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## Conference Abstract

### **Professional Identity in the Participation Society: Engaged Elderly with Dementia?**

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## Abstract

Participation society is a popular image that is used in the discourse on person-centered care, which is currently dominant in most West European countries. It envisages a new approach to care. Policy reforms emphasize the engagement and voice of clients in their own care, rather than the medical authoritative position of professionals, deciding what is best for patients (Berwick, 2009; Danis & Solomon, 2013; Michie, Miles, & Weinman, 2003; Taylor, 2009; Tonkens, 2006). This shift from a paternalistic logic to a self-active logic requires changes in the content of the profession. However, stereotypical traits of the professional identity (e.g. values, beliefs, roles, relationships) relating to the traditional paternalistic care approach do not match the stereotypical traits ascribed to professionals in the person-centered discourse. This leads to questions about 'who professionals are' (Chreim, Williams, & Hinings, 2007; Corley & Gioia, 2004). So questioning the way professionals should deliver care, also questions their identity.

In dementia care, these identity questions are even more confusing, since the clients are not the classic rational actors who are capable of taking ownership of their care (Huber et al., 2011) implied by person-centered care. This feature typically erodes when people have dementia (Myren et al., 2013). In fact, they are less and less capable to act, let alone take care of themselves (Mitty et al., 2007). It is therefore unclear if and how professionals can adopt person-centered care, giving a voice to the clients and engaging them into their care. In the literature, which has related the care approach to dementia relatively recently (Brooker, 2003), activation of clients is not a part of the definition. Rather, participation of informal caregivers or 'society' (e.g. family, friend, volunteers) is expected (Kampen et al., 2013). However, the current belief is that people with dementia still have capabilities entitled to be stimulated (Smits et al., 2014; Moyle et al., 2013), although it is not the responsibility of clients (nor the informal caregivers) to activate themselves. Again, the eyes are on the professionals: they should take the lead on one hand, but they are expected to follow the lead of clients on the other when it comes to needs, values and habits in life. Professionals are even more challenged in dementia care, due to the involvement of informal

caregivers. Therefore, our central question is: How do professionals construct their identity in context of person-centered dementia care?

Despite wide support for the person-centered care approach, it remains unclear how it translates to concrete changes in everyday organizational life (Nies, 2012). This ambiguity complicates identity enactment (Corley & Gioia, 2004), leading to miscommunication, misguidance, poor collaboration and inefficient care delivery (Epstein & Street, 2011). As a result, researchers have been attending to the definition of the approach (Ekman et al., 2011; Entwistle & Watt, 2013; Michie et al., 2003; Ouwens et al., 2012) and the development of instrumentation and interventions (Légaré et al., 2012; Moyle et al., 2013; Smith et al., 2011; Van Mierlo et al., 2012a). Furthermore, there is an urge to underpin its quality and cost benefits, stimulating research on health outcomes (Hibbard & Greene, 2013), cost reduction (Hibbard et al., 2013), individualization of care and satisfaction of clients, family and professionals (Pol-Grevelink et al., 2012; Van Mierlo et al., 2010; 2012b). Although research on person-centered care is rapidly increasing, there is little information on the manner in which the organizational change can come about (cf. Minkman, 2012), taking the professional identity into account. By conducting ethnographic research on the implementation of the participation policy in a Dutch nursing home, we will show what issues professionals, middle managers and administrators encounter in their daily work practice and what impact their actions have on each other, as well as on clients and informal caregivers. The ethnographic nature of the research enables us to make tensions comprehensible and discussable that often remain unspoken between all these actors in and around the organization (Ybema et al., 2009). Indeed, we will offer healthcare organizations an integrated package of process support to create more space for engagement of clients and informal caregivers.

## **Keywords**

**person-centered care; engagement; professional identity; policy implementation; dementia care**

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