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Application of caring science theories in doctoral research

CONNECTING THE BUREAUCRATIC CARING THEORY TO CURRENT HEALTH PROMOTION PRACTICE AMONG OLDER ADULTS

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Health promotion among older persons in a Nordic context

In order to postpone and avoid the need of care, preventive and health promoting work are recognized as key areas of actions for the forthcoming years (Nordic Welfare Centre, 2018).

Health promotion is a core part of the work of persons representing various professions as well as voluntary groups (WHO) and is being defined as “the process of enabling people to increase control over, and to improve, their health” (WHO).

When it comes to the Nordic countries, health promotion has traditionally been the responsibility of the public sector, mainly the municipalities (Pekkarinen, et.al 2020).

However, the public sector has increasingly formed partnerships with the third (non-governmental and non-profit organizations) and private sector, as well as informal stakeholders, e.g. informal caregivers, volunteers and vibrant associations, in order to be able to offer adequate health-related services for senior citizens (Jegermalm, Hemansen & Fladmoe, 2019).

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Health promotion among older persons in a Nordic context

The Nordic Welfare Centre (2020) identified four joint focal areas:

Fostering age-friendly cities and societies,

Creating more opportunities for safe and intergenerational living arrangements,

Combating loneliness and social isolation

Promoting active and healthy ageing with welfare technology.

Currently, most of the health promotion initiatives identified were connected to welfare technology (Nordic Welfare Centre, 2020).

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Breaking the barriers for municipal-level health promotion targeting older adults:

A Nordic focus group study exploring the current state of art and the advances needed

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Nordic focus group study

Based on focus group interviews conducted in Ostrobothnia (Finland) and in Västra Götaland (Sweden) during October 2019 to January 2020.

9 groups – 28 practitioners representing different organizations (public sector and non-governmental and non-profit-organizations) as well as professions (e.g. nurse, social worker, physician, physiotherapist, deacon, home care worker).

Inclusion criteria: the practitioners had to recognize themselves as working with municipal-level health promotion and with community-dwelling older adults. We also required a work experience of at least one year.

Inductive qualitative content analysis, described and exemplified by Kyngäs, Mikkonen and Kääriäinen (2019), was used as a guide for analyzing the transcribed data.

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Health promotion in later life: What is it?

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Heterogenous older persons:

“We cannot talk about older adults as a homogenous group, it would be as wrong as it is to talk about women as a homogenous group. There is a wide-spectrum of older adults, there are both persons who are in good health and manage by themselves, as well as persons who are receiving palliative care in nursing homes.”

Unique needs and preferences as the core of health promotion in later life:

” As professionals, we know what health is and we have our perspectives regarding what promotes the older persons’ health. But the thing is that the older persons does not necessarily share the professionals’ view of health. Therefore, the older person’s perspective of health should be the starting point. ”

= Seeing the person as the ideal

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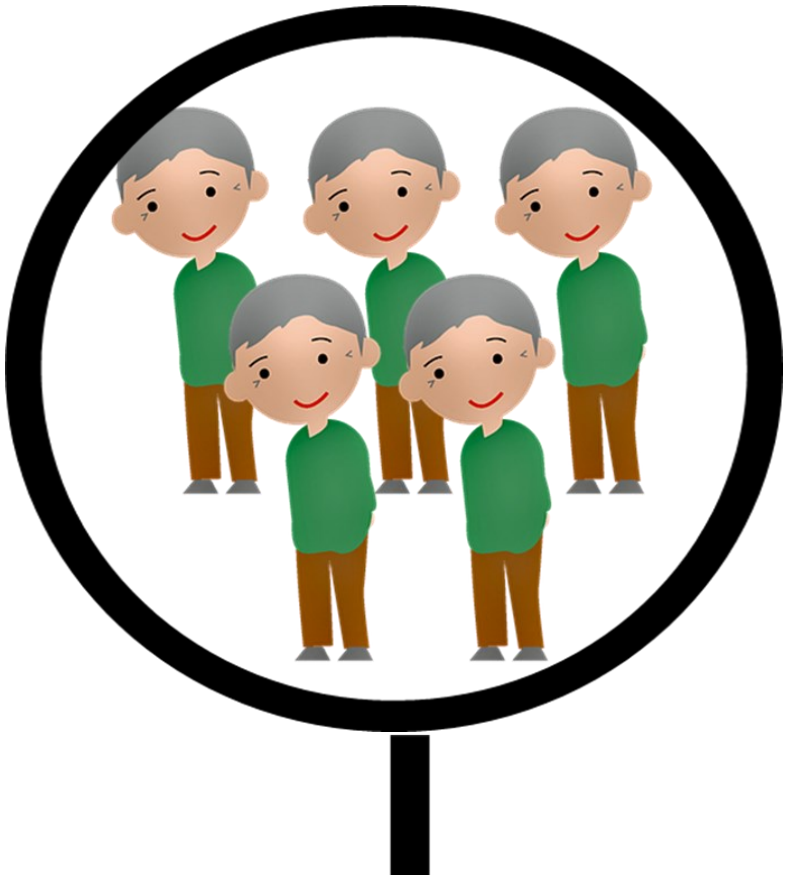
The ideal vs. the realized practice



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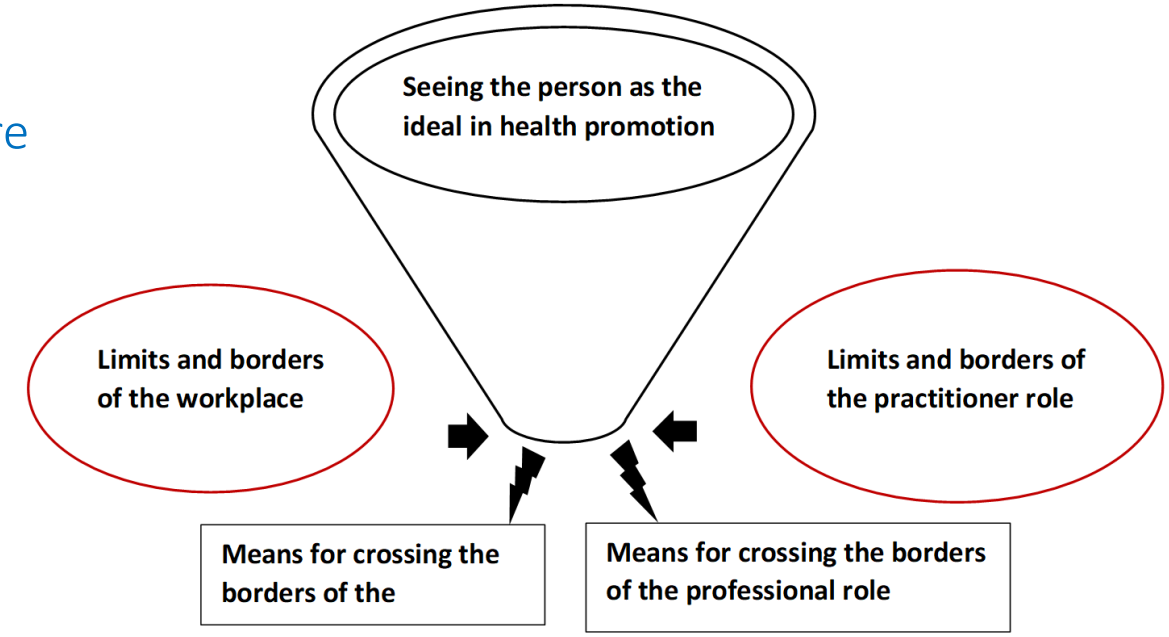
Perceived barriers – hindering the practitioners from seeing the person

Strict organizational structure

Inflexible working routines

A dissonance between the target groups actual needs and the organizational structures/working routines



The own preunderstandings

The ethical competence

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The theory of Bureaucratic Caring

The nursing theorists Ray (1989) and Turkel (1997) discovered in their early studies that health professionals working in hospitals often experienced struggle with sustaining ideals connected to caring within organizations that increasingly are controlled by costs.

Within the theory of bureaucratic caring, (first published in 1981) Ray views health organizations as complex and living systems, where both hard values, such as cost-effectiveness, and soft values, such as caring, co-exists and are interrelated (Coffman, 2016). Caring is within the theory viewed as being able to express one's creative self and making ethical decisions in the process of doing good for others (Ray & Turkel, 2015).

Ray emphasizes that bureaucratic health organizations should be seen as cultures that are constantly being co-created by the persons and factors within them and the values brought by and ascribed to them (Ray & Turkel, 2015).

By having a spiritual-ethical caring approach – which is within the theory viewed as being able to express one's creative self and making ethical decisions in the process of doing good for others (Ray & Turkel), the caring values can be sustained and influence the bureaucratic structures.

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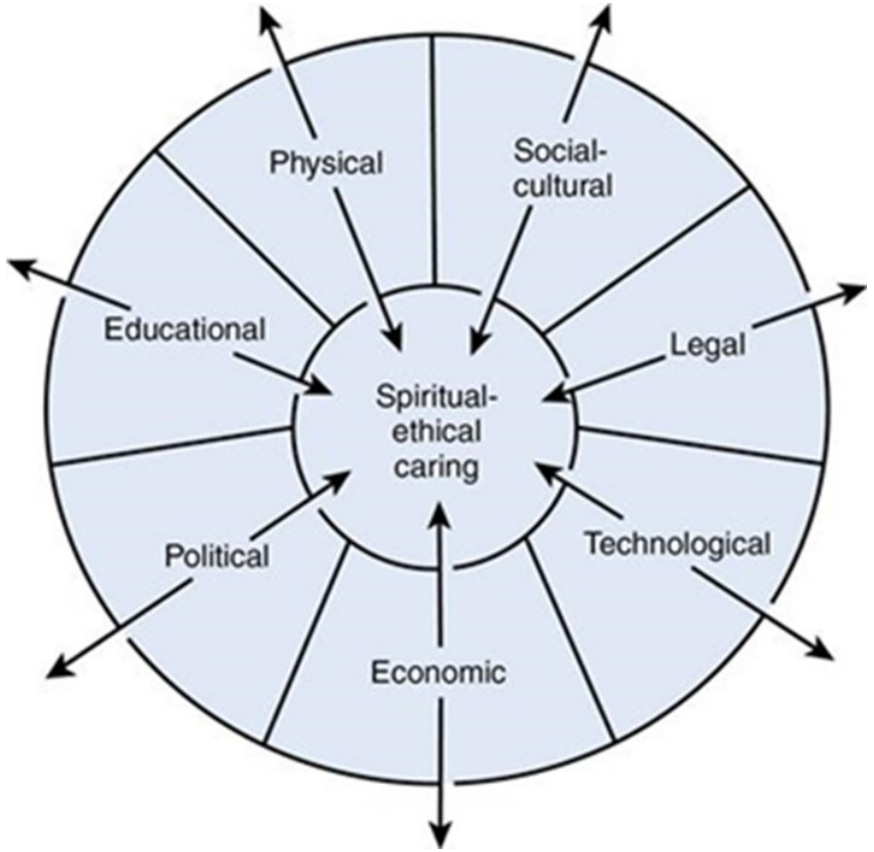

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The current working routines might be designed in order to meet organizational demands connected to quality standards regarding e.g. hygiene and safety in combination with productivity and efficiency, but might not, however, be designed optimally in order to maintain values connected to caring.

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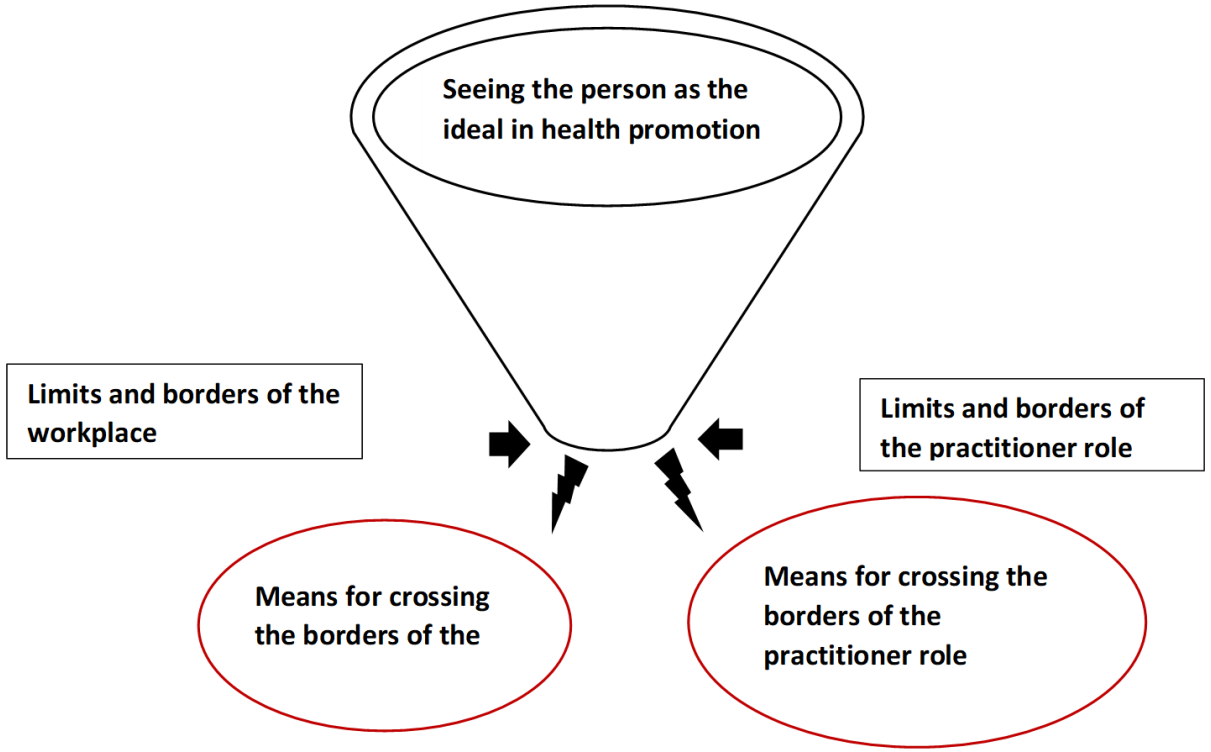
Perceived facilitators: What could be done in order to achieve ideal practice?

Assistance by digital technology

Accessing a wide-range of activities through online platforms



Involving older adults in health promotion initiatives

The future of user-driven health promotion initiatives

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In conclusion...

The current study adds to the evidence base, by highlighting practitioners own perspective on the important elements of practice and the perceived bottlenecks and how they could be addressed and disentangled in current and future practice.

Means for how to sustain values connecting to caring within complex, bureaucratic organizations:

Digital technology - a double-edged sword in the matter of supporting older persons' diverse needs and preferences in municipal-level health promotion practice.

Increased user involvement of older adults themselves.

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Thank you!

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