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Prioritizing dilemmas – decision making and reflections of frontline workers within care services for frail older people

Abstract

This paper focuses on the every-day decision making of front-line workers within the homecare municipal services in Norway, and dilemmas as regards prioritization. The professionals providing home-based care for frail older people are considered as "street-level bureaucrats" (Lipsky 2010), as their actions are far from being merely an implementation of services. By applying professional competence and discretion, and balancing different political and institutional regulations and constraints with demands of those entitled to public care services, frontline- workers in these services perform a sort of micro-politics (i.e. Kirchhoff 2010). The paper presents and discusses preliminary findings from empirical research conducted in three different municipalities in Norway (urban, sub-urban and rural communities), where data have been collected through participatory observation and in-depth interviews. A central theme in the case study of the delivery of home care services, and everyday prioritizations, is: Dilemmas. Which dilemmas do frontline-workers experience on a daily basis, and how are they negotiated. The empirical findings from the case study and the succeeding discussion are part of a larger project and analysis of the (changing) institutional setting of care systems and care policy in Norway, and prioritizations (PriCare- Project, funded by Helsevel- Norwegian Research Council).

Introduction

With this paper, and my presentation at the conference, I wish to display and discuss preliminary findings from a fieldwork I recently conducted in the context of Norwegian municipalities' provision of health and care services to the elderly frail population. The overall theme for the research project, a larger project that my research is a part of, is prioritizing practices and dilemmas that characterize current health and care services in the context of the Norwegian Welfare State.

Theoretical Perspectives

New Public Governance, effectivization and "knowledge-based" policy

Public services are in constant transformation, and since the 1990ies, socalled "New Public Management" reforms have changed the ways municipalities are governed. Increasingly, municipalities are informed by professional consultants and economists, leading to focus on overview of costs, measures seeking to reduce costs, at the same time as municipalites have become increasing responsibility for implementing and designing policies. (Fimreite, 2005).

Decentralization of responsibility

Vike et al. (2003) describes decentralization of responsibility within the health and care service sector; p. 226. What this describes is that decisions, and the experience of their consequences are distributed among several actors at different levels of the welfare states' health care services.

Welfare state in crisis

Brinchmann og Vike 2000 argue that the welfare state is characterized by a crisis, since there is a huge gap between populations' expectations as regards what the welfare state is should provide and

what its actual capability is. This, which is referred to as a dilemma (Vike et al. 2003) comes to expression particular at the level of frontline workers/ street-level bureaucrats.

Street-Level bureaucracy

Also, Lipsky's (1980) descriptions of street-level bureaucracy are relevant theoretical insights for the paper, in the sense that they suggest that there does not need to be a clear line, a direct linkage between i.e. how policy or a professional's instruction is set up, and how services are provided. Use of discretion, professional competence and to some degree their independence and authority are important factors that can have large impact on how services are carried out, defined, and thus on prioritizations.

The aspect of care within health and care services

What is also of relevance to my paper, and analysis of the collected data material are notions of what the role of care is, in the context of providing public services to elderly frail people.

Methods

Ethnographic fieldwork in three Norwegian municipalities where I conducted in-depth interviews with frontline workers in home-based health care services and their closest leaders. The interview material was collected through adapting the method of "shadowing" or also referred to as the "walk-along-method". For this, I conducted participant observation in each community (respectively one small, middle and large municipality) over a period of 14 days, as a visiting member of the staff during day-time and evening shifts. I was given the opportunity to accompany a large share of the employees characterized by different professional backgrounds and levels of work experience within the service sector in focus, in each municipality. In between the meetings with service recipients, which I also was able to attend myself after they had given their consent to my presence, I invited the employees to participate in conversations and to share their reflections around their working tasks, prioritizations and dilemmas in relation to their job. These conversations were audio-taped, with the employees' consent.

Findings

As the fieldwork has just been completed (until mid-May 2019) this section of the paper (and presentation at the conference) represents only some preliminary findings before a more profound analysis of the whole material has been conducted. Thus, what I highlight here are some issues that I have so far noted and seek to discuss and reflect further upon, among peer researchers. Further details about what I found will be presented at the conference.

…on prioritizations

First of all, what I find from the field work experience is that many employees are conscious about making prioritizations in relation to some aspects, however this seems to be limited to certain practical issues: such as whom to visit first among their patients (aiding those who need help to get up and start their day first), or, how to organize the daily route (prioritizing short distances of driving, keeping fuel consumption low). I find that prioritizations concerning other more profound issues, such as which services to provide, or not to provide, was a far more difficult theme for employees to be explicit about. In the large picture, I interpret the absence of discussing the services which health personel within home-based health care services are set to deliver as a matter of prioritizations, as an expression of different phenomena.

- Services are admitted with reference to the law; "necessary health care". Thus what is provided, is considered not as a matter of discretion or upwards/downwards evaluation, but as necessary and accurate.

- Service hierarchies: There is a high degree of detailed regulation on which service to provide for each "user". Thus there is, at least as an intention from the leadership, little leeway for making prioritizations at the executive level of frontline workers.

- Prioritizations imply that some services or actions are prioritized over others. In the context of a welfare state claiming to provide services aimed at equality and equity, and services adapted to individual needs, it might be challenging to speak of some types of services or needs as more (or even less) important than others.

From my experience of observing the employees in concrete situations where services are provided, and speaking with them about those situations afterwards, I got insights into which and how prioritizations are made, and to some extend also the background for that. An example, which was a repeating theme in conversations in all of the three municipalities, was that service users who had "influential" or "strong" family members were provided a better or higher level of services than those who did not have that.

…on experienced dilemmas

One of the topics which recurred as a dilemma which employees were explicit about was the increasing number of tasks and more complicated tasks for home-based services. Aspects such as lack of nurses and higher salaries for nurses at the hospitals were mentioned. In the home-based health care services, budgets are reduced but needs are growing (the announced "elderly wave"). Practices of non-replacement of staff in case one staff member gets sick, is one strategy which is already set into place.

The lack of early intervention and time and allowance for prevention work is an issue which was raised. A consequence, employees fear that there will be a greater demand for their services in future, thus increasing costs for the welfare state due to saving money on this now.

… on existing thus scarcely explicated dilemmas

There is a lack of critical reflections/ awareness of the impact and consequences of current changes in how the services available are announced to potential users. In all three municipalities, there is an ongoing turn towards mobilizing the user's own resources and capabilities first, followed by resources in the family/personal network, and then as a last measure informing about what the municipality has to offer.

What appeared to me as quite striking was that the employees in municipal health care services generally accepted and consented to the instruction that their role is not primarily as a care giver, but as health personnel. A phrase which I heard was repeated in different municipalities was that "We are not visiting ladies". Thus, in general, sitting and chatting with service recipients was not considered, and accepted as such, as part of their work. Providing for care, as a service, is delegated to family members, neighbors or volunteers. Municipal health care service agents do however engage in mobilizing these resources, to make sure an offer is given, at least for some users.

I observed that some municipalities are reducing their services referred to as «tilsyn» («supervision»); which means visits where they stop by at users' homes to look after them, ask them about how they are doing.

Being puzzled about the scarce acknowledgement of interhuman care as an aspect of health services, I encouraged the employees to discuss this with me. This material has to be analyzed before I can make further statements on that.