

## **Shifting, sustaining and resisting boundaries: Managers' and professionals' boundary work in long-term care**

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Policy reports claim that the Dutch long-term care sector is about to go through a "paradigm shift". Facing budget constraints and discontent with quality of services, claims are made for a "rather radical shift" in the way care responsibilities are divided across public, private and civic domains. Policy perspectives from across the field suggest that traditional boundaries in the sector – between medical and social care, formal organizations and informal care structures, professional and non-professional caregivers – will start shifting, blurring or disappearing. How do organizational actors in this field position their organization, their profession and themselves within such a turbulent context? In this paper, I will explore the 'boundary work' of managers and professionals of long-term care organizations: how do they create, maintain, disrupt, defend and oppose traditional and newly erected boundaries in their everyday working lives? I will analyze how they negotiate their roles and responsibilities, how this shapes the legitimacy of care practices, and how these practices themselves challenge or reinforce boundaries between professional and non-professional actors.

Various organizational scholars adopted the terms boundaries and boundary work in their analyses (see, e.g., Paulsen and Hernes 2003; Zietsma and Lawrence 2010). The terms seem to hold particular promise for interpreting situations in which, in the eyes of the actors involved, boundaries are blurring, shifting, or become challenged, such as in the case of a merger (Kamsteeg 2003), community outreach work (Bartel 2001) and interprofessional (Masterson 2001) or interorganizational collaborations (Williams 2002; Ellis & Ybema 2010). Here, organizational actors are involved in renegotiating boundaries between who is 'in' and who is 'out', who is 'capable' and who is not, what is 'acceptable' and 'responsible' and what is not, etc. So far, however, the everyday 'boundary work' of organizational actors involved in a radical organizational change has remained rather underexplored. In this paper, I will explore in detail how such 'boundary work' takes place at the intersection of what is traditionally seen as the domain of professional care and older people's non-professional support structures.

Empirically this paper is based on an ethnographic case study of three care organizations that anticipate the "paradigm shift" in the field of long-term care. Actors across this field question the sustainability and desirability of the current long-term care system (e.g. Actiz et al. 2012). In policy recommendations they show a degree of consensus on the directions of this "paradigm shift" – at least on an abstract level. A core principle seems to be that older people should become increasingly self-reliant, receiving support from their social network or community resources before using public care services. Care organizations should be locally involved in "developing clients' social environment, including those people directly around the client, other organizations in the network [and] social structures in the neighborhood", turning passive clients into active citizens and reducing their dependence on formal care services. This would require "space for professionals to shape the self-reliance of clients" and "dialogue between the client, its social network and the professional about the ways in which client's autonomy and the support from its environment can be strengthened".

While there seems to be a general sense of support within care organizations for the abstract principles underlying this “paradigm shift”, it is acknowledged that such a change process will be tough. The Dutch cabinet recently stated that care homes still tend to “build a Chinese wall around them” that blocks active support from clients’ social network, while various researchers have shown that most home care professionals communicate very little with caregivers in clients’ social networks (e.g. Broese van Groenou 2012). The proposed “paradigm shift” would require “different behavior, different practices and different forms of cooperation by largely the same people”, taking place in a context that is dynamic, complex and uncertain. Both as organizational members and potential boundary spanning actors, professionals play a crucial role in creating, maintaining or disrupting the legitimacy of care practices and the boundaries that separate their own role and responsibilities from that of non-professional actors.

Responding to these anticipated changes, the three organizations discussed in this paper are in the initial phase of an organization-wide change process. By trying to forge “care communities” of professionals, volunteers, family members and others in clients’ network, the organizations want to “keep clients’ social context intact and involve them in the care process as much as possible”. In addition, they want to actively stimulate and interact with broader community structures at neighborhood level that contribute to people’s self-reliance, protecting or enhancing their wellbeing beyond professional intervention. These proposed changes challenge the boundaries that traditionally characterize professional and non-professional care roles and practices in the field of long-term care.

The research, which is in its initial stages, is based on qualitative field work using a mixture methods including observations of daily care practice, open and semi-structured interviewing of various organizational actors and document analysis. Preliminary findings suggest inter alia that professionals embrace elements of the “paradigm shift” discourse, while simultaneously distancing themselves from it. They adopt, for instance, an ambiguous attitude towards greater involvement of non-professional actors in care tasks that used to be part of the professional domain. While subscribing the ideal of strengthening and involving clients’ broader support network, they also claim that such involvement can be at odds with the responsibility they have with regard to clients’ safety and medical condition. An analysis of managers’ and professionals’ lenient positioning (e.g. extending while sustaining boundaries) vis-à-vis the sector’s “paradigm shift” allows me to explore in detail organizational actors’ boundary work. I will discuss the implications of this analysis for theorizing the term ‘boundary work’.

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