WORK ETHICS AND EFFECTIVENESS IN HOME CARE: RATIONALIZATION THROUGH TECHNOLOGICAL INNOVATION

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Abstract: In social home care, the perceived outcomes of implementation of mobile informatics were effectiveness and quality of services. To make the planning of work easier, mobile technology was introduced. In reality, the views on managerial accountability and local accountabilities among care workers have been somewhat contrasting, and it seems that the new information system cannot fulfill all of the information needs of the workers. Thus, longitudinal ethnographic study of changing work has also raised questions about work-related and professional ethics.

1. INTRODUCTION

In Turku, in South-western Finland, social home care offers help to vulnerable clients coping with their everyday life in order to promote independent living. The largest client group nowadays consists of elderly people. It has been estimated that the percentage of people over 65 years old will grow – even double – during the next 30 years. In this context, mobile technology was introduced in the hope of upgrading the services more efficient and better balanced. The original managerial vision was that better planning of working hours would lead to increased efficiency at care work. Before mobile technology, home care workers were rather independent when visiting the clients' homes during service calls. They were in charge of planning by themselves how and in which order to conduct their daily work. No official accounts were given of the service calls. All this made managerial planning a time-consuming work. Mobile technology was

implemented in order to gather information about the service calls. At the time, this was seen as an innovative change to the work, but the care workers were rather unprepared to this change. Implementation of new information technology is sometimes seen as a solution, which will automatically exchange existing working practices for more modern ones (Berg 2000, McGrath 2003). In reality, implementation of new technology may bring about unexpected changes, which make the situation even more complex.

From the beginning of the implementation in home care, the rather stereotypical opinions of the workers have been that values embedded in care and in technology cannot be aligned. Negotiations or discourses with co-workers, clients and managers have been taking place as the workers have been trying to construct new technology to suit their professional identity and working practices. According to Suchman (2002), instead of viewing technical artefacts as constituting of objective knowledge, technology is debated in multiple, located and partial perspectives. Also, social home care as an organization compromises both multiple professional identities and views of others, as well as multiple representations of the work and the work of the others.

Banks (2004) debates the professional identity of a social worker and sees its origin in philanthropy and moral education of the late 19th century. In social work, professional identity and professional ethics are closely aligned: care is the core activity, and also the justification of the whole profession. In this research context, professional identity and the values it implies has been defined as a resource, which makes it possible for the workers to act skilfully in unplanned situations during a working day. In a post-modern sense, a person cannot have a definitive identity (Hall and du Gay 1996, Lamb and Davison 2002) and, as such, professional identity is also being reconstructed or negotiated in the interaction between different actors in home care. In other words, professional identity is constructed in constant discourses (Foucault 1980) and thus liable towards change. Banks (2004) argues that "the new accountability" or the rise of managerialism has in practice meant increasing levels of regulation at professional work and also a threat to professional ethics. In this implementation, technological rationalization was viewed firstly as a threat to professional independency and secondly as a threat to professional ethics as the norms and standards of behaviour of the care workers. The need for efficiency was especially found problematic in the caring profession. Quality of care would also mean investing time for each service call in order to socially interact with a client, not just taking care of his or her basic needs.

2. TECHNOLOGICAL EFFECTIVENESS

To modernize work, new technological implementations are often promoted. The manager or the designer of a new technological solution can have a view that technology will automatically have an impact on organizational culture (McGrath 2003) and will promote more efficient working practices. McGrath (2003) describes the situation as one where the attempts to implement technology in order to create organizational effectiveness may cause unintended consequences. This may in turn challenge the original objectives of the implementation project. This situation may partly be caused by what Sachs (1995) calls organizational perspective of work: seeing work consisting of sets of defined tasks and operations that can be efficiently “programmed”. Sachs suggests that the work actually consists of a range of activities, communication practices, relationships and coordination, continually mediated by different actors such as workers and managers. Schoech (2002) has the opinion that in social work in particular the implementation of information and communications technology has been slower because of the complexity of human service practices in this work sector. Besides visions of future effectiveness and quality, the existing practices and organization of work, as well as the rediscovery of meaning of social services, should all be taken into consideration during designing and implementation. Scherlis and Eisenberg (2003) argue that government service providers do not necessarily want to face the risks of early adopters, and that this attitude slows implementing new technology.

According to Moon and Welch (2004), proponents of e-government believe that through technological implementations it is possible to advance in managerial efficiency and in effectiveness of the whole public sector. Opposing or more cautious views stress the potential barriers caused by technology, as well as privacy and security concerns. Turisco (2000) also views that new technological solutions have the potential to save time in routine administration and thus lead to improvement in workflow and efficiency. Scherlis and Eisenberg (2003) remind of challenges in designing e-government services. These include ubiquity of service, trustworthiness, information access, and confidentiality. Besides questions of trust and equity, Mullen and Horner (2004) arise questions of new and specific ethical issues while implementing e-Government, partly caused by a lack of well-understood rules. At the moment, evaluation of the case area – namely home care work – consists, besides of the technical implementation, of otherwise upgrading the whole social work sector to a more professional direction by defining service processes anew. Technical implementation seems to better

fit to the managerial side of evaluating the work practices. The care workers, however, feel that the changes at work are constant and stressful, making them feel insecure about the future of their work. Star and Strauss (1999) discuss the vulnerable situation of workers when invisible, often so-called unskilled work is made visible. Positive outcomes are increase of legitimacy and rescue from obscurity or exploitation. More questionable outcomes are reification of work or surveillance of the workers and even increase in-group communication and process burdens. Beck (1997), for example, describes the process of changing care (often viewed as women's domestic work of little importance) into "real work" with the help of information technology, and discusses the different rationalities of care and technology. In the case of home care, especially the care workers and the clients have had problems of interpreting what was the actual purpose of the implementation project.

The rather stereotypical opinions of the workers have been that values embedded in care and in technology cannot be aligned. Banks (2004) describes the rise of managerialism in social work, which has in practice meant increasing levels of regulation at professional work and also, as such, a threat to professional ethics. In this context, especially the need for efficiency was found problematic while caring for elderly clients. In a report about developing care and services for older people, effectiveness was defined to consist of efficiency, economy, efficacy and fairness: "On an individual level, effective activities have the maximum positive impact on well-being as economically as possible. On a system level, an effective service system produces the right services by using resources as efficiently and economically as possible." (Vaarama et al. 2001, p. 59) The new system in home care automates lot of the routine office tasks, such as making different kinds of lists and reports. It is hoped that through this "automation" more time will be saved to actual care work. This would also mean a better quality of care services on the individual level. Seeing the concept of efficiency in this view raises the question of whether the managers and workers are speaking of the same thing when discussing efficiency. During the implementation phase, the workers interpreted efficiency as meaning more service calls to handle per day or even a decrease in the number of care workers, while neither was aimed at. Care of the client can never be automated, and it was not a purpose of the implementation. Fluent interaction and creating an understanding between the different parties in an implementation project is a complex matter. In this implementation project, discussing core concepts with different groups of actors in home care might have lessened the initial resistance. For service workers, quality of care means investing time for each service call in order to socially interact with a client, not just taking care of his or her basic needs.

Appropriation of mobile technology has progressed slowly in home care. From initial resistance and doubt, the workers have progressed to a stage where they are now trying to utilize mobile technology for their own benefit. The new technology may have shaped emerging “efficient” working practices, but the workers are also shaping the technology (Orlikowski 1992) to suit their needs better by, for example, suggesting slight changes in the interface. Change of attitudes and a growing trust in their own skills with technology has actually made the care workers more independent in their work. This also reflects to the interaction with the clients and with the care managers. In complex situations – for example when the service call does not go as previously planned – the care workers support their own views and decision-making with the information in their palm-based computers, as they can now also access the client database during service calls. The role of information is increasingly important in complex, temporally and spatially distributed work environments (Pica et al. 2004) such as in home care, where the workers are working all around the town, as well as outside normal office hours. In relationships with managers this has meant empowering the care workers.

3. ABOUT THE CASE

The implementation of mobile computers in home care began during the winter 2001. The appropriation process of new technology is still ongoing in 2005 and appears to be continuing slowly, as the care workers and their managers negotiate in interaction about the best practices of using the palm-based computers. In every team there are about 20 care workers and one manager. The city is divided between 38 care teams. Altogether, there are about 750 service workers and about 4000 clients. At the moment, the implementation has been carried out throughout the care area, and every care worker is using a palm-based computer daily. In this study, the organizational implementation was planned to be observed for several years, until the use of the new technology had been fully merged with the working practices, and some of the benefits of its use could be observed. The first aim of this study was to describe changes at work. Negotiations with the management, the designers of the new system, co-workers and with the clients take place while the workers are constructing their interpretations of the situation as intentional actors (Giddens 1984). Giddens argues that human agency has the capacity to make a difference. In this view, the actual impact of technical implementation depends upon the power or

powerlessness of the perceived users, who have the capacity to transform their working practices or to resist the change.

This home care case is a research in progress, which aims for a qualitative interpretation of the change process through a longitudinal ethnographic study (Agar 1980, Geertz 1973). The main subjects of the study are the care workers, while the aim is to describe the work practices and possible changes in them as a part of every-day life. The first part of the study was carried out in two care teams that took part in the pilot phase of the implementation during the winter 2001-2002. The methods applied to the study include participant observation, interviews and group interviews. Especially at first, observation of work practices was seen not only as the most important way of getting qualitative data about the daily work, but also as a way of grounding good interactive connections between the subjects and me as a researcher. In order to find out about the internal dynamics of a care team, group sessions were also arranged. According to Orlikowski and Gash (1994), understanding the sense-making process during a technical implementation, i.e. how the workers are interpreting technology, makes it possible to understand how they interact with technology. In the second part of the study, 20 of the care managers were interviewed, and both observing and interviewing the care teams were continued. In this latter part of field work, which was started during the year 2004 and which is still continuing, one of two care teams which were visited already during the pilot phase, and a new one, taken along during the latter part of the implementation, were chosen to be the teams to be observed. The analysis of the two sets of data support each other: more informal observations give fuller understanding of the situation in the work field and, on the other hand, interviews make it possible to explore more in-depth interpretations for interesting phenomena. For the analysis, the data was classified or grouped according to the phenomena that I found interesting and relevant for the study.

Home care is a sensitive area for work and for study. Care workers visit their clients' homes to perform different tasks. To efficiently ensure the wholesome well being of a client, the worker has to have commitment for care work, as well as at least some human interaction skills. These aspects make care a meaningful activity for home care workers:

“You see the work carried out by your own hands. You feel satisfied when you know that you can leave the client alone with a good conscience – you have taken care of the client's needs and you know that he or she will manage at home.”

This case has shown that, in social home care, a lot of daily decisions are based on tacit or unmentioned knowledge about the clients, as well as knowledge about the right ways to provide care. The mobile system may raise some of the unmentioned agreements between the workers to the consciousness of the whole staff.

4. WORK ETHICS IN SOCIAL CARE

One aspect of making work visible is constructing organizational reality (Foucault 1980, Harvey 1998). By raising the transparency of actions, it is possible to create open discussion about previously hidden or otherwise unmentioned aspects at work. In the contexts of this implementation, the case is as much about making mobile informatics a meaningful part of work in a care setting as breaking some of the taboos of organizational culture. Suchman (2002, p. 95) calls such cognitive, political and practical structures a “fake collectivity” while describing common assumptions “of a kind of shared reality that provides the self-evidence, for anyone within the community, of the logic of individual actions”. One of these unquestioned attributes of home care has been the constant haste at work. Now the reality or possibility of the lack of constant haste has been taken into discussion as care situations and power plays at clients’ homes have become more transparent.

“Yesterday I looked through the lists. I was rather surprised that there were such short service calls; many of them were only 30 or 40 minutes. But there were also longer calls, for example lasting 80 minutes; I can’t think why they needed such a long call... But surprisingly lot of the service calls are short. Care workers tell me that there is nothing else to do but to chat with the client. And so I said, well, then you chat. Well, it depends on the worker; some are quicker workers, and others are no talkers.”

“It depends on the people so much, some only do what’s necessary, or are already planning the next service call, or are waiting for a break. It’s like, some workers do it ‘by the book’ – only do what’s necessary, but you should also ask around a little, at least if you’re not in a hurry. [...] Of course, if you have a new client, you wouldn’t probably look for something extra right away, but, still – when you go to a client that you have been taking care of for a long time, looking and asking around at the client’s home a little – that is what makes it good care.”

Bringing the sufficiency of daily working time to the open discussion helps care workers to cope with their stressful work. Moreover, the fact that some clients are more troublesome than others and, thus, can receive shorter durations of care, has in the past been a silenced or a denied discourse. There have been incidents where a worker has given her mobile computer an active role in a client relationship by telling the client that “the system” does not allow extra service tasks. One manager, for example, noticed how some of the service calls were especially short in duration. In a team meeting, it was found out that the cause for the phenomenon was an especially troublesome client, whom not all of the care workers wanted to visit for long. Now, discussions between the care workers and team managers have been taking place, and ways to cope with “problem-clients” and ways to share the load have been talked openly along with more ethical themes of care-receiver – care-giver -relationship.

In this sense, visibility of work has meant a better situation for both the care workers and the clients. Following Mullen and Horner (2004), information technology is a democratic means promoting transparency and openness, and as a consequence, a means for limiting corruption and fraud. In the future, more transparent care work would really mean more quality in the care work. According to Butler (2002, p. 240) code of ethics in social work is based on self-interest of the actors, and thus, like moral principles on which it rests, a code of ethics needs to be contextualised and situated. Such codes are not morally and ethically neutral but also, insofar, they are social artefacts themselves, and inevitably articulate the occupational, ideological and moral aspirations of their creators.

Most of the care workers have the opinion that the mobile system benefits the managers and their interpretations of efficacy more than the actual field workers, as the original aims of the mobile system was to make planning of working hours easier and to lessen the need of managerial accounting work. The managers justified the implementation by stating that less manual accounting would mean more working time saved for the care of the clients. But the care workers did not actually have a lot of manual paper work to accomplish during their working day to begin with because in the past no accounts were made. Especially during the trial phase of the implementation when problems with the updating were constant, the workers felt that the mobile system promoted a growth of “paperwork”. This attitude was perfectly understandable as the workers had to fill in correction reports for unsuccessful updates manually. Furthermore, in the past when care workers were carrying out the paper work together, it was not only about

documenting mandatory data. The care workers described the time together at their field office as meaningful interaction, where knowledge concerning the clients and their care was shared. Besides giving resources for problem solving, the interaction provided an important contrast to the demanding, lonely work on field, and, as such, was a way to diminish stress.

Traditionally, accountability has been understood as relations of accountability between employees and managers, but an important form of relations consists of local accountabilities (Randell 2004, Suchman 2002) i.e. of the accountabilities felt to colleagues, friends, or other communities of practice (Wenger 1998). According to Wenger (1998) informal mutual accountability between members in communities of practice is what makes interaction meaningful and creates both local understanding and awareness. Mobile computers can aid the care workers in handling unexpected situations, but even in the future, awareness about the other team members and sharing knowledge about the clients will constitute an important aspect in coping with the work and coordinating actions between different care workers.

Home care has a strong notion of situated action (Suchman 1999) despite of all the planning attached. Awareness of other workers and transparency of work that has been done already supports cooperation in mobile work (Bellotti and Bly 1996, Luff and Heath 1998). Awareness can be achieved through use of mobile technology, but mobile technology can as well mean a lack of awareness and communication problems when the created system is not working accordingly. In home care context, the system supports explicit communication, but does not make implicit communication available. In this context explicit communication consists of information such as who has visited clients, and for how long. The system does not support colloquial information such as what was the present condition and spirits of the client, or what actual care tasks were carried out. Cooperation of a care team relies on the exchange of this kind of informal information, so, in a sense, the new technology does not necessarily enhance cooperation between care workers.

5. CONCLUSIONS

Technological appropriation and learning may be progressing among care workers, but changes in client relationships are somewhat alarming. In home care, professional identity and the values it implies have meant altruism as an overall orientating philosophy to caring and to other attributes that are linked to the preservation of human dignity. But the caring profession also

means exercising social control over the clients. Expert knowledge or experience is not only used to meet the needs of the clients but to also monitor them. It is understandable that besides work ethics, a municipal care worker has to remember the need for keeping records and reports, following standard procedures, coordinating work and balancing resources. But in reality, the complexity of human services and the ethics of work are viewed as somewhat contradictory to the technological rationalization of work.

Workers are stressed by the balancing of the demands of the managers and the wishes of the clients. Sometimes "going by the book" might mean overstepping the client's rights for self-determination in their own homes. In this case the backup of new technology gave the care workers a louder voice than, for example, the elderly clients. Now a service call has three actors: a client, a worker and technology. The workers seem to use palm-based computers to back up their own opinions and decisions against the possible wishes of the client. In this sense, upgrading the effectiveness of home care has meant questioning work ethics of the workers, and diminishing the possibilities of clients to decide on the arrangements of his or her daily life.

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