"Such Trivial Matters"

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Published in Journal of Aging Studies 23 (2009) 1–11

To cite article:

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*How staff account for restrictions of residents’ influence in nursing homes*

Abstract

National policies emphasize older people’s right to autonomy, yet nursing home residents often have restricted opportunities to make decisions about everyday matters. We use qualitative interview data to analyze staff members’ explanations of actions that conflict with both social norms and national policies. Two types of problematic actions are discussed: restrictions of elderly residents’ influence in decision making and neglect of residents’ complaints. While staff members describe residents’ influence as desirable, they simultaneously formulate accounts that justify their inability to live up to this ideal. Further, we demonstrate how certain complaints are “made trivial” when they are described and treated in particular ways by the staff. We argue that the accounts offered by staff members draw on an implicit folk logic, a logic in which residents are allowed to exercise influence only as long as it does not conflict with the efficient running of the institution as a whole.

*Key words:* elderly people, nursing home, influence, accounts, folk logic
1. Introduction

When she finds the cookies placed in front of her to be too hard to chew, the old woman in the nursing home complains. The hard cookies make her upset, but her complaint is met with a resigned attitude by the staff. Yet another of the women refuses to shower although it is Tuesday, her ‘shower day.’ To the nursing home staff members, part of everyday life involves handling residents’ wishes and complaints about “such trivial things.” Such ‘trividades’ abound and, therefore, must be handled somehow by staff. At the same time, however, residents are expected to exercise influence upon their own everyday lives and to be allowed to express their own wishes (author’s comments on recollections made by a nurse’s aid).

During the past decade, there has been an increasing political emphasis on autonomy and independence for older people, and this focus underpins many approaches to research on old age care (Baltes, 1996; Davies et al., 1997; Hardy et al., 1999; Harvey and Yoshino, 2006; Katz, 2000; Secker et al., 2003). These principles of self-sufficiency are visible in national policies highlighting that frail elderly not only shall be given considerable help and support but also shall be provided with opportunities to influence their own everyday lives (e.g. Ministry of Health and Social Affairs, National plan of action for the care of elderly people, Sweden, 1998; Department of Health, OPD, A New Ambition for Old Age, UK, 2006; United Nations, The Vienna International Plan of Action on Aging, 1982; Ministry of Senior Social Policy, New Zealand Positive Ageing Strategy, 2001). Yet many frail elderly persons spend their days in institutions in which their opportunities to act are restricted by staff members and by the way the work of the institution is organized (i.e., by staff members’ practical reasoning and their application of the logic of their work). Nursing home staff,
working in the interface of a public agency with ambiguous policy objectives on the one hand and the residents' individual needs on the other, display characteristics broadly in line with those of street-level bureaucrats (as described by Lipsky, 1980). This gap between policy and practice visibly characterizes the issue of older people’s influence in nursing homes today, and thus we ask the question: How do staff members in nursing homes account for this gap?

There is a rich gerontological literature on autonomy for older people and during the last decades numerous studies have brought to light how elderly peoples’ opportunities to exercise influence are likely to be reduced when they move into institutions (Davies et al., 1999; Kam, 2003; Lee, 1997; Stabell et al., 2004; Walker, 1981). Attention has also been drawn to investigate barriers to personal autonomy in nursing homes. Already in the 1980s, Wade (1983) and Barnes (1988), highlighted how difficulties in letting residents decide when to get out of bed in the morning were related to the fixed time at which breakfast was supposed to be served. Since residents often depend on nurses’ aids and other staff members, the norms that guide staff in their work consequently plays an important role in residents’ everyday lives. On the one hand, staff members have to provide compassionate care and, on the other, they have to cope with the pressures of the institution. This situation causes a paradoxical role for the staff, a role examined in a number of ethnographic studies (Diamond, 1983 & 1992; Foner, 1995; Gubrium, 1997 & 1975; Shield, 1988). Although, previous studies have presented detailed descriptions about the work culture of nursing homes, little is known about the rhetorical context in which that culture is developed and reproduced.
Likewise, there is insufficient knowledge about how staff members deal with complaints lodged by the residents. Difficulties that nurses face in dealing with complaints have been described in previous studies, but research into reasons why staff members choose to respond to or neglect certain complaints is still scarce (Cheah & Moon, 1993; Patterson, 1995; Rogers et al., 2000).

Using qualitative data obtained from Swedish nursing homes as a case, we seek to contribute to earlier research by focusing on staff members\(^1\). Even though the study was conducted in Sweden the topic of autonomy is international. In this article we examine residents’ influence indirectly, by analyzing staff members’ explanations of why they restrict the influence of the nursing home residents. Thus, our aim is to analyze how staff members explain their potentially questionable behavior (Scott & Lyman, 1968) and thereby to expose a “folk logic” (Buttny 1993) operating within and informing behavior in nursing home settings.

2. Accounts and folk logic in nursing home settings

Generally, our social norms and the underlying logic for our actions supply us with standards of behavior. The logic that directs action influences not only the decisions we make but also how we explain and account for deviant actions. The classic version of this concept was presented by Scott and Lyman in 1968 and was influenced by Goffman’s (1959) arguments about how people present themselves to others, often in a self-protective manner. Scott and Lyman described accounts as “verbal statements made to explain untoward behavior and bridge the gap between actions and expectations” (Scott & Lyman, 1968). The authors argued that accounts are standardized within cultures so that certain accounts become

\(^1\) The term “staff members” refers to direct care workers (as opposite to other types of staff employed in nursing homes).
terminologically stabilized and routinely expected when an activity falls outside the domain of expectations (Scott & Lyman, 1970). As an analytic tool in health care research, accounts have been used to analyze a wide range of unexpected behavior, such as justifications of drug abuse (Weinstein, 1980), explanations of aggressiveness (Åkerström, 2002) as well as explanations of older women’s motivations for weight loss (Clarke, 2002).

Two major types of accounts were identified by Scott and Lyman: excuses and justifications. Excuses are accounts in which the account-giver admits that the action in question was wrong or inappropriate but denies or does not accept responsibility for the action. Justifications are accounts in which the account-giver accepts responsibility for the action in question but denies that the action was inappropriate or the wrong thing to have done (Orbuch, 1997). Whereas Scott and Lyman described short, concrete accounts, the accounts presented in this study have characteristics of story-like constructions and are, therefore, more complicated and blurred in their makeup. Consequently, we have not further subdivided accounts into justifications or excuses, as these distinctions are likely to become blurred in story-like accounts (Houtkoop-Steenstra, 1990). Nonetheless, excuses and justifications are discernible and relevant aspects within other themes, and will therefore be analyzed as such.

Although stories and narratives in nursing home settings have been examined in earlier studies (Heliker, 1999; Pleschberger, 2007) the existence and function of accounts in these settings do not yet appear to have been thoroughly investigated. In this study, we analyze staff members’ accounts of two related types of potentially questionable behavior: (1) actions to restrict elderly residents’ influence on daily matters and (2) negligence of complaints
lodged by residents. Given the social conditions of nursing homes in combination with political and moral ideals of recognizing older persons' right to self-determination, staff members can be expected to account for behaviors that contrast with predominant and official norms and ideals. Through these accounts we aim to depict a folk logic of nursing homes (i.e., standardized cultural rules that apply in these settings). “Folk logic” is what Richard Buttyn (1993: 165) calls the cultural system that provides members with a logic for action – the social rules and normative order governing what is right, moral or at least acceptable. Thus, through the very use of their accounts staff members imply their “folk logic.” The concept of folk logic has parallels to Harre et al. (1985), who argue that when individuals produce accounts they are simultaneously displaying knowledge of the ideal ways of acting and ideal reasons for doing what they have done. A folk logic, as described by Buttyn, is typically articulated implicitly rather than in a propositional form and is invoked through people’s discursive practices, in this case through talk about restrictions of elderly nursing home residents’ influence and neglect of their complaints (Buttyn, 1993).

3. Material and method

The present study was based on qualitative in-depth interviews conducted by the first author (T.P.). Thirteen staff members (seven nurses' aids and six assistant nurses), working at seven different wards\(^2\) (located in three different nursing homes) were recruited using a combination of convenience sample and purposive procedure. The recruitment process was initiated when the first author presented the project at the nursing homes. In two homes, staff members volunteered for the study in connection with these presentations. In the third

\(^2\) Swedish nursing homes are often organized into smaller wards in order to create a more resident-centered environment. A typical ward consists of individual bedrooms for about six to twelve residents, a living room and kitchen or a dining room.
nursing home, interviewees were recruited after the presentation through consultation with the nursing home manager. In order to capture variations of how staff members explained their potentially questionable behavior it was important to enroll interviewees with a diversity of experiences. Hence, staff members were recruited from seven different wards; their ages ranged from 22 to 57 years, and their experience working in nursing homes ranged from one to 22 years. All respondents but one were female, a condition which reflects the overall gender distribution within nursing home staffs in Sweden.

The nursing homes used in this study included one large institution with both dementia wards and ordinary wards, a smaller nursing home with wards for non-demented residents and a third nursing home with two dementia wards. The data collection interviews lasted from 45 minutes to one-and-a-half hours, and they were carried out at the nursing homes in places chosen by the interviewees, often a staff room or an empty lounge and always without the presence of other staff members. With the consent of each participant, all interviews were tape-recorded and transcribed verbatim. Participants were assured confidentiality and given the freedom to withdraw from the study at any time.

Prior to the interviews, the staff members received oral and written information about the study as well as details of the interviewers’ prior understanding of nursing home work. The first author (T.P.) worked for seven years (part time) as a nurse’s aid in various nursing homes, primarily in dementia wards. Although the author’s position in the study was in the role of a researcher and not that of a staff member, it soon became clear that the interviewees often considered the interviewer to be an “insider.” This attitude was exhibited in expressions implying that she should confirm their experiences, in statements such as, “I have never met
an old person who likes to have a shower, have you?” or “You know what the oldies are like, they think they have to complain.” The author’s responses to these kinds of statements were limited to probes such as “mm-hmm.” Although the goal was to limit the interviewers’ impact on the responses, it is important to bear in mind the first author’s dual position as both an outsider (in the capacity of researcher) and an insider (in the capacity of her former position as nurse’s aid).

The interviews were loosely structured and began with general questions about how the staff perceived the work at the nursing home. An interview guide was used, but the questions were asked not in a set order but rather in response to what the interviewees talked about. As data collection and analysis progressed, follow-up questions, which focused on the themes that had arisen in the previous interviews, were added. This process, which allowed the staff to guide the direction of the interviews, brought about both pros and cons. An obvious drawback was that all interviews were quite different and full of nuances and varying contents, complicating systematic comparisons. A great advantage of this process, however, was that it allowed us to be open to new topics as well as to enter more deeply into specific examples. This flexibility proved to be of great importance, as it facilitated discoveries of new and sometimes unexpected aspects of what staff deemed as right and moral behavior in their work.

The early stages of each interview included the question, “Are the elderly feeling happy here?” This question elicited talk of dissatisfaction and complaints, and through follow-up questions deeper knowledge was gained about these complaints from staff members’ points of view. During the interviews, the interviewees were asked to give specific examples to
illustrate their statements. It transpired that when staff members described their behavior, they frequently invoked practices of social accountability (Buttny 1993), and these accounts subsequently provided the basis for our analysis.

In analyzing the data, we relied upon “analytic bracketing” as described by Gubrium and Holstein (1997). How staff members’ accounts took shape was as important as what was being conveyed, although these two aspects were investigated more or less simultaneously. The approach of analytic bracketing enabled us to examine what staff members described about restrictions and neglect as well as how these stories were presented, and further analysis revealed how shared moral and practical reasoning was produced through the accounting strategies employed (Buttny, 1993:33). Initially we focused on what staff members talked about, temporarily deferring our awareness of how their stories were told. ‘Bracketing’ the ‘hows’ at the start allowed us to examine the range of actions staff members described by which they restricted the influence of the elderly residents, such as showering a resident against his or her will or restricting a resident’s influence on how to arrange furniture in his or her room. The analysis of the various ‘whats’ in this study also included staff members’ descriptions of what the residents complained about: complaints with regard to food that was difficult to chew, a pillow that was placed incorrectly in bed or simply complaints about the lack of company. After the initial focus on the ‘whats,’ we continued to return to the same issues but this time analytically bracketed the ‘whats’ and focused on how the staff accounted for actions to restrict the influence of the elderly residents. Thus, questions about the ways in which a story was told (the ‘hows’) were asked in relation to questions about its content (the ‘whats’), as these factors were equally important in understanding how staff members explained potentially questionable behavior.
In exploring staff members’ accounts, we began to pick up the threads of the ongoing analysis of what was to become an articulation of the nursing home folk logic. This assessment was accomplished by repeated readings of the transcribed accounts in order to identify the statements used to explain restrictions of elderly residents’ self-determination as well as of the neglect of their complaints. The subsequent analysis showed that staff often described complaints as “small” (in the sense of trivial). Staff members’ narratives weave through their assessment of their work tasks as well as through their perception that they carry on their work for the good of the institution as a whole. Guided by the principles of analytic induction (Katz, 2001), we continued the analysis by locating the most fundamental examples in which accounts of triviality were employed. In analytic induction there is no methodological value in piling up confirming cases. The strategy is exclusively qualitative, seeking encounters with new varieties of data in order to force revisions that will make the analysis valid when applied to an increasingly diverse range of cases (Katz, 2001). In this way, our analysis gradually deepened as we identified even more complex examples. As new cases of accounts were examined, the categories were revised so that troublesome cases either became consistent with the categories or were placed outside the scope of the inquiry. In the same way, we actively searched for exceptions to our categories, and when such exceptions were found we modified categories to fit all examples encountered.

After identifying elementary examples in which accounts of triviality or “smallness” were used explicitly, we proceeded with an investigation for accounts in which smallness was used implicitly. One example of this implicit usage is the account of elderly residents lodging complaints about food: “The only thing they complain about is food, but anyone can
complain about food.” By describing food as something that is easy to complain about, the interviewee seems to imply “smallness” or triviality. However, it turned out that staff talked not only about complaints lodged by residents but also about complaints from residents’ family members. Family members’ complaints were often described as symptomatic of something unrelated to the way staff members treated the residents. All but one of the interviewees brought up the subject of the guilty consciences of family members. Complaints from a problematic family member were often explained as symptoms of guilt and bitterness at having placed the elderly relative in a nursing home, and thereby making it logical for the staff to diminish the significance of these complaints. However, because our aim was to analyze restrictions on residents’ influence and not that of their family members, accounts of family members’ complaints were placed outside the scope of this inquiry.

During the analysis phase, both authors engaged in repeated discussions of categorization and conclusions. Systematic reading provided us with thorough knowledge of the study material. We were thus aware of the meaning and content of the data, enabling us to ascertain what was most relevant in formulating answers to our research questions. The analysis concluded in a categorization of three different account themes through which staff members explained their deviant behavior: (1) Organizational accounts, (2) accounts in terms of resources and (3) trivializations and complaints. As it will soon become obvious, these types overlap empirically, but they are nonetheless distinguished for analytic purposes.
4. Organizational accounts

All the staff members described how, in theory, residents could make decisions for themselves. Likewise, it appeared a matter of course that the elderly should have the same rights as anyone else. Several interviewees even talked about morality and justice, stating that it is only fair that the residents should have the right to decide for themselves in view of the fact that they have been working and contributing to the welfare system all their lives. Yet, it turned out that certain restrictions applied to the rights of the elderly, and staff members’ accounts were often built upon the model “Of course they can decide for themselves, but....” For example, the quotation below illustrates a common explanation for why the residents cannot decide for themselves when to have a shower:

But of course, they have to adjust themselves to certain routines. When to have a shower, for example. That is something we need to plan according to our working hours, you know. According to my schedule for when my residents are going to have a shower, you know. What times and what days.

As staff members explain their inability to let the elderly residents decide for themselves, they invoke organizational limitations to account for their behavior. By blaming the schedule, staff members appear to be powerless to let residents decide when to have a shower (and when not to). Explanations of restrictions in shower procedures did not, however, focus solely on the staff members’ work schedules. Implicit accounts of the need to live up standard nursing practice (i.e. to make sure that residents shower regularly) were also used:
But this (situation) with showering procedures is difficult. Actually, I don’t think they have a lot of influence there. It depends on whom. Because if you would accept that “no” all the time, the residents would never be showered.

Above, the staff member describes a situation in which she cannot accept a “no” as an answer from the elderly. The action of showering residents against their will is justified using what Pomerantz (1986) identified as "extreme case formulations." Extreme case formulations are expressions that use extreme terms such as all, none, most, every, least, absolutely, completely, and so forth, the uses of which are to defend or justify a judgment or assessment, especially in the case of challenge (ibid). Extreme case formulations invoke the maximal or minimal attributes of a person or event and are, therefore, powerful devices for referencing blame in talk, such as in the quotation above where the staff member asserts that “if you would accept that ‘no’ all the time, the residents would never be showered.” Here we have identified an extreme case formulation in this account presented as a hypothetical narrative construction. The action of showering a resident against his or her will involves conceiving of the action as necessary in order to live up to standard nursing practice and, therefore, portraying it as necessary. By justifying her action as necessary (presuming it would be against standard nursing practice never to shower), the staff member has produced an account in which it appears only logical to restrict the resident’s right to self-determination in this matter.

Even though the interviewees initially declared that the elderly could decide for themselves, it turned out that they often restricted their participation in decisions about everyday matters, not only in when to shower but also in decisions such as when to eat, when to go outdoors, when to go to bed or what clothes to wear. In their talk about bedtimes, staff members often proclaimed that the elderly could decide for themselves when to go to bed. But in practice,
however, the staff often restricted this decision making by limiting the number of residents who could be up when the night staff started its shift around 9 p.m.:

Yes, on this ward one can leave… (the elderly residents up for the night shift at 9 p.m.). Yes here one can leave… Oh, no not everybody [laughter]! Since two persons (from the staff) won’t make it. But if I leave three residents here, two of them manage to go to bed themselves there on the other side, so then one can leave three persons up. (‘The other side’ refers to the other side of the corridor in the ward.)

The interviewee describes how it is possible for three (but not more) of the residents to stay up after 9 p.m. Given that there are only two people working the night shift, the day staff must put all but three residents to bed. However, not just any three residents can be allowed to remain up, as the interviewee refers to two residents on the other side (the other side of the corridor of the ward) who can “put themselves to bed” and thus can be permitted to remain up after 9 p.m. if they so wish. Again, the limitations imposed by the organization are used to explain why it is impossible to let all the elderly residents stay up as long as they wish. Notions of trouble incurred in putting the residents to bed became apparent in several of the interviews. One staff member, for example, pointed out that this circumstance could be especially problematic in the summer, when the sun sets very late:

I find it difficult when it is summertime and it is light. ”No! It is the middle of the day,” they say. It is difficult. It might be nine in the evening and it is still light outside. They go by the darkness, not after the clock.
The statement that the elderly are guided "by the darkness" and "not [by] the clock" illustrates that time is an important aspect of the work in the nursing home. Many people find it natural to stay up a bit longer in the summer (especially if the nights are light), but in a nursing home the routines are more or less the same independent of the time of the year. The reference to time, then, creates an account in which it makes sense to restrict residents’ everyday influence and to put them to bed regardless of their desires. These types of accounts that appealed to organizational obstacles were frequently used, often taking the shape of ‘excuses’ of behaviors that restricted the influence of the residents. Timeliness appeared to be a central concern when accounting for actions that restricted the individual influence of the elderly residents. The residents should be served food at certain times, they should be showered on certain days, and they should be in bed at certain times. One staff member used the word “succeeded” in order to explain how the staff on her ward always managed to put the residents to bed before the night staff arrived:

It works well on my ward. We never leave anybody to the night staff. Somehow we always succeed (in putting them to bed). We say: “Now it is seven or eight o’clock, and you have been up for a long time.” Most of the time they want to go to bed themselves. They don’t have any habit of socializing with each other.

By saying that “most of the time they want to go to bed themselves,” the staff member implies that there are also times when the residents do not want to go to bed. This aspect, however, is not considered when the interviewee describes how the staff members always “succeed.” On the contrary, putting the elderly residents to bed early is justified as being humane, as the residents lack the habit of socializing and for that reason do not enjoy any benefits from staying up late.
The accounts justifying the staff’s ‘trivial’ restrictions of residents’ influence drew not only on routines, hygiene and punctuality, but also on safety issues. One example occurs when a staff member describes the necessity of sedatives as a response to the question “Is there anything the elderly cannot decide upon in their everyday lives?”:

If they need some sedatives. Then you need to give them that for anxiety. And then, of course, when it comes to technical aids and things like that. That if things are to work at all, a decent everyday life, kind of, for them and for the staff, just as that with putting technical aids and safety before their wishes then maybe. So it is in that order, so to say.

With these statements, the interviewee constructs an account in which decisions about the elderly residents’ lives are explained. First, residents’ anxiety is used to account for the staff’s decision to give sedatives, and second, this account is used to depict the hierarchical order between the residents’ wishes and their safety. In order to maintain a tolerable level of order for staff and residents, sedatives are described as crucial; thus, a context is created where it appears logical to put safety before the residents’ right to self-determination. Shortly after making this statement, the same interviewee shifts perspective to explain matters that the residents in fact can decide upon—for example, how to arrange the furniture in the room—describing how “they can arrange the furniture pretty much as they wish, you know.” But this statement is later modified, when it is explained that residents can decide how to arrange their furniture only as long as the arrangement does not conflict with safety aspects of the nursing home:
But, you know, one cannot … we have to limit sometimes when they want too much furniture, because of the accessibility and so on. In the rooms, I mean. You have to be flexible, you know. The reason might be that it is difficult with the accessibility, you know. Risk for falls, simply safety reasons, you know. It is a lot of things. Yes, it is the way it is. Yes, that’s what comes first in that case, if it involves a safety risk. You need to have room to maneuver, too—work room.

In this perspective, safety aspects are employed to account for restrictions placed on elderly residents’ influence over everyday matters. The quotation above is typical for the interviews, as it appears as though the staff member has excluded himself as an actor. The need for work space and safety is depicted as an absolute force upon which neither residents nor staff members may exert influence. By accounting for safety, the staff member portrays the action of restricting residents’ own decision making as necessary. Hence, it appears “right” to give priority to safety at the expense of residents’ influence on matters involving furniture.

5. Accounts in terms of resources

In the previous section, we discussed time in terms of doing things on time (i.e., when staff members used accounts grounded in work schedules and work routines). The concept of time has been used to refer to work schedules and routines at the nursing home. It turned out, however, that staff members also talked about time in terms of resources. Lack of time and other resources, such as staff and money, were described as something that neither staff nor residents could make decisions to resolve. Thus, statements about lack of time were often used to produce accounts for the discrepancy between staff behavior and broader social norms. Below, the act of taking toothbrushes away from residents who brush their own teeth is explained by describing that they brush their teeth too slowly:
Interviewer: How would things have changed if you had had more time?

Staff Member: Take this with teeth-brushing and things like that. It takes such time and then you stand there feeling “I must, I must (do something else, too),” so then it can happen that I take the toothbrush away from them and continue myself. So, for me, more staff is number one for me. Simply more staff. Not just for the elderly, but for the workers too, because it is a certain stress here.

The chronically understaffed organization is used to explain a situation in which there is too little time to let the elderly brush their teeth on their own. The staff member express a feeling of “I must, I must,” implying that there are other, more important, things that she “must” do. Furthermore, the staff member concludes with a statement about the stress affecting not only the elderly but also the staff. Blaming stress and lack of time was a common tactic utilized to account for activities that fell outside the domain of expectations. In much the same way, blame was placed on leading politicians to provide accounts. When staff members talked about politicians, they often described themselves as being in a disadvantaged position and thus not in a capacity to change much at their work place. Before making the statements quoted below, the interviewee explained how she rarely sits down with the residents, even when they ask her to:

I mean, I have said it a lot of times. Bring them over, Göran Persson (former prime minister in Sweden) or any minister like that so that they can work here for a day. Then they will see how it is. You know, they don’t have a clue about that we need more money. They think we have enough staff and enough money, but really, they don’t know anything. They have never been working here. Bring them over and they’ll get something to work on!
Blaming politicians offers an account for an interviewee’s story of not having enough time to sit down with the residents. Certain behaviors, such as not sitting down with residents in need of company or taking the toothbrush away from someone who brushes his or her teeth too slowly, may seem dubious. However, by blaming politicians and scarce resources the staff member creates a context in which these actions appear to be appropriate, as they are undertaken in order to save time.

Justifications based upon accounts of lack of time (and other resources) were repeatedly offered in the interviews. Often these justifications were framed as narrative examples of constraining forces impeding what staff was able to do. Furthermore, these accounts were likely to be followed by statements of what staff would do “if it weren’t for…” or “if we weren’t understaffed…” or “if there weren’t a constant lack of time….” Below, a staff member has just asserted that if only she had more time, she would sit down and talk to the elderly residents who want her attention:

> It can be in the evenings, after supper. Because we try to say, “Can’t you sit and watch TV and listen to music?” But they just want us to sit with them, but we don’t have the time. Not certain hours in the evenings. Some of them need help, and often you need to be two. If you are only two staff members then you don’t have enough time.

The fact that some residents need the help of two staff members offers an account for why the interviewee does not sit down and socialize with the residents. The situation is portrayed as arising from circumstances beyond “staff-authority,” and by placing the blame on staff shortages the staff member provides an account in which it is justifiable to “run” rather than to sit down.
6. Trivialization of complaints

When the topic of complaints was brought up in the interviews, staff described the residents merely as passive, quiet and unwilling to complain. Staff members described residents’ silence in terms of “The elderly are really difficult,” or claimed that “Most of the time they don’t say anything,” or maintained that “Actually, they don’t complain much. They like it here.” From the lack of complaints, staff concluded that residents were content and happy in the nursing home. However, silence as an expression is not necessarily a sign of satisfaction but might encompass a wide range of meanings (Charmaz, 2002; Poland and Pederson, 1998). Initially, the elderly were often portrayed as “non complainants,” but this picture was frequently modified later on in the interviews. What at first seemed to be a lack of complaints turned out to be a lack of presumably important complaints, and all interviewees described situations in which they had received complaints from residents. In staff members’ responses to questions about what the elderly complained about, triviality was a widespread theme: “They complain about that we just run and don’t have time for them. Things like that. No serious complaints.” In this account, the complaint that the staff does not have enough time for the residents is referred to as not a "serious complaint." This statement, however, is followed by a more detailed account of the work situation in which the interviewee describes what it is like to work in an environment that is constantly understaffed:

I might have three or four over there, so I don’t have time to run to the other side (of the corridor). I don’t know how the others are, and sometimes the time is not enough. It is so many here, and in the evenings and on the weekends we are fewer staff.
Staff members are aware that to neglect a complaint may be seen as problematic, and thus an account is provided. The function of the accounts offered above is twofold. The first function may be understood as a justification: by describing the complaint as trivial, the interviewee implies that the neglect of the complaint is trivial, too. Second, by describing the event as stressful, the staff member produces an excuse whereby it appears to be beyond her power to act. By accounting stress, the staff member can justify a number of different actions, such as serving breakfast late. Below, a staff member describes elderly residents’ complaints about breakfast being served too late. Not only does she offer an account (stress), but she also brings out the risk of “spoiling” the residents:

You know, then you have to apologize and say that you have had a lot to do in the morning and that we have not had the time. We actually have 23 other residents that need help, too. They become spoiled easily, you know.

This account explains the delayed breakfast, and at the same time it constitutes the event explained in the actor’s version of what happened (i.e., it is a trivial thing to serve late breakfast when there are a total of 23 residents to assist). In addition, by introducing the risk of spoiling the elderly residents, the staff member creates a rhetorical context in which it is understandable not always to serve breakfast on time. It may even appear as desirable to do so, with a late breakfast being a way to “educate” the residents as to the stress that the staff experiences. Accounts of this kind seem to indicate that some actions should be carried out for educational purposes. These implicit accounts of triviality appeared frequently in the interviews, often in connection with talk about food:
The only thing they complain about is the food. Anybody can complain on that, the food I mean. It is a little dry. Nothing can be perfect. And of course they complain…but it is mostly food. The cookies are too hard for them or the vegetables are too hard or over boiled.

From the perspective of fulfilling requirements of older people’s self-determination, it is implied that food complaints are minor matters. Even if these complaints are not explicitly accounted for as small, food is described as something easy to complain about and thus triviality is implied through the very use of this description. A similar description was offered by another staff member:

Sometimes they don’t like the food, mostly the supper. It is easy to complain on food. Maybe they complain if their clothes come to be destroyed. It can be someone who washed them in the wrong way or so. Such small things.

Analysis of the interview data revealed that certain complaints, such as those about food, were characterized as trivial according to the staff members’ logic for their actions. Triviality, however, was based not only upon the kinds of complaints but also on the complainants themselves. Thus, accounts based on residents’ personalities were common in staff members’ talk of ‘trivial’ complaints. By describing certain residents as ‘attention seekers’ or simply as ‘impossible to satisfy,’ staff members could excuse themselves for dismissing complaints lodged by these individuals. One staff member stated: “The one I am contact person\(^3\) for, she is never satisfied. No but, she is the way she is.” By portraying this woman as impossible to satisfy, the account implies that it is not the staff member’s fault if the resident lodges

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\(^3\) In Sweden, every resident has a contact person. A contact person is someone from the floor personnel with extra responsibility for the resident. This responsibility may include such things as keeping contact with the resident’s family members, tidying the room, buying Christmas presents and making sure the resident has a shower once a week.
complaints. Another way to construct a ‘legitimate’ excuse for complaints was implied when the elderly were depicted as attention seekers:

Yes, but what I am saying is that it is such petty details. You know, one has to complain. They think they have to complain. Maybe it is to get some attention. Maybe because they feel lonely. It can be that way, too. Because then you come and talk to them when you put the pillow right. You talk to him or her and he answers and has contact with you. It can be that way, that they want attention. That is what it is! [laughter] They are like small kids in need of attention!

By accounting for complainants as attention seekers, the narrative makes it appear reasonable and acceptable for staff to attach no great importance to complaints from these residents. A complaint from an ‘attention seeker’ appears trivial. Below, the interviewee once again offers an account of residents’ characteristics, describing the elderly women as ‘ladies with squeaky voices’ after they express disapproval of cutlets and pillows:

*Interviewer:* In the ward where you used to work, were the elders dissatisfied with anything?

*Staff:* Hmm. I can’t remember if they were dissatisfied. There were many of those ladies. Ladies with squeaky voices, you know. Those who always say things, and “help me with this,” as if we were waitresses! But I don’t know if they really were dissatisfied, no.

*Interviewer:* What were the matters they could squeak about?

*Staff:* Yes, you know, if you put the pillow wrong, or if the wheelchair was a bit displaced, or if they got one instead of two cutlets for dinner. Such trivial matters.

By describing the complainants as “ladies with squeaky voices” who demand a lot of attention, the staff member makes it seem logical not to attach great importance to a forgotten cutlet or a misplaced pillow. Staff members’ accounts of smallness may be regarded
as reflections of their “reality.” The accountability practices reflect practical reasoning for action within the nursing home folk logic. In this folk logic, it is a matter of course to classify a complaint about not getting enough cutlets or the expression of disapproval about the pillow as a petty detail. From the staff’s accounting of some complaints as “petty details,” practical reasoning emerges as being part of the nursing home folk logic. Not all complaints were accounted as small, but, nevertheless, staff members explained that it was not possible to take action every time a resident lodged a complaint. None of the interviewees could give any examples of when they themselves had received a “serious” complaint. However, some of them gave hypothetical suggestions of what a serious complaint would be, such as complaints about physical violence or hefts. One staff member also described how a colleague at her old workplace once had received a serious complaint. This complaint was lodged by a resident’s daughter when the colleague had forgotten to give an insulin injection.

References to the limitations placed on staff responsibility were common in the nursing home workers’ accounts of complaints. References to limits on responsibility do not call into question the general feeling that complaints from the elderly should be acted upon, but instead highlight the constraints that hinder staff members’ ability to act (Buttny 1993:28). By presenting explanations that frame limited possibilities for action, the nursing home workers portray the neglect of some complaints as reasonable and acceptable.
7. Discussion: a folk logic of ‘the big picture’

The accountability practices presented in this article are utilized to understand the moral and practical reasoning that informs staff members’ actions. Such moral and practical reasoning invokes a cultural system of beliefs and ideologies implicit in the discourse of the warrants underlying the account’s claim. This cultural system provides the staff members with a folk logic for action, for what is right, moral or at least acceptable conduct in a nursing home setting.

The analysis of the accounts presented here reveals that interviewees were more likely to offer justifications for their behavior than excuses. Through justifications staff attempted to present their own behavior as situationally appropriate and, using a number of accounts, to make certain complaints from the residents appear trivial. Their embedded denial of responsibility for the accounted behavior implies a folk logic that holds considerable barriers to elderly residents’ influence. While the staff members generally described the aims in the National Action plan as desirable, they simultaneously related numerous accounts for not living up to these ideals. Staff members’ actions, such as putting to bed a person who wanted to stay up, and their accounts for these actions appeared to be embedded in an organizational context as part of some larger, organizationally determined whole.

The accounts draw on what might be called a “folk logic of the big picture”: the individual elderly residents can exercise influence only as long as that influence does not conflict with or disrupt the efficient running of the nursing home as a whole. In terms of theory, this folk logic is similar to Emerson’s concept of holistic units on decision making, where the
handling of individual cases is fundamentally shaped by reference to larger, organizationally relevant wholes (Emerson, 1983). The “folk logic of the big picture” not only refers to the whole of the nursing home, but it also reflects the interviewees’ ambivalence with regard to their professionalism as nursing home staff. On the one hand, the staff emphasized the importance of meeting the needs of the older persons as individuals and thus letting the residents decide over matters that concerned them. On the other hand, staff members also described their work as looking after the interests of the institution as a whole, stressing the importance of keeping to the time schedules for showers, feeding, and bedtimes.

The efficient running of the nursing home as a whole was the principal feature of “the folk logic of the big picture.” Staff accounts reveal that few opportunities were offered for individual attention beyond what Gubrium (1997) has termed “bed-and-body” work. The analysis also shows that situations arose in which the two views of professionalism clashed (i.e., times when the needs of the individual residents collided with the interest of the institution as a whole). When such events happened, the staff described how the routines of the institution had to be prioritized, even at the expense of the residents’ influence. When the staff described situations in which residents’ influence had been restricted, accounts referring to the institution as a whole were often used to do so. Through their accounts, staff created a context in which it seemed understandable that the influence of individual residents sometimes “got lost” in the “big picture.” For example, a staff member argued that the elderly residents can decide themselves when they want to go to bed, but then suggested that it was necessary to have all but three residents in bed before 9 p.m. in order to maintain the routines of efficiently running the nursing home. The staff member broke with the principle of letting the residents decide for themselves, as she found it necessary to consider the “big
picture” (i.e., the institution as a whole). In her description of the situation as a dilemma, the rhetorical foundation for a possible account is laid. If it is unacceptable to permit more than three residents to remain up, the only other solution is to put them to bed. Hence, putting people to bed, even though they might want to watch TV, may seem the reasonable alternative.

These findings agree with earlier research in which nursing homes were found to promote a culture with routines structured around efficient running of the establishment (Gubrium, 1997 & 1975; Henderson and Vesperi, 1995; Lee-Treweek, 1997). Whereas these previous studies describe this culture, our study contributes by providing insight into the rhetorical context in which the culture is developed and reproduced. The staff members’ accounts presented here are socially patterned justifications and versions of their behavior that are inevitably retrospective and, therefore, do not necessarily correspond with motivations governing behavior. They do, however, provide insights into the diverse constraints and considerations staff members face in carrying out their work in nursing home care (Scott & Lyman, 1968).

Descriptions of actions wherein staff restricted elderly residents’ influence often included accounts to minimize the significance of residents’ individual influence upon specific matters. Simultaneously, accounts were used to heighten the importance of efficient running of the nursing home as a whole. By combining explanations that prescribe limited responsibilities with justifications, the nursing home workers portray their actions as reasonable and acceptable. They argue that, in general, restricting the influence of the elderly is condemnable, but they also suggest that “taking the big picture in consideration” it may
sometimes be necessary to break with the principle of fostering autonomy and independence in the elderly.

The ways in which the staff members described their experiences of everyday or ‘petty’ deviations from elderly residents’ right to influence appeared logical in light of their folk logic, as these behaviors were small things in the big picture. Examples of small matters within the big picture are decisions about bedtimes, when to shower, what to eat or how to arrange the furniture. There were, however, also matters that were described as “big things” in the folk logic of the big picture: efficient running of the nursing home, safety, routines, hygiene and medical issues. Thus, a complaint about a medicine that had been forgotten was considered an important complaint, while complaints with regard to food, bed-making and loneliness were accounted as small. In order to work toward a system of elderly care that sustains elderly people’s possibilities for exercising influence, it is crucial that this presently hidden logic for action is brought forward and included in debates about policies and practices in nursing home care. As Gubrium points out in his classic text on everyday life in nursing homes, the staff members' perception of ‘being rushed’ is not linked to the absolute time they have available to do their work. Rather, it hinges on time they allocate to bed-and-body work and to the time they allocate for sharing in the company of other staff members (Gubrium, 1997 & 1975). In this study we do not include details about the actual time the staff has available, but staff members' accounts clearly show that their limited time can be used to justify actions such as not letting the residents brush their teeth themselves or not sitting down with the elderly residents in the evenings.
One essential aspect of the present analysis is the identification of what is considered to be trivial in the eyes of the staff. These “trivialities,” such as complaints about food, may be minor things from a staff perspective, but they are not necessarily minor at all for the elderly themselves. Consequently, it is interesting to speculate what might happen if the residents themselves were to describe what was important and what was trivial in their lives. Other studies demonstrate, for example, that meal times in nursing home settings are central to the quality of life for the residents, and hence complaints about food may be classified as important from the residents’ point of view (Milne et al., 2006; Nijs et al., 2006; Sellerberg, 1991).

8. Conclusion and implications

The aim of this study was to explore how staff members explain why they restrict the everyday influence of elderly residents living in nursing homes. The staff accounts were analyzed, and three categories of accounts emerged: (1) accounts to justify ‘trivial’ restrictions based on organizational matters, (2) accounts to blame ‘trivial’ restrictions on the lack of resources and (3) accounts to justify negligence of ‘trivial’ complaints. The accounts elicited expose the staff members’ culture as a complex site in which efficient running of the institution is central, sometimes at the cost of the elderly residents’ right to self-determination in everyday matters that concern them. To a certain degree the accounts constitute a mechanism for staff to function within (and then to justify to themselves and others) conflicting expectations. They often find themselves between a rock and a hard place, doing their jobs well in terms of efficiency standards and doing their jobs well in terms of honoring autonomy. However, staff members apparently view their accounts as relevant here and now, and so these accounts may also be seen as anticipatory, pointing toward possible
ways of treating the elderly. Thus, these findings arguably reinforce the value of analyzing accounts of what is perceived as right or, at least, acceptable behavior in nursing homes.

Because the ideal of nursing home residents’ rights is a central feature in many welfare states, the results and implications of this study are not limited to Swedish settings. This kind of study, however, which is based on relatively few sources of data, has limitations and raises as many research questions as it answers. One obvious limitation is that the study is based only upon interview material in which staff members describe and explain their behavior. Thus, we lack the kind of data that could be obtained from observing the way the staff members actually treat elderly residents. It is important, however, to bear in mind that the aim was not to create an exact description of behavior, but rather to analyze the way questionable behavior was explained. In this approach, accounts cannot be viewed as exact depictions of the ‘real’ motives for behavior, nor are they assumed to be merely post-hoc rationalizations. Instead, as applied here, accounts are used as an analytic tool that reveals staff members’ taken-for-granted assumptions and underlying logic for action (Buttny, 1993; Marshall, 1981; Wallis and Bruce, 1983). We argue that by analyzing accounts we may gain a richer understanding than can be obtained by analyzing checkmarks on questionnaires, as these accounts reveal more of the ambivalences that constitute day-to-day realities in nursing home settings.

Although this study is primarily concerned with the perceptions of staff, it also gives rise to questions with respect to the residents’ views. Whether elderly residents have explicitly different perceptions of acceptable behavior and whether there are aspects by which they actually gain power by living in an institution (were staff, for instance, able to support them
with various tasks), are empirical questions requiring more research. Analysis of staff members’ accounts of restrictions of elderly residents’ influence and of their inaction with regard to complaints has been an inspiring and challenging subject; however, a concluding note of caution about the perspective of the study is required. While nursing home staff may feel obliged to adhere to political and moral aims, they are also expected to work efficiently in an often stressful workplace. Conducting a study about the ways staff members explain questionable behavior may be ethically problematic, as this perspective is only one side of the story. The reader should bear in mind that there might also be another perspective, one in which staff members strive to support the elderly by opening up opportunities for their participation in decision making about everyday matters. Another limitation of the study is the limited amount of case material, consisting of a relatively small sample of interviewees. The study would furthermore be strengthened with input from residents and it would also be improved with a better understanding of administrative perspectives, regulatory requirements, and residents’ family experiences. A possible future study could combine all of these.

Finally, the results of this study suggest some practical implications. As staff members’ accounts appear to be important for understanding their reflections about why they restrict the influence of the elderly residents, we argue that these explanations need to be both verbalized and critically analyzed. Our point is not to describe any complaint as trivial per se, but rather to demonstrate how certain complaints are “made trivial” by the ways they are described and treated in particular ways. When staff members talk about and account for complaints, they may justify their neglect, but, more important, in so doing they also jointly construct the significance and magnitude of the problems they describe. Accordingly,
trivialization of elderly people’s complaints may lead to a situation in which certain problems are made “invisible” as they are not taken seriously, and we argue that our results are of importance to managers as well as other practitioners involved in elder care. Uncovering folk logics and how they are collaboratively applied by members to the situated contexts is consequently important in order to improve the relations between residents and staff members. The folk logic presented here might provide a point of departure for future discussion of what is of vital importance in the everyday lives of the elderly. And furthermore, the understanding gained could eventually lead to a new attitude with respect to enhancing the quality of life for frail, elderly individuals. Thus, we argue that critical analysis of accounts, those of both staff members and of elderly residents, in nursing home settings is an important area for future research, as the knowledge gained from such an endeavor may contribute to a more open discussion among all parties about what behaviors and practices should be considered moral and passable conduct for staff working in old age care.
References


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