

# CO-CREATING GOOD CARE

## IDENTITIES, VALUES AND ROLES IN THE CARE HOME TRIANGLE

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### STUDY RATIONALE

Well attuned co-creation of care in the care home triangle contributes to:

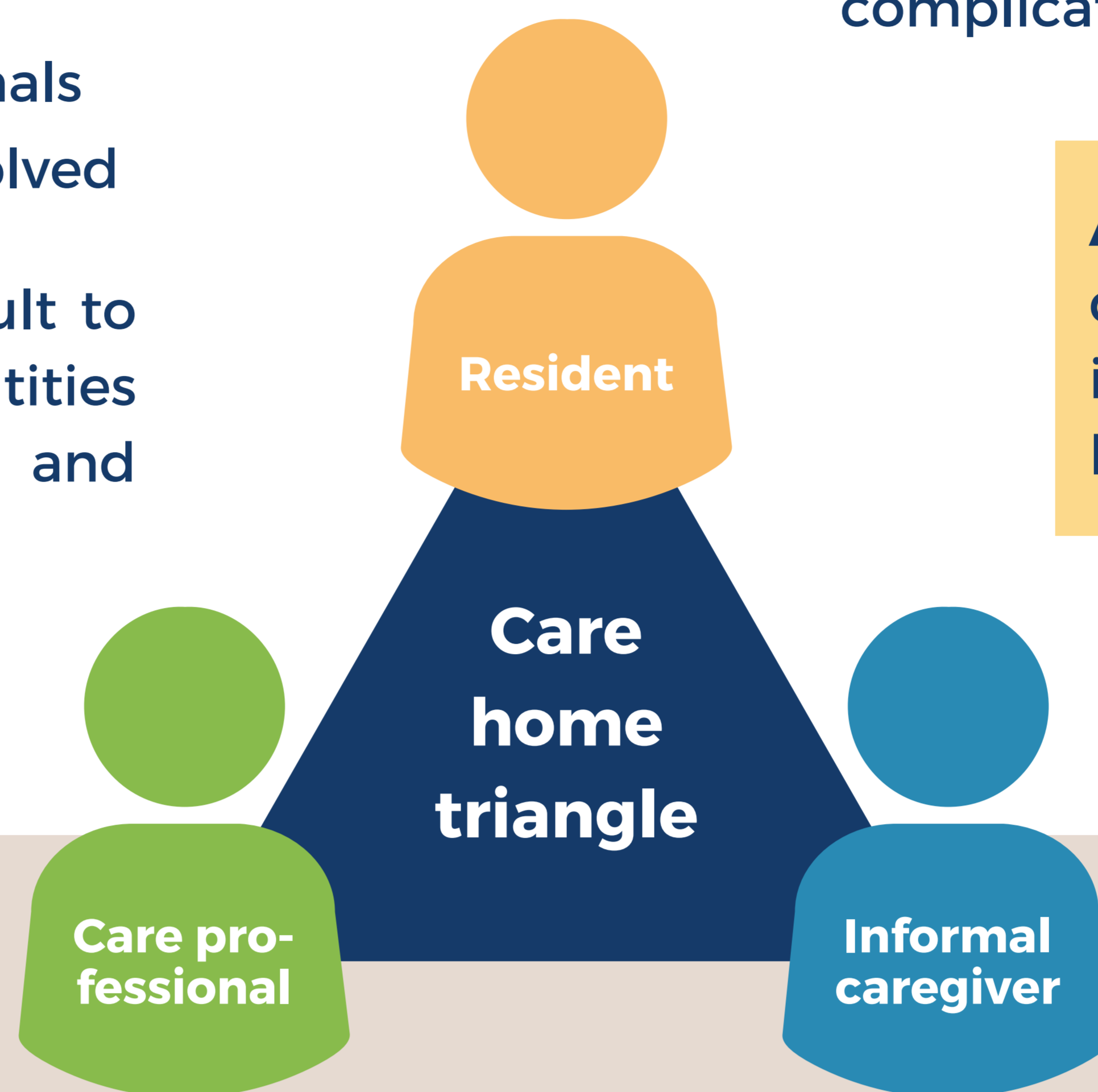
- Good care for residents
- Job satisfaction for care professionals
- Overall wellbeing for all those involved

Although important, it can be difficult to establish in practice. Personal identities and values are not always aligned, and mutual roles can be unclear.

### RESEARCH QUESTIONS

- Which identities, values and roles are at play in the care home triangle?
- How do these identities, value and roles complicate the co-creation of good care?

**Aim:** gain insight into the moral dynamics underlying difficulties in practice, to develop more holistic problem solutions.



### METHODS

Qualitative interviews

n = 9

n = 10

n = 10

Focus groups

Focus group

Qualitative interviews

Co-design workshop

Evaluation

Implementing results

This data was analyzed through inductive thematic analysis, using Walker's expressive-collaborative model of morality as a sensitizing concept. The results are presented on this poster.

Timeline of a larger responsive evaluation study in a Dutch care home, focused on facilitating dialogue and increasing mutual understanding.

### RESULTS

**Identity:** Caretaker, main responsible for resident wellbeing  
**Values:** Care, responsibility, expertise  
**Roles:** Care expert, gatekeeper of resident wellbeing

**Identity:** Dependant  
**Values:** Gratitude, modesty, authority  
**Roles:** Care-receiver (passive)

**Identity:** Significant other to the resident  
**Values:** Connectedness, dignity, responsibility  
**Roles:** Advocate for the resident, expert of resident as a person

"Family's wishes will be taken into consideration, and if it's a good fit with what the resident is capable of, then we'll do it. But family's demands aren't always met because it's not always what's best for the resident."

"If it's really bad, to the point where I'm like: this is not right, then I'll talk about it. But if it's something small, I'll just think: well, never mind. [...] I don't think I dare say anything. Let me put it this way: it's their job. But every once in a while I do think: geez Louise, is this really necessary?"

These identities, values and roles complicate the co-creation of good care in three areas:

#### Voice

- Care professionals take on most of the responsibility for care, to which they link decision-making power;
- Residents generally comply with decisions, even though they might not always agree;
- Informal caregivers want to be involved in decisions and may feel ignored and frustrated when they are not.

#### Trust

- Care professionals feel naturally deserving of trust. To promote trust, they will reassure informal caregivers rather than give them information;
- Informal caregivers need to build trust in care professionals by gathering information about the delivered care.

"So we decorated his room and then, during that conversation, they also told me: 'you can always swing by, whenever you want. And if you want to know how things are going later on, just give us a call.' [...] At the end of the afternoon, well, I went to call them, and I got a girl on the phone who said: 'ma'am, there's no need to call us. If there's anything you need to know, we'll call you.' Well, that really rubbed me the wrong way, on the first day."

#### Recognition

- By requiring care professionals to prove their reliability informal caregivers misrecognize them in their identity, values, and role;
- By expecting informal caregivers to mainly contribute to the resident's wellbeing by doing fun activities together, care professionals misrecognize them in their identity, values and role.

### DISCUSSION

Using Walker's meta-ethical theory, we uncovered the moral dynamics underlying the difficulties of co-creating good care in the care home triangle.

Interventions to improve practice may focus on raising awareness of moral dynamics and promoting dialogue, to increase mutual understanding.

Next step: using these findings to guide a co-design workshop where care professionals and informal caregivers jointly develop ways to improve practice.

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