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Workplace Development and Learning in Elder Care – the Importance of a Fertile Soil and the Trouble of Project Implementation

Summary

Workplace learning and competence development in work are frequently used concepts. A wide-spread notion is that societal, institutional, and organizational changes require the development of knowledge, methods and strategies for learning at workplaces, in both public and private enterprises. In research on learning and competence development at work, the organizational learning and development as well as individual accomplishments are investigated from various perspectives and in different contexts. The theoretical base for research projects can, accordingly, be focused at a number of organizational and system levels. This paper describes a research project called "Workplace development and learning in elder care" in which learning and knowledge were key issues and where Activity Theory was used as the theoretical base. The project was a joint project between two research and development field units. These were UFFE, a municipal social services' field research unit, and Äldrecentrum Västerbotten, a county council field research unit which aims to serve the interests of the elderly. The project was launched in the fall of 2000 and ended in the summer of 2003. I was employed part-time as a research leader at the municipal research unit and became the research leader for this particular project. A number of students, as well as employees from the county council geriatric care services and the municipal elder care participated in the project. The general aims of the project were to: a) investigate

the prerequisites for development and learning; b) test and evaluate interventions at a workgroup level; and c) identify the need for new knowledge. The results were expected to be useful for the field research units as well as for the municipal and county eldercare services in their research and development work.

I start with a presentation of the theoretical concepts and apply them in order to form a tentative hypothesis on the status of learning and knowledge in elder care. The next section contains a short description of the different parts of the project and the main results are presented. Finally, the results are discussed and related to the conditions and impact of workplace interventions.

Theoretical concepts for learning and knowledge

The qualities of workplace learning have been associated with a number of theoretical standpoints. These are often expressed in two, three or even more, levels or dimensions. Some of the concepts used to describe these dimensions refer to changes in forms of a reaction to a given situation, for example, adaptive, reactive or tactical learning. Others such as

generative, proactive or strategic learning concern an intentional change in order to create new prerequisites. (See for instance: Argyris & Schön, 1978; Senge, 1990) A third level is added in some cases, both at an individual level, as a form of meta-cognition, and/or an organizational or societal level, as in Engeström's (1987) expansive learning. The desired outcome of expansive learning is the development of socially new activities. The social and cultural components of learning have been stressed by a number of authors. For instance, the importance of team learning with a shared vision (Senge, 1990), guided participation and situated learning (Rogoff, 1990; Lave & Wenger, 1991), and learning and social practices (Engeström, Miettinen & Punamäki, 1999). In short, workplace learning can thus be understood in terms of the subjects' interactions and the development of their work activity, in contrast to purely individual perspectives on learning and cognition. In this project, the aim was to use concepts that described the social and cultural components of learning in a work activity rather than to focus on an individual perspective.

However, if learning is understood as a development process, it is just as important to capture the content of learning. What is learned is not random, it takes place within a given cultural situation, and knowledge is valued in that given context. A typical valuation of knowledge has to do with its roots, whether it is considered as theoretical or practical. This reflects the fundamental split and dichotomization between brain and body where the theoretical knowledge (brain) is viewed as more valuable. However, dichotomization is not the only way to approach the roots of knowledge. Vygotsky (1978) suggested a developmental perspective on learning in terms of an interrelationship between scientific concepts, associated with an introduction to the subject through school learning and spontaneous concepts, related to learning by actions in everyday situations personally experienced by the subject. The formation of concepts is a process where everyday and scientific concepts are combined and developed in a double move (see for instance Mind, Culture and Activity 1998, 5(2): Hedegaard, 1998; Van der Veer, 1998).

Accordingly the theoretical point of departure in this project was basically two-dimensional: the first dimension concerned scientific and spontaneous everyday concepts and the other dimension was associated with adaptive and generative learning. The concepts of learning, adaptive and generative, were related to initiatives and intentions in a learning process and the concepts of knowledge were associated with the sources of the knowledge content. The idea is not to view the combinations as fixed positions and, as mentioned earlier, scientific concepts and everyday concepts should not be understood as dichotomies but rather as two important aspects of development. The concepts are used to stress some salient features when it comes to work-place learning, knowledge, and development in elder care.

Strategies of learning and sources of knowledge in elder care

Traditionally, workplace learning in elder care has been associated with an adaptive type of learning and some kind of experience-based knowledge. This describes the typical learning situation in elder care; a women-dominated profession with historical roots from unpaid care work. Even if looking after the elderly has been recognized as complex and difficult, women are (by nature) expected to have the experiences and the tacit knowledge needed for this kind of work. In an overview on the development of competence in Swedish elder care (Runesson & Eliasson-Lappalainen, 2000) it was found that two out of five care workers lacked formal training. They also pointed out

that several reports have stressed the need for knowledge from sources other than personal experiences.

The concepts of generative learning and experience-based knowledge are used here to denote new methods in elder care that come from practical experience but that eventually become scientific knowledge. One example is the "discovery" of the advantages of group dwelling for elderly with dementia (Hanserkes, 1987, in Sutter, 1992). One could say that this discovery was made by accident in 1977 when a home for elderly was going to be rebuilt and the inhabitants were moved to smaller flats in the neighborhood while the rebuilding was being carried out. Soon it was obvious to the staff that those elderly suffering from dementia became calmer and their functions improved in the smaller units. It was shown that small-scale group dwelling was a better environment than the larger institution and this idea spread. Today group-dwellings for persons with dementia are common in Swedish municipal elder care. It is likely, however, that "discoveries" made in elder care are most probably only spread locally, and rarely distributed on a larger scale.

Scientific based knowledge is increasingly being demanded in elder care (Runesson & Eliasson-Lappalainen, 2000). The structural and organizational changes in hospital care and home care imply changes in the object of the work, that is, the elderly in home care services need more and more medical care. In order to provide sufficient care, the workers in the home care services attend courses or receive instructions from other professional groups such as district nurses and physiotherapists. In short, there is transference of scientific concepts and know-how from other professional cultures (mostly medical) to workers in the municipal care services for the elderly in the home. This also happens in nursing homes, residential homes and group dwellings but these institutional units usually have a longer experience of a medical tradition in their care of the elderly.

In conclusion, some kind of adaptive learning, based on either experience or scientific knowledge can be expected in elder care, whereas generative learning can be more limited or rare. Accordingly, an expansive learning, in an activity theoretical perspective, would be problematic at a work group level and would be less likely to occur in a shorter time span. The questions that will be addressed here concern the possibilities and conditions for a learning environment in elder care and the impact of a research intervention at a work place level.

The project

Elder care is an area in society that has to face a number of challenges, such as the increasing number of more frail elderly, limited resources, recruitment problems, higher rate of sick leave among staff and an increasing number of temporary and unqualified staff. These circumstances form a vicious circle. To break out of the circle, learning and development in work are even more essential than before but also more difficult to accomplish. The project here addressed a number of questions concerning the possibilities and limitations of learning and development in the workplace.

The project took place in a city district and included the home help services, residential homes, a nursing home, and a group dwelling for elderly with dementia. The participants were selected for the questionnaire in order to obtain a representative sample from each of these different forms of elder care. In all, nine workplaces participated. About 90% of the participants were women. The work leaders in charge of the work places initially suggested the selection of groups for workplace laboratories and the work groups themselves made the decision as to whether or not they were going to participate in the study. In ad-

dition, a geriatric ward at the regional hospital participated on the initiative of the head of the unit. The project as a whole consisted of three major parts:

1. Examining and comparing the soil. This part included a questionnaire survey of the psycho-social and physical work environment (Karasek & Theorell, 1990; QPS Nordic, 2000), the health of the staff (SH:003), potentials for a positive learning situation at work (Smith & Taylor, 2000; Ellström, 1992, Ellström & Ekholm, 2001) as well as questions about participation in courses and training provided by the employer. The questionnaires were used to: a) scan the soil, that is, the work environment and learning potential in a broad sense, and b) be able to compare the work groups that participated in work place laboratories with other work groups in the same geographical area of the city. The municipal participants answered the questionnaire on two separate occasions, with a year in between and a total of 90 employees answered the first questionnaire and 97 the second. The response rates were 76% and 83% respectively. The participants from the geriatric ward are omitted from the results because they have only, so far, completed the first questionnaire. In addition, "shadowing" and videoing were used as data collection methods at two of the work places.

2. Workplace laboratories. This part consisted of interventions in three workplaces: two in municipal elder care and one in a geriatric hospital ward. The interventions were based on methods presented in developmental work research (Engeström, 1993a), activity groups (Sutter & Lindberg, 1994) and change laboratories (Virkkunen et al. 1997). These methods have a number of ingredients in common. One is the use of a conceptual model as a representation of the activity in order to promote development and learning (Engeström, 1987). To be able to construct the model, it is neces-

sary for the builders (in this case the workers who are the subjects within the activity) to identify the object of the activity and the tools and signs that mediate the relationship between the subjects in the activity and their object. Furthermore, the social base of the activity is investigated and defined in terms of the division of labor, community and rules. It is likewise important to test and evaluate the model at the work site. Another common ingredient is that the interventions are supposed to serve researchers with data and opportunities to test the theoretical standpoint (Engeström, 1993b) as well as promote development and change in the subjects' work activity.

3. Evaluation. An interview method was developed and tested in order to get a detailed description of critical situations in elder care. The interview was thought of as an imaginary video film and the data was ordered in sequences with analyses of content and themes. The description of the critical situation was made in detail, capturing the subjects' thoughts and feelings as well as their actions and interactions in that particular situation. One aim was to test a method that, in some cases, could replace observing and filming sequences at work as these types of data collection methods are highly time consuming and demanding in terms of research resources.

This paper will present the first two parts of the project. It should be mentioned, however, that the interview method, "interview as a video film", even though it is not discussed here, has shown some promising results. For example, critical incidents at work can be captured in detail and analyzed in sequences with a theme of content. In addition to the assessment of development at a single work place, this facilitates comparisons between workplaces. It also makes it possible to discuss whether the interview situation itself alters the participant's knowledge about work and thus might add to

the theoretical interpretation of learning, making the invisible work visible. The interview method has, as of yet, only been presented in Swedish (Strandberg, 2000; Bjerkefeldt & Östensson, 2002).

Work environment, conditions for learning and health

In short, the results from the questionnaire showed two patterns: a positive pattern with a work situation perceived as stimulating and with a meaningful purpose and good relations with workmates and work leaders; and a negative pattern with a strained work load and an unsatisfying physical work environment and a large number of psychosomatic symptoms and a high rate of sick leave (Westerberg, 2002a). These findings are consistent with the results of a review of work environment studies of Swedish elder care made between 1980-1998 (Befve, Wreder & Gustafsson, 1999).

The results also showed that there were differences between types of work organizations in elder care. The most positive results were found in the work groups at the nursing home whereas the home help services showed less positive results, particularly when it came to the potential for a positive learning situation. This was not unexpected since many of the questions about the potential for learning presupposed that there are workmates and a collective learning situation. In home help services, the typical work situation is a single worker who works in the clients' homes, with a limited access to fellow mates. The project revealed that one workgroup in home help services, which initially intended to participate in the project, had to decline because they did not have enough space in their work schedules to have regular project meetings. However, the opportunities to meet improved during the project and in the follow-up study it was shown

that the home help services' potential for a positive learning situation had been changed. In the follow-up study, it was also shown that the situation had improved in a number of ways for most participants. For instance, the participants experienced decreased demands (in terms of work load and negative stress) and increased opportunities to influence, participate and control the work situation. They felt that their social support and work climate had improved. The balance between home and family life and work and the physical work environment and work demands showed a strong statistical correlation. However, the proportion of participants who thought that work environment was the cause of their negative symptoms had decreased from 63% to 41%.

When the results from the follow-up questionnaire survey, were discussed with the mangers and staff in elder care, a number of hypotheses were suggested as explanations for the improvement. It was obvious that the workplace laboratories were not the only source of the positive development because some of the "control" groups had also improved. Five hypotheses were considered as possible causes of the positive change: 1). Peace and quiet – this was the suggestion from the staff. They felt that no stressful organizational changes or demands had been implemented during the past year. 2). There were more full-time workers – the organization had actively encouraged part-time workers to work full-time and this might have resulted in more working hours than were needed in the system. 3). Overcapacity – some workplaces might have a bigger budget than they should have, mostly due to changes among their clients and patients. 4). New employees – the newcomers were younger and had a fresh view of the situation. 5). Flexible work schedules – the organization had started to test flexible work schedules and half of the participants in the follow-up study were engaged in that project. The flexible-time project included extra resources to plan and

discuss how to arrange the work time in the best way both for the staff and for the elderly. Each person could then choose when he or she preferred to work and make his or her own work schedule as far as possible.

The hypotheses, except for the first one, were tested and showed that some of the differences in the experience of demands (workload and stress) could be accounted for by overcapacity – that is, a more generous budget than expected. The project with flexible work schedules had an influence on how the workers experienced their participation in the organization and the organizational support and encouragement for personal development. The changes in working full-time and the newcomers did not have any impact on the differences. When it came to the "peace and quiet" hypothesis, it was not possible to measure this in statistical terms. However, this was the suggestion from the workers and it is likely that the feeling of being able to work without "disturbances" had a positive effect (Westerberg, 2002b).

The workplace laboratories

The three workgroups had each five meetings together with a researcher. The meetings were held at the workplace and lasted for one to one and a half hours each time. The participants had to fit the meeting into their ordinary work schedule; sometimes they had to use their spare time. The number of participants varied between 6-13. At the geriatric clinic, the staff of 27 persons contained nine different professional categories and most categories, including the work leader, were represented in the lab sessions. However, the first and the last meeting out of the five at the geriatric clinic took place at regular staff meetings. The participants from the municipal work groups at two residential homes, were all assistant nurses or nurses' aides, but they disseminated the results from the lab meetings to their colleagues and work leaders at regular staff meetings.

The workplace laboratories started out with a tentative model of the work activity. The first target was to examine the focus or object of work in the three workplaces. The object was discussed at two levels. Firstly, the object of the work activity as a whole, that is, the object of municipal elder care or of a geriatric clinic. The focus here had obviously to do with the health and care of the elderly. Secondly, the object of actions in work, that is, the object of every day work. All the work groups listed their objects for the action level. It was shown that the work in elder care included a huge amount of different tasks that could be sorted as caring/nursing, supervision, administration, rehabilitation, maintenance and service. Education and learning were not perceived as objects of work but rather as work tools. However, teaching and supervising others at work were experienced as work objects.

The conceptual model of a work activity was used as a tool to identify conflicting areas that needed attention. At one of the two residential homes, assisting with and serving the meals were perceived as particularly stressful. In addition to the workgroup analysis, an interview study was made to investigate the residents' experience of the meals (Eriksson et al., 2001). This showed that, in general, the residents were satisfied with the residential home and the staff, but they were not satisfied with the food that was served at the meals. However, they thought they were unable to change the situation. One of the reasons why they felt that it was useless to complain about the food was that they considered that the staff was under enough pressure already. The workgroups at the municipal residential homes studied the work organization and schedules as well as stress reactions and stressful situations at work. Changes in the organization of the work and time schedules around meals were tested and these solved some of the difficulties. Both workplaces continued with the "flexible work schedule" project provided by the employer.

At the workplace laboratory meetings, the workgroup at the geriatric clinic investigated the division of labor between the nine different professions. They later continued with an employer-supported project that focused on the division of labor in the work place. At this very moment, the geriatric ward is about to continue with a third project that will focus on knowledge and competence improvement, as well as staff recruitment. The geriatric clinic will also participate in a follow-up study together with the field research unit next year.

Vulnerable areas and conflicts in elder care work

Taken together, the results from the laboratory analysis, the interviews, the observations and the questionnaire showed three major vulnerable and areas of conflict:

1. The amount of time-flexibility, that is: the free time capacity available in the organization to meet unexpected events. There is a well-known flexibility within the elder care organizations which facilitates the redirection of work tasks and changes in the order of work when necessary. The weak point is if the organization becomes too "tight" and the work load too heavy. If this happens, there is no spare room for the necessary redirection of work in case of unexpected events. It goes without saying that in elder care the unexpected is more the rule than the exception. The strained work situation has an impact on communication with the elderly. As shown in the example with the meals, the elderly explained that they did not want to disturb the staff. This has also been found in other studies. It is not unusual that the elderly state that they are satisfied with the care they receive because they understand that the staff are not the ones to blame when there is not enough time (Gurner, 2002). In order to han-

dle some of the most pressing problems the two municipal work groups continued, after the workplace laboratory intervention with the "flexible work schedule" project, as has already been mentioned.

2. The work organization and division of labor. Both the geriatric clinic and the municipal elder care experienced their patients or clients as frailer and weaker than before. Accordingly, changes were needed in the work organization as well as in the division of labor. The latter did not only concern the work groups, it also affected relations with the relatives, volunteers and other public institutions. The division of labor included the question of generalists and specialists within the workgroup: that is, should all assistant nurses in a work group do the same work tasks or should some specialize? In addition, it is important to address the decision latitude in the organization: are decisions taken at the proper level? There were examples of difficult decisions that had to be made by the assistant nurses that should have been settled at another organizational level and vice versa. One of the groups that participated in the workplace laboratories continued to address the division of labor in a project at the geriatric clinic.

3. The level of competence and the opportunities for workplace learning. There are critical issues that affect the immediate need for learning and knowledge. For instance: the rate of employee turnover, the amount of sick leave, and the recruitment of unqualified workers. The planning and execution of courses and formal training are related not only to the need for education but also to the resources provided by the organization. An important question is whether time is available for reflection about work and for discussions in the work groups. The investigations showed that there was a tendency to limit work group meetings in favor of other tasks.

The use of scientific-based knowledge was, of course, hard to measure exactly. However, few courses and lectures were provided by the employer. The first year about 20%, and the second year about 15%, of the participants in the questionnaire survey, answered that they had undergone training/education within the past 12 months. These were basically three types of training: administrative skills (i.e. computer training), knowledge about specific conditions among patients or clients (psychiatric care, dementia, dying patients) and ergonomics (prevention from work injuries). Compared with the Swedish average in-work training and education, about 44%[1], the amount of formal training was low.

The use of every day-based knowledge is, as stated earlier, viewed as the typical base of knowledge in elder care. The specific problems that bring this view into question are the changes in the object of the work (the clients and patients need more medical care), the employee turnover (young people and temporary staff without experience of care work are hired) and the lack of meetings at work that could enable the transference of knowledge between newcomers and more experienced workers. In the questionnaire follow-up, 21% were newcomers, but only the regular staff answered the questionnaire. The short-term temporary staff were not included. The use of short-term replacements differed considerably between the workplaces. At the one residential home, there was a solid group of four to six temporary staff and a regular staff of 29 employees. The other residential home had about 20 short-term replacements and a regular staff of 22 employees.

The opportunities for an expansive, more intentional and generative learning process were limited due to the reasons presented above. The tight time schedule, the division of labor, the work organization, and the competence and potential for a learning culture, are, as mentioned, weak points in this case. The workplace laboratories had the aim not only of enhancing this type of learning in the workplaces but also to identify the need for new knowledge. The laboratories started processes that are far from ended. All of the three workplaces continued with other projects offered by their own organizations. However, it is important to stress that in general, the municipality is not giving increased resources to the elder care workplaces, rather it is downsizing, which in turn could lead to new problems. Even the potential for an adaptive learning, that is learning the given, can be complicated, especially for newcomers without experience of care work and with limited opportunities to learn from more experienced colleagues.

What can be learned from projects on learning and knowledge in elder care?

In conclusion, the study confirmed the hypothesis that experience-based knowledge and adaptive learning forned a dominant track in elder care. Further there was a need for an expansive and scientific-based learning in order to solve not only some of the immediate problems but also to meet the expected situation with an increasing number of elderly and greater difficulty to recruit care workers. However, the possibilities to use the workplace as an arena for learning and development are dependent on the fertility of the environmental "soil". The soil was, at the time of the baseline study too poor to promote growth without certain enhancements in the work organization and environment. In the follow-up study the

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1 Year 2000, as presented in the Third Survey on Work Conditions by The European Foundation for Improvement of Living and Working Conditions.

soil for learning and development had improved partly due to the project on flexible work schedules and partly due to "overcapacity", that is, a larger budget than expected. A particular problem is that both of the "causes" involved extra resources, in terms of money, which were used to reduce the workload. The third possible hypothesis, the peace and quiet hypothesis, revealed the need for time to adjust to changes that had been introduced earlier into elder care earlier. One can say that the work groups needed time to establish work routines in a changing organization.

In the follow-up questionnaire, it was not possible to separate out the effects of the workplace laboratories as all three workplaces participated in other projects initiated by their organization after the laboratory intervention had been conducted. The analyses made within the laboratories were all consistent with general problems and tensions in the organization. Accordingly, the question remains whether an intervention at a group level can alter this situation. The work place laboratory can be an explorative approach that might fit an interested and energetic staff more than a worn-out group in a strained work situation. It is important to keep in mind that a research intervention could sometimes be experienced by the workgroups as an added burden on top of everything else. This might lead to the selection of participant groups in elder care that are not representative for the activity as a whole. Those with the most strained work situation can be the most obvious carriers of conflicts and contradictions within the activity. They are also the ones who are in most urgent need of a change. In our case, the selected group from the home help services had to refrain from participating because of their strained work situation. In order to detect these cases an important part of the analysis is, as stated earlier, to examine the soil. An examination of the work environment could also serve as a tool to prevent a mismatch between the parties involved. There are at least three parties here, the researchers who are interested in collecting data and testing theory, and the staff who want to improve their work situation, and the managers who might want to improve efficiency or reduce the amount of sick leave or solve some other problem.

It has been discussed whether research intervention should be more strategically planned in accordance with the organizational strategies. For instance, Saksvik et al. (2002) recommend that research in working environments should make use of interventions that are initiated and conducted by the companies themselves. However, it is possible that these strategies are adjustments to organizations that are already "lean", in other words, the space for exploring, investigating and testing in order to develop the work activity at a group level has been narrowed. Authors using the action theory approach have sometimes have made a distinction between subjective and objective control possibilities and decision latitude in work. Ellström (1992) argued that the objective and subjective scope of action are very important factors for the conditions for learning and development at work. It is important to link the scope of action in eldercare with the options that can be chosen by a workgroup in a research and development intervention. Engeström (2000) argues that development should not only be viewed as vertical movement but should also be seen as a horizontal movement across borders. He exemplifies this with a children's health care case from a research project where the research group initiated a Boundary Crossing Laboratory with approximately sixty participants from various institutions. In this case, it was possible to resolve some of the most urgent tensions in child health care by using a developmental work research methodology and engaging participants across the traditional organizational borders. As for the case presented here, a conclusion is that eldercare is in need of more radical changes than those that can be performed on a workgroup basis.

In this study the interventions seemed to have no effects on health measures. The same results have been found in a study of the impact of workplace interventions in a regional hospital in Sweden (Pettersson and Arnetz, 1998). The authors suggest that one reason might be that it is more difficult to have an impact on health-related outcomes through group-based interventions at the workplace level. Another reason might be that there are factors other than the work environment that influence the health-related outcome. The results from the questionnaire in the present project showed that conflicts between work and home and family-life were strongly associated with physical symptoms and the experience of a heavy workload. However, it is not possible in this study to determine whether the burden from work creates the conflict with family-life or vice versa. Instead the issue might be to consider the total workload of these women. This was shown to be the case when five municipal eldercare development projects were evaluated and compared with a project that introduced a flexible time schedule and a work-time reduction in eldercare, by Svensson & Skanse (1994). The latter project was the most successful in terms of rest and rewind after work. The other five projects were instead found to be adding to an already stressful home-work conflict with no opportunities to rewind and rest after work. They added therefore to the total workload. Svensson (2002) states that it is important to study the balance between the total work load and the possibility to recover after work. Thus, work activity is not the only activity that has to be taken into account.

The point of departure for this project was to somehow break out of this vicious circle and find ways to improve the learning processes and knowledge acquisition in elder care. In that sense the project failed, at least at a first glance. Instead weak points in the organization were found that concerned time-flexibility, the division of labor and the organization of work.

Some of these "weak points" were improved, but one has to keep in mind that this was partly due to the provision of additional money. Larger budgets are not expected to be a remedy for the future. Therefore, the work development in elder care probably requires changes at an activity level which includes the division of labor and the organization of work, not only within the organization of today, but with other networks and institutions. A recent research project concerning elderly high care consumers showed that multiprofessional teams consisting of staff from the primary health care units (including district doctors) and the municipal elder care services were successful in reducing the number of visits to the emergency and hospital care. In addition, the elderly needed to turn to fewer people and that made them feel more safe and secure. (Gurner & Fastbom, 2002)

In activity theory, learning is viewed as a collective process in the workplace. However, there are particular problems that have to be handled in a home care service where the access to colleagues is limited. In research about this particular situation, the meeting between the elderly and the home care workers has been focused (Szebehely, 1995). Communication with the elderly is a key issue here that demands time and knowledge. The question is from where does the knowledge come? Where does the home care worker learn how to communicate with a person suffering from dementia? The idea of multiprofessional teams directed towards the elderly in their home environment might be a fruitful route. There is an increasing number of elderly with serious impairments who continue to live in their ordinary homes and this accentuates the need for cooperation between the primary health care and municipal elder care services (Gurner & Thorslund, 2001). Furthermore, the conditions for learning and development in the home care service must be given priority as they could have a direct effect on the health and safety of the elderly.

Finally, even when the work situation is less strained in elder care, "discoveries" and theoretical developments appear to be rare. There are several possible reasons for this. One possible reason might be the conceived status of elder care: a low-paid, woman's work is not supposed to make significant contributions to knowledge. Another possible reason has to do with power and organizational hierarchies: some changes are allowed, but these must always be within organizational controls. A third possible interpretation is that the developments achieved in workplaces in elder care are not articulated in an accepted manner. There is no "strong voice" that could have an impact outside the workplace. All of these assumptions could be related to the history of elder care and its development as a profession. Using activity theoretical analysis to deepen the analysis of the history and development of this kind of work, along with the genderized division of labor in both work and family life, would be most welcome.

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