

Bodies in Focus — the implications for policy in aged care

Aged care is about caring for bodies, the bodies of residents and the bodies of those who work in aged care, but the legislation governing aged care encourages the phenomena of the absent body (Leder 1990, Bernoth 2009).

Through my PhD research, aged care workers have articulated the subversive nature of aged care. Interviews revealed that when bodies become a focal point, realities, other than those perceived by standards monitors, are exposed. Bodies in focus are dangerous in what they can reveal about aged care and, those who bring bodies into focus have their safety compromised.

The inquiry explored the impact of communication about the body in keeping aged care workers safe in manual handling situations. The thinking underpinning the research is that if the aged care workers are disembodied beings in manual handling tasks (Bernoth 2001), bringing the body into focus through communication techniques, may enable aged care workers to work safely.

These new discourses of the body shattered the dominant language of aged care revealing the subversion. As communication skills evolved, the aged care workers began speaking the conditions of aged care work.

At the end of the corridor in a restraint chair was a woman with her arms out stretched to me. She was shouting out incoherently. As I got closer I could see the terror in her eyes, she reached for my hands and I held her, stroking her face and trying to re-assure her. She had my hands held so tightly, I couldn't have let go even if I wanted to. I looked around for assistance and at a table in an adjacent room was a group of five aged care workers writing their notes. They saw me with the lady, they heard me speaking to her, they heard her distressed cries and they continued to write their notes. After several minutes, one of the workers in the group approached me. I asked what was wrong, why was the lady so distressed and why had they ignored her? The aged care worker said 'she always does this, we just ignore her, if we give her any attention, she is worse'. On assessment, it was found that the woman was in severe pain which was only relieved with opioid medication (Bernoth 2009:113).

In the scenario, the workers were pre-occupied with documentation because, at the time the research was conducted, it was the documentation that determined funding. So getting the documentation right was of prime concern not the woman screaming in pain. The scenario also illustrates the inability of the aged care workers to pick up on, and respond appropriately to, the cues being presented to them by the woman in pain, supporting research undertaken by De Bellis (2006).

Language is the means of bringing bodies into focus, old frail bodies, bodies in pain and the bodies of the aged care workers but in doing so what is revealed are the dangers and subversions in aged care and the distorted image presented to authorities charged with monitoring standards. The monitoring of standards is in keeping with the neoliberalist philosophy underpinning monitoring and control of institutions in our globalised society. A neoliberalist philosophy is characterised by the “removal of the locus of power from the knowledge of practicing professionals to auditors, policy makers and statisticians, none of whom need know anything about the profession in question” (Rose in Davies et al, 2005:345). Davies et al (2005), state that the elements of a neoliberal system are poor funding, inadequate staffing levels, the alienation of workers, the use of audit and surveillance strategies and reporting strategies to create an illusion that all is well.

The aged care worker said that she was delighted when Management purchased a beautiful dip-sided bed that could be electronically lowered to the floor. They used it for a resident with Huntington’s disease so that she could easily get into the bed and safely get out when she wanted to rather than relying on staff. However, after the facility successfully passed an accreditation visit, the bed was returned to the manufacturer (Bernoth 2009:75).

Foucault used Bentham’s concept of the Panopticon in his discussion on power, because the Panopticon can “induce in the inmate, a state of conscious and permanent visibility that assures the automatic functioning of power” (1991:201). Power is given by authorities to those who observe and the observed supposedly become disempowered. Foucault (1991)

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used the concept as a metaphor for surveillance and discipline of modern society where individuals become ever more regulated and controlled.

In aged care, there is layer upon layer of surveillance and monitoring which serves to placate a concerned public that the government is fulfilling its responsibility to ensure a high standard of care is delivered in that sector. Yet, what my research demonstrates is that with standards monitoring in aged care, what is presented to those charged with surveillance is a mirror image of the Panopticon where the observed become the holders of power. It is a negative of the Panopticon. Just as in a mirror, what is perceived is an image, a mirror image, not reality.

Maintenance stopped the day of accreditation. As soon as the Accreditors had walked through the building and inspected the work being done, it all stopped. It just stopped. The half painted walls, the unfinished door frames, it literally just stopped. The Accreditors walked back to the 'big house' (the office building) and the workmen walked out the back door. So much for listening to us and being concerned about us! It was all just a show to pass accreditation (Bernoth 2009:76).

Proprietors, Managers and staff in aged care are aware of the presence of the Accreditors. They know they are being observed and they know what they are being observed for so they ensure that those watching see what they need to see not what usually or actually happens. The Accreditors do not observe care given, they look at documentation, they ensure systems are in place, not whether or not those systems are used or the outcomes of those systems.

So, there is a flurry of activity in getting ready for the Accreditation visit and there are folders full of policies and quality activities to demonstrate compliance with Accreditation Standards. It is presenting to the Accreditors what they want to see, not what they should not see. Seeing reality is dangerous. Seeing the bodies is dangerous, emotionally and financially; it may expose the reality of aged care. Even with the unannounced visits, facilities know what to expect and are prepared.

The aged care facilities know how to circumvent the observer. This subversion can continue as long as silence is maintained, illustrating why the industry is so threatened by anyone who is empowered to speak. Once the Accreditors' visit is complete, they are safe from observation but to be safe the aged care worker is expected to remain silent. If the silence is maintained, if the gaze is averted from normal practice, the pretence can continue. The painters and builders left after the Accreditors' inspection; the new bed was returned and the care plans, neatly written, bear little resemblance to the actual care given and the facility is deemed to have complied with the standards.

The negative of the Panopticon is the reality. The image presented to monitors, the government and the public, is a negative of what is real.

RECOMMENDATIONS:

If the current standards monitoring system remains in aged care, no-one can be assured that standards are met and bodies will continue to be compromised.

Bodies must come into focus and the emphasis on diverting the accreditation process, eliminated. The auditing processes must involve observing and recognising bodies of residents and care workers, not folders and paperwork.

1. The monitoring process for Accreditation Standard 2, Health and Personal Care, and 3, Resident Lifestyle, be undertaken only by those with the knowledge, qualifications, skills and experience in aged care to do so.
2. That the auditing process for these standards be undertaken in the normal activities of the facility, in the clinical areas where care is being given and at the times it is being given. It means being with the aged care worker, evaluating standard compliance in the bedrooms and in the bathrooms.
3. Essential to coming to a realisation of the actuality of aged care work and addressing the standard of care given to residents is in evaluating the standard of education and

mentoring available to aged care workers. Despite the nationally accredited courses in aged care, the standards of delivery and outcomes vary widely.

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