Care Work in Europe

Current understandings and future directions

A Study of Understandings in Care Work with Elderly People: Experiences using the Sophos model

Danish National Report

Helle Krogh Hansen

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Acknowledgement

Thanks to all care workers and experts who have participated as observers in this project. I am very thankful for your contribution. And to those of you who perform elderly care in practice: If some of my family were to depend on elderly care I would be very happy if care workers like you were their helpers.

Helle Krogh Hansen

Content:

1. Presentation of ”Care Work in Europe”

This report deals with project no. 10 in the research project of ”Care Work in Europe: Current Understandings and Future Directions” (www.carework.dk). The project is funded by The European Union as part of its fifth framework program with researchers across the following six countries: Denmark, The Netherlands, Spain, The UK, Sweden and Hungary. Its overall aim is to contribute to the development of good quality in care work and pedagogical work with a view to meeting the demands of citizens and a rapidly evolving society[1].

The research project is divided into three phases: The first phase mapped out care and pedagogical work in the six countries; the research done provided an overview of social and labour-market conditions, and the data collected was discussed in the perspective of supply and demand of care and the perspective of recruiting and educational needs of the individual countries (van Ewijk, Hans, Lammersen and Moss, 2002; Escobedo, Fernandez, Moreno and Moss, 2002).

The phase 1 mapping activities were followed by studies of existing research on care and pedagogical work after 1990. These studies provide a general idea of the research done in the six countries with regard to gender issues and quality in care services and questions about how care workers perceive their work conditions and job satisfaction (Johansson and Moss, 2003).

In the second phase of the project, we have worked with interview-based case studies concerning day-care services for children (DK, ES and HU), care for adults with serious handicaps (DK, NL and S) and care for elderly people (HU, S and UK). Through interviews of practitioners, teachers and policy-makers in a number of countries we have examined and discussed correlations between quite diverse issues with significant impact on care and pedagogical practice: understandings of care, social and societal changes that currently impact care services and care work, the correlation between educational offers and qualification requirements in practice, physical limitations to care work and pedagogical practice, roles and daily tasks of care people, work image and status, career opportunities, gender and ethnical issues, importance, reconciliation of personal and work lives, etc. (Korintus and Moss 2003; Johansson and Moss 2003; Hansen and Jensen 2004).

Compared with phase 1, the second phase provided more in-depth knowledge of care and pedagogical practice in the countries in question. The number of research questions, however, has broadened the research but the width enabled us to understand care and pedagogical practice in a complex perspective on the basis of social, financial, educational and cultural issues.

2. Video-based studies of care and pedagogical practice

Against the backdrop of the overall knowledge established in the first phase of ”Care Work in Europe” and the more detailed and qualitative yet, broad-based case studies of phase 2 (underpinning the complexity of care work), the Danish, English and Hungarian researchers in 2003

[1] The project title is ”Care Work in Europe”. In Danish, however, we refer to ’care and pedagogical work’ because ’care’ does not adequately cover the work done in two of the three work areas analysed in the project – day-care institutions for children and services for handicapped adults.

and 2004 worked on a sub-project to examine how video-based studies can be used to perform in-depth studies of how care and pedagogical practice is perceived by different groups of people in various countries, i.e. a study of methods in cross-cultural research.

The overall project management of the video-based studies lies with the Danish researcher team: Helle Krogh Hansen and Jytte Juul Jensen. The Hungarian researcher team is headed by Marta Korintus assisted by two junior researchers: Andrea Rácz and Zsófia Hajós (studies of elderly care), and Györgyi Vajda, Zoltan Török (study on day-care institutions for children). The UK team of researchers are Claire Cameron, Alison Clark and Peter Moss. Torben Bjerre (Denmark did the film recordings, editing, etc. in collaboration with the national research teams.

We used video in several ways; the researchers in Denmark, the UK and Hungary recorded two films in each country. One film recording is of ordinary, daily practice at a day-care service unit for children. The second film recording displays ordinary, daily care practice for elderly people living at a nursing home or senior housing. The total of six films have been shown in the three countries to an audience of various people involved in the practical work working as pedagogues and care people, or as recipients of care, relatives or experts in the field. Some groups watched the films of the three countries and their practice of day-care services for children, other watched recordings featuring elderly care in the three countries.

The films on elderly care were shown to the following audiences:

	Shown in Denmark to	Shown in the Hungary to	Shown in UK to
Danish film on services for elderly people	Social actors[2] Other practitioners Experts Care recipients[3]	Care people Experts	Care people (social actors and other practitioners together) Experts
Hungarian film on services for elderly people	Social actors Other practitioners Experts	Social actors Other practitioners Experts Care recipients	Care people (social actors and other practitioners together) Experts
English film on services for elderly people	Social actors Other practitioners Experts	Care people Experts	Social actors Other practitioners Experts Care recipients

As I shall detail further below, we have benefited from Tobin et al. (1989) as a source of inspiration while tweaking our work to produce the 'Sophos' model. This model provides, organises and analyses empirical data in qualitative research. The name of 'Sophos' is an acronym for "**S**econd **O**rder **Ph**enomenological **O**bservation **S**cheme", a model for second order observations (Hansen 2003). Thus, the researcher observes people who are observing work in practice. The methodological postures are detailed below – here, we solely explain that the overall purpose of

[2] Social actors are the people who perform in the three films.
[3] This showing took place in conjunction with a PhD project at Roskilde University Centre, Denmark. This PhD project was the first work using Sophos.

Sophos is to gain insight into how a particular practice is viewed by the practitioners and other groups who in one way or the other are associated with that practice. Hence, the model is phenomenological; it may be characterised as phenomenological-hermeneutic because it clearly suggests a hermeneutic analysis.

In our consolidated report (Hansen and Jensen 2004) we shall provide a detailed account of our source of inspiration from other research and discuss the methodological and methodical opportunities and specific action to be taken on the basis of Sophos. We have grouped our experiences from the video-based studies in three countries and the areas examined (day-care services for children and elderly care), in which the research model was tested. The report will be available in Danish and English and can be downloaded at the website www.carework.dk. In this report I will not cover all methodological aspects but provide an outline that focuses on specific experiences with Sophos in research done in elderly care.

Jytte Juul Jensen and myself have written the consolidated report. During the entire research process we worked together closely but chose to divide our work so that Jensen handled the studies concerning day-care services for children and the drafting of the national report on this topic (see Jensen 2004) while I was in charge of the studies of elderly care and the present national report.

3. Background of video-based studies

When the group of researchers behind the research project ”Care Work in Europe” in 2001 discussed ideas and opportunities with regard to research areas, research questions, designs, etc., Jensen stressed that cross-cultural work poses the general problem, that words and concepts that appear identical and adequate at first glance frequently comprise different views and underlying values of different countries. She therefore suggested that ”Care Work in Europe” should supplement the linguistic approach by use of video in line with Tobin et al. (1989) and their cross-cultural research.

The idea was favourably received because one of the main objectives of our research was to examine *understandings*, an aspect of practice that poses difficulty owing to language barriers and unconscious paradigms. However, none of the members of the group of researchers had specific experiences in video-based research, and the team of researchers could not draw on any proven and assessed design targeted on the specific research interests of the project. We therefore decided that ”Care Work in Europe” was to develop, test and assess the opportunities of video-based studies of care and pedagogical practice. Thus, we would be able to produce material for teaching and thus let the research contribute directly to developments in the areas examined. The following purposes were defined:

“The objectives of work package 10 are to develop a new method of cross-national working in a European context with particular reference to cross-cultural data collection within early childhood institutions and services for adults living in residential environments; and to develop a method which combines data collection with the development of training materials”.

The work of project no. 10 was thus aimed at developing a model to collect research data in combination with the development of training material. With regard to data collection, we have

focussed on data highlighting one of the core areas of the research project: ”understandings of care and pedagogical practice”.

4. Report content and concepts

This report describes Danish experiences with video-based research concerning *elderly care*.

I have worked on three films about elderly care in Denmark, England and Hungary. The three films were shown to a group of practitioners (among which were two actors in the Danish film) and to a group of other practitioners (somewhere else in Denmark). Moreover, the films were shown to a group of so-called experts, i.e. highly educated people who are involved in research or training in elderly care. In conjunction with my PhD project on elderly care I previously showed parts of the Danish film about elderly care to other care recipients. The experiences learned are included in the research project ”Care Work in Europe”.

The people who have seen and commented on the three films are mainly referred to as *observers* and *observer groups* because they have observed care and pedagogical practice shown on film. People featured in a film are referred to as *social actors*.

All observer groups watched the films together with me while I observed and took notes of their reactions. At the same time, the observers’ comments were recorded on tape and mostly on video too. The concepts of *film* or *Sophos film* are used to refer to films shown to these groups, while *video* refers to unedited video recordings that were later converted into films, and to recordings of observers who were watching and discussing films.

In the following I will give a detailed account of the above tape and video recordings of observer reactions, comments and discussions (triggered by our films) that represent the actual empirical foundation of research. Sophos is a model or tool available to the researchers who are looking for insight into selected groups’ reactions and thus into their conscious and unconscious understandings of a particular practice and its ideals. These understandings *shaping* practice and *shaped by* practice – historically and presently - are communicated both directly and indirectly by the areas of interest and focal points of the observers, their values, reasoning, explanations and other forms of verbal and non-verbal reactions.

The main aim of the project was to develop the methodology and assess its possibilities in cross-cultural studies. Unfortunately, however, the practical and financial framework did not allow us to make a detailed analysis of the empirical material.

The report primarily outlines and discusses the methodology but also provides a presentation of the study of the empirical material as it appears from the initial, preliminary and conservative analysis.

5. A source of inspiration: Tobin, Wu and Davidson

Our work on the Sophos model are inspired by Tobin, Wu and Davidson (1989) who have made video-based studies of pre-schools in Japan, China and USA[4]. They wanted "to find out what they [pre-schools] are meant to do and to be", and "hoped to record comparable situations". They emphasise that comparing different cultures is very difficult.

Tobin et al. communicated with their participants through the entire process, meeting on several occasions with the filmed pre-school teachers to discuss their teaching strategies. They supplemented with other research methods and did a lot to explain the social and cultural backgrounds of practice in the pre-schools of the various countries. Their meticulous work was conducted for a long time and besides studying pre-schools they also studied the "three cultures as seen through their pre-schools", arguing that they consider "pre-schools as complex institutions serving children, parents, and, indirectly, the wider society".

Tobin et al. were originally inspired by an ethnographical work in which film was used "to stimulate a second, reflexive level and discourse". They worked as ethnographers and made use of film, although not in quite the same manner as their source of inspiration but have used it to generate a multi-vocal text. By involving the 'voices' of several observers [5], Tobin et al. have been able to study various pre-school cultures[6] in many different perspectives.

Sophos in many ways follows this design but while Tobin et al. directed their research on an examination and comparison of actual practice, our research is targeted on the *understandings of the observers involved.* This difference obviously involves both epistemological and ontological and thus methodological consequences. Thus, considering the perspective chosen, we have asked questions about, how we think we can obtain knowledge about how to seek insight into other people's understandings of care and pedagogical practice, what we believe that we are able to comment on, and what research methods and design we consider appropriate.

In line with Tobin et al. we asked a number of groups in the three countries to comment on the care and pedagogical practice of the three different cultures but we (the three country teams of researchers) did not work as ethnographers to study foreign cultures. In our project, each country team of researchers studied how its *own* care workers, experts and recipients of care discussed a filmed practice from the national country and from the two other countries of the project[7]. Subsequently, a preliminary comparative, cross-cultural analysis of the national studies was made of the observers' reactions (Hansen and Jensen 2004).

[4] Tobin, Wu and Davidson's studies are detailed in one of the national reports included in our research (see Cameron and Clark 2004a)
[5] Tobin et al. describe the various observer groups as different groups of voices
[6] The concept of 'pre-school cultures' is my abbreviated reference to an extended description of Tobin et al. and indicates that 'pre-school' is a culture in itself *and* embedded in a social culture.
[7] Six national reports have been made and are available for download at the website of the research project at www.carework.dk. In addition to this report, the following material is available: Jensen 2004; Cameron and Clark 2004b; Korintus, Vajda and Török 2004; Cameron and Clark 2004a; Rácz, Hajós and Korintus 2004. The first three deal with the showing of films about day-care institutions for children and the last two deal with elderly care.

6. Project objective

This report covers how research design and specific phases have worked relative to the studies of Danish observers to whom we showed a Danish, Hungarian and English film about elderly care. As already mentioned, the focal point of my research is *not* elderly care in the three countries but understandings among Danish care workers and other observer groups. The films applied were designed to ask a very open question: 'What do you think when you see this?' By asking this very open question I examined what the participants talk about, the ideals and values that they express, their reflections and possible discussion topics. I have also examined the reasoning and explanations included in their talk about the practice, and how they – inspired by this – talk about their own practice.

Thus, the purpose of our films is to provide *"a second level of reflexivity and discourse*" in line with the work that originally inspired Tobin et al. A film provides a certain distance; the social actors watch themselves, other professionals watch their profession, research and area of teaching being performed in various ways, and the recipients of care see a practice that they receive being conducted in various ways.

We have shifted our view towards care workers, care recipients, experts and relatives (the latter group is not involved in observation of elderly care films in Denmark) to better understand *their* understandings of the events, what happens and why. Since their understandings (paradigms) are both shaping and being shaped by the current practice and the social factors that embed this practice, we will also study the relevant practice and the social conditions. You could say that our participants have had two roles: (1) being the research subject of our survey of how care and pedagogical practice are understood by different groups of people, and (2) contributing with texts that provide an external view on care and pedagogical practice in the different countries.

7. Observations reflect the understandings of the observers

To Tobin et al. (1989) the explicit mission was to document differences of practice in the countries they studied while their attention on own culture primarily aimed at being aware of the issue of cultural optics that shapes any research and secondary served as a kind of additional benefit: *"The study of foreign cultures, in addition to its explicit mission of documenting the diversity of human understandings and institutions, also functions in Marcus and Fischer's words (1986), "as a form of cultural critique for ourselves*", and "*statements by American preschool parents and staff about a Chinese pre-school have something to teach us about both American and Chinese understandings and values"* (Tobin et al. 1989).

In the Sophos project this is more or less the opposite: Sophos builds on the idea that the observers' statements about care and pedagogical practice firstly reflect the observer's personal understandings whether or not they are observing filmed practice from their home country or any other country and whether or not they make neutral conclusions, criticism or an appreciation of the content of the film. Thus, we share the view of Ehn and Klein (1999) that "*the surveys of anthropologists and ethnographers expose both themselves and their object*", and we also agree that any text provides more information than that intended by the author. During our research,

we have acknowledged that this applies to both the statements from our observers and the various texts produced by their participation, and of course the researchers' interpretation.

Hence, we make the following conservative statement about the possibility of gaining insight into another culture: *Observer comments may reflect important information about care and pedagogical practice at that place and in that country where the observations and discussions take place on the basis of a particular film, but the comments undoubtedly render much more information about the person that makes a statement.*

We are thus stressing that what matters is primarily the focus on one's own culture (I would say the country's culture, the profession's culture, the work place culture, etc.) when you work with second-order observations. Secondary, the observers' comments and the analysis following teach us about the practice shown.

In the latter context, the observers act as co-interpreters of the filmed practice and provide their various experiences as care people, recipients of care and relatives or experts in care and pedagogical practice, and they may see aspects that researchers may be unable to discover.

To the extent that observers are seen as co-interpreters and not just as the subject of the research, one must be particularly careful to maintain a distanced view on one's observations. This distancing must, among other things, include a research-based focus on the fact that a film, which deals with important and existential issues of life, may evoke strong feelings such as fear and anger.

The distancing ensures that one maintains a critical, reflexive approach to observer statements, avoiding any reproduction of self-understanding and possible prejudice of a particular group. By distancing ourselves from the material, we ensure that we do not practice what is labelled as naïve, common-sense empirism by Olsen (2003), i.e. work in which statements tend to be equally important. The researchers – and not the participating observers – are responsible for quality and validity of the research.

8. Representativity of the Sophos films

Any practice is an interpretation of reality. The video recordings and their editing add an extra layer of interpretation – interpretations of interpretations. The edited Sophos films provide a very rich rendering of a social reality but they do not provide any (genuine) truth, and we view the Sophos films as cases that very realistically present situations of practice and capture several elements of the practice in question.

The teams of researchers of the three countries have not attempted to produce films that would show the most correct or best practice of each country. We have based our work on an assumption that the films were to reflect ordinary day-to-day work of care and pedagogical practice in the three countries. There is no such thing as role play in the films, but since the films were shot on selected locations (which were agreed on in advance) and represent edited excerpts of random day-to-day activities, we do not claim that the Sophos films are neutral or representative for the countries in question.

The Danish observers of elderly care, however, indicated that the Danish film about elderly care is a good representation of Danish standards and that it shows the actual aspects of working with elderly care.

Whether our films are representative or not is in principal not a decisive factor as we have set our sights on the observer groups – our films solely serve as asking open questions. Nonetheless, we would like to stress that we have aimed at showing ordinary care and pedagogical practice in the three countries, which is due to the following reasons:

1. The observers have been informed that they were observing a *typical and quite ordinary* care and pedagogical practice. This is important information based on the expectation that people generally will view a particular matter differently depending on whether it is typical or extraordinary.

2. The purpose of our video-based studies is not to assess care and pedagogical practice in the three countries but we cannot prevent some assessments from being made among the observer groups and – notably later – when the project films are released for teaching purposes. For ethical reasons we therefore stress that our films show typical and ordinary examples of care and pedagogical practice. Our films do not provide an ideal presentation of care and pedagogical practice, or how it ought to or might be performed, in the locations and countries involved.

The audience should also be informed that the recordings are edited, and thus a particular action may be based on a situation that has been removed from the film. A seemingly peculiar action may have legitimate reasons that are unknown to our observers and any future audience.

9. About knowledge of culture and specific context

Are you able to make a qualified statement on the basis of a particular film when you are not familiar with the context of the filmed care? I have broken down my answers to this complicated question into three parts.

The first answer is that the observers *are* familiar with the context and they have been selected on the basis of their knowledge about the kind of filmed practice. True, when watching a foreign film, the observer does not know about the cultural, social and financial conditions to which the care and pedagogical practice is subjected and thus they are not fully able to understand or assess the care actions displayed. In principle, the observer cannot professionally or morally assess the care workers' actions, say, in a scene where an elderly person is strapped to a chair. The observer cannot know about the necessity of the strapping in the specific circumstances. The observer will not know whether the care workers are under pressure to use strapping owing to a lack of resources, and in theory, he/she will not know how the strapping is perceived in that culture. However, the observer does know elderly care work or he/she has relatives who are recipients of care. They can take a stand on what goes on in the specific situation and they may voice their opinion about the importance of the action seen from their perspective. Moreover, they may express their views about values and consequences that they consider universal and independent of a specific context[8].

[8] One of the members of a Danish group of experts said that she considered "social-policy ignorance" as an advantage because your ignorance means you must take an immediate stand on the care shown instead of viewing

The second answer is that any lack of knowledge about the context is not decisive. The films that we have produced are constructions. We do not claim that the films show care and pedagogical practice that is representative for the three countries but that they show *examples* of action in the various countries. An assessment based on a lack of knowledge about the context may at a phenomenological level provide information about the observer that is just as important as an assessment that is made on the basis of any greater knowledge about the context.

Thirdly, it *is in fact* difficult to work with a film in which you provide the observers with very little insight into the context. The observers had been provided with a small amount of information about the context by way of a leaflet with location details and very little country information, however, the observers had to accept a lack of context information (and that was actually a source of disturbance to some observers).

If it is impossible to assess, judge and compare the three films, you may of course ask why we presented films from three countries in all three countries? The answer is that, in principle, it involves *some* assessment and comparison if you know *something* about the context, either by way of specific information or on the basis of the first answer (the participants know about the work or about being a recipient of care and pedagogical practice). The answer is also that you can work with films even though the observers know little about the context because their answers relate to themselves and because, in principle, they are not asked to either *assess* or *compare* filmed practice. They should discuss issues on the basis of what is specifically shown to them.

I did not expect or ask the observers to *assess* or *judge* filmed practice but rather I asked them *not* to assess the films relative to each other and to view each film on the basis of their personal opinions and experiences. These are demanding requirements and not surprisingly a large number of assessments and comparisons were made about the three countries. This did not provide significant knowledge about elderly care in these countries, but provided me with important empirical material giving insight into the Danish observers' understandings – and that is *my* area of interest!

10. Observers' and researchers' culturally determined horizons of understanding

The observers were not selected as representative of the care workers, care recipients and experts. Their statements are not representative but solely examples of what may be said about our films.

The task of the researchers are to present and interpret these examples in a manner that provides credible and generalised knowledge about understandings of elderly care. However, any researcher, just as much as observers, are bound by a contextual horizon of understanding, and during the planning phase we therefore considered various models concerning the researchers' tasks:

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through a filter of knowledge about social and cultural decision processes; thus, you are challenged to react immediately on the action itself in the same manner as the care recipients and relatives usually do.

- each national team of researchers would travel to the three countries, showing two films from their own country (childcare and elderly care) and collecting comments and discussions triggered by the films and perform and provide examples of cross-cultural comparative analyses[9].

- each national team of researchers would present the films of the three countries in their home country, forward the raw but translated material (printed comments and discussions) for analyses by the party in charge to ensure all films are analysed from a common perspective.

- each national team of researchers would present the three country films to the home country and subsequently analyses and interpret the observer comments. The work would be outlined in a national report that the party in charge would utilise to assiss method and prepare examples of cross-cultural comparative studies.

We adopted the last option, leaving each national research team in charge of the showing and subsequent analysis and interpretation of the national material (printouts of comments and questionnaire data).

The national researcher team thus showed films from the three countries to groups of observers with the same cultural (national) background as that of the team of researchers. Put in another way: at first, the researchers worked on a culturally known research subject (various groups of observers in each country). This choice enabled each researcher team to analyse the group comments against a cultural horizon of understanding that the researchers share with the observers.

The films from the three countries reflect different, culturally derived ways of performing care and pedagogical practice. Two of the three films shown are "exotic" and thus served as inspiration or provocation for the observers, resulting in the already mentioned insight into the paradigms of the observers. Seen in the perspective of the films of the other countries, the third (national) film has become somewhat "exotic" to the observers[10].

Thanks to a cultural and linguistic community with the groups of observers, I was able to support them in discussions and retrieve signals of their reactions. And in the following analyse and interpretations I am been able to discuss different linguistically embedded opportunities of interpretation of a particular concept[11]. Briefly, when observing Danish observers, I was able to make qualified comments on what was actually being said by the observers, and why they were saying the things they did[12].

This approach is closely related to the fact that research subject as already mentioned mainly is understandings of the observers and their discourse themes. It is not, however, to the same de-

[9] I just talk about *examples* of comparative studies since the focal point is testing and development of the method.
[10] The level of exoticness depends on the order in which the films were shown and the time elapsed between the three showings for each group.
[11] A common linguistic background obviously does not cancel out the importance of the meanings of words that are associated with the different social and professional factors or completely individual.
[12] When I write that I share a common and culturally based horizon of understanding with the observers, I am ignoring social and professional differences.

gree as in Tobin et al. the question about what *actually* constitutes care and pedagogical practice in the three countries.

Tobin et al. (1989) also mention the tendency of films to keep people and institutions frozen in time, isolating them from any greater context. This obviously also applies to our films, however, the true research subject (the observers) have not been frozen in time and context. The specific context of each showing was accounted for in our analysis, for example, the physical framework during the presentation, the equipment set-up, the impact of the video recordings, group processes including balances of power and the attempted protection of a common definition of work and oneself by protecting other people in the group, etc. (see e.g. Goffmann 1959). The analyses also comprise reflections on the researcher's interests and role in the group, and the importance of current discussions about care and pedagogical practice in the relevant country, and many other factors.

11. Inter- and cross-cultural perspective of Sophos

Tobin et al. stress that 'the outsiders' judgements' serve to make their project more 'true' in intercultural terms relative to other comparative studies ("rather than merely cross-cultural"). The intercultural issue emerges through the perspectives *of* and *via* the three cultures, and, as already mentioned, their work has served as a source of inspiration to us.

While Tobin et al. describe and analyse three pre-schools on the basis of several 'voices' of observers, we describe and analyse the 'voices' included in our survey with a view to examining and comparing the various understandings that emerge. In line with Tobin et al. we make both inter- and cross-cultural research:

1. Research design, etc., was prepared by the three countries' teams of researchers in a joint effort.
2. The national studies of understandings took place on the basis of cross-cultural input (the films) and the observers were to act a as kind of co-interpreters, contributing with the view of an external person on elderly care in the two other countries.
3. The studies of the three countries have subsequently been incorporated into a cross-cultural comparative analysis (see Hansen and Jensen 2004).

12. Research design and experiences

Methodological postures

Sophos should be viewed in the perspective of the research paradigm within which we do our work. Briefly put, it is a qualitative, cross-cultural, phenomenological study. Concerning the phenomenological approach, we do not deny the objective character or reality of the phenomena. A phenomenological analysis, we think, is to focus on how the phenomena are perceived and experienced by the participants. Our focal points are people's opinions about and views on world events, and in my analysis, the phenomenological approach is supplemented with a critical hermeneutic interpretation, stressing the relations of interpretation with the historical and cultural context (more details follow).

Sophos build on second order observations. As already mentioned, this means that we observed groups of people who observed care and pedagogical practice in the three countries. The second-order observations in themselves do not make the analyses more truthful. This approach provides for multi-faceted observations (the various group's observations of the same matter) and provides an extra layer of reflection as the researchers reflect on the observers' reflections and then reflects on her views of the observers, the films and herself as an interpreter.

The comments and discussions of the groups observed are transcribed and represent an objected empirical material, mainly with information about observer understandings. These understandings shaping and shaped by practice are an important way of examining practice, because of the inside-out, downwards-upwards approach: It tells us about the fundamental values and perceptions of different groups of key persons in the field.

Our approach is highly coupled to the empirical material but it is not a grounded theory in the sense that we generate theory on the basis of empirical material. On the other hand, it is not research to verify or document an existing theoretical understanding: we are not trying to confirm specific theories by way of texts that are created by statements of the participants. Rather, we are trying to associate elements of different research approaches in a manner in which the existing theory balances a regularly grounded approach and vice-versa. We aim to gain insight by conducting an open meeting with the field in question and working exploratively with text material that stems from group discussions which may be interpreted hermeneutically or with a critical hermeneutic approach The latter indicates that understanding and explanations are not opposite factors. I search for an understanding of the texts by way of identification combined with explanation (as part of the understanding) by way of distancing oneself to the text material and a critical interpretation as described in "Du texte a l'action" (Ricœur 2002).

Practice in itself is an interpretation of the world, and film is an interpretation of this interpretation. The subsequent observations, questions and discussions are interpretations of the films. Briefly put, any kind of knowledge and perception involves a certain amount of interpretation or - with Schutz (1975) – a construction, and all parties involved are situated and incorporated (Kirkeby 1994)[13]. In other words, interpretations are always culturally embedded, and although we have provided multi-faceted interpretations by way of cross-cultural studies, we do not get fully beyond the embedded cultural factor.

Working with video, we were able to present our cases (asking very open questions) in largely the same manner to the various groups in the three countries, although this does not guarantee a genuinely scientific objectivity. The films were presented in different contexts, the group compositions involved different dynamic factors, and we were present in the different groups in different ways although we emphasised an unobtrusive approach. The qualitative research is a reflection of culture, research tradition, interests and many other factors. These conditions apply to any kind of research.

[13] Kirkeby defines 'situated' as a phenomenological concept of the condition to which we are subjected, most frequently without any control of its parameters, and 'incorporated' as a concept of the condition that our recognition is determined historically and societally.

Film production

The researchers of the three countries have together decided on the overall framework for the six films and the following content guidelines: Each film runs for about 30 minutes, features ordinary, day-to-day care and pedagogical practice. Films about elderly care feature situations with personal hygiene, meals and social activities. The focal point of each film is two care workers, and no film features any affront to modesty or public decency or any sort of unethical exposure (with regard to the researcher's understandings).

The team of researchers in each country has selected the locations for shooting the films. Besides being subjected to the general agreement, we have made some fairly pragmatic decisions. The Danish Sophos film on elderly care is edited on the basis of recordings done in conjunction with my PhD project.

Each Sophos film is edited on the basis of 4-6 hours of video recordings. The care people involved were briefly introduced to the process and have agreed to the video recording while doing their work as on an ordinary day. All people involved agreed to an informed consent.

We decided to let the same person do all video recordings, thus ensuring a highly uniform product in terms of quality and selections of optic, and the interpretations inherent in video recordings. Owing to the similarity of the recordings, however, a certain (Danish) cultural optic has been applied to all recordings. Both these factors are incorporated into the analyses. Torben Bjerre, a media and film expert with experience in recording and editing this kind of films, has been in charge of all the video recordings. He visited each location prior to recording to ensure that all the people involved had met with him in advance, thus establishing a sense of familiarity between him and the people who were to be filmed and to instruct the participants in the upcoming events. Bjerre successfully captured key situations, details, sentiments, etc. in his recordings and the films displays his ability to create comfort and a presence in the room that does not disturb his work (more details about Bjerre's professional reflections and specific experiences in video recordings are provided by Hansen and Jensen 2004).

The editing takes into account the general agreement and aesthetic dimensions of each film (e.g. to ensure that the film is a coherent narrative). Bjerre and a national researcher edited each film[14]. Thus, I was deeply involved in the 'creation' of the Danish film about elderly care, and my special relationship with this film is a focal point in my interpretations of the observers' comments.

We assume that the social actors (featured in the films) did their best when being filmed, and I am frequently asked about the importance of this for the project. In my view, there are three answers to this question: Firstly, the social actors quickly or momentarily forget that they are being filmed. Secondly, and most importantly, in terms of research it is not a problem that the social actors are keen to do their best. When they strive to do their best, we are allowed to see the things that they want to show us. Referring to Schein (1994), we call this their 'display values', i.e. explicit symbols and values, and we are allowed to study the social face of the profession (Goffman 1959). Thirdly, the tendency to show one's best side probably also applies to ordinary observations and interviews.

[14] After the editing followed a lengthily, costly and complicated task of subtitling the six films in the three countries' languages. See Hansen and Jensen for more details (2004)

The attempt by the social actors to do their best, however, does not only result in that the film shows their work, which is possibly done more meticulously than under normal circumstances, but daily life is likely to be presented in a less problematic and conflict-ridden perspective than in reality. Presumably this happens in the Danish film on elderly care, which features a care worker assisting a male patient with severe dementia who is usually very angry and shouts a lot. During the film, he is relatively subdued, and the care workers are heard whispering: ”he is *so* quiet today”.

The three Sophos films about elderly care

As already mentioned, our films are constructions that are shaped by the team of researchers and the cameraman: they are interpretations of a social reality presented in cases by way of film with a realistic format that presents situations of practice and captures many elements in the current practice. Films may notably account for aspects that are not easily communicated in words or written language.

The three films about elderly care obviously do not show what care *is like, should be like* or *should not be like*; they reflect ordinary, daily life in both good and bad. They show scenes taken out of context and we underline that they only show snapshots of daily life, specific and selected situations and do not tell us anything about any unity or truth. They are an interpretation and not documentation of how care is performed at the sites in question and by the people involved.

Although the films do not provide any objective rendering of care, they cannot be viewed as *our* interpretations only. They go beyond the research. They ask our very open questions that go as far as to ask the persons questioned about their conceptions of what the questions are[15].

The Danish film on elderly care firstly shows a care worker together with an old man with a severe case of dementia. He is woken up, gets his breakfast and is assisted to the bathroom where he has a shower and then gets dressed. The film shows a short scene from the staff coffee break with an elderly woman and a care worker having a laugh. The next scene is a care worker at a different elderly care centre. She is assisting an old man who is having a shower and prepares his breakfast while he sits by the table and tells her about a TV series and about his childhood. In the final scene, the man goes shopping with four other old men.

The Hungarian film contains more scenes but several of them (in line with the Danish film) deal with care workers assisting elderly people who are getting up and having breakfast. The Hungarian film contains a scene with the staff grouped together and talking about the day’s work, and a scene with a care worker handing out bills for medicine to the residents, who then pay for the medicine. Many scenes show social activities involving a group of residents, including two scenes where a care worker is playing games with a couple of residents.

The English film follows two care workers who help the residents in getting up, being washed and having breakfast in line with the Danish and Hungarian films. Moreover, it contains glimpses of a number of practical tasks such as putting on new bed linen and cleaning bedpans.

[15] Despite my emphasis that the observers may discuss any topic, I experienced that one observer corrected another observer, saying: ”That is not what she (the researcher) is interested in”. Thus, the Sophos film also poses the question about what the observers believe is the issue of the film (the area of interest of the researcher).

In one particular scene, the care worker helps a woman into the bathtub; in another scene she polishes the nails of a woman; and in a third scene we see the other care worker communicating with a deaf and blind man to invite him for lunch outside the nursing home. The film also features common social activities and a meeting among the staff discussing the daily work.

Observer groups

In addition to the requirement that observers should be reasonably representative for the area in question, we have not applied any common requirements with regard to employment conditions, employment locations, professional background, gender, age and similar factors concerning the observers. We were pragmatic and adjusted to the specific possibilities. First of all, these people wanted to participate and they work at a place where the resources could be spend.

I showed the three films about elderly care to three different groups: (1) Danish social actors, (2) a group of other practitioners and (3) a group of so-called experts. In conjunction with my PhD project, parts of the Danish film about elderly care were shown to a group of elderly people (more details below).

The group of social actors consisted of three female social and health helpers (literally translated) but only two of the women feature in the Danish film. The third woman in the group is a colleague, and the group of 'other practitioners' consisted of four women (two social and health helpers and two social and health assistants). The group of experts had one university employed care researcher, a president of a major association of interest groups in the area of elderly care (anthropologist), a training manager in the social and healthcare area employed with a major municipality (nurse with a masters degree in psychology) and PhD students both working on care research (one with a background as a nurse and a masters degree in pedagogy, the other with a masters degree in communication, Danish and psychology). The Danish film about elderly care is recorded at two elderly centres in Jutland. The group of 'other practitioners' and the group of experts live and work in Zealand.

The Danish observer groups all consisted of women and each group was relatively homogenous with regard to age and professional background. During my PhD project I have gained experience in showing films to educationally homogenous groups and groups consisting of care workers with a short-term education, nurses and therapists. The experience gained in this PhD-project, was that participants with the highest educational level curbed the members with short-term education in an inexpedient manner. Anyway, in the more homogenous groups, the discussions and criticism were more relaxed and varied (Hansen 2004).

I gained knowledge about the observers through conversations in conjunction with the presentations and based on questionnaires completed by the practitioners, covering personal details and questions about their views on care and pedagogical practice. The information contained in the questionnaires is far from adequate to make the observer comments subject to any sort of life-historic analysis but it does provide me with a context to elaborate on. For example, the questionnaires tell me that 'the wish to be something for someone else' is a key driver in the daily work of the observers who are involved in elderly care and that they put great emphasis on personal qualities such as ability to show respect for others, patience and being a good communicator.

Film showings and discussions

According to the research design we were going to set up three presentation meetings for each observer group, and each meeting was estimated to last for two hours. Unfortunately, I did not stick to this plan because of the difficulty of scheduling three meetings during ordinary work hours with the entire staff. The showings to the two practitioner groups were both conducted in the course of two afternoon sessions; the first afternoon was spent on introduction and showing of the first film, and on the second afternoon we showed the two other films. The group of experts saw all three films during the same-day session that ran for 5½ hours.

All sessions were successful but affected by time pressure and fatigue, and the groups did not perform in-depth discussions to the same degree as the groups of my PhD project did (they only needed to view and discuss one single film at each meeting).

The first meeting with each group was initiated with a brief repetition of the information that was provided to the participants in advance. I stressed that the three films would not show reality but rather an interpretation of practice – taken out of context. I also emphasised that the observers could discuss anything that came to their mind and that I did not expect them to make any assessment of the care shown (cf. the section on context familiarity). Finally, I explained why the observers were tape and video recorded and accounted for the further analysis of the material.

After the introduction each film was presented once without interruptions, and after a short break it was shown again, but paused when one of the participants had something to say or the group initiated a spontaneous discussion. Owing to time pressure, this procedure was set-aside on a few occasions. In my experience, you can show a particular film once with a subsequently good discussion but on the second showing of the film the observer comments become more detailed and the number of and level of details of the discussions increase. It seems as one single showing stimulates a debate on opinions while the second showing contributes more strongly towards a reflection about the actual film content[16].

During the showings I was very conscious about the physical layout. All observers had to be properly placed relative to the TV set and the room and layout should make it possible to mount a video camera at a distance, which allowed the entire group to be in the picture, and a tape recorder/MD with a microphone was to be set up as to record all comments of the participants. Moreover, I was to posture myself so that I would get an overview of the TV set, recording equipment and the group of observers at the same time.

I recorded the observers on video and MD (one tape recording was made) because the transcription is difficult by the video recordings (poor sound quality on my video equipment). Thus, the transcripts are based on MD and tape while the video recordings were used as supplementary material in the study of body language and to properly decide who said what.

It is difficult to work with this amount of technical equipment when you have to concentrate on the introduction and support of observers during the process at the same time. Moreover, there is an ongoing risk of malfunctioning equipment. I was always present well in advance to ensure a

[16] I also draw on my experiences from my PhD project where I worked with three Danish films that were shown to a large number of groups, and were shown twice in all cases.

smooth technical operation but on one occasion I experienced technical difficulties with a 30 minutes delay, and since we had to meet the finishing time, we did not manage to view the last film two times.

The research was designed so that each country's researchers show the national film to the social actors before any other audience. The explanation is that the social actors were to be given an opportunity to withdraw from the project or request specific scenes deleted before the showing to any other people. The Danish film on elderly care had already been shown to the social actors in the film in conjunction with my PhD project[17]. Thus, this time I first showed the films to a group of experts. The films were subsequently presented to a group of practitioners and finally to a group with two of the social actors in the Danish film and one of their colleagues. The order of showing, I believe, is not important for the research, although I appreciate that I am affected by the presentations and that each showing may impact my behaviour at any subsequent showing.

The group of experts started with the Danish film, then the Hungarian and finally the English film. The group of practitioners also viewed the Danish film first, then the English and finally the Hungarian films. The group of two social actors and a colleague viewed the English film first, then the Hungarian and finally the Danish film (which the two social actors had already seen in relation to my PhD.-project). In my opinion, the participant observations and discussions were somewhat influenced by the order of showing. They made comparisons and specific aspects/discussions from one particular film affected the topic of other discussions of that group. This most likely takes place when several films are shown on the same day or in the course of two days instead of longer breaks between the individual showings. When I showed more than one film on one day, the order mattered because the comments on the last film were affected by fatigue and time pressure.

You may discuss whether you should start by viewing the Danish film or one of the foreign films. During the two sessions, when the group was first viewing the Danish film, the group expressed its immediate associations without comparing with the other countries (except on a couple of instances where the observers were referring to their own experiences of living and working in a foreign country). The group of practitioners compared the Danish film with their own practice and experience from life in general. Having watched the two films, they returned to the discussions of the Danish film. The two social actors and their colleagues, who started by watching the English film (the social actors had seen their 'own film' a few years ago) were thus given the opportunity to take a more "exotic view" on the Danish film.

In my view, both these strategies involve pros and cons. You should probably select the order on the basis of your area of interest – e.g. you may be interested in examining what observers say without having their view affected by a film from a different culture. Or, you may be interested in examining what is said when they view a national example of care after having observed care from a different culture.

During the showings, I had the role of observer and supporter without directing the comments and discussions. I intended to ask questions during the showings only with a view to motivating the participants, making them elaborate on some of their views, and checking my understanding

[17] I applied for and was given approval for reuse of my 'PhD films' in the "Care Work in Europe" research project.

of their statements. Other questions were generally saved until the end of the sessions, but I did not always succeed in maintaining this observing distance and on a few occasions I got involved in the discussion.

Just like the question about the order in which showings are made, the researcher's role during the session depends on her focus and thus on a specific assessment of how one get the empirical material desired for further analysis.

In any circumstance, I experienced a very favourable sentiment in the groups. In my view, it matters that each group was relatively homogeneous and that they considered the meetings as an opportunity for discussing their work area. Thus, the meetings have so far taken the form of courses or feature days for the participants.

Practitioners, experts and care recipients as observers

In terms of education, the two groups of practitioners were very similar and representative of elderly care staff. Topic-wise, the comments provided by social actors and other practitioners were quite similar and overlapping with the expert comments. The practitioners discussed the good and the bad in the films showed and compared with the ideals of care and their own practice in the manner of their perception. They significantly incorporated professional knowledge and reflection, e.g. regarding lifting techniques and communication, and related their findings to their personal views and habits. Both practitioner groups were characterised by a very good sentiment but one group also saw considerable disagreement.

The group of experts commented on the three films and provided reflections that were characterised by overview, professional insight and an academic distance and an understanding that the observer task was not about detecting correct and incorrect actions of care. The comments were affected by an understanding that different types of care actions express different cultural and social correlations. Sympathy was expressed for the difficult care work done as well as indignation with regard to the busyness that dominates certain areas of care work. The group of experts did not agree on all issues but did conduct good discussions in a positive sentiment.

From my PhD project I have experience in showing films to residents at a centre for elderly people. One of the residents is featured in the Danish film that is used in this research project. In my experience, elderly people provide a fascinating additional feature to the perspectives of groups. For example, one scene shows a care worker with both hands placed on her hips while speaking to an old man. All the care people criticised the body language while the group of elderly people described her as a nice "regular housewife"[18].

Involvement of care recipients in the project is interesting. Showing of films to elderly people presupposes more patience, proper sound and light conditions, curiosity and open-mindedness towards any kind of comments. A 'Sophos project' does not assume that the observers provide professional, distancing and reflective comments.

[18] This scene is not included in the Sophos film used in this project.

13. Ethical questions

Film recording and editing

Film is a powerful medium, and our film features people in intimate situations, and the practice of care people is shown to colleagues, care recipients, relatives and managers, and then to other practitioners and researchers on a national and international level. In its concentrated form, films allow for details to be focal points, which you would otherwise neglect, and that may dominate the focus of the various observers. This happens despite the fact that the features scenes that are taken out of context (cf. Hansen 2003).

The three country teams of researchers paid much attention to avoid putting people in situations where they might feel misused, exposed or offended. We know very well that may happen despite our attempted care for the participants and we are aware of the problem that recordings and editing mirror the researchers' ethical assessment.

The ethical questions involve both legal and moral aspects and relate to both the practitioners and the recipients who agreed to feature in the films. The three films about elderly care feature elderly people who are assisted when getting out of bed, are washed, having their nappy changed, are assisted when going to toilet, doing physical exercising, participating in social activities, etc. Some scenes contain several very private and very intimate situations but without exposing any naked body. We have been praised for the careful manner in which we have recorded and edited the films.

The above considerations did not adversely affect the realistic feature of the films and do not impact the quality of our empirical material; on the contrary they improve quality because we have prevented the project observers from getting carried away in discussions about ethical issues concerning exposure of people.

Hence, we wanted to avoid any humiliating scenes while facing the following dilemma: If we decided to completely leave out scenes with personal hygiene we would risk romancing the day-to-day business of elderly care. We do not deny that in real life many elderly people have to accept assistance in a wide spectrum of intimate situations, and we cannot disregard that the personal hygiene tasks represent a key part of the day-to-day business for the staff in the area of elderly care. Despite these considerations, some scenes may appear humiliating to some of the observers. Discomfort that arises when watching such scenes may be ascribable to empathy, and probably also to aspects of unconscious identification with the elderly persons and anxiety by facing old age and bodily decay.

Written information and consent

Each film focuses on two care people with glimpses of other staff. Other focal points are specific elderly care recipients but other elderly people are also seen in the films. In every case, the people filmed were asked for their consent to participate. Written information was provided and the necessary, written consent of participation was obtained (the municipality lawyer approved the wording). When it came to care recipients with severe dementia, I asked the management of the centres of elderly people to solve the consent and approval problem. The social actors were

given the opportunity to withdraw from the project during its course or after having viewed the final result. No participant has withdrawn or requested a specific scene to be deleted.

Ethical problems concerning observer statements

The ethical issues do not solely relate to the film production. The finished films were shown to colleagues, other practitioners, and experts in the field and occasionally to employers/managers of the social actors and to care recipients' relatives. We process the empirical material with ethical considerations exactly as one do to any kind of research material, say, interviews.

Our research, however, faced the particular problem, that observers comment on a filmed practice. We are able to ensure anonymity of the observers who have given their comments but as their views concerning the individual films are referred in our reports and then published, we cannot avoid that involved social actors might experience their practice discussed and possibly criticised in public. We are aware that despite our emphasis that all scenes are taken out of a context, and that comments primarily say something about the commentators; the participants may be burdened by criticism of their practice. We ensure anonymity to the widest possible extent and strive to handle the material both carefully and decently.

14. The empirical research material

The project contains a total of three films on elderly care and three films on the practice of day-care institutions for children in Denmark, The UK and Hungary, respectively. All 6 films are available in the three languages. The films are part of the empirical data but are considered to be background material.

The showing of films to the observers and their comments and discussions in this context were taped and frequently video recorded. The tape and video recordings of the observers and the transcripts of their comments are the primary empirical material of the project; it is internal material that belongs to the individual researcher/team of researchers, and it was not translated into another language.

I made notes during the film recordings and transcripts, which represent supplementary material and background data for interpretations. Moreover, I collected some additional information about the practitioners who participated as observers by way of questionnaires.

By far, most of the recordings of the participant comments were transcribed. As a sound track was occasionally recorded together with the conversation between the observers, the transcribing was difficult. Moreover, we needed the transcribing of some showings to refer both what was said by the observers and that which is taking place in the film, and the transcribing of bodily reactions. Moreover, it has made sense to keep one transcription with all the reactions of the first and second showings for each scene of the film.

We have had a common guide for the transcription, but it has been left to the individual researcher to determine the layout of the transcription. The default layout is detailed in Hansen and Jensen 2004.

I have coded the material using the Nvivo software[19], thus collecting all group comments based on issue or theme, e.g. all comments about body language or meals. You may of course choose to collect all groups' comments for a particular scene in a particular film. The Nvivo software does not affect your choice of codes or interpretations but solely features an advanced cut and paste functionality.

15. Approach in analysis and interpretations

To some extent, my analysis and interpretations may be viewed as phenomenological, but to a larger degree, as hermeneutic. One might also say that there is a phenomenological and a hermeneutical level: I examine how care is perceived by the participants and interpret the material on the basis of Ricœur's critical hermeneutics, i.e. with both an understanding and an explanation through critical distance to what is being said during the discourse situation. In that sense, I thus perceive observer conversations as discourses, which is in line with Ricœur's use of the 'discourse' concept that is constituted of a dialectic between event and meaning and with the discourse transcending the event and developing into a certain meaning in the process of interpretation and understanding. In other words, it is an event where someone says something to someone else about something. This is considered as a text that can be freely interpreted relative to the specific ostensive references of the discourse situation and with a surplus of meaning that develops in front of the text and through my interpretation (Ricœur 2002a).

The coding of the material was done on the basis of fairly flexible and intuitive criteria and so far the analysis and interpretation work is limited. I have singled out statements that point to specific values among the observers and stressed themes of which some will be discussed further below.

I am aware in my interpretations that I was strongly involved in the recording and editing of the Danish film, which may create the feeling that, it is 'my' film. Moreover, I have specific feelings about the social actors who assisted me during the project, but am aware that a critically hermeneutic analysis and interpretation requires a certain distancing. Thus, the research may benefit from the fact that the interpretation work was not completed within the tight deadline that applied to the research project.

16. Comments and discussions of the three observer groups

The three country teams of researchers had common guidelines with regard to minutes of meetings at which films were shown and discussed, and I will refer to the individual discourse situations on that basis. However, I found it difficult to adhere to the suggestion that you should stress what was appreciated and what did the observers not appreciate. A number of comments do not fit into this kind of good/bad dichotomy because the observers often discuss various dimensions of the same issue.

As already mentioned several times, the material is not fully analysed or interpreted. That requires more time than allowed by this project. The referencing style that affects the following - which only incorporates the initial analysis- however, benefits from the fact that it may provide

[19] QSR NUD*IST Vivo (Nvivo) for Microsoft Windows.

some information about the fundamentals of the empirical material and thus an impression of the opportunities of the approach and the problems of data collection (incidentally, this is one of the key objectives of the report).

The initial analysis of the material consisted of sorting, categorisation and conceptualisation of the observer statements with my choice of codes and my assessment of the categorisation of individual statements relative to the codes. I mainly worked with the following codes, which reflect the topics that the observers paid attention to (in my interpretation): communication; respect and dignity; help to self-help[20]; institution, own home or hospital; hygiene; working environment and working postures.

Some of the codes are based on very broad concepts, e.g. 'communication'. In fact, this concept is so broad that it could cover all comments from the groups. I have been pragmatic in my use of the concept to allow for an overlapping with concepts of e.g. dignity, respect. I have mainly used 'communication' to refer to statements that deal with specific assumptions concerning the level of understanding between the parties, say, considering the recipient's ability to understand what is communicated, that dialogue takes place, that communication is friendly and accommodating, and that communication takes place at eye level, etc.

There is no general systematic in the presentations below. The different discourse themes of the observer groups are presented in the order that is suggested by the material and the intensity of the discourse situation.

I have not indicated who made each comment that is quoted below. The individual observer comments are simply separated by dots…. It does not show how many times each observer of the group makes a statement but the comments may give a general idea.

Social actors' comments on the Hungarian film

The Danish practitioners in the group of social actors work in a special unit for people with severe dementia. They receive significant guidance on dementia care, and the unit is highly focused on offering care as a means of helping people to self-help and coupled with considerable respect. These observers began by watching the Hungarian film. Some of their comments dealt with the issue of help to self-help: *"This is certainly not an example of collaboration. The staffs are doing all the work. They* [care recipients] *are not helping at all" … "This is not help to self-help* […] *This is about doing it as quickly as possible".*

These observers have no knowledge about the specific conditions for the care provided in the Hungarian film but their comments reflect their view that in principle care actions should preferably be performed with recipient involvement and activity. When the members of the group later saw the scenes with common social activities they returned to the discussion about helping the old people to self-help, and they compared the social activities scenes with their own work:*"we do not play bingo, wheel of fortunes, etc. We usually spend much more time and this* [the film] *showed that it only takes them 10 minutes".*

Thus, to these Danish observers, a care task as e.g. being washed "*is an activity in itself* [for the recipients] *… It is very much about giving help to self-help. We record the reaction time and do*

[20] The term 'help to self-help' is literally translated from the Danish 'hjælp til selvhjælp'.

not do anything until the user understands what we are saying. That is why we spend so much time on the care work… Meals may require much time too, notably if they [the recipients of care] *are to be* [actively involved]*"*. Thus, these observer statements underline how they perceive the practical and personal assistance for each recipient of care as a kind of social activity. Instead of hurrying to finish e.g. the washing and dressing of a care recipient before a social activity, they spend time to involve the recipients and turn the situation into an independent activity.

In the opinion of Danish observers, the Hungarian recipients of care were occasionally disregarded and ignored in conversations, which triggered a discussion among the observers about dignity problems and barriers to satisfactory contact and communication. *"There was a lot of talking among the staff and lots of noise, not among the residents, but it took place above their heads* [i.e. without their involvement]*"*. During a particular scene, in which a woman is strapped to a chair, the observers discussed whether another sort of contact with that woman would have prevented the strapping: *"Oh, then she is strapped and now she is already taking off her clothes again.* […] *She does not understand what is going on at all. If only she knew that she was to get dressed and have breakfast, and she would be able to keep track of things, well, then I do not think you would need to strap her"… "Look, there is eye contact, and she is answering... She understands very well what is being said"*.

The observers do not know about the necessity of the strapping and whether it is the wish of the Hungarian social actors. The observer statements do not tell us anything about the Hungarian conditions but solely about the Danish observers' view on strapping. They express the view that in principle the involvement of care recipients is one way of preventing unease and strapping.

The Danish social actors were puzzled about the Hungarian care people's use of gloves: *"I did not like that they used gloves when handing food to the people at the table. I would not like to get a plastic glove put into my mouth"*. One particular reaction from one of the Hungarian care recipients led the Danish observers to comment that that person should have eaten independently instead of being fed: *"Look, she can do it* […] *Instead of using your hands with that plastic thing* […] *think about being fed in that way, oh dear! …I wonder if she cannot eat by herself. She is able to hold on to the cup, why not give her some food in her hand….I did not see whether it was in the upper or lower part of the mouth…I think it was upper, but she should still be able to handle small cuts"*.

The observers were puzzled about the use of the reference to the 'bib'. They did not like it and discussed whether it was a translation mistake. They thought that the bib or cloth should not be brought into use until eating time. The citizens should not sit and wait and wear a bib/cloth: *"When the food is served, that is when you put it on – not earlier. They do not have to sit and wait like that, they do not have to do that*".

The observers of this group thought it was a problem that personal hygiene tasks (e.g. putting in someone's teeth and changing underwear) were done next to where four people live: *"They have no clean underwear with them* [at the bathroom]. *So she has to change while the old woman is standing and looking at the other residents. That involves a lack of dignity*"… *"You do not do that at the table when the other residents are sitting and looking, no matter how bad* [ill] *they are*". Moreover, the group considered it problematic to place the care recipients in a chair with a pulled up skirt: *"I do not understand that when they pull up her skirt and she is sitting on that*

kind of garden chair and she is wearing panties [Literally translated: net-panties i.e. a special type used with a diaper] *then why does she not have an extra pair of ordinary panties on as well. That would protect her, although only slightly* […] *and then sitting on that plastic chair. It is probably because of not to … if a minor incident should occur… Then you could sit there without underwear but with a diaper and you would not get wet when peeing… Relatives or relatives of the other residents may pop by and then you would be sitting there with a completely naked behind"*.

The film contains a scene with a woman who is given two diapers. The Danish observers thought that instead of making the care recipient wear two diapers you should help her to go to the toilet more frequently and be careful to ensure she has ample time to finish. The observers found it humiliating for the care recipient to wear two diapers. The comments on the use of diapers reflect the observers' view on that issue but they do not provide documentation on the conditions for elderly people in Hungary or Denmark. The Danish media frequently criticises the conditions facing elderly people who need public service and care, and the criticism has partially dealt with issues of elderly people who had to wear a wet diaper for several hours.

Critical comments voiced on a number of actions in the Hungarian film were followed up by comments that the Hungarian helpers are probably doing their best in the less favourable circumstances but that they ought to have further training.

According to the Danish social actors, the Hungarian film was characterised by a lot of noise: *"There was background music all the time. It was very noisy ...What a terrible radio! They cannot hear what they say to each other ... If you have hearing problems or are using a hearing aid, you will not understand anything at all"*. Considering these comments, I asked the group whether they did not listen to music in the common areas, to which they replied: *"Sure, if we are finished, and someone wants to be alone and listen to music,"* and *"We also turn it on in the living room in the evenings to calm people down if they have got very excited about something. Then I may take a resident with me and turn on … and the others will then automatically join us"... "So, we also listen to music, but we do one thing at a time. If someone starts talking, then we turn the music off ... Then we have got together the people who want to be there. But we do not want the music to be a source of noise when we are doing something else"*.

The observers recorded that two care people performed several tasks with the same recipient of care, and *"notably when she has a hearing problem, then it is important that there is one person with a good relation to her who explains what happens to her to ensure a good experience… They ignore her. She is not involved at all and does not know what is happening. She is just getting dressed while they are talking"*. The group stressed that poor hearing does not warrant reduced care in communication. When the resident has a hearing problem, *"then they need to make eye contact … they are standing and she is sitting down, so they have to bow down to get in touch with her. I think that is doable"*.

Whether it was in fact possible to communicate better with the Hungarian recipient of care and whether the Danish care workers' own practice is truly characterised by this kind of communication does not clash with that 'eye-to-eye communication' is a key principle to these observers.

One of the Danish social actors believed that the Hungarian care people were skilled *"considering the framework and opportunities available to them"*. A specific situation was commented on

as follows *"The helper seems a very nice person and tries to get the communication going".*, but generally they found that the Hungarian care people needed further training in communication and ethical aspects, and performed as help to self-help. The Danish observers, for example, commented on the need to know that you should never ignore another person during a conversation (no matter the level of understanding of that person), that you should speak eye-to-eye (notably if the person has a hearing problem or dementia disorder), that you should always explain to the care recipient what you are doing, that you should preferably walk next to instead of behind the person, and that you should to give strokes and support. Moreover, the observers paid attention to situations in which good communication changes the behaviour of the care recipient: *"Look, just talking to her … there is eye contact and she is answering. We see that every time".*

The Danish social actors thought the white uniforms, the plastic gloves and head protection during meals reminded them too much of a hospital: *"He looks like the surgeon, look at his hat … It really reminds me of a hospital and not something homely"*. They also believed the layout (especially the fact that several residents live together in one unit), and the lack of personal furniture resembled a hospital: *"It reminds me very much of the hospital. They have a bed and a table, and that is it. Is this what they have of personal stuff?"… "As far as I can judge, they do not have very much private life, there is only the bed table, and there is the helper who just walks in and goes through her drawer. 'What are you doing? What do you want in there?' That is her territory but they do not respect that"*. This scene triggered comments and it was stressed that aggressive behaviour may be sparked off among some care recipients if you violate their private sphere: *"If you have dementia, this is one of the things that may trigger such a reaction, and you get physically beaten. – Try and look at her eyes. She is not happy at all. There are lots of things going on here and she hears very well," […]"I do not like that they do not have any personal life. How terrible it must be to be exposed in this manner. The door to the toilet is wide open while you are in there".*

You will see that the Danish observers express the view that housing and care services for elderly people, including ill and weak elderly people, should have homely features and that the private life of elderly people should be respected in any circumstances.

The social actors were positive about the scenes of common social activities. In one of the scenes, the care worker makes a play on words with two elderly women, and she says to the two women that they have to help her with the rules. The following comments are made with respect to that scene: *"Look, she is really great when she says that 'I need your help'. She gives the two elderly woman a certain role and postures herself below them. That makes them feel good right away, I think"*.

Another scene with a group of care recipients who have gathered at a social activity enjoys positive comments. One observer said that she was impressed while she defended the manner in which the care workers are working at her workplace: *"we give very high priority to nursing time. The nursing takes so much time – otherwise we would be able to do that kind of thing as well"*. The two other participants of the group added their comments: *"I work in the evenings and sometimes we play cards or bake a cake, and one of them* [residents] *will whip cream and another resident will help with the decoration or cut fruit into pieces. That is another kind of activity" … "When we play music and Birgit joins us, we will spend half an hour on singing, and we participate as much as possible" … "We also give priority to walks and fresh air".*

The group of social actors made a number of comments concerning working environment and notably the Hungarian care people's lack of lifting techniques: *"They have no lifting technique*". According to the observers, pulling an elderly person up and out of a chair poses a problem with regard to the care worker and the elderly person: *"She* [the care recipient] *appears very tiny and fragile, she may be suffering from rheumatism, and that may worsen her condition" …"You must never pull her upwards under the arms, you should hold onto the hips and support the back from behind" ... "If she cannot do it herself, I would get the proper technical aids"… "They do not need technical aids, however, but may instead use a sheet or towel to support her bottom and help her get up. Moreover, they do not tell her that she must get up "... "I would hold on to her so that she would feel it and make her feel comfortable instead of just pulling her up"… "The working posture is not too good either"*. The observers subsequently said that establishing good contact with the care recipients is very important to ensure collaboration with regard to these actions. The care worker needs to make sure the care recipient gets the message: *"She fairly quickly comes to you and says one, two, three ... and ... there is no contact" … "I do not think she quite follows"… "There is no contact and she does not say 'now, let us get you up on your legs. I will start counting.' That is what the other did right before" … "It seems as her reaction is very slow, but when she starts repeating the words that are said, then she seems to have understood everything"… "The helper does not think of herself in this respect. What she does is banned"*. Researcher: *"Is it banned because of her own body?" "Yes, she will probably put a foot down"…"if you lose your balance. Then all three will fall"… "Look, their shoulders are tightened" ... "It is a shame, and that may partially explain why she is doing it so quickly instead of taking her time to explain that she has to get up when someone is sitting and waiting for her and they have to go. 'Now, let me help here, we really have to get up and on our way'"*.

These comments reflect the observers' knowledge about the support that should be given to elderly people to prevent unnecessary burdening of their bodies, and they are attentive to the strain on the care worker's body. They know about alternative means of aid (using bed linen) and that collaboration between two parties during relocation will reduce both the physical and mental strain. At the same time, they show their understanding of how the work environment (notably time pressure) may prevent appropriate working postures.

Social actors' comments on the English film

The social actors found that the English care workers let the residents do much but also said the film showed actions that the residents apparently could have handled themselves. Both types of comments confirm the observer ideals. In their opinion 'help to self-help' and 'self-care' are key qualities in elderly care.

Commenting on a scene in which an elderly woman is assisted with her washing, the Danish observers exchanged the following comments: *"She is allowed to do things herself"…. "it is great that they are allowed to do the things they want themselves, say, putting their teeth into their mouth and washing their face and hands themselves. She* [the recipient of care] *is part of the care" … "The helper is not rushing her in any way" … "Their teamwork is very good, the helper explains everything well, here is the towel and puts words to the actions. That is very important to many elderly people, it makes everything very predictable and ensures she will do anything when she is told what is about to happen"*.

One of the Danish social actors says 'she is allowed to do things herself', which reflects her own understanding and its positive content (people need to be allowed to participate actively). I mainly interpreted this to indicate a specific value, allowing care recipients to be active and develop their self-care skills. On closer inspection, the statement shows that some people are put in a situation in which someone else 'gives approval'. Thus, this statement may be interpreted in relation to a discourse on power, however, that interpretation will not be done here.

The statement is underpinned by another observer in the group who stresses that active involvement is about the things preferred by the care recipients. That does not mean care should not be offered, but it should be done in a manner that does not put the recipient into a passive posture. Ideally, the recipient of care performs as much as possible (care is done with a view to help to self-help). At the same time, they appreciate that the care workers inform recipients about their actions, which goes along with the professionalism that is to support the concept of help to self-help. In my interpretation, this is pedagogical thinking.

Although the Danish observers talk very positively about the manner in which the English care workers involve the care recipients, they also express occasional puzzlement about why the elderly people are not supported to participate more actively than seems to be the case. Comments about one of the scenes were as follows: *"I do not understand that when she is so fine and mobile, then put the washbowl in front of her. She could have done her washing at the table"… "Well, everything but her back" … "Maybe it was nice just sitting there with the sense of the water" … "I can image sitting by a washbasin. I do not like her sitting at the toiletchair during the entire process, but I guess it is more practical. Maybe she ought to stay at the toilet to finish her business and then be allowed to move on. We also do that sometimes and in specific situations" …"You sit on the bedpan chair and are moved over to the washbasin. You sit there with a towel and get your teeth brushed, and so on".*

On the basis of these comments and the comments on other scenes, notably with regard to personal hygiene, the observers show interest in the possibilities of activating and involving the recipients of care. In the event quoted, the Danish observers suggest that the water is placed in front of the woman, and in the same scene the Danish observers note that the woman is sitting on a bedpan chair while she is washed. They did not like that but explained that this also happens in their own work[21]. The situation was probably particularly unsatisfactory because it took place in the woman's room (she has no bathroom of her own).

In another comment on the same scene, one of the Danish observers said that it was great that the English care worker asks whether the elderly woman feels she is dry. *"I mean, you cannot feel that when you wipe someone's behind"*. This is a solution to a specific problem – to feel whether you have done the wiping/cleaning satisfactorily but it is also about the involvement of the care recipient and support of her ability to help herself and provide self-care.

The English care worker asks the elderly woman to comb her hair, which is also commented on by the Danish observer group: *"She is allowed to use the comb although it is a little difficult for her. The helper quietly says 'why don't I do your hair in the back where you can't reach yourself?' but she* [the care worker] *still does much of it anyway […] She* [the care recipient] *also feels that she has been involved and active"*. This is another sign of attention to the possibility

[21] This is the case in the Danish film on elderly care as well, but in the care recipient's own bathroom.

of involving the care recipient or at least to give the recipient of care *a feeling* of involvement. This is in line with the example where 'approval is given'. The paradigm of the Danish elderly care is indirectly mentioned (the recipients should *feel* they are involved). That may start an interesting discussion, which, however, goes beyond the scope of this survey.

Several comments are about the importance of informing the recipients of care about the actions taken. The Danish observers found that the English care workers were relatively good at providing information: *"she gives good instructions when she helps her and says 'take that' and 'push away from there'"*. The Danish observers noted that a fair amount of time was allowed for assistance: *"The helper takes her time, although the walking is very slow"… "The guidance was good too"*.

One element of information and involvement is eye-to-eye contact. One of the Danish observers comments as follows: *"She puts herself on your eye level every time she talks with her. When she does not do it, the elderly woman says 'pardon?' "*

The question about dignity and respect is indirectly reflected in many of the comments – I include a few examples only. Generally speaking, the Danish observers in this group found that the English care workers showed respect and treated the care recipients in a respectful manner, and they stressed the friendly and calm style. Moreover, the group found that one of the care workers asks a recipient of care about what clothes she would like to wear: *"She asks her about her preferred clothes, and that is great. What colour she wants. She is allowed to choose herself. She does not just open the cupboard, pull out some clothes and put it on the elderly woman" … "If they are able to choose, they should be given the opportunity*".

Likewise, the observers expressed acknowledgement of the scene in which the recipient of care is properly covered so that she is not sitting naked and the scene in which the care worker leaves the room while the care recipient stays at the toilet. They noted that one of the care workers knocked on the door although the care recipients had called on her, and they observed that another care worker, who had knocked on the door, did not enter until a response was heard.

In another scene the care worker pulls some socks from the woman's drawer. According to the Danish observers, she should have discussed this with the recipient first *"You could have said you were looking for a pair of socks instead of just opening the drawer"*.

As already mentioned, 'communication' is so broad that it could serve as the headline of most of the comments. Below I refer to comments that only deal with that people need to hear, see and feel to be able to participate in human interaction. The Danish observers were puzzled that one of the English recipients of care did not use a hearing aid *"I am puzzled why she does not use a hearing aid, because her hearing is not too good"*. The social actors, however, were fascinated by the communication with a deaf-blind man: *"I am truly fascinated, this is the first time I have seen something like that"… "Me too" … "I have never seen something like that, with only one hand"… "It is really great that she can do it. I would have been completely lost if there was no helper to assist me"*.

The Danish observers made a number of comments about the friendliness and sentiment of the communication. They found that the English care workers were *"sweet, friendly and respectful and that the sentiment was good"*. One of the observers said that she particularly liked how one

of the English care workers *"refers to them as girls, including the 95-year old woman who is very lively and she says 'here you are, girls' … It is great that they are asked about what they would like. That is a very rare thing"*. The last comment touches on the questions about the opportunities given to elderly people, although that issue is not further discussed by the group but is covered in more detail by another group of observers. In continuation of the comment about choices, one of the observers says: *"There, the communication with her is really good. Actually, she is there to learn what they want for dinner and she* [care recipient] *says that she will not be there as she is going on a train ride. They are having a real good conversation and she follows up on that"*. Although their communication is very brief with the care worker standing and seemingly very busy, the observer still found the scene to be an example of good communication.

As already mentioned, in conjunction with the reference to 'help to self-help' and 'self-care' the Danish practitioners found that the English care workers are carefully guiding and explaining what they are doing. The observers made several comments on the scene in which the woman is having a bath in the tub, for example: "*Again she explains what she is doing, before she does it*".

The group also commented on scenes that characterise sense-stimulating experiences, for example, the scene in which a woman is having her nails polished. Another event that belongs to the category of 'sense-stimulating experiences' is a discussion that arose from some criticism: The observer group believed that the recipients did not receive emotional experience because the care worker used gloves in conjunction with any kind of personal care. They all agreed that it is not *"nice to be washed and rubbed with a plastic glove – there is no body contact and that makes it very clinical. She wears them during all the washing and rubbing*". One participant said that she only wore plastic gloves herself *"for lower body hygiene and mouth hygiene tasks but never on the body. That is felt as distancing*".

Some comments directly and indirectly touched on the question about the overall associations generated by watching the three films: does the place look like a hotel, an institution, a hospital or a private home? The English film was of course compared to the Hungarian film, which, the Danish observers believe, reflects elderly care characterised by an institutional framework, and a comparison with Denmark was made too (institutional features), although the country is characterised by the line of thought that homes are private residences (statutory condition laid down in relation to rights and duties).

Some of the Danish practitioners commented on the hotel characteristics of the English film. *"Somewhat hotel-like. Yes, the yellow colours and panelling, the long hallways. Then they go and get their morning coffee, the table is laid, etc., and they wear uniforms. It reminds me of the time when I joined the home care service on Zealand some 18 years ago when we used to wear smock"*[22]. The nicely laid tables, however, attracted the following comments: "*It is great they have laid the table very beautifully and that means a lot when it is your home and you have your meals at a finely laid table. You feel more welcomed with a well-laid table in front of you. It creates a good atmosphere*". One of the observers commented on the hospital reference by mentioning the trolley with clean linen: *"I think they change the linen every day...it looks like a hotel because of the trolley"*.

[22] The Danish word 'kittel' is translated into 'smock'. In Denmark we also use the term 'uniform' for this clothes.

The above comments and the observer's reference to personal experiences 18 years ago and comments about their uniforms at that time may also reflect associations with institutional features, and other comments point in that direction too, for example the comment about the food trolley: *"And with those institutional features – and the food trolley*". The puzzlement about why a woman is given her medicine while she sits in the hallway is another comment associated with the institutional features. Moreover, the group discussed the question about why there are no stacks of gloves and towels available in the bathroom *"The towel issue really puzzled me, why there are no towels that you can use, but maybe they have their personal ones*".

In conjunction with the comments about the linen trolley, the observers were asked whether they themselves walk around with a trolley to supply bed linen and towels: *"Do you go in and collect it from each resident?"* All three observers of the group replied unanimously: *"People keep their stuff in their own cupboards*" *... "It is their bed linen" … "If it is rented, they keep it in a small store room with their belongings*". The comments about the English trolleys and smocks were supplemented by a reference to the Hungarian film: *"When you compare all that with the white uniforms from yesterday, there is nothing offensive about it"*.

The Danish practitioners of the group compared the organisation of the work tasks with that or their own: "[…] *at our place. Here, you walk straight in and get started right away, but in the rest of the unit there are similarities. We usually get together around 7 to talk.* The group was asked how they know who was going to do what, and the observers explained as follows: *"Fortunately, these people are pretty experienced. They are no new* [staff], *and we begin in the areas with specific needs and try to divide us in the most favourable way. Wherever possible, we meet after an hour or an hour and a half to talk about the rest of the day" … "Usually, one or two of the elderly people are awake when we get in" …"The residents are rather special here and they are not as outgoing as those on the film"*. Researcher: *"Do you mean that you decide for yourself to go and pay a visit?"*. Social actors: *"We are contacts for specific residents, but if P* [colleague member of the observer group] *waits for one of her residents to wake up, and my contact resident wakes up in the meantime while I am busy with other work, then P takes over. We know each other well enough to know that we are there to help"*.

The group also had a few comments about placing tasks at different times of the day. These comments relate to the general problem of the trend in structuring work according to "institutional logic", or in a manner that immediately seems to efficiency-enhance the work (at the expense of life quality). The statements will be quoted in detail because they provide information about the organisational issue and general details about the values of care work. The relevant scene involves a woman who is having her nails polished. At the beginning, the woman seems to give up but subsequently she apparently puts herself together: *"It is very sweet. She does not want to go to the bingo and she does not ... she will sit there to receive some care and caressing, getting her nails done, and she then wants to. She probably feels more chick after she is done" … "When her nails are done, she looks at them with slight admiration" … "You see, she really enjoyed. And the timing. You do not always have to do your nails in the morning session. It is often done very schematically in the morning, nails, shaving, and all that stuff. Others may prefer to do it later or somewhere else"*.

A comment about English care workers taking breaks led to a discussion about breaks in the social actors' work. One of the group participants said that *"they have their breaks"* and I (the researcher) forgot to just listen, and asked (somewhat baffled) whether you were not supposed to

take breaks? The observers explained that they do have breaks for up to 29 minutes every day, work schedules permitting. Usually, the breaks totalled no more than 15 minutes, and evening shifts allow no time for breaks since you are only two care workers on duty at the unit. The group was asked whether a 'break' would mean being completely away from the residents. *"Yes, it is without the residents* […] *we cannot do it in the evenings... it is really hard, you cannot go somewhere else in order to gather more strength*".

Another observer of the group continued on the same note and said that they "*rarely have any* [breaks] *in the daytime without the users. If we go outside to smoke, then E… or J … or M… will join. The residents always join in, and we need to maintain a good relation with them. We cannot just sit back and unwind"*. The observers were asked if they could go and smoke when they needed to if a resident joined them. To this the observers replied: *"E… cannot smoke alone, someone has to go along. … It is not just the smoke you need, but rather to gather strength and chat about professional issues with your fellow workers, or try to schedule the rest of the day and distribute the tasks to be done. That may be difficult"*.

The Danish social actors made brief comments about the issue of busyness, or more to the point, they said the English care workers did not appear to be particularly busy: *"How many residents do the two workers take care of, I mean they do not seem to be busy?" … "They work very smoothly and their work is properly divided among them. But nevertheless they must have to prepare the food and do the laundry"*. [23]

The Danish social actors made some comments concerning the English care workers' hygiene, for example, about hand hygiene and the use of gloves. Other comments were about the cleaning of bedpans and the use of aprons. Commenting on one of the English care workers, one of the observers said that they *"had not seen her wash her hands"*. The English care worker may have washed her hands several times without being filmed, but I am simply quoting some of the Danish observers' statement because they provide information about the conditions of care work: *"As a matter of fact, you must wash your hands when you take the gloves off because they have been in touch with talcum and a hot and humid environment" …"That makes the skin of your hands very rough. It is tough on your hands"… "She could have used her gloves for the teeth and lower body but now she is standing there…"*.

A little later, the group continued the talk about gloves: *"Then, she doesn't wear any gloves. I do not understand the context; she even put them into her mouth. She took it out when she* [the recipient of care] *could not* [swallow the pill]. *You must always use gloves when putting them into someone's mouth"*. And later again, the group discusses the use of gloves: *"Look, they are not wearing any gloves. I do not understand the context, the bed linen is most certainly dirty, I mean, why would you otherwise change it. And they throw it on the floor. They could at least leave it on the trolley"*.

The English film shows that the care workers wear aprons when they serve food, a move that is praised by the Danish practitioners: *"I like that the helpers are wearing aprons when they are about to cook a meal"… "Yes, after they walked around with the dirty laundry"*. In reply to the

[23] In both this context and elsewhere in the material statements are made without insight into local conditions. Statements about having enough time does not tell us anything about the UK working conditions but indicate that time is a key factor in elderly care in Denmark.

researchers' question about how they go about it themselves, all three observers replied: *"We don't do anything,*" and one observer said *"we could learn from them, it is practical and quickly put on"*.

The English film contains a scene with a care worker cleaning bedpans in the tub with the use of chlorine, which triggered a discussion among the Danish group of observers. They were positive about the careful cleaning but one stressed the problem of using chlorine. When she mentioned the noxious chlorine vapours she was probably referring to the work environment (she does not stress any focus on external environment). The observers said that it is difficult for them to clean the bedpans thoroughly. The reason is not the lack of cleaning agents but the method of cleaning the bedpans under a shower in each resident's room where the tub is not big enough for this exercise: *"I like that they take out the bedpans to thoroughly clean them"… "And they use chlorine. We are not allowed to use chlorine because of the vapours" … "instead you could just use an effective cleaning aid, that would do the job. But that rarely happens. Instead you will see the use of toilet detergents with some pretty nasty remains at the edge"*.

I wanted to check my understanding and asked the following question: *"You said that you clean the bedpans in the individual's bathroom to which they belong. Do you think the cleaning is not thorough enough?"* The observer confirmed that was the case: *"No, I do not think so. I noticed it the first time and found it really great"*. Another group member adds the following explanation: *"We do not have a wash basin that is big enough for cleaning the entire bedpan. We need to use the shower and the floor since the washbasin is too small*", and the third group member says: *"We try to make up for this approach by covering them with bags. We cover the bedpan with a bag* [before use], *we use lots of plastic bags. Everything is emptied into the toilet"*. Researcher: *And that does not bother the resident because the bedpan is put beneath the chair, right?"* Answer: *"Correct*".

In this connection, one of the social actors says there is a lack of balance between the high level of hygiene with regard to the bedpans and the hand hygiene of the English care workers: *"Both the bedpan and the chair appear clean which is not in line* […] *when we do not see them wash their hands"*. Another observer had further comments: *"And they are not using gloves either when they put clothes into the washing machine. They are handling the clothes of the residents, but they used their gloves when they dressed each of the residents"*.

Very few comments relate to the physical framework. One of the Danish observers noted that there was a nice dining room and another observer said the long hallways reminded them of a hotel. They were enthusiastic about the bathroom and thought it would be great for the recipients of care to take a bath in the tub once in a while. At their workplace, each resident has an individual, large-sized bathroom but with only a shower.

When the group had watched the film, someone said: *"It is quite clear that they had learned how to help to self-help and about self-care, and that they had to keep the resident and themselves in mind, and how relocations are done, and they use verbal guidance a lot. That was really good*".

Social actors' comments on the Danish film

Only two of the observers in this group were 'social actors' and thus observers of own care practice. The third participant was a colleague. Owing to time pressure, and as the two social actors had already seen and commented on the film, the Danish film was not commented on in similar detail as the Hungarian and English films. Anyway, many comments were made, and below I will only quote a few issues stressed by the group.

Several of the comments on the Danish film dealt with contact and communication. One of the social actors praised a colleague for establishing very good contact with an elderly man with severe dementia: *"It is really great to see E and S … S reacts very positively to E, and she immediately grabs the signals that he sends. I know S myself and know that if E had made one mistake only, S would have reacted immediately. Even if it was just a question about being wiped with a napkin. She always says 'now I will do ...' and she touches him to make him feel the physical contact"*.

Later, the group talked about the noise of rising and lowering the bed and that E. probably should have told the care recipient, but when the recipient did not react to the noise (although he was very sensitive to noise), they concluded it was not a big problem after all.

The observers were slightly critical about the speed and the lack of information when the recipient was lifted out of his bed by means of lifting equipment but they stressed that the male resident usually shouts out if he disagrees.

Later during the observation of the film, one of the social actors in the group returned to the question about communication and information. She said her colleague *"is a good communicator … and precisely captures what is said by S and provides him with a good experience although he does not like the facecloth or water*". *… "He really likes it when we put on shaving foam - E captures what is said by S and talks about his daughter and the shirt she has given him. "… "And E understands that he might be thirsty"*.

There is a scene in the film with a social actor in a smoking room who is laughing and having fun with an elderly woman who says that she will die if she does not get a cigarette. The social actor was rather shy when she watched the filmed scene and worried how an external person would react to their conversation: "*but she* [elderly woman with dementia] *just loves it and thinks it is great. Now, she has achieved contact, otherwise she would have just been standing. She had a good experience asking me for a cigarette"*.

The second part of the film shows a care worker who helps an elderly man who is taking a shower and gets his breakfast. The scene is shot at a different centre for elderly people and the two social actors in this part of the film are not members of the group in question[24]. The observers made critical comments about the communication in this scene; they did not like that the care worker stood in the kitchen with her back against the care recipient during their conversation: *"It is not a good thing that she stands in the kitchen with her back to him while they talk*" *..."She appears to be fairly absent when she answers him. She does answer but seems very absent" ... "I believe she will reconsider once she has watched the scene herself and her body language. Even small things may make you look stressed and you can stir in the pot at the same*

[24] These social actors watched the film at another date (before the showing to any other people).

time, sometimes the small things matter the most, and you should be careful not to make too much noise with the china".

The statement about making noise with the china made another observer talk about her work in a protected unit for people with severe dementia. Her work is very different from the care work shown in the second part of the Danish film: *"At the housing unit, we are very attentive to these things, that you should avoid making noise with the china, to ensure a quiet and calm atmosphere, and steady movements. It stands out more clearly when others in the film behave this way"*, and the colleague continued: *"we know several good communication approaches, for example, she repeated some of the words that he said, when she did not listen. I do this myself once in a while when cannot handle to listen any more. Then I simply repeat some of the words". "Well, you just let the conversation continue" … "It is a way of protecting yourself".*

Although these statements show that the workers cannot cope with large amounts of conversation during a workday, the group thinks that the care workers in the second half of the film were too absent during the conversation. They are told that the care recipient is in fact sitting very close to the kitchen table, but *"She ought to turn around and talk"… "She is busy with a lot of other things" ... "True, she does not seem to focus on him. She really shows how busy she is".*

This is an interesting schism: On the one hand, the observers say that the care workers cannot cope with very much conversation during a work day, but on the other hand they explain how proper attention is an important principle to them. Thus, they probably express the dilemma that is facing the individual observer every day.

One of the group's participants compared this situation with personal experiences from the nursing service: *"It reminds me a lot of the home services, there is a big difference between working externally or internally. I would probably have done the same thing as her. The minutes are counting and you are busy. But I still believe that if I was going there regularly, and I believe she does, then I would try to plan ahead to complete everything. Then, maybe she would be able to have a coffee break with him, she could do all those dishes afterwards. I think it is wrong that she is standing with her back to him" … "And that shower went really quickly, notably when you watch her movements outside the shower curtain and you cannot see him, then it has quite an impact".*

The observers agree that they are *"privileged"* compared with the care workers who pay visits to the elderly people at their elderly housings and private homes: *"we usually have enough time"*. The observer who made a comparison with previous work explained that it was difficult for her to get used to the slowness at which things were done at the housing unit with people with severe dementia: *"That was one of the most difficult things for me at the beginning – to sit and have a chat with the residents while a fellow worker is busy. You could take turns, but that was also difficult for me at the beginning. I was used to roaring ahead all day, and there would be days when you did not get any lunch and others when you ate your lunchbox in the escalator, you could not work from 7 am to 3 pm in the afternoon without food.*[…] *At the beginning, I was very tired when I got home, not physically because I did not lift heavy things but mentally. You would be active all 8 hours from the moment you open the door and step in and right until you leave" … "There was no such thing as an off day. You just had to be there. Even with a headache or a cold, because people would react. Occasionally you would succeed, for example, if you said 'I am awfully sorry, but I am not feeling well today,' Many of them would understand.*

You should also make sure not to make them feel bad about this, they would be sorry for you. It is a tough balance to strike"

The observers finished their comments by talking about the conditions for care work that are reflected in the second half of the film: *"The conditions are unfair, they really are. I can understand that she feels stressed out, because he wants a visit and it is difficult to leave him after a visit. He is one who you do not feel like leaving. He continues to talk and she tries to finish their conversation numerous times" … "Reality is right outside" …"If only the rest of the unit and those who are working externally got the same allocation as we enjoy. That would make a huge difference" … "Not only allocation but also training".*

Practitioners' comments on the Danish film

Two of the four practitioners in this group are social and health helpers and the other two are social and health assistants[25]. They work at the same centre for elderly people, two of them at the centre's nursing unit while the other two work externally in the homes of the elderly people who live in the local area.

Many of the comments made by the four practitioners on the Danish film deal with verbal and non-verbal communication. For example, the group discussed giving information to care recipients regardless of their ability to understand what is said. One of the observers believed that the care worker E. should have told the care recipient what kind of medicine he was given: *"She informs him that she needs to give him pills, but if she is used to going there she knows the indication as well, and she ought to tell him, say, that they are vitamin pills .. "*. This statement, however, sparked debate about the level of information for a person with dementia: *"but he has dementia and therefore you should not provide too many details. If she starts to explain what the medicine is for, his thoughts will start going and he does not need that*"*… "I was thinking that she could say the medicine is good for your stomach. That is a short message. He is not informed after all. His dementia is severe, but it would be wrong not to tell him about the medicine. That is my view"... "Again, you have to weigh the situation relative to the patient, the user. At our protected unit we do not always inform about the purpose of the medicine that we give. If they are given something soothing, we will not tell them. 'I am not going to have anything soothing, I am alright.'" … "Sure, if there is someone who asks questions or gets angry, you would probably not give any details, but after all, it is our duty to inform and say 'this is soothing, it will help you relax.""*.

The group discussed the importance of talking with the care recipients but that you should not disturb a person with dementia by talking too much when he/she is, for example, eating. They liked that E. explains to the care recipient what she is doing: *"She always explains what she is doing"…"That is really good and there are no sudden movements"*. They thought that E. is good at handling the anger of the care recipient and that she properly interprets his needs. In one of the scenes, E. says: 'now you are feeling good', thus interpreting his feelings (a qualified and professional action in dementia care), however, one of the observers did not believe that she could interpret his feelings in this way.

[25] The social and health helper training is completed in 14 months. The social and healthcare assistant training is completed in 18 months and assume previous education as social and health helper or a similar background.

The group discussed the manner in which E. touches the care recipient. She caresses his chin. A couple of observers did not like that: *"I think it is childish to caress his chin – the arm would be OK, but not the chin. It is because I would not like it myself. Not even with a person with dementia. It is somewhat condescending*"… *"I completely agree. I do not like it either, no stranger is allowed to caress me. S. is not at home"… "No, she is the one who is not at home, he is at home"*. In another scene you see how E. caresses the care recipient's arm, an action that enjoys positive comments: *"She is doing some of the good things by saying that he will lay down and she caresses his arm. That is very sympathetic. I would prefer that instead being caressed at the chin. In principle, you could lift him up, but she knows him well enough and that he would like to wait another 30 minutes. She is very sympathetic"*. The scene in which E. holds the care recipient close to her, because he has to lean forward in the wheelchair to allow her to adjust his clothes, receives very positive comments: *"That is a sweet thing*"… *"It is obvious that they feel safe with each other*"… *"She really takes him in, doesn't she"*… *"Yes, they are very close there*"… *"She kisses him on the forehead"*.

It is not an accurate observation that she kisses him on the forehead. However, the misunderstanding does not offset the observer's positive view on bodily contact. Moreover, the statements show that the observers react to actions that are usually not related to adults (caressing on the chin) and that they refer to personal feelings when they assess this kind of action.

The observers made several comments about the communication in the second half of the film that takes place at the home of an elderly man. The group generally found that the social and health helper and the care recipient communicated in a natural and good manner but also disagreed on certain issues. The group particularly discussed whether it was OK or not that the helper stood in the kitchen and worked while the old man sat by the table and talked to her.

Below I quote most of the group's comments on this scene because it is a discourse that gives a good idea of the type of empirical material one gets in a Sophos project for which a critical-hermeneutic approach would be suitable for interpretation The statements reflect a number of interesting differences in the views on good communication/relation and they show how the practitioners reflect on the core area of communication. The following statements are from all practitioners in the group and there are no significant differences with regard to the views of the social and healthcare helpers and the social and healthcare assistants: *"The conversation she is having with him – I do not agree. I would stop it and tell him 'when I am finished here I will come back and chat with you.'"* … *"Oddly enough, we have very different views on these issues. I think it is really great when she is doing that, it is a very domestic thing. It is almost like a wife who is in the kitchen - 'we have to wait to chat until I am done here'"* … *"That is one-way communication*"… *" He replies and she says 'yes' and 'no'. They talk with each other*"… *"Try and note how she answers him. She does not take a stand on anything"* … *"It is nothing but yes, yes, and no*"… *"She should not do that*"… *"Small talk*"… *"I think it is nice when she walks around to remove dust, and he sits by the table"*… *"If I was to stay in her role, I would feel that would be one-way communication because I am not answering. I do not hear what he says. I would only reply by 'well' and 'yes'. That is what I think she does. I understand that occasionally, because of a lot of noise, she cannot be 100% attentive to what he says. – There was an instance with a television broadcast, and she did not quite understand what he said*"… *"But it is because she is too busy, she does not listen*"… *"So, why does she not spend 5 minutes to sit and chat, to tell him 'I am right here. Do you see me? Now we are talking?*"… *"She has to answer while she is [working]. She cannot sit still*" … *"But what kind of conversation is that?*"… *"They*

do seem to have a cosy time"… "*He certainly has a good time. He knows that she is about to leave. He cannot wait for her to finish, because then she will be going. He would not have said anything*"… "*I do not like to be the helper in that conversation*"… "*I do. I like to chat with people and to shout 'what did you say?' I do*"… "*I prefer that over silence.* "…"*That is impersonal. You may turn on the radio when you leave, then he is alone*"…"Researcher: *You do not like to talk too much when you work?* Answer: *"I do not mind but I like to hear what people say. […] and be able to dig into particular things*" … "*If he had said something serious to me, then you would probably have sat down but not when* "… "*Their conversation is like ping pong. It does not matter*"…"*I will never do that*"…"*I do it every day […] Of course, if someone says something very serious such as 'my son is ill and was hospitalised yesterday'. Then you would not be standing in the kitchen while the other person is sitting in the other room. You would sit next to that person. But if it's more like 'Did you see that on TV?' 'Yes, I did.' 'What did you think?' 'Well, it was OK.' 'I thought it was boring.' I can do that kind of ping pong conversation while I am doing something else, such as the laundry or laying the bed, and the other person is having a cup of coffee. That is very likely*"… "*So you will shout through the entire apartment so everybody else will hear you?*"…"*Well, now, I am not visiting people in large-sized houses very often*"… "*No, but in a two room apartment, will you shout?*"…"*No, but this is nearly the same room, I think*"…"*He has his breakfast and she prepares a tray, cleans up and does the dishes. They are 10 metres from each other*[26]"…"*True, that is the way you do it, but I do not. It is too disturbing. I do not want anyone to talk to me, and besides I am a slow starter in the morning – I do not like the conversation*"…"*She is sweet. I like her*"… "*I think they communicated well*"… "*I do as she does, talk behind his back. Heading out of the door with my bag and everything. We all do that*"… "*That will never change*".

As indicated above, the scene is perceived very differently by the four care workers. Some of them say it is OK for the care worker to reply by yes and no with the proper timing whereas that approach is criticised by others. The issue about whether it is acceptable to talk while doing practical work, I believe, indicates that the care workers' different approaches to conversation are closely associated with their differences in terms of temperament and personal views, and that seems to control their actions: The observers discussed their personal tastes and pleasures but not how to organise work in line with the care recipients' personal wishes in terms of communication.

In their statements the observers touch on the question of <u>time and busyness</u>, which is very noticeable in the following quote: *"They are super at talking together while they wait for porridge and she does the dishes, I think" … "Sure, but her body language ... the way in which she signals how busy she is"… "She probably is and that is difficult" … "I guess we behave in the same way but I have not realised how her behaviour affects me until now" … "It does not bother him. He is busy saying a lot of things" … "There was incredibly good communication between them. That is how I understand it, and she does seem interested, and even when she is doing the dishes she is looking at and listening to him" … "After all, she is busy. That is a fact of her workday" … "Right. If you are the person who enters, then you will not have the same experience as I do here. I will bet that I have entered in the same manner and probably still do" … "We do it every day" … "True, but it is not until now that I am experiencing the impact*".

[26] In fact he is sitting 3 meters from her.

The scene in which the care worker prepares the porridge generated the following comments about the choices available to residents at a nursing home: *"True, if I became a resident in a nursing home, I would not like to have been served porridge. I would go crazy. You would have to write this down and tell your children to remember"… "It is the same thing on your first day here, you are introduced and asked 'what does your father or mother usually have for breakfast? 'They usually have porridge'. Then, that is what they get until they are taken away in a coffin. They will get the same breakfast everyday. Bread-and-beer soup, bread and cheese and two lumps of sugar in their coffee. They get exactly the same thing"… "That is right. They are never asked if they would like something else, whether they have dementia or not"… "I mean, we do not eat the same stuff everyday"…"I do not eat cereals every day*". Then I (the researcher) had to ask a question to verify my understanding: I wanted to know if the relatives always explain what the residents want for breakfast. The observers replied: *"Some of them will obviously explain themselves if they are able to"… "At the dementia unit it often makes sense not to provide too many choices. It will not work well if you ask 'so, do you want marmalade or a camembert, or...?' So, as a matter of fact, we serve the same food for them right from their first day and until they are taken away in a coffin"…* Researcher:*"are there any alternatives?"* Reply: *"Yes, you could prepare a breakfast table with some variation"… "Yes, you could ask if they wanted some yoghurt today, if they had never had that before?*"*… "That is difficult when provided in smaller portions"… "Yes, when it is served in that way – the kitchen staff needs to know whether to make 27 servings of porridge every day or just 7*"*… "We agree that we know very well how things should be run"… "Absolutely – That is how it is done everywhere else, we are not the only place*".

The observers also discussed the differences between working 'internally' (at the internal unit of the centre for elderly people or the nursing home) and 'externally' (visiting private homes at the elderly housings and ordinary homes in the local area). The differences were, among other things, mentioned in the comments on the scene in which E. wakes a recipient of care and serves him in bed: *"I also think she moves on too quickly, he is just awake and she just entered. He is not given the opportunity to wake up"… "try to wait and see and maybe get back to him later. If he is tired. Out in their homes it is different, you have to get them up, but this is a nursing home"… "In their homes, you go in and prepare the meal, have a chat, but here you have to move straight on"… "I am comparing it with our procedures, if we experience that someone is tired, we may choose to visit another person in the meantime. You give the man another 30 minutes"… "She is making breakfast too quickly. He is not allowed a chance to get focused on what is going on. "… "From the moment she steps in and she has put the spoon in his mouth, well, it is a matter of minutes*". Later, when the group watched the scene with the social and healthcare helper H. who visited a care recipient, one of the observers says: *"She is doing the things that I called for at the nursing home. She starts by fiddling around before making breakfast. I wanted the same approach at the nursing home, and that she did something that would make S…fully attentive ... As we all can see, when he is done, he is ready to go back to sleep"… "But if you had just given him a chance to wake up and let a little light come into the room*".

Finally, some of the practitioner comments concerning work postures will be quoted. During the first half of the film, when E. provides care to a man with severe dementia, the following comments were made about work postures: *"That is not the best work posture for her. She should have removed the headboard when she was standing in that posture" …"Yes, she is stretching herself upwards. The headboard is removable, so that you do not have to raise your shoulders so much and use them at the same time. You get closer"… "When she gave him the breakfast,*

she had not removed the bed staff"… *"I can image that her shoulders are up here more or less every day"*… *"Yes, that is how it seems. If that sets the standard for what is done every days, all year around, that is not really any good*".

Following these comments the group members explained that they find it difficult to remember the proper work postures owing to the busy schedule and *"That may pose a problem when you get new technical aids, and they have to remember how they are handled".. "When your daily schedule is busy, you will cut corners, and notably if it is not a regular thing"… "She did not lower the bed staff at any time. That was not shown in the film. It is not until the helper enters that she lowers it" … "No, even then, she does not lower the bed staff. She is standing far out to one side. She would be able to get closer to the bed if she lowered the bed staff" … "Look at her work posture in front of the lifting equipment. There is not much space*".

The group also made comments about the work postures shown in the second half of the film, notably the scene with the social and healthcare worker who assists an elderly man in the shower: *"Again I believe her work posture is* [inappropriate]*" … "No, but right there her posture was correct, she bent her knees instead of only her back*".

Practitioners' comments on the English film

The four practitioners watched the English film as the second film after they watched the Danish film on the day before. They were very occupied with the showing, and made several comments. Below some comments are quoted and the subjects discussed are summarised. The Danish practitioners believed the English nursing home was a cosy place with a good atmosphere. After the showing, two of them said that would be a place they would like to live. The place was cosier than in Denmark, and they particularly liked the common areas.

The uniform of the English care workers caused some disagreement among the group members. One of the observers stressed that the question about uniforms or smocks involves a never-ending discussion at their workplace: *"There are pros and cons with regard to uniforms. One thing is certain, they do add to the impersonal features but involve a benefit for the relatives" … "The use of uniforms may indicate to the relatives and the residents of the nursing home and other visitors: 'who I should contact if I have a query?'. The same goes for the external home service. I would like a sort of work uniform because we are using our own clothes […] and when you visit new citizens, it would be great to look alike" … "The institutional features are very strong, also when they say you can go and have a break. That seems a bit old-fashioned"* (she was probably indicating that telling another person when to take a break is old-fashioned, but unfortunately the group does not discuss this issue any further, and personal experiences on breaks are not discussed either).

Several positive comments are made about the English care workers' respectful tone of voice, and the observers believed that the English care workers are successful in asking what the recipients want: *"The staff talk directly with the individual and listen to what is said, and offer them opportunities, and give them good guidance. Although their contact is not as close as we saw yesterday* [in the Danish film], *they do care, that is quite obvious. They take them in and keep a distance at the same time, which is an approach that I like more […] They handle this fine balance very well indeed"*. All the group members agreed on this statement but one of the

observers noted, however, that the English residents also seemed very well functioning, which made it easier to provide care.

Moreover, several positive comments were made about the English care workers' abilities and patience when supporting help to self-help and self-care: *"She is good, she supports her and encourages her to go down there... to go down on her own. I think that is really great"*. The observers put much emphasis on the English care workers' abilities to direct and guide the recipients to be active care recipients. One of the comments related to the question about how helping oneself may assist the care worker who does not have to do any unnecessary lifting but guides the recipient to move independently: *"look, she is not really using her own body, the one who is guiding. She makes sure she moves a little further forward, and finally that the chair is put into place. All it takes, is a little move"*.

However, comments were also made about individual situations where the observers believed that the care recipients ought to be more active, and one of these comments led to comments that most care people will often tend to take over the tasks to be done: *"She washes her face herself, so why should she not wash herself right there* (points to her breast)"… *"We all tend to take over there"…. "The reason is probably also that there is no washbasin and that there is not enough space. There is not enough space for a bowl". "But she could have been given the cloth, just as with her face"... "And just as we discussed yesterday with regard to the Danish… Both that and the fact that they are not allowed sitting alone for 5 minutes. And she is using gloves too – maybe we are not different after all* (all laugh)"

The scene in which the English care recipients are asked what they want for dinner generated an extended discussion. One of the observers referred to their discussion and observation of the Danish film: *"we discussed this yesterday – when people move into a nursing home – 'what do you usually have? 'I have yoghurt or whatever' – and then they get this for the rest of their life"… "It seems as if they are asked every morning about their preferences"… "there are choices"… "Yes, that is better, and also that although there is a living room where most people seem to hang out and eat, it is OK for others to stay in their own room and eat" ... "that is what we discussed yesterday – the kitchen staff need to know how many servings they should make of each dish, but right here you see that it is doable"…. "They bring in the food trolley" …"but I was puzzled why, during breakfast, you are asked about dinner. It may be that you cannot take a stand on that question then"… "Yes, but having choices is great. But if they run a menu why do they ask you in the morning what you like"... "I think it is all right, because someone has to do it and needs to know what is to be prepared" … "I like them being asked"*.

The conversation of the group made myself (the researcher) ask whether their personal care recipients did have any choices with regard to the menu. They replied: *"Yes, but they cannot decide themselves* … (directed towards the other in the group) *is that true? … There is a menu available, but it covers the next 30 days, and maybe you change your mind on the day in question"… "here it is better they* [English residents] *are asked about their dinner choices in the morning"… "here* [where the observers work] *there is only one dish"*. Then followed an extensive discussion among the group members, and the observers explained that a menu list is drawn up for every month. In principle, the residents need to choose between two dishes each day for this month, but at the nursing home the staff enters the selections. In the past, the most well functioning residents would select their meals themselves but as most of them have become too weak and many have dementia, the staff make the selections for all residents once a month.

Thus, there is no real choice. The citizens in the local area (housing for elderly people and private homes) fill in the monthly menu list with the help of the social and healthcare helpers, and according to the observers, the residents are frequently influenced in their choice: *"If the menu says 'hamburger beef' and 'pork neck' and the [person] has poor teeth, then I am not asking 'what do you prefer – the beef or pork? …I make them opt for the beef"*. Another observer objected to these statements and said that she should always let the citizens choose[27].

The group was very surprised at the small size of the rooms of the English residents and the bedpan chair in the room. One of the participants said that initially she thought it would be OK to take each resident to the bathroom instead of using a bedpan chair but then realised that maybe all the citizens need assistance to *"be finished at a particular time for breakfast. If there are only two toilets in the hallway, it would be difficult to have everyone finish at a specific time. But the rooms are very small and the bedpan chair takes up space as well, and this is where you spend your time, and the relatives come and"*.

Discussing the small-sized rooms, the observers said the rooms were so crammed that you would not be able to bring many of your personal furniture and things, and that the size posed a problem *"with two visiting relatives they cannot sit there" ... "unless they prefer to sit on the bed"… "or they can sit in the common area". "there is no such thing as a private life for the elderly people and their relatives"… "but still we all think it is really cosy after all"*. [28]

The cosy atmosphere, however, was somewhat ruined by the salutation of 'sweet', the observers thought. This kind of salutation is uncommon in Denmark and the observers considered it to be *"degrading. You should use the first name, Mrs, sir or something else"... "Yep, I do not use 'sweet' myself, or say 'good morning, little friend"*.

The sound of the care people's calling equipment led to several comments as well. One of the participants thought the noise *"makes you go crazy*"*…. "if I was sitting there at the age of 95" … "they seem to be quite used to it. They do not lift a single eyebrow*"*…. "I would be stressed by sitting on a bedpan chair, thinking that I had to finish soon because of the bell*"*... "but they do seem to take it nice and easy*"*... "Maybe she is not using her hearing aid. Maybe she cannot hear what is going on*"*..."considering the sound, she takes her time. She takes it nice and slow. That is great*".

The observers made comparisons with their own use of mobile phones when they are on duty in a private home, but these comparisons solely involve other colleagues who would call them. The care recipients do not call the individual care worker's mobile phone.

According to the Danish practitioners, the level of hygiene was too low in some places. They criticised the care worker who had taken care of the hygiene of the lower body, using the same pair of gloves to help the resident put on a shirt. Moreover, they made a couple of critical statements about the handling of pills. However, the biggest discussion issue was how the English care workers handled dirty linen, which split the group right down the middle. The two social and health helpers did not consider the issue to be a problem whereas the two social and health assistants thought it was unhygienic to leave dirty laundry on the floor in the hallway: *"That is*

[27] Many of the Danish centres for elderly people run cafeterias where the residents, relatives and local-area pensioners can buy food from a choice of meals.
[28] This English nursing home is scheduled for major refurbishment.

quite astonishing – to leave the dirty laundry in the hallway".. "*let me ask you, what do we do in the private homes?*"… "*there, we also put the dirty laundry on the floor*"... "*This is their home. For God's sake, there are no, I mean, they can use the vacuum-cleaner*"… "*the infection issue!*"… "*that is a pretty luxurious problem. For God's sake! They are more ill today than 25 years ago. At their homes, we just leave it on the floor*"… "*I do not just stand there* (with her hands, she shows how you avoid the laundry touching the floor)"… "*I always take the laundry basket inside.* "… "*this is their home*"… "*this is different, it is their home, but I do not leave it on the floor. I will always use the laundry basket*"… "*leaving it on the floor, not throwing it in the hallway… Everyone walks on this floor, and there are more bacteria*"… "*that may be, but the rooms are so small and you cannot take the trolley with you*"... "*you could take the basket with you*"... "*So, you would take the basket with you from one room to the other and thus distribute all the bacteria*"...(the discussion went on).

Since this discussion clearly involved different statements from the social and healthcare helpers versus the social and healthcare assistants, the group members were asked whether their disagreement stemmed from a difference in their professional approach: the assistants believed the dirty laundry should be put in a basket but the helpers seemed to have a more relaxed, "housewife approach". One of the helpers replied: "*Sure, for those two* (it is a question about professionalism]", pointing to the two assistants, which made them all laugh.

One of the observers (a social and healthcare assistant) criticised the scene in which a pill is laid directly on the kitchen table and smashed while another group member (social and healthcare helper) did not consider that as a particular problem. However, no discussion ensued, because the group instead began discussing how the English care worker puts the smashed pill into the mouth of the woman without mixing it with yoghurt, for example. They all agree that would have been the right thing to do.

Practitioners' comments on the Hungarian film

The group of 'other practitioners' watched the Hungarian film as the last in a row of three films. They did not know anything about the Hungarian conditions but thought it was a poor country, and thus several comments were associated with remarks about how well the Hungarian care people handled their work in the circumstances given. At an early stage of the film, they watched a woman being strapped to a chair. The scene caused some puzzlement among the group members who thought the woman should have been involved in the events that unfolded around her: "*Basically, she does not know much about what has happened*".

On several occasions, the observers were puzzled that the Hungarian care workers did not choose to involve the care recipients more actively in the communication about care and their actions. Commenting on a scene where a recipient of care says that it is not her own comb she is being combed with, the observers say the following: "*First, she* [the care worker] *just goes and looks for a comb, and the woman asks her 'what are you looking for?' She does not ask her 'where is your comb?'*".

In the view of the group members, more attention should have been put on the recipients' modesty. According to their norm values, it was a humiliating experience for the woman to stand and look at the wall while they changed her diaper: "*That is really humiliating to stand there and look at the wall*". They also considered it a problem when the woman had her underpants

changed in the room: *"It is really terrible that she has to stand there with all the others looking at her"… "They just change her underwear right next to the dinner table. Why do they not go to the bathroom… "they should not do it in there"* … An observer reacted to the other members' comments as follows: *"So far, I want to express my appreciation to the staff, considering all the challenges they are facing. Everyone seems to get up and get dressed, and considering their means … Our* [Danish film] *that we watched yesterday – that was a piece of luxury, and some of the things in the English film could have been left out" … "I admire the staff and their efforts" … "They could need some more training"* One of the other participants disagrees: *"I think they treated the people with dementia like children*".

According to the observers, the white smocks, hat and gloves indicate certain hygiene standards that are not fulfilled in real life, for example, when the care recipients are combed and have their underwear changed next to the dinner table: *"They look like pros with their gloves and white clothes. It looks sterile but it is* [not]*. Sitting and having your hair combed at the table and your underwear changed next to the table where the other residents also sit " … "Then she combs her hair next to the table where they are no doubt going to eat afterwards*".

Some of these statements contain information about the Danish observers' views on private life and modesty/public decency, and indirectly they are also about getting used to relatively high standards of the physical frameworks and a culture where people generally do not have to live close to each other during family life or at an institution. Some of the statements dealt with modesty and hygiene and were associated with the issue of *"moral and ethics and dignity*". Other statements in various ways stressed the view that one ought to maintain good hygiene standards but not to give hygiene standards higher priority than human considerations. Thus, the Danish observers were puzzled that one of the care workers uses gloves while holding the hand of a care recipient.

The observers were very attentive to the contact between the recipients and workers of care. In some circumstances, they recorded that contact was established, but there was also a lack of contact in other situations. One of the comments made: *"In this scene, I experience a certain closeness. The care worker involved her and spoke with her. She* [the care recipient] *answered the questions asked*". There were critical comments too, however: *"They more or less talk over their head. The staff talk about them over their head" … "They just do it, pull up the shirt and pull down the trousers"*. Another observer, however, disagreed: *"Generally speaking, I think the staff is doing a great job*".

Experts' comments on the Danish film

The five observers in the group of experts watched the Danish film first. All members of the group commented on the communication between the social and healthcare helper E and S an old man with severe dementia, and considered it an example of good communication. For example, they said: *"She is great – in spite of his communication handicap I believe she tries to communicate with him. It is tough. She makes a few minor mistakes, but she is really super*".

Several comments were about closeness (empathy, the comfort-generating abilities, etc.). The group was impressed with E's competent care actions: *"whatever she did, she looked at him for his reaction. That was great. She stayed focused on his replies to what she was doing*". Closeness and humour were factors mentioned in relation to the scene where the social and healthcare

helper P has a coffee break and a laugh with an elderly woman: *"even when she is having a break and a smoke, when that wonderful woman enters. The humour really stands out in this scene"*. Another expert explains that occasionally she sometimes experiences that students who do apprentice work are shocked about the way in which the helpers communicate with the residents. But "*there is a certain jargon. A completely accepted language by its users only... you can see how well the residents are feeling about this... they are both having a laugh and we understand that this is something special between the two of them*".

With regard to the statements about good relations, the group discussed the women's 'natural' talents. "*It comes from the inside, but it is also about your general schooling, and I have noted that they are girls who are fond of other people*". One of the experts added that this obviously was also about professionalism. *"I think they are using a lot of the things that they have learned. They have been asked to say when the food is ready, talk and call him by his name. A great girl. Quite perfect, I think*". Another participant continues: "*It is based on professionalism and a lot of love or care. She is gentle to him and touches him in a kind manner all the time*".

One of the participants considers E's interpretation of the needs of S. Owing to his serious dementia, communication is difficult and he needs help in any context but it is "*impressive how she handles this, she exceeds all my expectations and has completely taken over the interpretation of S's needs. She is doing this in a very respectful manner*".

Another participant's comments on E's handling of 'bodyness': "*when he is going to sit in the wheelchair and he puts his head close to her and she caresses him. That is really great*".

One of the participants wondered why E did not let S sit by the wash basin, "*why did she not roll him to the wash basin and let him sit there on his own instead of having to separate his hands and wash them. We do not know the explanation but the way in which the cloth is handled this could easily have developed into a power struggle. However, this does not happen because she masters the situation and expresses, probably intuitively, the calmness required*".

Compared with the second half of the film in which the social and healthcare helper H is with M, critical comments were made about competences and working conditions.

First of all, comments were made about the busyness that affected part of the care given to M. Several participants commented on this issue, and the following statements were made: "*She is really, really busy. She is going to the next one*"… *"It is quite clear she is thinking 'and then I have to do that as well'. This is the second round and 'I am going into the third one. So many people are waiting for me'''*. With regard to the comments on urgency, the issue of eye contact was discussed. A couple of participants mentioned that the social and healthcare helper did not allow time to sit together with M and one of them says: "*I really miss the fact that she could sit down for 30 seconds in front of him and look him in the eyes… He is not looked into the eyes until the ergo therapist arrives, or whatever the person who helped him out of the bus"*.

The comments about the too busy behaviour and lack of eye contact were associated with the time pressure of their work. H was compared with E but reference was made to the different working conditions, and H's urgency was appreciated: *"More time is always allowed for heavier residents… He* [M] *was able to help when getting dressed so he is obviously one of the resi-*

dents who is allowed as much time as the other ones [S]". Another observer mentioned that the resident did not object to the dismissive way in which the helper said goodbye.

One of the comments, that was not critical but outlined as problematic, was about the differences in intellectual level and experiences that emerged between the helper and resident. "*when he talked about Sabroe, which she probably has not heard about. They are far from each other in terms of intellectual level*". Another participant mentioned the busy behaviour and its likely correlation with the helper who "*[maybe] does not dare to sit and chat with him… it seemed as if she stirred more violently in the pot, the more he talked about things, the more she did not know how to react*". In conjunction with these thoughts the expert criticised the training in elderly care: "*in Danish elderly care everybody knows about empathy which is about replying 'yes' and 'no' with the proper timing*".

Experts' comments on the Hungarian film

The expert group made several comments concerning the physical frameworks of the Hungarian nursing home with most of the comments reflecting the problems and positive features of the conditions. The group reacted to the fact that several elderly people are sharing the same room, that the doors are left open and that too much activity takes place in the common areas: "*more people in these areas and everything takes place... they are combed and have their clothes changed in front of each other*". The positive aspects are stressed too, however: "*they spend time together with each other, that is good too*". A couple of participants stressed the positive fact that the elderly people help each other.

The plastic chairs were widely discussed in relation to the physical frameworks: "*Elderly people with diapers and reduced functional abilities are sitting in plastic chairs ... then their skirts are pulled up so that it does not become dirty the moment the diaper is put into use or it all runs out*". One of the participants thought that the unit was nice – except for the plastic chairs – notably considering "*that Hungary is a very poor country*". Brief mention was made about the white smocks/uniforms. In a Danish context, they reminded the commentators of a hospital.

According to the group, the social activities take place close to the users and the staff who are involved in the personal, practical and care-related tasks. This was considered positive. One of the participants made the following comparison "*with our nursing home where you place people in an activity centre to activate them. As a matter of fact, there were activities here all day long that involved the elderly people, including those who were actually unable to participate ... They joined the activities in many areas. That goes beyond what we usually are doing in Denmark. That is very positive*". Generally, the scenes with the social activities received many very positive comments. Then followed an extended conversation about the care people's personal relations with the activities in question (do they embark on these activities with a purely professional approach and aim or is their commitment more spontaneous, that is, are the activities as enriching for the staff as they are for the care recipients?).

The discussion about the activities at the Hungarian nursing home also led to considerations about the differences between the residents there and residents in Danish elderly centres. Some of the residents featured in the Hungarian film would be too independent to live at a nursing home in Denmark. The majority of the residents at a Danish nursing home are ill and weak to such an extent that they would not be able to handle the activities shown in the Hungarian film.

The scenes in which the staff helps the citizens eating received critical comments, and the staff's use of hats and gloves was mentioned: *"It must be very unpleasant to sit together with another person before a meal (which is a highlight for most of the elderly people) and then the* [helper] *sits in front of you but can hardly see her because of all that plastic. It really creates a distance. They had gloves on almost all the time. When I recall their hygiene level, this does not tally with their supposed knowledge about hygiene*".

In the opinion of the Danish experts, the use of gloves and hats is not considered professional but rather as an attitude of professionalism that lacked completion and contradicted their use of gloves in other situations (for example, when changing diapers they used gloves but when the staff touched the resident elsewhere they used the same gloves).

Additional critical comments were made by the group of experts with regard to the care people's tendency of talking over the heads of the residents: *"I had a flashback 25 years to when we ignored people just like they* [Hungarian care workers] *are doing at the beginning"*. True, in one instance, the residents could not hear what was said but the attitude was still considered a problem: *"At the beginning, I thought the elderly woman had severe dementia and without a language but as soon as she put her hearing aid to use, she was able to communicate and keep track of things. When she cannot hear you, it seems as it is okay to talk about something else"*. For example saying: "*someone has to take care of them"* (this utterance refers to a specific statement in the film). Furthermore, another member of the group explained that although the woman cannot hear what is said, communication still remains important, among other things, because the other citizens would listen in and know that one day they would be the topic of discussion in the same manner.

A comment about the use of 'we' was made after the showing of the Hungarian film but it was stressed that the comment was equally relevant for the Danish film. The use of 'we' was associated with the issue about "*when a professional person takes on the responsibility for one's actions and when they do not*". The expert stressed that care people often use 'we' when the resident says the exact opposite of the professional's expectations. Consequently, the resident's independent will is delimited and the person is involved but "*we should learn to reply 'it may be that you want to, but I have decided' ... to avoid involvement of the residents by the use of 'we*'. "

Experts' comments on the English film

Several comments dealt with what the Danish considered formal and polite social conventions that dominated the relationship between care recipients and staff. The staff was characterised as sweet, polite, servants or stewardesses: *"They reminded me of stewardesses because they were asking a lot of questions, but it is not quite the same as being a maid. They were friendly and patient and thus showed their respect*". Another participant made the following comment: "*They were very service-oriented. From a labour force point of view, it all seemed very demanding. They had to do many things, but were that really necessary? Instead of getting to know the people, they were serving them".*

The polite service was met by somewhat ambivalent feelings among the group members: "*I particularly noted the relaxed, comfortable, somewhat ideal old age with servants who had every-*

thing under control and were so sweet and friendly. Nothing was uncomfortable. That, however, does not feel right, I believe. It is difficult to explain … they were all sweet and attentive but later I felt as if it did not make sense. It was all a little too much for me. But professional and great".

One of the participants observed that the care people do not always reply to the resident's utteraces: "*I laughed when the elderly woman said* [it is my sister's birthday today] *and she* [care worker] *replies 'let me go and find your slippers*". According to this expert, the communication in the English film was characterised by the care people's communication relative to the tasks at hand while another expert stressed that the care person was super with the deaf- blind man. They agreed on this issue but one of the observers stressed that the care worker did not properly reply to what was said by the man although they have established reasonably good contact. A similarly detailed observation of the same scene was not performed by the other groups of observers who were impressed with the care worker's hand signalling skills but who did not record how and whether she actually reacted to his statements.

One of the experts said: "*it is all very nice, I mean with all the questions asked, say, with the dress. If they just had not taken the approach of servants, it would have been great. It becomes somewhat mechanical. The concept is ideal but they seemed to be running on autopilot*".

The time spent on following the elderly people around was seen as a very positive feature. "*They actually spent much time on getting the elderly people into the living room. That was a very positive and involved exercise*".

The group was more critical about the bells that were sounded very loud when the staff was together with the residents.

They discussed the possibility of having breakfast served in the room instead of in the common room but it was unclear to the group whether the place of eating was optional.

The participants in the group of experts also mentioned the wide range of tasks performed by the English care workers but did not provide further details. They discussed whether the care workers organised their work in the morning or if they would go and assist the same person every morning, and they compared it with some Danish units where you work in a small-sized group to ensure you know each other and you do not have to do the same tasks every day. The way in which work was organised was not further discussed or commented on as particularly positive or negative.

17. Concluding remarks on the observers' comments

Below I outline some of the themes that emerged in the three groups' discussions of the three films. The themes reflect my categorisation of the many statements and discussions.

Institution, own home, hospital or hotel

All the groups of observers made comments that in various ways related to an overall image or a particular atmosphere in one of the three films. The care, the behaviour of care people and the different physical frameworks of the various units were associated with hotels, institutions, hospitals or private homes.

The layout (colours, long hallways and small rooms), the uniforms, nicely covered tables, serving and the service-oriented behaviour of the staff shown in the English film led to hotel associations for some of the observers. Other observers, however, viewed the English unit as somewhat institutional, one reason being the organising, uniforms, calling equipment, the food trolley and the linen trolley.

The Hungarian film generated a number of associations with hospitals owing to the white uniforms and the use of gloves and hats, and the layout with several elderly people in the same area and only limited space for your private belongings. However, positive features were stressed too: *"they spend time together, which is positive too"*.

The observers made several comments about the uniform issue, which is met by greatly different views. The uniforms (notably the white ones) are distancing and institutional, and may be used to signal a professional attitude that does not always match the reality. The uniforms, however, are practical for reasons of hygiene and because they signal that you are a care worker.

All Danish houses for elderly people including the nursing units are theoretically the homes of the individual tenants who have the home at his/her disposal in line with any other private home. The citizens use their own furniture and linen etc., and more intimate care work is done in the home/bathroom of the individual. According to the Danish observers' comments, private life is a key value for them. They believe that the elderly people – as people in general – should be able to have a personal life in private circumstances, and that the staff must respect the private feature. All that, however, does not prevent some Danish centres for elderly people being somewhat institutional.

The institutional feature is about layout, uniforms, and the additional comments made above, and about staff attitudes, the organising of care work, say, whether the care should be adopted to the individual recipient's preferences and rhythm in life rather than a sort of 'institutional logics' with care being provided according to a specific daily schedule and sometimes with coinciding deadlines. A number of comments indicate that practitioners would like their work to be organised in a manner that allowed for a greater consideration of individual care preferences and rhythms of life. Some of these comments were about giving a recipient of care a chance to wake up on his own, and other comments were with regard to the scene in which an English woman was having her nails polished.

These observations invite a further discussion of the kind of rationality, and the interests and considerations that control care work. Hygiene considerations no doubt play an important role in all three countries, and the Danish observers' comments indicate that ideally each individual care person should be able to accurately assess when specific hygiene demands must be met. They should also be able to assess when such demands may be put aside because they involve an unnecessary and negative impact on other factors such as the consideration of dignity and the possibility of helping oneself.

Communication

The material clearly shows that all Danish observers are interested in communication and that they put emphasis on dialogue, understanding, involvement and respect in the communication process. All the groups reacted when they saw a care person talk *about* a recipient of care in-

stead of *with* that person, and they reacted very sharply when two care people communicated over the head of an elderly person. The observers stressed that this type of communication should never take place – not even if the elderly person cannot hear or understand what is being said.

Observations were made on communication that was not adjusted to the care recipients' abilities and also communication, which - according to the standards of the observers- would be unworthy, say, when the care person does not display a genuine interest in what is said by the recipient of care. All three films, however, also gave rise to observations of correct and friendly communication and scenes displaying good atmosphere.

The observers underlined that conversation must be made on 'eye-to-eye level', a concept that was used several times. It means that the care recipient should be able to see the face of the person talking. That is always important, but it is particularly important when you speak with a person with reduced hearing abilities. Moreover, 'eye-to-eye' indicates contact at the social and psychological level, and that the person with whom you are talking should be able to understand your message. Care workers must ensure proper contact between the parties involved, and several observations referred to situations that lacked this kind of contact: "*If only she knew that she was to get dressed and have breakfast, and she would be able to keep track of things, well, then I do not think you would need to strap her"*.

Many comments and discussions of the groups stressed that proper contact assumes the care person's willingness and ability to appreciate how the elderly person is doing and what he tries to communicate. Three key words characterise and summarise these observations; attention and empathy. In a number of instances, the observers voiced comments about how care recipients' face shows you whether the care provided is good, inappropriate or completely undignified.

As already indicated, the contact opportunities depend on the care worker's attitude (the verbal and non-verbal language). These factors were observed and commented on by all groups. However, the observers made comments about other, more specific factors such as ensuring that elderly people have proper hearing aids and that any unnecessary noise, for example background music, is turned off when it is not part of any planned activity.

The observer reactions clearly underline the opinion that the recipient of care should always be informed about what is going on with relation to the care work; it is considered a matter of principle (you should always explain what you are doing to another person) and as a means of getting the care recipient involved in the care work and thus ensure collaboration is established with that person as an alternative to obstruction of the care work. The observers maintained this principle and the scope for collaboration no matter the weakness or extent of dementia that characterises the person. Some, however, stressed that you should be careful not to put too much pressure on a person with dementia by way of information overload.

Care persons should be able to guide and direct recipients of care to participate actively in the care work. The 'guide' reference was applied several times, and the observers showed understandings that this particular care worker competence promotes decent care and guards the care worker against inappropriate work postures (more details below).

Some comments indicate that the care workers featured in the film tried to be or to display interest in the care recipient's stories but they also indicated difficulty of putting these intentions into practice. First, care workers are often very busy, and second, they may be mentally unable to cope with all the stories that they listened to every day. Thus, they applied an attitude to make care recipients feel they are being listened to: *"It is a way of protecting yourself"*. The use of this technique is understandable and no doubt required, but it remains thought-provoking that elderly people often have to accept a listening partner who only pretends to be listening: "*in Danish elderly care everybody knows about empathy which is about replying 'yes' and 'no' with the proper timing*".

The long-winded discussion in one of the groups underlines the dilemma that a care worker may face because, on one hand, she has to be efficient and handle practical tasks, and on the other hand, she is the care recipient's conversation partner. Some people are able to chat while they work; others think the contact is much too superficial. Moreover, the expert group emphasised that intellectual and experience-based differences between the care worker and recipient of care may make a conversation difficult.

Finally, with regard to communication, I will mention a comment made by the group of experts about the use of 'we'. The use of 'we' has been widely debated in the field (at least in Denmark), and care workers are generally aware of the issue but it appears to be difficult to remove this figure of speech and maybe also to change the fundamental view underlying its usage. One of the observers in the group of experts said that not only is the concept used incorrectly (saying 'we' when the matter only concerns one party), but it is also used as a means to power. The 'we' may establish apparent agreement although the care recipient has not been asked.

Dignity and respect

The concepts of 'dignity' and 'respect' are almost as impossible to define as the concept of 'communication', and below I will solely refer to a few of the situations in which the observers were deeply moved and which I categorise as concerning dignity and respect.

The observers reacted strongly when they felt the care recipient's modesty was affronted, and it did not matter in the assessment whether the person in question had severe dementia; for example, the observers considered it humiliating to have a diaper changed while other people are watching. On the other hand, positive comments were made about a care worker who was considerate enough to cover the naked body of a recipient of care.

In addition, positive comments were made about dignity and respect in conjunction with scenes that the observers said showed how the care recipients were involved in doings and asked for advice. The care worker's respect for a care recipient's private life and private belongings was also met by positive comments.

A number of comments show how the use of gloves is associated with the question about dignity. The gloves are required for frequent purposes but create a distance that some observers considered as offending unless the gloves were an absolute necessity.

One observer in the group of experts stressed how easily care workers violate other people's personal limits, which is often necessary in elderly care. This kind of work poses great demands

on the care worker to guard dignity in situations that are otherwise fairly humiliating. In certain circumstances, problems of respect and dignity were associated with questions about education.

Help to self-help

In their comments and discussions, all groups of Danish observers showed strong interest in the principle that care is provided by way of 'help to self-help'. It is all about involving care recipients in actions and letting recipients contribute as much as possible and to strengthen and develop their resources. The observers commented on situations in all three films in which the recipients could have contributed more actively. Any kind of action can be performed according to the help to self-help- principle. In some cases help to self-help concerns minor and simple actions and sometimes only simple actions are needed to support of care recipient's active participation, involvement and collaboration in care work, say, by consulting with the recipient.

A couple of observers stressed that 'help to self-help' takes time, but in return they considered most care actions e.g. having a bath as activities in there own right. They focus on this instead of rushing personal hygiene, dressing and eating to prepare recipients prior to another sort of activity.

Moreover, it is also mentioned that care recipients should at least *feel* a certain involvement, and it appears legal to cut a few corners: *"She seems to feel that she has been active"*. According to the Danish observers, the general success of 'help to self-help' assumes that care workers appreciate the opportunities, are able to motivate and encourage others and know how to direct and guide recipients.

Sense stimulating experiences and socialising

A number of completely different comments relate to the care recipients' possibilities of sense stimulating and social experiences, for example, being touched by another person and stimulated sensuously, and to participate in social activities.

The observers were generally positive on the subject of body contact with some observers seeing the use of gloves as a problem because it prevents proper and sensuous contact. The observers were pleased to watch that the care recipients were touched, hugged and that their hands were held. These scenes particularly stood out in the Danish film – this may be a coincidence or indicate a high level of touching in Danish elderly care. One of the observers suggested that the English care workers did not display a level of contact that is as intimate as that shown in the Danish film. They do have contact to the recipients but keep a distance: *"They are able to draw a fine line and they do it very well"*. According to the group of experts, the attitude of the English care workers may be an indication of respect, or - when viewed in a critical perspective - as an indication of the focus on polite service instead of on personal relations.

The observers were generally positive about the social activities in the three films. Several positive comments were made with respect to the social activities in the Hungarian and English films, but only few comments related to the last scene in the Danish in which five men go shopping in a department store. Presumably, the explanation is that this is a very short scene and at this stage the observers were saturated with impressions. One observer said that getting a lot of fresh air is a focal point at her workplace. Her comment is of particular interest considering her employment at a unit for people with severe dementia, and because time spent and activities done outdoors are not widely seen in the field of elderly care.

Hygiene

All the groups of observers made several comments about hygiene, and some situations involved disagreement and extended discussions among group members. The comments and discussions frequently centred on the use of gloves and hand washing. Several instances were observed in which the care workers did not use gloves in situations where observers thought they ought to have used gloves. By contrast, several situations were also recorded where care workers used gloves and the observers did not consider the use necessary, and situations where gloves were used but in a manner the observers considered as unhygienic. There was an apparent consensus among the Danish observers on the general rule that gloves are not needed when giving food to a recipient of care or assisting in the face wash. However, several observers said that care workers should use gloves for teeth brush, lower body toileting and some thought that use of gloves made sense when changing the bed linen.

In addition to hand washing and gloves issues, comments made about hygiene were: changing clothes, combing hair at the table, cleaning bedpans, changing bed linen and the use of aprons when serving meals.

Choices available to care recipients

Notably the English film sparked a discussion about choices among the observers, mainly about the choice of dinner meals and choice of breakfast in bed or in the common area. The observers appreciate choices and made several critical comments about limitations in Danish elderly care. One group of observers talked about the routines that characterise elderly care at their workplace. Only few real choices were left to the individual care recipient (in spite of the importance of this principle in the official senior policy in Denmark). The question about choices is very specific and thus enables a comparison of a number of selected areas and services: Are the elderly care recipients in the individual countries able to make genuine choices of housing, layout of a home, select a care person, various services, timing of the services' performance, daily meals and clothing, etc?

Work postures and working conditions

The last theme that will be discussed is work postures and general working conditions, including time pressure.

Several comments were made about the care people's work postures and it was stressed that poor lifting techniques adversely affected both the recipients and workers of care. Care recipients are put under an unnecessary strain, say, when they are helped up from a chair, and care workers have their health ruined. Even in Denmark where the care workers have pretty good technical aids at their disposal, this is a major problem in the field because the staff's arms, legs and backs are unfavourably affected, and poor health conditions lead many workers to leave their work area several years prior to the ordinary retirement age.

According to the observers, notably the Hungarian film shows that the care workers do not apply sufficiently appropriate lifting and moving techniques, and their work postures are generally problematic. Some of the Danish observers indicated that with the right techniques, specific appliances (or simple aids such as a bed sheet) and enhanced collaboration with the recipients would alleviate the problems for the Hungarian care workers.

Generally, the English care workers were praised a lot for their work postures. They showed how you guide the care recipient to move independently. However, some criticism was made of a Danish care workers work postures. The film shows her next to a bed, where she according to some of the observers was not careful enough about herself.

Some observers said that it is difficult to remember the proper work postures during a busy, daily schedule, and it was generally appreciated that busyness is a factor that easily curbs the proper work posture.

A number of comments pointed to a high level of busyness in elderly care and that this was mirrored in the movements of care workers. Thus, according to the observers, these movements were *both* inexpedient from a health care view (job related health problems) *and* uncovered a lack of presence vis-à-vis the care recipients, for example, in conjunction with the second half of the Danish film. One of the groups was informed that in the film the care recipients were sitting very close to the kitchen table, so maybe the contact level is higher than that reflected by the film. Nonetheless, the group believed that: *"She ought to turn around and talk"… "She is busy with a lot of other things" ... "True, she does not seem to focus on him. She really shows how busy she is"*.
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One of the observers compared the situation with his personal experiences from home care services: *"It reminds me a lot of the home services, there is a big difference between working externally or internally. I would probably have done the same thing as her. The minutes are counting and you are busy"*. This observer, who is now working in dementia care, feels the present work offers a certain privilege. The observers stressed the unreasonable conditions in many areas of elderly care and that the busyness adversely affects the contact with elderly people and that presence is not a question about *"allocation only but also about training"*.

19. Concluding reflections

The referencing style that characterises this report, in which I have incorporated several statements but only limited and introductory analyses, is aimed at give an impression of the fundamental characteristics of the empirical material, and thus an outline of possibilities of the method and problems associated with data collection (key objectives of the report).

Sophos provides a very interesting set of empirical material for analysis but the data collection is not easily controlled. When the observer-groups were asked to discuss anything that came to their mind while they watched the films, the researcher obtained material that shows the focal points of the participants, the scenes and statements that develop into major discussion, topics, areas of disagreement, key sources of energy, joy, anger and frustration, etc. In return for obtaining this material you have to let go of advance expectations and predefined research questions in addition to: what is going on in the observer groups, and what understandings, opportunities and problems can one derive from the observer reactions?

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