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“You Have to Have a Certain Feeling for This Work”: Exploring Tacit Knowledge in Elder Care

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Abstract

Increased care worker knowledge has been emphasized for improving quality of care for older persons in organized elder care in Sweden. However, care workers and national policies are not always corresponding, with observations suggesting that care workers emphasize tacit knowledge. The aim of this article is to explore the nature of this kind of knowledge and how it can be identified and described. Field notes from participant observations at two elder care units in Sweden serve as the empirical material. Knowledge use for staff in elder care is part of a process of knowledge making and knowledge shaping. Analysis of the field notes identified the themes of “feeling for work” and “acting and artistry” as parts of a tacit knowledge in elder care. The processes of knowledge and job execution are closely intertwined, making them difficult to separate or even understand without a deeper insight.

Keywords

social sciences, organizational behavior, management, sociology of health and illness, sociology, organizations, occupation, work, sociology of work, aging and the life course

Introduction

“We are trying to be better at documenting the silent knowledge . . .”

—Care worker at Bayside Park¹

Organized elder care in Sweden has in recent years come under scrutiny with a focus on staff knowledge or lack of knowledge. On a national level, improved quality of care has been presented as mainly depending on the improvement of staff competence (by increased knowledge; Ahnlund, 2008a), shifting the responsibility of quality in elder care to staff working closely with older people, the care workers. The specific nature of this improved knowledge is, however, debated and not clearly identified, and a gap exists between what policies state and what ground-level staff believe is desirable (Ahnlund, 2008b), exemplifying the gap between theory and practice.

To explore and illuminate aspects of knowledge in the daily life of staff in elder care units, participant observations were initiated by the first author at two elder care units in a mid-size city in Sweden. The two units are referred to as Bayside Park and Stonewood Manor, both fictitious names. The discussion on improving knowledge for staff in elder care and its implications for practical elder care was manifested during the participant observations at the two elder care units. The care workers at the two units shared their thoughts and views about knowledge in their work in

general, in addition to the situations the first author observed. Shortly after beginning the participant observations at Bayside Park, a care worker referred to (the much discussed) silent knowledge, as illustrated in the quote above.

This text thus focuses on knowledge and more specifically on the perception of silent knowledge, elaborated on as a tacit knowledge. Examples from the field notes are used to explore how care workers use and express this tacit knowledge in their everyday practices. The aim of this article is to examine how tacit knowledge can be understood and what specifies this knowledge for staff in a setting of elder care: How can tacit knowledge be identified and described?

The following section of this article briefly introduces Swedish elder care relating to the concept of knowledge used and developed by care workers, providing the study background. The third section addresses method and analysis, describing the current project: an ethnographic study in two elder care units in Sweden. This analysis leads to the ethical considerations that are addressed in the fourth section. Theoretical links are made in the fifth section, and the sixth section includes findings derived from the empirical

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material, ending with a table to give an overview of the analysis. The final section of the article consists of a discussion of the themes in the analysis and their implications.

Background

About 86,800 people in Sweden above the age of 65 live in special housing accommodations, known as elder care units, whereas 163,600 people receive home help care in ordinary housing. Together, these groups amount to 14% of the population in that age group (Socialtjänsten, 2012). Staff in elder care in Sweden, also referred to as care workers, are employed either as nurse assistants or as auxiliary nurses (Ahnlund, 2008b), as is the case at Bayside Park and Stonewood Manor. The formal educational training for nurse assistants is an upper secondary education, health care support training, or nursing assistant training. Auxiliary nurses have completed either the Upper Secondary Health Care Program or a 32-week supplementary course (Ahnlund, 2008b). Working as a manager in elder care usually requires a bachelor's degree in social work or social care.

Working in elder care is considered low status work (Wrede, Henriksson, Høst, Johansson, & Dybbroe, 2008) and is associated with stressful working conditions (Trydegård, 2012). The situation in Swedish elder care, along with care work in all the Nordic countries, has been described as being in crisis (Wrede et al., 2008), a characterization not confined only to the Nordic countries (Longhofer & Floersch, 2006). According to Longhofer and Floersch (2006), the origin of the knowledge crisis in social work stems from theory-to-practice gaps (the authors Longhofer and Floersch call them "phenomenological practice gaps") that lead to a devaluing of practical knowledge. The variations of care within each of the Nordic countries imply that there are multiple crises rather than a crisis in one single area, thus showing the complex nature of welfare. The knowledge base for staff has been identified as one of three areas of crisis, which can furthermore be intertwined with the other two areas of crisis: recruitment of personnel for care work and undervaluation of care work (Wrede et al., 2008). The issue of a knowledge base for staff is, however, complex because it raises questions about the specific nature of this knowledge (Payne, 2001). Given that this knowledge might differ among countries, the knowledge base in social work is a national matter.² Payne suggests that viewing social work as a process of constructing and reconstructing knowledge is a more beneficial way of studying knowledge than viewing it as a given knowledge base.

The collected material and this text belong to a rich tradition of researching the elder care sector. Others have described and explained parts of elder care from the perspective of staff, residents, or family members (Eliasson, 1994; Harnett, 2010; Melin Emilsson, 1998). This text, however, focuses specifically on tacit knowledge for staff in elder care. Tacit knowledge, connected to professionalization, has been

debated in Sweden since the 1980s (Molander, 1992). This article continues this discussion and will elaborate the issue of tacit knowledge below.

Method and Analysis

This article is a result of a study focusing on exploring and analyzing working life conditions in elder care, with special attention to knowledge. To address this focus, an ethnographic study of participant observations was initiated as a way of understanding the complex everyday life for care workers at elder care units. The method is appropriate according to Gans (1999) because it can enable the researcher to see what actually happens in interactions between people and aims at making sense of unknown worlds (Agar, 1986). Kostera (2007) points to the objective in ethnography of helping us to learn, not merely take notes of what happens, an intention especially appropriate when focusing on the issue of knowledge.

The first author initiated contact with the municipality chosen for the study in 2008 and spent 5 months going to the first unit (Bayside Park) for observations. The observations at the second unit (Stonewood Manor) were initiated in winter 2009 and completed in fall 2010; a total of 5 months was also spent at the second unit. Both elder care units are part of the public care system in the municipality chosen for the project. Two to three days per week were spent at each unit, ranging from a couple of hours per day to entire days. The days of the week and the times were alternated to yield insight into the different tasks scheduled. Consequently, the first author spent a total of 10 months at the two separate elder care units for the participant observations of staff in everyday work situations; in addition, the contact with each unit is ongoing. The second and third authors have taken part in planning the project as well as analyzing material. The collected empirical material consists of notes from these observations as well as formal interviews and informal conversations (small talk) with staff during the observations. The observations were initiated and pursued with an open characteristic, with the observer engaging in the daily lives at the two elder care units. The first author spent time with staff and followed them around the elder care units and observed the work. When asked to help in a certain situation, the first author would respond and act but would not initiate this engagement. The observations were written down in a notepad, and the first author focused especially on capturing direct quotes from staff members in situations that seemed relevant considering the overall aim of the study. In this sense, the analysis of the field notes as material was initiated while in the field because these observations over time became more and more focused.

Although the beginning of the observations introduced an interest in all of the diversity of the care work, after some time in the field, the first author found it easier to focus

specifically on the nature of knowledge as it took form at the two units. The hand-written field notes were subsequently transcribed into a Word document. These notes were dense and contained no specific analysis (or feelings or emotions experienced by the first author when engaging in these observations). Documenting the field notes in this manner has been called “naïve notes” (Tjora, 2011) and is usually followed by an elaborated description of events and emotions, as was the case in this study. The document of the observations was thus accompanied by another document recording the experience and emotions of the first author, connected to these observations.

Ethnographic analysis starts when the topic of a study is chosen (Fetterman, 2010). After completing the participant observations, a work of identifying patterns in the field notes proceeds. The findings are presented here as themes from the empirical material, similar to what Fetterman (Fetterman, 2010) describes. The main category is tacit knowledge, containing two main themes: “feeling for the work” and “acting and artistry.” The identified themes each represent several situations occurring at both elder care units, and the empirical material thus guided the deepened analysis after completion of the observations.

Ethical Considerations

A regional ethics research board ruled that this study did not need an ethical approval but rather a recommendation of how to proceed (no 148-08). At both units, the managers ensured that all staff members agreed to the presence of a researcher as a participant observer. How the discussion went when informing the staff groups is, however, unknown, and the authors can only trust that no one felt obligated to participate in the study. The first unit, Bayside Park, is a unit for people with dementia. Ten older people live in their own apartments that are included in the unit, connected by a kitchen and common area. Bayside Park is a locked unit, and physical access to it depends on the staff. Although the apartments during the research period were kept unlocked, they were entered only when the older person (the resident) was present. During the observations, the first author would accompany staff in their work into the resident apartments. The second unit, Stonewood Manor, also consists of older people living in their own apartments but is not restricted to people with dementia. It is a bigger unit, with apartments connected to the elderly residence. The access to Stonewood Manor also depends on staff, and during the study period, the first author would follow them to different apartments. The staff toilet even had to be unlocked, as needed. At both Bayside Park and Stonewood Manor, there was no place for the researcher to withdraw.

The ethical implications in a study such as this need to be addressed along the way and cannot all be unraveled before initiating the study. Several situations during the participant observations presented various dilemmas to the first author.

One of these dilemmas was the issue of the researcher’s involvement in the participant observations and how to respond to requests from both care workers and residents, similarly described by Tinney (2008). This dilemma of roles in participant observations was addressed during the journey of the observations, resulting in the understanding that the roles fluctuate over time and in various situations (Börjesson, 2014). Another ethical dilemma presented itself when the participant observations at Stonewood Manor were initiated and the manager wanted the first author to report back experiences from the observations. This request came as a surprise and was politely declined, as this approach would have been unethical for the study. The participant observations needed to build on a mutual respect between the first author and the care workers and would not have been as candid or spontaneous if they had felt supervised and controlled. The implication from these experiences in this study is that the ethical considerations should be seen as an ongoing process, rather than yielding definitive answers from the beginning.

Theoretical Links

Silent knowledge as a concept in practical care can in academic terms be described as tacit knowledge. Philosopher Michael Polanyi (1966) defined the concept of tacit knowledge as a nonlinguistic, intuitive, and unconscious form of knowledge. In other words, “We can know more than we can tell” (p. 27). Polanyi first explored the concept of tacit knowledge as knowing as an art, as a skill of the knower (1998). An example of this unconscious form of knowledge is offered by Polanyi (1966) in the form of how we recognize faces. We can identify a familiar face among thousands of faces; it is, however, less likely that we can verbally express exactly what we recognize about the face. This same idea represents tacit knowledge because it is intuitive and unconscious but not verbally expressed. Tacit knowledge can furthermore be derived from Edmund Husserl (the classical philosopher) and the notion that we all attribute experiences to a taken-for-granted frame of reference. This frame of reference means that understandings are taken for granted and not articulated or even questioned. Longhofer and Floersch (2006) address tacit (vs. explicit) knowledge in their essay discussing the crisis in social work and its origin. Social work can be said to constitute one of two broad bearings when attempting to understand its everyday practice and occurrences (Longhofer & Floersch, 2006). The first emphasizes the subjective experience of both clients and practitioners; the second viewpoint highlights “the performance of social work activities,” how social workers act, and the consequences of these actions. The Swedish ethnographic researcher Philip Lalander (2009) discusses the concept of know-how, which also bears similarities to a tacit knowledge. Know-how constitutes the specific skills and the specific knowledge needed in a certain situation, in this case, the

work situation for staff in elder care. Know-how is based on experience of the field and of the work.

The idea of knowledge being unarticulated and unconscious is by no means an undisputed area. Several researchers have addressed the problematic nature of an unconscious and unarticulated knowledge, such as Rolf (1995), who points to several troubling issues with this idea. One is the matter of knowledge necessitating a verbalization; another one is the view that knowledge needs to be argumentative, confirmed by arguments. Molander (1992) correspondingly raises a main problem with tacit knowledge being understood as unarticulated knowledge: How can a critical stance toward knowledge be used if aspects of knowledge are tacit and therefore protected? This text does not aim at focusing on those problematic aspects of tacit knowledge; rather, it uses the concept to deepen the understanding of the complex nature of care work in elder care and the specific knowledge needed in this context. For the purpose of this study and analysis, Polanyi's (1966) definition of tacit knowledge is used, understanding tacit knowledge as an intuitive and unconscious form of knowledge. Nishikawa (2011) similarly links tacit knowledge to care workers as a way of identifying knowledge needed in elder care. In addition to Polanyi's definition, Nishikawa further described tacit knowledge as personal and context-specific, making it difficult to formalize and communicate. Nishikawa found that the contextual aspects of care work require recognition of the dialogue and collective part of care work, rather than emphasizing formal education. When studying the quality of care in elder care, formal education was found to affect the quality of care less than the context-specific reflections made (Nishikawa, 2011).

Harald Swedner (1996), the first professor of social work in Sweden, compared the social work profession with a three-legged stool, where the three legs symbolize components of the profession: knowledge, ethics, and artistry. The artistry and acting skills in this study are linked to a dramaturgical sociology. Dramaturgical sociology (Aakvaag, 2011) is often, though not always, associated with the symbolic interactionist perspective that stems from Mead (1934) and Blumer (1969). Dramaturgy is a way of focusing on the expressive and dramatic dimensions in interaction (Edgley, 2003). It is interested in social acts and emergent meanings and is the study of how human beings accomplish meaningful lives. "It is not primarily interested in what people do, nor what they intend to do, nor even why they do it, but how they do it that is the dramaturgical curiosity" (Brissett & Edgley, 2009, p. 3). Dramaturgical sociology entails a way of viewing our actions and others' responses to those actions as a theater stage. According to the sociologist Goffman (1959), life can be understood by viewing people as *actors* entering *stages* using *props* belonging to the *setting*. The *performance* is with or without fellow *actors* in front of an *audience*. When creating our *self*, response from an audience is vital. An actor can furthermore be honest or cynical; the cynical

actor recognizes the role being played whereas the honest actor identifies with the role, unaware of the acting taking place.

Findings

The construction and reconstruction of knowledge in practical elder care can be described in various ways. The situation noted in the quote below occurred after the first author had spent about 4 months at the elder care unit Stonewood Manor as a participant observer:

I (the first author) am at Stonewood Manor, following Rachel (a temporary worker) up to Sonja (a resident). We enter a dark apartment; Rachel looks into the bedroom, but the bed is made and empty. We continue to the TV room, and there is Sonja, sitting/half lying down in an armchair. Rachel touches her on the leg and says, "Good morning." She speaks loudly to Sonja. Sonja goes into the bathroom, and Rachel goes into the kitchen. Rachel puts a coffee pot (one that belongs to a coffee machine) on a stove plate and turns the heat on. Sonja comes in the kitchen and sees this. "But what have you done?! This is wrong; first I want tea in that one (pointing at a kettle; my remark). You have to pour back the water now! This is no help, it is better if I do this myself, this is more work for me! You are no use! You know nothing!"

Rachel and I return to the staff room; Cecilia (another staff member) is there when we arrive. She asks if we are ready and says that we should go to Gösta (another resident). On our way there, Rachel tells Cecilia that Sonja was furious with her. Cecilia: "Oh?" Rachel: "There was a pot ready so I thought that was the one to use." Cecilia: "No, it is the big kettle you warm water in. Then you add some water to the other pot for the sugar to dissolve, and then you add the rest. And then you boil semolina pudding, very loose. We could have told you this before you went upstairs since she is so strict about that." Cecilia laughs. Rachel smiles back.

As the time as an observer continued, situations similar to this one occurred. The quote thus illustrates the complex situation in the daily life at an elder care unit and the various scenarios care workers face. Very specific knowledge is needed in each care situation, and the responsibility to solve each situation lies on the care workers.

The Interactional Knowledge—at Bayside Park and Stonewood Manor

The participant observations revealed an everyday life at the two elder care units that comprised complex relationships and interactions between staff members as well as between staff members and residents. Two of the themes recognized or identified in the field notes from the two elder care units are "feeling for the work" and "acting and artistry"; they are one way of understanding and explaining the tacit knowledge for staff. This section with quotes is summed up with a

table to give an overview of the empirical material, before the discussion:

You are supposed to do so much today, more and more things, but we don't have any time dedicated for it . . . We do less today than before; for instance, we don't administer catheters anymore. More of these things are done by nurses, things that really we could do. We talk a lot to relatives . . . (Care worker at Bayside Park)

The quote above was documented by the first author during the first weeks of participant observations at Bayside Park. It incorporates the duality experienced in changed working conditions and work tasks over time. On the one hand, there are more expectations and demands; on the other, the staff feels as if they do fewer tasks for which they are specifically qualified. The observations revealed an everyday life emphasizing a certain feeling required for care work along with acting or artistic elements. Although many of the staff members value theoretical knowledge and the importance it has for their work, common sense may often be valued even more highly. This common sense encompasses much of what is needed in everyday life at an elder care unit.

Feeling for the Work

Care workers at both units emphasized a specific “feeling” that is needed when performing care work, as the quote below exemplifies:

You can read a lot, but you also have to have a certain feeling for this work, and not everyone has that. (Care worker at Bayside Park)

Care workers describe this feeling as something that you just have (or do not have). It is deeply embedded in a person's personality or being. When addressing this issue of a certain feeling needed for their care work, “a” feeling is mentioned. Accentuating “a” feeling furthermore seems to imply the idea that only one version of this feeling counts and that there are not several options. Only one way of understanding this feeling is needed, and this specific feeling will then help staff be perceptive enough to each resident's needs and thus ensure a job well performed. This needed feeling serves as a tool in everyday work for the care workers. More often than specific methods are mentioned and talked about, the feeling is the basis on which care work is then carried out.

You have to treat each person the way they want to be treated, not the way I would want to be treated. (Care worker at Bayside Park)

Care workers at Stonewood Manor similarly describe this importance of a feeling and the necessity to adapt behavior according to what the residents want. On one occasion, the first author was sitting with Astrid and Tove in the staff room,

who brought the issue up. There is a lot of laughter in the conversation:

Tove, to me (the first author): “The boss has said that we need to behave when you are here.”

Astrid nods her head saying: “But we gotta be ourselves. She thinks we are annoying.”

Tove agrees: “There's talk about the industry but I don't know, I think it's tougher here.” We all laugh.

Yeah (says Astrid), we are a bit tough like that, we have “jargon,” but you have to be able to be yourself. Of course, we're not like that with all of the residents. Some we have a lot of jargon with, but they like it!

First author: “How do you know that?”

Astrid explains: “Yeah, but you get a feeling for that pretty soon. In the beginning you are a bit like: ‘hi, hi,’ but then you just know.”

Tove nods and adds: “You have to sense how they want to be, you can't be the same way towards everyone.”

The way to treat everyone individually is by being perceptive of each person's needs to respond to them. Apart from the feeling emphasized, “plain common sense” is similar to feelings highlighted by the care workers. This plain common sense is mentioned as one of the most important parts of the knowledge needed for their work, for example, by this care worker at Stonewood Manor:

On our way back to the staff room, Elsie (one of the care workers) thinks out loud about the issue of knowledge and competence. “I think that you can come a long way with plain common sense. You think about these things, what is my competence really . . .” Elsie tells me that she sometimes thinks that someone else in the staff group does something really well. Other colleagues solve situations in a good way. When I ask her if they talk about these things in the staff group, she says, “yes,” and I ask what these situations can be. “Well, the last time it was Anna, who told me about Klas (a resident) having a stroke. When she told us, I thought about how well she solved that. I didn't tell her then but I told her later. Damn, what great colleagues I have, I'm really proud!”

Unlike the feeling required for care work, plain common sense is not infused with emotions but is about knowing what to do and when to do it. Plain common sense is not something that can be acquired through education and training; it is acquired through experience that comes from life in general and from work—more specifically from the care work. The experiences of each care worker can also be shared within the staff groups while emphasizing each care worker's specific experience and skills.

Acting and Artistry

The feeling and common sense needed in daily work at the elder care units also enable the care workers to act out their work. At both Bayside Park and Stonewood Manor, staff members emphasize the perceptive ability needed in care work and the need to adjust to each individual in each situation. This ability is identified in this analysis as acting and artistry. Shortly after initiating the observations at Bayside Park, the first author made notes about care work that could be compared with the use of masks being put on and off and the idea of work duties perceived as a performance by staff. The ability to incorporate an artistic skill is a part of the daily work for care workers:

After a few weeks of observations at Bayside Park, a journalist and a photographer from a local newspaper come to visit. They are there to hear about and see the result of a project on dancing and movement that some of the care workers have been involved in. Dancing is used as a way of connecting with the residents. The care workers have prepared for this visit from the newspaper by asking some of the residents' relatives about consent to take photos of them. Music is put on in the common area, and some of the care workers invite the residents to join them dancing. The photographer makes sure to arrange the picture well, aiming the camera at smiling residents.

The first author made notes about the situation above, and the feeling of being an audience:

As the pictures are taken, the dancing fades out, the music is turned off and people go back to various things. It is as if the actors have left the stage for this time and it is empty again, waiting for a new performance.

Later, during observation of staff at Stonewood Manor, one of the care workers brings up acting when asked about how to adapt to all the different situations and different people: "One of our previous managers once said that we are the best actors. Since we adapt so well." In some instances or situations at the elder care units, this adaptability was more evident, like the episode above as well as this one:

When visiting Bayside Park one day, the first author was sitting in the common area in the kitchen together with some residents and two staff members. One of the staff members, Anna, was talking to the residents and joking. Her shift was ending, and she was about to leave for the day, as she asks the residents if they would like her to sing something before she leaves. "You want me to sing an aria?! Okay, la la la laaaaa!" She stands up and moves towards the door, she takes a bow to the "audience" (the residents accompanied by a colleague and the first author) and exits the locked door in a "dramatic way," as if exiting an opera stage. Everyone in the "audience" in the common room laughs, and Alma (one of the residents) says: "She should also be an inmate (here), that one!" followed by more laughter.

When Alma says that Anna should be an inmate, she implies being an inmate in the setting in which she herself lives, the elder care unit. Despite having a dementia diagnosis, she is aware of her home being situated in a closed and even locked unit, as she talks about it in the context of being an inmate (in a correctional facility). Anna's performance becomes a way of bonding with the residents and blurring the differences between staff and residents. Anna comes to work and puts her work suit on, or what staff and the manager at Bayside Park call "the professional coat." This coat is the suit for their specific work; it encompasses knowledge and skills needed as well as the distance required for their work. The coat is furthermore visualized by the working clothes care workers use, although not all staff members use them. When asking about this, staff members respond that the working clothes emphasize the institutional setting, an emphasis that they do not wish to support.

At Bayside Park, the staff has decided not to take long breaks during their shifts. To avoid confusing the residents by disappearing too long, they suggested to their manager that it was better to stay with the residents the whole time. This idea had been under discussion for some time when the first author came to the unit and was shared by the manager, who saw it as a positive thing and an act of solidarity from her staff. In line with the later identified theme of artistry and acting, the wish to skip breaks could be seen as a way of staying in character and keeping "the show" going.

Discussion

The situation in Swedish elder care, focusing on increased quality by increased knowledge for staff, has left out crucial aspects of the understanding of knowledge production. Tacit knowledge is commonly referred to in care work in general and elder care in particular as the crucial knowledge needed that does not entail theoretical knowledge from formal education. It has, however, received little or no recognition in recent discussions about quality improvement in elder care. To understand the production of knowledge in elder care and thus enable actual changes in practice, tacit knowledge needs to be recognized as a vital factor, in line with Nishikawa's findings. Knowledge needed in care work cannot be acquired merely through formal training, which has been the focus in recent years. From the experience at Bayside Park and Stonewood Manor, tacit knowledge can be understood as consisting of a feeling for work along with artistic skills.

The ability to incorporate an artistic skill in the work is seemingly a vital part of the daily work for care workers at Bayside Park and Stonewood Manor, as exemplified in table 1. The quote by Alma illustrates the creation of care work as including and being dependent on the interaction of staff and residents; care work is created together by staff and the people being cared for, as discussed by Szebehely (2005), among others. Alma's quote furthermore illustrates how care work is created in the moment. The moment makes the opportunity

Table 1. The Interactional Knowledge at Bayside Park and Stonewood Manor.

Themes	Quotes from the empirical material	How is this expressed at Bayside Park and Stonewood Manor?	Summary
1. Feeling for work	<p>“You can read a lot, but you also have to have a certain feeling for this kind of work and not everyone has that.”</p> <p>“ . . . you can come a long way with plain common sense”</p>	<p>Care workers express the importance of the right feeling for work, which cannot be attained—it is just there (or not).</p> <p>As a way of emphasizing the down-to-earth aspects of care work, care workers use common sense as an antipole to theoretical knowledge.</p>	The theme is everyday inner qualities not visible but nevertheless a part of the daily routines.
2. Acting skills and artistry	<p>“You want me to sing an aria?! Okay, la la la laaaa!,” (Anna, care worker, exits in a dramatic way).</p> <p>“We use our professional coat.”</p>	<p>Masks are used to act out care work in various scenarios, both as a way of connecting to residents and as a way of distancing oneself from the care work.</p> <p>Props are used in daily work (can be actual things or fictional).</p>	The theme is of an artistic nature; they are expressed and visible with immediate effect.

because these interactions based on acting cannot be scheduled or planned.

Along the lines of Goffman, the *actors* in this scenario are the care workers who enter the *stage* in each encounter and meet with the residents (and fellow care workers). The *props* the care workers use are needed in the *setting* of elder care and both are found at the elder care units or sometimes brought there by themselves. The *performances* by the care workers or *actors* are sometimes in front of an *audience* of residents or other care workers. The care workers at Bayside Park and Stonewood Manor are both honest and cynical; some of them refer to the setting and the roles being played whereas others seem to perform their duties with less consciousness of their setting. The examples of feeling for work and artistry and acting skills can be understood by using Goffman’s (1959) theory on the self. In line with Goffman, the resident apartments can be seen as the stages or open arenas. In this scenario, the staff room provides the off-stage area where the care workers can relax and remove the professional masks.

The line between the front and back regions can, however, be unclear, as Cain (2012) illustrated and discussed. Cain depicts the two regions as being both staged as well as feeling authentic by care workers. At Bayside Park, the staff room is very small and has just enough room for a small two-seat couch and a dining table and a few chairs. When staff members go there, it is to heat some food for very short breaks. At Bayside Park, the kitchen and common area become a natural stage for the acting, in a more evident way than at Stonewood Manor where the apartments are spread out and staff meet together only in the staff room. At Stonewood Manor, the staff room consists of two rooms for the care workers, and they try to meet there during the day for coffee and lunch, when the schedule allows for it.

As an observer in the field, the first author was the audience, at times included in the performance and other times

merely observing the act. The staff members used their professional masks and performed their duties. To some extent, these duties were mutually agreed with the residents and previously decided on by the manager and the residents. This setup left little room for flexibility or deviations from either staff or residents. They followed their routines and stuck to the script. The staff members then withdrew to the staff room, which was off-stage. Here the masks were removed, to various degrees, and the staff relaxed from the pressures of their work. The staff joked about the residents and about each other. These jokes—when positively performed—formed the glue for the group. When presented in a negative manner, they instead emphasized the differences in the group and created or fed negative emotions and feelings. The masks were more easily removed and put on again at Stonewood Manor, where there were more explicit boundaries for the staff. Staff was required to perform their work and do it well, but there was no talk or expectation about duties beyond that. The manager was specific in requests and asked for loyalty, but this was according to the schedule and did not go beyond that. The manager was sometimes restrictive about extra duties or performances, always referring to their obligations by law and regulations. At Bayside Park, staff was expected to go beyond their work obligations. They were encouraged to do “that little extra.” Although not explicitly ordered to do so, the staff members who did go the extra mile could be considered more devoted to their work.

Acting, or putting on a role or mask, can furthermore be seen as a way of distancing oneself from others. It becomes a way of handling or dealing with difficult and straining work. When actively used (consciously or unconsciously), acting skills can serve as a tool in everyday work at elder care units. Moreover, “performing” in work can be a way of enabling support for residents in various ways. The feeling for work discussed in this text can similarly be seen as a tool in care work by which care work is organized and performed. These

two identified themes stand out when observing staff in elder care, and the joint understanding of them is that neither is achieved by academic knowledge. So, although the national directives may be an increased level of knowledge to improve the quality of care for the older persons, the care workers themselves have their own focus. Formal education is considered important, but the feeling that they have for the work is equally important. This feeling, along with the idea that their work is carried out as acting in plays, can be said to be part of the tacit knowledge.

When analyzing the empirical material and identifying themes, several questions arose: Who decides about the nature of this feeling for work? Who decides whether the feeling is the right one—is it fellow care workers? Using this mandate of deciding about the right version of feelings can be a way of using one's power in a restricting environment and organization. Similar questions about acting in elder care would benefit from further research, and the prerequisites and conditions for this acting should be further elaborated. Who can be said to be directing this act? Where is (are) the stage(s), and who are the actors? Inherent in the care work and practice is the idea of doing good for others. *Being* good or *doing* good is part of the professional view of caring work. This being and doing can be what is expected from care workers, and they can choose to live up to these expectations or to question them. Can acting then be a way of distancing oneself from expectations from the organization, managers, colleagues, and care recipients? Taking on a role can further be a way for care workers to take on a critical approach toward the work.

While the organizational view on knowledge for care workers (as a way of increasing the quality of care of older persons) is focused on theoretical formal education, this study highlights the need to recognize the knowledge shared through interaction. In line with Nishikawa (2011), this study shows that tacit knowledge and a context of shared knowledge are crucial aspects of care work. Further research in this area should include a focus on residents in the interaction with staff to identify these themes and how residents use them. Are residents living in an institutional setting similarly guided by a certain feeling for what is suitable at an elder care unit, and are they similarly acting in their interactions with staff?

We understand and recognize knowledge use for staff in elder care to be part of a process of knowledge making and knowledge shaping, through a feeling for care work along with acting in daily work. This interaction occurs and is shared in the midst of everyday work chores. The processes of knowledge and job execution are closely intertwined, making it difficult to separate them or even understand them without acknowledging what links them.

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1. To protect the privacy of the participants in the study, fictitious names are used when referring to the two elder care units as well as to staff and residents.
2. In Sweden, organized elder care is connected to social work through its organization and distribution.

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