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Care workers in elder care: the Four Flows of constituting care organisations on social media

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ABSTRACT

This qualitative study delves into the impact of social media within a private elder care organisation, where its daily use was mandatory. It examines how care and care organizations take shape through the daily practices of care workers. Utilizing the concept of agency within the Communication Constituting Organisations framework (CCO) and its Four Flows model, we analyse how communication processes shape the organisational engagement of care workers. The study draws on interviews, observations, and a sample of the organisation's Twitter feed. The Four Flows illustrate care workers as proactive social media users motivated by personal values. While social media introduces new work tasks and alternative perspectives on traditional care, it also raises concerns about potentially prioritising technology over person-centric care. This research underscores how social media influences the content and methodologies of care within the framework of Communication Constituting Organisations (CCO) theories.

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Agency; social media; Four Flows; communication constituting organisations; care work; elder care

Introduction

The elder care crisis encompasses economic, political, and demographic changes, challenging the moral principles of care due to demands of new public management, technological solutions, and cost-effectiveness (Kovalainen, 2021; Kröger, 2019). Media coverage often portrays care work negatively, contributing to a troubled image and labour shortages in the sector (Girvin, Jackson, & Hutchinson, 2016). The attractiveness of the elder care sector to potential employees is declining despite increasing labour needs, and the shortage of qualified workforce and resources poses ongoing challenges (Kovalainen, 2021; Kröger, 2019; Wrede, Henriksson, Høst, Johansson, & Dybbro, 2008).

While much of the literature has examined the technologisation of care and technologies' impact on care (Beedholm, Frederiksen, & Lomborg, 2016; Hampton, 2012; Kovalainen, 2021), as well as technologies of care from an economical perspective (Bodenheimer, 2005; Leite, Hodgkinson, & Gruber, 2020; Westbrook & Braithwaite, 2010), in this study we apply an organisational communication perspective concentrating on the agency of care workers and

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technology-mediated care. We are interested in how care workers as professionals, and care organisations as institutions are constituted in the everyday practices of care workers both offline and online in social media. Health organisations' social media posts can be seen as formal organisational communication, providing information to the audience, clients, and patients (Didi & Lundy, 2017; Gallant, Irizarry, Boone, & Kreps, 2011; Neiger, Thackeray, Burton, Thackeray, & Reese, 2013; Park, Reber, & Chon, 2016). These posts are considered credible and easily accessible sources of health information for the public (Park, Reber, & Chon, 2016) and are effective tools for organisational communication and engagement (Li & Bernoff, 2011; Park, Reber, & Chon, 2016). Furthermore, we acknowledge the potential of social media posts to actively participate in the constitution of work and professional identity of workers engaging in the practice of 'working out loud' (Sergi & Bonneau, 2016). Following Sergi and Bonneau's (2016) ideas we see that the compact nature of social media posts, within the context of the digital domain, enables them to exert a considerable influence in shaping the ethos and identity of individuals involved in this communicative mode. This holds relevance within the paradigm of care work, where professional identity is a dynamic and multifaceted construct shaped by a blend of traditional offline interactions and contemporary online engagements.

Our study is situated in a private, residential elderly care organisation, in which care workers were responsible for updating social media, particularly Twitter,¹ as mandated by the organisation's management. Thus, our focus in this study is mainly on Twitter use, even though our data also shows how care workers regularly used YouTube to broadcast some of the events and daily practices of the organisation. Such a setting provides a fruitful context to study the agency of care workers and the constitution of elder care organisations through care workers' daily online and offline practices.

Our study contributes to health communication and organisational communication literature by examining the agency of care workers and the constitution of care work in an eldercare organisation heavily shaped by the idea of technology-mediated care. Through the lens of Communication Constituting Organisations (CCO) perspective, and specifically the Four Flows Model (McPhee, 2014; MCPhee & Zaugg, 2000), we analyse the interplay between care workers' agency and the ways care work is constituted by focusing on care workers' daily practices offline as well as online in social media. The care work and care organisation can be seen as self-structured, negotiated as well as institutionally positioned through the ongoing flow of tweets and other social media practices of individual care workers. Our study extends the current communication literature applying the Four Flows Model and other structuralist views of CCO (e.g. Gibbs, Boyraz, Sivunen, & Nordbäck, 2021; Nordbäck, Myers, & MCPhee, 2017), by showing how the use of social media provides ways for care workers to negotiate, coordinate, and be reflexive about as well as position care work and care work organisations within and beyond organisational boundaries. Finally, care work has traditionally been a profession that emphasises hands-on work and presence, whereas marketing and capitalising on the use of communication technologies (such as social media) is less evident and less studied in this context.

Thus, our study highlights the uncharted aspects of care work by unpacking the mediated practices taking place in today's care organisations.

Agency and Four Flows Model as theoretical framework

CCO is a wide theoretical perspective, an umbrella of various approaches within organisational communication that emphasises the interactive nature of organisations and their formation (Brummans, Cooren, Robichaud, & Taylor, 2014; Coreen, Kuhn, Cornelissen, & Clark, 2011; Putnam & Nicotera, 2009). Within the CCO perspective, we draw on the Four Flows Model (McPhee & Zaug, 2000; MCPhee, Poole, & Iverson, 2014) which bases its tenets on structuration theory (Banks & Riley, 1993; Giddens, 1984). Structuration theory posits that understanding social systems requires analysing both structure (rules and resources that guide human actions) and agency (the capacity of individuals to act within these circumstances). In this view, structure and agency are interrelated and mutually constitutive (McPhee, Poole, & Iverson, 2014). Social structures are manifested through agents' choices in social situations, while agents, in turn, shape and reshape social structures. Thus, actions both create and recreate structures, with agents possessing the capacity to influence and constitute them (Giddens, 1984).

The Four Flows Model (McPhee, 2014; MCPhee & Zaug, 2000) explores organisational communication through four key processes or flows. These flows include (1) membership negotiation, which focuses on integrating people as organisational members; (2) reflexive self-structuring, which examines how communication shapes the organisation's structure; (3) activity coordination, which contextualises and coordinates specific co-actions; and (4) institutional positioning, which explores how organizations position themselves in larger social systems (McPhee, Poole, & Iverson, 2014). Analysing these flows enables us to understand how individuals negotiate membership boundaries, coordinate roles and tasks, and establish relationships with external organisations. The Four Flows Model is also useful in understanding how care workers constitute their organisation through social media use. In particular, the four flows provide a lens to examine how the organisation is institutionally positioned in the elder care by the care workers and how they communicate about elder care in public on social media.

The Four Flows Model draws on three concepts of agency: (1) viewing agents as intentional human beings distinct from non-human actants or resources, (2) recognizing their capacity to act differently based on knowledgeability and reflexive monitoring, and (3) acknowledging their role in both reproducing and challenging rules and structures (see Emirbayer & Mische, 1998; Giddens, 1984; Iverson, MCPhee, & Spaulding, 2018; MCPhee, 2004). While agents are influenced by existing structures, they possess the capability to shape and transform them (McPhee, 2004). Thus, it is important to note that organisations exist due to human agency, as emphasised by Giddens (1984). Furthermore, agency of individuals is shaped by changes in a social environment affected by the continued use of digital technology (Pangrazio, 2014).

Based on this literature review, our research question is as follows:

RQ: How are elder care as a profession and elder care organisations constituted in the daily practices of care workers using social media?

Method

Research site

This qualitative study focuses on a private residential care organisation called Haven of Tranquillity (pseudonym) which was located in a large Finnish city. The organisation consisted of approximately 130 employees and a total of 270 to 300 elder residents, who were accommodated in three houses, each with two floors dedicated to 24/7 enhanced residential care. Each care house was supervised by a team leader overseeing four to eight care workers, including nurses and practical nurses, forming a care house team. Additionally, each care house team included assistant workers such as housekeeping staff, kitchen staff, and physiotherapists, who were present in each care house. Care workers operated in three shifts, with at least one nurse with pharmaceutical rights during the morning shift. The majority of 24/7 enhanced residential care residents had memory disorders and required constant care. Each resident had their own room with private bathrooms, and shared living rooms were available for communal activities, accommodating five to six residents per room.

Updating social media (especially Twitter) was mandatory for the care workers. In practice this meant that each care house team was responsible for leading a morning exercise session and broadcasting it live on YouTube once a week. These exercise sessions were assisted by a physiotherapist. The content of the YouTube broadcasts was predetermined (morning exercise) and was given a precise, daily starting time. However, there were no predetermined schedules and content when care workers posted updates on Twitter. For Twitter posts, the content was not precisely instructed in terms of wording, and the carers tweeted alone or together with a colleague according to their own consideration during their workday. Care workers posted from the organisation's social media accounts. The use of personal accounts was not prohibited, but sharing residents' personal matters or the employer's affairs on personal accounts required careful consideration from the care workers.

Data collection

Our data collection overlapped with the third wave of the COVID-19 pandemic, which emerged in Finland in February 2021. On 1 March 2021, the Finnish government declared a state of emergency. A large-scale mask ban was being prepared, but in nursing homes the mask ban had already been in place since the beginning of the COVID-19 pandemic. Visitors were not allowed into nursing homes, and residents were not allowed to visit other wards or common areas.

Access to the field during the pandemic was challenging. However, despite the strict restrictions related to access in the residential elderly care, we were able to start the research project in March 2021 with interviewing care workers. This was possible because the field researchers (including the first author) were all vaccinated

and the organisation was convinced of the importance of the research and usefulness of the results to improve care workers working conditions. We started the thematic interviews with 13 workers from different roles. The first author and a field researcher interviewed nine care workers face-to-face and four supervisors and management representatives via video-calls from Haven of Tranquillity in March 2021. Participants were selected voluntarily based on their interests, work experience, and level of technology use. Written consent was obtained from all interviewees.

The interviewees were mostly experienced care workers and majority of them had been working at the organisation more than 1 year. All of them had a professional health care degree. Altogether we collected 13 interviews, of which nine were care workers and four supervisor and management representatives. The characteristics of the interviewees are presented in Table 1. All interviewee names are replaced with pseudonyms.

Each interview lasted approximately an hour (from 44 min to 70 min, average 54 min), and was audio-recorded and transcribed verbatim, resulting in 514 pages of transcribed text, altogether 89,548 words (ranging from 4,551 words to 9,203 words, on average 6,888 words per interview). The interviews covered topics such as work and technology-

Table 1. Interviewees and their background information.

Pseudonym	Position	Educational background ² , presumed gender F = female, M = male	Length of employment (under 1 year, 1–2 years or longer than 2 years)	Experience in caring sector (entry-level, senior level)	Uses technology at work	
Kate	Supervisor	Nurse, F	1–2 years	Senior level	Yes	
Robin	Care worker	Practical nurse, M	Under 1 year	Entry level	Yes	
Maria	Care worker	Practical nurse, F	Longer than 2 years	Senior level	Yes	
Rosa	Care worker	Practical nurse, F	1–2 years	Senior level	Yes	Also observation phase
Anna	Care worker	Practical nurse, F	Longer than 2 years	Senior level	Yes	
Jennifer	Care worker	Practical nurse, F	1–2 years	Senior level	Yes	
Mia	Supervisor	Nurse, F	Longer than 2 years	Senior level	Yes	
Sofia	Supervisor	Master of Health care, nursing, F	1–2 years	Senior level	Yes	
Olivia	Care worker	Master of Health care, nursing, F	1–2 years	Senior level	No	
Sonia	Care worker	Nurse, F	Longer than 2 years	Senior level	Yes	
Irene	Supervisor and care worker	Nurse, F	Under 1 year	Senior level	Yes	Also observation phase
Annemarie	Care worker	Practical nurse, F	Under 1 year	Entry-level	Yes	
Paula	Supervisor	PhD, public health, F	Longer than 2 years	Denior level	Yes	
Jenny	Care worker	Nurse, F	1–2 years	Senior level	No	Only observation, no interview



Figure 1. Sketch of the photo attached to the tweet.

mediated communication, social media use, learning and professional agency, client relationships, good care and empathy, and a sense of community and well-being at work. During the interviews, participants were also asked to comment on a tweet posted by the organisation, depicting a care worker showing a birthday card to a resident (Figure 1). The tweet's text said 'A birthday card sent by a loved one will make you happy. #FriendshipIsImportant'. There was also specific hashtag of the team who made the post.

The observation was originally planned to take place in three different units, but one of the housing units had to be isolated due to the COVID-19 pandemic. We were able to start the field observation phase in August 2021, when the first author and a field researcher were observing care workers work on site. The observations included in the fieldwork consisted of observing the workdays of three care workers (Irene, Rose, and Jenny) who were observed in interaction situations with clients and co-workers. Observation periods ranged from a full morning shift to half a shift and lasted altogether three days. A discreet GoPro camera and handwritten notes were used for data collection, resulting in 147 video clips and 65 pages of field notes including 9,998 words. These observational field notes complement the interview data.

Finally, the fieldwork also included a sampling of the organisation's Twitter feed from 1 August 2021, to 31 August 2021. This sample included altogether 135 tweets, with 29 tweets specifically from the organisation's different teams. These tweets were downloaded as 29 screenshots (jpg-images).

Data analysis

We focused our analysis on the agency of care professionals in their use of social media as a part of their work. First, the transcribed interviews were read, and an inductive open coding (Strauss & Corbin, 1988) was started with the help of Atlas.ti. The codes were categorised according to where the interviewee talked about social media, technology in general or specifically, the societal image of care, care as a profession, organisational practices, organisation's image and its relationship with other care organisations; or passages where interviewees talked about the perspective or position of elder people. After open coding the initial coding scheme was discussed with researchers for sense-making and considering a variety of interpretations. At this stage, the Four Flows Model was chosen as a theoretical framework to revisit both the data and theory with iterative coding (Tracy, 2013) and altogether 207 interview extracts were identified in which the interviewee specifically talked about the use of technologies at care work, care work and social media, care organisation's and social media's assumed audiences or agency in social media. The categories were divided into four categories, each representing one of the Flows. The aim of the categorising was to create four 'umbrella' categories that make sense conceptually (Tracy, 2013). The categories and interview extracts were examined according to the themes that emerged in it and interpreted with the help of the Four Flows Model (McPhee & Zaug, 2000). Dissenting views were discussed together until a consensus was reached.

All interview excerpts and tweet texts presented in the findings section are translated from Finnish to English and adjusted for anonymity reasons. Participants' names were pseudonymized and all identifiable data was removed from the data samples.

Findings

First flow: agency and membership negotiation

Our analysis shows the different dimensions of care workers' agency in social media use through the Four Flows model (McPhee, Poole, & Iverson, 2014). The first flow of CCO, membership negotiation, surfaced in the interviews whenever the interviewees talked about care workers' initial phases of joining the organisation and how the use of social media was introduced as one of their official work tasks. The supervisors described how the work-related use of social media was a part of care workers' orientation and initiation process. According to them, social media was introduced as soon as possible to make it an integrated and obliged work task in the organisation. As supervisor Kate said: 'Yes, it's part of the orientation. You'll probably come across it in your first week on the job'. She explained that she wants to get the new employee involved in social media immediately 'so that before there are any prejudices, it is already involved in the work'. Kate was explicitly including the use of social media as a part of the care workers' orientation processes. However, even though updating social media was an obligatory task and introduced to new employees as an essential process by the supervisors and organisation's management board, there were differences in implementation of the organisation policies. Not every new employee started to use social media. Some employees told they wanted to choose differently when asked about the work-related social media use, as care worker Maria put it:

I rely more on warm hands than on technology. I don't, I ... I'm not familiar with technology, so... I can say it's not my thing.

Most of the care workers were using Twitter, but there were a couple of care workers who did not use work-related social media at all. These care workers did not include social media in their vision of elder care, nor their identity as a care worker. They considered it as burden or taking too much time from care. Similarly, some more avid social media users recognised the challenges related to work-related social media use and care. Rosa, one of the care workers we observed, told us that she was using a lot of social media – especially in her private life. She was technologically skilled and helped the others with using for example Twitter and YouTube, but at the interview she was pondering:

It's kind of awful, when the technology comes, so when... When it's the closeness though that matters in our work, that matters most... It's the touch that matters more than anything you can offer on screen.

Later she continued:

[Care] probably suffers from it if it [Twitter] is used too much with the care. After all, it is time that is taken away from care.

The first flow, membership negotiation, emerged in interviews when discussing care workers' initial stages of joining the organisation and the introduction of social media as an official work task. Supervisors emphasised that social media was integrated into the orientation and initiation process, considering it an essential aspect of the work. However, not all employees engaged with work-related social media. This variation in social media adoption highlighted care workers' agency and their negotiation of membership within the organisation, shaping their role and identity in relation to care work and social media use.

Second flow: self-structuring the agency

According to the Four Flows Model, self-structuring is a process of continuous learning and reflection (McPhee & Zaug, 2000). Care workers reflected on their own role as content contributors for Twitter and in relation to the organisation for example by sharing and discussing their work tasks or the content of their shifts on social media. Through this reflection they both constituted the organisation and dissolved organisational boundaries at the same time.

Figure 1 presents a Twitter post shared through the organisation's Twitter channel. In the tweet there is a photo in which a care worker is showing a birthday card to elder resident. The ways the interviewees responded to this tweet during the interviews provides an example how the care workers had a shared idea of the organisation. Most of the care workers liked the picture. They said elder person was represented in a respectful manner. Maria, a care worker described it as follows:

A really warm, wonderful picture, she gives the resident a little moment of time and compassion.

For these interviewees, the tweet constituted the organisation as a place where care workers have enough time to read the cards sent by relatives or friends. Care workers

were talking a lot about good life and good living, and those were descriptions that the supervisors also connected to the organisation when they were asked to describe the same tweet. They were providing good life, not only elder care. Supervisor Mia was pondering the tweet in a larger picture:

I think it's just a reflection of our values. That these people are important to us and that what we do with them, the priority is that it makes them feel good.

Self-structuring involves the reflexive monitoring of the organisation, and it can be seen in care workers' different ways to enact policies and processes, already described in the first flow. However, there were also differences in the interpretations on what this one tweet was seen to represent, and what mood was conveyed by the image attached to it. Thus, the tweet was seen in different light by some of the care workers, such as Olivia:

It looks completely fake in the picture, the resident is not participating, [...] and the care worker is trying hard to explain.

According to Olivia, the viewer was left with the suspicion that the resident was not really involved in the situation or what was the emotion that the image was trying to communicate. Similarly, Anna, another care worker said: 'There may also be a little bit of coercion in this [picture], it may seem pretentious in someone's eyes'.

The second flow of self-structuring also involved the production and reproduction of structures (McPhee & Zaug, 2000). Some of the care workers did see social media as an instrument to re-organise the care. Jennifer, a care worker, described it as follows:

We have Twitter, so we are always excited to think about all the different hobbies what could be done with the residents in a completely different way than before. It's like bringing a nice addition to that. An enthusiasm for that.

This way, social media was not used only to communication to the public, but through social media the care workers also constituted their work. Some care workers were planning the day's activities through the needs of social media: what would look good on Twitter and where one could get nice pictures. Care worker Annemarie described it as follows:

[Updating Twitter] brings more ideas to what to do with the residents. While we want to offer residents a variety in everyday life and the best possible life anyway, of course it [Twitter] adds a little more to the idea when you think that this could also be shared. This could be visible.

The self-structuring flow can be seen as care workers continuously learning and altering the content of work to meet the requirements of social media. Care workers justified their actions in real life partly in terms of social media – while bringing joy to the elderly, social media had an important role in re-structuring the idea of care.

Third flow: negotiating organization's structures

Third flow asks how the members of the organisation negotiate the organisation's structures, such as rules and resources, to get their work done and how are the activities coordinated. In the observations, this was especially visible when the care workers did

Table 2. A sample of observation diary.

Timestamp	Description
10:10	Care worker Jennifer sends a tweet about an upcoming YouTube live broadcast. Reads instructions and takes long time (Third author takes pictures, first author comes with gopro-camera). Jennifer sets up the teddy bear, moves the porridge plate in the background several times (video). Care worker Irene is giving a shower to a Resident 5. Jennifer asks Resident 4 to go outside. They leave hand in hand. Resident 3 is talking to herself. Careworkers are not paying any attention, Jennifer is focused on tweet and instruction sheet. TV is on, but no one watches it.
10:18	Another care worker (not interviewed) takes a photo of Jennifer with a teddy bear on her lap for the cover picture of the YouTube Live broadcast. Resident 3 and Resident 2 are at the table, resident 3 is talking to herself, resident 2 is sitting and staring ahead, occasionally closing her eyes. The careworkers are completely focused on the internet and the upcoming broadcast, paying no attention to the residents.

their decisions independently or together with co-workers without supervisor being present. In the everyday of elder care, the care workers often worked alone or with co-workers or assistant personnel.

While observing the work shifts of the care workers, we saw a lot of negotiation related to the use of social media without the supervisors being involved in it. [Table 2](#) is an extract from our observation diary followed by an excerpt from our fieldnotes.

One morning we were witnessing how two care workers, Jennifer, and another care worker, prepared for a YouTube Live broadcast ([Table 2](#)). It took place right after breakfast and morning routines. Some of the residents were sitting around the dining table in the common room of the residence. The care worker was trying to figure out how to log in the organization's YouTube account and how to start the live broadcast. A bit later the care workers were helping each other to take a cover and tweet picture. They were making decisions on the go, there were no one else to ask for help. The residents were sitting and watching, some of them were even shouting something, but care workers did not pay any attention to them. They focused on posting social media. (fieldnotes 31.8.2021)

In the interviews, almost all the care workers said that they helped each other with social media and with the content, as well as gave each other tips on what to write or where to get the ideas. Care worker Olivia told she was asking help with all her tweets, because she was a little hesitant with Finnish language:

Interviewer: So, do you have some kind of like guidelines what are you supposed to tweet or do you talk with your colleagues about that kind of stuff?

Olivia: With colleagues especially me, I don't do it alone, I ask my friend to help me out because I don't want to use wrong words [laughs]

At the same time when care workers were helping each other, they were also monitoring their own and others' actions: what can be said on YouTube Live, what can be written on Twitter. This type of activity shows how care workers navigated the organisation's policies regarding social media use. While encouraged to use Twitter for work-related purposes, they were cautious about discussing sensitive matters on personal accounts. Privacy concerns and the public nature of social media led care workers to carefully manage the content they shared, ensuring a positive portrayal of residents and an opportunity to reshape the public image of elder care.

Fourth flow: institutional positioning of the care organisation

The fourth flow manifests how the organisation is positioned compared to the other elder care organisations and in the elder care field from a more macro-level perspective (McPhee & Zaug, 2000). The care workers were proud of being part of this organisation. They compared the organisation to other institutions and felt that things were done better in their organisation. The organisation's brand message about 'good life' seemed to be clear in the minds of the care workers. This was also shown online on Twitter. The tweets sent by the care workers had a common hashtag about good life. In the interviews, the care workers said that the hashtags were given by the organisation, but the content of the tweets created by care workers was all about how everyday living in an elder care residence can be energising and fun. One tweet with three pictures included stated how going out together refreshes the mind. In the pictures there were two residents in wheelchairs looking at farm animals. The tweets were representing the organisation and drawing a picture of a peaceful and pleasant place. The same occurred also in the interviews when asked the care workers opinion about the birthday card tweet (Figure 1):

Interviewer: What does this tweet tell you about the Haven of Tranquillity?

Robin, care worker: That this is a warm place . . . yeah that.

The positive public image of elder care was mean for Haven of Tranquillity to position the organisation institutionally. Some of the care workers were referring to the bad reputation of the Finnish elder care and wanted to change it. For them working with elderly was positive and joyful, something they were proud of. It seemed that the care workers and the supervisors wanted position the organisation among happy and good places to work to change the public image and show the positive side of their work. The care workers were also pondering that among wider audience elder care was not seen interesting, inspiring nor intriguing. Supervisor Sofia said:

And to the whole Finland, the elder care is not as horrible as it can be seen from telly and the Internet today. It's a nice field to work and do stuff. It's not as scary as you see the image there. [on media]

The institutional position of the Haven of Tranquillity was operationalised through the importance to re-build the image, to tell the 'good news', and show the positive side of care workers' job. The care seemed to be their vocation. Through social media the care workers were also constructing their own professional identities. Rosa, a care worker described:

That even though this field is rather poorly paid, one doesn't do this for the sake of money, but does it with the heart and to enable these elder people to have a good everyday life.

In care sector it was also a question of ethics whether and how much one should talk about their work and their customers, the residents on public social media. In the interview care worker Anna stated as follows:

However, I feel that I am doing something meaningful, and it depends so much on us, how we do and show ourselves to the outside world, so there can be a change.

Anna was upset that she felt that the government or society did not appreciate the elder care work and that is why she saw Twitter as an important channel. She felt like it was also her duty to show the important and meaningful work to wider audience.

In the fourth flow, care workers represented and positioned their organisation in the care work sector through social media. They endorsed the organisation's values and practices comparing it favourably to other organisations in the elder care field. Using hashtags and tweets, they highlighted the positive experiences of residents and aimed to counteract negative perceptions. Care workers recognised their responsibility in representing the organisation online and strove to align their content with its image and values.

Discussion

Our findings show that care workers can be seen as active agents in terms of social media use, acting according to their own values and intentions and constituting care and care organisations through social media. Care workers actively choose to use or not to use the given social media channels and they monitor and reflect on their actions in relation to the organisation and to the field of care. Reflecting the care workers' agency perceptions through the theoretical framework of the Four Flows Model (McPhee & Zaug, 2000), our findings show the role of social media in the care worker's daily grind. The use of social media can be part of the organisation's membership negotiation and socialisation of the new employees but it also gives the care workers the possibility to tell a wider audience about their work and even possibility to change the controversial image of elder care. The care workers actively shape their agency through social media. They use platforms like Twitter to construct their professional identities, emphasising the positive aspects of their work in elder-care. By showcasing their experiences and engaging with a wider audience, they aim to challenge negative perceptions and inspire others.

In previous research, care organisations are represented in social media mainly through formal organisational communication (see Diddi & Lundy, 2017; Gallant, Irizarry, Boone, & Kreps, 2011; Neiger, Thackeray, Burton, Thackeray, & Reese, 2013; Park, Reber, & Chon, 2016). An organisational practice where employees are encouraged to use social media is not unique (see Treem, 2015), but a practice where the use of public social media is incorporated as a part of the daily work tasks is something typically not seen in care organisations. In such a setting, care workers constituted their organisation and profession in new ways through the use of social media and the sometimes it even changed their way of performing care.

We have demonstrated how Four Flows Model (McPhee & Zaug, 2000) helps us highlight how care workers constitute their organisation and care work while using work-related social media. Care workers' agency to communicatively construct social practices is similar to the findings of Iverson, MCPhee, and Spaulding (2018) where each flow illuminated different aspects on how the organisation was constituted. Our findings provide practical implications on how implementing social media to care work may lead to a situation where part of the care work is designed on technological terms. With social media use, new work tasks are created, but it also offers the care workers an opportunity to see traditional care from

a different perspective. Through social media there was an idea of audience watching how the care work was conducted and this led the care workers planning their daily tasks differently. Similarly to previous research (Iverson, McPhee, & Spaulding, 2018), our findings show the important role of oppositional members in constituting the organisation. The care workers who refused to use Twitter were worried that care might suffer from social media use, and their actions contributed to discussion on what constitutes good care. With this study we contribute to the organisational communication research on how a technology (social media), not relevant to the core of the work (care), might structure the whole organisation differently by creating new structures, rules and shaping the organisation's membership negotiations.

The use of Twitter in eldercare is also an ethical matter. The organisation had asked the residents or their relatives for filming permit and permission to publish content about the elderly's life on social media, but it may not always be the case that these vulnerable, elder people often with memory disorders really understand where they are involved. Interviews revealed that according to the care workers, not all residents understood social media even as a concept. Therefore, the question arises whether the organisation is using the elderly in its own brand marketing and how ethical this is. It is also worth considering whether visibility and more positive media image on Twitter might influence the poor image of elder care (see Girvin, Jackson, & Hutchinson, 2016) and change the attractiveness of the elder care sector (see Kovalainen, 2021) or does the brand-building task become just another demand for the stressed care workers.

In our study, care workers also had access to less public communication technologies in their work (such as the instant messaging app WhatsApp). However, with Twitter being a compulsory part of their work, many of the care workers interviewed explained that residents' family members and relatives follow their lives via Twitter. Hence, in this article, we focused entirely on the use of public social media, as its use to such an extent and by care workers is relatively exceptional. Furthermore, through public social media care workers were able to position their work and organisation also institutionally. Future studies could investigate more extensively the role of private communication platforms in sharing information with families and how this shapes the constitution of care and care work organisations.

As for the limitations of this research, we must note that this study investigates small group of employees at a single organisation. Therefore, generalisation of findings beyond this organisation should be subtle. It is also possible that employees who were already more enthusiastic about work-related social media were the ones volunteering for interviews. We cannot say whether this distribution reflects the structure of the organisation more broadly. Language also posed challenges, as some of the care workers in the organisation were not fluent in either Finnish or English and possibly due to language issues did not participate in the study.

Despite these limitations, the findings of this study may contribute to understanding what kind of meanings the use of social media may have for the care workers, when they work in elder care in the era of its crisis (Kovalainen, 2021; Kröger, 2019 etc.). Social media in elder care, as we have described, may function both as an asset and an ethically problematic issue. Elder care is often invisible (Walkner et al., 2018), or the image is saturated with negativity (Girvin, Jackson, & Hutchinson, 2016). Care

workers using social media and finding their own voice and agency may help elder care to become more visible and add the positive side of care work to the public discussions. The care workers using Twitter seemed to enjoy finding new enthusiasm for their work. As organisations are constituted through social media, giving voice to those rarely seen in social media, both care workers and the elderly, is important. Future research could explore how the use of Twitter or other social media might make ageing and elderly more visible in the social media imagery and what implications it could have in the society at large. We would also encourage scholars to investigate further the relationship between social media posts and organisations from a CCO perspective.

Notes

1. In this article, we refer to the studied social media platform as ‘Twitter’ and the posts on it as ‘tweets’, even though the service changed its name to X in August 2023. During the data collection period, the platform was still recognised by the name ‘Twitter’.
2. In Finland, practical nurse is an upper secondary level vocational qualification for health care and social care professionals, required 2–3 years and 180 ECTS credits of study. The term nurse refers to registered nurse, which requires a bachelor’s degree with 3.5 years and 210 ECTS credits of study. Master of Health Care is a master’s degree with 2 years and 90 ECTS credits of study and requires bachelor’s degree.

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References

- Banks, S., & Riley, P. (1993). Structuration as an ontology for communication research. In S. A. Deetz (Ed.), *Communication yearbook 16* (pp. 167–196). Newbury Park, CA: SAGE.

- Beedholm, K., Frederiksen, K., & Lomborg, K. (2016). What was (also) at stake when a robot bathtub was implemented in a Danish elder center: A constructivist secondary qualitative analysis. *Qualitative Health Research*, 26(10), 1424–1433. doi:10.1177/1049732315586550
- Bodenheimer, T. (2005). High and rising health care costs. Part 2: Technologic innovation. *Annals of Internal Medicine*, 142(11), 932–937. doi:10.7326/0003-4819-142-11-200506070-00012
- Brummans, B., Cooren, F., Robichaud, D., & Taylor, J. R. (2014). Approaches to the communicative constitution of organizations. In L. L. Putnam & D. K. Mumby (Eds.), *The SAGE handbook of organizational communication* (3rd ed., pp. 173–194). Thousand Oaks, CA: Sage.
- Coren, F., Kuhn, T., Cornelissen, J., & Clark, T. (2011). Communication, organizing and organization: An overview and introduction to the special issue. *Organization Studies*, 32(9), 1149–1170. doi:10.1177/0170840611410836
- Diddi, P., & Lundy, L. (2017). Organizational Twitter use: Content analysis of tweets during breast cancer awareness month. *Journal of Health Communication*, 22(3), 243–253. doi:10.1080/10810730.2016.1266716
- Emirbayer, M., & Mische, A. (1998). What is agency? *The American Journal of Sociology*, 103(4), 962–1023. doi:10.1086/231294
- Gallant, L. M., Irizarry, C., Boone, G., & Kreps, G. L. (2011). Promoting participatory medicine with social media: New media applications on hospital websites that enhance health education and e-patients' voices. *Journal of Participatory Medicine*, 3, e49.
- Gibbs, J. L., Boyraz, M., Sivunen, A., & Nordbäck, E. (2021). Exploring the discursive construction of subgroups in global virtual teams. *Journal of Applied Communication Research*, 49(1), 86–108. doi:10.1080/00909882.2020.1851745
- Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. Berkeley, CA: University of California Press.
- Girvin, J., Jackson, D., & Hutchinson, M. (2016). Contemporary public perceptions of nursing: A systematic review and narrative synthesis of the international research evidence. *Journal of Nursing Management*, 24(8), 994–1006. doi:10.1111/jonm.12413
- Hampton, T. (2012). Recent advances in mobile technology benefit global health, research, and care. *JAMA*, 307(19), 2013–2014. doi:10.1001/jama.2012.4465
- Iverson, J., McPhee, R., & Spaulding, C. (2018). Being able to act otherwise. In B. Brummans (Ed.), *The agency of organizing: Perspectives and case studies* (1st ed.). New York: Routledge. doi:10.4324/9781315622514
- Kovalainen, A. (2021). Crisis of care: A problem of economisation, of technologisation, or of politics of care? In L. Hansen, M. Dahl, & L. Horn (Eds.), *A care crisis in the nordic welfare states?: Care work, gender equality and welfare state sustainability* (pp. 60–79). Bristol UK: Bristol University Press. doi:10.51952/9781447361374.ch004
- Kröger, T. (2019). Looking for the easy way out: Demographic panic and the twists and turns of long-term care policy in Finland. In T.-K. Jing, S. Kuhnle, Y. Pan, & S. Chen (Eds.), *Aging welfare and social policy: China and the nordic countries in comparative perspective* (pp. 91–104). International Perspectives on Aging, 20 Cham: Springer International Publishing. doi:10.1007/978-3-030-10895-3_6
- Leite, H., Hodgkinson, I. R., & Gruber, T. (2020). New development: 'healing at a distance'—telemedicine and COVID-19. *Public Money & Management*, 40(6), 483–485. doi:10.1080/09540962.2020.1748855
- Li, C., & Bernoff, J. (2011). *Groundswell: Winning in a world transformed by social technologies*. Boston, MA: Harvard Business Review.
- McPhee, R. (2014). Agency and the Four Flows. *Management Communication Quarterly*, 29(3), 487–492. doi:10.1177/0893318915584826
- McPhee, R. D. (2004). Text, agency, and organization in the light of structuration theory. *Organization*, 11(3), 355–371. doi:10.1177/1350508404041997
- McPhee, R., Poole, M., & Iverson, J. (2014). Structuration theory. In L. L. Putnam & D. K. Mumby (Eds.), *The SAGE handbook of organizational communication* (3rd ed., p. XXXX). Thousand Oaks, CA: Sage.

- McPhee, R. D., & Zaug, P. (2000). The communicative constitution of organizations: A framework for explanation. *Electronic Journal of Communication/La Revue Electronique de Communication*, 10(1–2), 21–47. doi:10.4324/9780203891025
- Neiger, B. L., Thackeray, R., Burton, S. H., Thackeray, C. R., & Reese, J. H. (2013). Use of Twitter among local health departments: An analysis of information sharing, engagement, and action. *Journal of Medical Internet Research*, 15(8), e177. doi:10.2196/jmir.2775
- Nordbäck, E. S., Myers, K. K., & McPhee, R. D. (2017). Workplace flexibility and communication flows: A structural view. *Journal of Applied Communication Research*, 45(4), 397–412. doi:10.1080/00909882.2017.1355560
- Pangrazio, L. (2014). Reconceptualizing critical digital literacy. *Discourse: Studies in the Cultural Politics of Education*, 37(2), 163–174. doi:10.1080/01596306.2014.942836
- Park, H., Reber, B. H., & Chon, M.-G. (2016). Tweeting as health communication: Health organizations' use of Twitter for health promotion and public engagement. *Journal of Health Communication*, 21(2), 188–198. doi:10.1080/10810730.2015.1058435
- Putnam, L., & Nicotera, A. (Eds.). (2009). *Building theories of organization: The constitutive role of communication*. New York: Routledge.
- Sergi, V., & Bonneau, C. (2016). Making mundane work visible on social media: A CCO investigation of working out loud on Twitter. *Communication Research & Practice*, 2(3), 378–406. doi:10.1080/22041451.2016.1217384
- Strauss, A., & Corbin, J. (1988). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Tracy, S. (2013). *Qualitative research methods. collecting evidence, crafting analysis, communicating impact* (2nd ed.). USA: Wiley-Blackwell.
- Treem, J. W. (2015). Social media as technologies of accountability: Explaining resistance to implementation within organizations. *American Behavioral Scientist*, 59(1), 53–74. doi:10.1177/0002764214540506
- Walkner, T., Weare, A., & Tully, M. (2018). You get old. You get invisible”: Social isolation and the challenge of communicating with aging women. *Journal of Women & Aging*, 30(5), 399–416. doi:10.1080/08952841.2017.1304785
- Westbrook, J., & Braithwaite, J. (2010). Will information and communication technology disrupt the health system and deliver on its promise? *Medical Journal of Australia*, 193(7), 399–400. doi:10.5694/j.1326-5377.2010.tb03968.x
- Wrede, S., Henriksson, K., Høst, H., Johansson, S., & Dybbro, B. (2008). Care work and the competing rationalities of public policy. In S. Wrede, L. Henriksson, H. Høst, S. Johansson, & B. M. Dybbro (Eds.), *Care work in crisis reclaiming the nordic ethos of care* (pp. 13–35). AB, Sweden: Studentlitterature doi:10.31885/9789515150233.