

# **Information and Communication Technology in Homecare - care assistants experiences, opinions and expectations**

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**Abstract:** The Swedish government has formulated strategies that will broaden the use of telemedicine/telecare as a result of the rapid development within health and homecare (Ds 2002:3). The government hopes that the personnel will carry the intentions behind the legislation out to reality. Knowledge of work practice and work organisation is required when new and re-design systems are developed. The aim of this paper is to explore the care assistants' work practice, and also to explore their experiences, opinions and expectations with respect to how technology within home care affects and how mobile information and communication technology (ICT) will affect their work. The research is based on empirical research through interviews involving care assistants from social services in the north of Sweden. The interviews were conducted as group interviews, in this case focus groups. In the analysis thematic content analysis was used. The analysis showed that care assistants' think that ICT is inevitable within home care in the future and that they will get used to it. The interviewed care assistants regarded the complex organization as a larger problem than technology. The analysis also shows that care assistants work is complex and demands flexibility and further training. The low status of home care work is also discussed. As conclusion the importance of articulating the knowledge of groups that often are overlooked and seen as low status work is put forward. Care assistants have a complex type of work and their experiences are important when designing new mobile ICT.

**Keywords:** Care assistants, mobile ICT, focus groups, content analysis, participatory design



## Introduction

The Swedish government has formulated strategies that will broaden the use of telemedicine/telecare as a result of the rapid development within health- and homecare (Ds 2002:3). Sweden is also one of the leading nations as a producer of technology for IT and mobile communication. A part of Information Technology that has been rapidly established and developed on the market during the last 20-30 years is Mobile Technology, and Sweden is one of the leading nations as a producer of technology for IT and mobile communication. Mobile phones, handheld computers, and hybrids between mobile phones and handheld computers, are artefacts that are being used for mobile services and depending on functionality they access and can be connected to wireless networks. Experiments with Mobile Technology have been carried out in several places within the homecare sector (Mörtberg, Berg & Jansson, 2002).

Care is a profession that is dominated by women, the professions are low-paid, and do not receive high status in society (Runesson and Eliasson-Lappalainen 2000). The demand on health- and social care personnel will increase since the elderly population is growing and the wage-earning population is estimated to decrease (Runesson and Eliasson-Lappalainen, 2000) and it is very hard to recruit personnel to care-related work. As a consequence of social legislation it is becoming more common that elderly people continue to live in their own home instead of moving to old-age care homes to receive care and personal service. Many pilot studies of use of IT systems within in homecare have been conducted e.g. on alarm and key cards. Within the area of elderly care and the effect of Information and Communication Technology (ICT) not much research has been done except (Hedström, 2004) that has explored the experienced effects of computerization within elderly care. On the other hand there is much research within social care concerning elderly care (Franssén, 1997), organization and elderly care (Szebehely,1995; Waerness, 1996), learning and caring (Drugge,2003; Nilsson, 2001).

The demands on the care assistants will increase since elderly people become fragile, and to take care of elderly people demands competence. In order to realize the government's ambition to give elderly and persons with disabilities care and services on equal terms in their own home by implementing IT, particularly mobile technologies are the solution. Increased IT-use and other IT solutions such as telemedicine can be a way of giving work in health and medicine care, and shape an image that attracts young people and men, both in the short and long terms (Ds 2002:3).

The government hopes that the personnel in homecare will carry out the intentions behind the legislation to reality. It is important that the care assistants' experiences and knowledge are taken care of, because understanding users' needs is of importance designing systems (Preece, Rogers & Sharp, 2002). Knowledge of work practice and work organisation is required when new and re- design systems are developed (Bratteteig, 2003). The aim of this paper is to explore the care assistants' work practice, and also to explore their

experiences, opinions and expectations with respect to how technology within home care affects and how mobile information and communication technology will affect their work.

The structure of this paper is as follows: first we describe the setting and the technology used at the care resource centre as the care assistants describe it in the interviews. After that the method is described and the interviews are analysed. Thereafter we will discuss our findings. Finally we will present our conclusion.

## **The setting**

The empirical research was conducted with care assistants working at a care resource centre located in the north of Sweden. The centre creates support resources for the elderly in ordinary housing, provides direct and indirect support for relatives and those close to the patient irrespective of whether they are staying in the centre or are in their own home, and strengthens the special resources aimed to secure the care chain.

The care resource centre is responsible for the alarm system that is provided by the municipality to elderly and persons with disabilities. The intention with the alarm system is to assist the elderly and persons with disabilities in their ordinary housing so that they can reside in their own home and feel safe and secure. At the moment the care resource centre serves nine hundred users of the alarm system. The personnel consist mainly of care assistants to. Sixteen persons work with the alarm system, answering calls and conducting the service; the service is open twenty four hours a day. The care assistants also install the care-phone in the resident's home. Besides taking care of the alarm system the care assistants have other assignments such as full responsibility for the newsstand where they also sell candy, and hygiene products. This not only includes selling newspapers but also ordering products to the newsstand. Elderly people that live in the municipality can use the care resource centre's facilities for conferences, courses or other gatherings, therefore working in the newsstand also includes booking of the conference rooms since they provide this service. Every Sunday between noon and two o' clock p.m. the personnel work as cashiers in the restaurant, which is located on the same floor as the newsstand and the alarm room. Another assignment they have is to clean the entire ground floor, where the rooms for rent are located. They are also responsible for checking that all doors and windows at the care resource centre are closed and locked in the evening. Care assistants also schedule their own work within the software Time Care.

## **The alarm system**

The alarm system consists of a care-phone that is installed in the care recipient's home and portable alarm button that the person can wear as a watch, necklace or clip (See figure 1.). The care-phone is connected to the ordinary telephone network and receives power from an ordinary 230-volts wall socket transformer. The care-phone can be placed on a table or hanging on a wall. To activate the care-phone one uses the portable alarm button, and when the alarm

## Results

<b>Theme:</b> ICT is inevitable in the future and you will get used to it	
<b>Main categories</b>	<b>Sub categories</b>
<p>The work is complex</p> <p>The work has low status</p>	<p>Technology is not a problem, organization is</p> <p>The work demands flexibility</p> <p>Handling the complexity demands new skills, and further training</p> <p>Taking the caretakers perspective</p> <p>Gender relations</p>

Table 1. Analysed categories from the interviews with the care assistant's.

The result is presented under each sub-category and the discussion is presented under the main categories. The results are illustrated with quotes from the informants and are written in italics.

### **Technology is not a problem, organization is**

*“In fact the technology is not really a problem, it is the organization itself that is a constant problem”*

Care assistants did not consider technology to be a problem; the technology they use works fine but they could wish for more when it comes to the alarm, so that they can fix minor problems with the alarm instead of calling the supplier for support, as they do now. They also wish for a wider range of the alarm system so that they can communicate even if the person is outside the house; as it is now one has to be in the same room as the care-phone in order to communicate. They do not wish for wide areas to be covered, that means that that the person with the alarm should not be travelling around in whole country but have a normal life in their nearest surroundings, and still be able to communicate with the care assistants at the care centre. Thus, care recipients can walk to the local store, be outside in the garden or do their laundry in the basement and still feel safe and confident that they will be able to communicate with the care centre. Another thing is positioning; care assistants say that it would be nice to be able to locate the recipient on a map. An alarm with positioning could be helpful, they think, but they also say that positioning will only operate when the person

triggers the alarm or when the person wants to be visible; personal choice is important, otherwise it is not considered to be ethical. There have been cases when elderly persons have been disorientated when out walking and have not been able to get back to their home; in one case in another municipality a man went out in the winter, in the middle of the night, and was found dead a couple of days later, frozen to death. Care assistants believed that situations like this one could be avoided with positioning.

The care assistants state in the interviews that the technology is not a problem but at the same time they say that they would like the record system to be automatically updated when something changes for example the health status of the client. They have records that are ten years old and not valid at all. Furthermore the record system must have content with all information needed, for example responsible doctor, responsible physiotherapist and so forth. However they do not know who is responsible for updating the record system. Whoever is responsible for writing in the latest data, they wish that it will just be there *“automatically, whoff! It is in our computer”* because it is very important that the data is there. Care assistants mention that sometimes they start the worst mobilization because their record says that the client does not receive help from the ordinary home care service, whereas in reality they receive help six times a day.

Care assistants in the interviews say that elderly people that receive home care service today are not used to new technology and many of them are suffering from dementia; and that makes it more problematical to introduce something new.

*“I think it will be easier in the future with technology than it is today within the caring sector”*: care assistants say that today’s old people are not used to computers and other technology but the writer of the forties are and *“If it is supposed to be developed it ought to be developed now so that it will be ready when people are ready to receive it later on”*. They also say that they think that new technology will enter into their work and that is fine with them as long as the implementation occurs gradually. *“It’s OK as long as we get the time to get used to it”* Another thing the care assistants express is that *“technology can never replace humans”*.

## **The work demands flexibility**

*“Here you never know what is going to happen and that is the charm with this job. One day does not resemble the other”*.

When a client triggers the alarm the care assistants can answer the alarm and get verbal contact with the person who triggers the alarm. If the client is in urgent need of help the care assistants travel by car to the client. Care assistants answer calls and travel to care recipients that need help, and as visitors they conduct social care and services in the care recipient’s home, and they move around in the home; and they travel back to the care resource centre to do their other work assignments. The care assistant’s work is physically strenuous, particularly if someone who triggers the alarm has fallen down and needs help

to get up. If the person who needs help is heavy the assistants can use a portable lift. The lift is placed in two bags, weighs about twenty-seven to thirty kilograms and is easy to assemble. When the assistants arrive at the scene of the person activating the alarm s/he might be in a room that is small and the space might be very tight and crowded; they cannot therefore assemble the lift in that room, but have to move her/him from the room, perhaps by dragging her/him on a carpet into another room where there is enough space for the lift.

Sometimes when the care assistants have been answering an alarm call they have been the first persons from public social care that enter the private home, and the home can be a disaster from a working environment point of view. In the interviews the care assistants declared that if a person wishes to reside in their private home, need an alarm system or other help from social care, one ought to be able to demand that the private person has an adjustable bed or a lift if needed in order to provide a good working environment. *“You can’t just have demands on personnel; you might also have to have some demands on the person receiving care”*. When taking care of the alarms the care assistants often need to get in contact with other professions involved in the client’s care but that is a very hard task to do. For example if they need to contact a district nurse it is hard to find out which district nurse serves the specific district that the client belongs to, and when they do the district nurse does not answer the phone. The care assistant’s in the interviews also mention other groups that are hard to get in contact with: *“This thing with occupational therapists and physiotherapists and everything. In order to reach them you have to try for several days. It is rough.”* Sometimes when the caretaker’s only have an alarm and no homecare the care assistant’s while answering the alarm are the first to report that homecare are needed. *“We might be the only ones that have a connection to them and see the scarcity because they do not receive help from the ordinary homecare services or relatives”*.

Care assistant’s work demands flexibility since they have many different work tasks to perform at the same time. One interviewed care assistant said that *“sometimes it is just too much, I am thinking of the weekends when we are working three and three.....We had a lot of lunch guests in the restaurant. The alarm went off, the girls had to travel out and serve the persons triggering the alarm; they were away for three hours. Fifty more guests came than planned for. They all wanted lunch and coffee and also we had to prepare the coffee carts and answer calls from the alarm. We also had to take care of the newsstand and answer the phone. So you have coffee service, alarm, and also information service. Luckily this is not the situation every day”*.

## **Handling the complexity demands new skills and further training**

*“This yes, yes, technical part. I mean we know what we do when we install (the alarm) and we go out but then this technical part, it is so much. And this is something that the whole group should have more of (education)”*.

Care assistants would like to learn more about the technology behind the alarm system, so that they could fix minor problems instead of calling the supplier of the system for help. They say that the persons answering at the suppliers use technical words that are strange and the care assistants do not understand everything they say. They also wish that they could learn more about techniques when lifting heavy persons or moving them from beds to chairs etc. and they would like to update their competence within cardiac rescue. Care assistants wish that they could get more training and education and they are overall positive towards learning more.

## **Taking the caretakers perspective**

*“I think that elderly people of today find it difficult and they become frightened oh!! The coming generation of elderly will accept this more easy, I believe”.*

The care assistants always talked from the perspective of the caretakers and it was very hard for them to see or imagine what kind of technology would serve them best within their own working situation.

When the interviewed care assistants talked about an alarm service with positioning they always talked from the client’s perspective, how they would feel or react - that the clients should be able to start the positioning by them selves so that it would not be *“Big Brother is watching you”*. But then the problems with people who have dementia were discussed - who will decide if they are going to be positioned? When we as researchers asked them if it would be helpful if they themselves could position other personnel working within the ordinary home care service, or the group that work at night, since they often need to call them to ask if they are nearby the client triggering the alarm so that they can pay the client a visit or ask whether a visit is scheduled in the nearest time. Care assistants say that it might be helpful but at the same time they say that it would feel weird to position other personnel, to track them down on a map.

## **Gender relations**

*“To raise the status and increase the salary. I believe that the day when we get more men into our profession then.....”.*

When the care assistants described their work and all assignments they perform, their work could be compared to ambulance personnel’s work. When we asked about this they emphasized that their work could not be compared with ambulance personnel because they go out to accidents and *“you have to recognize that almost every one of them is male and besides that they are allowed to exercise during working hours”*. They also indicated fire-fighters, who also exercise during working hours. The assistants’ work is heavy and in order to stay in shape and have the strength to continue with their work until they retire they need to exercise. However, they stated they are not allowed to exercise during their working hours despite the fact that administrative personnel are allowed to exercise two hours per week during working hours.

The interviewed care assistants believe that in order to get men into the caring professions the salary needs to increase and also better working conditions are needed. They believe that it is not right to lure people with technology because then you get the wrong people within care; you need to be interested in humans to work within care, not in technology. But they also say that more men would work within care if there were more technology within the area.

## **Discussion**

### **ICT is inevitable in the future and you will get used to it**

In the analyse the core theme *ICT is inevitable in the future and you will get used to it* emerged. This core theme was derived from the main categories *The work is complex* and *The work has low status*.

The care assistants' expectation was that mobile information and communication technology was something they have to accept when it arrived, not something they could influence themselves. Care assistants said that you have to start to develop the technology now, so that it will be ready the day when the writer of the forties needs home care. They thought that the coming generation would be much more demanding and also used to new technology.

Care assistants' also mentioned that they think that more men would work within homecare if there were more technology within the area. They were doubtful whether technology would higher the status of their work and thought that an increased salary would be a better way.

### **The work is complex**

The analysed interviews show that the care assistants have difficulty in seeing what they themselves can gain and how they can use mobile Information and Communication Technology within their work. The caring profession has not changed much in relation to the care recipients during the 20<sup>th</sup> Century. It is still about handling the different needs of caretakers, practical as well as physical and medical (Drugge 2003). In the early 1900s workers within homecare were servants. Their work assignment was to replace the housewives when she was sick. Later on in the 1950s the housewife began to work within homecare, qualified women with experience from household duties. On the other hand there has been a distinct change of the work content within care and service work since 1990. The psychological demands have increased and the opportunities to make decisions have decreased. A larger workload and lack of support from work managers can also be noted (Socialstyrelsen, 1994). Research has shown that high demands at work, high time-pressure, little opportunity to act and lack of support can involve risk of stress and psychosomatic diseases (Theorell, 1997).

The analysis also shows that care assistants' work is very complex and demands flexibility; and in order to handle this complexity care assistants need further training and new skills. This complexity is never talked about when discussing work of the care assistants. This might depend on history and that the profession always has been a nursing and caring profession. Care assistants are used to solve problem as they appear since they work with people (Hedström, 2004).

The interviewed care assistants described how difficult the situation was working in a private home and in the private home they have to accept manners and customs according to the resident, since the home constitutes the resident's private sphere (Nilsson 2001). This is not an easy situation since the resident's home cannot be ranked as a public place of work, and at the same time a safe working environment for care assistants must be ensured (Berg 1992).

Simonen is cited in Szebehely (1995,p82); "*care consists of mental work which includes planning and permanent reconsiderations, emotional work which means engagements in somebody else's problem and manual work which includes the concrete tasks*". When it comes to learning within a caring organisation such as social care, Drugge (2003) talks about a concept, attitude to learning. Learning is not about making things better and better; instead learning is about learning from others, learning things you did not know before or learning to understand things you do in a new and different way. To create an attitude to learning you have to identify and take care of experience-based knowledge in order to be able to meet new and unexpected situations (Drugge, 2003).

Care assistants also said that technology is not at problem. Care assistants have always worked with technology in their work. Household technology like vacuum cleaners, food processors, sewing machines and telephones, ergonomic technology as lifts to move the care taker from and into the bed. All these technologies are and always have been an important part of work. IT-systems are not often used in operative work with elderly. That means that care assistants are used to work with technology but not used with IT-systems as support for their caring work (Hedström, 2004). The reason why they see the record system as a problem and at the same time mention that technology is not a problem might be that they take the technology they use for granted. For care assistants the problem is which person who is supposed to update the record system. However, they would like to learn more about the technology they are using just like they want to get more competence in other areas like handling lifts and cardiac rescue.

An understanding of the nature of the care assistants' work is a necessity when developing and implementing new technologies into care work. The work of the care assistants is knowledge based and transmission of knowledge is often made orally (Hedström, 2004).

There are many pilot projects with ICT within health- and homecare. Those are conducted by real enthusiasts without support from the management when it comes to real implementation (Essén, 2003). ICT created for the workplace needs participation from the users so that it will enhance workplace skill and

participants' knowledge about their practice and future use situation can only be obtained by their involvement (Greenbaum & Kyng, 1991; Grønbaek, Grudin, Bødker & Bannon, 1993; Hedström, 2004).

## **The work has low status**

The interviewed care assistants took the caretaker's perspective when discussing, and even when we as researchers asked them what kind of technology they wanted as support in their own work, they went back to the caretaker's perspective. Agneta Franssén (1997) has studied women's caring work and in her study she found that women's thoughts and values proceed from the clients' situation instead of their own interests and needs. Their train of thoughts revolved around how they could do things as well as possible without intruding on the clients integrity and ability. At the same time they tried to see the client's whole life situation and they also tried to understand the client's situation and foresee medical, social and psychological consequences of the caring situation. Szebehely (2003) found that home care personnel in the Nordic countries when they were asked what was the best with their work, described their work as a positive to be able to help, receive gratefulness in return and feel that they were needed. The focus was on the clients and not so much on the colleagues. They pointed out the conversation between the caretaker and the caregiver as central and that there was a mutual relationship. The worst thing with their work was lack of time and too much cleaning. The low status and lack of appreciation for their work were factors the Swedish caregivers stated.

Waerness (1996) have launched the concept of care rationality and the concept's points of departure are both unpaid and paid caring work. Waerness (1996) defines the concept of care rationality as both feelings and work, but emphasizes the latter. She motivates this by saying that caring work has been made invisible in the debate about the welfare society. Care rationality proceeds from knowledge based on experience and practice in a specific context. One important purpose has been to bring forth hidden aspects of women's caring work that has been disregarded in organizational research as well as in the planning of public care. Helena Karasti (2003) also discusses the importance of lifting up and articulating the knowledge of women groups that often are overlooked and seen as low level workers. They perform tasks and supportive work that can be identified as routine tasks that ought to be automated.

Besides the responsibility for the alarms the care assistants have to clean the premises and do other work assignments compared to fire-fighters, who do exercise or rest when waiting to fight fires. Both professions have a physically and mentally high workload; furthermore, they sometimes have to deal with life or death. One occupation is dominated by women and the other by men. Despite the fact that the interviewed women have a physically and mentally high workload, they pointed out firemen's work as more demanding. Furthermore, they sometimes have to deal with life or death. When we compared care assistants' work with fire-fighters' work, care assistants said that a comparison was not possible. Sörensdotter (2002) also points out that fire-fighters can do

exercise and it is planned within their working day, and organised training would facilitate care and nursing work regardless of the body, male or female, doing the exercise.

In the interviews the care assistants said that in order to get more men into caring professions IT could be a solution, but the most important thing was that the salary needed to increase and better working conditions were needed. In all Nordic countries the work the care assistants do has a low status (Szebehely, 2003); but the old people that are the caretakers also have low status in the society, although some of them have another history and economic status. The interviewed care assistants believe that the profession needs more men because it is heavy work, and with more men the status and salary will increase; however, they do not think men will accept all work assignments that are included in the profession, not at least men in their own age. Sörensdotter (2002) means that the expectation that the status will rise within the home care area if a large number of men begin to work within the area does not consider the gendering aspects within society. The gendered division of labour will not change just because men begin to work within care. It has been shown that when men enter professions that are dominated by women new patterns are created and men end up in higher hierarchies than women. Sörensdotter (2002) also mentions that the only physical reason why men would be needed in the caring area is because they are expected to handle the heavy work better than women since they are expected to be stronger, which is not always the case. If care assistants can be part of the development of new IT-systems which can be used as support in their work this might make their work more visible and in the end also might raise their status.

## **Conclusion**

The aim of this paper was to explore the care assistants' work practice, and also to explore their experiences, opinions and expectations with respect to how technology within home care affects and how mobile information and communication technology will affect their work.

The care assistants have a complex work where they have a tradition in using technology but they are not used to IT- systems as a supporting tool for homecare work. The care assistants' work is a low status work and they are not participating in developing new ICT, as articulating the knowledge of groups with low status are often overlooked. It is important to gain knowledge of the care assistants working context. Listening to the work practice as it is described by the care assistants when designing and developing an information system is a learning practice and a necessity to make the IT-systems supportive. This knowledge has to be taken care of in the design process. Therefore it is important that persons supposed to use new technology at a particular workplace are the ones participating in the design and development of the information and communication technology.

## References

(Ds 2002:3). Vård ITiden Strategier och åtgärder för att bredda användningen av telemedicin och distansöverbryggande vård.

Berg, E. (1992). Arbetsmiljöanpassning i det privata hemmet.- vilka hinder finns det? Luleå, Tekniska högskolan i Luleå.

Bratteteig, T. (2003) Making Change. Dealing with relations between design and use. Dissertation No 332. Faculty of Mathematics and Natural Sciences, University of Oslo.

Drugge, C. (2003). Omsorgsinriktat lärande. En studie om lärande i hemtjänsten. Institutionen för Lärarutbildning. Luleå, Luleå tekniska universitet.

Downe - Wamboldt, B . (1992). Content analysis; Method, applications, and issues. *Health Care for Women International*. 13; 313-321.

Essén, A.(2003) Kvarboende och äldre i hemmet med modern teknik - vad hämmar utvecklingen? Institutet för framtidsstudier, 2003:27.

Franssén, A. (1997) Omsorg i tanke och handling. Lund. Studentlitteratur.

Greenbaum,J & Kyng, M. (1991) in Greenbaum and Kyng (eds) Introduction: Situates Design in, *Design at Work. Cooperative Design of Computer Systems*. New jersey: Lawrence Erlbaum Associates, Inc., Publishers

Grønæk,K., Grudin,J., Bødker, S. and Bannon, L. (1993) Achieving Cooperative Systems Design: Shifting From a Product to a Process Focus, in Schuler, D. and Namioka, A.(eds) *Participatory Design. Principles and practices*. New jersey: Lawrence Erlbaum Associates, Inc., Publishers

Hedström, K. (2004) Spår av datoriseringens värden. Effekter av IT i äldreomsorg. Linköping Studies in Information Science, Dissertation No. 9

Karasti, H. (2003). Can film Developers Be(come) Technology developers? Reflections on Gendered Expertise and Participation in systems Design. In

Mörtberg, M. , Elovaara, P. and Lundgren, A. (eds). How do we make a difference. Information Technology, Transnational Democracy and Gender. Luleå University of Technology, Luleå.

Mörtberg, C. Berg, e. and Jansson, M. (2002). Sluta slappa, börja wappa - mobila tjänster för vem och till vad? Luleå, Arbetsvetenskap: 12.

Nilsson, A. (2001). Omvårdnadskompetens inom hemsjukvård - en deskriptiv studie. Vårdpedagogik. Göteborg, Göteborgs universitet: 255.

Preece, J.,Rogers, Y. and Sharp, H. (2002) Interaction design: beyond human-computer interaction. John Wiley & Sons, Inc.

Runesson, I. and Eliasson-Lappalainen,R. (2000). Att sörja för de äldre. Hur ta tillvara kompetensen i äldreomsorgen? Åjour Nr 4. Stockholm.

Socialstyrelsen (1994) Folkhälsorapport. Stockholm; Allmänna förlaget, SoS-rapport 1994; 9, kap 5.

Szebehely, M. (1995) Vardagens organisering. Om vårdbiträden och gamla i hemtjänsten. Arkiv förlag. Lund.

Szebehely, M. (2003) Szebehely, M. (ed.) Hemhjälp i Norden - illustrationer och reflektioner. Lund: Studentlitteratur

Sörensdotter, R. ( 2002) Vetenskap och emancipation - emancipation och vetenskap. 3:e nationella genusforskningskonferensen. Umeå 23-24 november 2002

Theorell, T. (1997). Kontroll över arbetssituationen i; längre liv och bättre hälsa en rapport om prevention. SBU.pp. 133-139.

Waerness, K.(1996). Reflexioner över ett begrepps karriär. I Eliasson,R. (red). Omsorgens skiftningar. Begreppet, vardagens, politiken, forskningen. Studentlitteratur, Lund. ss 203-220.

Wibeck, V. (2000). Fokusgrupper. Om fokuserade gruppintervjuer som undersökningsmetod. Studentlitteratur, Lund.

Wilkinson, S. (1998). "Focus Groups in Feminist Research: Power, Interaction, and the Co-construction of Meaning." Women´s Studies International Forum 21 (1): pp. 111-125.