Summary

Care: a question of time

Timing of caretaking and organization on time perspectives of clients

‘Time’ is a basic but complex phenomenon in human existence. Traditionally, a distinction is made between clock time, which emanates from measurable aspects separate from the observer, and lived time, in which subjective and personal experiences are applicable. In professional situations, the economical time perspective is emphasised in which time can be seen and inserted as a production factor. This applies for long-term care as well, which in The Netherlands is set up through a system of individual time budgets based on care indications in standard time. This care time is saleable in the care market, whereby decisions are taken which not only have to do with the quality of the care, but also with its economical considerations and efficiency.

Meanwhile, little is known about the clients’ opinions and needs with regard to the alignment of care time to their own time. Insight is needed about how care organisations tune in to the clients’ personal time perspectives, as well as about how this can be improved. In this research, the issue of ‘timing’ was examined through three case studies: the care centre (teams home care and palliative care / revalidation), housing with assistance at two Fokus project locations, and the organisation of care by way of a personal care budget (individual client situations).

The following research questions were asked.

1) what does ‘time’ with regard to care mean to clients with chronic diseases and handicaps, and to the alignment of care on their own daily rhythms and ways of life?

2) in which way do care giving workers adapt their caring actions, communication and methodology to the client’s needs, with regard to time activities and time commitment?

3) How does the process of timing take place from care supply towards care demand, considering both the clients’ needs and the time commitment and service from the organisation?

The research took place with clients who have chronic physical diseases in the active third life phase (50 to 75 year olds). This age category particularly will show a growing demand of care in the near future. In each case study, an indepth investigation amongst clients and workers took place, followed by an investigation about the organisational aspects of time commitment. In the first two case studies, a period of open data col-
**Time perspectives with clients**

The clients’ perspective on ‘time’ appears to be influenced by the effects of their physical disabilities. Since the body rhythm changes, the factual daily implementation as well as the experience of time may change. Some occupations are rejected, others replace them. Certain clients slow down or make sure there is enough time to rest. The way clients experience the implementation of care time on their own, varies greatly. Apart from their physical conditions, this has also to do with personal opinions about time and with their choices on how to deal with the rest of their lives.

In the research, a typology of six types of time patterns was set up:

1. Using all the time
2. Guarding the balance
3. Living from one day to the next
4. Dropping the clock
5. Waiting out one’s time
6. The time that remains

Clients who have obvious daily and weekly rhythms and scheduled appointments, show a demand for care time by appointment and specific clock bound moments without waiting time. Clients who have a flexible time perspective, require support at the moment their demands for care occur. People who are in the very last phase of their lives have an experience of time which is more existential, such as to be ‘running out of time’. It is important that this is acknowledged during the process of care. The clients’ time patterns are not static, however, but they vary in line with circumstances. The interaction between clients and employees as well as the way ‘attention’ and personal contact is experienced, turn out to be of major significance. This interaction is required also to reach a proper connection between care and the daily body rhythms. Furthermore, a certain group of clients demand availability and presence of care, to which they make an appeal only in the case of sudden calamities or care queries.

Clients experience bottlenecks in time when they are unable to make appointments in harmony with their own daily schedules. They experience bottlenecks also when waiting times and shortages of attention and availability occur.

Clients are not a passive match with regard to the adaptation of care time to their own time. In the care centre, a number of clients express their wishes and collaborate with employees in an attempt to adapt and carry out care as good and efficiently as possible. In the case of the Fokus projects, clients who live there dispose of evident possibilities of direction over the assistance. Also, there is a target standard of waiting time with each call for assistance. Clients make use of the freedom induced by this organisational concept. They have occupations in- and outdoors which they perform in their own time due to this assistance. The personal care budget provides clients with the best possibilities to optimally adapt care time to personal time in direct consultation with their employees.
Time perspectives with employees

For care workers, amongst whom a large number of part-timers with children, a balance between working time and private time is necessary in order to keep their time schedules relaxed. Working in the care system coincides with peak times and causes a sense of time pressure with certain employees. For both employees and clients, diversity in time perspectives exists. The experience of time pressure is not the same for everyone. In similar working situations, one employee experiences time pressure sooner than the other. During the research, only a minority of employees were found who were strongly clock orientated. As a result, they had developed a preference for strict schedules and time appointments in working with clients. The majority of employees in this research, however, prefer to operate from a more flexible approach towards time. Instead of being clock orientated, they tend to work from the direct demands and experiences from the clients at every moment. This suits their own experience of time, which is less clock based.

In the research, a typology of six time patterns amongst employees was set up:

1. Being in control
2. Being there when needed
3. Working on and taking one’s time
4. Sometimes one has to run
5. ‘Gone with the clock’
6. Learning

In order to be able to adapt to the clients’ time experiences and time activities, employees need to personally know the clients and to connect to the clients’ body rhythms and individual demands from their own working pace and procedures. In their activities, they need to combine predictable routines with ongoing adaptations to changing circumstances and appeals from clients. Proper cooperation with clients and colleagues is necessary, as well as an overview of their actions. New employees as well as students need to familiarise with these skills, which may cause another perception of time pressure.

Alignment from the care organisation

In two out of the three investigated organisations (Zorgcentrum and Fokus), the operational manager is the key figure in aligning personal time perspectives with the organisation’s economical time perspective. In the case of the personal care budget, it is the client himself who attends to this, in close contact with the appointed employees. Executives of care teams improve care timing through checking the demands of clients in the field of care time and through continually adjusting the deployment of manpower. They consult with the employees flexibly, and in the mean time they watch over the application of means and productivity. In the care organisation conditions are needed to adapt, amongst which concrete instruments of implementation to chart time demands and the implementation of staff. But also model behaviour of managers in giving attention to employees’ time and support is needed. If managers appear hasty to their employees, this may lead to hasty behaviour of the employees towards their
clients. Vice versa, during the research, focused attention from executives on time experience and time pressure appeared to make a huge difference in the way employees experience time pressure. In those cases, there is more space for employees to detect other time aspects with their clients and to give attention to these. If their direct managers support them, employees can work in (care) time with attention and calmness. Also, these managers are effective in solving fields of tension between clients’ and employees’ time demands on the one hand and the alignment with expected economical productivity on the other.

The typologies of clients and employees make way for mutual matching. Clients who prefer to work with set clock appointments, benefit from employees who do this by nature. Employees and clients who share a flexible time perspective, collaborate relatively easily. Meanwhile, dealing with time perspectives can be learnt, and employees can master it with the support of their organisation and by way of competence development.

The research produces organisational choices about time commitment, focusing on the clients’ demands for time management and their opinions about alignment. An organisation can specialise in certain time patterns that appear with clients, and offer a menu of possibilities for strict appointments or more flexibility. With regard to time, it is also possible to organise all long-term care on an individual base, whereby each client can profit from a care time commitment which is individual and which sometimes changes over time.

**Regulatory process and allocation of care time**

During the research, in all three of the case studies the way in which the care system was financed and arranged appeared to be of much influence to the possibilities for individual adaptation to the workplace. There is a field of tension between the economy-based decision process about care time on the one hand, and the desired application of care time from the perspective of the clients and the employees on the other hand. Clients’ direction over their time and over the softer time aspects, such as ‘attention’ and ‘availability’, are hardly visible in the financial-economic time perspective on long-term care. Care indications are based on standard time units attributed to care acts, independent of individuals and their personal situations.

Procedures and administrative tasks demand time of both the client and the employee. In the case of a personal care budget, clients sometimes need a considerable amount of time for those tasks. Also, they are confronted with waiting time in their daily needs of care.

Clients’ demands require a more customisable approach from the surrounding care system, including the attribution of care indications and the assignment of care time by the implementing bodies. A shift in this care system is necessary in order to be able to actually support long-term care using clients in their activities in time and their experience of time. Thereby, it is useful not only to look at the direct (care) expenses but also at the benefits in the long run, which include the maintenance of social participation and the conservation of the clients’ independence.
Contribution to knowledge development

The terms ‘timing’ and ‘moment of truth’ are theoretical concepts in scientific literature about provision of services. In all service settings, it is highly important in contacts between clients and employees to deal with time properly. This research gives an insight in all aspects that matter to timing. The ‘moment of truth’ obtains its content and meaning from people’s perspectives on their own lives. Furthermore, the research contributes to more conceptualisation of the client’s prospect of care as a part of the concept of demand in health care.