

About the attraction of machine logic - The field of elderly care

Bettina-Johanna Krings & Linda Nierling

2nd European TA Conference
Berlin, 25.-27.2.2015

Institut für Technikfolgenabschätzung und Systemanalyse (ITAS)

Agenda

1. Demographic change & the technology push discourse
2. Case study on care work: Impatient elderly care
 - Organizational dimensions
 - Occupational dimensions
 - Technological dimensions
3. Conclusions: Who is attracted by the machine logic?

1. Demographic change and the technology push discourse

- Demographic change is negatively interpreted as an “overaging” of society
- Health care crisis (welfare system, medical system, social system → elderly care)
- High prominence of technological visions for the crisis in elderly care
- Push by research policies towards these visions (across disciplines)
- Technologies proposed:
Monitoring, assistance, control systems, interactive systems
- New markets (political and industrial interests)

1. Demographic change and the technology push discourse

■ Hypothesis

This discussion is characterized by a strong technology push approach. The perspectives of the addressees of these “care technologies” are very often not clear. This technology push approach tends to neglect institutional practices and everyday routines in the care sector.

■ Research questions

Elaboration of the role of technologies in the care sector from the working perspective:

- Which role do technologies play?
- What is their impact?
- How do technological visions change the working life in this sector?
- What are the main characteristics of professional elderly care?

2. Case study: Impatient elderly care

■ Research context

BMBF-funded project MOVEMENZ – focus on the mobility of elderly people with dementia

■ Background information // institution

- 10 nurses // 8 support
- 49 women and men (66-98 years)
- South of Germany
- People with dementia

■ Research design

Secondary analysis of qualitative data

- Participatory observation
- Individual and group interviews with the elderly and professional staff

Interpretation of the empirical data along three analytical dimensions

- Organizational, occupational, technological dimensions of care work

2. Case study: Impatient elderly care

- Organizational dimension
 - Private organization running; many homes for the elderly
 - Subject to the German legislation of care → High cost pressure, highly formalized, top-down organization
 - Due to cost pressures, a new division of labor evolved
 - High-skilled care professionals: “core care work” with people (bedsores, wound treatment, moving in the bed, washing, ...)
 - Low-skilled care professionals (nurse aids – “400 €” jobs): household assistance, mobility, general assistance
 - Volunteers: social and emotional care (going for a walk, talking, playing)
 - In daily working life: high level of stress due to the cost and time pressures as well as the new division of labor → (Differentiation between “care & assistance”)

2. Case study: impatient elderly care

■ Organizational dimension

“... Therefore I think a change in management is a big challenge for us as staff, too. Given the resulting changes, our work routine will of course change as well [...] you often tend to forget that our residents come first, because you have to focus on the work process instead of the residents. [...] Also the bunch of paperwork and so on, this will change as well, there will be even more forms to fill in, at the expense of time for the residents. [...] That’s also how it was in the past: you have to – I’ll just call it like that – waste time for this stuff and can no longer care for the essential...” (interviewee)

“... to decide in an instant that it’s not about the usual “food and washing”, but taking the time to sit by the bed for five minutes and then it’s ok. I know when she had a shower, we can sign this, because we did spend the time there – I think you don’t have to be nit-picking here ... at least that’s my opinion – and this person is happy. She got the necessary personal care and also some time for talking, and it took me as long as helping her shower. But taking this decision when you know there are five others waiting is really difficult...” (interviewee)

2. Case study: Impatient elderly care

- Occupational dimension
 - Enormous speeding up of processes
 - Intensification of work
 - Specific qualifications for dementia (ergotherapy, biographical work), but strong tensions between “theory” (of dementia care) and “practice” (routines and demands in elderly homes)
 - Highly professional reflection about different occupational demands like professional ethics, quality of care
 - High share of interpersonal relations, empathy, emotions
 - Low societal recognition of the profession (low wages)

2. Case study: Impatient elderly care

- Occupational dimension

“ ... there are these limits, when we don't have the time, that's often really hard. You have those people who need a little bit more time with you, but then someone else is ringing, and there are four or five other people in bed who also want to get up and, well ... Because everybody ... Sorry, but some people need more time in the bathroom, but we have to hurry on ... no time.”

2. Case study: Impatient elderly care

■ Technical dimension

■ Two types of technologies

- Basic and established technologies (*wheel chair, wheeled walkers, emergency calls, lifters, etc.*)
- New and visionary technologies (*multifunctional wheeled walkers (GPS & motor-driven incl. display), tablets with photo memory, cell phone with special functions, apps, digital environments*)

- Open-mindedness of the care professionals towards the use of care technologies to activate the elderly and facilitate the work
- Critical attitudes towards the technology push discourse (no recognition of the occupation!)
- Adequate role of technologies within the care sector (not: higher efficiency and/or substitution!)

2. Case study: Impatient elderly care

■ Technical dimension

“... Technology would of course help in caregiving, but always together with the carer, not: I’m gonna send the robot and it will do what I tell him, but: I’m there as well and have some technical assistance.”

“... praise for technology, it really is a big help! Otherwise Ms K. would have to stay in bed all the time, without this. But time ... just because we always have to rush, rush, rush. And the ladies and gentlemen in their ivory tower, they should do an internship on site (laughs) before figuring out their levels of care with the time frame.”

3. Conclusion: Who is attracted by the machine logic?

- Technical developments and technologies **are already integrated** into the care sector and generally appreciated by care professionals
- Strong plea from the sector that established **technologies** should be improved and adapted to working routines (e.g. nursing beds)
- Strong push of technological visions by R&D – often with a strong focus on demand-driven research – but mostly **punctual impacts**
- **Technological solutions are only one part of the whole picture** → Strategies offering solutions for the crisis of elderly care should rather focus on **institutional and organizational shortages**
 - Intensification & fragmentation of work
 - Societal recognition of care work
 - Threat to the dignity of care professionals under current working conditions

“The mechanistic paradigm and its related culture of technology have been evolving for several hundred years, and their influence in nursing, like other health-relating disciplines, is far-reaching: so much so that the explicit and implicit assumptions and beliefs about human beings are no longer even recognized” (Mitchell 2001, 34).