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## Nursing homes on public display

### Reputation management in the new landscape of Swedish eldercare

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# Nursing homes on public display

Reputation management in the new  
landscape of Swedish eldercare

Elisabeth Carlstedt



LUND DISSERTATIONS IN SOCIAL WORK



Nursing homes on public display



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## Reputation management in the new landscape of Swedish eldercare

Elisabeth Carlstedt



**LUND**  
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DOCTORAL DISSERTATION

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<b>Title and subtitle</b> Nursing homes on public display – Reputation management in the new landscape of Swedish eldercare	
<b>Abstract</b> <p>The general perception of Swedish nursing homes has historically been gloomy. Nursing homes have been associated with a passive, isolated, and institutionalised ‘fourth age’ life. Media reports and the public debate have largely stressed the need for organisational improvements, and called for transparency and control. In recent years, marketisation, audits, and mediatization have become new conditions that together have shaped the landscape of Swedish eldercare, leading to increased organisational sensitivity to public perception. These changes have made organisational images more difficult to control and cultivate. The dissertation thus examines nursing homes’ publicly displayed images and how nursing home representatives act and react in relation to such images to defend and improve their organisational reputation. The dissertation answers these questions: (1) What kinds of images of nursing homes are constructed in the mass media and social media? (2) What have marketisation, audits, and mediatization meant for nursing homes’ reputation management practices? (3) How do nursing home representatives manage their organisational reputation in the context of external demands and descriptions? Organisations are theoretically understood as open systems in a dynamic relationship with their institutional environment, and in need of external support to survive and succeed. Organisational reputation is an essential asset in an era of marketisation, particularly for organisations with difficulties demonstrating success and whose goals are uncertain or undefined, such as nursing homes. The analysis is based on 42 qualitative interviews with nursing home representatives, 338 pictures from nursing homes’ Instagram accounts, and 124 newspaper articles about eldercare user satisfaction surveys. The findings show that while the mass media construct nursing homes as places needing continuous improvement and control, the nursing homes’ self-presentations assert that these are settings where life is both normal and better than before. Increased marketisation, audits, and mediatization have enforced the need to manage reputation by adhering to externally formulated demands, and to provide documented evidence of successful adaption to norms and expectations. Nursing home representatives manage reputation by adjusting organisational activity to external demands on different levels and in different situations: while the validity of externally formulated demands was to some extent dismissed, representatives still express the need to address and act on such expectations. The dissertation shows that the new conditions in the landscape of Swedish eldercare have given way to new institutional logics for reputation management: there is a perceived need to compete and compare; to produce content and communicate images; and to manage and appeal to their intended audience. Organisations attribute validity and adapt to externally formulated demands in different ways. They embrace the validity of external demands and conform; they dismiss and reject demands; they substitute images for action; or they adhere to external demands for the sake of an improved reputation.</p>	
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# Nursing homes on public display

Reputation management in the new landscape of  
Swedish eldercare

Elisabeth Carlstedt



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## Original papers

The dissertation is based on the following papers, which are referred to by their Roman numerals in the text:

- Paper I** Nilsson, Magnus, Jönson, Håkan, Carlstedt, Elisabeth, and Harnett, Tove (2018). Nursing homes with lifestyle profiles – part of the marketisation of Swedish eldercare. *International Journal of Care and Caring*, 2 (1), 49–63.
- Paper II** Carlstedt, Elisabeth and Jönson, Håkan. Amazing numbers and bottom rankings: The reporting of nursing home resident user surveys in the press. Submitted to *Sociology and Social Policy* in July 2020.
- Paper III** Carlstedt, Elisabeth. Ratings, rankings and managing numbers – professionals’ perspectives on user surveys in Swedish nursing home care. Submitted to *Social Policy and Administration* in August 2020.
- Paper IV** Carlstedt, Elisabeth (2019). A fun, active and sociable life on display – nursing home presentations on Instagram. *Ageing & Society*, 39 (9), 2109–2132.
- Paper V** Carlstedt, Elisabeth and Jönson, Håkan (2019). Online representations of nursing-home life in Sweden: Perspectives from staff on content, purpose, and audience. *Ageing & Society*, 2019, 1–19.

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# 1. Introduction

This is a study of publicly available images of Swedish nursing homes, and how nursing home representatives act and react to such images in order to defend and improve organisational reputation. Reputation equals a general, long-term understanding of what kinds of places nursing homes are (see Mahon and Wartick 2003; Dowling 2016; Rindova et al. 2005; Rindova et al. 2017; Price et al. 2008). Few people have first-hand experience of nursing home life, yet many know what such a life must be like. Over the past decades, organisational awareness of the public perception of organisations has become an increasingly pervasive organisational logic (Power et al. 2009). Welfare organisations in the public sector are aware of the risk of having a poor reputation, and take measures to improve the public's assessment of them (Wæraas and Maor 2014). Public perception can have severe consequences. For example, in November 2018 the head of social services in Lomma, Sweden, resigned after municipal eldercare was ranked well below the national average in a nationwide eldercare user satisfaction survey. A nursing home manager interviewed for the present study complained about the survey, saying that:

It's a shame. We're somewhere in the middle, but for those at the bottom of the rankings, I feel sorry for them because they get shamed. They get shamed when the list goes public. They do. Everybody looks at it, 'Wow, look at them, they're at the bottom.' All of us who work with this look at it. It's public. Journalists look at it too, 'That local authority is the best' and 'Those are the worst'. And then there is some national average and everybody's supposed to be above average.

The general image of nursing homes is continuously under construction, and the producers and intended audiences of images are several. Externally produced



images conveyed by the media may report on scandals and mistreatment one day and paint rosy images the next. Official policies, legislation, and politicians all promise that nursing home life will be active and meaningful, while residents' relatives may worry that residents are lonely, passive, and bored. Nursing homes use their channels of communication to convey internally produced messages, but may be challenged and criticised by their audience. This poses a problem for the public when they are to make sense of the multitude of images in order to assess the legitimacy of the organisations. It also poses a problem for nursing homes trying to project a uniform, favourable image. Another nursing home manager whom I interviewed talked about organisational attempts to get their message across in the cacophony of images. Her nursing home had started social media accounts where they posted pictures of the daily doings in the nursing home. The reason for this, she said, was to challenge the predominately negative narrative in the media:

The media makes a very big thing out of everything. 'Oh, there's a scandal there!' and 'There's no staff there!' and all. But everything isn't bad. And it's incredibly important to show the quality of today's nursing homes. People think that it's terrible here! Because that's all the media write about. So, we want to challenge what they say, when it's incorrect. And we want to show who we are, and to show the amazing quality we have.

Nursing homes are of interest not only to the people who reside in, work at, or are in control of these places, but also to the public. From a societal perspective, nursing homes, like other human service organisations, are assigned a moral responsibility of taking care of a social group in need of help. Care and help should be given in ways which correspond to what we considered normatively 'good', and failure to do so has been formulated as a social problem (Jönson and Harnett 2015; Markström 2009). Public concerns for nursing home residents may in part be explained by constructions of the 'old old', as 'our elderly' are understood as a group of dependent, frail individuals for whom society is responsible (Nilsson 2008). In part, public concerns may also be explained by a general mistrust of care institutions, given such institutions' history of hospitalisation and

institutionalisation (Goffman 1961; see also Malmedal 2014; Whitaker 2004; Öhlander 1996). In the matter of reputation management, such prevailing conceptions mean that nursing homes are examples of especially problematic places.

I will begin this introductory chapter with a brief description of Swedish nursing homes. I then outline the contrasting images of nursing homes as they have been conveyed mainly in public debate, where nursing homes have been described both as idyllic and as detrimental places. Following this is a section about the enduring image of nursing homes as institution-like places, inhabited by frail, helpless, dying ‘old people’. Lastly, I describe the new landscape of Swedish eldercare, and how contemporary societal conditions bring new logics for the nursing homes’ reputation management.

## Swedish nursing homes

In Sweden, eldercare users receive help either at home or in special housing. There are several types of special housing for older people. If care is temporary, such as rehabilitation, they can receive short-term residential care (*korttidsboende*). If they do not have extensive medical needs but feel isolated and unsafe at home, they can apply for a place in assisted living or extra-care housing (*trygghetsboende*). The special housing in focus in this study, however, is of the type usually referred to as a nursing home, meaning a residential care setting for old people who need long-term care (*äldreboende* or *vård- och omsorgsboende*). According to the National Board of Health and Welfare statistical database, approximately 82,000 people lived permanently in special housing for older people in 2019, of whom approximately 63,000 were over the age of 80 (Socialstyrelsen 2020a). To be eligible for a place in a Swedish nursing home, one must have extensive care needs due to physical or cognitive impairments. Nursing home residents often have several diagnoses, and over 50 per cent have dementia (Socialstyrelsen 2011). Stricter eligibility criteria and a decrease in the number of nursing home places

over the past four decades has led to fewer nursing home residents with more severe impairments, meaning that residents live for shorter periods in nursing homes before they die (Szebehely and Trydegård 2018). Swedish eldercare is publicly financed, but care users pay a fee for the care they receive to the municipality. Nursing home residents are formally regarded as tenants and live in an apartment/room for which they pay rent. Swedish nursing homes are usually small: they consist of 40–70 apartments, divided into smaller units of 8–12 apartments connected by a corridor, and with access to communal areas such as a dining room and a living room. Since the 1990s, municipalities have been able to outsource the provision of welfare services to private organisations, while remaining responsible for the funding. Municipal actors still dominate the eldercare market, while private corporations run approximately 20 per cent of Swedish nursing homes (Socialstyrelsen 2020b).

## Gloomy and idyllic images of nursing homes

Images of nursing homes can be idyllic and they can be gloomy, and such oversimplifications seem to co-exist in public debate and the media. Although some attempts have been made to weave them into one uniform image capturing the complexity of nursing home life, the dichotomous descriptions of eldercare are deep-rooted in the general understanding of nursing homes.

Swedish nursing home care has been described as problematic in over a century of public debate. Indeed, it has been subjected to more or less continuous criticism. These types of images focus on the difficulties in organising eldercare in a way which enables a life of dignity and wellbeing. What counts as dignity and wellbeing has changed in the past decade, but claims about the flaws in eldercare have long centred on images of passive, lonely, and institutionalised old people. In 1918, Sweden's new Poor Law stated that local authorities had to offer housing specifically for poor and needy old people. The new care institutions for old people, although more differentiated than the large institutions of the past, were

still deemed insufficient for a dignified life (Edebalk and Lindgren 1996). At the end of the 1940s, the author Ivar Lo-Johansson's (1949/1952) exposé of the lives of old people in Sweden led to harsh criticism of the nursing homes' poor standards and miserable living conditions. In response, the National Board of Health and Welfare took measures to offer counterimages of satisfied, happy nursing home residents, for example in the information film *Vi och våra gamla* (*We All Grow Old*). Lo-Johansson, however, called these attempts nursing home propaganda, designed to idealise disastrous institutions by glossing over the real lives of old people. Lo-Johansson argued that home care should be offered so old people could continue living in their own homes for as long as possible, while nursing homes were to be regarded a last resort option (Edebalk 2016; see Emerson 1981). The 'ageing in place' ideal was to guide Swedish eldercare, as is still the case today.

The debate about a dignified nursing home life was actualised again in the mid-1960s, when a TV show brought to public attention the passivity and loneliness experienced by residents (see Askund 1967). In the 1980s, the public debate about eldercare was dominated by the fact that a great many old people with cognitive or physical impairments spent the last part of their lives in hospital long-term care units. The long-term care units were criticised for having a medicalised perspective on care for old people, and for leading to institutionalisation. The so-called Ädel Reform in 1992, which saw local authorities take over full responsibility for eldercare, was partly a response to this criticism. In the late 1990s, nurse aide and whistle-blower Sarah Wägnert alerted the media to mistreatment in the nursing home where she worked, which sparked a massive debate about the state of Swedish eldercare. In 2013, the private care corporation Carema Care renamed itself Vardaga after being involved in a major scandal, reported on in over 4,000 newspaper articles between the autumn of 2011 and the spring of 2012, and a heated debate about the consequences of for-profit private care providers (Palm 2013).

While this overview is not a comprehensive survey of a century of reports on the state of Swedish nursing homes, it suffices to show that negative images of nursing

homes are historically rooted, and have resurfaced with regularity in the media and public debate. The descriptions have long been centred on problems and the need for improvement, thus evoking widespread scepticism, suspicion, and, ultimately, calls for scrutiny.

At the same time, nursing homes have been described as idyllic, peaceful places where life is fun, sociable, and meaningful. For example, an article in *Sydsvenskan* (16 May 2017), describes life in a nursing home for residents with dementia as festive and luxurious:

Sparkling wine, strawberries dipped in chocolate, and homemade sandwiches. Champagne breakfasts increase the appetite for life at Månstorps Ängar. – It should be good to be alive when you're older, says [the regional manager].

Idyllic images portray nursing homes as homelike, cosy, and safe places where residents can partake in activities and socialise with one another, with committed and enthusiastic staff who provide care in accordance with residents' wishes and needs (see Ulsperger and Paul 2002; Öhlander 1996; Lundgren 2000). The idyllic image is not least conveyed in official Swedish policy which states that older people should be able to live a dignified, active life in a state of wellbeing, designed to ensure their integrity and self-determination (Social Services Act 2001:453 ch. 5 § 4). Idyllic images have been problematised because they fail to capture the reality of nursing home life and of old age. For instance, nurse aide Ann-Charlotte Marteus argued in an op-ed (*Dagens Nyheter*, 19 April 1998) that the impossible demands that society places on nursing home staff to enable a dignified, meaningful nursing home life are manifestations of the younger generations' existential agony about their own mortality. Society does not want to acknowledge the physical, and often cognitive, decline and eventual death that accompanies ageing; a lack of understanding of the realities of nursing home life means that the actual conditions that old age imposes on eldercare are dismissed, instead framed as deviations, scandals, and mistreatment.

In the spring of 2020, there was heavy news coverage of the high death rates in Swedish nursing homes following the rapid spread of COVID-19. In the media,

nursing home staff were accused of not following the authorities' instructions regarding hygiene routines and protective equipment, and for not making sure infected residents received adequate medical treatment. But the initial accusations were also nuanced by descriptions of how dwindling resources, a shortfall in nursing home places, and a large proportion of temporary care workers might explain the high number of COVID-19 cases in Swedish nursing homes. In an editorial in *Uppsala Nya Tidning* (26 May 2020), it was said the idyllic images of Swedish nursing homes were one reason why they had received relatively little help to prevent the spread of the virus. Nursing homes were described as 'palliative care settings, if one would expand that concept a bit. This is advanced medical care, only without a hospital's access to medical competence, disease control, and so on.' The editorial argued that Swedish politicians' ignorance about the health of nursing home residents, and their romanticised view of nursing homes, meant that all societal resources were invested in the hospitals, with the result that nursing home staff had to cope with the pandemic without extra help.

Thorslund (2010) argues that Swedish eldercare is an arena for ideological and political correctness, wishful thinking, and naïve optimism to the point where political descriptions of nursing homes are unrealistic. The readiness to accept idyllic representations of eldercare may stem from an unwillingness to acknowledge that nursing home life is in many respects inescapably problematic, that people today live under such problematic circumstances, and that we ourselves may do so in future (see Jönson 2006). For the sake of reputation management, it makes sense for nursing homes to join in the chorus of politicians and others painting rosy images of nursing home care. However, as illustrated by the government response at the start of the COVID-19 pandemic in Sweden, a general lack of understanding of the realities of nursing home care can have severe consequences.

## Images of institutions and old age

Nursing homes are not the only organisations under public scrutiny, involved in scandals, or found to be violating social norms, but in terms of protecting their organisational reputation nursing homes are examples of especially problematic places. Reputation is built over time and a bad reputation is not changed overnight (Mahon and Wartick 2003). The dominating discourse on nursing homes has since long been centred on loneliness, passivity, loss, disease, and dying. Nursing homes have been called living graveyards or the final destination (Whitaker 2004) – places where you simply do not want to be. This imagery can be linked to both the general idea of the institution and its effects on the individual, and to the social category of old people, primarily focusing on the decline, dependence, frailty, and loss assumed to accompany the fourth age (Nilsson 2008; Butler 1969; Gilleard and Higgs 2010; Higgs and Gilleard 2014).

A total institution is defined as a place of ‘residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period, together lead an enclosed, formally administered round of life’ (Goffman 1961: xxi). These conditions disrupt autonomy and self-determination, and deprive the individual of her very self. Even if Swedish eldercare has taken great measures to mitigate the effects of institutionalisation on nursing home residents, Malmedal (2014) argues that Scandinavian care facilities for older people still retain some of the traits of total institutions (see also Whitaker 2004; Öhlander 1996). When entering a total institution, the individual’s former, multifaceted identity is transformed into an institutional identity, shaped to fit the institutional frameworks for understanding and categorising the individual and her problems and needs (see Holstein 1992; Järvinen and Mik-Meyer 2003). In the public discourse, moving to a nursing home might be considered ‘the ultimate loss of personhood’ (Ryvicker 2006: 1). Relocating has traditionally been regarded as the final evidence of entering the fourth age, and with it, frailty, sickness, and loss of autonomy and identity (Higgs and Gilleard 2014).

To understand constructions of a place inhabited by old people, one needs to understand the meaning of the social category (Kontos 1998). Old people who need care are constructed as different from other people needing care; for younger people, help should aim to enable self-determination and personal development, whereas for older people it should centre on providing safety and comfort and maintaining past patterns of life (Erlandsson 2014). In Sweden, the category of old people usually refers to people over the age of 65 (Jönson and Harnett 2015). The first part of being old, the 'third age', is rarely understood as problematic, but as a time of personal fulfilment and a healthy and meaningful life (see Laslett 1994). By contrast, the fourth age is marked by creeping frailty and dependence. The alarmist rhetoric in social policy and the media describes the 'old old' as a rapidly growing population, whose increasing needs are putting a strain on the economies of the Western welfare states (Katz 1992).

While the narrative of the third age centres on opportunity, the narrative of the fourth age is dominated by threat (Gilleard and Higgs 2010; Higgs and Gilleard 2014): 'real' old age is permeated with frailty and loss of health, personhood, agency, relations, status, and identity (Rosow 1973; Rundgren and Larsson 2010). The negative traits associated with the fourth age have entailed a systematic and structural 'othering' of the old old. Like sexism and racism, ageism is based on stereotypes and prejudice, resulting in discrimination and institutionalised practices and policies perpetuating negative perceptions. Robert Butler (1969:243) explains ageism toward old people with the fact that 'society [...] has traditionally valued pragmatism, action, power, and the vigour of youth' and claims that the ageist discourse reflects a deep-seated uneasiness about disabilities, death, and uselessness. Ageism causes the othering of old people, in relation to the productive and self-reliant middle-aged population. Descriptions of old people as frail, helpless, and dependent can be found in many of the dominant social theories on ageing and old age and in legislation, official policies, medicine, culture, and media, and inform the identification of old people to the effect that the categorisation becomes a self-fulfilling prophecy (see Kuypers and



Bengtsson 1973; Featherstone and Wernick 1995; Fealy et al. 2012; Rapoliene 2015; Warmoth et al. 2016; Holstein and Minkler 2007).

Swedish residential care for old people has undergone considerable change over the past century. Official Swedish policy stresses self-determination, normality, activity, dignity, and wellbeing (Ministry of Health and Social Affairs 2008; Social Services Act 2001:453 ch. 5 § 4; Socialstyrelsen 2012, 2013). These ideals should be understood against the backdrop of the impending threat of institutionalisation of frail old people. However, given the enduring image of the dreadful institutions of the past, the repeated reminders of the problems of nursing homes in public debate, and the fact that many people lack direct insight into these places, the general perception of nursing homes is in many respects characterised by mistrust (see Jönson 2006). To understand nursing homes' reputation management practices, research must go beyond what happens on site (see Harnett 2010; Whitaker 2004) to focus on the organisational logic and practices and the organisations' surroundings. The persistence of ideas of what an institution *is* and what old people *are* casts a shadow over nursing homes, and may easily be invoked anew – and such ideas must be considered when nursing homes work on their image.

## A new landscape

The public perception of nursing homes is coloured by past and present organisational actions, but contemporary societal phenomena also frame and condition images of nursing homes. In recent decades, the ideological and public administrative landscape surrounding these places has undergone major changes, and new technical solutions have arrived. As suggested by Brante et al. (2019: 22–3), the landscape metaphor implies surroundings whose character is the result of the interaction between humans and environment over time. The temporal aspect is important, because the landscape carries the traits of the past but is in a continuous state of change. The landscape of Swedish nursing homes thus refers

to legislation and regulations, technical and practical considerations, and the accepted rules, norms, and expectations surrounding the organisations, shaping organisational behaviour. While the institutional environment in which nursing homes are embedded exerts external pressure and demands, organisations may also shape and cultivate the landscape (Swaminathan and Wade 2016). I will return to how organisations may adapt to and shape their institutional environment in the final chapter; here, I will identify the more recent changes in the landscape of Swedish nursing homes which have implications for organisational reputation management.

Nursing homes have over the past decades entered three interlinked fairly new contexts; increased marketization, audits, and mediatization. These contexts have been described as new eras, introducing new logics and conditions for Swedish eldercare. In the 1990s, market-inspired new public management reforms gave way to a marketisation of Swedish eldercare, informing and changing how social services are organised and provided while redefining the roles of both care providers and care users (Szebehely 2011; Katzin 2020). Eldercare services are still dominated by public provision: the national average of private providers has increased from 5 per cent in 1993 to about 20 per cent in 2019 (Szebehely and Trydegård 2018; Socialstyrelsen 2020b). Marketisation has brought with it new central notions influencing eldercare, such as competition and freedom of choice. Increased competition between care providers has served to enhance the value of reputation in publicly funded organisations (see Rindova et al. 2005).

New public management has also brought about new demands for transparency and auditability as a means of ensuring quality and efficiency. Audit culture (Power 1997) comes with a ‘ranking regime’: organisations are to an increasing extent being audited, measured, and hierarchically ordered (Rindova et al. 2017; Gonzales and Núñez 2014). The nature of nursing home care makes it difficult for organisations to compete by demonstrating the high quality of their goods or outcomes. Nursing home care will not lead to any dramatic positive results: users’ quality of life will at best be maintained for a while (see Erlandsson 2014), but will inevitably decline as residents approach death (Wærness 1980). Nursing

homes could thus be considered resultless organisations. In organisations characterised by such uncertainty, quality is usually the equivalent to popularity and a good reputation (Mahon and Wartick 2003).

Rankings and other descriptions of what nursing homes are and do often reach the public through media reports, which is why such externally produced descriptions have implications for the public perception of nursing home care. Given that few people have first-hand experience of the conditions in these facilities, media descriptions can be influential. The concept of mediatisation has been used to explain the role of the media, and suggests that the media operates both as an institution in its own right (to which other social institutions need to accommodate) and as an integrated part of social institutions, whose activities are performed and communicated through the media (Hjarvard 2008). The interactive and formative character of the media contribute to the construction and spread of facts about nursing homes: external actors may criticise or condemn nursing homes, but it is still open to nursing homes to use the media to defend their legitimacy and reputation, and even to adapt their activities to be able to give a favourable impression.

New information and communication technologies have implications for the image of nursing homes. Rankings and ratings are not only carried out by the authorities; the new technology allows anyone to review almost anything. Human service organisations are no exception. Depictions and descriptions travel fast and are spread wide, and with a click anyone can publish feedback or ratings which compete with organisations' own impression management strategies. The platforms where the popularity of organisations is made visible are numerous and influential: Google, Facebook, Instagram, and others. The growing number of people who have computers and smartphones, besides organisations' and private persons' increased online presence, has amplified the extent of images of nursing homes circulating in society. The new technical solutions mean there are greater possibilities for organisational impression management by distributing internally produced images; simultaneously, they increase the pressure to be transparent, and increase opportunities for the audience to either endorse or question

images. The fragmented, complex yet influential role of the mass media and social media in part explains why organisations now have a ‘scattered image problem’ (Price et al. 2008); a problem which calls for a solution in a time when ‘image is everything’ (173).

## Aim and research questions

Like all organisations, nursing homes need external support to survive and succeed. The general perception of nursing homes is gloomy. They are associated with a passive, isolated, institutionalised life and with the decline and losses assumed to accompany old age. Idyllic images have been interpreted as reactions to the negativity of this image, but also as characterised by naïve optimism. The public debate has largely been centred on suspicion and on demands for transparency and control. Changes in the landscape of Swedish eldercare have led to increased organisational sensitivity to public perception, and greater difficulty in trying to control their image, bringing with it challenges and new types of reputational risks, which to be managed require new organisational practices. Given the predominantly negative image of nursing homes, there seems to be an obvious challenge in portraying them as attractive and successful, and it requires significant efforts to display them in the best possible light and to shore up their reputation. Therefore, the aim of this dissertation is to *examine and analyse publicly displayed images of nursing homes, and how nursing home representatives act and react to them to defend and improve organisational reputation*. The research questions are as follows:

1. What kinds of images of nursing homes are constructed in the mass media and social media? (This question is primarily addressed in Paper II and IV.)
2. What have marketisation, audits, and mediatisation meant for nursing homes’ reputation management practices? (This question is primarily addressed in Paper I, III and V)

3. How do nursing home representatives manage organisational reputation in the context of external demands and descriptions? (This question is primarily addressed in Paper I, III, V and in Chapter 6.)

The dissertation consists of an introductory text, and five original papers. In Chapter 2, I contextualize the study, outline the history of Swedish nursing homes, and elaborate on some of the more recent changes in the landscape of Swedish eldercare. In Chapter 3, I describe the theoretical framework of the dissertation. In Chapter 4, I describe the empirical data and the methodological reflections. Chapter 5 consists of a brief summary of the five papers. In Chapter 6, I address the research questions of the dissertation, and discuss the findings. Finally, Chapter 7 consists of a summary in Swedish.

## 2. Swedish eldercare

This chapter serves as the contextualisation of the empirical studies. First, I describe how my study relates to previous research on Swedish nursing homes. A great deal of research has concluded that nursing homes are understood as problematic places. However, marketisation and mediatisation have brought new logics and conditions, and research on how nursing homes relate to and manage their image under these new conditions is lacking. I outline the organisation of Swedish eldercare, followed by an overview of the development of Swedish nursing homes over the past century. I elaborate on the marketisation of Swedish eldercare, with particular attention to how it has brought about several changes in how care is organised, and how care users have been transformed into customers. I end with a description of audit society as part of new public management, and the increased demands for organisational transparency and accountability.

### Nursing home research

This section outlines the literature on nursing homes, and mainly Swedish research, as the organisation and conditions for Swedish eldercare differs from other countries (see Jönson and Harnett 2015; Banerjee et al. 2012; Trydegård 2012). I do not attempt to cover it in all respects, as nursing homes have been studied in widely different fields, asking different questions from different perspectives and with different approaches; instead, I focus on the question of the place, and the people who live, work or visit, concentrating on the societal and political conditions that affect what happens in Swedish nursing homes. The section has two purposes. First, with the help of the literature, I describe the

conditions that form a backdrop to the nursing homes' image management – circumstances used as an interpretive framework and springboard for my analysis of the data, building on previous knowledge. Second, I identify a knowledge gap this dissertation aspires to fill, by studying how nursing homes manage their reputation in an era of marketisation, audits, and mediatisation. A large part of the research on Swedish nursing homes concludes that nursing homes are beset with problems. The problem formulations range from problematic ideas and images about what kinds of places they are and what happens there, to practical problems due to the organisation of eldercare, staff conditions, or the physical and cognitive conditions of the residents. In several cases, the ideas of problems are intertwined with the practical and technical conditions. Regarding the organisation of eldercare, there has also been a focus on how changes in the landscape of eldercare have brought new problems.

Research on nursing homes as places concludes that nursing homes are somewhere between a home and an institution. The institution-like features seem to be ingrained in the walls, and despite attempts to make the nursing homes homelike, the institutional character remains (Whitaker 2004; see Malmedal 2014). Lundgren (2000) describes how staff in Swedish nursing homes use furniture to make the residents 'feel at home', since 'home' is associated with security and self-determination, and by some interviewees even with love and compassion. Institution, on the other hand, is associated with fear, routine, and lack of self-determination. Similarly, Öhlander's (1996) analysis of a residential setting for old people with dementia concludes that staff tried to make a nursing home more homelike by arranging interiors to feel 'old' or 'before'. The dichotomous categories of home 'as before' versus institution have recently been joined by a third option: hotel-like nursing homes. Andersson (2011) suggests a typology of nursing home architecture: the homelike setting, which balances architecture and quality goals for care activities in a way which reinforces the feeling of home; the institution- or hospital-like setting, which seeks to accommodate practical requirements in the provision of care at the expense of design or residents' experiences; and architecture that strives for a 'hotel-like ambiance' (116), which

is not optimal for care activities. The majority of the nursing homes in Andersson's study fell into the hospital-like category.

Despite attempts to create 'home' or 'hotel' through architecture and interior design, the institutional environment imposes a new identity. Moving to a nursing home is described as a critical time for old people, precisely for fear of the restrictions such an institutional identity entail. Both Swedish and international researchers have established that inherent in relocating to a nursing home lies the threat of having one's personhood challenged, destabilised, or erased. Some fifty years ago, Gustafson (1972: 227) described admission to a nursing home as 'the ultimate failure in one's social career'. Similarly, more recent studies associate relocating with feelings of stress and anxiety due to fear of losing independence and identity, and uncertainty about how they will express their individuality in the nursing home (Harnett 2010; Granbom 2014; Cook 2010; Lee et al. 2013; Riedl et al. 2013; Gilleard and Higgs 2010; Higgs and Gilleard 2014).

Institutional features are also present in nursing home everyday life; an everyday life centred on routines (Harnett 2010) and on waiting (Whitaker 2004). The residents are waiting for help, for mealtimes, or for *something*. According to Whitaker (2004), some are waiting to die. The frailty of the residents does not allow them do much else than rest, although the waiting is sometimes interrupted by activities and excursions. Much of everyday life is centred on taking care of the body, getting help to get up, eat, shower, and go to the toilet. From a staff perspective, a focus on routinised tasks can be a way of dealing with the frustration, dissatisfaction, and hopelessness of poor working conditions (Melin Emilsson 1998). It also means that staff spend less time with residents, and instead create social relationships with other staff members (Franssén 1997). This routine-based everyday life is often accepted and collectively honoured by the organisational members, residents, and visitors (Harnett 2010). The routines form part of the institutional order, which shapes the conditions for both staff and residents and their relatives. Reference to routines also becomes a way to restrict the residents' self-determination. Maintaining a routine-based everyday life becomes a goal in itself, and the requests of the residents that do not fit into



the routines are trivialised and rejected. Routines thus relate to power relations and influence in the nursing home (Harnett 2010), and the routine everyday life of the institutional order constitutes a lens for understanding and categorising the individual and her problems, wants, and needs (see Holstein 1992; Järvinen and Mik-Meyer 2003).

Previous research shows that relatives are often preoccupied with such situations, which they interpret as the residents' right to self-determination, or their entire identity, being destabilised or transformed by life in the nursing home. The nursing home is perceived as a threat to the individual resident's person. Whitaker (2004, 2009) claims that relatives often find life in nursing homes sad, meaningless, and without dignity. Relatives take on the role of suspicious controllers and supervisors: they protect the resident's body and identity and act as representatives (Harnett 2010; Whitaker 2004, 2009). Relatives may feel excluded from the care context (Whitaker 2009), while staff perceive relatives as too demanding, even if they are also considered helpful (Hammarström 2006). The guiding principle of self-determination can be difficult to implement when residents are very frail. Even if Swedish legislation does not allow relatives' opinions to overrule the opinions of care users, official Swedish policy does not specify how to handle such cases when the care user cannot express their wishes. According to Nedlund and Taghizadeh Larsson (2016), this leaves staff and relatives in a grey area. From the relatives' perspective, their role in the care context can be unclear. Vingare (2019) has studied relatives of care users with dementia, and shows that rather than being regarded as their own individuals, relatives in the care context are made part of the group that helps the old person. At the same time, relatives feel there is no room for their personal needs or for them to be treated as individuals.

Eldercare staff are traditionally defined as a central resource in the provision of high-quality care. Research on the staff's conditions for providing good care has been studied both with a focus on personal characteristics or the local culture – staff attitudes and approaches – and the societal preconditions – in recent years with an emphasis on the marketisation and privatisation of eldercare. In her

ethnographic study, Melin Emilsson (1998) identifies two categories of staff: ‘those who can’ and ‘the disappointed’. While the former show a willingness and energy for the care work and prefer to spend time with residents, the latter express despair and dissatisfaction with organisational conditions, the residents, and the ‘higher-ups’ in the organisation, and as a result do not have the energy or desire to spend time with residents, but prefer to stay within the staff group. The disappointed staff members experience a pressured, challenging work environment – a work environment which has changed in recent decades following cutbacks in resources relative to the number of old people in the population, and fewer nursing home places (Szebehely and Trydegård 2018; Szebehely et al. 2017). While relations with care users are perceived as the reason for remaining in the profession, the quality of these relationships is impaired by poorer working conditions (Stranz 2018). Increased marketisation has placed new demands on nursing home staff, above all from management (Storm and Stranz 2018). Management’s new expectations of staff introduce new activities that follow the market logics, such as competition and marketing. Such activities risk overriding relationship-centred care. For example, the subjective, experienced dimension of quality may lag behind in favour of the measurable quality, even if the former is regarded as the very core of quality. Marketisation thus brings with it new logics and practices which change how eldercare is provided, and thus probably the care users’ experience of eldercare (Storm and Stranz 2018).

As Gubrium (1975) points out in the well-known nursing home ethnography *Living and Dying at Murray Manor*, nursing homes are a place where different worlds meet and collide. The place itself, in the form of an institution, has one kind of logic, often revolving around routines and asymmetrical power relations. The activities of a nursing home are centred on a nursing logic, which according to official Swedish policy should be guided by notions of self-determination and needs, but adjusted to the practical and technical conditions of the place. However, I would argue that societal changes have introduced new logics, centred on competition, image, and brand-building. Such logics emphasise the need for external support and for tending to an audience. Mostly, research on nursing homes has focused on what happens on site. In this dissertation, I instead examine

the relationship between the organisation and its surroundings from both an internal and an external perspective.

## The organisation of Swedish eldercare

Swedish municipalities must offer eldercare to their citizens, but are relatively independent from central government, meaning that each is responsible for how its eldercare is organised and provided. However, discretion is restricted by the goals-oriented legislative framework (Social Services Act 2001:453), which states that provision of eldercare should be based on needs and contribute to equality in people's circumstances, and enable a dignified life and wellbeing. Official policy stresses self-determination and normality (Ministry of Health and Social Affairs 2017). Eldercare is roughly divided into two categories: home care in the ordinary home environment (such as help getting dressed, showering, shopping, cleaning etc.) and nursing home care (formally, special housing for older people). Formally regarding residents as tenants renting an apartment is a sign of the ambition to make nursing homes less institution-like and more home-like, as 'home' is associated with a sense of security and independence (see Lundgren 2000; Brodin 2005). Social activities and mealtimes (unless residents choose to eat in their own apartments) take place in communal areas. The threshold for nursing home care is high, and only people needing extensive care are entitled to a place at a nursing home. Moving to a residential setting could be considered a last resort option for people who can no longer live at home due to severe cognitive or physical impairments (see Brodin 2005; Edelbalk 2016).

Swedish eldercare is publicly financed, whether provided by municipal, non-profit, or for-profit care givers. However, eldercare users pay a user fee to the local authority. The fee is related to income and reflects the care required. While there is a cap on user fees, local authorities have discretion in setting fees up to the maximum amount (in 2020, SEK 2 125 or approximately € 206). Nursing home residents pay separately for rent and food (Erlandsson et al. 2013). The number

of people over the age of 80 has nearly doubled over the past four decades, but the costs of eldercare have not followed suit. Resources for eldercare are now focused on fewer people with more extensive care needs (Socialstyrelsen 2019a; SKL 2014). Between 2010 and 2019, the proportion of people over the age of 80 living in nursing homes dropped from some 15 per cent to 12 per cent (Socialstyrelsen 2020c). It is increasingly common for old people with care needs to live at home with municipal home care or help from relatives, rather than move into a nursing home (Szebehely and Trydegård 2018; Socialstyrelsen 2020c). This can in part be explained by improved health among older people, in part by stricter eligibility criteria for moving into a nursing home, and in part by focusing resources on those with extensive needs, meaning that old people whose needs are not 'extensive enough' are not granted nursing home care (Larsson and Szebehely 2006; SKL 2014). Söderberg (2014) shows that in some cases the 'ageing in place' principle has been taken so far that old people are forced to stay in their ordinary living environment contrary to their wishes, to benefit others who have greater care needs. The consequence is that nursing homes become places for residents with severe impairments, who do not live there long before they die. While palliative care has usually been given to people suffering from terminal illnesses such as cancer, Franklin et al. (2006) argue that as the number of old people increases, the term palliative care should be broadened to include other illnesses. An ageing population actualises the matter of dignity when nearing the end of life, and this is also an issue in nursing home care. Taken together, this means that when a person moves to a nursing home, they are often in such poor health that the goals of self-determination and an active life, as stated in the Social Services Act 2001:453, are very difficult to realise.

# The history of Swedish nursing homes

At the beginning of the twentieth century, a more modern form of eldercare emerged from the economic and social transformation of Swedish society. Old people usually relied on their children for care and housing. If private resources were insufficient, they depended instead on local authorities for poor relief. In 1918, a revision of the existing Poor Law required all local authorities to offer special housing for old people. Before this, institutional care for citizens unable to care for themselves had been undifferentiated, meaning that old people had lived with people with mental disorders or addictions, with the chronically ill, and with orphaned children. The new care institutions for old people were, albeit more differentiated, still deficient in terms of enabling a dignified life (Edebalk and Lindgren 1996; Brodin 2005). In the 1930s, a public inquiry found that all Swedish municipalities offered care in old age homes, but that the homes were often small, a large proportion of residents were chronically ill, and some had psychiatric problems.

In 1946 the pension system introduced in 1913 was reformed, and fewer old people had to move to old age homes due to poverty. By the end of the 1940s, the Swedish Association for Senior Citizens (SPF) commissioned the author Ivar Lo-Johansson to visit old people, whether living at home or in old age homes, to document their living conditions. In his reportage, Lo-Johansson (1949/1952) painted the picture of a passive, lonely, and often miserable life, of crowded and understaffed institutions where death was ever-present, and of old people robbed of all meaning, dignity, and joy. Following Lo-Johansson's exposé, care institutions were subjected to sharp criticism. From the public debate that followed came a new eldercare ideology: old people with care needs should as far as possible receive help at home. Home care was established in the 1950s; the new ideal was to postpone or avoid moving into a care institution (Edebalk 1991; Jönson 2001).

In the 1970s and 1980s, Swedish eldercare was given more resources than before (Socialstyrelsen 2005; Edebalk and Lindgren 1996), but despite the ambition that

people would live at home not everyone could. The people who did move to care institutions were those with extensive needs or chronic illnesses which required medical care, and where home care was insufficient. The increasing medical needs of care users blurred the lines between the regional councils' responsibility for long-term healthcare and the local authorities' responsibility for social care. Old people needing long-term medical care were offered places in long-term care hospital wards (*långvården*). In the 1970s and 1980s, the public debate focused on how these care arrangements caused a rapid institutionalisation and hospitalisation of old people in need of care. There was criticism of the lack of privacy, integrity, and personalised arrangements. Residents were regarded as patients in beds, and forced to adapt to the routines and demands of the wards. In cases where there was a shortage of staff, residents were sometimes put to bed in the early afternoon. Already in 1975 the largest Swedish pensioners' organisation referred to these care arrangements as 'frightening', 'depersonalising' and 'inhumane'. Similar accusations were common in the public debate in the 1980s (Jönson 1997). With old people reduced to their impairments and a lack of holistic perspective, they were left incapable of living a life in self-determination (see Brodin 2005). In 1989, a committee was appointed by the government to resolve how to divide the responsibility for old people needing care between the regional and local authorities. They were also to consider how to make the living environment less institution-like and more home-like (Jönson and Harnett 2015). In a government bill in 1990 (Prop. 1990/91:14), the government suggested that local authorities should be responsible for care for old people and offer special housing for this group. The suggestions led to the Ädel Reform in 1992, which made local authorities responsible for social and medical care, whether in the home or in nursing homes (Edebalk 2016). Following the Ädel Reform, the different housing arrangements for older people in need of social or medical care were assembled under the label 'special housing for older people' (Socialstyrelsen 2011).

## The marketisation of Swedish eldercare

In the 1990s, new ideas centred on notions of freedom of choice and marketisation took hold in Swedish eldercare. Market-inspired new public management reforms have since permeated and changed how social services are organised and provided, while redefining the roles of both care providers and care users (Szebehely 2011). In 1992, the new Local Government Act 1991:900 made it possible for Swedish local authorities to outsource the provision of welfare services to private organisations by setting up purchaser–provider arrangements. The Public Procurement Act 1992:1528 regulates procurement by competitive tendering when local authorities outsource welfare services. The local authority is to determine the specific requirements that the provider must fulfil, and the winning bids are selected based on price and quality. Thus, the contractor is responsible for providing the services, while the local authority is responsible for the funding. The Act on System of Choice in the Public Sector 2008:962, which came into effect in 2009, aims at further encouraging customer choice models in the welfare sector: the legislative objective is to make it easier for private care providers to establish themselves, while also ensuring customer choice. The customer choice model under the Act means that if a local authority needs assessment official finds that a care user is entitled to care, the care user may choose any care provider authorised by the local authority. This means that private care providers can avoid competitive tendering for contracts (Moberg 2017; Erlandsson et al. 2013). Eldercare services are still dominated by public providers: the national average of private providers has increased from 5 per cent in 1993 to about 20 per cent in 2015 (Szebehely and Trydegård 2018). It is voluntary for local authorities to implement the Act on System of Choice in the Public Sector 2008:962, and by 2019, 159 out of 290 municipalities had brought in the customer choice model of home care, while 22 municipalities had choice models for nursing home care. Stockholm, the largest municipality in Sweden, is one of the municipalities that have implemented choice models for nursing home care (SKR 2019).

The new pieces of legislation point towards the increased marketisation of Swedish eldercare. By stressing consumer choice and individualised care, it is assumed increased competition between actors will ensure higher quality at a lower cost. Similarly, the assumption is that enabling care users to choose their care provider, or to exit care settings if the service is deemed inadequate, will increase user influence, forcing care providers to accommodate care users' needs and requests to a greater degree. The Swedish eldercare market is constrained, however. Swedish social services legislation prevents competition among nursing homes based on price. Care providers cannot compete on fees, nor can they charge more for better care quality of care, relying on service universalism (see Anttonen and Meagher 2013). It is also the case that prospective care users cannot choose freely from among the nursing homes. Should an old person apply to move into a nursing home, a local authority needs assessment official has to assess their care needs. If the application is approved, the old person has the right to request the nursing home he or she wants, in line with the right of self-determination; however, the lack of vacant places in nursing homes restricts their choice. The local authority's ability to meet the request depends on whether there are vacancies. If no places are available at the requested nursing home, the old person will be offered alternative accommodation. Care users always have the right to decline the place on offer and wait for a vacancy at their original choice, but they will have to rely on home care in the meantime.

### **Eldercare users as customers**

Sweden is unique because official policy and legislation protects the right of all adult citizens to self-determination, regardless of cognitive impairments such as dementia. No one – whether officials, care providers, or even next of kin – may overrule care users' decisions about how or if they wish to receive care, nor can anyone act as a proxy for the individual (Socialstyrelsen 2013; see Nedlund and



Taghizadeh 2016).<sup>1</sup> However, research on relatives' roles in the eldercare context shows that they still participate in the care of the older person (see Whitaker 2009; Harnett 2010; Söderberg 2014). The reality that relatives take part in the process of applying for and choosing nursing homes, even acting as substitute customers when the older person is unable to sift through the information, look up nursing homes online, fill out forms, or make phone calls, is not usually discussed when debating the potential problems of assigning care users a customer role (see Meinow et al. 2011; Goodwin 2011).

Marketisation has reframed the role of care users. Self-determination and individual choice of service provider assigns a customer role to care users. The reframing of care users as customers is intended to promote choice and thus to individualise services (Anttonen and Meagher 2013). Half a century ago, the possibility to choose provider was limited as eldercare was provided only by the local authorities, and if in need of residential care, the individual was placed where there was an available room, usually close to home (Edebalk 2016). In the intervening years, the eldercare user role has gradually been reshaped to give old people agency and the chance to assert themselves, to the point where Gilleard and Higgs (1998) argue that in the British health service, care for old people is increasingly dominated by a consumerist discourse. Such a discourse, they claim, might offer a third age rhetoric for a fourth age reality. A similar development has been noted in Sweden. Enabling eldercare users' freedom of choice regarding care providers fits well with official Swedish policy on self-determination, autonomy, integrity and person-centred care (Social Services Act 2001:453 ch. 5 § 4). But since few prospective residents have personal experience of or insight in what nursing home life is actually like, they must rely on second- or third-hand information about the nursing homes they are to choose from. Meinow et al.

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<sup>1</sup> As of 2017, two pieces of legislation allow relatives to act on behalf of individuals who do not have legal capacity due to illness, mental disorder, or weakened health: the Parental Code 1949:381 ch. 17 and the Act on Enduring Powers of Attorney 2017:310. The new legislation enables a relative to apply for a place in a nursing home on behalf of the prospective care user, but does not permit the older person to be 'placed' in a nursing home against his or her wishes. The practical implications of the new legislation are as yet untested.

(2011) problematise customer choice in Swedish eldercare, based on the assumption that old people in need of care cannot adequately act as customers making informed choices, due to limited cognitive, physical and mental resources. Research has also discussed to what extent prospective care users will likely comprehend and differentiate between large amounts of information about care providers, and that inability to do so would prohibit them from making informed choices (Edebalk and Svensson 2005).

## Ensuring high-quality care

New public management has been modified since the 1980s, but still centres on improving efficiency and quality in public organisations (Pollitt and Bouckaert 2011). For the competition it creates to drive improvements in care quality, prospective care users must know the quality of the care providers in order to make informed choices. Making organisations transparent and auditable is one means by which they can be held accountable for their working methods and use of public resources (see Power 1997). Increased transparency and auditability are intended to provide prospective customers with objective, comparable information about the quality of care (see Erlandsson et al. 2013).

### Auditing and evaluating social services

As of 2013, the Health and Social Care Inspectorate (IVO) is responsible for supervision of social services, including eldercare, under the Social Services Act 2001:453 ch. 13 § 1 and the Social Services Ordinance 2001:937 ch. 4 § 4. Under the Social Services Act 2001:453 ch. 7 § 1, private actors need a permit to provide special housing for old people. Applications to the IVO, which issues the permits, must detail how the organisation will ensure safety and quality of care. The Social Services Act 2001:453 ch. 13 § 2 defines supervision as checking the activities of social services to ensure they comply with the law. The form of supervision by IVO is defined as being distinct from other types of audit or

evaluation, such as developing and passing on information, developing standards and norms, and following up social services quality development. The National Board of Health and Welfare are one authority tasked with softly regulating social services using indicators, evaluations, and rankings.

In the 1990s, quality monitoring of the social services was firmly on the agenda, and as of 1998 it was set down that 'Measures within social services shall be of good quality' and 'The quality of activities shall be systematically and continuously developed and assured' (Social Services Act 2001:453 ch. 3 § 3). However, there were concerns about lacking knowledge about quality, efficiency and outcomes in the Swedish social services (Bergmark and Lundström 2006). Auditing, according to Power (1997), is a matter of trusting, or rather mistrusting, professionals such as social workers and care workers. Reflecting result-based governance and the market-inspired organisational logics of new public management, mistrust and questions about the quality of social services led to demands for increased transparency and the means by which quality could be assured. One way of accommodating these demands was by increased auditing and measuring of the public sector (Lindgren 2014). Holding organisations accountable by evaluating, measuring, and ranking their activities without financial or other sanctions should they fail to meet normative and externally formulated standards of quality is according to Jacobsson et al. (2004) a form of soft governance. If results are publicly available, it is assumed that organisations will willingly adopt the proposed ways of working to avoid being publicly shamed by being at the bottom of the rankings, a so-called 'name and shame' logic (Blomgren and Waks 2010; Lindgren et al. 2012; Carlstedt and Jacobsson 2017).

The validity and reliability of performance measurements have been questioned, especially the low response rate, whether they are actually measuring users' experiences, and whether they are capturing the pertinent aspects of quality (Lindgren et al. 2012; Erlandsson et al. 2013; Kajonius 2015; Tengblad et al. 2016; Johansson 2017). Research on quality measurements has also raised concerns about the risk of undesired consequences (Ridgway 1956). Organisations may adjust their activities so that they align with stakeholders'

requests and expectations as communicated in various measurement documents. In a literature study of the organisational consequences of performance measurements in adult social care in the UK, Clarkson (2010) concludes that auditing and performance measurements can lead to unwanted and unexpected side effects. When measured against normative standards, organisations may get tunnel vision and focus on what is being measured rather than what the professionals themselves deem important. This type of ‘teaching to the test’ then informs their everyday activities, meaning that resources are spent primarily on measurable aspects of quality. Research has also challenged the assumption that the subjective experience of quality is measurable (Eliasson-Lappalainen and Szebehely 1998).

## Open Comparisons

A prominent example of auditing and evaluating Swedish eldercare is the Open Comparisons performance measurement instrument (Hanberger and Lindgren 2018). The idea of measuring performance and quality in the public sector is not Swedish; it is a global phenomenon, and a growing one. For example, the OECD uses indicators to measure quality, follows up and compares the public sectors in various countries, and publishes report series such as *Education at a glance* (OECD 2019a), *Society at a glance* (OECD 2019b), and *Health at a glance* (OECD 2019c). In 2008, the US agency Centers for Medicare and Medicaid Services instituted the Five-Star Quality Rating System, which awards one to five stars to nursing homes in a system that supposedly rates care quality in order to help customers and their families compare nursing homes online (Medicare 2020).

Sweden’s Open Comparisons of eldercare is based on two surveys, one to be filled out by care providers, the other to be filled out by care users. The surveys are distributed, compiled, analysed, and published by the National Board of Health and Welfare, and are said to measure eldercare quality. Participation in the survey is optional for both care providers and care users. In 2019, 2,069 (91 per cent) of the surveys distributed to nursing homes (Socialstyrelsen 2019b) and 36,248 (50

per cent) of the surveys distributed to nursing home residents (Socialstyrelsen 2019c) were filled out and returned to the National Board of Health and Welfare. In the measurement, the vague concept of care quality is operationalised as quality indicators, which are further distilled as survey questions in a questionnaire (Carlstedt and Jacobsson 2017). The survey distributed to care providers includes questions such as how often the nursing home offers activities, if there are written routines for mealtimes, and if there are written routines for how staff are to work with relatives of residents. The survey distributed to nursing home residents includes questions such as how often the residents are troubled by feelings of loneliness, if they are satisfied with their room, if they are satisfied with the social activities on offer, if they have confidence in the staff, to what extent they can influence when they receive help, and what they think of the food.

As the name implies, Open Comparisons is intended to generate public comparisons between care units (Socialstyrelsen 2014). The results of the measurements are publicly published in tables and reports on the National Board of Health and Welfare's website, and some of the results are published as an online guide, the Elderly Guide (Äldreguiden), so prospective users can compare providers. According to the National Board of Health and Welfare, the Elderly Guide targets old people in the process of choosing or requesting a nursing home. It includes information such as what percentage of current residents are satisfied with the nursing home, what percentage view mealtimes as a pleasant occasion according to the user survey, or how often the nursing home offers strength or balance training according to the provider survey. Providing this type of information should enable care users to make informed choices. It also ties in with the broader aim for better-quality care, since it is assumed that customers are likely to prefer nursing homes with better scores, and that competition will weed out the low-quality nursing homes from the market. The public display of measurement results will impel nursing homes with low scores to adjust to the definition of quality requested in the survey questions, meaning the quality indicators. According to this rationale, competition between care providers will drive quality improvement (see Lindgren et al. 2012).

### 3. Theoretical framework

In this chapter, I outline the theoretical perspective that has guided the dissertation project. I begin by describing the notion of reputation, meaning how outsiders assess the appropriateness and legitimacy of an organisation. Reputation is to some extent formed by images projected by the organisation onto the audience, but also by outsiders' meaning-making processes. The meaning ascribed to an organisation is partly derived from cultural representations of the organisation, which offer 'conceptual maps' for how to understand the organisation. I then elaborate on the necessity of outsiders' approval. Organisations are understood as sensitive to their environments and in need of positive assessments, meaning a good reputation. A good reputation is even more valuable in an era of marketisation, especially for organisations which have difficulty demonstrating success and whose goals are uncertain or undefined, such as human service organisations. Reputation management in the shape of projecting favourable images is tricky, however. Organisations have a 'scattered image problem' due to a massive flow of information and the role of the media, whose representations largely influence general perceptions. In order to convey favourable images, organisations may decouple the formal structure from their day-to-day activities; they become hypocritical as they attempt to adhere to inconsistent external and internal logic and norms. Lastly, I describe how documents are important tools for reputation management, since they are usually ascribed a certain level of expertise, while also offering the opportunity for window dressing or creative accounting.

## Organisational reputation

By organisational reputation, I mean the impression or image of an organisation held by a group of organisational outsiders (see Price et al. 2008; Alvesson 1990; Mahon and Wartick 2003; Dowling 2016; Power et al. 2009). Reputation per se lies outside the organisation; however, members of the organisation are usually aware of their organisational reputation, and reputation management is based on this awareness (Price et al. 2008). Organisations are sensitive to their surroundings' assessments of them (DiMaggio and Powell 1983). Alvesson (1990) argues that a social order characterised by 'substance' has been replaced with one whose trademark is 'image'. Organisational concerns about reputation, and specifically the risk of a bad reputation, is according to Power et al. (2009) a symptom of late modern insecurity. Awareness of the importance of reputation and the risks of a bad reputation has become an organisational logic permeating close to all organisational activity. In order to gain a good reputation, organisations may project tailored images intended to appeal to an audience (Price et al. 2008). Alvesson (1990) claims that such images differ from the 'objective reality' they are meant to represent, to the point where they are if not fabricated, then at least ambiguous.

An audience assessing the appropriateness of an organisation does not simply rely on the images projected by the organisation, but creates perceptions based on sense- and meaning-making processes. The origin of such an 'inner' imagery is hard to identify and articulate. One source might be media representations, another personal experiences (see Spouse 2000), but history and culture also offer conceptual maps for understanding long-lived social institutions such as nursing homes. Cultural representations or images can be understood as reflective, because they mirror the object they describe, or they can be understood as constructionist, because they produce and constitute the object (Potter 1996; Hall 1997; Featherstone and Wernick 1995). The latter definition means that cultural representations symbolise an object, referring to the standard, culturally shared understanding of the meaning of the object. This aspect refers to representations

or images as interpretative processes, where the depiction or description is ascribed meaning (Hall 1997; Featherstone and Wernick 1995). Meaning is exchanged between members of the same culture through language, so we tend to have a similar conceptual map for understanding things (Hall 1997). A constructionist understanding of representations or images means that the meaning of objects, people, or events in the world is not fixed or inherent in the things, but rather socially constructed and reproduced when shared (Hall 1997, see also Hacking 1999).

Organisations cannot escape their reputation, and will likely not gain a good reputation overnight. Mahon and Wartick (2003) claim that organisations often fail to recognise that they are victims of their own past actions. Reputation unfolds over time and builds on both past and present estimations: it is based on historical action. A major component of the organisation's reputation is thus the credibility of the organisation in its interactions with those groups of organisational outsiders which the organisation deems most important. Credibility can be defined as whether intentions, meaning what the organisation says it will achieve, correspond to final results, or what it actually achieves. If the organisation can demonstrate success in achieving its goals, it will gain credibility; if it does not, credibility is damaged (Mahon and Wartick 2003). Reputation is thus a complex concept, and a product of interaction and relations, a 'quality of social actors' perceptions and perceptions of perceptions' (Power et al. 2009: 307). Faced with the risk of a bad reputation, stakeholders (or stakeholders' perceptions) are considered a risk which must be managed. In fact, stakeholders might even be considered a threat to reputation: even if reputational risk is not a 'real' organisational risk, but rather a man-made risk, perceptions are still social facts and will influence organisational action (Power et al. 2009).



## Adhering to the institutional environment

Images projected by an organisation should be seen to adhere to the demands and expectations of its institutional environment. Since service organisations produce non-material outcomes, they are more dependent on representations of their products to demonstrate their quality and success (see Alvesson 1990). Neo-institutional theory holds organisations to be open and sensitive systems, exposed to the norms of their institutional surroundings. For reasons of survival, organisations are assumed not only to compete for resources and customers, but also for legitimacy and social fitness (DiMaggio and Powell 1983). Legitimacy, as the word implies, is what legitimises the organisation's existence, its function, effects, and results. In order for organisations to gain legitimacy, the ability to efficiently coordinate and control productive activities is subordinate to the ability to display adherence to the rationalised institutional structures in society. Embedded in the institutional environment are powerful myths about how an organisation should act and what it should look like: prescribed ways of organising and working considered proper, adequate, and necessary. Such myths specify in a rule-like manner the appropriate and rational ways of achieving organisational goals. Cultural and societal norms about how certain fields should be organised and certain tasks performed constitute social facts that organisations have to relate to. However, the actual technical benefits of such rationalised myths are accepted with little evidence (Meyer and Rowan 1977), and institutional norms may be inconsistent with one another *and* with the internal logics and technical preconditions of the organisation (Brunsson 1986). Thus, the projected front, or formal structure, of the organisation should give the impression of corresponding to what the institutional surrounding deems to be the adequate way to achieve externally formulated goals. The formal structure is the blueprint for organisational activities, constituting a 'rational theory of how, and to what end, activities are to be fitted together' (Meyer and Rowan 1977: 342). By displaying adherence to the demands of the institutional environment, the organisation may

protect itself from being questioned or accused of violating norms, thus protecting its legitimacy and reputation.

This begs the question of precisely whose impression organisations want to manage. Where are its cultural images and institutional expectations located? Who are the people, actors, or institutions assessing the nursing home? The nursing home representatives interviewed for the present study sometimes referred to this group as ‘others’, ‘people’, or ‘everyone’. The literature offers various labels and conceptions: organisational outsiders (Price et al. 2008), the (external) audience (Price et al. 2008; Brunsson 1986; Ylänne 2012), the environment (Brunsson 1986; Meyer and Rowan 1977), stakeholders or social actors (Power et al. 2009), to name but a few. The relationships between members of the organisation and those who are not ‘inside’ the organisation, as between groups of outsiders, are complex and intertwined. For example, according to Swedish legislation the residents’ relatives are not members of the organisation; however, in practice they may be much involved and influence nursing home activities. The media could be considered not so much an audience in itself, but rather an institution distributing images to other groups of outsiders, but given increased mediatisation they could also be considered a social actor in their own right, given any such display of organisational activities is adjusted to the logics of the media (see Hjarvard 2008). Politicians are treated as nursing home representatives in the media, but might from the nursing home staff’s and managers’ perspective be considered outsiders, because they hold staff and managers accountable and evaluate the insiders’ work performance. And should residents, whose impression should be the one that matters, be considered evaluators of organisational legitimacy and quality? According to the customer perspective following marketisation of eldercare, and indeed official Swedish policy, the answer is without a doubt yes. But in terms of reputation management, residents’ impressions might be of less concern when nursing homes attempt to convey favourable images to other groups of outsiders. Here, I define the target group for reputation management practices as those that from the perspective of organisational insiders are considered important outsiders. Thus, I do not make a

distinct definition of the target group for nursing homes' reputation management. The definition of the audience is, according to the interviewees' own accounts, contextual and in flux.

## Scattered images

From the organisational viewpoint, acquiring a good reputation is not easy. Today's organisations, in the words of Price et al. (2008), have a 'scattered image problem'. The sources of refracted organisational images, meaning images produced by organisational outsiders, are multiple, and may drown out the images projected by the organisations themselves. The increasingly fragmented, yet increasingly influential, media landscape introduces a new complexity to organisational attempts to project a credible and desirable image (Price et al. 2008; Hjarvard 2008). Scattered organisational images hinder the development of a consistent and uniform organisational image to be communicated to a specific audience (see Brunsson 1986).

Images produced outside the organisation usually pose a risk to organisational reputation (Power et al. 2009), since organisations have little control over how they are portrayed. The concept of mediatisation explains the interactive and formative character of mass media (Hjarvard 2008). The media operates both as an institution in its own right, to which other social institutions need to accommodate, and simultaneously the media has become an integrated part of social institutions since their activities are performed and communicated through the media. Publicly available images of organisations are filtered through the media. As part of an organisation's institutional environment, media logics may prompt certain understandings of that organisation: problem formulations conveyed in media descriptions are intertwined with a general perception of what constitutes problems. In the case of nursing homes, media descriptions of mistreatments and scandals may spark public outrage (Pillemer 1988; Lloyd et al. 2014; Jönson 2016). In the past decade, new technical solutions have given rise

to a media landscape where the audience is increasingly involved in creating, opposing, or supporting organisational images. Social media apps and news comment features in online newspapers allow the audience to participate in the construction of messages to a greater extent than before (see Almgren and Olsson 2015). Mass and social media are also platforms where organisations can defend their legitimacy and reputation by offering justifications or explanations (see Hjarvard 2008). New information and communication technology offers the opportunity to quickly spread a desired image, but will increase demands for transparency and expose organisations to the risk of adverse public comment.

## The value of a good reputation

No institutional environment is static. New or modified rationalised institutional myths arise in existing domains of activity, and to succeed and thrive organisations must change their formal structure to incorporate these new logics. Marketisation has introduced the notion of competition to Swedish eldercare: organisations are not only expected to survive, but success is a matter of continuous improvement, growth, and development. In human service organisations, goals are often elusive and unmeasurable. ‘Good’ or even acceptable standards of performance are difficult to agree on, and the concept of quality is defined in vague terms in official policy documents (see Carlstedt and Jacobsson 2017). In organisations characterised by such uncertainty, and which cannot measure success by being profitable, holding market shares or displaying high quality of goods or outcome, success is usually equated to having a good reputation (Mahon and Wartick 2003).

New market logics demand competitive assets, and reputation is one such asset. A good reputation will benefit the organisation when compared to, and competing with, other organisations which offer similar services. Reputation is an important factor when customers are to choose from a variety of service providers (Miller et al. 2013). Service users might rely on word of mouth, as well as

marketing, mass media reports and various rankings and audits, to find an organisation most likely to correspond to their expectations, interests, values, and requirements. Successful strategies for reputation management might improve the position of the organisation compared to others in the same field. The point of strategy is to obtain an advantage over competitors that is sustainable over time, meaning improved reputation and success (Mahon and Wartick 2003). The quest for a good reputation makes organisations rivals, and the concept of reputation places organisations on a continuum of comparisons, from which is better to which is worse compared to other actors. The comparison of reputations is at its plainest in the ranking practices by which organisational performance is measured and hierarchically ordered in various public rankings (see Rindova et al. 2017).

## Hypocritical organisations

Institutional expectations and demands on an organisation can be inconsistent or contradictory (Brunsson 1986). Also, conforming to institutionalised systems of norms can conflict with technical conditions and demands for efficiency, productivity, and goal achievement. Organisational efficiency might come at the expense of legitimacy, should technical rationality contradict institutional demands. The need for organisational action to support rationalised myths and the need to uphold practical activity might be at odds (Meyer and Rowan 1977). Organisations depend on their surroundings' institutional expectations and approval, but they are not merely reactively and passively subject to external pressure. Organisations take active part in managing inconsistencies in their institutional environment, and responses and actions can hold great levels of agency (see Linde and Svensson 2013). To resolve the tension between differing demands and logics, the organisation may make a show of conforming to institutionalised ideas of preferred practices and procedures, but decouple its formal structure from day-to-day activities. Decoupling the formal structure from the technical work allows these two aspects of the organisation to exist more or

less independently from each other (Levin 2013), the organisation establishing good faith and legitimacy while avoiding scrutiny, inspection and accusations (see Hirsch and Bermiss 2009). According to Alvesson (1990), this is mostly a case of ‘window dressing’; legitimacy is achieved by symbolic action aimed at giving the right impression. Brunsson (1986) theorises on ways that organisations can decouple their projected front from their everyday actions in ways which make them hypocritical. Organisations can use talk to present themselves to an external audience: they can describe what they do, what they are attempting to do, and why they are succeeding or failing to do so. Organisational talk can take the form of goal or policy documents, marketing, engagement in public debate, or mass media interviews. Likewise, organisational decision-making can be used as proof of the organisation’s preferences and abilities when displayed to an external audience. Talk and decisions are organisational outputs that are relatively easy to conform to external inconsistent demands, compared to aligning the actual products to such demands. In fact, the usefulness of talk and decision comes from the very fact that these types of outcomes are *not* followed by organisational action (Brunsson 1986).

With internally produced images, organisations possess great power regarding the messages they convey to an external audience. The selection of pictures posted on social media or descriptions of the organisation in ads and marketing (see Shanks et al. 2020) will be based on perceived or stated expectations from the institutional environment, in order to display organisational conformity to external demands. In the case of externally produced images, such as when government authorities and the media scrutinise, rate, and rank organisations, organisational control of the projected image weakens, resulting in a general sense of vulnerability (Power et al. 2009). However, organisations will still try to affect their image even so by means of ‘gaming’ or ‘creative accounting’, such as simply reporting false numbers in performance measurements to improve rankings (Ody-Brasier and Sharkey 2019; Lindgren et al. 2012).

## Documented proof of quality

To display adherence to norms, organisations must make their activities visible. Documents, in the form of text, pictures, or numbers, are suited to this, because they make the organisation traceable, visible, and accountable. The organisation, Prior (2003) claims, is not really the intangible street level activity; the talk and action that cannot be captured and made visible to others. It is difficult for nursing homes to argue their quality of care is high solely by referring to what goes on in daily interactions between staff and residents, since professional practice cannot be demonstrated in undocumented situations. Rather, organisational reputation to a large extent derives from the depictions and descriptions in pictures, on websites, on social media, and in lists, rankings, registers and tables. Documents function as receptacles of evidence of claims, and contribute to the construction of reality of the nursing homes. Documents, according to Prior (2003), are not inert objects but collective and situated products. Internally produced documents used for reputation management are tailored to convey favourable images, while externally produced images could be used to spread 'knowledge' about the organisations, to hold them accountable, or to increase transparency.

Documents are filled with assumptions, concepts, and ideas. These say something not only about the authors of the document, but also about perception of the imagined readers, and of the phenomena reported on. In each document, claims Prior (2003), one can discern the authors' perceptions of reality. The manner in which information is compiled and presented reflects certain ways of thinking, acting, and organising. The 'systems of production' that precede the finished product reflect the social and historical context of the document, and are visible in the processes of selection, demarcation, and exclusion. What is presented? How is it defined and categorised? What is 'good' and what is 'bad'? How is the reader supposed to know what is 'good' and what is 'bad'? How should the information be organised in a focused manner? Who is supposed to use the document and to what purpose? How should the document function? Thus, a document can be understood as the product of a multitude of activities and assessments, reflecting

the authors' worldview. In organisational documents, the organisation's perception of its surroundings, and of itself in relation to its surrounding, is made visible. The stabilising characteristics of documents make them appropriate tools for constructing facts and spreading them to a wider audience. And, as factual claims are spread and repeated in documents, they become harder to challenge (Best 2001). Documents are usually regarded experts on the topics they report on. As such, they hold precedence in certain matters, because they define problems and suggest solutions based on the 'evidence' they contain.





# 4. Method

In this chapter, I describe the empirical data used in the five studies in the dissertation. I describe how data were collected and analysed. I then describe the research process in chronological order. Taking an abductive approach, I outline how the broader analytical themes in the dissertation were developed at different stages of the data collection and analysis, in dialogue with the empirical findings and theory. Lastly, I offer some methodological reflections. A more detailed description of the methodology of each study can be found in the separate papers.

## Material, data collection, and analysis

The empirical material for my dissertation consists of interviews and documents (Instagram pictures and newspaper articles) (Table 1).

TABLE 1 The empirical data of the dissertation.

Data	Qualitative interviews	Instagram pictures	Newspaper articles
Number	42	338	124
Time when data was collected	2014–2019	2017	2019
Used for paper	I, III, V	IV	II

By using interviews as a source of empirical data, I wanted to investigate how nursing home representatives reasoned about reputation management practices. I was interested in how they managed reputation – what image the nursing homes want to live up to, and why – how representatives’ made sense of depictions and

descriptions of nursing homes in mass media and various rankings and measurements, as well as how they explained their own and other nursing homes' internally produced images. Since the matter of reputation is a matter of corresponding to institutional norms and expectation, but that such norms are elusive, I paid particular interest to interviewees' accounts (Scott and Lyman 1968) or vocabularies of motives (Mills 1940). Both accounts and vocabularies of motives operate within systems of norms, the first when potentially breaching norms, while the second to justify actions in line with norms. A focus on how interviewees talked about reputation management practices can reveal such systems of institutional rules and logics.

By using documents as a source of empirical data, I have investigated publicly displayed images of nursing homes. The documents are interpreted as products, produced in specific social settings and for specific purposes, by which images of nursing homes are distributed. These images help constitute the subject on which they report (Prior 2003). Understood as such, descriptions and depictions of nursing homes contribute to the general perception of nursing homes; therefore they should be regarded as important components, whether assets or risks, in nursing homes' reputation management. My underlying assumption was that the way nursing homes were described and depicted in the documents reflected norms and expectations in the institutional environment. In the case of externally produced descriptions of nursing homes – the newspaper articles – they constitute public descriptions of what kinds of places nursing homes are. The media descriptions focus on specific aspects and traits in nursing home care, and the rhetoric implies these organisations should be understood, and assessed, according to certain normative criteria. It was evident that the internally produced depictions portrayed a selection of the organisational day-to-day existence. I assumed this selection was designed to correspond to the organisational members' conceptualisation of external demands and expectations, to gain external support and a better reputation. Both externally produced descriptions (over which the organisations had little control) and internally produced depictions (over which they had more control) related to cultural and historical representations of nursing

homes and to new conditions and logics in the landscape of Swedish eldercare, as seen.

In the following sections, I describe the different sets of data: qualitative interviews, Instagram images, and newspaper articles. Before doing so, I will elaborate on the thematic qualitative analysis (Braun and Clarke 2006, 2012): the method used to identify and analyse patterns or themes in the datasets. Thematic analysis is, according to Braun and Clarke (2006: 4), a ‘poorly demarcated and rarely-acknowledged, yet widely used qualitative analytic method’, who suggest that the researcher should deal with the data in six steps: familiarisation with the data by repeated reading; collation of all data into codes identifying interesting features of the data set; sorting and assembling codes into potential theory- or data-driven analytic themes; reviewing and refining themes; defining and naming themes by identifying what is interesting about them and why; and finally writing up the final report based on the selected themes. This method of sorting and making sense of the data is flexible in that it can be applied in both inductive and theory-driven analyses. In the former, thematic analysis is reminiscent of grounded theory (see Charmaz 2002), but does not require the analysis to be directed towards theory development. In my case, as will be seen, the coding, sorting, and identification of analytical themes took shape in a dialogue between data and theoretical ideas and concepts, in an abductive manner (see Becker 1998; Atkinson 2015). Thematic analysis is also flexible because it allows for analysis of semantic and explicit, or more latent, themes. Whereas the former focuses on descriptions and surface meanings, the latter, usually used in constructionist research, seeks underlying ideas or conceptualisations (Braun and Clarke 2006).

My approach to the different ‘levels’ of themes was to start with the descriptions – what was being said or portrayed – but I soon found that the themes I identified had theoretical underpinnings. For example, in Paper IV, I analyse nursing homes’ Instagram pictures. The first stage of coding focused solely on what was in the pictures, meaning the explicit messages conveyed. However, when I shifted focus to what was not in the pictures, I could link the initial themes to the discourse of the fourth age or the imagery of institutionalised life.

Thematic analysis may aim at providing a rich description of the data, or, as in my case, specific aspects of the data (Braun and Clarke 2006). An example is Paper V, in which Håkan Jönson and I analyse nursing home representatives’ accounts of nursing homes’ online representations. During the initial coding, it was evident that ‘relatives as the intended audience’ was a major theme in the data set. Therefore, the second stage of coding was selective, and focused on how assumptions and beliefs about relatives’ requests and expectations influenced the content of the online representations. Of course, this selection meant that other themes were excluded from the analysis. One such theme was the perceived risks of interactive media, meaning that while the hope was that the audience would like the pictures and write appreciative comments, they could well post criticism and accusations.

Interviews

In this section, I describe the qualitative, semi-structured interviews conducted for Paper I, III, and V. All interviews were recorded and transcribed verbatim.

Paper I focuses on the reasons a nursing home might have a so-called lifestyle profile, and was co-authored with Magnus Nilsson, Tove Harnett, and Håkan Jönson. Nilsson and Harnett conducted 18 interviews for the study (Table 2). The number of interviewees represents private and municipal care providers equally.

TABLE 2 Occupation and number of interviewees (Paper I).

Occupation	Number
Nursing home managers	13
‘Concept developer’	1
Head of municipal care administration	1
Assistant nurses	3
Total	18

The interviews were guided by questions about the choice of profile, the reasons for having a profile at all, and how the profile was realised in the nursing homes’ everyday activities. A qualitative thematic analysis as described by Braun and Clarke (2006, 2012) allowed us to code the data, sorting codes into meaningful themes relating to our preliminary research questions. Data were first reviewed by Nilsson, focusing on how interviewees expressed the motives for having a profile. The initial coding resulted in two broader themes: talk referring to marketisation of eldercare, and talk referring to traditional eldercare goals and ideals as stated in the Social Services Act 2001:453. These two themes were then tested in a second coding by Nilsson and myself. Laclau and Mouffe’s (2001) discourse theory guided the analysis, helping us identify how competing discourses of eldercare, as expressed in specific interpretative repertoires in what we termed a market discourse and a traditional care discourse, are built and held together, and how the meanings of subject positions are altered and challenged when new discourses come into play.

I conducted 25 interviews for Paper III and V (Table 3), 6 of them by telephone for reasons of distance. One interviewee later declined to participate, so the total number of interviews used for Paper III and V is 24.

**TABLE 3 Occupation and number of interviewees (Paper III and V).**

Paper	Occupation	Number
Paper III	Nursing home managers	8
Paper III	Sales manager	1
Paper III	Team leader	1
Paper III & V	Nursing home managers	11
Paper III & V	Marketing manager	1
Paper III & V	Assistant nurses responsible for Instagram and blog	2
Total		24

Initially, contact was made with 50 nursing home representatives. The sample was purposive (Bryman 2011), meaning that interviewees should be those responsible

for or at least involved in creating the image conveyed to an outside audience. In the sampling, I aimed for a variety of modes of operation (municipal or private), sizes of municipality, and geographical area. Out of the initial 50 prospective interviewees, 25 declined for lack of time. The number of interviewees represents private and municipal care providers equally. The majority of the interviewees were in the south of Sweden, in both smaller and larger municipalities. In Paper III, I examine the rankings following the annual user survey. Participants represent nursing homes ranked top or bottom, while the majority represent nursing homes ranked somewhere in the middle.

The first 14 interviews I conducted focused mainly on nursing homes' online representations on social media, blogs, and websites. All interviewees were involved in presenting the nursing homes online, for example writing website content or taking photos for Facebook or Instagram. Interviews were guided by the questions of what is put on display and why, what is absent from the presentations, and what messages are online representations supposed to convey, for what purposes, and who is the intended audience? I took printed Instagram posts (pictures and captions) from various nursing homes' Instagram accounts to the interviews, and interviewees were asked to look through them and reason about the purpose of displaying them online, and how an imagined or intended audience would perceive the pictures.

The data gathered in the first 14 interviews were used in Paper V, co-authored with Håkan Jönson. The paper focuses on relatives as the target audience for nursing homes' online representations. I collected the data for the study, while we both coded and analysed the material and co-wrote the article. The transcripts were read thoroughly and coded and thematised as described by Braun and Clarke (2006, 2012). Data were initially coded according to the target group, the role of relatives, what to display and what to exclude, the circumstances surrounding online representations practices, the digital divide, online representations as countering criticism, and the organisational consequences of online representations. Codes were then sorted into themes of (i) relatives as customers; (ii) representations as marketing; (iii) representations as assurance; and (iv)

unrealistic representations of eldercare. The analysis was influenced by the sociological theory of motives and accounts (Mills 1940; Scott and Lyman 1968). This helped us identify the reasons for representing eldercare in the manner seen in online representations, the actions and choices interviewees accounted for, and any potential breaches of the system of norms regulating eldercare.

Even if the main purpose of the first 14 interviews was to access talk about online display, interviewees usually explained the practice and logics of online representations by referring to a broader eldercare context, particularly emphasising the need to convey an impression that yielded relatives', politicians' or the general public's favourable assessment. Primarily, online depictions were contrasted to how nursing homes were portrayed in the media. Several interviewees seemed to assume that media only reported on nursing homes in the wake of negative events, such as severe mistreatment or other scandals. Such media coverage, according to interviewees, feeds into the generally negative perception of nursing homes. The annual National Board of Health and Welfare user survey was also brought up by several interviewees. Survey results were also said to paint a negative picture of nursing homes, and the measurement was framed as constituting a 'reputational risk' (Power et al. 2009).

I conducted 10 more interviews, in which I investigated interviewees' approaches to the annual National Board of Health and Welfare user survey. A total of 24 interviews were analysed for Paper III, which focuses on nursing home representatives' approaches to the truth claims and usefulness of the user survey. Interviews were guided by the questions of whether the user survey was important and to whom, who filled out the survey, what happened when results were published, and what the results actually said. I took a copy of the most recent questionnaire (Socialstyrelsen 2018) to the interviews, and asked interviewees to browse through the questions and comment on what was being measured and why, if they thought it would be easy for a resident or their relatives to answer the questions, if the questions were relevant to the organisation, and how it could be improved. All interviews were recorded and transcribed verbatim. A thematic qualitative analysis (Braun and Clarke 2006, 2012) was conducted to code and



sort data into themes. The analysis was guided by neo-institutional theory, which suggests that for an organisation to survive and succeed, it needs to be considered legitimate and trustworthy by actors in their institutional environment. However, normative ideals might conflict with technical conditions, demands for efficiency, productivity, and goal achievement. To reflect such conflicting expectations, the organisations may create inconsistencies between talk, decisions, and products (Brunsson 1986). Organisations need to know, and manage, how they are perceived by outsiders (Price et al. 2008). Guided by the theoretical framework, the results were sorted into two broader themes of talk from an insider perspective and talk from the assumed perspective of outsiders.

## **Documents**

In this section, I describe the documents used for analysis in Papers II and IV. The first dataset consists of 124 newspaper articles; the second dataset consists of 338 Instagram pictures.

### *Newspaper articles*

Paper II, co-authored with Håkan Jönson, is based on an analysis of 124 newspaper articles about an annual eldercare user survey, published in the local and national media. Data consisted of newspaper articles available on the Swedish media database Retriever in the period 11 June 2018 to 11 June 2019. In order to retrieve relevant articles, I used the key words ‘Socialstyrelsen’ and (in Swedish) ‘elders’ (several variants), ‘open comparisons’, ‘user survey’, ‘survey’, and ‘What do older people think of eldercare?’ The first sample consisted of 430 articles. After an initial reading of the first sample, articles about other types of measurements were excluded, as were duplicates and articles that for technical reasons were unavailable or unreadable. Since our primary interest was to study images of nursing homes, articles that only described home care were also excluded. The final sample consisted of 124 newspaper articles.

We conducted a qualitative thematic analysis (Braun and Clarke 2006, 2012). Data was first coded according to type of article: 72 articles reported specifically

on the survey results, 4 focused on questioning the validity of the survey, and 48 used the survey results to support claims about eldercare or other societal topics, or referred to the survey when describing the ‘reality’ of Swedish nursing homes. The analysis was guided by a social constructionist approach to making factual claims (Potter 1996; Couldry 2003), and focused on what claims were made about nursing homes, and how these claims were organised to appear credible or ‘true’. The analysis identified four central messages about nursing home care: most residents are satisfied; nursing homes can and should be compared; results should be explained in a credible way; and nursing homes should use the survey results to improve, and thereby improve their survey score. Regarding the authority of claims, the coding of data resulted in the identification of a few articles that questioned the validity of the survey, and a large number of articles that contained truth-making procedures. In order to appear true, newspaper articles relied on the numbers per se; the use of fact-making words and phrases; nursing home representatives’ confirming reactions to results; and the use of results to support claims about other topics.

### *Instagram pictures*

Paper IV is based on an analysis of 338 Instagram pictures (Table 4), and focuses on what kind of nursing home reality is constructed in the Instagram accounts. The study was part of a research project on nursing homes with specific profiles, why the selected nursing homes are so-called profiled nursing homes. Nursing home profiles can be based on ethnicity, language, religion, interests, or ‘lifestyle’. In one Instagram account the profile was very prominent, while in the other three it was not. The profiles per se were an entry point to the Instagram accounts, but not the focus of the coding and analysis.

**TABLE 4 Instagram pictures (Paper IV).**

<b>Nursing home profile</b>	<b>Mode of operation</b>	<b>Total pictures to March 2017</b>	<b>Date when account started</b>	<b>Total pictures March 2016 – March 2017</b>
Garden & Nature	Municipal	87	September 2014	51
Arts	Municipal	707	May 2014	158
Sports & Spa	Private	300	July 2014	106
Finnish	Private	23	August 2016	23
Total		1117		338

Two criteria were applied in the sampling process: the nursing homes should by their own account have a specific profile, and that the Instagram accounts should be used actively as a means of communication (meaning that the nursing homes posted pictures at least every other month). An initial review of the websites of 15 municipalities across Sweden and a commercial nursing home finder (Seniorval) identified which nursing homes met the criteria. When choosing which Instagram accounts to include in the study, I aimed for variation in modes of operation (municipal or private), size of the municipality, number of nursing home apartments, frequency of Instagram posts, and profiles. Finally, I selected four Instagram accounts which met the sampling criteria and gave breadth to the data.

The data consisted of pictures posted over the course of a year (March 2016 to March 2017). Pictures posted before March 2016 were thus excluded from the sample. In the Arts nursing home's Instagram account, the vast majority of the pictures were of paintings by the residents. Since my interest concerned both activities (such as painting) and how relations and places were presented, only every third picture of a painting was included, whereas all the pictures of people, places, or other activities were included. Videos were not included in the sample.

Most of the pictures had captions, which were analysed in conjunction with the pictures. Initially, a thematic analysis was done to code the data according to who was shown in the photos, how relations between the participants were presented, where they were, and what they were doing. A second coding focused on the general message of the Instagram pictures, looking not only at what was present

in the pictures, but also considering what was *not* on display (see Prior 2003). The analysis was guided by understanding the Instagram accounts as examples of reality construction; the Instagram pictures and captions were understood as products of human activity, which constructed and mediated one version of nursing homes, of those documented, and of the audience (see Gubrium and Holstein 2013; Prior 2003).

## The research process

In this section, I describe the development of the research project. The aim of the dissertation is to examine and analyse publicly displayed images of nursing homes, and how nursing home representatives act and react to them in order to defend and improve organisational reputation. This was however not the initial aim or even scope of the study. The research questions, scope, and aim of the study developed over time, as described below. The research project thus took shape in a dialogue between the empirical data and theoretical concepts and ideas, as proposed by Becker (1998). Such an abductive approach is what Atkinson (2015) defines good research practice; drawing out possible analytical ideas from a cyclical relationship between material and theoretical concepts. It has been my aim not to depend too much on existing theory, but rather let the data I collected guide the development of analytically interesting and fruitful themes. However, I did not aspire to take on the field of nursing homes with a Wittgensteinian ‘Don’t think but look!’ approach (Swedberg 2016), meaning trying to hold off analysis while collecting the data. Rather, I align with Atkinson’s (2015) nuancing claim that it is preferable to approach a field with an open mind, rather than an empty mind. Thus, I have followed Silverman’s (2017) and Braun and Clarke’s (2006) advice to start writing as soon as possible. Data have been analysed thoroughly, but writing and rewriting, presenting, and discussing preliminary findings and conclusions have given me a bird’s-eye view, as suggested by Atkinson (2015), in order to see the bigger picture. In this section, I describe how the research project

developed in terms of how each study or phase of collecting and analysing data led to the broader analytical themes of the dissertation. The section follows the chronology of the process, and is designed to make the research process transparent and point out the active role of the researcher. I aim to explain how I decided on the overall scope and position of the study, how I identified certain themes, and why I chose certain theoretical perspectives and concepts to interpret the empirical findings.

### **The need to stand out in the eldercare market**

I was accepted as a PhD student in a research project about nursing homes with a so-called lifestyle profile, which is why Papers I and IV focus on these types of nursing homes. Paper I was the first article I co-authored, with Magnus Nilsson, Håkan Jönson, and Tove Harnett. In it, nursing home representatives talk about their motives for having a nursing home with a profile. The paper illustrates how a market discourse centred on freedom of choice and brand-building is linked to a traditional discourse of care. By offering specific types of social activities related to lifestyle profiles, the nursing homes can stand out in a market in which they are restricted from competing with price or standards of care, gaining competitive advantages by appearing special and better. An especially interesting finding was that representatives of non-profit municipal nursing homes also used a rhetoric centred on notions of competition and the need for building a strong organisational brand. Thus it seems a market discourse has permeated both private and municipal nursing homes. Nursing home representatives used a 'market rhetoric' when explaining why it was important to offer profiled eldercare. The broad theme of marketisation became my starting point when studying nursing homes. I especially wondered why nursing home representatives talked as if they needed to compete for customers when many municipalities reported a lack of places. Given that legislation inhibited competition based on price or standards of care, I also wondered what function the 'brand' or 'organisational identity' had for competition, and how nursing homes communicated their brand.

## Displaying a fun and active nursing home life

Initially, my idea was to study identity construction in nursing homes with special profiles. In Paper IV, I wanted to analyse if, and how, nursing homes' Instagram representations dealt with the matter of identity – profiles as means to offer individualised care, or profiles as lumping together people with assumed shared traits, such as an interest in gardening or having Finnish heritage. I also wanted to conduct interviews with professionals about how the profiles and consequent identity construction were realised in everyday practices. The idea was to write an article using both Instagram pictures and interview data. As it turned out, this was too much data to fit into one article, and it was difficult to see how the specific profiles related to identity work, as the profile per se was prominent in only one of the Instagram accounts. It seemed as if the Instagram pictures aimed at displaying a fun and active life, regardless of profile. What I found especially interesting was what had been excluded from the depictions online. Any situation that might remind the audience of sickness, death, decline, or even routine care activities was absent. I thus changed focus to investigate why nursing homes, when they display their organisation on public platforms, exclude such essential parts of nursing home life. I interpreted the Instagram pictures as impression management at the intersection between marketing and offering information. The questions were then what impression did these Instagram pictures convey, to whom, and for what purpose, but, even more important, what impression were they trying hard *not* to convey: what idea about nursing homes were the Instagram pictures trying to challenge? I drew the conclusion that the most important message conveyed through the Instagram pictures was that these places were not institutions, and not filled with the ill, dying, helpless, isolated, and bored – conceptions that had traditionally given nursing homes a bleak reputation. This led me to the question of why it was so important to them to convey this image, and to conceal features reminding of an institution, or of decline and death. It seemed as if a shadow of the Poor Law institutions of the past and the disheartening associations with the fourth age lingered in the background; a

backdrop against which new and preferably rosy images of nursing homes were presented. This was the second analytical theme I wanted to build on.

## Reassuring the audience

I then conducted interviews for Paper V. I was interested in the intended audience of online representations which displayed a fun, active, and sociable life, and especially why institutional features or care situations were absent. After the first few interviews, it became clear the target group for online representations was the relatives (usually adult children) of users or prospective users. Interviewees claimed that relatives wanted to see activities, ‘what is fun’, to make sure that their mother or father would not end up alone and passive in a nursing home. The very reason for having Instagram or Facebook accounts was framed by some as marketing targeting relatives of prospective residents. The information on websites, too, was assumed to be inaccessible to older people due to lack of computer or smartphone experience or knowledge, and primarily targeted relatives. I interpreted these findings as market logics of consumer choice and competition pervading the nursing homes’ online representation practices. Furthermore, it was not the users themselves, but relatives, who were framed as the ‘real’ customers: a finding which initiated a discussion about the relatives’ role in the eldercare context. I interpreted this as part of the marketisation theme, focusing on potential problems with realising ideals of individualised care and freedom of choice. From these interviews came the overarching theme of organisational image or *reputation*, meaning how the public and/or important external actors perceive the organisation, and how nursing homes manage their reputation. Initially, I thought of the online representations as impression management. However, when the marketisation theme became even clearer, I thought of impression as a resource in the eldercare market. Organisational reputation is a collective perception that builds over time, and a bad reputation cannot easily be shaken off. In a market, a good reputation is supposed to be a competitive resource and give the organisation an advantage. It seemed as if the online representation practices in the eldercare market, the target group, and the selection of what to put on display were chosen in order for nursing

homes to create such a symbolic resource and so strengthen their market position. Lastly, the findings of the study suggested that the nursing homes were sensitive to their surrounding's perception of them, which was why they tried to publish images which would yield a favourable assessment. The expectations of relatives had to be addressed, either by granting their wishes (such as offering more activities) or by catering to their emotional needs and reassuring them that care users were satisfied. A neo-institutional perspective, which would fit well with the theories of organisational image, thus seemed like a viable theoretical framework for the study.

### **Audits and measurements as reputational risk**

Several interviewees had mentioned the National Board of Health and Welfare user survey as another source of information for relatives, politicians, the media, and the public. I figured that managing reputation might be harder when someone else, such as the National Board of Health and Welfare, is in charge of quantifying and measuring the traits of nursing home life. Therefore, the interviews for Paper III focused on what meaning nursing home representatives ascribed to the survey, its results, and the rankings and comparisons that followed the results being published. Interviewees claimed that the measurement results were important, not always because they were regarded as true, but because other people, such as politicians, senior managers, and relatives, believed them to be true. Results also gained a great deal of media attention, which helped spread these 'facts' to a wider audience. Furthermore, interviewees agreed that usually relatives filled out the questionnaire. As with the online representations, when communicating good care the target group was not care users but their relatives, bringing to the fore the question of who exactly is the customer in the eldercare market. The 'name and shame' logic, should nursing homes score low in the rankings, prompted nursing homes to act to improve next year's results. This built on my conclusions from Paper V, that the efforts taken to display success in the form of good measurement results influenced how nursing home care was



arranged and provided, or brought an extra workload when trying to improve quality on paper and in practice.

## Rankings in the mass media

In the interviews about the user survey, most interviewees said that the measurement results attracted a lot of media attention, and the media spread the ratings and rankings to people outside the primary eldercare context. The role of the media was described as influential, both as a mediator of information but also as a social actor with its own agenda. Media representations, it was said, mostly focused on the negative aspects. Part of the reason it was so important to get good grades was to avoid being publicly shamed and exposed in the media. I therefore decided that the concept of *mediatisation* would be a useful interpretative framework for understanding the empirical data. Thus in Paper II my aim was to investigate newspapers reporting on the measurement results. The findings of the study suggested that the measurement results were framed as facts in the newspaper articles, which concentrated on comparing and ranking units or municipalities, and on asking nursing home representatives to explain their results and, if they were not very good, what should be done to fix the problem. I assumed the media coverage would increase organisations' willingness to let measurement results guide the arrangement and provision of care – come next year's measurement they would yet again be held accountable for the results – but it transpired that the majority of newspapers did not focus on what was lacking. On the contrary, the dominant newspaper narrative was that nursing home residents were satisfied.

## Methodological and ethical reflections

The premise of a constructionist study, according to Gubrium and Holstein (2013:3), is that 'the world we live in and our place in it are not simply and evidently "there" [but] participants actively construct the world'. This study

examines images of nursing homes, what versions of nursing home reality they construct, and nursing homes' attempts to manage or react to such fact construction in relation to its effect on organisational reputation. Constructionist studies may direct attention to how reality is accomplished and negotiated on various levels, from symbolic interactionist studies on the micro level to studies of collective representations and discursive structures of social construction projects (Gubrium and Holstein 2013). This study falls into the latter category, focusing on what facts about nursing homes are constructed and mediated through mass and social media, and how nursing homes representatives talk about the logics and responses to reality construction. This reality construction project is contextual in that the societal undercurrents make some claims and interpretative repertoires more viable and 'logical' than others. As seen, the cultural and historical context of nursing homes interplays with the general understanding, or cultural representation, of nursing homes; images of institutions and old age merge and form a backdrop to the construction of the reality of contemporary nursing homes. The contemporary organisation of Swedish eldercare, in addition to seemingly inescapable trends of marketisation, auditing, and mediatisation, make some ways of making claims about nursing homes possible, but rule out others.

One way to study the cultural and social aspects of being old is to use texts and pictures which portray old people and the lives they live, assuming such texts and visual images contribute to the social construction of the phenomenon. Texts and pictures can both sustain and reproduce the standard understanding of the phenomenon, and transform it (Ylänne 2012). Like DeVault (2014), Linders (2013), and Bryman (2011:488), I define 'documents' broadly, including text, pictures, and numbers. Contrary to interview talk which produces context-dependent data, the contents of documents is fixed and replicable. This is not to say that the researcher should let documents speak for themselves; rather, a constructionist analysis requires the researcher to 'make the documents speak' (Linders 2013). Prior (2016) claims there is considerable benefit to regarding documents as more than mere containers of content (see also Jacobsson 2016; DeVault 2014). Questions addressed to documents should focus both on what

the documents convey and how they convey it (Prior 2016; see Gubrium and Holstein 2013). My choice of theoretical framework, selection of analytical themes, and overall understanding of which were the most important questions to ask when analysing the documents have of course had an impact on what the documents finally did 'say'. A reading and analysis of documents, according to Prior (2016, 2003), should not set out to discern the subjective views or understandings of the texts' author or authors. The authors are better understood as a function, not as 'actual' persons whose experiences and individual meaning we should try to capture and analyse. Rather, the analysis should focus on examining what view of the world is conveyed in the documents, and to discern the systems of production that preceded the finished product, since such systems are regulated by surrounding norms and expectations. By placing the documents in a wider context of historical and contemporary understandings of what kinds of places nursing homes are, my ambition has been to understand the normative systems of production and their relation to the nursing homes' institutional environment.

Documents are not isolated objects but collective products, and should be analysed in relation to a wider social context, focusing on their function and use (Prior 2003). Prior (2016) proposes that research about documents should not only use documents as a source of data. To connect the document to the surrounding world, other data such as interviews and observations will prove helpful. Studying documents in use, with an ethnographic approach, would have yielded insight into document use, production, and consumption; however, it turned out to be challenging, since the practices I was interested in took place spontaneously and at various sites. Jacobsson (2016) recommends that in such cases it is better to conduct interviews where the document and documentation practices serve as a point of departure, to generate talk about the document, how it is used, and what it accomplishes in the organisational context. The methods of qualitative document analysis and qualitative interviews were thus interwoven: in all the interviews I used documents to access talk about content and function, browsing with the interviewee through social media accounts, folders,

questionnaires and websites. Such material generated knowledge about the discourses which the documents were part of or invoked, the logics of production, the stated purpose of the documents, and ideas about the intended audience.

When analysing documents, a constructionist approach allows the researcher to take a relatively active part in interviews. Since the assumption is that reality is not inevitably just ‘there’ – and even if it was, we could not obtain objective and true knowledge about it through our subjective and culturally coloured lens – there is more to interviews than just asking questions and getting facts about reality in return (see Holstein and Gubrium 1995; Potter 1996). Gubrium and Holstein (2013, also 1995) define the *whats* as the content or the meaning being produced, and the *hows* as the narrative and interactional processes of knowledge production in the interview situation. The interviewee gives accounts and performances from different identities or categories, using different ‘voices’ when speaking from different positions (Silverman 2010). With an active approach, I have regarded the interviews more as conversations than quests for truth (see Jacobsson and Åkerström 2013).

The study was reviewed and approved by the Regional Ethical Review Board in Lund, Sweden (reference 2015/864), and was conducted in accordance with Swedish ethical guidelines for research. In practice, this meant I informed all participants about the purpose of the study, that participation was voluntary and consent could be withheld even after participation, what the data would be used for, and that participation would be confidential and that any information that could identify the participant of the nursing home would be changed or deleted. Pseudonyms have been used throughout the dissertation to protect the anonymity of participants. One interviewee withdrew her consent after the interview and this data was removed from the dataset. In one case, the caption to an Instagram picture had the name of a resident, which I changed before publication. All interviews were recorded and transcribed verbatim. Quotations have been translated from Swedish to English. For the study of the Instagram accounts, I obtained permission to use and publish the Instagram pictures from the four nursing home managers responsible for the accounts. All but one allowed the

unrestricted use of their pictures, while the fourth withheld permission for pictures of residents who had died. The Instagram pictures only portrayed residents who had consented to being in the picture and having the pictures publicly posted on Instagram, and in theory available to all Instagram users.

Two ethical aspects of the study have been closely considered. First, I felt the use of Instagram pictures of nursing home residents was a potential ethical dilemma. In the case of the study of nursing homes' Instagram presentations (Paper IV), my objective was to illustrate internally produced publicly displayed images of nursing homes by using nursing homes' Instagram pictures. This meant that I did not want to exclude certain types of pictures, such as those portraying residents, as many of the Instagram pictures in the dataset were of this kind. However, even though residents had consented to being in the pictures and having them posted online, interviewees in charge of nursing homes' social media accounts talked about the problematic aspects of such consent. Nursing home representatives claimed that many residents did not know what social media was, and thus might not be fully aware of what they were consenting to, and why the actual meaning of consent was debatable. I based my decision to use pictures showing residents on the fact that residents had given their consent to the nursing homes, that the nursing homes allowed me to use the pictures, and, crucially, that once pictures are posted online they are available to anyone with Internet access.

A second ethical and methodological consideration was my approach in the interviews with nursing home representatives. As described above, I chose to take an active part in the interviews and considered them more as conversations than simply asking questions and getting answers in return. This involved asking leading questions such as 'Does this have anything to do with reputation?' when talking about nursing homes' online representations, suggesting frameworks for understanding a phenomenon such as asking if it could be the case that people usually believe more in numbers than in words, or questioning interviewees' claims such as saying that a measurement result did not represent care users, when interviewees claimed that it did. From my perspective, such a stance is based on curiosity about the phenomenon being investigated. However, I do believe that

what from my perspective were expressions of curiosity might sometimes have been thought as my questioning the perspective of the interviewee, which in my experience led some interviewees to defend or justify their standpoints rather than reason about different ways of understanding the phenomenon.

## Methodological pitfalls

There are methodological problems, of course. Questions have been raised regarding what kind of knowledge we can access through interviews: if they say anything about what happens in contexts outside of the interview, how to deal with interviews' co-constructive character, and if level of reactivity is too high for data to be useful for analytical purposes (Hammersley 2014). Should the interview, as a site where performances take place, be understood as a situation where the interviewee's accounts are addressed to an audience (the interviewer) in a manner which displays a desirable self (Riessman 2014)? And if so, do interview data say anything useful about what is 'really' going on, or is it merely impression management? As proposed by Riessman (2014), the analysis of personal accounts has focused on how the narratives are tied to broader discourses, since as Riessman says, personal narratives are permeated with the social. I too would argue that interview data say a great deal about the wider social context. Rather than trying to decide if statements correspond to the truth, I align with Silverman's (2010) claim that a constructionist analysis should focus on viewing interview talk as rhetoric, by which the interviewee tries to convey a certain understanding of a phenomenon and/or themselves. When interviewees, for example, talked about actually putting in a great deal of effort to improve nursing home care, I cannot confirm this actually happened, but the fact that they stress the effort to improve care conveys that it is desirable and important to do so. Such an account thus says something about their awareness of the norms and expectations of nursing home care – improvement is understood as good and necessary. I have devoted particular attention to what the interviewees did with their words. They explained, accused, excused, justified, argued, defended, or accounted. Interpreting verbal acts as accounts, excuses (Scott and Lyman 1968), or vocabularies of motive (Mills 1940)

connects the situated interview talk to the social context, because it reveals the systems of norms and discourses surrounding and framing it.

Another problem concerns my perspective of nursing homes' online content as strategic reputation management, and my assumption that what happens on social media has implications for eldercare organisations. I have been asked if this is not simply the way social media works – portraying things as better than they are. While it might be the case that social media portrayals are examples of goal-oriented impression management (Smith and Sandersson 2015), what matters here is how such impression management is conducted: what is supposed to appeal to the intended audience, and what should be concealed. The selection of what to put on display extends beyond the realm of social media, because it reflects the senders' beliefs about the receivers' expectations and requirements.

Since this is a study of images of nursing homes – normative perceptions of what kinds of places they are, what they do, and what they should be doing – I have considered what picture I too am painting of these settings and the people who work there, and the organisational outsiders making demands on the organisations. Any study of reputation management raises the question of at whose expense a good reputation is created wherever the internal and external demands are inconsistent. The theoretical perspective of the study might risk enhancing a dichotomous understanding of organisations as either too strategic, near manipulative in the quest of a good reputation, or as passive recipients of external pressure, forced to adhere to outsiders' demands. Studies of organisational perception and the management of reputational risks can focus on the external pressure, and less on the agency and discretion of organisations regarding how they cultivate and make use of the landscape in which they exist. I do not claim that organisations are powerless in the face of outsiders' demands and expectations, or that the logics for reputation management override other types of organisational logics. Rather, it has been my ambition to write in such a way that the dynamic relationship between the organisations and the institutional environment is in focus.

## 5. Summary of the studies

### Paper I. Nursing homes with lifestyle profiles – part of the marketisation of Swedish eldercare

*Magnus Nilsson, Håkan Jönson, Elisabeth Carlstedt and Tove Harnett*

#### **Aim and research questions**

Paper I investigates the occurrence of lifestyle profiles in Swedish nursing homes. The aim of the study is to investigate how the emergence of nursing homes with lifestyle profiles relates to the marketisation discourse of eldercare. Based on an analysis of 18 qualitative interviews with nursing home representatives, the study explores how the justifications for lifestyle profiles ‘fit’ both with the marketisation discourse and with what we term the ‘traditional’ care discourse, as stated in the Swedish Social Services Act and in theories of care work.

#### **Results**

Two discourses of care were present in the data: a traditional care discourse centred on ‘needs’; and a market discourse centred on ‘freedom of choice’. The discourses were not mutually exclusive; rather, the market discourse elaborated on the traditional care discourse in a way which slightly modified the meaning of core concepts. This enabled talk about freedom of choice, brand-building, and competition in ways impossible in the traditional care discourse. For instance, wellbeing was in the traditional care discourse defined as having your needs



understood and met, whereas in the market discourse it was framed as allowing prospective care users to choose from a multitude of care providers.

Talk about freedom of choice was linked to the Social Services Act in such a way as to show that marketisation was the next logical step in the established discourse of eldercare. In the market discourse, the traditional subject positions of care provider and care recipient were transformed into care provider and consumer. This reframing of the role of the user meant that something was expected of the user: to act as a customer. For user satisfaction, customers needed to be well informed so they could make the right choice, and the organisation of eldercare had to allow customers to choose. To attract the 'right' customers, the nursing homes needed to have distinct identities or brands, and successfully communicate their brand to prospective care users. In the traditional care discourse, care quality was not a matter of rivalry, but rather of eldercare as a whole offering care which corresponded to the intentions of the Social Services Act. When interviewees drew on the market discourse, quality was said to be the result of competition and popularity was equated with good quality. Excelling in the eldercare user survey was one way to demonstrate quality and uniqueness, since it symbolised that the nursing home was better compared to other nursing homes. Another way to communicate a strong image or brand to the public. This was accomplished for instance by organising marketing days. By building and displaying a strong brand, nursing homes could differentiate themselves from other care providers. The image of the nursing home was framed as a competitive resource that needed to be cultivated and controlled.

## Conclusions

Despite a well-established market discourse being evident in the data, the actual organisation of eldercare does not permit users to choose freely on an eldercare market. Thus, the paper suggests that the reason for a nursing home to have a lifestyle profile might be to solve other prominent issues. Profiles were framed as part of developing eldercare, which resonates with deep-rooted ideas of nursing

homes being places that need development and improvement. Lifestyle profiles might be a means to improve the general image of nursing homes. The market discourse elaborated on the traditional discourse of care in a way that suggested competition and customer choice were inevitable aspects of the future of eldercare, and a growing number of nursing homes with lifestyle profiles might push for a continuous marketisation of eldercare. Nursing home representatives stressed the need to differentiate themselves and to stand out in the eldercare market by creating a strong organisational brand or identity.

## Paper II. Amazing numbers and bottom rankings: The reporting of nursing home resident user surveys in the press

*Elisabeth Carlstedt and Håkan Jönson*

### **Aim and research questions**

Paper II investigates descriptions of nursing homes in newspaper articles about the National Board of Health and Welfare's annual user survey. The survey is distributed to all eldercare users in Sweden and aims to measure user satisfaction. Its results are reported in hundreds of newspaper articles every year. For this study, a qualitative thematic analysis of 124 newspaper articles was conducted. Two questions concerning services and truth are of particular interest in the analysis. What is the impression of nursing home care communicated in the newspaper articles? Are the survey results questioned, or are they treated as hard facts about care users' perceptions and the actual quality of arrangements? A third question concerns the potential impact of such press coverage on the nursing homes' reputation management, where neo-institutional theory – which suggests that human service organisations are open, sensitive systems in interplay with their surroundings – will be applied.

### **Results**

The analysis of the dataset identifies four themes about nursing home care.

(i) *Most residents are satisfied.* While articles reporting the results usually mentioned both areas where care units had got good results, and areas where they had got bad results, the overall message was that nursing home residents were satisfied with the care they received; the total satisfaction rate was 81 per cent according to the 2018 survey, as communicated in several articles.

(ii) *Nursing homes can and should be compared using numbers.* The National Board of Health and Welfare states on its website that the survey exists to enable comparisons and evaluations of care activity results, and this was also the case in the newspaper reports. Typically, the newspaper articles offered one or more of four kinds of comparison: between nursing homes, municipalities, or regions; between different aspects of the survey; between nursing home care and home care; and over time. Survey result figures were used to clarify and pinpoint which care units had better or worse user satisfaction.

(iii) *Results should be explained in a credible way.* In 53 of the 72 newspaper articles, eldercare representatives such as politicians, managers, or members of staff were reported commenting on the survey results, usually to explain them. Good results were explained by staff performance, by nursing homes being home-like rather than having an institutional character, or by there being plenty of social activities on offer. Bad results were usually explained by external factors beyond the control of the nursing home, such as financial problems and cutbacks; problems finding staff with the right training or skills; or that eligibility criteria had become stricter, meaning that residents were increasingly frail and therefore less likely to participate in activities. The explanations signalled there was a causal link between the way care was organised and the survey results.

(iv) *Nursing homes should use the survey results to improve, and so improve their survey score.* Eldercare representatives were quoted commenting on how they planned to improve care where they had received bad grades. Bad grades were framed as equivalent to low user satisfaction, and hence bad care quality, which needed to be improved using the survey results as a guideline. But improvement was also stressed where nursing homes had good results. Comments from eldercare representatives signalled that the quest for improvement was key, and the survey results were framed as authoritative numbers that alerted the organisation to the fact there was a problem that should be attended to. Eldercare was not framed as static, but rather as guided by an ambition to push for better results, using evidence-based tools.

The second part of the analysis focused on the newspaper articles' truth-making rhetoric. With a few minor exceptions questioning the validity of the survey results, the totality of the data signalled that the results correctly mirrored the perception of users, and this in turn mirrored nursing home care quality. Four types of truth-making activities were identified in the data.

(i) *References to numbers.* Numbers, according to Best (2001), are often considered indisputable and equated with 'facts', and this was also the message in the newspaper articles. The survey numbers were not described as the outcome of a necessarily subjective survey process, but rather as accurate reflections of what users actually thought about the nursing homes. Numbers were used to compare care units, thus framing them as better or worse than other units.

(ii) *The use of fact-making words and phrases.* The newspaper articles referred to the numbers generated by the survey as the users' 'ranking', 'perception', or 'opinion'. The articles' presentation of the results was worded with equal confidence – 'numbers *show* that', 'the yearly investigation *demonstrates* that', 'according to the user survey, residents *think* that' – using a rhetoric that reified the product of the survey, separating it from the more uncertain process of production, and creating ostensibly solid, factual accounts of conditions in nursing homes (see Potter 1996).

(iii) *Reactions to results.* Most of the newspaper articles included quotations from eldercare representatives, keen to justify the results or to explain that they would be the basis for organisational improvements. Explanations seemed to suggest there had to be logical, practical reasons why nursing homes or municipalities had scored as they had. Such rationalisations established causality between organisational factors and survey results.

(iv) *The use of results to back up claims.* In some newspaper articles, survey numbers were used as 'facts' to make claims about a wide range of issues. For example, when discussing privatisation and for-profit care providers, numbers were used as proof that either private or municipal nursing homes were 'better' and therefore

the preferable option. While claims about privatisation were framed as ideologically based opinions, numbers were framed as representing reality.

## **Conclusions**

The validity of results is constructed by a number of truth-making activities in the media, partly by nursing home representatives' comments in which they display faith in the survey's validity, claiming they will use its results as guidelines for action and improvement. The study concludes this might be a case of demonstrating a continuous quest for success and receptiveness to users' opinions, signalling adherence to institutional expectations. Simultaneously, comments confirming the validity of the results reproduce the institutional surroundings, which nursing homes then need to relate to and manage in order to induce confidence and legitimacy.

## Paper III. Ratings, rankings and managing numbers – professionals’ perspectives on user surveys in Swedish nursing home care.

*Elisabeth Carlstedt*

### **Aim and research questions**

Paper III examines professionals’ talk about the annual eldercare user survey, carried out by the National Board of Health and Welfare. The survey is distributed to all eldercare users in Sweden, and according to the authorities provides useful information about users’ perceptions of eldercare and what needs to be changed and improved in the organisations. A qualitative analysis of 24 interviews with nursing home representatives focuses on their approaches to the survey. What meaning is attributed to the knowledge produced by the survey, and by the rankings, in relation to the quality of care? How are results received and how do practitioners act on them? What are the rationales justifying action in response to the survey?

### **Results**

The overall narrative of the user survey was characterised by scepticism about the validity of its results, since it was more often relatives who filled out the survey than care users. Even so, results were said to initiate organisational improvements, under external pressure to demonstrate quality through good grades. The importance attributed to the survey was thus not because nursing home representatives believed its information was valid, but rather because they assumed that ‘others’ – relatives, senior managers, politicians, and the media –believe the survey numbers accurately mirror nursing home care quality.

Talk about the measurement tool usually focused on perceived problems rendering an incorrect survey result. Primarily, the problems referred to relatives filling out the form despite little knowledge of the eldercare users' experience. Supposedly, relatives did not know about day-to-day activities, so they could not fill out the questionnaire correctly. Interviewees felt the low response rate, usually between 40 and 60 per cent, would result in survey numbers that did not represent the totality of residents, and in some cases it was assumed that those who were not satisfied with the nursing home were more likely to fill out the questionnaire, skewing results. That the survey was distributed once a year was also framed as a problem, since it would be difficult for respondents to remember and accurately summarise the previous year's experiences. The flaws of the measurement instrument meant the majority of the interviewees were sceptical about the validity of the results. In some cases, interviewees argued that poor results indicated that 'something' was wrong, such as relatives, being the ones who in reality filled out the survey, feeling excluded from the care context, or that relatives had not been informed about what was going on in the nursing home. A few of the interviewees argued that results were a credible reflection of nursing home care quality, despite identifying flaws and problems in the way user perception was measured.

In line with the logic of the measurement, low results initiated work to correct organisational flaws. All interviewees emphasised the importance of doing something with and about the results, especially if grades were low. In order to improve results, organisations needed to identify the problem and its cause, and come up with a suitable solution. However, many interviewees argued that even when problems had been fixed, results did not improve; sometimes, results even deteriorated despite a lot of effort in improving the situation. Besides changing the care arrangements, it was vital that relatives, being the ones filling out the form, were informed about what was happening in the nursing home. Improved results would be achieved by making relatives feel included and reassured.

Regardless of whether or not the interviewees themselves claimed that the results were reliable, all the interviewees argued that the statistics were believed to be a



reliable source of information to others – primarily politicians and senior managers, but also relatives, the media, and the general public. Since external stakeholders regarded the survey results as legitimate, low rankings would affect outsiders' assessment of the facility, and possibly lead to a damaged reputation and fewer customers.

Low rankings and poor results would make others think that the nursing home care quality was unsatisfactory, which was linked to feelings of being exposed and shamed. The feelings invoked by the rankings were not linked to a fear of 'bad quality' per se, since interviewees expressed doubt about the accuracy of the measurement results, but rather to being *viewed* as a poor-quality nursing home.

## Conclusions

The study shows that professionals' approaches to the validity and usefulness of the user survey results are overridden by how they believe 'others', such as politicians, senior managers, the media, or the public, think about the results. Interviewees' scepticism about the results were based on perceived problems with the survey and how it was carried out, primarily because it was usually residents' relatives who filled out the forms, so that survey results thus reflected relatives' perceptions. In order to avoid low rankings and a poor reputation, interviewees argued for the importance of complying with the truth claims of the results, and thus took measures to adjust care arrangements to get better scores in coming surveys. The survey assigns relatives the role of evaluators of the quality of nursing home care, and because the rankings are made public the relatives' perception can influence a general perception of nursing home quality.

# Paper IV. A fun, active and sociable life on display – nursing home presentations on Instagram

*Elisabeth Carlstedt*

## **Aim and research questions**

Paper IV examines pictures posted on nursing homes' Instagram accounts. Based on an analysis on 338 pictures from four accounts, the study examines how nursing homes present themselves in their Instagram accounts, and what kind of life they say they make possible. What kind of reality is on display? How is that reality constructed using pictures and captions? And, crucially, what is excluded?

## **Results**

The analysis identifies four main themes in the ways the nursing homes presented themselves and the life they made possible: *(i)* an active and sociable life, *(ii)* a normal life, *(iii)* a life that is more than before, and *(iv)* a life in interaction with society.

*(i) Life is active and sociable.* The basis for nursing home life, as presented on Instagram, is that it is active and sociable. All but a very few pictures display residents participating in some form of organised activity. On Instagram, the role of being a nursing home resident is portrayed as involved in fun activities, often with others, and to be active, sociable, and content with life. Similarly, many of the pictures are of staff and residents joining in such activities together, and relations were depicted as being informal and friendly rather than formal and institutional. The captions assigned residents with positive feelings, opinions, and experiences – they were described as happy, having fun, enjoying themselves, having a wonderful time, or 'beaming as bright as the sun'.

*(ii) Life is normal.* Normality is displayed in all the Instagram accounts, as residents are depicted celebrating holidays and other significant days with all the

typical props, going to the beach in the summer, or enjoying the autumn sun. Together, the pictures create an impression that nursing home residents are living lives much like people in general do. On Instagram, nursing homes are places that do not hinder normal life.

(iii) *Life is more than before.* While life is depicted in line with normality, nursing home life is simultaneously portrayed as being more special and luxurious than it is for most people. These pictures seem not to aim to convey homeliness, neither do they signal institutional life. Instead, they give the impression there is always something to celebrate; fun or special moments are scattered throughout daily life in the nursing homes.

(iv) *Life in interaction with society.* Contrary to images of a passive and isolated nursing home life, the Instagram pictures depict life in the facility as mobile and in interaction with its surroundings. This is portrayed in pictures of residents going to the beach in the summer, going to cafés, going on excursions to art exhibitions or museums, or pictures of members of the public visiting the nursing home, such as art collaborations between residents and art students.

## Conclusions

The study shows that Instagram representations of nursing home life are washed clean of every element that might remind the audience of it being an institution-like facility and of negative images of old age. The portrayals must be considered both strategic, intended to reframe and challenge the traditional image of nursing homes, and successful – only a few minor exceptions constitute cracks in the otherwise solid fact construction. While such representations might counter ageist ideas, they simultaneously risk concealing the realities of nursing home life, making the stigma of the fourth age even more apparent.

## Paper V. Online representations of nursing-home life in Sweden: Perspectives from staff on content, purpose, and audience

*Elisabeth Carlstedt and Håkan Jönson*

### **Aim and research questions**

Paper V examines how social media and other types of online representations of nursing homes are described by staff. In the study, fourteen members of staff in Swedish nursing homes were interviewed about the form and content of their organisations' online representations, and the logic that determined what they put online and what was excluded. The research question focuses on the findings from the interviews and subsequent data analysis: all interviewees described relatives as the intended audience, regardless of the online forum (website, Facebook, Instagram, or blog). This finding is noticeable, since official guidelines on the role of relatives state that relatives may support, advise, and even persuade users to apply for a placement, but they have no legal right to act on behalf of the individual. Despite the fact that many eldercare users have cognitive impairments such as dementia, their right to self-determination should be ensured. To acknowledge that relatives are the 'customers' in a 'consumer' welfare system by directing marketing specifically at them could be considered a breach of Swedish official policy. The aim of the study is thus to investigate nursing homes' online representations as a practice that targets residents' relatives. What are the motives for the choice of audience and the content of the representations? How is the breach with official policy accounted for? What images of older people and nursing home life are produced by these online practices?

## Results

In the discussion of the motives behind online representation practices, two vocabularies were central: (i) online representations were a case of marketing, and (ii) online representations were a case of assurance.

*Representations as marketing.* A marketing discourse was evident from the interviews, developed in the descriptions of online representations as a way for nursing homes to improve their public image and attract new residents. All interviewees framed the residents' relatives as the target group for the online representations. Relatives were described as proxy customers, who looked up information about the nursing homes and contacted them on behalf of the prospective care user. Initially, none of the interviewees problematised the targeting of adult children rather than prospective residents. When the interviewer referred to the potential violation of official policy, a number of accounts were presented. Old people were assumed not to be able to browse through information about different nursing homes, or they could not access online information because they did not know how to use computers and smartphones. Website content was said to provide practical information about the nursing home, and often a selection of results from annual user surveys to give prospective customers a sense of residents' overall satisfaction. Social media were used to display 'what it's like here day-to-day', with content focusing on displaying what was 'fun', illustrated by residents participating in social activities. One issue of particular interest was whether representations were described as mirroring images of nursing home life, and several interviewees were open about the fact that nursing home life as portrayed online was not nursing home life in its totality. That content should focus on 'fun' and social activities was explained by the requirement to satisfy relatives' emotionally charged needs. The demand for reassuring messages was attributed to the general image of nursing homes as sites associated with imminent threats of passivity, loss, and boredom, and relatives' worry or fear that their parent would end up 'sitting in a chair'. According to several interviewees, successful marketing led to a steady flow of new residents by attracting new customers. Thus nursing homes' online representations were used

for marketing purposes to broadcast that the nursing home existed and what activities it offered.

*Representations as reassurance.* The vocabularies used to justify the nursing homes' online representations in relation to nursing home life post-admission differed to some extent from representations as marketing, because they focused primarily on mediating accountability and assurances. All interviewees claimed that care activities rarely were depicted when portraying everyday life at the nursing home, nor was death and mourning. When asked why, the overall impression was that interviewees had not reflected on the possibility of showing more than social activities. Displaying only social activities seemed to be the easiest way of avoiding the risk of portraying unethical situations, while still catering to their target audience.

Instagram was for displaying the good parts of the nursing home, and that meant its activities. The representations provided relatives with evidence that their parents had a good, meaningful life in the nursing home when they were not present. In some cases interviewees claimed that online representations gave relatives unrealistic expectations on the kind of life their parents would live in the facility. Relatives' demands for activities were described as pressuring staff, when residents had little interest or energy to participate in activities, and staff or managers then had to lower relatives' expectations. However, interviewees also acknowledged that their nursing home tried to comply with requests from relatives even when that was at variance with the perceived needs of the residents. The importance of getting on well with relatives and catering to their needs and requests was partly explained by the argument that satisfied customers would ensure the nursing home had a good reputation. While interviewees expressed mixed feelings about adhering to demands from relatives to arrange social activities, this ambiguity was never present in relation to online representations. Showing social activities was the right thing to do, according to the interviewees, since it met relatives' demands and needs, even when those needs were described as egocentric.

## Conclusions

Online representations were adjusted to cater to the emotionally charged needs of relatives, thus exuding trustworthiness and legitimacy while helping to fend off criticism and avoid accusations. The line between what was on display and what interviewees perceived as everyday nursing home life was blurred, and the ‘reality’ of the online representations did have consequences for the organisation and practice of care in the nursing homes. In order to elicit a positive assessment from relatives, time and resources were spent arranging and displaying social activities, even when residents themselves did not ask for more activities. There is a risk that nursing homes will be too strategic in their use of social media, and that important aspects of life in nursing homes may be unacknowledged or concealed.

## 6. Concluding discussion

In this final chapter, I briefly return to the background to nursing home reputation management practices (described in Chapters 1 and 2 on negative perceptions of nursing homes) and the research questions, before discussing how new conditions in the landscape of Swedish eldercare has brought new logics, with implications for nursing home reputation management. I finally present an outline of a typology of the organisational adaption to the new logics in relation to reputation management, and theorise the implications of such styles of adaption.

### The backdrop: Nursing homes as abject places

Reputation management should be understood as a response to the way organisational insiders believe the organisational outsiders view them, and how internally produced images, and reactions to externally produced images, correspond to stated and perceived external assessments and expectations. Organisational awareness of assumptions about reputation is thus the backdrop when an organisation works on its image. In the public debate, images of nursing homes have typically been gloomy or idyllic. The gloomy images, however, predominate. When nursing homes are to manage their image, they must relate to these generally accepted ways of describing nursing homes. The people I interviewed were convinced that nursing homes are perceived as problematic places where life is characterised by passivity, isolation, and loss. The negative image of nursing homes has produced a suspicious, critical, and demanding audience. Compared to other longstanding institutions such as universities or



hospitals, nursing homes struggle to produce the evidence that will convince their audience of their success. Universities, for example, can point to research citations, international collaborations, the number of publications or even the number of alumni awarded a Nobel Prize, as proof of their excellence, and hospitals can claim success by referring to successful treatments. Nursing home care is characterised by the inevitable decline of the care user and will eventually end in their death. Nursing homes should thus be considered particularly sensitive to the external pressure to appear in a favourable light and win the public's trust and goodwill, while the traditionally negative organisational image makes reputation management difficult. The interviewees' rather defensive rhetoric indicated a feeling of being under attack, constantly scrutinised, and at risk of criticism and accusations. Their awareness of a generally poor reputation and problems demonstrating success was thus the starting point for reputation management. This understandably made reputation management seem an uphill struggle, as it requires organisations to follow certain rules or adhere to certain logics to increase their chances of success.

## Findings

In the following section, I answer the research questions of the dissertation.

### **What kinds of images of nursing homes are constructed in the mass media and social media?**

The findings in Paper II showed that print media reports on nursing home quality as measured in the nationwide eldercare user survey were predominantly positive. Despite a number of alarmist headlines, such as 'Bottom ranking for eldercare in [municipality]', one of the messages conveyed was that the majority of nursing home residents were satisfied with the care they received. This means that the totality of the newspaper articles did not reflect dichotomous descriptions of nursing homes as *either* disastrous *or* idyllic. However, the need for continuous

improvements was implied as good measurement results were not enough. The comparative aspect of the measurement was brought to the fore in the newspaper articles by ranking and comparing units or geographical areas to one another, implying they had to be *better* than others. Nursing home representatives had been asked to comment on low scores, and such comments were usually centred on explanations as to why the nursing home had not scored higher in the rankings. Explanations of why results were low were usually followed by comments about the nursing home's plans to tackle the poor results and improve nursing home care to satisfy residents. Thus, nursing homes were constructed as places with good quality care overall and a high percentage of satisfied residents, but also as places competing to offer the *best* quality. The newspaper articles signalled that nursing homes should be receptive to user's perceptions, and that user experience should guide the organisation of nursing home care, lest the nursing homes wanted to risk being publicly shamed. Nursing home representatives' comments supported this claim, and their explanations and promises of improvement indicated that nursing homes are accountable organisations. The rhetoric implied that their use of numbers produced in a scientific and unbiased manner signalled they are rational organisations which rely on facts (facts said to reflect care users' perceptions) in order to improve quality. Thus, this type of mass media descriptions conveys the image that nursing home residents are mostly satisfied, and that nursing homes are rational, receptive, and in the endless pursuit of excellence, albeit in need of control and scrutiny. A few critical, sceptical, or blaming voices were heard in the dataset, but they were drowned out by the dominant narrative of accountability, transparency, and potential improvement.

Compared to the mass media images of nursing homes, the social media self-presentations did not convey the need for external control or single out organisational aspects in need of improvement. The findings in Paper IV showed that on social media, nursing homes present themselves neither as institutions nor as the supposed opposite, homelike settings. Nursing homes are constructed as places where life is active and sociable; not only normal but, more than that, positively luxurious; where life is more than it was before; where it is possible to

live a life in interaction with society. The overall majority of the images showed nursing home residents involved in some type of activity, usually with other residents or staff. The totality of the nursing homes' self-presentations signal that they are places which correspond to normative expectations of activity and a meaningful life. Nursing home life is constructed as a matter of improving rather than merely sustaining residents' lives, and nursing homes as places filled with the promise of more, and better.

### **What have marketisation, audits, and mediatisation meant for nursing homes' reputation management practices?**

The findings of Paper I, III, and V suggest that increased marketisation, auditing, and mediatisation have brought an increased organisational awareness of the necessity of managing reputation. Since reputation lies in the eyes of the beholder, this means that reputation management is largely a matter of managing organisational outsiders by catering to their needs. External actors were perceived as reputational risks because they did not know what was going on within the walls of the nursing home: their demands and expectations were sometimes unrealistic or irrelevant, but they still had opinions on how care should be organised. It also implies that catering to an audience is a question of creating content to display; the nursing homes needed to provide evidence of how they corresponded to external demands by conveying a particular organisational image.

Paper I shows that a market discourse has colonised the traditional care discourse of needs and personalised care. The findings demonstrate how new logics of competition and brand-building are rhetorically constructed as building on traditional care logics. Thus, marketisation has brought a redefinition of traditional core notions of eldercare, such as 'needs', to also include notions central to a market discourse, such as 'preferences' or 'choice'. According to market logics, competition would result in higher-quality care, and popularity was taken to be evidence of good quality. Excelling in the eldercare user survey was one way to demonstrate quality. Popularity or reputation was framed as a matter

of comparison with other actors in the field: nursing homes are better or worse compared to others. By building and communicating a strong unique image, nursing homes could market themselves by differentiating themselves from other care facilities.

Paper III shows that external auditing constitutes a reputational risk. Organisational awareness that bad grades and low rankings convey undesirable images and possibly damage reputation leads to an increased organisational sensitivity to external pressure to perform well in the measurements. Audits introduced several groups of outsiders as the audience of reputation management. Senior managers and politicians were described as both organisational insiders and assessors of quality. As senior representatives of eldercare, they had the final say in how care should be organised. Bad press over poor measurement results would make senior managers and politicians sanction certain arrangements of care. The media was described as an important social actor ascribed its own intentions and motives. It was believed that the media would expose and shame nursing homes which scored low in the rankings. The media was also understood as an important actor in influencing public perceptions of nursing homes, since their portrayal in the media would affect other outsiders' assessments. The perception of central authorities such as the National Board of Health and Welfare was not framed as an audience per se; rather, the National Board of Health and Welfare formulated some of the standards and benchmarks by which other audiences evaluated the success or failure of nursing homes. The most important group of outsiders were the residents' relatives, usually adult children. Since it was assumed it was primarily relatives who filled out the surveys, reputation management practices for audits assigned relatives the role of care user representatives, whose assessments and opinions were distilled into numbers and rankings. Relatives were described as both a threat and potential allies in reputation management practices relating to external audits.

Paper V shows that mediatisation, and new information and communication technologies have created new opportunities for reputation management. By using their own channels of communication, nursing homes could spread

favourable images of nursing home life while avoiding information being filtered through the critical lens of the mass media. Online self-presentations targeting relatives, usually adult children, were a way of pre-empting negative images in the mass media and creating goodwill, or of offering audiences carefully curated counter-images. But these new possibilities have also increased the pressure to be visible and ensure transparency. By supplying tailored images, nursing homes created an even greater demand for transparency. It seemed that once nursing homes started offering such images they could not stop, because their audience would become suspicious. The findings of the paper also highlight the need to create the right content to put on display. To gain the audience's (usually the relatives') positive assessment, time and resources were spent arranging and displaying social activities. The dependence on the audience's assessment meant social activities were arranged even when residents themselves had not asked, as way of catering to the needs of relatives.

### **How do nursing home representatives manage organisational reputation in the context of external demands and descriptions?**

The findings of Paper I, III, and V show that the nursing homes found different ways of defending or improving reputation, but that they also encountered different problems in doing so. Paper V shows that one way of managing reputation was to use internally produced images to cater to the demands of the audience, yet as shown in Paper IV this only portrayed a fraction of everything going on at nursing homes. Overall, mundane care situations were absent from online representations, and so was anything that might remind the audience of frailty, boredom, or loneliness. Demands for transparency and expectations to put the nursing home on display mean that organizational activities may be increasingly adjusted to cater to the needs of the audience, or presented in ways intended to reassure the audience that life in a nursing home is meaningful. To display an active and fun nursing home life, social activities had to be on offer – and documented.

Paper III shows that to get good measurement results, nursing home managers and staff had to convince relatives, who were assumed to be the ones filling out the user satisfaction survey, that the care they provided was good. This was achieved by making organisational changes; however, nursing home representatives said it was not always clear what they were supposed to change in order to improve results. Improving results could be more a matter of doing something, anything, than doing what professionals believed would increase user satisfaction. Sometimes, reputation was managed by communicating to relatives that users were already able to live an active and meaningful life, or to make relatives feel more included in nursing home life. Displaying adherence to external expectations did not entail making actual changes; it was limited to rhetorically improving the image. Yet attempts to improve the image rather than the practice still entailed additional work: maintaining and improving relationships with relatives, posting pictures on social media, writing monthly or quarterly letter, or sit-downs with worried relatives to reassure them that residents were satisfied. Thus, the projected image had an impact on everyday activities.

Managing organisational reputation was often described as a balancing act between professional judgement and meeting external demands. Paper III and V show that nursing home representatives were ambivalent about the validity of external actors' claims about nursing home care. For example, in Paper V some relatives were described as problematic when they had unrealistic expectations of what a nursing home could accomplish. Such requests were said to be emotionally charged: relatives felt guilt or shame for 'putting' their parent in a home and therefore needed assurance that nursing home life was active and meaningful. If relatives expected their parent to participate in social activities or go on excursions, managers said they sometimes needed to sit down with them and tell them their mother or father was too ill, too tired, or not interested in participating. Yet, at the same time, relatives were described as an essential party in the nursing home context, and it was framed as very important to get on well with relatives and cater to their needs. This was done by organising social activities, for example, although residents sometimes had not asked for them. Similarly, Paper III shows that

nursing home staff and managers expressed scepticism regarding the user satisfaction measurement tool, what was being measured, and the validity of the survey results. Interviewees did not always agree that what was being measured was actually the most important indicators for user satisfaction, or that low scores indicated that users were not satisfied. Even so, the public display of results was expected to affect organisational reputations, which was why the nursing homes said they had to take results into account and act on them.

Paper I shows how some nursing homes have adopted lifestyle profiles or concepts as a way of distancing themselves from the traditional idea of what nursing homes are like. Lifestyle profiles offer completely new opportunities to brand and market nursing homes as something other than the traditional image of dreary places. A ‘Sport & Spa’ profile, for instance, was an opportunity to talk about aspects of nursing home care that did not centre on care activities, but rather on ‘profiled’ activities. As shown in Paper IV, profiles also helped create content for nursing homes’ self-presentations. A nursing home with a Finnish profile could post pictures of typically Finnish food or games, and emphasise their uniqueness in relation to other ‘ordinary’ nursing homes. Paper I suggests that the reasons for a lifestyle profile might be to drive the development of eldercare, as nursing homes are generally understood as places in need of improvement. Lifestyle profiles can be understood as a response to the perceived marketisation of Swedish eldercare, but simultaneously as fuelling these developments, because it creates the need for other nursing homes to find their own ways to stand out in the market.

## New logics for reputation management

The changes in the landscape of Swedish eldercare have meant new institutional logics for how to obtain external support, i.e. how to achieve a good reputation. In the empirical data, I identify three logics for how to create a good reputation under the new conditions. The logics should be understood as socially constructed, and as the accepted ‘truths’ of how organisations need to behave in

order to project a favourable image and so acquire a good reputation – as social facts or rules, indeed (see Durkheim 1982; Power et al. 2009). It is important to note that I do not claim these logics are simply ‘forced’ on the organisations from outside, nor that organisations willingly play by such logics. Rather, it seems as if the logics are generated by changing conditions in the institutional environment, but also by organisations’ responses to such conditions. In the next section, I discuss how organisations may find different ways to work around the logics, and how there are different levels of accepting and adapting to them.

First, my analyses show that a logic centred on *competition* is on the rise in Swedish nursing homes. Nursing homes compete for customers, for legitimacy, for popularity, for high rankings, and for success. This logic is based on the standard assumption that competition will favour organisations with high-quality care, while organisations with insufficient quality will be sifted out. Auditing and ranking make organisations transparent and accountable. Good rankings become a symbolic asset in the quest for the ‘best’ reputation. National rankings mean that nursing homes not only compete for customers in the municipal eldercare market. Even though it does not make sense for prospective care users in Municipality A to read in the newspaper that a nursing home in Municipality B has the best score in the country, national rankings contribute to a general logic of comparison by which nursing homes must strive to improve and to compete with one another. A logic of competition is interesting given there has been a reported shortage of places in nursing homes for several years; there is a surplus of customers in the nursing home market, and therefore no direct incentive to compete.

Second, is a logic of *presentation*. New conditions mean organisations can manage their reputation by distributing internally produced images. Increased audit and ranking practices exist to make organisations transparent. This logic is based on the standard assumption that increased insight into everyday life in nursing homes will have a controlling function and make organisations adhere to external expectations. Interviewees described this logic as a demand to lay bare organisational activities. Failure to disclose activities would make their audience



suspicious; interviewees felt that organisations which did not want to participate would be suspected of concealing something. By comparison, a few decades ago it would have been enough for a nursing home to 'have' good quality, without the need to display it. Quality was an internal affair. Under the new disposition, quality has to be displayed to be valuable. This means organisations have to find content that suits the stated and perceived needs of the audience. Having a lifestyle profile, for example, can thus be understood as an attempt to convey that the nursing homes are something more than just a holding area for frail old people. Profiled activities and interior design add to the nursing home self-proclaimed identity, and constitute the content for reputation management. As such, nursing home life can be displayed in a way which deflects attention from the 'traditional' aspects of nursing home reality, and instead focuses on spa treatments, going to football matches, or eating ice cream on the beach. Such a logic does not seem to take into account the fact that self-presentations are selective and strategic.

Third, there is the necessity of *tending to the audience*. This logic is based on the standard assumption that external demands are valid and useful, and that organisations have to be receptive to them. This logic encourages organisations to view themselves with an outsider perspective. Given that reputation is in the hands of external groups, the audience is attributed great importance in reputation management practices. The logics of competition and presentation reinforce the role of the audience and make organisations particularly sensitive to external assessments in their quest for a good reputation. Both internally produced images such as online content and reactions to externally produced images were guided by assumptions about what it could signal to a target audience. Relatives were regarded as an especially important category of outsiders. Online content was tailored to market the nursing home to relatives of prospective care users and to reassure relatives of the quality of care. Responses and reactions to performance measurements were said to be guided by what relatives wanted, since it was relatives who graded the nursing homes. Failure to live up to external expectations had to be explained, followed by promises to improve.

## Managing external demands – four approaches

The empirical data shows that the new logics had permeated the organisations to varying degrees, and that the organisations had different ways of managing the demands inherent in the logics. Here, I present four organisational approaches to the new logics. Two criteria were used to identify the different approaches: the extent to which organisations accept external demands as valid, and the extent to which organisations adapt organisational activities to the logics. These approaches should not be understood as categorisations of the organisations in the study, such as saying that Nursing Home A adapted to the logics by embracing and believing them, while Nursing Home B dismissed the logics; rather, they should be understood as ideal types of actions, prompted by perceived external pressure, and that such action is contextual and open to negotiation in everyday organisational activities.

### **Embracing the logics**

One way of adapting to new logics and demands is to fully accept the standard assumptions of the logics, as described above, and adjust organisational activities. For example, if a nursing home gets low grades in measurements of user satisfaction regarding social activities, the ideal type of organizational response with this approach is to arrange more social activities, since external demands are ascribed validity and low grades thus point out an organisational problem that needs to be solved. This approach seems to be the ideal in the eyes of government authorities and other governing actors. Tools for soft governance, such as the user satisfaction survey or demands for transparency and accountability and the adoption of new public management, rely on the assumption that increased external pressure will result in organisational adaption, resulting in increased quality.

The development of lifestyle profiles is an example of conforming to the logics. Interviewees said that marketisation was the inevitable next stage in the

development of eldercare. By acting in line with this logic and justifying profiles as a way to stand out in the market, nursing homes help accelerate their marketisation. Another example is the unproblematised use of online content to manage reputation. None of the interviewees thought it problematic to display content which portrayed a small selection of nursing home life, but rather described online content as displaying ‘what we do here’. However, by constantly distributing internally produced images, the demand for transparency and constant updates increased. Once nursing homes had posted pictures of social activities on social media, they could not stop doing so without awakening the audience’s, usually relatives’, suspicions. Similarly, nursing home representatives quoted in newspaper articles about the user survey rankings signalled faith in the validity of the survey results. Politicians and managers were quick to promise improvements in line with what was described as residents’ requests. If such messages are understood as images designed to correspond to perceived external demands, the ideal nursing home in the new landscape is a place where old people can live life to the fullest, facilitated by an organisation that is receptive and attentive to the needs and requests of its customers; a place in never-ending pursuit of improvement. For reputation management purposes, this must be a preferable image to convey, compared to images of institutionalisation, decline, and death. But by adhering to perceived expectations, the organisations add to the external expectations, which they then have to live up to. Organisational action may further enforce the validity of external demands and the need to compete for the sake of reputation.

### **Dismissing the logics**

Organisations may choose to do the contrary: dismiss the validity of external demands and refuse to adapt. This would entail that organisations do not compete, participate in presentation practices, or take the audience’s demands into account. In the case of a nursing homes with low measurement results on social activities, the ideal type of organisational response with this approach is to disregard the validity of the measurement results, such as saying that results only

reflect relatives' guilty conscience. Thus, the nursing home does not make organisational changes, i.e. does not adapt to the logics.

The analyses showed that when interviewees expressed this approach, they argued that it was more important to rely on professional judgement and knowledge about organisational conditions, and knowledge of residents' needs and wants. External demands were perceived as invalid or irrelevant, and as drawing on idyllic images of nursing homes with content, calm residents. By contrast, interviewees working in nursing home dementia units described how residents could be very worried and upset, and at times loud and violent. The lack of transparency and understanding of the complexity of nursing home care and organisational conditions were described as a problem, since it created a gap between external expectations and the organisation's ability to achieve goals. Interviewees primarily expressed this approach when discussing how relatives perceived and stated demands for activities challenged residents' expressed or perceived needs. According to nursing home representatives, such unrealistic expectations were due to a lack of knowledge about how ill the residents actually were, but also to an unwillingness to realise that residents neither could nor wanted to participate in activities. However, it was impossible for the nursing homes to disregard relatives' expectations. In cases where relatives' expectations could not be met, unless at the expense of residents' wellbeing, staff and managers still had to sit down with relatives to explain to them that residents did not want to participate in activities, often because they were too tired, ill, and frail. Another way was to dismiss poor measurement results by asking residents directly if they were satisfied with the quality of care. This kind of 'alternative measurement' made it possible to disregard low rankings and still claim residents were satisfied.

### **Substituting action with image – window dressing**

Organisations may ostensibly adhere to external expectations, but in their day-to-day business make no changes: what Brunsson (1986) calls hypocritical organisations. Returning to the example of a nursing home getting low grades in

measurements of user satisfaction regarding social activities, the ideal type of organisational response with this approach is to dismiss the validity of external demands, and adapt to the logics by making visible the already occurring social activities (but not organising *more* activities).

This approach was most evident in nursing homes' self-presentations. By carefully selecting parts of nursing home life to put online, the organisations could display an image which corresponded to external expectations. The starting point for reputation management was a belief that the general public understood nursing homes as places where old people lived 'fourth age' lives characterised by illness and decline, and hence the organisation should display a 'third age' nursing home life full of opportunities, normality, and a life that was new and better. To a large extent, conveying positive images was a matter of offering counter-images, showing that the nursing home was something *other than* an institution. Online content focused on 'what is fun' for marketing purposes and to reassure the audience. To represent life in nursing homes as a 'third age' life may seem absurd given that residents are very ill and need care, and the tailored images did not mean that unwanted aspects of nursing home life did not exist. Some interviewees claimed that they found it problematic that relatives, who were the target audience for the online presentations, were not interested in care activities, for instance. It did mean, however, that activities that might signal institution or 'fourth age' lives were excluded from the presentations, and thus concealed from the external audience. For reputation management purposes, this approach to external pressure might be preferable since it allows organisations to adhere to inconsistent norms; however, by rhetorically adhering to perceived expectations the organisations also promise a certain kind of nursing home life, and so add to external expectations. Even a hypocritical way of adapting will increase the external pressure and require more reputation management.

## Surrendering to the logics

Organisations may comply with external pressure for the sake of improved reputation. Unlike the first approach, this type does not require faith in the validity of demands or that aligning with the logics will result in improved care. Rather, this approach is used when organisations perceive limited room for manoeuvre that may well go against their professional judgement. In the example of a nursing home getting low grades on social activities in a measurement, the ideal type of organisational response with this approach is for the organisation to dismiss the validity of external demands, such as claiming that measurement results do not mirror the perception of users since it is relatives that want more activities. But because the organisation is dependent on external support, more social activities are still organised and put on display. A variant of organisational response with this approach is to reject the validity of demands on a 'care improvement level', but to accept the validity of demands on a 'reputation improvement level'. This approach reflects the logics of the new landscape: nursing homes do not only need to tend to residents, but also to organisational reputation. As expressed by one interviewee:

This is where we got low scores and this is what we have to work with. [...] Because that's where we get measured. And then next year it will be relatives who answer the same questions again. So then we have to work on these areas where relatives give us low scores so we can get a better result.

Difficulties in demonstrating success and positive outcomes may explain why it was perceived to be essential to meet externally formulated expectations. In an increasingly marketised eldercare, organisations need competitive assets, and reputation is one such asset. The new landscape of Swedish eldercare has led to an increased sensitivity to public perception of nursing homes, and an increased awareness and focus on organisational images. Unattainable goals prompted by idyllic images may not be a problem if the organisations can decouple their projected image from their day-to-day activities. Should organisations succeed in substituting action for favourable images, they would not need to adjust organisational activities to ensure organisational success. In such cases, the

organisation could meet inconsistent demands, but still work according to the internal logics and conditions. My analyses show that often the images and messages projected to an external audience seemed to trickle down to daily activities, because reputation management practices create a greater demand for even more positive images or proof of better quality. In the case of the user survey, for instance, the majority of interviewees expressed scepticism regarding results' truth value, but the potential reputational risk of ending up last in the rankings prompted organisations to act to improve results. The user survey highlights how reputation management practices can attribute great influence to the audience, and to relatives in particular. Like the online content, the survey allowed nursing homes to demonstrate results and success, which was why interviewees ascribed great legitimacy to the survey results, even though they claimed that the results did not reflect the voice of the care users. The organisations could have rhetorically aligned with measurement truth claims, but internally carried on as usual. However, since the forms were usually filled out by relatives, the organisations had to cater to the needs of relatives to get good grades. Interviewees expressed an ambivalent stance towards relative, who were described as having unrealistic expectations of nursing home care, even if this was partly because of the nursing homes' own marketing strategies which promised an active, sociable nursing home life. Interviewees talked about 'finding a mix' where both residents and relatives were satisfied, or claimed that they had made organisational changes because relatives, but not residents, had requested it. Relatives were also the target group for online representation. As online representation was used to attract customers, this kind of reputation management practice constructed relatives, rather than care users, as the actual customers in the eldercare market, which was why organisational changes were sometimes made to cater to relatives' needs.

## Implications of the approaches

In this chapter, I have discussed how a new landscape for Swedish eldercare brings with it new logics for how to manage reputation, and organisational approaches to such external demands. What, then, are the potential implications and consequences of these approaches and styles of adaption?

Increased demands for transparency and accountability have led organisations to open up to an external audience. Compared to the enclosed institutions of the old days, such presentation practices might leave organisations less exposed to a critical and suspicious audience, as a part of reputation management is conveying reassuring messages. Displaying nursing home residents involved in social activities may contribute to remove the stigma attached to being a nursing home resident, and thus counter ageist ideas of what it means to be old. The curated version of nursing home life on display has implications for the organisational outsiders' knowledge of nursing home life.

Now more than ever, nursing homes are places for frail people and where people die. Caring for frail old people is a central part of nursing home reality. There is a risk that reputation management practices, centred on logics generated by new conditions in the landscape of Swedish eldercare, will lead to organisations concealing this inherent part because of increased external pressure. Such practices tie into idyllic images of nursing home care – but idyllic images have been proclaimed to represent goals and ideals for nursing homes, not to represent everyday reality. Given the physical and cognitive impairments of nursing home residents, they are to be considered a group of care users who might have difficulties asserting themselves in everyday life. Increased demands for accountability and control, in addition to the legislation that underscores their right to self-determination, might help balance out asymmetrical power relations. However, my analyses show the reality is that reputation management practices may lead to constructing relatives as the actual customer, since they are the target audience for marketing and image management. Nursing homes feel they have to act as if they are competing in an eldercare market, and this puts power in the



hands of the relatives, at the expense of residents. Reputation management practices do not only take place in the dynamic relationship between the organisation and its surroundings, but can trickle down into everyday life in nursing homes. The new landscape of Swedish eldercare may have the consequence that the needs of residents are overlooked due to increased external pressure.

## Epilogue

The empirical data of the dissertation were collected between 2014 and 2019. In early 2020 the COVID-19 virus spread across the globe. At time of writing, 8 October 2020, the pandemic is still ongoing, and the number of deaths with COVID-19 in Sweden have reached 5,895 according to the Public Health Agency of Sweden (Folkhälsomyndigheten 2020). Of these, 2,638 were nursing home residents (Socialstyrelsen 2020d). Sweden has been criticised nationally and internationally for not doing more to protect nursing home residents, and Swedish nursing homes have been accused of not taking appropriate precautions. The nature of external expectations which I have studied has changed dramatically in the pandemic. The public debate about nursing homes is no longer whether nursing home residents can live life to the fullest, but rather how best to keep them alive. External demands are centred on keeping the virus out of nursing homes, and on staff and managers following hygiene routines and ensuring that residents receive adequate health care. However, despite modified external demands, images of nursing homes circulating in the media still seem to operate with the same logics.

At first glance, the backdrop to reputation management seems not to have changed in the pandemic. Nursing homes are still subjected to suspicions and criticism, perhaps even more so than before, even if voices have also been heard claiming that politicians, and not nursing homes, are the ones to blame for high death rates. Since visits to nursing homes were forbidden from 1 April 2020,

nursing homes were given responsibility for managing contact between residents and their relatives. The difficulties in doing so sparked further images of nursing home residents as lonely and isolated, and the Swedish government agreed that nursing homes can admit visitors again, starting 1 October 2020. The logics for how to demonstrate success, meaning reputation management, also seem to persist during the pandemic. The media has continuously compared nursing homes to one another regarding the number of cases and death rates. News media have published lists and reports about the nursing homes with the highest death rates, and asked representatives to explain the high numbers. A brief overview of nursing homes' social media accounts shows that they are still focusing on portraying a social and active life. No account had posted pictures reminding the audience of COVID-19. There are pictures of residents outside in the summer sun with captions reading, for example, 'Now we have to move outside, luckily the weather is so nice!' The role of the organisational outsiders, primarily relatives, is ascribed even greater legitimacy during the pandemic. The media have reported on relatives outraged they are forbidden to visit their parents, or claiming that the lack of proper medical care in the nursing home resulted in the death of residents. Some of the approaches to the validity of external demands and ways of adapting have also been visible in the media reports. In interviews with the media, some nursing home representatives have apologised and accepted responsibility, and given assurances that they have now acted to improve their hygiene routines and acquire protective clothing and masks, or have bought tablet computers so residents can make video calls to relatives. Other representatives have refused to accept external claims, and have instead stated that the death rates are not so much higher than usual, that they have no control over the situation, and that high death rates are unlucky coincidences rather than a sign of organisational shortcomings. Similarly, relatives' demands for visits have been dismissed by referring to the authorities' regulations. Another way has been to say that when nursing homes can again accept visitors, nursing homes will do so, despite fears this will increase the risk of a second wave of COVID-19 cases in nursing homes.



## 7. Summary in Swedish

### Äldreboenden till allmän beskådan

Anseendehantering i den svenska äldreomsorgens nya landskap

#### Introduktion

Många människor har aldrig satt sin fot på ett äldreboende, men har ändå en bild av vad detta är för slags plats. Livet på äldreboenden har skildrats i termer av isolering och passivitet, och själva platsen har beskrivits som 'dödens väntrum'. Negativa beskrivningar av äldreboenden har cirkulerat i den allmänna debatten så länge äldreboenden har existerat.

Under de senaste decennierna har marknadsiering och teknisk utveckling bidragit till ett nytt landskap för svensk äldreomsorg. Organisatorisk *image* har blivit viktigare än någonsin, samtidigt som äldreboenden, i likhet med andra välfärdsverksamheter, blivit föremål för ökad granskning och krav på insyn på ett sätt som riskerar att påverka deras anseende negativt. Det cirkulerar olika, ibland motsägelsefulla, bilder och beskrivningar av äldreboenden i media, i politiken, i den allmänna debatten och på sociala medier. Detta skapar problem både för den som försöker förstå vad äldreboenden är för slags plats, och för äldreboendena själva som vill ha ett gott anseende. Sociala medier och andra interaktiva plattformar online har gjort det enklare för verksamheter att förmedla egna, positiva bilder, men dessa självpresentationer riskerar att drunkna i överflödet av bilder.

Detta är en studie om olika slags skildringar av svenska äldreboenden, och hur äldreboenden förhåller sig till och hanterar sådana framställningar för att förbättra organisationens anseende (eng. *reputation*). Anseende innebär en allmän, långvarig uppfattning om vad för slags platser äldreboenden är, och utgör en viktig organisatorisk tillgång. Den allmänna uppfattningen om en verksamhet kan ha omfattande konsekvenser. Exempelvis bytte vårdföretaget Carema Care under 2013 namn till Vardaga efter att ha varit involverade i en massiv vårdskandal under vintern 2011–2012. Under 2018 fick socialchefen i Lomma kommun avgå efter att kommunens äldreomsorg placerat sig långt under genomsnittet i Socialstyrelsens årliga mätning av brukarnöjdhet, *Vad tycker de äldre om äldreomsorgen?* (se Socialstyrelsen 2018). En av de chefer jag intervjuat beklagade sig över nämnda mätning och det medieintresse resultaten tilldrog sig:

Jag tycker det är trist. Vi ligger nånstans mitt i allt det här, från vår sida. Jag tycker det är, liksom de som hamnar längst ner på listan, det är synd om dem för de blir uthängda. Det blir de. De blir uthängda bara genom att listan blir offentligt ju. Alla tittar ju på den, ”ojoj titta nu var det nån som var längst ner”. Alla tittar på den, vi som jobbar. Och den är ju offentlig. Så jag menar, journalister tittar ju på den, ”den kommunen är bäst” och ”de är sämst” och... ja. Sen finns det nåt riksgenomsnitt som alla helst ska ligga över.

Under de senaste decennierna har det institutionella landskap som omger svenska äldreboenden förändrats. Sedan 1990-talet har äldreomsorgen marknadsiserats i allt större utsträckning. Nya lagtexter, som den nya kommunallagen (1990:900), lagen om offentlig upphandling (1992:1528) och lagen om valfrihetssystem (2008:962), har pekat ut riktningen mot ökad konkurrens samt ökad möjlighet för äldre att välja utförare av omsorgen. Andelen privata utförare har mellan 1993 och 2019 ökat från 5 till 20 procent.

Att vara framgångsrik har kommit att bli allt viktigare för organisationer, men äldreboenden har svårt att demonstrera framgångsrik omsorg. De som bor på äldreboende gör det på grund av att de har stora vård- och omsorgsbehov, och det förväntade ’utfallet’ är att omsorgsbehoven ökar, för att avslutas med döden. I

verksamheter där framgång inte kan visas genom positiva utfall, blir anseende och rykte en viktig tillgång i konkurrensen. God omsorg och kvalitet likställs ofta med popularitet och en tilltalande *image*.

Om äldre personer med omsorgsbehov betraktas som kunder på en marknad, är det av vikt att dessa kunder får adekvat information om de utförare de har att välja mellan. Kvalitetsmätningar är ett sätt att tillgodose behovet av information. Ett exempel inom den svenska äldreomsorgen, och som studeras i denna avhandling, är Socialstyrelsens årliga brukarundersökning som genomförs som del av den större mätapparaten Öppna jämförelser. Granskning och mätning har inneburit att organisationer jämförs och rankas. Bra betyg och höga rankningar likställs ofta med hög kvalitet, och kan åberopas som bevis på att organisationerna lever upp till omgivningens krav.

Även medias roll har förändrats, vilket får konsekvenser för organisationers möjligheter att kontrollera sitt anseende. Begreppet medialisering har använts för att beskriva hur media i det moderna samhället fungerar både som en institution i sig själv, vars logiker andra aktörer måste förhålla sig till, och samtidigt hur media har integrerats i det omgivande samhället på så sätt att framställningar av organisationers aktiviteter förmedlas genom media. Granskningar av äldreomsorgen är ett exempel på detta, då dessa ofta inte når allmänheten på andra vägar än genom medierapporteringar. Den nya teknikens möjligheter utgör också en del av medias expanderade och modifierade roll. Smartphones, datorer och världsomspännande sociala *communities* har möjliggjort för var och en att delta i och sprida bilder och beskrivningar av organisationer, med konsekvensen att organisationers självpresentationer och traditionell medias beskrivningar konkurrerar med privatpersoners beskrivningar, betyg och rankningar.

Dessa tre, delvis sammanlänkade, förändringar har medfört förändrade villkor för äldreomsorgens utformning, men även för äldreboendenas möjligheter att förmedla bilder och beskrivningar som förbättrar anseende. Medan organisatorisk *image* eller varumärke blivit allt viktigare, utsätts verksamheter samtidigt för ökad granskning och styrning på ett sätt som riskerar att påverka anseende negativt.

Nya tekniska möjligheter kan användas för att förmedla positiva bilder, men dessa riskerar att drunkna i det överflöd av bilder som cirkulerar i massmedia, sociala medier och på andra inflytelserika interaktiva plattformar. Allmänt accepterade föreställningar om hur det är att bo på äldreboende har under lång tid handlat om idéer om ensamma, sysslösa äldre, om ett institutionaliserat och avskärmat liv, och om de förluster och det förfall som antas åkompanjera mycket hög ålder. Mot bakgrund av sådana långlivade föreställningar tycks det svårt att framställa äldreboenden som platser där man vill vara, och där livet är meningsfullt, roligt och aktivt.

Avhandlingens övergripande syfte är att *undersöka och analysera publika skildringar av äldreboenden, och hur äldreboenden agerar och reagerar i relation till dessa för att försvara och förbättra organisatoriskt anseende*. Avhandlingen besvarar följande frågor:

1. Vilka bilder av äldreboenden konstrueras genom massmedia och sociala medier?
2. Vad har marknadsiering, medialisering och granskning inneburit för äldreboendens anseendehantering?
3. Hur hanterar äldreboenden anseende i relation till externa krav och beskrivningar?

Avhandlingens teoretiska perspektiv utgår från nyinstitutionell teori om relationen mellan organisationer och den institutionella omgivningen. Den institutionella omgivningen utgör de krav och normer som organisationer har att förhålla sig till, och består av såväl lagar och föreskrifter som praktiska omständigheter och förgivettagna normativa föreställningar om hur organisationen bör agera och hur organisatoriska aktiviteter bör utföras. Organisationer är i behov av omgivningens stöd och godkännande, och uppnår detta genom att förmedla till omgivningen att de *de facto* lever upp till de krav och förväntningar som ställs på dem. En positiv allmän uppfattning om organisationen innebär att organisationen har ett gott anseende. Medan den institutionella omgivningen utsätter verksamheter för ett yttre tryck och krav på

anpassning till normer, kan verksamheterna också forma och kultivera omgivningen. Omgivningens krav och förväntningar är inte heller statiska, utan förändras i takt med att nya ideal och idéer växer fram. Verksamhetens hantering av anseende utgår från hur de tror att omgivningens uppfattar dem. Detta kan ske genom att visa upp och förmedla egna bilder och beskrivningar, som ska syfta till att framställa organisationen i ett fördelaktigt ljus. Som visas i denna avhandling kan exempelvis anhörigas krav på insyn och ett aktivt och roligt liv för de som bor på äldreboende hanteras genom att verksamheten startar upp Instagram-konton och lägger upp bilder på äldre som äter glass i solen, påtar i trädgården eller får manikyr. Verksamheter kan också reagera på eller försöka förekomma andras beskrivningar, då externt producerade beskrivningar utgör en risk i hanteringen av anseende. Exempelvis kan låga betyg i olika kvalitets- och nöjdhetsmätningar resultera i att äldreboenden försöker förändra verksamheten, för att på så sätt få bättre betyg i nästa mätning. Anseende handlar alltså om hur 'utomstående' grupper uppfattar och bedömer verksamheten: organisatorisk *image* ligger således i betraktarens öga. Men det är inte alltid självklart vilka som tillhör den publik som ska ta del av och bedöma skildringar av äldreboenden. Som exempel är anhöriga till de boende inte formellt en del av verksamheterna. I praktiken kan dock anhöriga i hög grad vara delaktiga i omsorgen. Anhöriga kan också ha åsikter och önskemål om hur omsorgen ska utformas, och agera som företrädare till de boende i de fall de boende själva har svårt att kommunicera sina behov. Det är exempelvis så att det ofta är anhöriga som fyller i Socialstyrelsens enkät om brukarnöjdhet. Likaså är politiker och högre chefer formellt en del av organiseringen av den kommunala äldreomsorgen, men för verksamhetschefer och personal på det enskilda äldreboendet kan dessa betraktas som en utomstående publik som bedömer och ställer verksamheten till svars. Relationerna och gränserna mellan de som är 'i' och de som är 'utanför' verksamheten är därmed svåra att definiera.

Avhandlingen består av fem delstudier och en ramberättelse (kappa) i vilken övergripande problemformulering, teoretiska utgångspunkter, metodologiskt tillvägagångssätt, resultat och sammanfattande diskussion presenteras. I delstudie



I, III, och V bygger analyserna på kvalitativa intervjuer med personal och chefer på äldreboenden. Intervjuerna syftar till att undersöka hur företrädare för äldreboenden resonerar kring hantering av anseende: vilka slags bilder och beskrivningar förmedlas, hur, varför och till vem? I delstudie II analyseras 124 tidningsartiklar från svensk riks-, regional- och lokalmedia. Detta material används för att undersöka hur äldreboenden skildras i externt producerade texter och statistik, framför allt med fokus på de normer och förväntningar på äldreboenden som förmedlas genom medierapportering om Socialstyrelsens årliga brukarundersökning. I delstudie IV bygger analyserna på 338 bilder från fyra äldreboendens Instagramkonton. Genom dessa bilder studeras skildringar som äldreboendena själva producerar, och därmed har kontroll över.

Delstudie I analyserar förekomsten av äldreboenden med livsstilsprofil, och hur denna utveckling kan förstås som en del av en ökande marknadisering. I delstudie II undersöks hur massmedia framställer de sanningsanspråk som görs om svenska äldreboenden genom Socialstyrelsens årliga brukarundersökning. Delstudie III undersöker hur professionella resonerar kring brukarundersökningen samt resultatens inverkan på organisatoriskt anseende. Delstudie IV analyserar äldreboendens självpresentationer på sociala medier. Delstudie V undersöker hur professionella resonerar kring dessa självpresentationer; deras innehåll, syfte och tilltänkta publik.

## Resultat och diskussion

I detta avsnitt besvarar jag avhandlingens frågeställningar. Därefter identifierar jag tre slags logiker för hur äldreboenden ska hantera sitt anseende. Dessa logiker har vuxit fram i takt med förändringar i den svenska äldreomsorgens landskap, och äldreboenden behöver förhålla och anpassa sig till dessa logiker och de krav och förväntningar de för med sig. Slutligen presenterar jag fyra olika organisatoriska förhållningssätt till logikerna i det nya landskapet.

## **Bakgrunden: Äldreboenden som dystra platser**

Anseendehantering ska förstås som en organisatorisk respons på hur företrädare för verksamheten tror att 'publiken' tänker och tycker om dem. I intervjuerna med chefer och personal på äldreboenden framkom att 'publiken' inte är entydigt definierad. Intervjupersonerna pratade om anhöriga, media och politiker som publik, men också mer generellt om att 'alla tror...' eller 'folk tycker...'. Internt producerade bilder och beskrivningar, såväl som reaktioner på externt producerade bilder och beskrivningar, syftar till att motsvara upplevda yttre krav och förväntningar. De personer jag har intervjuat i denna studie uttryckte alla en övertygelse om att omgivningen betraktade äldreboenden som dystra platser som inte lyckades leva upp till yttre förväntningar. Intervjupersonerna trodde att folk i allmänhet betraktade äldreboenden som platser som karaktäriseras av ensamhet, passivitet och förlust. Verksamheternas arbete med att förbättra anseende gjordes alltså mot denna bakgrund.

## **Vilka bilder av äldreboenden konstrueras genom massmedia och sociala medier?**

Delstudie II visade att medierapporteringar av äldreboendena såsom de beskrivs i resultaten av Socialstyrelsens brukarundersökning överlag var positiva. Mätresultaten tillskrevs hög tillförlitlighet och beskrevs som de 'äldres röster', vilket exempelvis formulerades i rubriker som "Så tycker de äldre om sin omsorg". Detta trots att bara 13 procent av de som bodde på äldreboenden hade fyllt i 2018 års enkät på egen hand, 23 procent hade fått hjälp av någon annan, och i hela 64 procent av fallen hade någon annan än den boende fyllt i enkäten. Dessa siffror, i kombination med en svarsfrekvens på knappa 50 procent, har lett till att mätningens tillförlitlighet har ifrågasatts av både brukarorganisationer och forskare. Ändå förmedlade tidningsartiklarna att mätresultaten faktiskt speglade vilka äldreboende som de boende tyckte var bäst, och vilka som var sämst, exempelvis i rubriker som "Krokoms äldre är nöjdast i länet", "Majgården på topplacering", och "Bottenbetyg för äldreomsorgen i Härjedalen". Majoriteten av

tidningsartiklarna i delstudie II fokuserade på rankningar och jämförelser mellan olika boenden och olika geografiska regioner på ett sätt som antydde att äldreboendena måste vara bättre än andra boenden, eller förbättra sina resultat över tid. I de fall företrädare för äldreboenden eller kommunen uttalade sig om resultaten fokuserade sådana kommentarer på att förklara varför boenden eller kommunen hade låga resultat, och vad som skulle göras för att förbättra resultaten i nästa års mätning. I massmedia konstruerades äldreboenden alltså som platser med överlag bra kvalitet, men samtidigt som platser i ständig jämförelse med andra och därmed som platser som tävlade om det bästa resultatet. Äldreboendena konstruerades som lyhörda och mottagliga för brukarnas åsikter och önskemål. Mätningen i sig konstruerades som ett sätt att få insyn i och hålla verksamheterna ansvariga, och resultaten som en trovärdig källa till information om hur väl verksamheterna lyckades tillgodose brukarnas önskemål.

Till skillnad från massmediala beskrivningar av äldreboenden förmedlade boendenas självpresentationer på sociala medier inget behov av ökad kontroll, och inte heller pekade de ut organisatoriska aspekter som behövde förbättras. Delstudie IV visar att verksamheterna själva förmedlade bilden av ett roligt, aktivt och socialt liv på äldreboendet. Majoriteten av bilderna på Instagram föreställde äldre personer som deltog i någon slags aktivitet. Gemenskap och aktiviteter betonades, och genom detta att äldreboenden är platser där människor lever vanliga vardagsliv, men med en extra guldkant. Vardagen innehöll nämligen också drinkar, ansiktsbehandlingar, karaokedans och räksmörgåsar, och signalerade att här levs livet fullt ut. Sammantaget speglade boendenas självpresentationer normativa förväntningar om ett aktivt och meningsfullt liv; ett liv fyllt av möjligheter till mer, och bättre.

### **Vad har marknadsiering, medialisering och granskning inneburit för äldreboendens anseendehantering?**

Delstudierna I, III, och V visar att ökad marknadsiering, medialisering och granskning har fört med sig en ökad organisatorisk medvetenhet om

nödvändigheten i att hantera anseende. Eftersom anseende handlar om hur utomstående betraktar och bedömer verksamheten innebär hantering av anseende till stor del hantering av 'publiken'. Delstudie III visar att när äldreboenden försöker skapa ett gott anseende så utgör extern granskning en risk som måste hanteras. Dåliga betyg och låg rankning kan skada verksamhetens rykte, och medför ökad känslighet inför omgivande krav. Publiken, det vill säga de utomstående vars förväntningar verksamheten ska leva upp till, beskrevs av intervjupersonerna ofta som en riskfaktor i försöken att förbättra eller skydda sitt rykte. Detta berodde på att utomstående hade begränsad kännedom om de faktiska organisatoriska förutsättningarna och omständigheterna, varför krav och förväntningar ofta var orealistiska. Anseendehantering har till stor del kommit att handla om att producera något att visa upp; bevis för att äldreboendena faktiskt lever upp till omgivningens förväntningar. Anhöriga till boendena beskrevs som en särskilt viktig grupp. En verksamhetschef beskrev att arbetet med att förbättra dåliga betyg ofta handlade om att förbättra relationen med anhöriga:

Man behöver motbevisa. Men då har man misslyckats i den här, det jag pratade om från början, den här öppna dialogen med närstående, om vi kommer till det, att de behöver misstro. För då behöver vi inte bara jobba med brukaren, då behöver vi jobba med närstående också. Då har vi två arbetsuppgifter.

Anhöriga kunde alltså utgöra en risk i granskning av äldreboendet, men de kunde också bli allierade i arbetet mot ett bättre anseende. Genom att försöka tillgodose anhörigas krav och förväntningar, såsom att ordna fler aktiviteter på äldreboendet om anhöriga efterfrågade detta, eller att lägga upp tilltalande bilder på Instagram, kunde verksamheten försäkra och lugna anhöriga och på så sätt undvika kritik eller dåliga betyg.

Delstudie I visar att en marknadsskugga har koloniserat den traditionella omsorgsskuggan. Detta har fått till följd att en omsorgslogik som traditionellt centrerats kring begrepp som 'behov' och 'individanpassad omsorg' har utökats så att den nu även innefattar 'valfrihet' och 'preferenser'. Enligt marknadsskuggan medför konkurrens högre kvalitet, och popularitet eller ett gott rykte likställs med

god kvalitet. Att bli högt rankad i brukarundersökningen beskrevs av intervjupersonerna som ett sätt att åskådliggöra hög kvalitet. Popularitet förutsatte jämförelser och konkurrens mellan olika boenden; boenden kunde vara antingen bättre eller sämre än andra. Att skapa ett starkt varumärke och på så sätt sticka ut beskrevs som ett sätt att marknadsföra boendet när det jämfördes och konkurrerade med andra boenden.

Delstudie V visar att ökad medialisering och ny informations- och kommunikationsteknologi har skapat nya möjligheter i arbetet med att förbättra anseende. Genom att använda sig av egna kommunikationskanaler, såsom sociala medier och bloggar, kunde äldreboendena förmedla bilder som motsvarade omgivande krav och förväntningar. Intervjupersonerna beskrev egna kommunikationskanaler som ett sätt att undvika att information filterades och eventuellt vinklades genom massmedias kritiska rapportering, som i följande citat:

Det är väl oerhört viktigt att visa den kvaliteten som är på våra äldreboenden idag! [...] Människor tror att det är förskräckligt, 'tänk va hemskt när mamma blir gammal, så måste hon in på nåt sånt hem'. Finns ingen personal på natten och det finns inte det och ojoj! För det är ju det media skriver.

Boendenas självpresentationer riktade sig i första hand till anhöriga, främst vuxna barn till brukarna, och beskrevs som ett sätt att locka till sig nya kunder. En chef förklarade att hennes äldreboende hade startat ett Facebook-konto som ett försök att nå ut till anhöriga via sociala medier:

Då under våren, när vi hade en del tomma platser, det var då vi också skapade vår Facebook. Vi sa att 'men vi måste ändå försöka marknadsföra oss på nåt sätt', att visa att vi finns faktiskt här också! För det är ändå anhöriga som nästan alltid tar kontakt med oss och säger att 'nu är det så att jag ringer för min mamma, hon börjar bli sämre och det räcker inte med hemtjänst, vi har börjat tänka att hon kanske måste flytta in, jag vill gärna höra mig för litegrann'.

Men de nya möjligheterna till intrycksstyrning och spridande av motbilder medförde också ett ökat tryck på att göra verksamheten öppen och transparent.

När äldreboenden väl hade börjat lägga upp bilder och beskrivningar på sociala medier kunde de inte sluta igen utan att anhöriga blev misstänksamma och undrade om boendet undanhöll något, eller om det helt plötsligt inte längre ordnades aktiviteter för brukarna. På så sätt bidrog äldreboendenas självpresentationer till ökade externa krav och efterfrågan på ännu fler presentationer.

### **Hur hanterar äldreboenden anseende i relation till externa krav och beskrivningar?**

Delstudierna I, III, och V visar att äldreboenden hittar olika sätt att försvara och förbättra sitt anseende, men också att dessa praktiker medför olika problem. Delstudie V visar att ett sätt att hantera anseende var att förmedla skraddarsydda bilder och beskrivningar som avsåg tillgodose publikens behov och önskemål. Delstudie IV visar att sådana skildringar endast innefattade en liten del av allt som hände på äldreboendet. Vardagliga omsorgsbestyr exkluderades från presentationerna, liksom allt som kunde påminna publiken om skröplighet, tristess och ensamhet. Det var dock inte möjligt att helt frångå den uppvisade ytan från den vardagliga omsorgen. För att upprätthålla denna version av verkligheten behövde vardagen till viss del anpassas till fasaden; för att kunna visa upp ett aktivt och socialt liv, behövde sådana aktiviteter anordnas och dokumenteras.

Delstudie I visar att så kallade livsstilsboenden (även inriktningsboenden eller konceptbaserade boenden), det vill säga boenden med en tematisk profil, kan förstås som ett sätt att dissociera sig från den traditionella bilden av äldreboenden. Livsstilsprofiler kan skapa en intressegemenskap mellan de boende och förtydliga innehållet i de sociala aktiviteterna på äldreboendet på ett sätt som kan öka livskvaliteten för de äldre. Samtidigt gör livsstilsprofiler det möjligt för verksamheten att marknadsföra sig som något helt annat än dystra platser med ensamma, skröpliga äldre. Som visas i delstudie IV bidrar profilerna också till att skapa innehåll till boendenas självpresentationer, och på så vis visa upp aspekter

av livet på äldreboende som inte kopplas till traditionell omsorg. Ett boende med spa-profil kan exempelvis lägga upp bilder på boende som får ansiktsmask och manikyr på sociala medier. Den ökande förekomsten av äldreboenden med profil förstås som en respons på antaganden om ökad marknadisering av äldreomsorgen – samtidigt bidrar utvecklingen till marknadiseringen genom att skapa behov för andra boenden att också sticka ut på marknaden.

Delstudie III visar att för att få bra resultat i brukarundersökningen behövde chefer och personal övertyga anhöriga, som oftast var de som fyllde i enkäten, om att boendet höll god kvalitet. Dels kunde detta innebära att man gjorde faktiska organisatoriska förändringar i linje med mätresultaten, men det kunde också innebära att man fokuserade på att förbättra kommunikationen med anhöriga, eller att få anhöriga att känna sig mer delaktiga i omsorgskontexten.

Arbetet med att förbättra anseende beskrevs i många fall som en balansgång mellan professionellt omdöme och behovet att tillgodose externa krav. Delstudierna III och V visar att företrädare för äldreboendena hade en ambivalent hållning till giltigheten i externa aktörers anspråk och önskemål. Intervjupersonerna menade att anhörigas krav ofta var känsloladdade; vuxna barn till de boende kände skuld över att ha 'satt' sin förälder på boendet, varför de ville försäkra sig om att livet på äldreboendet var meningsfullt och aktivt:

Pappa ska vara med på varenda aktivitet som erbjuds men han är så osocial och vill inget annat än att sitta på sitt rum och kolla på tv och ja typ dricka något gott. Och då blir det, det dåliga samvetet för man vill så gärna att det ska bli bra, men man utgår från sitt eget dåliga samvete att man inte kan vara där dygnet runt och göra det som mamma och pappa vill. [...] Vi försöker ju utgå från den boendes önskemål men många gånger blir det att man får anpassa det till närståendes krav. Så att ska man dra det riktigt långt så är faktiskt brukarundersökningen ett mått på närståendes dåliga samvete.

Ofta var det enligt de företrädare jag intervjuade inte möjligt att tillgodose anhörigas krav, då brukarna var för sjuka eller för trötta för att delta i aktiviteter. I delstudie III uttryckte chefer och personal skepsis avseende både

brukarundersökningens utformning, datainsamlingen, och tillförlitligheten i mätresultaten. Intervjupersonerna menade att enkäten inte alltid mätte rätt saker, och att låga resultat inte nödvändigtvis betydde att brukarna inte var nöjda. Trots detta, med anledning av att de publika resultaten skulle påverka allmänhetens omdöme, beskrevs det som viktigt att ta hänsyn till och agera på resultaten.

## Nya logiker för hantering av organisatoriskt anseende

Förändringarna i den svenska äldreomsorgens landskap har fört med sig nya villkor. Med dessa nya villkor har nya logiker för hur verksamheterna ska hantera sitt anseende vuxit fram. Dessa logiker kan förstås som socialt konstruerade spelregler som verksamheter behöver förhålla sig till. I det empiriska materialet identifieras tre sådana logiker.

För det första visar analyserna att en *konkurrenslogik* har kommit att genomsyra den svenska äldreomsorgens landskap. Äldreboenden ska enligt en sådan logik konkurrera om kunder, om legitimitet, om popularitet, om hög rankning, och om framgång. Denna logik tycks utgå från att konkurrens kommer att gagna äldreboenden med god kvalitet, det vill säga äldreboenden som i hög omfattning motsvarar den institutionella omgivningens krav och normer, medan äldreboenden med låg kvalitet sällas bort. Genom att granska och ranka äldreboenden kan de göras transparenta och hållas ansvariga. Antagandet om att äldreboenden ska konkurrera med varandra är intressant i det hänseende att många kommuner rapporterar ett underskott på platser, och att verksamheterna därmed inte behöver tävla om att fylla sina platser.

För det andra påvisar analyserna förekomsten av en *presentations- och rykteslogik*. Denna logik tycks utgå från att det är viktigt att allmänheten har insyn i verksamheter, och på så sätt kan försäkra sig om att verksamheterna lever upp till omgivningens krav. Verksamheter som inte tillmötesgår kraven på insyn riskerar att väcka publikens misstankar, och anklagas för att dölja något. De nya villkoren har inneburit att kvalitet inte längre är en intern fråga, utan att kvalitet, då det likställts med popularitet och ett gott rykte, måste ställas till allmän beskådan för



att ha ett värde. En sådan logik tycks inte ta i beaktande att verksamhetens självpresentationer inte nödvändigtvis återspeglar den organisatoriska vardagen, utan snarare handlar om intrycksstyrning.

För det tredje visar analyserna hur en logik vuxit fram som kretsar kring vikten av att förhålla sig till och *hantera den föreställda publikens förväntningar*. En sådan logik tycks utgå från att externa aktörers krav är valida och användbara, och att verksamheterna därför måste vara lyhörda och mottagliga för yttre tryck. Givet att anseende är en fråga om hur omgivningen uppfattar verksamheten är publiken ofrånkomligen en del i att skapa ett gott anseende. Konkurrens- och presentationslogikerna bidrar dock till att ytterligare förstärka legitimiteten i omgivningens krav, och gör organisationer särskilt känsliga för externa grupperas omdömen. Både internt producerade presentationer, och reaktioner på externt producerade presentationer, styrdes av en medvetenhet om hur en publik skulle uppfatta äldreboendena. Oförmåga att leva upp till omgivningens krav behövde förklaras och ursäktas, och åtföljas av löften om bättring.

## **Fyra förhållningssätt till externa krav**

Analyserna visar att äldreboendena har olika sätt att förhålla sig till logikerna och de krav de medför. Dessa olika förhållningssätt ska förstås som idealtyper, och flera förhållningssätt kan rymmas inom en och samma verksamhet. Förhållningssätten har kategoriserats utifrån två kriterier: dels avseende i vilken utsträckning verksamheterna accepterar de externa kraven, och dels i vilken utsträckning verksamheterna anpassar sig till kraven.

### *Att ansluta sig till logikerna*

Ett sätt att förhålla sig till de externa kraven var för verksamheterna att ta till sig och agera enligt de nya logikerna. Ett exempel är ett äldreboende som får dåliga betyg på nöjdhet avseende sociala aktiviteter, i brukarundersökningen. Med detta förhållningssätt betraktas dåliga resultat som bevis på en organisatorisk brist. Verksamheten anpassas efter mätresultaten, det vill säga fler aktiviteter anordnas

och visas upp i sociala medier. Detta förhållningssätt utgår från en tilltro till logikernas validitet, alltså att om ett äldreboende deltar i konkurrensen, ökar insyn genom att visa upp verksamheten, och fogar sig efter externa krav, så förbättras omsorgen och därmed också anseende. Utvecklingen av boenden med livsstilsprofil kan ses som ett uttryck för att boenden förhåller sig till logikerna på detta sätt. Ett annat sätt på vilket boendena antar de nya spelreglerna är det relativt oproblematiserade användandet av sociala medier för att framställa organisationen i ett fördelaktigt ljus, även om sådana bilder bidrog till vad som ansågs vara orealistiska förväntningar. Genom att ansluta sig till logikerna kan verksamheterna förbättra sitt anseende. Dock bidrar ett sådant förhållningssätt till att de externa kravens giltighet förstärks ytterligare – krav som verksamheterna sedan måste leva upp till om de vill bevara sitt anseende.

#### *Att avfärda logikerna*

Ett annat förhållningssätt innebar att logikerna avfärdades. Ett äldreboende som fått låga mätresultat på sociala aktiviteter i en brukarundersökning, och som förhåller sig på detta sätt, avfärdar de externa kravens giltighet, exempelvis genom att säga att det är anhöriga och inte de boende själva som fyller i enkäten. Därför skulle fler aktiviteter inte leda till mer nöjda boende, och verksamheten anpassas inte efter mätresultatet. Intervjupersoner som gav uttryck för detta förhållningssätt framhöll vikten av att luta sig mot det professionella omdömet och kunskap om de organisatoriska förutsättningarna. Detta var exempelvis fallet i majoriteten av intervjupersonernas resonemang om brukarundersökningen. Såväl metoderna för datainsamling som enkätfrågornas relevans och användbarhet och resultatens tillförlitlighet ifrågasattes och avfärdades. Likaså avfärdades anhörigas önskemål om att brukarna skulle leva ett aktivt och socialt liv på äldreboenden, eftersom sådana önskemål ansågs grundade i bristande insikt i brukarnas önskemål och fysiska förutsättningar. Detta förhållningssätt skulle kunna förknippas med professionell integritet, men kan samtidigt stå för den typ av avskärmning från det omgivande samhället som karaktäriserat totala institutioner.

### *Att spela för gallerierna*

Ett tredje sätt innebar att visa upp en bild som övertygade publiken om att verksamheten motsvarade omgivningens krav och förväntningar, men i praktiken inte göra förändringar. I exemplet med ett äldreboende som får dåliga betyg på sociala aktiviteter i en mätning, innebär detta förhållningssätt att verksamheten inte accepterar de externa kravens validitet (att fler aktiviteter gör de boende mer nöjda) och heller inte anordnar fler aktiviteter. Verksamheten hanterar istället externa krav på en presentationsnivå, genom att synliggöra och kommunicera de sociala aktiviteter som redan anordnas. Denna anpassningsstil var tydligast avseende äldreboendenas online-presentationer. Sociala medier och bloggar gav äldreboendena möjlighet att visa upp en noga utvald bild av livet på äldreboende, medan stora delar av den organisatoriska vardagen exkluderades från presentationerna. Den version av äldreboendena som visades upp syftade till att signalera att brukarna levde ett aktivt, meningsfullt, normalt men också lyxigt liv.

### *Att underkasta sig logikerna*

Slutligen kan verksamheter anta en anpassningsstil som innebär att man fogar sig efter logikerna av den anledning att det yttre trycket upplevs begränsa handlingsutrymmet; av övertygelse om att ett gott anseende, och därmed framgång, bara kan uppnås genom att följa spelreglerna. I exemplet med ett äldreboende som får dåliga betyg på sociala aktiviteter, innebär detta förhållningssätt att trots att de externa kraven inte anses giltiga, så anpassas verksamheten och fler aktiviteter anordnas eftersom verksamheten annars riskerar sitt anseende. En variant av detta förhållningssätt innebär att de externa kraven anses sakna validitet på en 'omsorgsnivå', däremot anses de vara giltiga på en 'anseendenivå'. De intervjupersoner som gav uttryck för detta förhållningssätt menade att de inte hade något annat val än att låta brukarundersökningens resultat utgöra grund för verksamhetens förbättringsarbete, även om de inte trodde att sådana förändringar skulle göra det bättre för boendena. Likaså hävdade flera intervjupersoner att organisationer idag 'måste' vara synliga på sociala medier och anpassade sig därför till denna presentationslogik, även om de samtidigt uttryckte

att de hade en negativ inställning till ökade krav på insyn. Att inte synas, eller att inte sträva efter bättre mätresultat, skulle ofrånkomligen medföra misstänksamma och kritiska anhöriga, vilket riskerade att försämra verksamhetens anseende.



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# Nursing homes on public display

Reputation management in the new landscape of  
Swedish eldercare

Nursing homes are often thought of as gloomy, institution-like places for frail old people. Marketisation, auditing and mediatisation have made nursing homes particularly sensitive to outsiders' assessments, and increased the need for external approval. How do organisations with such a bleak reputation navigate a landscape where 'image is everything'? How do they counter the negative general perception and stand out as unique, attractive and in an endless pursuit of excellence? This dissertation investigates publicly displayed images of nursing homes in the mass media and social media. It also examines how nursing home

representatives reason about defending and improving organisational reputation.



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SOCIALHÖGSKOLAN