipality, covering both urban and rural areas and employing about 1,500 people in the local elder care sector, and a small, urban municipality, employing about 300 people in the local elder care sector. Two work units from each municipality participated in the study (the size of each work unit varied from 15 to 25 employees). The data, used in this study, derive from observation and focus group interviews in these four work units. Two focus group interviews with six participants were conducted in each municipality, including care workers from different positions and from different work units. Participant observation was conducted in three of the four work units, 1 week in each unit. During that period, I followed eight different care workers and visited the homes of 69 elderly people (a total of almost 100 visits).

In this article, I use the term “care workers” for people working in the elder care sector. In Denmark, care workers are divided into three professions: the social and healthcare helpers (1½-year education), the social and healthcare assistants (3-year education), and nurses (4-year education). Social and healthcare helpers constitute the majority of the employees. A main reason for using the unifying term care workers is that this study is not a comparative study, but rather a study that aims at investigating phenomena and practices across the professions. Another reason is that social and healthcare helpers and assistants are particular Danish terms, which do not correspond with division of care workers elsewhere—rather, the term care worker seems to be widely applied internationally.

Requiring knowledge on care workers’ reflections on the care work and the conditions under which it is performed, focus group interviews were applied as a main method in data collection. Emphasizing the formation of meanings and dynamics in groups (Halkier 2002; Steyaert & Bouwen 2004), four focus group interviews were conducted, touching upon open and general topics like how they would describe their work and how they would define the ideal workplace, but also discussing more specific topics like the values and meaning of care work. Participant observation was applied as the other method of data collection. This method is relevant in the study of naturally occurring events, exploring the behavior and actions among people in given situations and gaining knowledge of their feelings and interpretations related to these actions (Waddington 2004). The purpose was to gain knowledge on work performance “in the making” and acquiring a more thorough understanding of work content, work routines, and different kinds of interaction between care workers and the elderly.

Analysis of the data was inspired by grounded theory method and the reflexive interpretation approach (Alvesson & Sköldberg 2000; Charmaz 2003, 2006). Open and focused coding processes are central aspects of the grounded theory method and were used in the initial stages of data analysis. Coding is the process of defining what the data are about—on the basis of the data, concepts and categories are defined (Charmaz 2003; Strauss & Corbin 1998). Using an open coding process, analyses are very detailed, outlining (basically) what people are saying and doing. Focusing on the context of the statements and actions is equally part of the analysis, looking for information on the conditions and consequences of what is said and done. In this particular study, the empirical data consisted in transcribed focus group interviews and field notes from observation studies.

The purpose of open coding is to generate strong analytic directions, leading to the next phase, the focused coding, which aims at assessing which codes best capture what is happening in your data and consequently raising them into conceptual categories.
(Charmaz 2003). In this study, the open coding process identified a large number of topics, relating to content, performance, and meaning of care work. In this process, time was identified as a central aspect, thus becoming a subject for further analysis in the focused coding process. The focused coding process, primarily being performed in the interview data, resulted in concepts, eventually categories, concerning the discussions, opinions, and implications of the temporal conditions of work.

At this point of analysis, I found it useful to include reflexive interpretation as a methodological approach in the study. The point of reflexive interpretation is for the researcher to take a relative stance to interpretation—to avoid getting stuck in a certain kind of logic of analysis, i.e., the empirical or the hermeneutic (Alvesson & Sköldberg 2000). The hermeneutic perspective is relevant in the analysis of the performance of care work, emphasizing the relations between the individual care visits (the parts) and the general character of work performance/care work as a practice (the whole). In order to enhance the understanding of the framing and ambivalences in care work practices, I have included the theoretical perspectives of standardization (Björnsdottir 2012; Timmermans & Almeling 2009; Timmermans & Epstein 2010) and care in private homes (Twigg 1997, 1999, 2000) in the analyses. These perspectives have consequently informed the analyses of how care workers perceive the principal dilemmas of care work performance and how the performance is affected by the temporal conditions of care work.

**Standardization of elder care in Denmark**

The standardization of care work and the realities of the elderlys’ homes are predominant in the framing and actual performance of home care. These perspectives are presented more thoroughly in this section, constituting the frame of analysis of time pressure and challenges of care.

Home care work has been increasingly standardized throughout Western societies (Björnsdottir 2012; Purkis et al. 2008; Trydegård 2012). Standardization can be defined as a process of constructing uniformities across time and space (Timmermans & Epstein 2010), emphasizing elements such as predictability, efficiency, accountability, and objectivity. A standardized provision of care services is consequently a procedure that can be identified and applied universally, securing uniformity and preventing favoritism toward particular clients. Addressing the drawbacks of standardization of care work, researchers have pointed to the process of depersonalization of care, the replacement of holistic care with bureaucratic control, and the formalization of work performance, reducing the flexibility and ability to respond to the unique needs of the elderly (Purkis et al. 2008; Timmermans & Almeling 2009). Furthermore, the purchaser–provider model holds elements of distrust, as the central assessment of needs is removing the individual judgments—and hereby undermining the professionalization—of care workers (Dahl & Rasmussen 2011).

In the Danish home care sector, standardization emerges in various forms: in the municipal formulation of quality standards of care services, in the assessment of the elderly persons’ functional level and needs for care, and in the definition of the care services assigned to the elderly. The quality standards define the standards of care services, informing on the criteria for receiving elder care and specifying the kinds of care services that are available in each municipality. The purpose of the quality standards is for the
municipality to be able to offer a uniform and high-quality service, considering the needs for care and the legal rights of the elderly (servicestyrelsen.dk). The assessment of needs and the decisions on allocation of care services are made by purchasers (compare with the purchaser–provider model). Having defined the particular care services allocated to the elderly persons, these services do, together with the allocation of time, constitute the main elements in the work schedules, on the basis of which care workers carry out the home care visits.

How the care services are defined in the work schedule may differ locally, though. In some municipalities, services are defined as packages, i.e., as a “morning package,” containing a number of different services that may be provided. Other municipalities define in more detail the services to be provided. But although differing in specificity, the standardization concerns the definition of the specific types of service, i.e., preparing breakfast, washing, bathing, or assisting the elderly in getting dressed. In addition to the definition of work tasks, care work is equally framed by time, and the daily work schedules contain precise indications of time, allocated for each care visit. As such, the indications of time, along with the definitions of tasks, form part of the organizational structure of care work performance, constituting the standardized frame of the realization of the care visits.

Regarding standardization of care services from the care workers’ perspective, it can be argued that work tasks may be defined in standardized terms, but how the tasks should be performed—the actual content of the work—is not defined in the work schedules. This view is supported by Vabø (2007), who states that work schedules do not contain instructions on work performance. Though working within a frame of standardized tasks, it is the responsibility of the care workers to give content to the frame.

**Care in private homes**

Julia Twigg, British sociologist, has done extensive research in the fields of care, ageing, and embodiment (Twigg 1997, 2000). As a central perspective in her research on care work, she has addressed the private and intimate aspects of the elderly’s lives, especially focusing on care of the bodies. Though written in an English context, which differs considerably from the Danish context in terms of organization, conditions, and care work as a profession, the work of Twigg still represents universal aspects of the character of work and work patterns in home care, which are relevant in analyses of the Danish home care sector.

Claiming that the institutional framework has been the dominant approach in research on care work, Twigg has conducted research on what she defines as the core of care work, the management of the body. The process of body management includes body work as well as emotional labor, requiring the care worker to respond to the specifics of the everyday situation of the elderly in the performance of care work (Twigg 2000). Emphasizing the elderly’s everyday life situations as the context and content of care work, Twigg has pointed out two principal characteristics of care work. One is recognizing declining physical capacities as the main objects of care work. The elderly have (to varying extent) lost control over their body and are no longer able to perform the personal chores that adults normally do by and for themselves. They now need assistance with a number of the daily chores like getting in and out of bed, eating,
washing, bathing, and getting dressed. These chores may be regarded as ordinary and mundane in an everyday discourse, but being part of care work performance, care workers enter a very private sphere of other people. The personal caretaking of others includes closeness, touching, and intimacy, involving a transgression of the normal boundaries of adult life (Twigg 2000). These processes become central elements of care work performance, though hereby, according to Twigg, dissolving the ordinary. The other main characteristic is the interactional aspects of home care work. Viewing care work performance as production as well as consumption, the interaction is essential in performance. Care services are not provided in a vacuum, but performed in interaction between provider and recipient.

Bathing is an example of a care service that is provided because the elderly person no longer is capable of taking a bath himself or herself, and it is a care service that can be characterized as an interactional process. It is a practical activity, but the implementation of the activity requires personal engagement and involves intimacy, placing itself in the interface between the skilled and the natural. According to Twigg, bathing and washing is no straightforward, universal, or commonsense procedure. Rather, it is a care service of ambiguous character, being both subject to commercial (public) production and a service which aims at providing/assisting with chores that the elderly would normally do for themselves (Twigg 1997).

Including standardization and care in private homes as theoretical perspectives aimed at improving the understanding of what constitute the complex realities of care work. Planning/schedules/time measures on the one side and processes, interactions, and individual everyday life situations on the other constitute the dilemmas which are present in care work performance and therefore useful in order to understand care workers’ perceptions of the conditions and challenges of care work.

**Predefined vs. additional services—a real dichotomy in home care work?**

Experiences of time pressure are related to the temporal conditions of care work in general, but newly executed time reductions have intensified these experiences, making it more difficult to perform tasks within the allocated time and to respond to the changing needs and unpredictable situations of the elderly. In the following, I will give a short introduction to the recent development in the two municipalities participating in the study—a development which has influenced the present temporal conditions of care work. While economic cutbacks have been on the agenda in the public elder care sectors throughout Western societies in the past decade(s), it is a relatively new phenomenon in Denmark (Burau & Dahl 2012). In the two municipalities, economic cutbacks were executed during 2010, consequently being relatively newly executed when the fieldwork was conducted during the summer and fall of 2010.

In both municipalities, cutbacks have resulted in the dismissal of care workers, redefinition of services, removal of services from the service catalog (catalog of possible services to be provided), and reduced time for task provision. Cleaning services are (as well as personal care services) assigned in packages, and the time allocated for a cleaning package has been reduced. The quotation on the cleaning tasks, stated above, points out different implications of the reduction in time: that care workers have to
speed up work pace, and that the rigid calculation of time builds on presumption which is not always present (referring to the cooperation of the elderly). Furthermore, given that the time available for each visit is not known to the elderly, care workers are left with the responsibility of providing a satisfactory service within a reduced time frame.

The time allocated for personal care services has been reduced as well, though the interpretations of these reductions differ. According to managers of the care units (as rendered by care workers), time reductions only affect “surplus time.” By “surplus time,” managers indicate that previously, the time allocated for every visit has been plentiful, and that time reductions only concern “additional services”—not the services assigned and defined in the work schedule. Following the argument of managers, consequences of reducing time for personal care services are that the allocation of time allegedly complies with the services to be provided. To adjust to the new amount of time, care workers are told to leave out additional services from care performance.

R1: Things may be so rigid that we overlook something.
R5: If they go through with making everything so rigid, I think they will loose a lot of us.
I: How is it getting rigid?
R5: We have been told that we are only supposed to do what the schedule says.
R1: That is what we are told in the mornings—only do what the schedule says.
R6: ‘This is not a welfare office’.

The term “additional service” does in practice have several meanings, as the tasks, the needs, and the possibilities of every unique care situation differ. Understanding “additional” as everything that is not defined in the daily work schedules, a range of services may be taken into account, from bathing and washing, making the bed, doing the laundry, or taking out the garbage to smaller doings: “having a little talk, comforting, looking at a scratch, checking if the grocery bill is correct, making a nose trimmer work, or remembering the anniversary of the spouse’s death.” These are all examples of chores that care workers regard as rather trivial in order to perform, but nevertheless of great significance to the elderly.

The care workers in the study do, however, not accept the notion of leaving out additional services as a plausible argument for time reductions. Differentiation between defined services and additional services is a premise that they (partly) acknowledge and use in reflections on their work. Nevertheless, they find it difficult—and undesirable—to make such a clear division of services in the actual work performance. Consequently, they do not accept the explicit division between defined services and additional services in their interpretation of the consequences of economic cutbacks. They consider the cutbacks to be aiming at personal care services as a whole, stating that changes in allocation of time have not been followed by equivalent changes in the services to be performed: “There have been cutbacks (in time), but services remain the same. And that responsibility is placed with the care workers.”

Care workers are left with the responsibility to adjust work performance to new temporal conditions, and the article will in the following discuss the implications relating to this strategy. Implications relate to the conceptualization of the term “additional” service. In the discussion between care workers and care managers (referred to above), the parties represent two different perspectives, managers relying on the
standardized wording of the work schedules and care workers referring to their personal experiences with work practice. Care workers state that the term is ambiguous and holds more meaning, relating to definition as well as value and significance of services referred to. Care workers and care managers’ positions reflect differences in perceptions, vocabulary, and knowledge, ultimately touching upon the fundamental understanding and conceptualization of home care. Other implications of leaving out additional services as a solution to time pressure relate to the very premises of this assumption. Care workers are (as other studies have shown) used to adjusting and adapting work performance to the overall organizational framing of work, but in this particular situation, the question naturally arises as to whether (and where) there is a limit to this practice.

Avoiding splitting

The question of which and when additional services are needed is a matter of constant consideration of the care workers. Considering the complex context of work performance, outlined in the sections above, the decision to provide additional services is generally based partly on the care worker’s individual judgment of the needs, partly on a common understanding between the care worker and the elderly of the situation, and partly in consideration of the time available.

The recent political agendas of time reductions and work reorganization are, however, subjects of consideration among care workers in the study, reflecting on the possible consequences of the agendas and also in practice taking initial steps in order to adapt work performance to the new circumstances. There are in the data particular examples of care visits where care workers chose to leave out services such as washing the dishes or taking out old newspapers or the garbage of the performance, even though they seemed to be plausible tasks (considering both needs and possibilities). Care workers relate these decisions to the new agenda of leaving out additional services, arguing that they were not part of the work schedule on that particular day.

The concept of “splitting” was frequently used by the care workers in the study. Splitting (which is not a translation, as the care workers use the English term) signifies a state of dissension between the care workers, caused by different manners of conduct in work performance. Splitting is a concern which is not new to care workers, but has been reinforced by the recent debate on which services to perform. Performing additional services is still primarily a matter for the individual care worker, considering the possibilities of the unique care situation. But the recent political agenda of leaving additional services out has made care workers increasingly concerned with the possibilities of other care workers to provide the same or similar additional services. Even though it may be both possible and desirable to perform a certain task to a particular client, the care worker refrains from doing it, as it may not be possible for the next care worker who visits the client to do the same.

R: It is rewarding for me, on those days when I have some extra time, to also make the bed or to dry the hair. But it has to be with a client who is not into splitting.... (In general) you have to stick to what the schedule says, otherwise you become the good guy and your colleague becomes the bad guy.
R: In the case I mentioned with the curlers (a situation where a client wanted her to put curlers into her hair) I have to support the group. Otherwise she would do large scale splitting. I had to say to her that I could not do it. Otherwise I would end up the favourite.

In the performance of care work and especially in relation to provision of additional services, care workers aim at applying a similar approach in order to avoid splitting. And as a consequence of striving to adapt to the agenda of leaving out additional services, discretion is undoubtedly diminished.

Still, it has to be stated that this approach of leaving out additional services constitutes a limited part of care work performance (so far). But the approach has in turn initiated a discussion among care workers, demonstrating a profound concern on whether additional services are dispensable and whether (and which) services can be characterized as additional in the first place.

**Indispensable care services**

Considering the complex reality of care work, care workers find the notion of separating additional services from predefined services generally simplistic and to a certain extent illegitimate. Care workers aim at approaching each care visit of the elderly from a holistic perspective, performing the tasks defined in the schedule and adding services according to the actual situation of the elderly. Applying this perspective, work performance is to a large extent directed by care workers’ own judgment of the situation, deciding whenever it is necessary to supplement washing, dressing, and preparing meals with going through an official letter, assisting in shaving, checking the fridge for food, comforting, or doing some laundry, just to mention a few examples from the study, of services which can be defined as additional in the sense of not being predefined.

The temporal implications of this practice vary. The additional services may be provided in care situations, where there is a surplus of time, where the care worker has increased the pace of performance, or where other tasks are being postponed until the next day. Care workers provide what may be defined as additional services because they represent significance and value in the performance. Consequently, considering the dispensability of the single services is not only a matter of duration and significance of that single service but also a matter of how it contributes to the significance of the whole quantity of services provided during a care visit. And this point leads to yet another perspective on additional service, suggesting that the premise of dividing care services in additional and predefined is not legitimate as the label “predefined services” is inadequate to embrace what is actually taking place in care work performance.

**“Do you want a bath today?” —Don’t ever ask them that question**

Using the bath as an example, this section focuses on the implementation of a predefined service, illustrating how a one-word commission (“bath”) in practice involves multiple
actions and considerations, hereby questioning the premise of labeling services as either predefined or additional.

**Visiting Viggo**

Viggo lives alone in an apartment. He is ill with a lung disease and very limited in moving around. When the care worker enters his home, Viggo is sitting by his kitchen table, having breakfast. According to the work schedule, Viggo has been assigned a morning package which can contain “preparing and serving breakfast, doing the dishes, preparing lunch, taking out the garbage, washing and dressing, bath.” On this particular care visit, the care worker has to prepare lunch and assist Viggo in bathing. Viggo is absolutely not fond of bathing and he needs to spend time together with the care worker before he is ready for the bath. The care worker starts out by preparing lunch, and they talk about the list of groceries Viggo has to order. Then they move on to talk about the meeting he is going to attend later in the afternoon. He has been involved in local politics for many years and they discuss the recent development on social policy in the municipality. Viggo seems very engaged in these matters and expresses some sharp opinions. After a while, Viggo agrees it is time for the bath and he walks slowly to the bathroom. He is having his bath, is getting dressed, and returns to the kitchen. He continues talking about his involvement in politics, and the care worker praises him for his continuous engagement. He appreciates it, but it also gives occasion for him to regret his situation, being so limited by his illness and being so dependent on help. After yet another short while, the care worker leaves.

During the care visit, the care worker is obviously trying to adjust to the rhythms and the character of Viggo, perceiving it as a precondition for performing the task she is actually there for: assisting Viggo in bathing. Viggo has a strong will and gets easily upset. He is fond of this particular care worker, but has apparently had conflicts with several others. The care worker acknowledges that just being around Viggo, talking or performing other tasks, is necessary before and after the bath in order to make him calm and leave him in a good state.

The point of highlighting this care visit is to illustrate that a bath is not just a bath. A bath is a number of activities, including being attentive to routines and preferences of the elderly, talking, touching, dressing, and finishing up—altogether constituting the provision of a bath. As stated by Twigg, bathing is a very private matter, and aiming at recognizing the individual and private aspects of the situation, care workers have to equally persuade, show respect, distract, and care while actually performing the task.

Returning to the discussion of division of services, the example reveals the ambiguity of the bath, on the one hand being a predefined service with a premeasured duration and on the other hand being a number of activities which altogether constitute the performance of the service. Ultimately, the example illustrates that the dichotomy between predefined and additional is not valid. It is not possible to categorize all chores and tasks performed during a care visit as being either predefined or additional, as the reality of care work performance shows to be much more complex. What may (from the outside) be perceived as an additional service, as it is not being addressed in the work schedule or any other document, may well be considered as an essential part of the performance by the care worker, complicating the choice (or conceivably making the choice impossible) of leaving out “additional” services.
Is there time enough?

Time pressure, understood as limited or insufficient time, is a problem in care work as it reduces flexibility in work performance. This problem is intensified by economic cutbacks and time reductions, having increased the focus on what home care should consist in. Care workers are told by managers to leave additional services as a way to adjust to time efficiency initiatives and reductions in time. To care workers, this is, however, a simplistic notion, not corresponding with the complex character of care work. This study has identified three perspectives on the concept of service division: 1) that additional services can be identified and left out, 2) that additional services can be identified, but are indispensable, and 3) that division of services is not recognized. To a certain extent, care workers recognize that they include actions or services which can be characterized as additional in work performance, and the study has shown that some care workers have taken initial steps in terms of adjusting their performance to the request on leaving out additional service. In many care situations though, care workers may find it possible, but not preferable, to leave out services from performance, as they find these services essential in their overall perception of the meaningful care work. In relation to yet other care situations, care workers do not accept the notion of service division at all. Rather, they perceive their performance of work in a more holistic perspective, emphasizing how the services are provided and the performance carried out.

Relating this dilemma with the perspectives on service division, represented by Dyck and England and Kirchhoff, the findings of this study show that neither does it make sense in practice to categorize services as either predefined or additional nor is it adequate to categorize services according to their practical and emotional character. On the contrary, this study has revealed that there is a huge overlap of practical and emotional aspects in the provision of the particular services—a combination which is essential to care workers in terms of constituting a holistic and meaningful care work performance.

The issue of service division reveals two opposite positions, care managers relying on the word of the work schedules and care worker relying on their experiences with transforming the work schedule into practice, representing different views on both the content and meaning of home care work. The theoretical perspectives on standardization and on care in private homes are reflected in the two positions. As they together illustrate the complexity of care work performance, indications are that time pressure elucidates the differences between the two, reducing care workers’ flexibility and possibilities to perform the work in a meaningful way.

This development could be understood in the light of a more fundamental dilemma in the welfare state organization, concerning the discrepancy between welfare state ambitions and the output capacity. In the care organization, this dilemma is most distinct to the care workers, being the embodiment of the welfare state in the meeting with the elderly. Political considerations on making the organization more efficient are seldom related to knowledge of the actual care work, and the consequences of political/administrative decisions “are seldom available for the experience of the decision makers” (Vike & Bakken 2002). More researchers have pointed to the fact that the central dilemma is being decentralized, making care workers responsible for implementing political decisions on universal care as well as responsible for performance of good care for the single citizen (Rasmussen 2004; Vike & Bakken 2002).
Viewing the problem in a reverse perspective, care work performance is a complex phenomenon which is not articulated in the standardized definitions of care work. It is instead characterized by care workers giving content to a predefined temporal framing and predefined standardized services, stressing care workers’ flexibility and responsibility in performance, but also their great dependence on time. When the temporal frame of performance is limited, flexibility is reduced, authority is challenged, but responsibility remains. The battle on time has to be fought according to the terminology of standardization (arguing for a certain amount of time for a certain task), but ultimately the limited time constitutes a pressure on performance as a whole.

Consequently, there may not be an unambiguous answer to the question of whether there is time enough, but the significance of time is, in turn, clearly exposed. The study has shown that time is imperative in order to maintain flexibility in work performance and, on the contrary, that lack of time interferes with care workers’ perception of the meaningful care work, exposing the ambiguity of the conceptualization of home care. Stating that “We may agree on the services, but we do not agree on the time,” care workers indicate that they do not disagree with care managers (and other actors on the administrative and political levels) on which care services to perform. Problems arise in relation to the question of how they should be performed, ultimately revealing the battle on time as an expression of the fundamental ambivalences in care work.

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