

Contracted care

An ethnographic study of home-care nursing practices in Norway

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This thesis studies the daily practice undertaken by nurses in home-care nursing. There are as many arenas of care in home-care nursing as there are care recipients, and the service is characterized by various expectations of a structural as well as an individual nature. Home-care services are also challenged by the relationship between private and professional aspects. In other words, the aim of this thesis is to study the care practice of home-care nurses – the unpredictable as well as the predictable.

Over a long period, public home care has developed tools to render home-care services less unpredictable. Taking government Acts and guidelines as a starting point and based on principles of decision-making power, particular emphasis has been placed on developing formal decision-making tools to make the service predictable in terms of its quality and volume. All forms of home-based services shall therefore be applied for, assessed and formally adopted in order for them to be initiated.

The decision-making power and introduction of formal decisions mean that home-care services are contracted. Use of formal decisions on services therefore form the basis of a reformulation of care practice in home-care nursing to contracted care, and in my thesis I pose the question of *what are the characteristics of negotiated contracted care as practised by nurses in home-care nursing*.

Inspired by ethnographic methods and approaches, the study combines different qualitative strategies and instruments. The data material has been collected primarily through participant observation, individual semi-structured interviews and focus group interviews with key informants. The key informants are for the most part practising nurses.

The study draws on practice theory. Through practice theory, I facilitate a discussion on the ethics of care and professional ethics. Practice is investigated as processes that take place among various social and material actors. These latter are mutually dependent on each other and practice is formed through the interaction of the different actors involved.

The formal schemes associated with the decision-making power in contracted care contribute to the establishment of two different practices – a decision-making practice which is referred to in the material as a practice of purchasing and a practice of providing. The findings in my thesis show an imbalance in the allocation of professional resources between these practices. The analyses show that nurses in the practice of providing experience a lack of recognition compared with those in decision-making practice. As a result, decision-making practice and the practice of providing appear to be clearly separate, dichotomous practices rather than one shared home-care nursing practice. However, further analyses show that the contract (the formal decision with regard to the service) helps to counteract the disadvantages of separate practices by contributing to compromises in home-care nursing practice. The contract therefore has a so-called mediating potential to link decision-making practice to the practice of providing and thus help to bring about a unitary perception of what contracted care entails.

The findings show that the contract can help to negotiate and revise the division between the practice of purchasing and the practice of providing. The prerequisite is that the contract safeguards the opportunity for care providers to continually assess the situation at hand. This means that the contract is dynamic rather than instructive with regard to specific assignments. A contract that does not specify the assignments but rather focuses on what the nurse's care practice should contribute to, is a contract that safeguards the care service as a continuous process between the various actors involved. As a counterpoint to both the ethics of care and professional ethics, I argue in favour of considering the contract to be a moral actor which, in the interaction with other actors, forms part of a moral practice.