Purpose, Principles, and Profit – A Critique of the Commercialisation of Residential Aged Care Services in New Zealand

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Abstract

New Zealand has been at the vanguard of neoliberal economic and social directives that have dominated commercial enterprises and social service delivery driving much global development for over three decades. The social degradations associated with this form of development are attracting increased attention from a diverse range of critics. A crisis of systemic legitimacy is evident. Legitimacy as a concept invites exploration of what are to be considered ethical behaviours and socially-desirable actions at the level of the organisations that together constitute the social organisation of our humanity. This research, located in New Zealand, is a contribution to this strengthening global critique. Perceptions of organisational legitimacy as it relates to social-purpose businesses providing residential aged care in this jurisdiction is the focus of this study. Since the introduction of neoliberal market orientations to social service delivery, the majority of residential aged care facilities in New Zealand have become controlled by commercially-orientated entities. The numbers of socially-orientated aged care providers has declined markedly. The move towards commercialised aged care arrangements has had a detrimental effect on rural regions, elderly that are financially disadvantaged, and those with special needs.

Using the intent of Appreciative Inquiry as a departure point, semi-structured discussions were held with senior managers of four social-purpose businesses delivering residential aged care services to explore their understanding of their organisation's legitimacy. Participants view their organisation's legitimacy vested in moral procedural legitimacy, or 'doing the right thing'. External endorsements, funding levels, meeting community needs, the values that underpin their organisations, and being seen by constituents as socially relevant, were put forward as aspects that shape their organisations' legitimacy. Legitimacy sources were primarily viewed as the incidental by-product of their constituents' normal duties. Specific actions that are perceived to enhance organisational legitimacy are listed, and a legitimacy typology is created.

An undercurrent of despair arising from tensions participants experience in their attempts to meet conflicting views of care between funders and service providers emerged spontaneously. Concepts of critical organisational studies were reviewed to assess the neoliberalist ideas that underpin the commercialisation of aged care. This sense of despair was subsequently reviewed from both a rational and prophetic perspective. Attention to this depair offers a site for future inquiry with transformational potential.

Through this study the influence of neoliberalist policies on the care for vulnerable elderly is better appreciated. This research contributes to an exploration of questions regarding the extent to which the sector is serving the 'common good' rather than meeting investor interests – a concern not limited to the care of vulnerable elderly. New Zealand has again an opportunity to be in the vanguard of change. This research concludes with advocacy for a potential change in direction from a commercial understanding of care to a eudaimonic understanding, perhaps emerging in the enlarged attention to wellbeing promoted by the incoming government that has vowed to tackle the degradations of the neoliberal legacy.

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Attestation of authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Jacobus Ferdinand Kilian

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Chapter One - Introduction

Background to this study

The western neoliberal model of global economic development that has dominated policy and practice in many parts of the world for over three decades has come under increasing scrutiny. It is unclear yet how the challenges brought to the fore by its critics will be addressed in various jurisdictions. New Zealand is notable for voluntarily institutionalising neoliberalism rapidly and broadly from the early 1990s. From the outset in this jurisdiction, a vanguard of critics called attention to the degradation of social and environmental conditions that emerge wherever this form of development was implemented (Hazledine, 1998; Kelsey, 1997). Critiques of neoliberal globalisation have been amplified globally by such eminent writers as Joseph Stiglitz (2002) and Pope Francis (2015).

New Zealand is again making a significant contribution in the vanguard of global ideas. The change in late 2017 to a Labour-led government in this country marks a possibility of radical change in the direction of this nation. A change in the direction of this nation has the potential to contribute to the transformation of the cultural and social degradations associated with the form of market-driven dominance here and abroad. My research brings a specific perspective to the potential of such a change of direction, drawn from my expressed commitment as a Christian scholar with a critical orientation towards organisational studies. I see my research contributing to an exploration of the question whether the commercialisation of care increasingly seen in the care sector is serving the 'common good', or whether the market-logic associated with the commercialisation of care is orientated primarily towards economic considerations.

Neoliberal ideas of market efficiencies have been legitimised these past three decades not only through the overt persuasion of enough members of the voting public to allow the direction of the nation to be guided by neoliberal principles. These ideas have been embedded and routinized in the day-to-day pragmatic requirement to apply these values to the everyday policies and practices of the diverse institutions that together constitute the nation. This legitimation was based on a strong line of reasoning (the promulgation of the TINA principle) that despite observable difficulties, 'There Is No Alternative' (Kelsey, 2002) for the enhancement of the 'common good'. The 'common good' was to be achieved by an intensification of productivity, the privatisation of

as many state assets as possible for their profit potential, to be realised through the assumed efficiencies of free markets and the withdrawal of the state from the provision of many social services (Humphries, 1998). The values of the neoliberals are now coming under re-view and re-direction in New Zealand. While my focus is on the organisations that manage the care of the vulnerable elderly, its ramifications for social services in a post-neoliberal context are offered in my final chapter.

Transforming the neoliberal order: a light in the darkness

The ideals brought to vogue in New Zealand since the early 1990s bear key hallmarks of the neoliberal way of thinking permeating three decades of policy and practice in many western jurisdictions globally, particularly in the areas of market-driven remedies to social issues, the reduction of direct state provision of services, and the depiction and reward of work, employment and value. These hallmarks were imputed as values into every-day practice and common sense through the infusion of a very limited 'business model' as the most appropriate way to organise human endeavours and the relationship between people and planet.

With the significant influence of the Chicago School of economics post World War Two and the strategic insinuation of the long-term objectives of the Mont Pelerin Society (Garofalo & Fetoni, 2013), the western capitalist logic for the maximisation of profit through the exploitation of resources (within the boundaries of the law) narrowly defined 'the business model' for global (and national and community) development. This model entails the increased commodification of people in the way business is to be understood and conducted – both as employees and as consumers of services. The outcome of neoliberal influence in New Zealand has been the documented exacerbation of vulnerability in employment (Boston & Eichbaum, 2014), housing (Alakavuklar & Dickson, 2016; Hyslop, 2016), health care (Alakavuklar & Dickson, 2016; Hyslop, 2016), the related rise in the gap between rich and poor (Hyslop, 2016), exacerbated child poverty and the related illnesses (Alakavuklar & Dickson, 2016; Hyslop, 2016) (Hyslop, 2016) – all the while in a nation that prides itself on riding out the various economic crises of capitalism that has marked the early 21st century globally. The documented social degradation that has accompanied the intensification of the neoliberal market model for development in a country where 'giving people a fair go' has been central to national identity, does not sit well with me. Among those

expressing concerns of this kind, diverse remedies are offered. Those who adhere to the neoliberal agenda argue that the outcomes associated with this form of development occur as the neoliberal agenda has not been applied rigorously enough. Critics do not agree. Over a decade ago Kelsey (2002, p. ix) argued the world should stop "pedal(ling) the free-trade bicycle faster to keep it upright" and seek alternative arrangements. It is only near the end of 2017 that the incoming New Zealand government has taken a radical challenge to this neoliberal doctrine as policy direction for their term in office. I sense a 'light in the darkness'. I attend to my sense of hope with caution – a caution guided by my orientation to critical organisation theory – and a hope drawn from my religious convictions.

A cautious optimism

From amongst the changes in the constitution of the New Zealand organisational landscape generated from the ascendancy of neoliberal influence, a trend towards a form of social enterprise has emerged. These organisations were (and are) presented as alternative business models that provide a way to honour our shared humanity in the way we do business. This focus on humanity in the first instance is what attracted me to further study into organisations where the realisation of human dignity is the primary driver and outcome of the ways we organise our humanity. Article 1 of the Universal Declaration of Human Rights, affirmed by the UN General Assembly in 1948, starts with the statement that "All human beings are born free and equal in dignity and rights". This focus, with a very long history of development and tensions associated with it, is agreed upon by all but two of the current formally constituted nations in the world. While the Universal Declaration of Human Rights provides an agreed articulation of a commitment to freedom, justice, and peace in the world, its out-workings have not yet succeeded. Its explicit intent or aspiration – strongly supported by New Zealand from its inception and now so widely shared globally – provides a global context for the secular articulation of my local concerns to which I contribute a faith-based consideration.

As a rehabilitation professional working as a consultant in the field of workplace-based disability management, I have the privilege to be exposed to the operations of many businesses. I have had many opportunities to notice the stated and unstated motivations and views of the managers who lead these organisations. I was particularly interested in gaining such insights from a group

of organisations that presented as 'Christian businesses'. My initial interest in exploring their (positive) impact on society stems partly from my personal Christian beliefs and from my belief/assumption that such businesses would, due to their professing to be Christian, stay true to two aspects of doing business that I would like to see more of: a) ethical behaviour and b) actions that are purposely designed to lead to human flourishing. At the early stages of this study I did not question my own (and the widely taken for granted) reification of business activity in this way. The reification of business activity as nouns (e.g. businesses, organisations, corporations, social enterprises – and collectively 'the economy') is a grammatical assumption found also in common conversation and in theory, as explicated by Dyer, Humphries, Fitzgibbons and Hurd (2014). Businesses appear in our everyday conversations as entities able to act or choosing not to act. They are often given human-like characteristics such as being just or unjust, flexible or inflexible, creative, greedy etc. But businesses are not living entities – despite a stream of expressions that attributes them with human characteristics, personalities, and even souls.

In New Zealand, businesses are legal entities. Metaphorically speaking they could be expressed as vehicles or channels for human actions. My original research intention was framed to examine the Christian or non-Christian identities and practices of businesses mandated to provide the conditions of human rehabilitation and wellbeing. I soon realised that it is the people within these organisations that either embrace Christianity, or not; commit to a Christian witness or way of life, or not. And it is what Christians do (or don't do) that gives substance to values, or not. As this exploration unfolded, I realised that many self-declared followers of the Christian faith make strategic business decisions that seemed not to express the love of Christ to the world. Their practice, perhaps as compliance with imposed policy or as a conscious or unconscious adaptation to the now normalised neoliberal context, appeared to me to undermine the ability of humans to flourish. I also realised that, conversely, many non-Christians are doing business in ethical ways and in ways that lead directly to human flourishing. In this realisation, I found my bearings for my studies – and a context to allow for questions to arise that at this early point I could only sense on the edges of my understanding. What became clear to me was a conviction that my studies would inquire into human flourishing – a sense of responsibility for the dignity of vulnerable people (of any age) as mandated by my Christian values. To progress this work, I sought to elaborate my understanding of the human dignity espoused as significant in all nations aligned with the UN

General Assembly's Declaration of Human Rights (1948) and the idea of human flourishing as one of its observable tenets in the light of my religious commitments and aspirations.

Introducing key concepts

<u>A common moral telos</u>

Since embarking on this PhD journey, I have reflected a lot on the relevancy of Christianity in modern western society – at the same time trying to make sense of whether Christians should focus on eternal or temporal matters; on 'populating heaven' or on 'making the world a better place' (although I personally do not see this necessarily as a binary choice). Telos, or the progression towards an end goal, is for me, central to such a reflection on Christianity. My Christian faith shapes my understanding of my teleology. But as not everyone supports my teleological understanding of the world we live in, how do I bridge the gap between the various belief systems, without compromising my own? I have given it some thought and have formed a dual, complimentary understanding of my telos: a Grand Telos and a Common Moral Telos. These are discussed below:

A Grand telos

I perceive there to be an overarching progression towards an end goal in the universe. I refer to this as the Grand telos. I believe that God created the universe and everything in it, including humans who have the ability to exercise free will (Genesis 1, New International Version). Creation was perfect, but the first humans exercised their free will and chose against God (Gen. 3), resulting in a world that is not perfect anymore. God promised to restore Creation to the way it was (Acts 3:21), eventually reconciling all of His Creation to Himself (Col. 1:19-20). I believe that process is ongoing and cannot be stopped from moving towards this climax. God, through Jesus, will eventually establish His Kingdom here on earth. Jesus started restoring Creation while He was on earth by taking care of vulnerable people of all ilk, restoring individual's physical and spiritual wellbeing. And He asked His followers to follow his example and to take care of others. He went as far as saying that, if we take care of the "least of these" vulnerable people in society, it will be as if we are caring for Him directly (Matt. 23:34-40). From this passage, I understand caring for vulnerable people to be a part of Jesus' act of redeeming the earth and its inhabitants. It is in this redemption story that I find my justification for the value of social action. God's 'end

goal' is redeeming and restoring His Creation. When I care for others, my actions are orientated towards similar acts of restoration (i.e. making things right) of the world to the way it was before. God is love, and by *being* love to others, we represent God on earth. I view Christian thinking as an able companion for critical thinking but also understand that asserting Christian truth claims may not resonate with peoples of other faiths (including an atheist faith). I am looking for that which binds us together rather than set us apart.

A common moral telos

In addition to the Grand telos described above, I posit a 'common moral telos' that can indeed bind people that ascribe to humanity's inherent value together. The common moral telos I refer to is orientated towards collective human flourishing as the 'end goal' humanity is progressing towards. Many individuals are striving towards a world where actions are focused on achieving the highest human good. As the 'highest human good' is a fluid concept, what it actually is, remains open for debate. I can thus use my understanding of what the highest human good is as a guide to track human endeavours towards an end goal where humanity is put above economic considerations. My common moral telos is thus compatible with my Grand telos. The concept of human flourishing underpins my common moral telos. It is also reflected in Christianity and can be acceptable to people of all belief systems. As such, human flourishing can be the 'glue' that binds diverse people together. I believe through a focus on human flourishing we can improve the world we live in, and I believe we continue Jesus' redemptive work. This common moral telos, underpinned by human flourishing, is the telos I reflected in this study.

Human flourishing as the common good

Human flourishing (and languishing) provides me with a way to explore the common moral telos as a guide for human action in which economic considerations of specific organisational formation, directions, and directives would be considered as a necessary (but not sufficient) element of justification and accountability for human action. Given the wide range of moral codes people live by, there will be differences between understanding(s) of what constitutes human flourishing, expressing diverse teleological underpinnings of 'why we live'. I have a firm view of my own. This firmness is founded on the Christian orientation I bring to my life, and thus the lens I bring to this work. This orientation to my life extends to my interpretation of the values and

practices demonstrated in the ways humans organise themselves – including the formation of legal enterprises to deliver services that are intended to lead to human flourishing.

In Aristotle's concept of 'eudaimonia', I found an articulation of values to explore my notion of human flourishing as a desirable aspiration for the direction of human organisation. Aristotle uses the word 'eudaimonia' to stand for the pursuit of the highest human good. The characteristics of 'the highest human good' remain contested and full of potential. This very fluidity provides an inspiration for its contemporary consideration as a guide for the trajectory of human endeavours. At the outset of my research, the concept of 'eudaimonia' suggested for me an ideal where all members of a community embrace civil service and leadership in order to do 'good' – in my mind – to let justice prevail and to protect their own, and others' interests. At the very least this means to not exploit vulnerable members of society for monetary gain. In the context of my work as a researcher in organisation and management studies as it relates to the field of public health, I see human flourishing as expressive of the dignity that I believe we have as humans, also underscored by the UN General Assembly's Declaration of Human Rights (1948).

Human dignity, claims Kleinig and Evans (2013), is an important element of human flourishing. As well as the subjective dimensions of human flourishing experienced as a sense of dignity and equality, there are some objective conditions that are associated with human flourishing. These conditions could include access to healthy food, safe water and secure shelter. As social beings, the opportunity to flourish also requires access to education, social support in times of need, shared social norms (with a respect for difference) and a predictable social environment (Kleinig & Evans, 2013). Respect for human dignity as a universal constant requires the acknowledgement of the moral status of all humans, as well as the social and natural environment in which moral norms and attitudes that endorse and progress this universal human dignity and environmental responsibility prevails. Through my research, I examine the potential contribution of religious values in general, and my Christian beliefs in particular, to the study and progression of human flourishing. I posit human flourishing as a notion that entails the realisation of human dignity and the prudent stewardship of the earth as the highest human good, and the trajectory of human existence to which I wish to make a contribution through this research. Both the private and public spheres of a community can be places where human beings flourish or languish. The

interdependent connection between the public and private spheres of a community is, for me, the institutionalised context for efforts to enable others to flourish and a key feature of how I imagine the world I want to live in.

Early on in this investigation of organisations as opportunities for doing 'good', my supervisor pointed out to me that organisations in everyday speech, and in much theory, are grammatically represented as nouns. She challenged me to also consider the term 'organisation' as a verb rather than a noun, seeing the organisation(s) of our humanity in various forms as something that people do. This way of viewing organisations allowed me to see past a well-established and specific organisation as a material entity, not only as an object (the reified notion typical in everyday conversations) but even as a living entity with a personality, needs and demands of its own. This mental exercise made me more aware of the actions and views of the participants in my study who direct these organisations towards the achievement of certain goals. These observations may appear self-evident to those who have focussed conscious attention to business ethics. For me, however, these observations, especially in the early stages of my research, were far-reaching.

My reflections on the observations of institutionalised human actions framed as 'organisational actions', allowed me to understand that I also inadvertently used the 'Christian' descriptor as a proxy for what I really wanted to focus on: the organisation of human actions; at times as commercial businesses through which human flourishing is identified as their ultimate aim, and which at the very least do not exploit vulnerable members of society to gain or enhance monetary profit. Every so often I would read or see media representations about businesses that have done something good for someone or supported a worthy cause. A vehicle manufacturer, for instance, gave cars to a range of charities for a year ("Toyota donates Marlborough SPCA the use of a car for a year!," 2013). Another organisation donated a sizeable sum to the Child Cancer Foundation ("Apparelmaster - Supporting New Zealand Communities," 2011). While I certainly admire the people that are engaged in such worthy work, I could not help but question the motivation behind the bouts of social responsibility undertaken in the name of these businesses. My questions then took the form: "If doing something that benefits the community is such a good thing, why aren't these business leaders not doing so on an ongoing basis?" and "Why aren't more business

leaders doing so as their very *purpose* for being?" As I kept my eye on my emerging questioning of this 'good work' viz a viz "why don't more people operate businesses with the aim of supporting the highest common good?", and "is pursuing both human flourishing and a profitable business mutually exclusive?", I came to wonder about the legitimacy of these various explicitly or implicitly made claims to 'goodness'. I noticed that over time I became motivated to progress my questions towards a formalised research opportunity in the form of a PhD enquiry –a very large undertaking indeed.

In seeking an application for my intended inquiry into the service of 'goodness', I came to be focussed on the provision of services for the vulnerable elderly – an orientation to human service that provide insights into both global commercial interests in what is frequently framed as 'an industry', the diverse non-governmental organisations and religious-based services pressured to compete with these services, and the government's policies that favour an economic logic in formalising residential aged care services. In preparation of a proposal for this work to be accepted as a formal PhD inquiry, I set out the following questions:

- What are the subjects, sources, and dimensions of organisational legitimacy, as perceived by strategic decision-makers in social-purpose businesses delivering aged care services?

- What actions are undertaken by strategic decision-makers in these organisations as a consequence of how strategic decision-makers perceive specific actions to influence their organisation's legitimacy?

- Are there any arrangements in the dominant order of aged care delivery that systematically restrict the ability of some organisations to care for the vulnerable elderly?

Legitimacy

Legitimacy, as applied to the consideration of the organisation(s) of business activities, impressed me as a concept well established in organisational studies for the exploration of the ways both ethical behaviour and socially-desirable actions may be enacted. Theories associated with legitimacy found in literature, as put forward by authors such as Sonpar, Pazzaglia and Kornijenko (2010), Hybels (1995) and Suchman (1995) point towards a link between actions that are deemed by members of society to be socially-desirable and how people engaged in business activities

perceive and enact desirable values. Of particular interest to me was how strategic decision-makers perceive the concept of organisational legitimacy, and the implication of this perception on what most people would experience as 'their organisation', - a noun - an entity that might imply legitimacy of ownership, lines of control, mandates embedded in policy and so on.

Social enterprises

Social enterprises are identified in the literature as organisations that combine a social purpose with the pursuit of financial success in the private marketplace (Young & Lecy, 2014). According to Kerlin (2006), social enterprise development differs from country to country due to the various political regimes and traditions in each country from which they are being generated. At the turn of the 21st Century, two decades into the rise of the neoliberal regime in New Zealand, social enterprise as a notion was not as well developed as it was in some other countries (Grant, 2008) although there was recently sporadic interest shown by the New Zealand government to grow this important sector (Grant, 2015).

In this study, I focus on a specific type of social enterprise generated in New Zealand in parallel with the embedding of the neoliberal regime. I refer to these enterprising activities as social-purpose businesses. I view social-purpose businesses as the form given to legitimate entrepreneurial activities that generate their own revenue, are profit-orientated and are orientated towards a central social goal. Any profit is reinvested into the business. This type of social enterprise is discussed in more detail in Chapter 6 and aligns with the views of both Yunus (2007) and Young and Lecy's (2014) descriptions of social businesses.

Residential aged care

Abraham J Heschel ("Abraham Joshua Heschel Quotes," n.d.) said:

> *A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless are the true gold mines of a culture.*

I have several elderly family members in various stages of vulnerability, and as I reflected on the efforts of my siblings and me, my cousins and my brothers-and-sisters-in-law's selfless efforts to look after our elderly loved ones, I realised that caring for vulnerable members of our society is a

very noble social aim for me. Most surely here, greed and selfishness ought to have no place. Yet here I am, living in a first-world country that created an aged care system where the vulnerable elderly are used by some organisations as a means to make money from. For instance, two of New Zealand largest commercial aged care organisations, Rymans Healthcare and Summerset Group, are listed on the New Zealand Stock Exchange, and reported $362.9million profit in 2016 (Gibson, 2017b) and $90.3million half-yearly profit between January and June 2017 (Gibson, 2017a), respectively. At the same time, something as little as a small change in the hourly wage of caregivers have pushed independent, socially-orientated rest homes out of business; closures that do not surprise the New Zealand's Aged Care Association's Chief Executive, who expects many more such closures as the increase in hourly rates are not fully funded by the Ministry of Health (Bridge & Peacock, 2017), making it unaffordable for many socially-orientated aged care providers. If how we care for vulnerable elderly people is indeed a useful measure of a society's ethic, what does the way we structure our aged care system, say about the New Zealand society, where a lack of the resources enabling quality care is frequently reported? And what does it say about how we value those people that pursue a career of caring for the elderly? Many caregivers earn only slightly more than the minimum wage (Labour/Green/Grey Power, 2010; McGregor, 2012), and many aged care providers struggle to make ends meet (Grant Thornton New Zealand, 2010).

My attention was increasingly drawn towards the organisation of care for the vulnerable elderly. More specifically, I decided to inquire into the care for the vulnerable elderly through organisations that have residential eldercare as their espoused social goal, a mandate that must be met while maintaining financial stability. Reading the influential Grant Thornton review report (2010) about aged care in New Zealand made me aware of the challenges within the aged care landscape, challenges I appreciated more fully as the research progressed. One finding of this report stood out for me: social-purpose aged care providers are steadily exiting the market, and are being replaced by larger commercial providers. Such commercial facilities are increasingly being set up in cities and large urban metropolitan areas, while the socially-orientated facilities are exiting rural New Zealand. The result is the commercialisation and urbanisation of aged care services in New Zealand. While the focus of my fieldwork is on those providing care services to the vulnerable elderly, I am further concerned about the increasing utilisation of market solutions by the Ministry

of Health to address perceived challenges in aged care. As a wider contribution to the field of organisational studies, I critically review the claim that 'market-solutions' to a diverse range of social challenges undermine the viability of organisations that exist to care for others. I chose to focus on the understanding that strategic managers of social-purpose businesses delivering residential aged care have of their organisations' legitimacy, facing ideological and bureaucratic challenges while working towards the 'common good'. I was interested in how they perceive their organisations' legitimacy, what factors they believe influence their organisations' legitimacy, whether they believe they can influence their organisations' legitimacy, and if so, how they believe they can lead their organisations to obtain, maintain and/or regain its legitimacy. My aspiration for this research is therefore to gain a more thorough understanding of organisational legitimacy, and how it is perceived and acted upon by residential aged care providers, as such perceptions may allow leaders in these (and/or similar) organisations to better understand how their organisation's legitimacy can be enhanced, diminished, undermined, gained or lost. Utilising a method based on the intent of Appreciative Inquiry, I, with the help of my participants, frame socially-orientated aged care providers as central to the future of caring for our elderly within our Waikato[1] community, and further afield.

Layout of my thesis

My narrative of the research is laid out as an investigation into the perceptions, formation, and maintenance of legitimacy in social-purpose businesses designed to care for vulnerable elderly people in an institutional environment predicated on neoliberal policies. Mounting pressure on the leaders of these social-purpose businesses to compete with commercial providers, and to adopt commercial business practices, creates a tension between the advocates of increased privatisation in the social services. Such an increase is exemplified in this example by the policies of the Ministry of Health as funder and the social-purpose businesses as deliverer of residential aged care services. This tension is critiqued in order to improve our understanding of it, and to contribute to guidance for an alternative delivery. .

In the first section (Section 1, Chapters 2 to 4) I discuss researcher positioning, my theoretical framework and the concepts that inform my exploratory investigation of the legitimacy of social-

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[1] The Waikato region is a local government region in the central parts of the North Island of New Zealand.

purpose businesses. Chapter 2 focuses on my research methodology. I discuss the ontological and epistemological orientation that form the theocentric departure point from which I engaged this study. I also use this chapter to explore my initial (and ongoing) discomfort between my reading of the socially-constructed aspects of reality as posited by social constructivists and God as the creator of ultimate reality, and how these two concepts intersect in a complementary rather than an abrasive way. I expand on the theoretical framework that I used to conduct this study. I discuss the Critical Appreciative methodology I have adapted into research practice, based on the intent of Appreciative Inquiry. The critical aspect of the study was approached from both a rational as well as a prophetic perspective. I also expand on the rationale for using both departure points as well as the complementary relationship between these two approaches. My Christian worldview runs like a thread through this study. I am wary about how my faith defines me in the field of organisational studies as it related to public health, and this chapter is used to position myself as a Christian doing critical organisational research, rather than limiting myself to the field of spirituality in organisational studies only.

In Chapter 3 I discuss my choice of a qualitative research paradigm and the research process I followed, including how I selected my study participants, the information gathering method I used, and my choice of a manual information analysis approach.

In Chapter 4 I introduce the ideas or concepts that are central to this study. These concepts include social-purpose businesses as entities, stewardship as a governance approach, legitimacy of organisations, and neoliberalism as a way of thinking. I introduce these concepts by way of an organic metaphor, useful to provide insights into how these concepts all interact to form a framework that is central to this study.

In Section 2 (Chapter 5 to 9) I conduct a literature review comprising of five distinct areas of literature, briefly introduced in Chapter 4. These focus areas are chosen for its potential influence on how aged care is constructed and implemented in a New Zealand context. The literature review includes the concepts raised as central to the conceptual framework. The purpose of the literature review and the structure of the section are set out in the introduction to Section 2.

In Chapter 5 I focus on organisational legitimacy. I explore the different schools of thought and management theories related to legitimacy. I also introduce a legitimacy typology that would later be used to analyse the information gathered during my fieldwork.

In Chapter 6 I explore the social enterprise literature. I delve into the definitional challenges associated with social enterprise studies, in the process formulating my own understanding of what a social enterprise is. I also discuss the philosophical underpinning of social enterprises. I pay specific attention to how the social enterprise sector is developing in New Zealand. I further introduce social-purpose businesses, briefly introduced earlier in this chapter, and where such businesses could fit within the social enterprise landscape. In this chapter, I also examine the legitimacy of social enterprise as a business type.

Caring for the elderly forms the basis of the literature review in Chapter 7. I start this chapter with a brief overview of how aged care, as we understand it in the western world, developed. I then narrow my focus to aged care in a New Zealand context, discussing the aged care structure, how aged care is funded and the levels of responsibility and responsiveness associated with aged care. I also explore the literature associated with some well-established challenges associated with aged care delivery in New Zealand.

Chapter 8 focuses on neoliberalism as the dominant order in this jurisdiction, and how this way of thinking has become the dominant thought pattern in modern western societies. The characteristics and implications of this way of thinking are discussed.

In Chapter 9 I explore spirituality in organisational studies. I highlight gaps in the spirituality management literature. I also step back from my immediate concerns to look at the concept of work. While a step 'back to theory' may appear odd in the order of a PhD report, this location is an accurate reflection of the way this research task affected my thinking by bringing to focus an idea I had long taken for granted. The concept has become problematic to me, as my project developed. What is work? I put forward my emerging understanding of what I believe work is. In this chapter also, three social enterprise governance theories are briefly reviewed, and stewardship is put forward as an oversight mechanism that aligns well with my understanding of work, and of social enterprises. Finally, in this chapter, I discuss several core values consistent with the faith positions of Christianity, Judaism and Islam. For me, these values, which include humanity's inherent value, community being central to human activity, serving others fairly and justly and the responsibility of those in power to care for the weak and vulnerable come together in human flourishing and stewardship. Both these concepts are likely to resonate with people who put their faith in a Higher Power, as well as with people who put their faith in a belief that no Higher Power exists. These concepts, then, provide scholars with a way to bring theistic and atheistic

management scholars together and could be a way to incorporate spiritual beliefs into secular management studies.

In Section 3 I address the appreciative aspect of my Critical Appreciative Process.

In Chapter 10 I document my fieldwork experiences and my analysis of the information I gathered. I also put forward an organisational legitimacy typology for social-purpose businesses delivering residential aged care services.

My fieldwork experience was followed by a period of reflection. These reflections are discussed in Chapter 11. Included in my reflection is the identification of a 'shadow', manifesting as despair, that I encountered in my participant discussions. This 'shadow' is the focal point for the critical aspect of my Critical Appreciative Process.

Section 4 contains the critical aspect of my Critical Appreciative Process, where I critique aspects of current aged care arrangements.

The rational critique of current aged care arrangements is detailed in Chapters 12 and 13. Included in these chapters are a critique of the care-paradox, focusing on the juridification of aged care services and the current funding of aged care services. I also highlight how institutional imperatives can be seen to influence how residential aged care is delivered.

In Chapters 14 and 15 I conduct a prophetic critique of the current market-orientated logic that influences how residential aged care services are provided. I hold up alternative caring arrangements based on a eudaimonic understanding of human flourishing that could awaken hope and energy for change.

Lastly, my reflections on my research, the implications of my research and future research suggestions are described in Section 5.

In Chapter 16 I reflect on various aspects of my research experience, including my Critical Appreciative methodology. I also reflect on the collaboration between a rational and prophetic critique and on the 'shadow' process that manifested in my participant conversations. I also reflect on legitimacy theory in light of my research, my understanding of the implications of a neoliberalist ideology for Christians, and on the legitimacy of hope.

Chapter 17 focuses on the implications of this study. I identified five groups for which my study could have implications, namely social-purpose businesses, the communities such social-purpose businesses are situated in, the Ministry of Health as funder of aged care services, researchers with an interest in neoliberalism as an area of study, and researchers with an interest in a diversity in research methods. Further research suggestions are also made.

SECTION 1 – RESEARCH METHODOLOGY AND METHODS

Chapter 2- Research methodology

A theocentric, revelationist worldview forms the departure point for this study. In this chapter I expand on the relationship between my belief in God as absolute truth and the consideration of the human part in creation as understood through a social constructionist orientation. I also introduce the Critical Appreciative approach I undertook in this study.

The discussion of research methodology is not the same as the description of a chosen research method. Methodology can be defined as the study of methods (King, 1994), and addresses the philosophical assumptions underlying the research process (King, 1994; Streck, 2007). Research methodology and method are different but interdependent concepts central to research design (King, 1994). Methodology can be seen as a way to systematically address the ways research questions are formed and appropriately explored, given the choice of paradigm and the associated ontological and epistemological assumptions and protocols (King, 1994; Kothari, 2004).

Exploring my worldview

In my search for a better understanding of my own worldview, I have found my exploration of the perceptions of reality of great interest. Philosophical questions related to ontology, epistemology and axiology are to me fundamental considerations for every serious researcher. Every person has a set of beliefs that shape their everyday decisions (Ellis, Cogan, & Howey, 1986; Henry, 1998) even though many people don't realise or understand how these beliefs came to be embedded in their understanding and how these may influence their behaviour. But, as Fowler (1988) points out, every person's individual point of departure, whether consciously adopted or unconsciously taken aboard, will influence their attempts to answer these philosophical questions. The Oxford Dictionary ("Worldview," 2012) defines a worldview as a particular philosophy of life or conception of the world. One's worldview is formed by different assumed elements deemed to constitute a suggested reality. The ontology, epistemology and axiology of these suggested realities provide a way to explore our respective worldviews.

The study of the assumed existences and the nature of these assumed entities is the work of ontology. Fowler (1988) defines ontology as the study of reality and existence. The study of the justification of any particular form of knowledge is referred to as epistemology, which examines the criteria and validity (i.e., the basis/veracity of the truth claims) of a particular claim to human knowledge (Crawford & Ghormley, 1999). Axiology is the study of the values attributed to the assumed entities, ethical assessments of values and so forth. Axiology includes reference to a person's understanding of values and includes the concept of ethics. The questions that can thus be asked to explore one's worldview include: What is real? How is knowledge supporting this 'reality' acquired and justified? What values are put forward in such knowledge systems, including what is assumed to be right and wrong?'

The Bible starts with the words "In the beginning, God….." (Gen. 1.1). Ontology is the consideration of what is deemed to exist. For Christians, in the beginning of existence, there was God. From faith in this proposition, and the values vested in it, many practical responses for believers follow. My understanding of the world or my 'worldview' also starts with a particular faith in the existence of God. This faith has specific consequences for my life, including my work as a researcher. I believe in God's existence as sovereign creator and as rational and moral ruler of the universe. I believe that God created humans in His image, that we ought to love Him, and that we ought to love our fellow human beings like we love ourselves. (cf. Mark 12:30-31). From an epistemic perspective, I further believe that God reveals Himself in nature, in the reason and conscience of all humanity, and ultimately through Jesus Christ in the Bible. The Bible, as God's revealed will, also provides me with the necessary framework for recognising any truth outside its immediate purview. For me, a proposition can only be true if it conforms to what is written in Scripture. While not all truth is found in Scripture, no extra-biblical truth claim that contradicts Scripture can be accepted as truth in my worldview. It is from this faith position that I attempt to make sense of human behaviour, human relationship and human organisation. I recognise that many individuals who self-identify as Christian may hold different views than me.

Holden and Lynch (2004) describe how a person's worldview shapes their research methodology, and how there ought to be alignment between the researcher's philosophy, methodology and the research focus. My theocentric, revelationist view of reality forms the foundation of my research

methodology. Revelation as a concept implies a truth claim that is beyond the possibility of verification, problematic for me in a research context, as it is a worldview that could be interpreted to be beyond scientific argumentation (Ganzevoort, 2006). Such an interpretation has the potential to hinder communicative reason in the scholarly realms. As a Christian I understand my thoughts and experiences have their origins in the Divine. I want however, to engage with others who may not share my views. I seek to represent my understanding of reality in communication with people outside of religious circles in ways that are consistent with my faith and respectful of the diverse views of others. Ganzevoort (2006) points out that the meaning attributed to our words are socially constructed, and do not exist outside of the conversation in which these words function. It is in this social construction of meaning through language that I see a way of bridging the gap between religious and secular thought.

Social constructionism

Berger and Luckman (1966) state that (perception and belief about) reality is socially constructed. I echo their view to some extent, the way humans organise themselves socially as being a human construction. This understanding of human creativity in the construction of social realities includes human arrangements such as communities, states, businesses or 'organisations' of many kinds. Once routinised and institutionalised, these groupings of people and the entitlements and responsibilities vested in such a collective may become experienced as an objective reality, ideas normalised, naturalised, and sometimes imbued with assumed powers to act. Such a social constructionist approach to knowledge-making and understanding present knowledge not as a body of facts but as series of ideas constructed and validated by people of a similar orientation. The diversity of 'truths' would suggest that no social reality associated with human organisation exists independent of human thought and the meaning humans assign to that reality. As I deem human organisation to be a social construction, it follows then that my study into human organisation would have at its focus the goal of understanding how that particular aspect of human organisation that is being studied has been constructed.

I initially struggled, and to some extent am still struggling, with aligning the concept of reality as a social construction with my theocentric, revelationist belief of an ultimate reality in God that enables humans to make sense of Him through by revealing Himself to humanity us to make

sense reveals Himself to humans. Berger and Luckman (1966) put language at the centre of the way in which we objectify our individual subjective experiences, and make it available to others as elements of the common world we live in. But what about an objective reality that exists beyond that which we express via language? After all, I believe in a God that created the universe, with us in it. How can the everyday social reality around me, the (social) world as it is, be a social construction? Strauss (2009) provides some guidance in this matter, pointing out that each human being is unique. We each have different experiences and perspectives. Through Scripture, God reveals His guiding principles for human beings on an individual and societal level. Given each Christian individual's varied experiences and perspectives, there will inevitably be differing views of how these Godly principles could be interpreted and acted upon. Strauss (2009) describes these principles as starting points for human action (and I would contend interaction) which can only be made valid through human intervention. And language is a mechanism by which we propose, express and objectify this reality. We, therefore, live in a linguistic world that we have created ourselves. Strauss (2009) also brings to our attention that, while a Christian perspective does not concede that the social world is solely the product of human construction, human construction is always a response to given principles. Social constructions elevate the human ability to give positive form to Godly principles to the level of it being the origin of social reality. I understand God's will for Creation to be the ultimate reality. It is on this understanding of God's will for Creation that my Grand telos (cf. Chapter 1) rests; a future reality of a new order yet to be created (Isa 65:17-25). Edley (2001) states that as soon as human beings begin to think or talk about the world they begin to *re-present* the world. Talking involves the construction of particular accounts of what we think the world is like. It is from this epistemic viewpoint that I come to understand the world. And as a Christian, I have a responsibility in this construction of the new reality that is yet to come. How I go about this construction of a new reality is rooted in how I imagine Godly principles to apply to the world that I live in. And language is the means by which I turn this imagination into reality.

Ethics

Ethics relate to the question of what is deemed good (Fowler, 1988). In Chapter 1 I expressed my expectation of ethical behaviour by people (as representatives of organisations) who are organised in formal ways, with mandates and policies guiding their practice. As my belief in God

is the root of my belief that 'humanity ought to be 'good' and do 'good', an understanding of ethics should be part of research I undertake that concerns the social construction of human organisation. Audi (1999), in the Cambridge Dictionary of Philosophy, defines ethics as the philosophical study of morality. The Oxford Dictionary ("Ethics," 2012) in turn, defines ethics as the moral principles that govern a person's behaviour, or the conduct of an activity. I am interested in how human beings organise their business activities towards doing 'good' and through these arrangements help build stronger communities. Eudaimonia (cf. Chapter 1) is, for me, central to such a socially-orientated ethic.

The question about what is deemed to be 'good' raises an interesting set of questions. When humans evaluate our own conduct, or that of someone else, what (or whose) standard of behaviour are we appealing to that will adjudicate whether something - a person, behaviour or institution - may be considered acceptable? Is there a norm that we can use as a measure? And are these measures socially-constructed? While there are a variety of responses to such questions, from the perspective of my Christian worldview I believe that there is indeed evidence to suggest that such an objective measure or standard exists. It is stated in the Bible that God has written His law on the hearts of all people. Paul, in his letter to the Christians in Rome (Rom. 2:15, The Message), talk about non-believers who do not have God's written law, comments that:

> *When outsiders who have never heard of God's law follow it more or less by instinct, they confirm its truth by their obedience. They show that God's law is not something alien, imposed on us from without, but woven into the very fabric of our creation. There is something deep within them that echoes God's yes and no, right and wrong.*

I, like Christian authors through the ages such as St Thomas Aquinas (Fernandes, 2002) and C.S. Lewis (2001), believe that knowledge of 'right and wrong' is ingrained into all humanity. Such ingrained knowledge of right and wrong, if it indeed exists, could act as the standard against which all other standards can be evaluated.

My Christian faith thus influences how I view humanity's responsibility towards the caring for those that cannot care for themselves, including vulnerable elderly. I am of the opinion that we have a responsibility towards these people. This belief is rooted in the central tenet of Christianity that we are all created in the image of God, and thus have inherent value. God expects us to care for

others less fortunate than ourselves. With a growing interest in social constructionist understandings of how humans structure and maintain their social order, I am concerned about the exploitation of the vulnerable elderly through policies and practices that are increasingly focused on profitability and the utilisation of market solutions to address social challenges. While my beliefs are crafted by my belief in God, none of these values is exclusively Christian values. Many people of other faiths, including the belief that there is no God, hold onto similar values: humans are inherently valuable, humans have a responsibility to look after the vulnerable people in our midst; those in power should not exploit other human beings for monetary gain, but rather act fairly and justly.

Critical Appreciative Processes

The choice of research methodology is determined by a combination of several factors, including the researcher's epistemology, and the theoretical perspective the researcher is inclined towards (D. Gray, 2014). I am inclined towards an interpretivist perspective, and view this study as a way to explore, or make sense of, aspects of legitimacy in the aged care sector. A Critical Appreciative Process is a useful guide to my research, given its good alignment with my worldview. Critical Appreciative Processes are a combination of Appreciative Inquiry and Critical Theory. Both these orientations to social and organisational research have transformational aspirations (Grant & Humphries, 2006). The focus on emancipatory ideals achieved by combining Appreciative Inquiry and Critical Theory into a Critical Appreciative Process contributes to research processes intended to enhance human flourishing (Grant & Humphries, 2006). The aim to enhance human flourishing, which is central to Critical Appreciative Processes, is also central to the participants in my study.

Combining Appreciative Inquiry and Critical Theory is appropriate for the purposes of this study given its attention to the positive while remaining mindful of contradiction, and focus on emancipatory ideals that are consistent with my theocentric view of the world, as is the exposure and transformation of that which I believe to be unjust. This focus on what I perceive to be unjust, and my understanding of the need for society to care for the vulnerable amongst us, also fits well with my theocentric worldview. I understand the term *'appreciate'* in an expanded sense, beyond the 'normal' understanding of looking at that which is good. Grant's (2006, p. 286) definition of

appreciation as "to know, to be conscious of, to take full or sufficient account of" is a good descriptor of how I view appreciation. My sense of appreciation takes into account all related matters, and not solely the positive aspects. The concepts of transformation and human dignity underpin my Critical Appreciative Process methodology and provide the theoretical principles for this study. Insights from Seo and Creed (2002) with regard to the value of noticing and exposing paradox and contradictions as fruitful locations of engagement bring an action-orientation to my work. Casey-Cox's (2014) work on *'noticing'* the prevalence of a mechanistic, functionalist worldview that enables the moral limitations of the dominant neoliberal order has sharpened my mind to *noticing*, to really become aware of current institutional arrangements, and thus be more attentive to alternative arrangements in discussions with my participants. Habermas' concept of the System and Lifeworld (Habermas, 1987; Simpson, 2002), which are discussed later in this chapter, provides a thread to the need for greater engagement in non-violent dialogue to achieve desirable social change.

Combining Appreciative Inquiry and Critical Theory may seem strange at first. Both, however, share a similar epistemological base in social constructionism and share a research objective in encouraging and facilitating human flourishing. Such similarities allow for it to be combined into a Critical Appreciative Process (Grant & Humphries, 2006). Perhaps the most striking feature that attracts me to Critical Appreciative Processes is the ability to adopt a focus on emancipation from injustice and exploitation, some of which may be inadvertent and systemic. I will now discuss the two research approaches mentioned above that together make up the Critical Appreciative methodology.

Appreciative Inquiry

Cooperrider and Whitney (2001, p. 3) state that Appreciative Inquiry is "about the co-evolutionary search for the best in people, their organisations and the relevant world around them". Appreciative Inquiry includes the 'subjects' of the study as co-researchers. Central to Appreciative Inquiry is what Cooperrider and Whitney (2001, p. 3) describe as the "positive core of organisational life". Appreciative Inquiry differs from the problem-orientated approach commonly associated with research by specifically focusing on positive organisational attributes without shying away from the challenges that might be framed as positive opportunities for change.

Instead of focusing the attention on what does not work within the organisation, an Appreciative Inquiry approach places the focus on those aspects that work well. These aspects are then explored further, often through narrative and storytelling techniques (Boje, 1991) to create a picture of what an 'ideal' situation might look like. Ideas can then be developed that could contribute to achieving this 'ideal'. My attraction to Appreciate Inquiry stems from this described focus on the 'best of what can be' in any particular setting – in this instance the institutional care of vulnerable elderly people in a residential setting. A further interest of Appreciative Inquiry lies in the contribution such an approach can make towards the creation of a fair and just aged care system that honour the inherent value of people. I view Appreciative Inquiry as a suitable approach, given my beliefs about the responsibility to contribute to the creation of a just world, the manifestation of Christ's love for others, and my interest to support those socially orientated enterprises that seek to contribute to such a world.

Cooperrider and Whitney (2001) propose a typical flow, sometimes referred to as the 4D-cycle, of how Appreciative Inquiry can be conducted (cf. Figure 1). Implementation of this cycle can range from very informal in a one-on-one conversation to very formal analysis in a group setting.
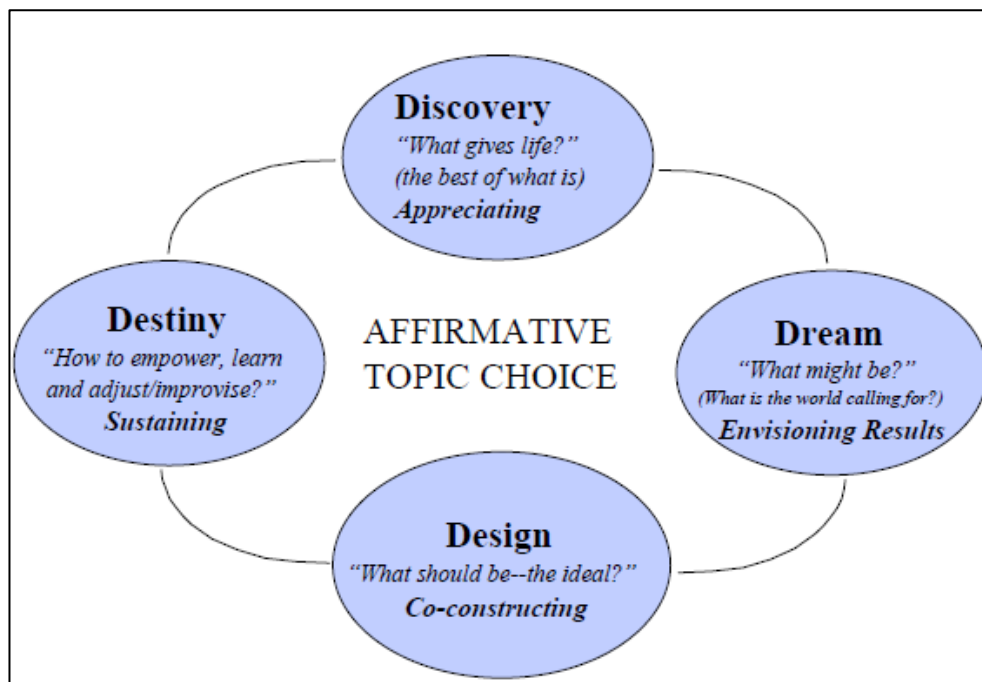
Figure 1 – The 4D-cycle of Appreciative Inquiry (Cooperrider & Whitney, 2001)

At the core of the cycle in an affirmative topic choice, described by Cooperrider and Whitney (2001) as the most important part of any Appreciative Inquiry.

The first of the four stages is the Discovery phase, exploring the positive core, and seeking to discover a positive capacity towards change. Appreciative Inquiry, therefore, begins for a search of the best examples of the chosen topic choice within the organisation, based on the views of members of this organisation.

The second stage is the Dream phase, creating a clear vision of the potential that is created by tapping into this positive core. The group is asked to imagine their organisation at its best. According to Busche (2011), the aim of the Dream phase is to identify commonalities and to create a way to symbolise these commonalities in some way.

The third phase is the Design phase, creating a proposition of what the ideal could look like, based on the positive commonalities found in the Dream phase.

The fourth phase is the Destiny phase, enabling the building of hope and momentum towards bringing the ideal into being.

A common critique of Appreciative Inquiry is that the focus is only on the positive, sometimes ignoring the obvious – the 'elephant in the room'. This concern arises from the recognition that positivity is just one of five guiding principles of Appreciative Inquiry. These five principles are:

1. The constructionist principle – we live in a socially-constructed world

2. The simultaneity principle – the act of asking questions is an intervention

3. The poetic principle – different accounts for the same phenomenon may exist; events can be co-authored, and re-authored in many different ways

4. The anticipatory principle – humans move in the direction they are focusing on

5. The positive principle – positive questions lead to positive change

Focusing on just one of the five principles will distort how Appreciative Inquiry is perceived and practised. Such an 'all-positive' approach to Appreciative Inquiry devalues the problem-solving paradigm as well as the efforts of those that aim to create better worlds (Fitzgerald, Oliver, & Hoxsey, 2010). Reason (2000) also cautions that the positive focus of Appreciative Inquiry may be in danger of ignoring the 'shadow' side of either ourselves or our society and that researchers

need to be prepared to enter this 'shadow' side of human association to work with what is there. Fitzgerald et al. (2010, p. 221) describe the 'shadow' as the "full spectrum of censored feeling and cognition, ranging from repressed strengths and capacities to fragilities and abhorrent characteristics". In other words, the 'shadow' can be either positive or negative. Grant and Humphries (2006), in their critical evaluation of Appreciative Inquiry, concur that the 'shadow' side needs to be confronted head-on. They go on to describe how Appreciative Inquiry need not deflect attention from engaging with the 'shadow' of human consciousness, and how bringing a critical aspect to Appreciative Inquiry is a way to enhance the quest for human flourishing.

Critical Theory

Critical theorists see the systematic analysis of written or oral communication as a type of evaluation (Grant & Humphries, 2006). Alvesson and Deetz (2000) highlight how critical research aims to engage deeper than ordinary concerns, and attempts a fuller or deeper inquiry into social formations. Such critique attempts to understand how various social formations (conceived and portrayed as structures that function to) constrain (or enable) human imagination and decision-making. The strength of this orientation lies in the mandate to further investigate how a perceived social reality comes to favour a select group at the expense of others. Aimed at establishing emancipatory aspirations to enable universal human flourishing, such criticism of the dominant economic order challenges the established norms, potentially disrupting social conventions and traditions.

My attraction to Critical Theory stems from the mandate to seek out paradox and contradictions in proclaimed world views where justice seems denied and the emancipatory intent to create a world where eudaimonia are pursued. To help me get over a stumbling block in my initial understanding of Critical Theory as a focus on the 'negative', I make a distinction between the terms 'criticise' and 'critique'. Kandel (2016) describes critique as giving a considered opinion on something, the something which may be deemed good or bad to start off with. Criticism, on the other hand, reflects disapproval. In other words, critique may make an excellent thing even better, while criticism reflects the commentator's unfavourable opinion. It is from this understanding that I use Critical Theory as a lens to make sense of the world around me.

A critique of contemporary society involves challenging the status quo. Alvesson and Deetz (2000) describe Critical Theory as a way of seeing and thinking about the world, and not just an abstract representation of the world. The authors identify three tasks central to critical research, namely gaining insight, providing critique, and developing knowledge and understanding that enable change or transformation. Critical Theory could, therefore, be seen to function as a lens rather than a mirror (S. Grant, 2006). A focus of a Critical Theory approach is to affect change, with the aim of understanding or explaining an issue. Its purpose is to look beyond the obvious and challenge that which people may see as familiar or even take for granted. Through the exposure of domination or exploitation, transformation towards values such as justice, equality and inclusion could be pursued. Such an approach may highlight positive aspects as well as more challenging aspects associated with the organisation in question. Critical Theory also has an explicit commitment to values and moral/ethical issues (Alvesson & Deetz, 2000) which allows for a good fit with my stated study interests, my worldview and the ontological and epistemological implications of my worldview.

Combining rational and prophetic critique

I approached the critique of current aged care arrangements from both a rational and a prophetic perspective. Paul Tillich describes how critique of any worldview or seemingly concrete social reality can proceed from both a rational and a prophetic perspective (Simpson, 2002). Rational and prophetic critique is seen as complementary, and an approach that can bridge the gap between secular and religious thought. I thus envisage such a combined approach speaking to believers and non-believers alike, made possible through the development of the concept of human flourishing as something that could bind rational and prophetic critique together. Human flourishing makes both rational and prophetic sense. Tillich (Simpson, 2002) describes how he sees these two approaches (the rational and the prophetic) as interdependent, and in a dynamic relationship. Tillich is of the opinion that separating these two types of critique will weaken the critical attitude in general, as prophetic critique typically does not interact with other intellectual disciplines (and vice versa), resulting in the preservation of the dominant form of public life. Instead, by working together, prophetic critique gains the 'real grounding' it needs that is found in rational critique. This 'real grounding' is needed for communication between parties to be seen as relevant or actual. Rational critique, in turn, gains a quality of inevitability from prophetic

critique. Working in isolation, rational critique lacks depth, an ultimate seriousness, in that it cannot answer the fundamental question about why a person should be moral in the first place. I view this interdependency as analogous to two rivers flowing into each other. Both streams contribute to the new whole. Such a combination of a rational and prophetic critique could be a useful connector between secular and religious thought and can be a powerful way to demonstrate the relevance of Christianity in society. Both rational and prophetic critiques are discussed in more detail in Section 4.

Habermas' theory of communicative action

 Habermas' concepts of 'colonisation of the Lifeworld' and of a 'Civil Society', as contained in his theory of communicative action (Habermas, 1987), and as described in Simpson's Critical Social Theory (2002), informs the rational critique aspect of my Critical Appreciative Process. According to Simpson (2002), the contribution of Habermas' theory of communicative action is to address the question of social action and how it is coordinated. This social action is done through language with the intent of coming to a normative agreement through argumentation. Rational critique is described as the variety of critical disciplines for rationally analysing cultural, psychological, sociological and religious structures and conditions (Simpson, 2002). Rational critique, therefore, stays within the 'sphere of being'; which I mean as staying within the bounds of human-generated knowledge. Habermas (1987) proposes a three-tiered view of society, comprising of the Lifeworld, two dominant systems referred to as the Market Economy and the Administrative State, and a Political Public Sphere and Civil Society. The Lifeworld can be described as the environment from which the world is experienced. The Systems comprise of the Market Economy and the Administrate State. A Political Public Sphere and Civil Society, with solidarity as medium, strives towards normative influence on the Administrative State with its medium of power, and on the Market Economy with its medium of money (Simpson, 2002). Figure 2 below depicts Habermas' three-system society.
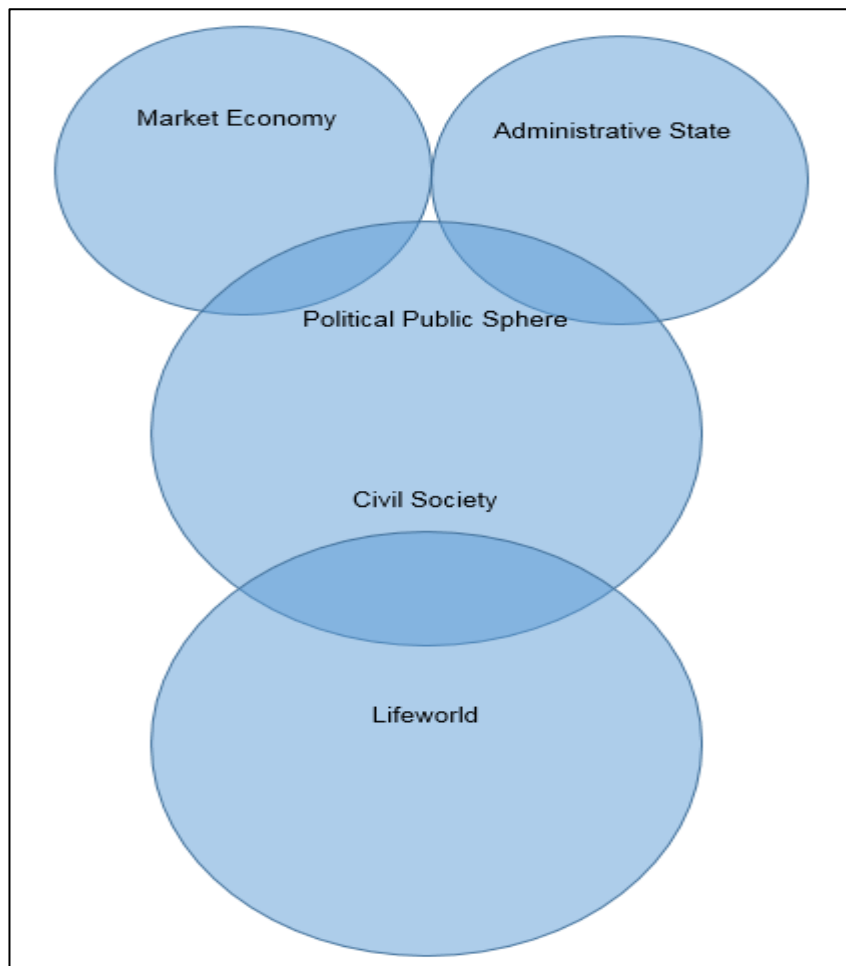
Figure 2 - Habermas' three-system society (Simpson, 2002)

Wicks and Reason (2009) describe the Lifeworld as the symbolic representation of society – the shared understanding of who people in a community think they are and who they aim to be, which, in modern societies, operates against the backdrop of culture, society and personality (Simpson, 2002). According to Simpson (2002), the Lifeworld involves the most common phenomena of human action, made up of cultural reproduction of traditions from one generation to the next, social integration where patterns of relationships and actions are normalised and ritualised, and socialisation where metaphors, symbols and grand narratives reproduce itself. On an everyday level, these Lifeworld components make an integrated life story. At the centre of the Lifeworld is communicative reason and action, with its purpose of finding normative agreement.

Simpson (2002) describes the two Systems as the structures which are responsible for producing the materials needed in the Lifeworld, such as food, clothing, housing and other goods and services. Originally situated within the Lifeworld, over time this material reproduction became

more complex, and at some stage, the Systems uncoupled from the Lifeworld. Communicative moral reasoning and actions, which traditionally underpin the Lifeworld, became less of an anchor for these Systems. This uncoupling resulted in the development of the Market Economy and the Administrative State. These two Systems do not require the Lifeworld any longer as an anchor in order to function. With its respective mediums of money and power, the Systems function according to a strategic action logic, meaning that the purpose of the action is to achieve a subjectively formulated goal rather than normative agreement based on communicative reasoning and action. Habermas' contention that the Systems' pursuit of a strategic action logic of achieving 'success' in monetary or power-relations terms, rather than a communicative focus of achieving normative agreement, results in the Systems becoming so big that it unleashes system imperatives (or rules) on the Lifeworld, inflicting "structural violence" (Simpson, 2002, pp. 113–114) on the Lifeworld. Habermas refers to this state as the 'colonisation of the Lifeworld' (Simpson, 2002).

Habermas (1987) proposes that a recoupling of the Systems and the Lifeworld is required, and sees the Lifeworld with its communicative resources being able to provide a moral milieu for Civil Society institutions to function in the Political Public Sphere; essentially providing a buffer from colonisation between the Lifeworld and the Systems, asserting the democratic demands of the Lifeworld. The Civil Society is made up of the networks of people's private lives and the Lifeworld of citizens and includes organisations and movements that transmit the societal problems in amplified form to the Political Public Sphere. These institutions of Civil Society acts as "sluices for the flow of moral wisdom" (Simpson, 2002, p. 122) which flows from the Lifeworld into the Political Public Sphere via the Civil Society to help shape public opinion. Civil Society links the Lifeworld with the Political Public Sphere. According to Simpson (2002), the Political Public Sphere serves as a sounding board and warning system for societal issues in particular, which must be solved by the Administrative State as it cannot be solved elsewhere.

Brueggemann's prophetic imagination

A prophetic imagination, as described by Brueggemann (2001), is informed by the Biblical narrative of how Jewish families working as slaves in imperial Egypt, and under the leadership of Moses broke away from Egyptian rule to form the Jewish nation of Israel (Exodus 1 – 40).

Brueggemann (2001) describes how this radical break from an established reality took place in two stages: initially breaking from the triumphalism associated with the Egyptian political and religious ideology; and subsequently, by countering the slavery and oppression with the politics of justice and compassion. A new social community orientated towards God's vision of freedom was the result. The same pattern of breaking from the dominant order and countering the oppression can be used to affect social change. Brueggemann (2001) contends that the purpose of prophetic critique is to bring the claims of the Christian tradition and the enculturation of the ethos of consumerism in modern-day society to an effective interface. Our modern western society is legitimated by our collective adherence to a "static god of order that only guards the interests of the 'haves'" (Brueggemann, 2001, p. 8) and given this focus on social arrangements that favour a select group, oppression cannot be far behind.

Prophetic critique is described by Simpson (2002, p. 71) as "the discipline that critiques the very existence of entire forms and systems on the basis of no fixed criterion, but by that which is beyond all human knowledge, higher than all reason". Prophetic critique thus goes beyond this 'sphere of being' by invoking knowledge that is beyond human reasoning. Tillich (Simpson, 2002, p. 38) describes faith as the 'transcending of being' implied in prophetic critique. Without such faith in a Higher Power, religion is reported to be reduced to morality, and prophetic critique becomes rational critique. My understanding of a prophetic critique is thus to bring faith in God and His views, as presented via Scripture, into a critique of exploitative human organisation, and applying it to contemporary settings. I do this by incorporating elements of a prophetic imagination as envisaged by Brueggemann (2001). Regardless of which rational and/or prophetic types of critiques are undertaken, of utmost importance is how any critique or criticism is delivered. Doing so from a position of compassion and grace is of critical importance (Simpson, 2002). As Brueggemann (2001) points out, without compassion and grace any critique may well be as destructive as that which is being criticised. Grace as a concept is further discussed in Chapter 14.

In this chapter I introduced the Critical Appreciative approach that I took in this study. Through this study, I sought an application for my study into the service of eudaimonia via a deeper understanding of the legitimacy of social-purpose businesses. My understanding of the socially-

constructed nature of reality supports the exploratory nature of this study. As I view social reality as humanly constructed, and not something objective awaiting discovery and recording, I hold that people (have the ability to) construct their own meanings, including about the legitimacy of the organisations people might lead. Contradictory, contrasting or paradoxical accounts of the same phenomenon may be given. The accounts may be deemed legitimate, valid, or logical according to the criteria set for their assessment. An exploratory approach of how legitimacy may be constructed in aged care is thus an endeavour that is well aligned with my theoretical framework. The research process I followed is the focus of the next chapter.

Chapter 3 - Research method, information collection and analysis

My theocentric, revelationist worldview leads me to certain presuppositions. These presuppositions, or departure points, include the belief that humans are created equal by a loving and continuously engaged God. Humans are deemed inherently valuable, and any research efforts should preserve and/or enhance human dignity and a respectful relationship with all Creation.   Any research process I develop must, therefore, be consistent with these presuppositions for it to be an appropriate process to utilise. Any choice of topic, paradigm and subsequent method that is applied will also need to be compatible with these presuppositions. In this chapter I discuss my choice of research paradigm, how I selected my participants, and I expand on how I collected and analysed the information gathered during my fieldwork. I also situate myself in how I conducted my fieldwork - as an 'outside voice' in this study, but not as an objective observer.

Research paradigm

My understanding of reality as a social construction provides me with a lens to make sense of knowledge that I deem to be legitimate for the tasks I have undertaken. My social constructionist view of human organisation allows me to utilise a qualitative research approach to explore and understand how legitimacy relates to social-purpose businesses. Sale et al. (2002) associate qualitative methods with interpretivist and constructionist paradigms of social explanation. Qualitative research is typically orientated towards inductive studies of socially-constructed realities (of which there may be many in any given context) where meanings, ideas and practices are explored further in ways that expose the processes that shape these meanings, ideas and practices (Deetz, 2010).

Kothari (2004) identifies qualitative and quantitative research approaches as the two basic approaches to consider when choosing to undertake social research. Quantitative research is applicable to phenomena that can be expressed in quantities or amounts depicted in numbers and equations (Kothari, 2004). According to Sale et al. (2002), the quantitative approach is typically associated with a positivist paradigm, and numerical presentation suggests the depiction of a measurable objective reality and thus a form of truth (Sale et al., 2002). Qualitative research, on the other hand, involves research into phenomena involving quality or kind and may be more

insightful for the study of phenomena not readily quantifiable. It concerns subjective assessment. It entails the depictions of observations to be mindful of the necessary influence of observer identity and other influencing phenomena such as behaviours that may be altered by the very presence of a researcher, or by established or strongly socially-normative attitudes and opinions on a topic or phenomena that may invite less than open responses. I deem all business activities to have a social element to it and view a qualitative approach as both appropriate and preferable in my research due to the exploratory nature of the study. As a social constructionist researcher, I understand what I perceive as social reality is humanly constructed and therefore constantly changing. In this chapter I will delve deeper into the research method that I chose to explore the socially-constructed concept of organisational legitimacy as it applies to socially-constructed organisations active in the aged care sector, a sector that is also a human construction.

Research method

The soundness of any research method is based on the philosophical assumptions from which a set of research assumptions and related activities can be legitimately generated (Kothari, 2004). While the method I use reflects the philosophical assumptions expressed and justified in my research methodology, methods are not necessarily automatically allocated to a specific philosophical position. But any research method must be paradigm compatible. Gray (2014) identifies focus group interviews as a suitable method for interpretivist research. I selected focus group interviews as my chosen method of information gathering as it allowed for multiple participants and further interaction between participants that allowed for generative discussion of ideas that would otherwise not have occurred in individual interviews. I deemed the area of organisational legitimacy to not be overly emotive or personally sensitive and hence determined focus groups to be appropriate. I used a semi-structured interview technique, based on the intent of Appreciative Inquiry, to explore the concept of organisational legitimacy with these participants.

My proposed research method, plan to select participants, and a way to collect field information was submitted to the University of Waikato's Management School's ethics committee for consideration. Ethical approval for this study was granted prior to the start of the research[2].

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[2] I started my PhD studies through the University of Waikato, but subsequently transferred to Auckland University of Technology. Hence the ethics application to the Waikato Management School.

Participant selection

I recruited my participants by means of purposive sampling. According to Patton (1990), who to include in a study, and the number of participants to include, will depend on what the researcher wants to know, what will be useful and what will have research credibility. Participant selection should, therefore, have a clear rationale and fulfil a specific purpose related to the research question (Collingridge & Gantt, 2008). My vocation as a rehabilitation professional brought me into contact with many aged care facilities and retirement villages, and I used this opportunity to explore the perception of senior managers in the sector of who could be prospective participants in a study such as mine. Given the study's explorative focus on the concept of organisational legitimacy and how it is perceived by strategic decision-makers within my participant organisations, potential participants were specifically selected based on being seen by their peers as 'respected' residential aged care providers, and as a secondary consideration, their geographical location within the Waikato region. I chose to limit my study to facilities that specifically provided residential care services, which may include both hospital and dementia-level care. While three of the four participant organisations in this study have retirement villages co-located on site, these independent living arrangements were not the focus of the study.

Cleary, Horsfall and Hayter (2014) mention that all rigorous studies will encounter issues around how many people to include in information collection. My study culminated in the inclusion of four social-purpose businesses providing residential aged care services to vulnerable elderly people in the greater Waikato region. The consideration as to when to stop interviewing was, in accordance with Sobal (2001), guided by the principles of adequacy, appropriateness, as well as analytical redundancy. In this study, I stopped after discussions with four participants, as I found that a data saturation point was reached. According to Trotter (2012, p. 399) "data saturation is reached when all questions have been thoroughly explored in detail and no new concepts or themes emerge in subsequent interviews". This point was reached after three semi-structured discussions with each of the four participants. In terms of time taken in total, I spent 14 hours interviewing my participants.

Participant selection criteria included meeting my definition of a social-purpose business (cf. Chapter 1), being residential care providers with contracts with the Waikato District Health Board, and being based in the Waikato region. Publicly available organisational literature and documents were reviewed to confirm that participants meet my criteria of a social-purpose business prior to approaching these organisations.

Information gathering

I approached the most senior manager in the organisations identified as possible participant organisations via email, requesting a meeting with them to tell them in person more about my proposed study and invite them, together with their fellow senior management team, to participate in this study. All the potential participants that I approached agreed to participate. I did not approach these participants all at the same time but chose to complete the discussions with one participant before approaching the next. This staggered approach to my discussion was primarily a pragmatic decision, as I did not want to overwhelm (and potentially confuse) myself with transcribing the electronic transcripts for more than one participant at the same time. Once the participants agreed to participate, a written explanation was provided to ensure that they understood the uses of any information gathered during the interview process. The criteria of who constitutes a senior manager, and thus party to the invitation, was left for the most senior manager of the participant organisation involved to determine. Consent was gained from each individual participant at the commencement of the first meeting.

The structure of the meetings and the number of attendees at each focus group meeting differed between organisations. I purposely let the participants determine the meeting schedule in order to foster buy-in and participation. Representatives from three of the four participant organisations chose to do three separate focus group meetings, between two and four weeks apart, while representatives from one participant organisation chose to cover all three discussion sessions in an afternoon meeting. This was due to the difficulty of getting all board members in one place at a given time. One Chief Executive Officer chose not to involve any other managers in the discussions. The reason given for this decision was that these managers were really operating at a supervisory level only, and not a strategic level. The Chief Executive Officer felt more comfortable talking about the strategic environment of the organisation, which included ongoing

discussions with the owners about a possible management restructure, without other managers present, given the sensitive nature of possible changes and potential redundancies. Discussions in this instance were therefore held only with the Chief Executive Officer. The other three participant groups included between two and four representatives each, which included the majority of, if not all, the senior managers in these organisations. Two of the participant organisations were (publically proclaimed) Christian-based organisations, while the other two participants had no specific religious affiliation. The religious foundations of participant organisations were not a specific criterion in the selection of the participants.

My discussion process/guidance was based on the intent of Appreciative Inquiry (Cooperrider & Whitney, 2001) in order to explore the concept of organisational legitimacy and how it relates to the participants. Although Appreciative Inquiry is typically represented as the '4D-cycle' (Cooperrider & Whitney, 2001), the value of Appreciative Inquiry is inherent in its intent, and not in the mechanics of how it is applied (S. Grant, 2006). Given the exploratory intent of the study, I followed the intent of Appreciative Inquiry and, purposely choosing not to implement Appreciative Inquiry's 'Delivery' phase as part of the study, as my theoretical considerations suggest that the research needs of an external researcher should not be the impetus for organisational change. Any organisational change commitments and actions should rather come from the participants themselves. I am, however, aware that one of the participants has started a process of change as a result of participation in my study (cf. Chapter 16).

With the permission of the participants, the meetings were recorded digitally. I subsequently transcribed the recorded conversations word for word, using Microsoft Word. A transcript of each meeting was provided to each participant to review following the meeting, and an opportunity was provided for the participants to correct the transcripts if deemed necessary. Only one participant chose to exercise that option, with the changes primarily focused on removing sensitive information related to a particular individual in the organisation and rewording sentences to better reflect accepted grammar and sentence construction. An opportunity for further meetings was offered at the conclusion of the meetings to each participant group in order to discuss aspects that may have arisen from these discussions. None of the participant groups took me up on the offer.

My relationship with my research participants

The methodological implications of my research orientation led me to engage with the leaders of residential aged care providers who have significant experience in the care of the vulnerable elderly, in particular, those organisations that have eldercare as their stated social goal. In my fieldwork, my participants and I explored their understanding of organisational legitimacy. I viewed myself as an 'outside' voice. The position of 'outsider' is that of a visitor, with their personally consequential settings elsewhere (Bartunek & Louis, 1996). I also *re-present* the institutional challenges my participants face to a wider audience, perhaps in a way never done before; of social-purpose businesses wanting to do 'good' as part of a system that is set up to function according to a market logic. This re-presentation bestowed on me a certain amount of power, as I was responsible for framing the questions and writing up the results; essentially 'painting a picture' of the research settings. I was also seen as the 'academic' by some of the participants, which also brings with it a power dynamic. The research method I chose, however, is reflective of my worldview of collaboration and participation. In the course of these discussions, several institutional challenges emerged. We discussed how these challenges were viewed and where appropriate, acted upon. While I viewed myself as an outsider, I never considered myself as an objective observer in the study. I am aware though, that as my confidence grew and I became more familiar with the study, I perhaps became less objective, and started to form an opinion of my own. My questions became 'better' as my understanding of the aged care sector, the jargon and the operating environment grew.

Information analysis

A thematic consideration was undertaken to analyse the information collected and transcribed during the semi-structured interviews with my participants. According to Boyatzis (1998), thematic analysis allows an interpretivist researcher's social construction of meaning to be articulated in a way that the description of social observations seems to emerge, and is an approach widely used in health-related studies (Hsieh & Shannon, 2005). Deephouse and Suchman's (2008) legitimacy typology provided me with a structured way to make sense of the transcribed conversations, allowing for the exploration of legitimacy dimensions, subjects and sources. This typology is discussed in more detail in Chapter 5.

The responses from each participant contained in the transcripts were manually analysed to identify common themes, using codes, categories and themes. According to Zhang and Wildemuth (2005) the qualitative analysis of raw information into categories and themes is a valid analysis process. Hsieh and Shannon (2005) describe how such a qualitative analysis of information using codes and categories that emerge from the information is useful in exploratory studies where literature on the topic is limited. Immersion in the data is achieved by reading the 'data' as a whole, and then rereading word for word to derive codes by identifying words that appear to capture key thoughts. Codes are sorted into categories and grouped into clusters or themes. Using a computer-assisted qualitative data analysis software package was considered to assist in the identification of relevant themes, but I decided against it as such software packages lack the ability to facilitate the in-depth, in-context analysis required for detailed analysis of participant discourse (MacMillan, 2005). I chose to be in charge of the analysis from start to finish, ensuring that the particular context the conversations took place in was taken into account. The codes, categories and themes were captured using Microsoft Excel, allowing for easy manipulation of information. The overarching themes that emerged during this manual analysis of information is discussed in Section 3.

In Chapter 2 and in this chapter I have reviewed the theoretical framework and research method that I used in this study. This approach forms the foundation from which I undertook my research to explore the socially-constructed residential aged care sector in order to make sense of the ideas and practices that inform current social arrangements. In the next chapter, I will explore the concepts central to this study, and I will do so by way of an organic metaphor (a tree) as a heuristic device to inquire into the residential aged care environment in order to depict patterns and interconnections between these concepts.

Chapter 4 - Conceptual framework

In this chapter I use an organic metaphor to explore the residential aged care environment. Grant and Osanloo (2014) describe a conceptual framework as a logical structure of connected concepts that help provide a picture of how ideas in a study relate to another within the chosen theoretical orientation. In setting out the conceptual orientation of this study, in my recognition of differences and similarities in the literature and in everyday conversation of concepts pertaining to this study, I summarise the meanings I vest in concepts central to the work ahead:

- Social-purpose businesses: In contrast to a mechanical understanding of human organisation(s) and their management and control, I draw on depictions from the organisational literature that presents human organisation(s) as living organisms. In this choice of metaphor, social purpose businesses can be depicted as living, open systems closely intertwined with their environment. As with any genesis story, such organisation(s) develop their specific features in a symbiotic way with the emergent (socio-political) environment. Both – organisation and environment - are depicted as out-workings of their creators. The notion that organisations are created by humans endorses a sense of their invention to serve a purpose, an intention particular to human intent, contextualised in a specific time and place. I view social-purpose residential aged care facilities as socially-constructed entities, consisting of interrelated components that most such entities will share, such as management hierarchies mandating specific responsibilities, acceptable financial management practices, job expectations etc. In the case of social-purpose businesses, these organisations are all explicitly orientated towards meeting a specific social goal.

- Stewardship: Being stewards of the wellbeing of the vulnerable in our communities is seen as a worthy goal for organisations and their leaders that view humanity as inherently valuable.

- Legitimacy: Residential aged care providers are reliant on the continued legitimacy judgements of their constituents in order to be able to pursue their stated social goal.

- Governance practices: Oversight structures of these social-purpose businesses protect the organisational wellbeing and financial sustainability required in order to function.

- Neoliberalist approaches: The market-driven neoliberalist regime becomes the foundation element that transfers values and beliefs through society. As the dominant economic order for over 30 years in NZ and elsewhere, neoliberalist policies and processes have influenced

the ways social-purpose organisations are perceived and supported (or not) by their constituents.

I discuss next the concepts I have selected for this study by way of the organic metaphor to explore the concepts that will be explored in this study. Through this conceptual framework, I attempt to demonstrate the relationships between the different dimensions of this study.

The tree metaphor

I live in Cambridge, a picturesque town in the Waikato region of New Zealand. The town is known for the large amount of spectacularly big, mature oak trees seen in the town, many of which are more than 130 years old. Cambridge is a popular retirement destination, with several retirement villages and residential aged care facilities situated in my hometown. While jogging through town, in this instance through a park opposite a retirement village, I was struck by the many parallels between residential care facilities and these magnificent trees around me. Morgan (2006) describes how living organisms can be used as metaphors for organisations. These trees provide an organic metaphor to describe aspects of the social-purpose aged care facilities that I have engaged with in my research. Morgan (2006) describes how living systems (like trees) exist in a particular environment on which they depend for the satisfaction of a variety of needs, and how organisations can be viewed in terms of interrelated subsystems, dependent on each other, and influencing each other. A particular focus of managers in such organisations is to find ways of managing the relationships between these subsystems and their environment.

With this organic view of organisations in mind, I can see how both aged care facilities and trees consist of a few main, interrelated components without which neither will be able to function. All these features need to function optimally in order for the entity to be sustained.

The leaves on trees give life to the tree, which happens through the biological processes of transpiration, photosynthesis and respiration (Holding & Streich, 2013). The branches of a tree, in turn, are responsible for positioning the foliage in order to get enough sunlight. The trunk provides structure to the tree, supports the branches and is responsible for the transfer of nutrients from the roots to the foliage. The bark on the tree protects the trunk and branches. The roots function as a stable anchor in the soil, and absorb nutrients from the soil which is then ultimately

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transported to the life-giving foliage via the trunk and the branches. Climatic conditions such as wind, rain and snow, affect the growth of the tree. Strong roots, a sturdy trunk, strong branches and well-positioned leaves make for a potentially healthy tree. If each part of the tree functions optimally, the whole tree has a chance to flourish. Conversely, if one of these parts is diseased, the tree is likely to struggle.

I noticed that residential aged care facilities also have distinct components designed to function in harmony with each other. While there is no prescriptive of how such organisations ought to be structured, my participants have enough similarities in common to allow this metaphor to be used. The wellbeing of the vulnerable elderly is central to the residential aged care facilities' goal, and in the metaphor, these elderly residents can be seen to represent the foliage. The wellbeing of the residents, inherently valuable as human beings, is the focus of the rest of the organisation, not unlike the position of the leaves is a central focus for the tree. In the tree metaphor, the managers and employees of these residential aged care facilities represent the branches. Their function is to care for the vulnerable elderly in a manner that allows these elderly people to maximise their wellbeing. The trunk represents those parameters or structures that support the organisation's managers to allow for a sustainable, legal and ethical pursuit of their social goal. Just as the trunk supports the branches, these aspects direct and support the actions of the employees and managers. (Care contracts with the District Health Boards, service standards and organisational policies that guide individual and collective organisational actions come to mind). And just as the bark protects the trunk that transports the nutrients, so governance structures are put in place to oversee and govern the residential aged care facilities. The collective beliefs held by managers of residential aged care facilities about the value of the residents in their care underpin the ethos of these facilities, and this is represented by the roots of the tree. Some facilities have stronger roots than others. For social-purpose residential aged care facilities, in particular, these beliefs tend to be anchored in their communities, and just as trees rely on the nutrients in the soil, so these facilities rely on the values, norms and beliefs of their communities about care of the vulnerable elderly for existence and continuity of being. The societal acceptance of what the residential aged care facilities stand for, and the goals that are pursued, provide these residential aged care facilities with organisational legitimacy, the 'anchor point' that organisations need in order to function well.

Continuing with the organic metaphor, the external environment plays a big part in determining the wellbeing of a tree. Organisms are open systems, and as such rely on their environment for a variety of sustenance (Morgan, 2006). Whilst not an attribute of the tree itself, the type of soil and the quality of the nutrients in the soil the tree is planted in are a key factor in ensuring a healthy tree. If the ground is too sandy, the tree will not be anchored properly, and even an otherwise healthy tree will fall over easily. Or, should the nutrient quality of the soil be poor, the tree's growth will be stunted. In this, I can also see a similarity with residential aged care facilities. If the residential aged care facilities' community is strong and supportive of the organisation, then the organisation is able to anchor deep and grow well. For instance, if a community shares the value that the elderly is intrinsically valuable, worthy of being cared for, and not seen as a burden on the collective, then the residential aged care facility is more likely to flourish than when there is a disconnect between the values of the organisation and their community. Climatic conditions such as the wind, rain and snow also affect how trees grow. Similarly, the government of the day also affects how residential aged care facilities grow. Its economic ideology and how this ideology interacts with the social and political spheres of peoples' lives underpins the institutional environment in which residential aged care facilities have to operate.

Societal values across the western world are shifting from a collective to an individual focus, characterised by a materialist disposition. Wren (2014) ascribes this change to hyper-individualism, the consequences of which legitimise market activities above socially-integrated activities. Everyone is 'taught' through socialisation that every person is responsible for themselves, thereby eroding the collective. Overall, society is thus assumed to be comprised of self-interested individuals focusing on their own agendas. This change of social values may mean that organisations that were built upon, and still adheres to, some of the erstwhile 'collective' values, are struggling to stay relevant. In a New Zealand context, government policies are also predicated on a western form of individualistic capitalism (Berghan, 2007), which the author believes does not necessarily reflect the worldview of Māori as indigenous people of New Zealand. For instance, Berghan (2007) points out the importance Māori place on collective wellbeing rather than the individual wellbeing, on cooperation rather than competition, on interpersonal relationships rather than the task, and on the spiritual orientation rather than a

rational belief orientation. So while New Zealand as a western, first world country, may also follow the same path as other western counties, I remain cognisant of the fact that this view may not reflect the Māori view as *tangata whenua* (first inhabitants) of Aotearoa/New Zealand.

Through this organic tree metaphor described above, I have demonstrated the interrelated nature of, and co-dependence between, the tree, the parts of the tree, and its environment, or alternatively the residential aged care provider, its clients and staff, and the social environment the organisations is situated in. Legitimacy exists where an entity's actions align with the norms or values (Suchman, 1995) of the society that exists at that particular time and place (cf. Chapter 5). My participants reported that some of the values New Zealanders once commonly held dear have changed over the last couple of generations. There seems to be a growing misalignment between the values of residential aged care facilities and the funders of these services. This misalignment is discussed further in Chapter 13.

In this chapter I have introduced the concepts that inform this study. In the next section (Section 2, Chapters 5 to 9), the relevant literature and associated theories associated with these concepts will be reviewed in order to position these concepts within my study, highlight possible relationships between these concepts, identify seminal researchers, and gain a better understanding of these concepts as they relate to social-purpose businesses providing aged care services.

SECTION 2 – LITERATURE REVIEW

The underlying philosophical assumptions associated with the (assumed) nature of humanity, its social systems, and the meaning of work have not been well expressed within management literature that reflects the prevailing materialist worldview (Diddams & Daniels, 2008). The authors state that this lack of philosophical perspective has serious implications for management scholars seeking equilibrium between the welfare of organisations and the welfare of employees. I propose that the welfare of vulnerable members of communities should also be taken into account. Left unchecked, this apparent lack of philosophical focus in management studies will continue to influence future research outcomes as, according to Daniels, Franz and Wong (2000), the philosophical orientation associated with management research influences theory development, research methodology, result interpretation and the quality of work life within organisations.

The purpose of this section is to explore the literature associated with the concepts raised in Chapter 2 that make up the conceptual framework for this study. These focus areas are deemed to be informative to my research, and a study of these focus areas may shine a light on what I think is 'out there' that may have an influence on the perceived legitimacy of socially-orientated aged care organisations, as seen from the perspective of practitioners. Such a study may contribute towards a better understanding of how these concepts related to each other. This literature review draws heavily of writings from authors that critically question the status quo, which allows me to better understand factors associated with doing business in a way that builds up collective humanity. I start with a review of legitimacy literature, drawing on the works of Mark Suchman and co-authors as a departure point. I then review social enterprise literature to better understand this type of organisation whose legitimacy is at the centre of this study. I then turn my attention to the aged care sector, given that this is the setting of the social enterprises whose legitimacy I am co-exploring. Literature associated with neoliberalism as the dominant economic order is then reviewed to better understand the economic environment these social enterprises are operating in. Finally, I review the intersection of spirituality and organisation studies, and the associated values acceptable to both a spiritual and secular orientation. While the intersection of spirituality and organisation studies are not an explicit focus area of this study (cf. research questions in Chapter 1) a secondary goal of this study is to hopefully provide a bridge between these (mostly perceived as) separate orientations.

Chapter 5 - Organisational Legitimacy

The legitimacy of social-purpose businesses providing aged care services is a key theme of this study. In this chapter I explore the legitimacy literature, identifying the schools of thought that may be both complimentary and conflicting. I also introduce a legitimacy typology that I used as a framework for my information analysis.

Crouch (2014, p. 24) states that "we make sense of this world by making something of this world." Influenced by my social constructionist ontological perspective, I deem all organisations to be social institutions: organisations' employees are making something of [and for] this world. Organisations do not exist in isolation from society, however. Both economic and non-economic factors influence how organisations develop. Political and social factors may, according to Warren (2003), in some circumstances shape the organisation's course more than economic factors alone. Legitimacy judgements by an organisation's constituents are one such non-economic factor that can influence an organisation and its development. Social aspects such as the beliefs and values of people, the laws of the land and the socio-economic status of constituents may all influence the societal norms, rules and values an organisation must adhere to in order to be determined to be legitimate.

Definition and characteristics of organisational legitimacy

In contemporary western organisational studies, the foundations of legitimacy can be traced back to the early works of Weber and Parsons (Deephouse & Suchman, 2008; Suchman, 1995). Suchman (1995, p. 574) defines legitimacy as "a generalised perception or assumption that the actions of the entity are socially-desirable, proper or appropriate within some socially-constructed system of norms, values, beliefs and definitions". This is a definition that is widely used and recognised by many contemporary scholars. In essence, an organisation can be said to be legitimate when its conduct is seen by constituents as being in line with widely held values, norms or beliefs and is seen as appropriate in that particular context. In his highly influential article on legitimacy, Suchman (1995, p. 571) describes legitimacy as "an anchor point for a vastly expanded theoretical apparatus addressing the normative and cognitive forces that constrain, construct and empower organisational actors". Since legitimacy can include individuals, organisations and societies (Wood, 1991), Suchman's definition of legitimacy can also be applied

to my study of organisations, and how actors within these organisations perceive their own organisational legitimacy. Suchman's definition includes the recognition of the "evaluative, cognitive and socially-constructed nature" (Mitchell, Agle, & Wood, 1997, p. 866) of legitimacy, which may explain its wide acceptance. Suchman (1995) advances the legitimacy discourse by providing a clear, concise definition. The way he brought the institutional and strategic schools of thought together into a coherent narrative is of particular value in this study. I thus rely heavily on Suchman's description of legitimacy to provide the conceptual mooring for my understanding of legitimacy.

Adhering to a society's norms and values is a central element of legitimacy (Suchman, 1995). As these social norms and values are not static, legitimacy will change as societies change. This fluidity means that an organisation's legitimacy is continuously evolving through social human enactment, which is directly linked with constituents' reactions to the organisation as they see it (Tregidga, Milne, & Kearins, 2007), and can ultimately be a reflection of the relationship between the organisation and its environment (Patel & Xavier, 2005). Organisational legitimacy can thus be labelled as an insulator against external pressures (Deephouse & Suchman, 2008), and a symbolic representation of how people feel about particular institutions (Hybels, 1995).

Legitimacy theory

Three prominent legitimacy theories emerge in literature, namely an institutional theory of legitimacy, strategic theory of legitimacy, and a 'hybrid' theory of legitimacy (Dart, 2004; Hybels, 1995; Sonpar et al., 2010; Suchman, 1995; Tilling, 2004).

Institutional theory of legitimacy

Institutional legitimacy theorists hold that legitimacy is the primary goal of any organisation (Dart, 2004). Institutional isomorphism is a central concept in institutional theory and is described as a process that causes one entity to resemble other entities that face the same set of environmental conditions (DiMaggio & Powell, 1983). DiMaggio and Powell (1983) describe how efforts to rationally deal with uncertainty and constraint often lead to homogeneity in structure, culture and output. Legitimacy is thus a reflection of the level of conformity to the external pressures exerted on organisations that are outside the specific organisational leaders' immediate control (DiMaggio

& Powell, 1983; Suchman, 1995). Organisational characteristics are modified in the direction of increasing compatibility with environmental characteristics. Institutional isomorphism often occurs where environmental factors cause such organisations to conform to social expectations. From an institutional mindset, it can be said that managers of such organisations follow environmental cues in order to have their organisations conform to social expectations (Dart, 2004). Put simply, the behaviour or actions of organisational leaders are orientated towards legitimacy, conducting their activities in a way that is socially appropriate and acceptable. The result is, due to institutional isomorphism, organisations that face the same environmental pressures more closely resemble each other over time. This isomorphism may be the result of coercion that stems for political influence, the result of mimetic responses to uncertainty or is the result of normative pressures such as those brought about by professionalisation of sectors or services.

Institutional theory has received criticism. Sonpar et al. (2010) for example posit legitimacy as problematic for the domain of institutional theory due to three reasons.

Firstly, institutional pressures may come from several directions at once to adopt specific practices and these practices may be driven by different values. An example would be the government asking aged care providers for increased administrative efficiency, while residents' families may exert pressure to deliver improved care services that require increased administrative commitment. Possible responses to these pressures may not be consistent between aged care providers and may require negotiation.

Secondly, institutional theory adopts a passive approach to legitimacy despite viewpoints to the contrary that environments affect legitimating behaviour are continually evolving. Structural dynamics are seen to generate pressure that exceeds an organisation's control (Suchman, 1995). This passive position seems at odds with the common managerial perspective of legitimacy as something that can be manipulated.

Thirdly, institutional theory ignores the temporal nature of legitimacy, which makes maintaining legitimacy difficult. As legitimacy changes with societal changes, legitimacy needs to be maintained in a dynamic environment, something that is not recognised in institutional theory.

Strategic theory of legitimacy

According to the strategic theory of legitimacy, legitimacy is something that is deliberately pursued (or possibly ignored!) by organisations. Sonpar et al. (2010) describe organisational legitimacy as non-permanent, temporary in nature, something that may require regular renegotiation and something that may be the result of factors other than institutionalisation. The management of legitimacy is, therefore, an ongoing process, which aligns well with a social constructionist view of organisations and of legitimacy. Tilling (2004) describes legitimacy as an operational resource; something that a business requires in order to operate; certain actions increases an organisation's legitimacy and some actions have the potential to decrease an organisation's legitimacy. Factors such as the separation of powers, increased operational transparency, adherence to specific codes of ethics and elections of board members are examples of activities that Coglianese (2007) identify as factors that contribute to the attainment of organisational legitimacy.

A 'hybrid' theory of legitimacy

My review of current literature confirms that an organisation may be deemed legitimate through either factors that are outside the control of organisations, or through specific targeted actions undertaken by organisational leaders in pursuit of legitimacy. When I first read these differing theories on legitimacy, I understood these concepts to be opposing views of legitimacy. But as my understanding deepened I realised that these two theories are not necessarily in opposition. Tilling (2004) suggests a relationship between these two types of legitimacy, not as equal but opposing views of legitimacy, but as two distinct layers of legitimacy. Institutional theory is described as the macro-theory that considers organisational structures as a whole, and how these structures (like capitalism or organised aged care, for instance) have gained acceptance from society. Strategic legitimacy theory is one layer down and is the process organisations embark on to gain or maintain legitimacy. Referred to as legitimation, the focus of this process is on seeking approval, or avoiding sanctions, from the society organisations are operating in. At this level, legitimacy can be seen as a resource that is required to operate. Hybels (1995) also recognises what he refers to as the communication-based and resource-exchange perspectives of organisational legitimacy. The distinction is between the concept of legitimacy, describing the normative aspects of legitimacy, and the process of legitimation, describing the cognitive aspects of legitimacy. Suchman (1995) also describes how both an institutional view that emphasises

how social beliefs affect legitimacy, and a strategic view that emphasises how legitimacy can be managed to achieve organisational goals, can be seen as different perspectives of the same thing. Suchman (1995) distinguishes institutional legitimacy theory's perspective in terms of 'society looking in' and strategic legitimacy theory's perspective in terms of the 'managers looking out'. Recognising this duality should be, according to Suchman (1995), an important consideration for managers as it highlights both how organisational legitimacy can be manipulated and how it can be a taken for granted belief system for all constituents. Tilling (2004) identifies the management of organisational legitimacy to ensure the continued flow of resources as a key strategy for organisational leaders, as it could forestall or pre-empt potentially negative consequences such as increased regulation, boycotts or disruptive actions. There is, therefore, merit in accommodating both the institutional and strategic approaches to organisational legitimacy theory in this study.

A legitimacy typology

Deephouse and Suchman (2008) have put forward a typology of legitimacy, providing researchers with a structured way to further make sense of legitimacy. This typology is based on the dimensions (or forms) of legitimacy, subjects (or entities) of legitimacy, and sources of legitimacy.

Dimensions of legitimacy

Several researchers have paid attention to the dimensions or forms of legitimacy, resulting in an array of descriptors. Stryker (1994) differentiates between attitude, behaviours and cognitive orientation towards rules, while Scott (1995) identifies regulative, normative and cognitive legitimacy dimensions. In his seminal work on legitimacy, Suchman (1995) describes three forms of legitimacy, namely pragmatic, moral and cognitive legitimacy. More recently, (2004) Archibald (2004) describes what he refers to as cultural legitimacy, and Bansal and Clelland (2004) detail what they refer to as corporate environmental legitimacy. Given the nature of legitimacy as an analytic concept (Deephouse & Suchman, 2008), these diverse descriptions should not be seen as divisive; instead, they provide for a deeper understanding of the concept of legitimacy. Recognising Suchman's (1995) highly influential and widely accepted work on the concept of legitimacy, I have used his descriptions of legitimacy dimensions as the starting point for my understanding of legitimacy forms. Suchman's descriptions of pragmatic, moral and cognitive

legitimacy are based on the assumption that members of society deem an organisation's actions as desirable, but that the legitimacy differs in the behavioural dynamic. Please refer to Table 1 for an overview of the dimensions of legitimacy.

Pragmatic	Moral	Cognitive
Based on the self-interest of the constituents.	Based on whether the constituents deem the action as the proper action to take, rather than whether they benefit from these actions.	Based on the extent to which an action by the organisation is taken for granted by its constituents, and is distinct from evaluation and self-interest.

Table 1 - Dimensions of Legitimacy (Suchman, 1995)

Pragmatic legitimacy is based on the self-interest of the constituents (Suchman, 1995) and is the most basic form of legitimacy (Dart, 2004). It looks at the "what is in it for me" dimension of the proposed action. (Suchman, 1995) identifies three types of pragmatic legitimacy:

- Pragmatic exchange legitimacy, based on the benefit for a particular set of constituents; essentially based on the value of an action or policy for those doing the legitimacy assessment.

- Pragmatic influence legitimacy, based on the expected benefit to constituents' larger interests; essentially when the organisation in question adopts the values of the constituents making the assessment as their own, giving the constituents some influence over organisational authority.

- Pragmatic dispositional legitimacy, based on the extent to which an organisation has been personified by its constituents. Constituents essentially treat the organisation as a moral being, able to act morally, coherently and autonomously.

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Moral legitimacy refers to legitimacy that is based on whether an action is deemed by constituents to be the ethical action to take, regardless of whether such actions benefit those constituents evaluating the actions (Dart, 2004). Whether an organisation's actions are deemed morally legitimate by its constituents will usually be related to the extent it is perceived to promote societal welfare, which in turn will be heavily influenced by the value system of the constituents (Suchman, 1995). Dart (2004) states that the concept of moral legitimacy has specific application to social enterprises in particular, as it connects the emergence of social enterprises to the social values that are the hallmark of most nations in the OECD (Organisation for Economic Cooperation and Development). Suchman (1995) identifies four different types of moral legitimacy:

- Moral consequential legitimacy, which relates to the evaluation of the outputs and consequences; essentially looking at what has been accomplished and the benefits associated with it

- Moral procedural legitimacy, which is linked to the evaluation of actions; essentially looking at whether an organisation is going about its business in an acceptable manner, and how the organisation is governed

- Moral structural legitimacy, which is achieved when an organisation is deemed to be the right organisation to do the job, based on factors linked to the identity of the organisation and looking beyond just outcomes, procedures and actions

- Moral personal legitimacy, which is based on the charisma of the leaders

Moral legitimacy is of particular interest to me (and thus this research), given my stated interest in organisations that do the 'right thing' - the ethical behaviour of those representing organisations, and organisational actions that lead to human flourishing.

Cognitive legitimacy, in turn, relates to activities that are taken for granted by an organisation's constituents and is distinct from evaluation and self-interest (Suchman, 1995). Cognitive legitimacy is particularly difficult to understand (Deephouse & Suchman, 2008) as it is blended into the cultural landscape and is not usually questioned. (The very action of questioning or investigating any entities' legitimacy, and not taking its legitimacy for granted, demonstrates the

difficulty of examining or investigating cognitive legitimacy, which is based on taken for granted values).

Suchman (1995) reminds us that legitimacy dynamics do not exist in isolation and that aspects of legitimacy are interrelated. While pragmatic legitimacy is based on self-interest (Suchman, 1995), moral legitimacy and cognitive legitimacy are not, which means that gaining legitimacy from its constituents becomes more elusive and more difficult to manipulate when moving away from pragmatic legitimacy. It also raises the potential for conflict to arise between types of legitimacy. Different constituents may also have different perspectives on legitimacy. Golant and Sillince (2007) identify and describe a dichotomy with regards to how legitimacy is constructed, identifying both an evaluative dimension and a cognitive dimension to how legitimacy is understood. Based on Suchman's (1995) understanding of legitimacy as described in this chapter, Golant and Sillince (2007) explain how the evaluative dimension of legitimacy relates to the contribution individuals, organisations and societies make to the wellbeing of the audience. These agents evaluate the contribution the organisation makes, be it specifically to themselves or more generic, to the wider society. This evaluative understanding of legitimacy captures both pragmatic and moral legitimacy as described above. On the other hand, the cognitive dimension of legitimacy refers to the way in which collective action is an outcome based on the audience's collective understanding, rather than an assessment of the means and ends. The assessment of an organisation's cognitive legitimacy is thus a reflection of the extent to which the organisation is seen by its internal and external constituents to be part of the 'normal' way of doing things. In other words, cognitive legitimacy goes beyond the opinion of individual agency but rather refers to collective experience.

Subjects of legitimacy

When considering legitimacy, it is also important to differentiate what is actually being looked at. Subjects of legitimacy are those entities, actions or ideas whose legitimacy are being assessed (Deephouse & Suchman, 2008). Examples of legitimacy subjects include rules, procedures, laws, and organisational structures. Hybels (1995) for instance, identifies regulation, patronage, support, labour, investment or influence as subjects of legitimation. In the aged care industry in New Zealand, the code of conduct for members of the New Zealand Aged Care Association would be a good example of a subject of legitimacy, clearly stating the expected behaviour of its

members. Also, the quality of service delivery is currently a very topical subject of social scrutiny, where the legitimacy of the sector, and individual service providers, are brought into question. The New Zealand Herald, for instance, has run a series of articles in 2013 delving deeper into reported issues in aged care (Collins & Johnston, 2013; Johnston & Collins, 2013a, 2013b; Morton & Nash, 2011), and the Human Rights Commissioner also called for a star rating system in order to expose poor performing rest homes (Collins & Johnston, 2013).

Sources of legitimacy

The sources of legitimacy are another important aspect of legitimacy theory. Legitimacy sources are the internal and external audiences or constituencies who make the assessment of legitimacy (Deephouse & Suchman, 2008). Each actor influences the flow of resources crucial to the organisation's establishment, growth and survival, either through direct control or through the communication of good will. These actors could be situated within the organisation or be external to the organisation. Hybels (1995) highlights governments, public interest groups, the financial community and representatives of the media as key influencing sources of legitimacy. Given the various responsibilities and functions these constituencies have in respective jurisdictions around the world, there may be significant differences in how legitimacy is perceived within respective cultures and systems.

In this chapter, legitimacy is presented in the literature I have reviewed as an important element of any organisation's success. Institutional isomorphism has been argued in this chapter as central to the generation of legitimacy, as is certain strategic organisational actions. Based on such depictions, I posit that managers of organisations need to be able to reconcile this dual understanding associated with obtaining and maintaining legitimacy if they are to gain the 'green light' from their communities to operate. Societal values, norms and beliefs are fluid and constantly changing, meaning that organisational legitimacy is constantly evolving. Managers, therefore, need to 'have their fingers on the pulse' of the communities in which their organisations are situated in, in order to reflect alignment with these societal values, norms and beliefs in question. Social enterprises, the type of organisation whose legitimacy I explore in this study, is the focus of the next chapter.

Chapter 6 - Social Enterprises

In this chapter I introduce social enterprises as an organisation type, exploring definitional challenges, and put forward social-purpose businesses as a type of social enterprise from which I recruited my study participants. I also discuss how social enterprises developed in New Zealand.

According to Alvesson and Deetz (2000), most management research theories and research projects up to the turn of the 21st century were built on a modernist approach. Management control and the progressive rationalisation of nature and people had been at the centre of this modernist discourse from its inception in Taylorist thoughts about productivity in America with the dominance of structural-functionalist orientations to this day - despite inroads into the field by the Human Relations School of Thought and the efforts of post-modernists since the 1960s. Progress is assumed to be a natural dynamic in modernism, and this progress is mainly based on the discovery of underlying fundamental processes, and the focus tends to be on increased productivity narrowly defined as a reduction in costs and/or increase in output or profit. Diverse social theories and conditions, and their implications, have historically not been well reflected in contemporary management research, but as diverse theoretical perspectives have entered the study of management (for example critical organisation studies, feminist perspectives, indigenous values, and environmental studies) concerns about the exploitation of people and planet have become more visible. The focus on profit generation has been softened. Social enterprises can be seen as an outcome related to the influence of such diverse social theories and their concern with the human condition. Both social mission and economic factors are valued.

While increased profitability remains a predominant concern in much theory and practice of business, Karns (2011) and Van Duzer, Franz, Karns, Wong and Daniels (2007) advocate that the purpose of doing business should be to contribute to human flourishing or wellbeing by serving customers, employees and the community. Van Duzer et al. (2007) identify two directions that business owners or managers should strive for that support human wellbeing as a business purpose: i) to provide goods and services required for human flourishing, ii) to provide work that allows men and women to express their capacity for productivity and creativity. While the generation of profit is seen by many as central to doing business, some researchers believe that

it should not be pursued at all costs. The 'first do no harm' approach that is central to the Hippocratic Oath followed by many medical practitioners could be insightful in this regard.

Philosophical underpinning of governance as a way to understand social enterprise

As discussed in Chapter 2, what a person believes to be real, influences how they make sense of the world – including how they understand and enact the functions that they believe businesses to fulfil in their society. Ridley-Duff (2007) identifies two philosophies of social organisation that influence how supporters of these two distinct positions see the ideal society. Within these two philosophies, Ridley-Duff (2007) describes four departure points for enterprises which determine how such organisations might be set up and governed. These philosophical positions provide me with a useful reference point from which to approach the relationship between my participant organisations and the Ministry of Health.

Individualism holds that people assume themselves to be independent beings, with rights and responsibilities based on that identity. They see themselves as distinct from others and the world, are able to think rationally about themselves and the world they live in, the light of their independent or discrete existence. Decisions are based on self-interest; rational thought patterns lead to universal 'truths'.

Communitarianism depicts the philosophical position which holds that rights and freedoms are cultural constructs that are generated for people as members of a community, with specific meanings to particular societies. The focus is more shared values and the 'common good', rather than individual rights. Personal identity is seen as socially-constructed.

Supporters of both individualism and communitarianism either emphasise consensus (*unitarism*) or diversity (*pluralism*) in how they view the purpose of business and the nature of governance. These four approaches are perhaps best represented by a table:

	Unitarism (consensus)	Pluralism (diversity)
Individualism	*Property-based democracy*	*Egalitarian democracy*
Communitarism	*Elitist democracy*	*Stakeholder democracy*

Table 2 – A meta-theoretical view of organisational governance (Ridley-Duff, 2007)

Individualists who value a sense of unity will likely prefer an organisational system of oversight that allows for the prioritisation of their own values (ownership for example) and justifies imposing rules on others in order to retain such oversight and control as a legitimate arrangement. Ridley-Duff (2007) refers to such arrangements as property-based democracy.

Those who subscribe to a communitarian approach to unity will view the imposed values of the elite as a way to ensure consensus, and these values of the elite will be enforced to ensure what they view as the collective interest. Ridley-Duff (2007) refers to such an arrangement as an elitist democracy.

There are individuals who favour diversity above consensus. Individualists that believe society is best served by encouraging diversity of opinion and process will likely support oversight mechanisms that accommodate conflict through discourse and are likely to accept a wider range of organisational practices. Balance in diverse views in the economic sphere is achieved through market mechanisms. Ridley-Duff (2007) refers to such an arrangement as an egalitarian democracy.

Communitarian supporters who favour pluralist mechanisms will likely support oversight mechanisms that utilise discourse to determine rights and responsibilities that engender collectively agreed upon and managed structures and processes. Participation and representation are used to ensure a balance between rights and responsibilities. Ridley-Duff (2007) refers to such an arrangement as a stakeholder democracy.

Organisational leaders will, according to Ridley-Duff (2007) adopt a range of positions along this 'continuum', and may evolve their approach depending on the environment and context.

Ridley-Duff (2007) describes how businesses can be both social and have economic foci at the same time. According to Ridley-Duff, this is not a new development in itself, as this dual focus can be traced back at least 200 years. In recent times, though, there is a drive to accommodate more stakeholders, a drive that supports diversity within organisations where different interest groups gain representative control of such organisations. Such organisations provide a proactive response to social issues, something that could potentially benefit its legitimacy (Ridley-Duff, 2007). Whether the inclusion of stakeholders in governance is necessarily a superior model in terms of effectiveness and efficiency is not clear at this stage. Low and Chinnock (2008), for instance, found that the democratic principle can be subverted to serve the needs of individuals at the expense of the organisation whose interests these individuals claim to uphold.

Ridley-Duff (2007) describes social enterprises as a potentially new way of doing business. Social enterprises, discussed in more detail below, can be seen as a philosophical departure from unitarist approaches to doing business, bringing a pluralistic business-like approach to the pursuit of social goals. Over the last two decades, research in the field of social enterprises has increased in both quality and quantity (Peattie & Morley, 2008a; Young & Lecy, 2014) But even with the increase in research, not long ago this field was reported to be under-researched when compared to mainstream business (Peattie & Morley, 2008a). There remains, for instance, a general lack of agreement in the literature of the exact definition of what constitutes a social enterprise (Peattie & Morley, 2008b; Young & Lecy, 2014).

Definition of social enterprises

Kerlin (2006, 2010) defines social enterprise movements as organisations that take non-governmental, market-based approaches to address social issues. Gray et al. (2003) define social enterprises as a broad set of approaches that involve the application of business acumen to address social goals, while the OECD (Kerlin, 2006, p. 251) defines social enterprises as "any private activity conducted in the public interest, organised with entrepreneurial strategy, but whose main purpose is not the maximisation of profit but the attainment of certain economic and

social goals, and which has the capacity for bringing innovative solutions to the problems of social exclusion and unemployment". The UK Government Department of Trade and Industry's definition (D. Jones & Keogh, 2006; Kerlin, 2006; Mason, Kirkbride, & Bryde, 2007; Peattie & Morley, 2008b, 2008a) in turn describes a social enterprise as a business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community, rather than being driven by the need to maximise profit for shareholders and owners.

Possibly in recognition of these definitional challenges, social enterprises have also been described as an organisation type with many subtypes (Peattie & Morley, 2008b) that serves as a vehicle to deliver public services (Mason et al., 2007), aimed at achieving some social good, driven by mission rather than profit-making (Young, 2001). Social enterprises are also referred to as 'third sector' organisations (Shaw & Carter, 2007), in contrast with the public or private sector, although social enterprises can, of course, operate in both public and private sectors.

Some researchers also see social enterprises specifically as a subset of not-for-profit organisations. For instance, Dunn and Riley (2004) define a social enterprise specifically as a type of not-for-profit organisation that operates for a specific social purpose. It is this characteristic pursuit of a specific social purpose that the authors feel distinguishes the sub-class of social enterprises from other not-for-profits. In contrast, other researchers see social enterprises as fitting into either not-for-profit, for-profit or public arenas. Dart (2004) mentions that social enterprises are related to the not-for-profit sector, but that social enterprises are different from typical not-for-profits in terms of strategy, norms and values and represent a radical innovation in the not-for-profit sector. Jamison (as cited in Bielefeld, 2009) states that, on a continuum of organisational settings, with non-profit organisations relying on philanthropic capital on one end, and for-profit organisations relying on commercial capital on the other, social enterprises come in a range of organisational forms in between that are concerned with both social and economic returns. Peattie and Morley (2008a, 2008b) believe that these definitional differences surrounding social enterprises partly stem from a tendency by authors to describe social enterprises in terms of particular characteristics, without attempting to differentiate between characteristics that typify social enterprises, and those that define them. Two defining characteristics for social enterprises

were identified, namely having a "primacy of social aims" (Peattie & Morley, 2008a, p. 8) and an "enterprise orientation of providing goods or services" (Peattie & Morley, 2008b, p. 95).

While differences in definitions exist, this is not to say that developing a specific organisational 'identity' is not important. Young (2001) describes an organisation's choice of identity as a beacon by which to navigate and craft future strategies. In New Zealand, the Department of Internal Affairs (2015) also identifies the social mission, the trade-approach to income generation and the reinvestment of profits into the social mission as three elements that identify an entity as a social enterprise in a New Zealand context. While the review of the literature shows differing opinions of what a social enterprise is, there seems to me to be two characteristics that are central to most definitions and descriptions. These are a presence of a social goal or aim and a 'business-like' approach to its activities. For some researchers, however, the need to be able to categorise or define social enterprises in the first place is not that important; a view I share. Social Enterprise London (cited in Jones and Keogh, (2006, p. 15) states that "trying to define a social enterprise can be like trying to define an elephant – very difficult and not much point because you'll know one when you see one".

A social enterprise continuum

Alter (2010) proposes a continuum in an attempt to develop a typology of social enterprises which she puts at the intersection between not-for-profit and traditional business. Social enterprises are identified by having a mix of philanthropic and commercial motives, balancing being mission-driven and being market-driven, achieving both social and economic value goals, and reinvesting revenue back into mission activities. In her continuum, Alter (2010) refers to various types of hybrid organisations, with not-for-profit organisations with commercial activities to the left of centre, with their main motive being achieving a social mission and for-profit entities that create social value to the right of centre, with the main aim of making a profit and the distribution of the profit to shareholders. Alter (2010) identifies two main forces at play in these hybrid organisations. These are social change and sustainability. Both these forces are present in hybrid organisations, who all pursue a blend of these two focus areas. Social enterprises are positioned just left of centre as a type of organisation that uses entrepreneurship, innovation and market approaches to create social value and change.

More recently, Young and Lecy (2014) propose an alternative metaphor to the continuum metaphor used above. They suggested that social enterprises are like animals in a zoo, each one differing from the other, and each seeking different things. These 'animals' differ in behaviour, and how they interact with one another in competing and complementary ways. Each 'animal' is best suited to a certain environment, and each may require different forms of support/nurturing to be sustained. Six major species are described, one of which is 'social businesses', which is described as a multiplicity of organisation types that explicitly seek a balance between profit-seeking and achieving a social mission.

Social-purpose businesses

The term 'social business' is used in social enterprise studies to describe socially-orientated organisations that use established business principles to pursue principally social aims. I view the term social enterprise as a more encompassing term than 'social business' as it can include non-governmental organisations, personal initiatives, charities and more. A social business can, therefore, be seen as a type of social enterprise (Yunus, 2007). Yunus (2007) describes a social business as specifically a non-loss, non-dividend business aimed at achieving social objectives.

Using the term 'social business' is not without its challenges, and this term can be open to misinterpretation. For some researchers, social businesses are a reference to the use of social media within organisations. For instance, Kiron, Palmer, Phillips and Kruschwitz (2012) define a social business as a business that uses social media, social software and social networks. Business anthropologists have also long held the opinion that any business activities are social in nature. All businesses are therefore by nature viewed as social businesses. Baba (2012), for instance, refers to all businesses as social institutions. Neither of these views conforms with the view of this study of social businesses as revenue-generating entities with a central social goal. For the purposes of this study, where the focus is explicitly on organisations that generate revenue to pursue a social goal, I use the term 'social-purpose business' to differentiate my study's focus from other varying or competing descriptions.

Social-purpose businesses can thus be seen as a type of social enterprise. Young (2001) proposes a social business continuum that encompasses several organisational types, balancing the social goal and the approach to profit. Three main types on this continuum of social enterprises are described (Figure 3):

- Corporate philanthropists represent for-profit businesses whose main purpose is to make a profit but may use some of its resources to advance a particular social cause.

- Social-purpose organisations consider themselves devoted to achieving social good, and revenue generation are seen as a strategic means to carry out functions related to achieving their social goal.

- Hybrid organisations claim to have dual objectives: to make a profit for their owners and to contribute to the broader social good. Profit making is thus constrained to accommodate social criteria in decision-making (such as environmental conservation or social justice).
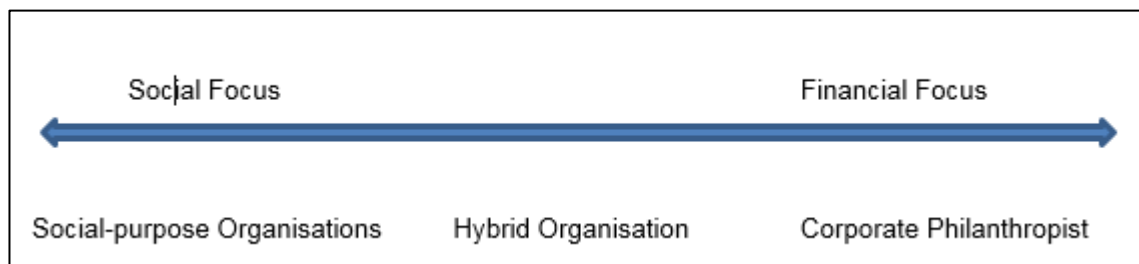
Figure 3 – Social Enterprise Continuum (Young, 2001)

Young's (2001) description of what he refers to as 'Social-purpose Organisations' seem to share great similarity with Yunus' (2007) and Young and Lecy's (2014) definition of a social business and resonate with the type of social-purpose businesses that I included in this study.

As discussed above, being more 'business-like' is central to social business descriptors. Dart (2004) expands on what business-like activities could look like in organisations that are not profit focused in the first instance. According to Dart (2004), being 'business-like' could mean having business-like goals that can be expressed in revenue-generation, profit or financial surplus terms. It could also mean having business-like service delivery structured in a way that is more effective

and efficient. Another meaning of being business-like could be in how the strategic managerial function is structured in terms of agendas, mandate and resource maximisation.

Where social enterprises fit

Dart (2004), using institutional theory as a reference point, states that social enterprise will in all likelihood continue its evolution away from innovative forms towards arrangements that align with premarket ideological notions that influence the current social environment. The economic environment's isomorphic pressures, which will include public policy (Young & Lecy, 2014), will result in social enterprises becoming more focused on market-solutions and business models in order to conform to societal and stakeholder expectations to be seen as legitimate. Dart (2004) draws close links between moral legitimacy and the emergence of social enterprise as a business type. Market mechanisms that address social needs, and organisations that address these social needs using recognisable and valued pro-business ideology, will be seen as morally legitimate, and by association hence as a preferred type of organisation. The emergence of social enterprises can thus be explained through institutional theory and the associated concept of moral legitimacy. The business-like face of social enterprises is responsive to the ideological environment we find ourselves in (Dart, 2004).

According to Mdee, Lyne and Cornelius (2008) social enterprises are increasingly being called on by government to provide statutory social services aimed at reducing social exclusion, which puts a heavy burden of responsibility on these organisations (in a New Zealand context this would typically, but not exclusively, be central rather than local government). It is a responsibility that many social-purpose businesses may be ill-equipped to meet due to structural inequalities in the relationship between communities and government institutions. Mdee et al. (2008) explain that innovation by social-purpose businesses is curtailed by a limited funding stream from governments, at the same time reducing their independence through complying with government requirements. According to Mdee et al. (2008), such a move toward utilising social-purpose businesses as a way to achieve social policy may signal an ideological direction recognised by markets and individual choice as drivers of efficiency, as well as contractual arrangements that exchange civil obligation in return to government support. (This ideological turn is more fully discussed in Chapter 7.

Social Enterprise studies in New Zealand

Grant (2008) states that social enterprises in New Zealand were in its infancy at the time of writing and that a need for knowledge in the field of social enterprises studies to better inform understanding and practice was needed. This position that the social enterprise sector is seen as an emerging sector in New Zealand is given further credence by the New Zealand Government (Goodhew, 2016), with the Minister for Community and the Voluntary Sector acknowledging the growth of social enterprises internationally, and indicating her support for removing barriers to future development of social enterprises in New Zealand. This lack of development in the social enterprise field seems to be at odds with international development, according to Kaplan (2013), who also agrees that social enterprises in New Zealand are still 'young'. Grant's (2008) contention is supported by the relative scarcity of research into social-purpose business activities that is available specifically within a New Zealand context. Douglas' (2015) recent findings further support this view, concluding that the majority of research in New Zealand can be attributed to a few researchers in a few universities. According to Douglas (2015), critical analysis is emerging as a distinct stream within social enterprise studies in New Zealand. These views that social enterprises are still 'young' are at odds with the view of the New Zealand government's Department of Internal Affairs (2013) which reported that the social enterprise sector in New Zealand is relatively mature. In my mind, the concept of 'maturity' is highly subjective, so I do not read too much into this contradiction between the Government and these recognised scholars. The Department of Internal Affairs (2013), the Minister for Community and the Voluntary Sector (Goodhew, 2016) and Grant (2015), however, all agree that there is clearly room for growth in social enterprises in New Zealand and their contribution to society.

Grant (2008) identifies several factors that have influenced or shaped the type of social enterprises that are being established in New Zealand. One such factor is the government reforms of the 1980s and 1990s that included the deregulation of industry, restructuring of government reforms to reflect commercial orientations and opening labour markets. These changes resulted in contracts being introduced by successive governments to govern the relationships between social enterprises (and some not-for-profit organisations) as agents and government representative as principals. This relational arrangement is discussed in more detail in Chapter 9.

This change resulted in competition between agencies normally dependent on grants or subsidies. Grant (2008) describes how the contractual system was reframed by subsequent governments in terms of partnerships and engagement with communities, which may have created the platform for a specific type of social enterprise to develop in New Zealand. The New Zealand government seems to be increasingly interested in social enterprises, as reflected in a recent cabinet paper (Goodhew, 2016). According to Grant (2015), the government is keen to demonstrate support with the hope that private enterprise will also provide support. This aspiration is demonstrated in the government's social enterprise position statement (Department of Internal Affairs, 2015) which clearly sees social enterprise as a valuable partner in delivering better public services as third-party service deliverers.

New Zealand's social enterprise landscape is diverse (Department of Internal Affairs, 2013; Grant, 2015). The key challenge for social enterprises in New Zealand, according to Grant (2015), is to enable these diverse groups to develop in a way that allows these entities to stay true to its mission, as these groups all serve different parts of New Zealand society. Increased diversity and plurality in social enterprises will allow for positive change in our society.

Legitimacy and social enterprises

An entity's relationship to the dominant economic and political way of thinking may indirectly affect its legitimacy. This relationship may be of particular interest to social enterprises. Mason (2010) suggests that principally delivering a social benefit can have a legitimising effect on an organisation. If an organisation can demonstrate their positive social impact, it is more likely to be seen as legitimate by their stakeholders. According to Warren (2003), the growing anti-capitalist movement and the associated external stakeholder unease are a serious threat to the legitimacy of, particularly wealth-creating business institutions. In recent times, social movements such as the Occupy movement challenged the legitimacy of wealth creating private corporations (Shrivastava & Ivanova, 2015). Warren (2003) clarifies that readers ought to be mindful of the social context in which companies exist, also warning against sweeping generalisations about company forms across societies. It is from this perspective that Warren (2003) states that an organisation that has a social benefit aspect central to its purpose frequently involves a variety of

constituents in its activities, and this social focus may lead to broader support and legitimacy for socially-orientated organisations in the future.

Both institutional and strategic legitimacy theory can add to the discussion about the emergence of social enterprises in a way that is not purely economics-based. Institutional theory analysis suggests that social enterprises are likely to continue their progression towards market-based, business-like models due to the validity of these pro-market ideological notions in society (Dart, 2004). If it is accepted that institutional pressures contribute towards the emergence of social enterprises as an organisational form, then an understanding of the strategic responses to such institutional pressures must be high on the agenda for any strategic manager in social enterprises. Being a morally legitimate organisation frames social enterprises as an organisational model preferred by society to deliver social benefits (Dart, 2004), and not just as an entity that earns revenue or achieves financial outcomes without taking the social implication into account. Pursuing moral legitimacy could, therefore, be a key goal for strategic social enterprise managers. Research by Sarpong and Davies (2014) suggest that empirical work that examines the legitimation activities of social enterprises is sparse and that more research is needed in this field to bridge the epistemic gap between legitimacy theory and practice. These authors suggest that little is known about legitimation strategies used by managers of social enterprises that could help these organisations acquire legitimacy. Their research, which focuses on the strategic aspect of legitimacy theory, points to cross-sector partnerships, community engagement and capability building, and compassionate narratives as practices that give form to the legitimation activities in social enterprises. My study involves co-inquiry with managers of social-purpose businesses into their institutional environments, exploring their legitimation activities, which will contribute to closing the gap between theory and practice, and could be a significant contribution to the social enterprise body of knowledge.

The organisations that participated in this study are social-purpose businesses providing eldercare to vulnerable elderly. In the next chapter I review the literature for insights into the caring for vulnerable elderly and how institutionalised care has developed in New Zealand. Understanding the origins of organised aged care in New Zealand, how these organisations are structured, and being aware of institutional challenges in this sector, provide me with important

context for discussions related to organisational legitimacy and legitimation activities in residential aged care. Literature from both New Zealand and overseas that could potentially contribute to the organisational legitimacy discourse was included in this literature review.

Chapter 7 - Caring for the elderly

The state of eldercare in New Zealand is the focus of this chapter. Following her experience in 2012 of working 'undercover' as a caregiver in a residential facility, Judy McGregor (then Chief Executive of NZ's Equal Employment Opportunities Trust) asked a very pertinent question: "Is there a right to care?" She answered herself:

> *Of course everybody has a human right to be cared for. Care is part of the human condition, part of our basic need, a demographic imperative and a fundamental human right (McGregor, 2012, p. 130).*

I support McGregor's conclusion that care is a human right. For me, the collective responsibility to care for others in need of care is rooted in the inherent dignity of the individual. My understanding of the origins of human rights is grounded in my beliefs that humans are made in God's image, which gives every human being an inherent value (cf. Chapter 3). My interpretation of the Christian position is that we ought to care about people as God cares about people, with a specific responsibility towards caring for those that are not able to care for themselves. It is from this ontological and epistemological understanding that I approach this review of organised aged care.

Sparrow and Sparrow (2006), commenting on aged care discourse in the context of the broader societal attitude towards the elderly, describe the current aged care discourse as a continuation of a number of attitudes and practices that demonstrate a profound lack of respect for the elderly in modern Western societies. A new narrative is seemingly emerging, where the elderly are moved from the safe political position of 'deserving of care' to that of a threat or 'burden to the economy' (Walker, 2012). The responsibility to resolve this 'threat' to the economy lies with elderly individuals and their families (Asquith, 2009). But, according to Rottier and Jackson (2003), the so-called 'problem' in aged care is an institutional one rather than an individual one, and therefore the answer to the 'problem' will not lie with individuals. Currently, a neoliberal, market-orientated approach that focuses on the commercialisation of aged care seems to be prevalent in the aged care discourse. This de-politicisation of social problems (Brown, 2006) leads to a further undermining of public life. Current systems created to facilitate organised aged-care are social constructions. Changes to these systems are therefore possible, and may indeed be needed.

How aged care is funded in New Zealand

According to the Ministry of Health (2013) the New Zealand government funds long-term residential aged care for older people that meet the eligibility criteria for care assistance. This care assistance funding is known as the 'residential care subsidy' (subsidy). Care covered by the subsidy includes rest home care, hospital care, dementia care and psychogeriatric care. The Ministry of Health, as a government department, provides this assistance via District Health Boards, a mandate provided by the Social Securities Act 1964. So District Health Boards act as agencies through which the government funds long-term residential aged care. District Health Boards do not provide this service themselves, but rather utilises a range of residential aged care providers to provide these aged care services. Providers include for-profit providers, not-for-profit providers and social enterprises. These providers enter into a contract with District Health Boards to deliver care to residents who are eligible for a subsidy. These contracts are referred to as the 'age-related residential care services agreement' (contract). Services specified in the contract include:

- Food

- Laundry

- Nursing and other care

- General Practitioner visits

- Prescribed medication

- Continence products

- All General Practitioner-prescribed health care

- Transport to health services

No additional costs associated with these services may be charged to the resident.

Things that are not covered by the contract include (but are not limited to):

- Medical specialist visits

- Transport to other services

- Toll calls

- Private phones or phone lines in rooms

- Books, newspapers or magazines

- Personal toiletries

- Recreational activities

- Hairdressers

- Dietitians and Podiatrists

- Spectacles, hearing aids and dental care

- Premium rooms (rooms with en-suite facilities, a good view, garden access etc.)

These things, if demanded, must be purchased at additional cost to the resident.

All residential aged care service providers must meet certain criteria, and adhere to a certain standard, in order to obtain and maintain a contract. For instance, rest homes must be certified under the Health and Disability Services (Safety) Act 2001 and must comply with the Health and Disability sector standards 2001 to be able to become, and remain, a contracted provider. The contract requires the providers to tailor their services to meet the needs of each resident, with the aim of ensuring that there is a national standard of services provided to residents. Certification audits and spot audits are regularly conducted to ensure compliance.

Accessing residential aged care services

In New Zealand, anybody can enter residential care at any stage, but not all older people qualify for the residential care subsidy. The complete needs assessment is a complex process, and outside the scope of this thesis, so I will only provide a brief overview of it. To enter District Health Board contracted residential care, the person must be needs-assessed. Thus, those individuals that enter residential aged care without a needs assessment will have to pay for their care in full. Needs assessments are carried out by a Needs Assessment and Service Coordination Agency. The needs assessment outcomes must show that the person cannot be safely supported in their community, have high or very high care needs which are indefinite, and the person must be at least 65 years old, or between 50-64 years old, unmarried and with no dependent children.

Once assessed as meeting the needs assessment criteria, the person must undergo a further financial means assessment. The financial means assessment incorporates both an asset test

and an income test. Assets taken into account during the asset test may include property, savings, investments or shares, leisure boats, and campervans, 'license to occupy' contracts, gifts to other people and other loans. The income test typically includes New Zealand Superannuation, 50% of private superannuation, 50% of life insurance, earnings from investments and any trust income. If the outcome of the financial means assessment is below a certain threshold the District Health Board will fund all or most of the resident's care. If over the threshold, residents will have to contribute to their care until their assets are below the threshold. The level of contribution depends on the financial means assessment outcome. There is an upper limit of how much residents may be asked to contribute. These maximum contributions differ between region and districts. In the Waikato region, where this study took place, the maximum contribution range is around $890 per week. Once the needs assessment and financial means assessment have been determined, the resident and the provider enter into an 'admission agreement' that details the service levels and the contribution (if any) the resident has agreed to pay. This agreement may include extra services that are not covered by the subsidy.

Structure of the aged care sector in New Zealand

Sparrow and Sparrow (2006) link the rise in demand for organised aged care services in western countries to the increasing percentage of older people in these western populations. The authors trace this demographic change to the post-World War II baby-boom, subsequent increases in life expectancy and current declining birth rates. The move towards institutional eldercare predates World War II where a "trend in current thinking and practice to shift the responsibility for care of the aged to other institutions than that of the family" was identified and a stage entered where a "redefinition of the situation is taking place in respect to the problem of the aged" (Cornell, 1939, pp. 403–404). As far back as 1939, caring for the elderly was framed as a 'problem' that needs to be solved, and not as a shared social responsibility. I see this way of framing eldercare as a reflection of a neoliberal way of thinking that developed in later years to arguably become the dominant economic form. Increasing workforce participation by (mainly female) caregivers (Kaine & Ravenswood, 2014; Sparrow & Sparrow, 2006), together with fewer children being born to share caring loads (Sparrow & Sparrow, 2006) led to organised caring services such as rest homes to develop.

In the 1980s the social security system in New Zealand was revamped, and this legacy still dominates the New Zealand economy (Grant, 2015). Grant describes how social services were contracted out to many charitable organisations, allowing the government to ensure the provision of social services without being the direct service provider. Many organisations, such as aged care providers, which previously relied on grants now rely on contracts as their source of funding. Lazonby (2007), in her review of the development of organised aged care in New Zealand, describes how rest homes have largely made way for retirement villages since the 1980s. Rest homes, traditionally owned by churches, were created to care for the vulnerable elderly. These rest homes were traditionally funded via charitable donations, fundraising and a government subsidy. A change in hospital services in the 1990s meant long-term rehabilitation, which was the original rationale for the residential care subsidy, was moved from hospitals to rest homes. The result was that rest home residents became older and increasingly frail as a range of medical advances and strategies to ensure 'ageing in place' resulted in people staying in their own houses for longer. A more corporate retirement village approach to eldercare developed alongside rest homes, essentially offering more comprehensive lifestyle options to retired people rather than only offering care for those that are unable to care for themselves. Alongside recreational facilities such as swimming pools and bowling greens, these villages also include residential care facilities for the vulnerable elderly. The target market was/is wealthier people able to purchase or lease the townhouses and apartments in the village and pay the ongoing maintenance fees. In the last twenty years, the aged residential care sector has undergone significant change, as large corporate retirement villages with multiple complexes emerged to compete with rest homes and small single-entity retirement villages (Lazonby, 2007).

Lazonby (2007) describes the possible implications of this trend towards larger operators being the dominant arrangement in the sector. According to her, increased power is in the hands of increasingly few corporate aged care providers, given the number of aged care beds they supply and hence control. Smaller providers, both for-profit and charitable, are too few in number to be an influencing voice in the sector. This increase in power in the hands of a few corporate providers is resulting in a stronger lobby group for things such as increases in government subsidies. These few large providers have control over the number of beds that are available and can manipulate these numbers for commercial reasons. On the demand side, the government, as purchaser of

aged residential care services serves as a counter-balance for calls to increase the cost. Ironically, the government may be using the presence of these for-profit providers as evidence that subsidies need not be increased, as there is not a shortage of beds. At the time of the Lazonby report (2007), the power seems to be in the hands of the State, as subsidies have not significantly increased in the previous decade. A small increase in aged care funding occurred in 2013, which the Aged Care Association estimated would result in less than 1% increase in funding for rest home and hospital care ("Aged care funding increase seen as not enough," 2013). There was no doubt in Lazonby's (2007) mind that the sector was a sector in transition as a result of these changes in the sector's structure.

Factors shaping residential aged care provision

The residential aged care sector has been reported to be in a crisis (Labour/Green/Grey Power, 2010), and over the last decade many researchers familiar with activities in the sector (Grant Thornton New Zealand, 2010; Labour/Green/Grey Power, 2010; McGregor, 2012) have been calling for change in how the sector operates. In New Zealand literature, several specific factors were identified that influence the provision of eldercare. These factors include the ageing population, the aged care workforce, current funding levels, changing levels of care, and increased commercialisation. These factors, which may have an effect on legitimacy and legitimation, are briefly reviewed below.

<u>The ageing population</u>

The New Zealand population aged over 65 is expected to grow by 84% between 2006 and 2026 (Grant Thornton New Zealand, 2010). The Grant Thornton report (2010) goes on to state that, for organisations that are concerned about their ability to provide adequate aged care within current parameters, the consequences of this influx in care requirements could be disastrous, should the (then) current level of care be expected to be maintained. Funding changes since 2010 have been minimal. Factors assumed to drive the ageing population include a decline in fertility levels, increased nett migration and an increased life expectancy (Lazonby, 2007). According to Lazonby (2007), these factors will place an unsustainable burden on the New Zealand health system, which may require an overhaul to be able to cope. While not all researchers (such as Lazonby, 2007) agree with the 'sector is in a crisis' label, the authors of these respective reports agree that

the sector is facing challenges due to the anticipated demands associated with an ageing population, and the question seems not to be whether these challenges will eventuate; the question is just when it will happen and to what extent. This trend is also evident and well documented, in other developed countries such as Australia (Asquith, 2009), Britain (Walker, 2012) the USA (Booth & Mor, 2007) and Singapore (Thompson, Riley, & Eberlein, 2014).

The ageing population holds a potential threat to the legitimacy of social-purpose aged-care providers. As the population ages, the pressure on the Government to 'do something' about the 'problem' is likely to increase. Given the dominant economic notion of finding 'market solutions' to 'social problems', the risk is that more market-friendly 'solutions' will be implemented, making the sector more attractive to commercially-focused providers. The increased commercialisation of aged care may make it more difficult for social-purpose businesses to make ends meet, or to reinvest in maintenance or facilities upkeep, ultimately undermining their legitimacy in the eyes of their constituents.

Aged care workforce

 For organisations providing aged care services, one of the implications associated with the ageing population is that more employees will have to be recruited in the years to come (Grant Thornton New Zealand, 2010). As it is, providers in the aged care sector are struggling to find young workers, and are at the same time not immune to the challenges of having an ageing workforce (Lazonby, 2007). More than a decade ago, the State Services Commission in New Zealand highlighted specific challenges associated with the ageing aged care workforce, such as individual health problems, resistance by workers to change their practices, and the limiting impact it has on the career opportunities for younger staff members (State Services Commission, 2004). While having older carers may suit some elderly, an older workforce may have detrimental effects on care, as especially health professionals exit the 'supply side' and enter the 'demand' side. Many aged care workers are reported to be middle-aged or older when transferring to the aged care sector in the first place (McGregor, 2012) and the concern is that not enough young workers will be attracted to the profession to meet demand. The current retention rate of young caregivers is also reported to be low. Caregiver turnover is reported at around 50% per year (Labour/Green/Grey Power, 2010) According to the Grant Thornton report (2010), just 50% of

caregivers stay with an employer for four or more years. This statistic is not surprising, given the low remuneration levels in aged care (Grant Thornton New Zealand, 2010; Labour/Green/Grey Power, 2010). Health Care Assistants in the aged care sector are also paid less than their peers in public hospitals. The Human Rights Commission also commented on the fact that District Health Boards pay their own staff better than they are prepared to fund private providers of public services, calling it morally wrong (McGregor, 2012). McGregor made the point that caring for older people in the community keeps the vulnerable elderly out of the secondary health system, resulting in fewer hospital admissions and shorter hospital stays. This benefit will only be realised when those in the workforce supporting older people in the community are fit for this purpose and remunerated accordingly.

The retention of 'health professional' employees, particularly nursing staff, has also been identified as a key future challenge (Grant Thornton New Zealand, 2010). In 2010, 74% of nursing staff were reported to be more than 50 years old. Overall nursing turnover rates were around 26%, and as high as 46% for nurses in their first year in residential care (McGregor, 2012). Low wages are once again highlighted as one of the main factors responsible for this trend. The low wages being offered have also been cited as a reason why few men enter the aged care sector (McGregor, 2012). The legitimacy of social-purpose aged care providers is likely to be undermined if the amount (and quality) of the staff working for those organisations decline.

Current funding levels

Current funding levels are reported to be too low to support new capacity and replacing ageing facilities. According to the Grant Thornton (2010) report, current government funding levels for aged care services are reported to be sufficient to support current operating costs but do not encourage investment in the expansion of either facilities or services. Kaine and Ravenswood (2014) report a link between low levels of funding and quality of care in both New Zealand and Australia, countries where aged care is publicly funded. This link raises important policy questions in the eyes of the authors about the sustainability of aged care in these countries, as well as the responsibility of the government in guaranteeing the quality of care. A radical rethink about society's value of care work is advocated, and the authors suggest a change in regulation

associated with work conditions in aged care. In 2017, the New Zealand Government announced a pay increase for care workers (Davison & Trevitt, 2017) after a pay equity settlement.

A further consequence of the funding shortfall is reported to be that current service developments are mainly targeting areas of aged care that are likely to provide an acceptable return on investment. This targeting is supported by the fact that current investment in residential care facilities is mainly orientated towards those individuals who are able to make private contributions to their residential care needs (Grant Thornton New Zealand, 2010; Labour/Green/Grey Power, 2010). The Grant Thornton report (2010) found that over the last decade the limited investment that has taken place seems to focus on co-located facilities, where residential care and retirement villages are situated on one site. This pattern mirrors similar trends in Australia and The United Kingdom. In New Zealand, the level of funding received by District Health Boards are just enough to provide the aged care service itself, but social-purpose providers find it difficult to operate sustainable aged care businesses that allow for reinvestment and upkeep (Grant Thornton New Zealand, 2010). This lack of funds undermine efforts to revitalise ageing facilities and programmes, resulting in the facilities looking old and run down, and the programmes appearing stale. This is typically not a challenge for commercial aged care providers that rely on private contributions by their residents. The perceived quality gap that exists between social-purpose aged care providers and commercial aged care providers is becoming more apparent, undermining the legitimacy of the social-purpose aged-care providers.

Funding remains a challenge that is not likely to go away anytime soon. The New Zealand Aged Care Association (Taylor, 2014) recently called for an increase in aged care funding. According to a report by Labour/Green/Grey Power (2010), most of the socially-motivated providers that have left the sector have done so as a result of lack of funding, as they cannot make ends meet.

Changing levels of care

The demand for higher levels of aged care services in New Zealand is increasing, driven by the increasing number of ageing residents. In particular, the rates of diseases such as dementia are reported to be rapidly rising and are predicted to more than double between 2006 and 2026 (Grant Thornton New Zealand, 2010). The increase in dementia is a worldwide trend, predicted to double

every 20 years, affecting people in both developed and underdeveloped countries (Lancet, 2014), and challenging the ability of aged care facilities to care for these individuals, putting significant pressure on the health system. In New Zealand, the diagnoses of dementia are rising at about 4% per year, with more than 33% of people over 90 years of age suffering from dementia (Goodhew & Ryall, 2013). It is estimated that around 250 additional beds will be needed every year to meet the increasing demand for dementia care (Labour/Green/Grey Power, 2010). Other chronic conditions requiring specialist services, such as diabetes and heart disease, are also on the rise (Labour/Green/Grey Power, 2010) which will further put pressure on services and quality of care. The increased demand for such specialist services, which is an expensive service to provide, has also resulted in lower financial returns for those providing such services (Grant Thornton New Zealand, 2010). The increase in demand for specialised aged care services will almost certainly put pressure on the current capacity of service providers to provide socially-acceptable levels of care.

As the scope and cost of caring rise, social-purpose aged care providers may struggle to maintain their legitimacy, given a possible increasing inability of service providers to meet the care expectations of their constituents.

Increased commercialisation of retirement living and aged care

A trend in the aged care sector in New Zealand during the years of adherence to neoliberal principles has been in changes in care facility ownership. According to Johnston and Collins (2013c), aged care in New Zealand is becoming a by-product of the property development business, as there is no profit to be made out of the standard subsidies of residential aged care alone. Two-thirds of residential aged care service providers are controlled by for-profit organisations, and the rate of participation of socially-orientated providers is declining markedly (Grant Thornton New Zealand, 2010). The Grant Thornton report (2010) goes on to suggest that financial sustainability may be at the heart of the decline of social-purpose providers given the tendency of such organisations to generally produce lower earnings results than for-profit providers. Factors identified that could explain this tendency include organisational objectives that diminish returns, the hesitancy to levy additional charges for services to their clients, their location

in non-urban and/or less wealthy areas and the inability to attract skilled managers to operate their facilities.

Due to the ageing population and the increasing demand for retirement living and aged care facilities, there is a growing focus on healthcare accommodation for older people. The desires of elderly for access to 'continuous care' pathways that incorporate both retirement living (independent and semi-independent living) and residential aged care (residential care, dementia and hospital level care) in one retirement village has changed the way these villages develop ("New trends emerge in retirement villages," 2012). The result is that large corporate, multi-site retirement villages are now competing with existing rest homes and small, single entity retirement villages (Lazonby, 2007). These larger facilities offer economies of scale, as cost pressures continues to build at a greater rate than funding growth ("New trends emerge in retirement villages," 2012).

While there is an increasing demand for aged care beds, the construction of new aged care facilities is restricted by the funding levels set by the Ministry of Health, as the funding does not allow for a return of the capital costs of land development and construction (Grant Thornton New Zealand, 2010). The result is that new dedicated aged care facilities are not being built, and any increase in beds are coming from extensions to existing facilities or expansion onto land that is already owned by the village ("New trends emerge in retirement villages," 2012). Retirement village owners are using profits from the more profitable 'retirement living' component of the village to subsidise the 'aged care' component of the retirement village in order to facilitate these extensions and expansions (Johnston & Collins, 2013c). Unlike the provision of aged care beds, the construction of retirement living dwellings are not constrained by government funding. Developments and/or expansions are resident funded. Market forces of supply and demand, the additional services on offer, and property values in the area collectively determine the value of the dwelling ("New trends emerge in retirement villages," 2012). These dwellings can then be sold to people who can afford to pay the market-rate for these properties.

The six largest commercial residential aged care providers in New Zealand provide around 33% of all beds, in a sector with likely more than 500 service providers in total (Labour/Green/Grey Power, 2010). This commercial approach to care contrasts with the medical model of care that

drives public healthcare. Johnston and Collins (2013c) highlight how this change in provision of care came about as a result of a succession of cost-cutting governments seeking to address the long hospital stays in geriatric wards by extending subsidies to charities in the 1950s and to private institutions in the 1960s. One such private institution, Ryman Healthcare, is reported to have built 75% of the 2000 new residential aged care beds that have been built between 2007 and 2013. In 2012 they received $67million in care subsidies from the government, paid $14million in tax, and made a net profit on $137million (Johnston & Collins, 2013c). When retirement village dwellings change hands, retirement village operators are allowed to keep the tax-free capital gains on its retirement units, as it is the occupation right of the dwelling that is being sold, and not the underlying physical asset (Johnston & Collins, 2013c). Johnston and Collins (2013c) contend that it is this cross-subsidisation of aged care from retirement living that result in the reluctance of the government to increase aged care subsidies.

Johnston and Collins (2013c) identify two overarching problems with the commercial aged care approach.

Firstly, modern-day retirement villages have limited links to the outside world, resulting in elderly people that are less active in their communities. For instance, in many socially-orientated facilities, community members are used as volunteers and school groups entertain and visit these facilities, which tend to be prohibited by corporate owners.

Secondly, many elderly cannot afford to enter the retirement living options on offer. While the price of the occupational rights agreements tends to be lower than the prevailing local house prices, the weekly fees charged by the villages are too high for those that rely on New Zealand superannuation as their only source of income. And access to the aged care facility tends to be reserved for the residents within the village's retirement living dwellings in order to provide the 'continuity of care' these residents seek ("New trends emerge in retirement villages," 2012). Those that cannot afford to live independently in the village are unlikely to be able to enter the aged care facility in these villages.

Two-thirds of residential care facilities are controlled by commercially-orientated organisations. In contrast, the social-purpose operators are mainly active in delivering services to the financially disadvantaged, people in remote locations and those with needs not sufficiently met through

mainstream programmes (Grant Thornton New Zealand, 2010). The decline of the number of socially-orientated service providers in residential aged care could therefore likely lead to lower access to care and a lower quality of care for people outside urban areas, for those with limited financial means, or those with special needs. A further implication of a focus on social objectives in the first instance is that such a focus reduces the ability for social-purpose operators to reinvest in the maintenance of their properties and assets due to a lower amount of operating surplus. This inability to maintain assets properly may have an effect on how these social-purpose service providers are perceived by the clients and their families, as first impressions count. If the facility appears run-down and not well maintained it may influence perceptions about the quality of care. Such a perception may ultimately have a negative effect on the organisation's legitimacy.

A way forward

The commercialisation of aged care is not the only option available to retirement village owners. There are some owners and managers who do not posit eldercare as a by-product of the prevailing property development focus in the aged care sector. For some socially-orientated eldercare providers, the focus is on care rather than profit maximisation. For instance, some retirement village owners are choosing to let their village residents share or retain the capital growth (Mary Brittan Lifestyle Village, 2017; Stevenson, 2014). A search of Eldernet, a New Zealand-based directory for services to older people, identified several retirement villages where dwellings can be purchased by residents and capital gains retained or shared when the dwelling is sold. These facilities remain a minority, but this decision to share the capital gain demonstrate a view that put care above profit. My study is a critique of this move towards commercialisation of care, and a focus on the legitimacy of organisations that have chosen an alternative approach to residential aged care.

Some solutions to the challenges mentioned in this chapter have been suggested. The report by Labour/Green/Grey Power (2010) suggests that the best way to allow the elderly to age with dignity and respect is by supporting and enabling people to remain in their own home as long as possible, with more integrated home support services to help facilitate this process. There is, however, a gap in aged care services for those individuals that are not able to safely remain in their homes but do not desire to move or may not be eligible for residential aged care. This

scenario is particularly hard for those with limited financial resources, as alternatives, such as retirement villages, are generally not an option for them. Some institutions also require part charging for some services, which creates a two-tiered system (Labour/Green/Grey Power, 2010), where those unable to contribute to their care could end up receiving a lower level of care.

For some elderly, there will come a time where formal residential care is their only remaining option. The Labour/Green/Grey Power report (2010) states that the most desirable care within residential aged care institutions includes an environment that closely resembles the patterns found outside the facility. Institutionalised routines, which deny individual needs and preferences in the pursuit of organisational efficiency, are unlikely to provide the levels of care that loved ones would expect. Less institution-like and more community-based models of care are advocated. Reports by Grant Thornton New Zealand (2010), Labour/Green/Grey Power (2010), and the Human Rights Commission (2012) into different aspects of residential aged care in New Zealand, all have two things in common: the vulnerable elderly in New Zealand deserves better institutional care arrangements than what they are currently receiving, and time is not on our side.

In this chapter I discussed eldercare in New Zealand, and highlighted the commercial turn in how aged care is delivered. The dominant neoliberal order is seen as responsible for how current policies shape how aged care services are delivered. Neoliberalism is the focus of the next chapter.

Chapter 8 - Neoliberalism

The dominant economic order that shapes the environment in which residential aged care providers operate ultimately influences how care will be delivered. The purpose of this section of the literature review is to explore the neoliberal understanding that is the foundation of the economic approaches in western society, including New Zealand – a country at the vanguard of its amplification from the late 1980s (Grant, 2015).

Neoliberalism explained

According to Biebricher and Johnson (2012), neoliberalism remains the pre-eminent economic regime in western society. Significant challenges to neoliberalism's values, processes and outcomes have recently been articulated beyond those early voices that heralded alerts – for example, Pope Francis (2015). Neoliberalism can be described as a catch-all phrase for a complex amalgamation of ideas and policies which is hegemonic and global, while also represented as unquestioningly legitimate in mainstream media (McGuigan, 2015). Bockman (2013) positions the neoliberal approach as an alternative to the 1930s liberal laissez-faire capitalism that had little place for the Administrative State; with the new liberal approaches that preserve the laissez-faire markets but has a place for a minimal Administrative State. The aim was therefore to establish a new kind of order that features a powerful Administrative State that will be able to create and sustain a minimal Administrative State.

According to the Merriam-Webster dictionary ("Ism," 2017) the suffix 'ism' means a belief, theory or system of beliefs. Neoliberalism can, therefore, be seen as a *belief* in a market-orientation, together with a minimal responsibility for the Administrative State as an appropriate economic arrangement. Brueggemann (2001) refers to neoliberalism as the dominant consciousness in western society, a society that is mainly focused on materialism and self-satisfaction.

Characteristics of neoliberalism

Neoliberalism is recognisable in its various forms through a few central characteristics. Harvey (2005) describes how neoliberalist policies embody an ideological shift in the purpose of the Administrative State, shifting the focus from protecting its citizens from the demands of the market

to protecting the market itself. The pursuit of profit has, therefore, become a legitimate[d] social goal (Aalbers, 2013) for the Administrative State. The responsibility of the Administrative State is thus to create and maintain an economic environment that allows for these liberalised economic practices to be pursued. This dominant neoliberal way of thinking can, therefore, be described as grounded in a market-focused mentality (Wrenn, 2014), where its proponents perceive economic growth as good and the free market as the preferred channel through which to manage resources. Within a neoliberal mindset the assumption is that private companies, rather than governments, are best positioned to generate economic growth and deliver social welfare (Aalbers, 2013; Bockman, 2013; Crouch, 2014). According to Bockman (2013), the responsibility of the Administrative State is to put systems in place to protect private property, to maintain law and order, and provide some protection mechanisms for the poor. The Administrative State's contribution is increasingly focused on establishing and maintaining infrastructure and enforcing market-related laws such as contracts for service, agreements and private property rights.

Neoliberalism is further characterised by what Wrenn (2014) refers to as the retrenchment of the Welfare State, enacted through the reduction of public expenditure (Aalbers, 2013; Wrenn, 2014), deregulation of programmes that can limit profit, and privatisation of State resources through actions such as asset sales (Biebricher & Johnson, 2012; Wrenn, 2014). The concept of community is also undermined in areas such as health, education and welfare through the focus on individual responsibility over that of the Administrative State in these areas (Wrenn, 2014). Communal values and interests are often expressed in ways that can only be realised through market actions (Crouch, 2014), resulting in a commercialisation of these values and interests. An example of this commercialisation can be seen in references to the 'economic contribution' of social programmes, the 'value for money' these programmes provide and 'service efficiency' of these programmes. These characteristics mark the market-orientation we see around us today. The status quo in New Zealand's economy at the time of my research reflects neoliberalist policies and encapsulates the idea that human interests are best advancedd through economic liberalisation. Fitzsimons (2000) states that the neoliberal policy reforms in the 1990s in New Zealand consisted in the form of deregulation, fiscal austerity and the privatisation of the public sector. Such reforms are ongoing. Some of the more obvious examples of a series of State asset sales and other privatisation mechanisms over the last few years include the sale of State-owned

houses by Housing New Zealand ("Thousands of state houses up for sale," 2015) and partial privatisation of state-owned enterprises such as Genesis Energy, Mighty River Power and Air New Zealand (Small, 2011).

A further key characteristic linked to neoliberalism is the focus on the 'self' (McGuigan, 2015). The result of such a focus on the 'self' is that every individual focuses on themselves, thereby eroding the shared responsibility that we have towards each other. Brueggemann (2001) describes this focus on the self as the enculturation to the ethos of consumerism. Wrenn (2014) observes that the neoliberalist mentality is underpinned by the central ideological construct of hyper-individualism. It is on this hyper-individualism that the neoliberal tropes of privatisation, deregulation and the changes to the welfare State rest. Wrenn (2014) describes how individuals settle for an inauthentic agency, due to the difference between the neoliberalist rhetoric and neoliberalist reality. This inauthentic agency, the perception that individuals are making autonomous decisions, sustains neoliberalism. This illusion of free and uninhibited agency, according to Wrenn (2014), is framed as the power to change one's situation and station. This conceptualisation has serious consequences, as it removes social change as a possibility, since the power of change is deemed to lay with the individual. The consequences are the individualisation of everyone, the privatisation of public troubles and the requirement of individuals to make competitive choices. The results include increases in suffering, the undermining of worker's rights, less protection for the vulnerable and the widening gap between the rich and the poor (Brown, 2006). Crouch (2014) comments that the more the responsibility of markets are extended, and by markets he mainly implies large organisations, the more it damages the interests of people that cannot protect themselves through the market itself, unless their interests can be redefined in market terms. This is a further consequence of the individualisation that occurs as a result of neoliberalism.

According to Hall and O'Shea (2013), neoliberalist policies have permeated society to the extent that the neoliberal way of thinking is now normalised thereby passing as common sense, reflecting the experiences and realities of daily life. The *freedom to choose* that is so attractive has now become the *requirement to choose.* Public problems are now individual problems. Bockman (2013) reports a proliferation of social movements against neoliberalist policies such as austerity

and privatisation, which may find its genesis in this commercialisation of humanity I discussed above.

The market logic associated with neoliberalism could affect the legitimacy of social-purpose businesses delivering residential aged care services to vulnerable elderly members of our society. The associated shift in the purpose of the Administrative State to that of an enabler and protector of the market logic rather than a direct provider of services has far-reaching consequences. Market forces may now determine the fate of human beings, and the Lifeworld of vulnerable New Zealanders may increasingly be shaped by the Ministry of Health. Coupled with an increasing consumerist focus, society may be undermined in the name of economic progress, with the vulnerable members of society likely to be the losers. The next chapter focuses on spirituality in organisations, examining the contribution people of faith can make in organisations to create a fairer and more just society.

Chapter 9 - Religion and organisational studies

The intersections of religion and organisational studies are explored in this chapter. Many New Zealanders have a common moral telos that is orientated towards 'making society better', including many people working in social-purpose businesses. For me, as a person sensitive to spiritual matters, the efforts of so many New Zealanders that strive to make society better through their work activities point towards an underlying spirituality in these individuals, even though many people may not recognise this spiritual bent, or may even deny its presence. Such a possible spiritual turn, whether recognised and acknowledged, or not, may have an impact on how social-purpose businesses in western society are managed and governed.

Why religion in organisational studies is important

Most faiths incorporate principles or guidelines in their doctrine for what is perceived to be a just social society, and members of these faith groups may integrate these principles or guidelines into the way they engage with others in their community. There is a growing interdisciplinary interest in matters related to religion and management (Giacalone, 2012). According to Giacalone (2012), the immediate challenge for academia in this field is to establish whether the human expression of spirituality and religion has an impact on the governance and management of organisations. In too many instances it is just taken for granted or assumed that spirituality and religion have a positive influence on organisational behaviour. I do not believe that is necessarily the case. While not an explicit research question for this study, given my stated values, it is a question that is worthy of serious consideration. Cadge and Konieczny (2014) identify a further gap in the current literature, namely a lack of understanding of religious practice in the lives of individuals outside of congregations and religious movements. This gap is important, as most members of the Christian church work in a secular space. In Christian doctrine, the word 'church' denotes the collective 'body of believers' rather than a building where people gather. This location of the church in a community focuses the attention on the function of the church in responding to the challenges posed by neoliberalism. While neoliberalism does not pose a threat to the integrity of the Christian gospel, the church has a place in bringing about resistance to neoliberalism (Hansen, 2005).

A further aspect of this lack of understanding of religious practice in the lives of individuals outside of organised religion, identified by Cadge and Konieczny (2014), stems from how religion is presented in secular organisations, as this representation may in turn influence how religion is perceived (or not) in these settings. Some organisations, for instance, have a religious focus or operate according to a clearly stated religious ethos, where religion may be explicitly stated in the organisational values and intentionally reflected in practice. Such an explicit commitment to religious values make it potentially easier for those of similar beliefs or those who identify with the underlying values, to integrate their beliefs into their work. Many other organisations do not have such a clearly stated commitment to a particular religion or may be described as secular. Religion may still be hidden in these organisations, be it reflected in the institutional environment, and/ or present in the lives and work of the individuals that work there (Cadge & Konieczny, 2014).

From my reading of the literature, it would seem that religious beliefs contribute to the meaning many individuals assign to things, including (but not limited to) the work that they do, be it in secular or religious organisations. A person's beliefs are a fundamental aspect of a person's identity. Their belief in a Higher Power, or alternatively their belief that such a Higher Power does not exist, will influence how these individuals act. These actions are also not limited to the work that they do as employees of such organisations. Their beliefs will also contribute to their actions outside of agreed work hours, in some instances even advancing the cause that some organisations stand for. Which, for me, raises an important question about work. What is work? Is something only work when it is done for remuneration? The concept of work, and how it is interpreted in this study, is briefly discussed below.

What is work?

I concur with authors such as Fox (1994), who states that there is more to work than just the activities of work done in exchange for money or other types of remuneration, which is typically based on a legal contract or agreement of some sort between the employer and employee. Boundaries between work and non-work are often difficult to make sense of, even more so in today's fast-changing and technology-driven world. The increased use of technology in workplaces, for instance, and the associated acceptance of the expectation that we should respond instantly to emails and phone calls, have resulted in many people doing work outside of

agreed working hours. Providing foster care is another good example of such a situation where the boundaries are not very clear. In some instances, foster parents receive remuneration for providing care. Does their care qualify as work, while those people who do not receive monetary recompense for their care service are not working? Surely not. If we accept unpaid care as work, then other activities such as doing housework or raising children, while not remunerated, should therefore also be defined as work.

Fox (1994) advocates for a radical rethink of the concept of work and its place in our lives and describes how Western civilisation has to a large degree lost the relational aspect of work that gives it meaning. Work since the industrial revolution has been increasingly directed to things 'outside' of ourselves, and in the process, many people have lost this connectedness to their 'inner' beings. According to Fox (1994), this loss of connectedness proved fertile ground for human greed and envy, which has a detrimental effect on western society. The dominant industrial model generally ignores our 'inner world', and in the process, we can easily lose touch with our inner selves and the values we hold dear. And this inner world shapes how we find meaning in our work. Such a rethink of how work is understood is, in my mind, a worthy undertaking, but outside the scope of this study. So, for the sake of clarity in this study, where the focus is on social organisations and their activities, and how the concepts of organisational legitimacy are understood by senior managers in these organisations, I am limiting any references to 'work' as activities that are done by owners or employees of a legal entity conducting business. This distinction is made with the understanding that the work done is financially remunerated as per the contractual agreement between the parties, in line with employment laws of New Zealand. Fox's view of work being an expression of our inner beings caused me to reflect on the position of my participants, as the businesses these people represent allow them to express their innermost convictions in the work that they do.

The work done in these social-purpose businesses is based on values derived from tapping into the inner world of their respective employees, reclaiming the focus on people in the first instance and reflecting it in how business is conducted. Such a values-based approach to doing business allows for a bringing together of a focus on inherent values and a way of doing business that is

sustainable. The work done by these employees becomes a way of expressing their desire to do 'good'.

Social enterprise governance

The Hebrew word 'Avodah' is often used in the Bible to describe 'work', and means to both work and to serve ("Strong's Hebrew Lexicon," n.d.). In Chapter 1 I described my initial attraction to organisations that are purposely designed to pursue human flourishing, with a specific interest in how Christian values are incorporated into such an organisational ethos, creating a space where work and helping others can come together. Such a vision of work and religion as community enhancers, therefore, share 'doing good' for others in society as a common bond. Wicks (2014) states that linking a community-enhancing discourse with that of the dominant discourse in business is not an easy task, but it is a necessary task. I view the dominant discourse in business as an extension of the market-orientation discussed in Chapter 7. Such a rethink is essential for finding meaningful ways to connect ethical and spiritual wisdom with business activity. Looking for commonalities in organisational studies and religion is therefore vital if we are to link our work with larger moral and spiritual meanings.

Suddaby (2010) describes organisational theories as useful tools to study organisations and states that every theory contains within it implicit assumptions that define how it may be applied. One such theory is institutional theory. Institutional theory has been described as the dominant perspective in organisational theory (Greenwood, Oliver, Sahlin, & Suddaby, 2012), and reflects the social constructionist viewpoint that many management scholars hold. At its core, institutional theory is concerned with understanding how organisations adopt and justify practices that are non-rational and separate from economic motivations (Suddaby, 2010). Investigating how specific values (including religious values) influence business activities, and how, if at all, such activities, in turn, affect these organisations' legitimacy is therefore well within the realm of institutional theory. Values and beliefs about the desirability or appropriateness of a company's actions underpin an organisation's legitimacy (Suchman, 1995), and are reflected in organisational governance models (Coglianese, 2007). Two specific governance theories that inform governance models, namely stakeholder theory and stewardship theory, have been linked to organisational activities by organisations that exist to build stronger communities as a primary

goal. These two theories have well-established links to spirituality in management research (A. Wicks, 2014). Both these theories will be used as a reference point for my interest in how social organisations may be governed. A third theory, agency theory, widely accepted as the dominant theory in western capitalism and most closely associated with modern western management studies, will first be discussed as a reference point for arguably the dominant governance theory in New Zealand at this time.

<u>Agency theory</u>

Jensen and Meckling (1976) describe agency theory as a theory about the relationship between parties where a person/s (the principal) engages another person/s (the agent) to perform services on their behalf. Decision-making authority has been transferred from the principal to the agent. According to Forsyth (2016), a common origin of agency theory is the differing attitudes towards risk between the principal and agent, with the risk being transferred from the principal to the agent (Van Slyke, 2006).There are assumed to be tensions between these two parties, as the agents' interests may not necessarily be aligned with the principals' interests. The assumption is, according to Bendickson, Muldoon, Liquori and Davis (2016), that agents will act opportunistically, especially where these interests conflict. According to Van Slyke (2006), a goal conflict between the power of the principal and the wealth maximisation focus of the agent, as well as unequal access to information, (agent knows more about the service than the principal, which can be exploited for personal gain) characterise a principal-agent relationship. Such an assumption of people acting in their own interest aligns well with the comments made in Chapter 7 about 'the focus on the self' (McGuigan, 2015) being a key characteristic of the dominant neoliberalist worldview. Reconciling these potentially opposing (or diverging) sets of personal interests are the focus of agency theory. Principals attempt to limit any such divergence or opposition between the principals' interest and that of the agent through appropriate incentives and through the monitoring of activities (McCuddy & Pirie, 2007). Contracts or service agreements are often used to set out these terms of service.

Agency theory in a business context can be traced back to (at least) the industrial revolution (Bendickson et al., 2016), primarily due to the rapid change in the size of organisations that occurred at this time. According to the authors, the development of the steam engine provided a

power source to industries, which resulted in the rapid technological expansion. Medium to large businesses started to develop. As organisations grew bigger, single entrepreneurs were not able to cope with the management of these larger organisations, and managers were required to provide leadership and operational oversight. This wider span of control posed a challenge to owners, as these managers had to act not in their own best interests, but in the best interest of the owners. Oversight and control mechanisms that encouraged the appropriate behaviours developed. Over the years agency theory has had a particularly strong influence on organisational theory and is seen as the dominant theory underlying most governance research (Davis, Schoorman, & Donaldson, 1997) in recent times.

Bendickson et al. (2016) highlight the unique challenge of social enterprises or like-minded organisations that have to deal with market-based resources to address social problems, potentially challenging the application of agency theory in contemporary society. Social entrepreneurs can be seen as agents (Seo & Creed, 2002) with multiple goals or bottom-lines, creating the opportunity for complex agency challenges. According to Bendickson et al. (2016), there are, most typically, vulnerable parties associated with social enterprises. Social enterprise managers, as agents, may use institutional money and other institutional resources, so agency issues may arise in the principal-agent relationship. Social enterprises demonstrate the limitations of agency theory as social enterprises occupy both the role of agent and of principal. As agents, these social enterprises receive resources from other agencies, and as principal, these social enterprises distribute these resources to those in need. Agency theory, as it is understood now, focuses on the relationship between *separate* principals and agents. It is not clear to what extent it can be used to explain the relationship between agent and principal where one entity fulfils both functions (Bendickson et al., 2016).

Stakeholder theory

Stakeholder theory provides managers with an ethically and strategically sound reference point for understanding the purpose of doing business and for the responsibilities of managers to stakeholders (Carrascoso, 2014). Stakeholder theory is underpinned by communication between the organisation and its key stakeholders (A. Wicks, 2014) and holds that managers and/or directors should attend to any individual or group that can affect, or who are affected by, the

activities of the organisation in question (Freeman, 1984). In essence, stakeholder theory holds that organisations have relationships with many constituent groups that are affected by the organisation's actions, and none of these stakeholders has a predominant claim to being more valuable than any other stakeholder (T. M. Jones & Wicks, 1999). Including stakeholder representatives on boards is a common characteristic of organisational leaders acknowledging the value of stakeholder input. An obvious question is who to include as a stakeholder when it comes to governance. Pestoff (2013) suggests that the oversight of social enterprises should also consider the social and political dimensions of the goals of social enterprises and not just the economic dimension. This would mean including stakeholders from social, cultural and political dimensions in the oversight of social enterprises. These dimensions are said to be interrelated, which reinforce each respective dimension, making for a stronger social enterprise. Such a comprehensive approach to governance, which Pestoff (2013) refers to as participatory governance, has clear advantages over just focusing on the economic dimension of social enterprise oversight. One such advantage is keeping the economic and social goals of the organisation in line, avoiding mission drift. Getting input from four different dimensions is also useful in developing innovative strategies to maximise the impact of such organisations.

Much has been written on the drawbacks of stakeholder theory as an approach to governance. These limitations are generally related to the lack of a convincing case for stakeholders to override the interests and legal rights of the owners to run a business like they want to run it (Weiss, 1995), provided that the owners follow the laws and customs of the land. Grant (personal communication, 29 Jan 2017) suggests that some stakeholders may not necessarily have the skills or experience to provide valuable input, or may not be used to having a voice, resulting in some time passing before they are in a position to fully participate. As a normative model, Weiss (1995) argues that stakeholder theory is limited to situations where ownership is weak. In social enterprises, though, where the organisation's purpose goes beyond capitalism, involving stakeholders in oversight may provide legitimacy to the organisation.

Stakeholder theory in a social enterprise environment is not without criticism either. Mason et al. (2007) highlight two potential problems with stakeholder theory that may undermine it as a suitable governance approach for social enterprises.

Firstly, how the stakeholder groups are identified, and subsequently prioritised, may affect who the managers/directors are being held accountable to. Social enterprises aim to maximise social benefit, which may be achieved more effectively by focusing on one stakeholder over another. Without such prioritisation, the board of directors may be accountable to groups that have little or no involvement in the social enterprise. There may also be a discrepancy between what the social enterprise can deliver and what the stakeholder expects, which may have negative implications for the perceived legitimacy of the social enterprise.

A second criticism of stakeholder theory as a suitable approach to oversight for social enterprises revolves around the effectiveness of social enterprises. As social enterprises become more effective, their scope of work and the opportunities increase, resulting in the need for more specific expertise at management and governance level. The necessity to remain viable in a context where competition for profit-making and profit-maximising opportunities prevail (Karns, 2008), could force a change in the focus of the organisation, possibly away from the primary beneficiaries.

Stewardship theory

Stewardship theory is a theory that diverts from an economic interpretation of relationships within the organisation (Mason et al., 2007). Stewardship theory defines situations in which managers are not primarily motivated by individual goals (Davis et al., 1997) or economic influences (Mason et al., 2007), but rather function as stewards whose motives are aligned with the objective of their principles or where collectivistic behaviours have higher utility than self-serving behaviours (Davis et al., 1997; Van Slyke, 2006). These 'objectives of their principles' could include any number of groups that the organisation serves. Stewardship theory holds that stewards are likely to act based on inherent values and trust rather than requirements that are contractually induced, as per the agent-principal relationship described in agency theory (Mason et al., 2007; McCuddy & Pirie, 2007). According to McCuddy and Pirie (2007), one unique characteristic of stewards is the freedom or ability to act on behalf of individuals with whom there is no direct relationship. Stewards are therefore likely to make decisions and take actions that are in the best interests of both current and future generations, recognising the fact that current actions may affect the quality of life of the current benefactors, but also those of generations to follow. The stewardship model goes directly against the prevailing shareholder wealth maximisation paradigm, which Karns

(2011) describes as morally deficient. The stewardship paradigm is described as humane and creating a sustainable vision for the responsibility of business in human wellbeing which allows for the recognition of the inherent value in humanity and community, and casts businesses "in the role of being a responsible steward contributing to the wellbeing of customers, employees and community; acting with positive ethics; and partnering with other social institutions for the common good" (Karns, 2011, p. 337).   Good stewardship requires careful financial and organisation discipline, and managers must be concerned about effectiveness and efficiency in order to sustain profitability and to pursue the generative and restorative service the organisation was organised to do. Work activities should strive to have good outcomes that are bigger than just meeting positive financial measures, argues Karns (2008), who suggests that, in practical terms, it could mean business practitioners should evaluate their products, systems and organisational culture to ensure they contribute to the wellbeing of customers and employees. Diddams and Daniels (2008) also highlight both profit and social good as important objectives. While not undermining the value of making a profit, it is not an end in itself but provides the means of attracting sufficient capital to allow businesses to serve its customers and employees.

As mentioned before, the stewardship-based approach to governance theory holds that inherent values rather than those established contractually will be the motivating factor to act as stewards for something/someone else. In the next section, I will explore the possible spiritual genesis of the values I associate with stewardship model of doing business, given my specific Christian view.

The normative core of Abrahamic religions

The business values I associate with stewardship include recognising humanity's inherent value and collective human flourishing. Although ensconced in Christian doctrine, these values are by no means exclusive to Christianity. Ray, Berman, Johnson-Cramer and Van Buren (2014), in a study based on Judaism, Islam and Christianity, explore the normative core central to these Abrahamic religions, and determine that placing the needs of the community at the centre of human activity, scepticism about economic power and how it may be (mis)used, rejection of individual liberty as the highest normative good that can be achieved by society, and an insistence on the inherent dignity of human beings are all factors that resonate within these religions' edicts on doing business. All these major religions emphasise the need for communities to be put before

individuals or institutions. These religions also have in common the concern that those in power may harm the poor and vulnerable. A further overlap in these religions' values is that, while humanity has free will, this free will is not to be used to exploit, but rather to serve others. Work can, therefore, be described not as an end in itself, but as a contribution to society. Human beings are seen as having equal moral worth, albeit in a collective context. Individuals are part of a collective community that must treat each member justly. These values, while rooted in religion, are values that will resonate with anyone that has a concern about humanity's wellbeing and freedom from exploitation. The current understanding of the concepts of 'human stewardship' and 'eudaimonia' seems central to these religious values. Stewardship indicates a responsibility to take care of matters on behalf of another party. The concept of eudaimonia is orientated towards pursuing the highest human good and to create communities where all strive to embrace what is seen as good behaviours towards others. These two concepts are also applicable to the formal ways humans organise themselves, such as in business entities. Both human stewardship and eudaimonia are concepts that have been the focal point for humanity for millennia through philosophical and religious inquiry. In that sense, eudaimonia and stewardship may provide ways for religion to be brought into discussions about alternative suggestions of how business could be done.

Speaking from a Christian perspective, Van Duzer et al. (2007) highlight how God created the earth, stated that it was good, and then assigned tasks for Adam and Eve, as set out in Gen. 1 and 2. This creation story can be used as a backdrop for how our human activities could be understood. God as Creator retains ownership of the earth and everything on it. God has designed and tasked humanity to rule over the earth. As non-owners, humans are to rule as stewards on God's behalf; not in a way that is exploitative. Humans are tasked to cultivate the earth, to name (i.e. to classify and bring order to the study of) the animals, to be fruitful and multiply, and to take care of nature. Human beings are thus to enact the creation mandate (Van Duzer et al., 2007) in all areas of our lives, including our work. Just as places like the family home is deemed to be more suited to taking care of population growth (being fruitful and multiplying) and institutions of learning are best positioned to study Creation (to name the animals), so businesses may be best positioned to produce goods and services needed by society (to cultivate the earth). If we accept that we are stewards of our environment that we live in and that we have a responsibility towards

the wellbeing of others, our work actions should then logically be guided by factors that go further than personal self-interest. To someone with a theistic outlook, like myself, the belief in a transcendent God that created humanity in His image and appointed us as stewards over His Creation, therefore, leads to an alternative view of life, including how we conduct our business activities. In my view of the world, God created humans to be relational beings that have a need for community with each other. Humans do not live in isolation and generally have a need to do things for or with others. This expectation means that there can be much more to work and business activities than self-benefit and profit.

Within a paradigm of an extended notion of worth, work, and necessary relationality as community people, including those who act as managers of businesses, have a responsibility to see and treat, fellow human beings as more than just a means to benefit, or generate a profit, from. This is not to say that shareholders or principals are not important, and that agency theory's contribution to the study of organisations is no longer valid or a useful tool to make sense of contemporary organisations. While agency theory is sometimes described as the opposite of other governance theories or existing parallel to governance theories such as stewardship theory (Donaldson & Davis, 1991) and stakeholder theory (Low & Chinnock, 2008), such an assumption may not be an accurate description of agency theory. According to Davis et al. (1997), as well as Wicks (2014), stakeholder theory and stewardship theory should rather be viewed in contrast with agency theory to determine under which circumstances these respective theories best apply. Shareholders are important, as is the financial viability of the organisations. Financial stability is a core part of the moral responsibility of managers (A. Wicks, 2014) and reflects the importance of the value that organisations create for all their constituents (and not just the principal). Financial prudence should, therefore, be a focus for managers. Managers ought to spend time thinking about the types of value their constituents expect and how the organisation can provide it, and how doing so may unleash greater potential for joint value creation. With the concepts of eudaimonia and stewardship at the centre of doing business, agency theory-influenced responses to the question of the reason for doing business appear less convincing. Modern business stakeholder relations are increasingly at odds with traditional agency problems and stakeholders are more aware of their power and of the responsibilities of businesses towards communities (Bendickson et al., 2016). I agree with Wicks (2014) who states people want to reclaim their

institutions as human endeavours, and they want to see these institutions as serving the needs of people.

In this chapter, I reviewed the intersection of organisational studies and religion and explored the potential contribution that religion could make to organisational studies. Several knowledge gaps in religious studies were pointed out. I described how work can be seen as 'to serve' other humans, thereby juxtaposing the dominant economic discourse with a discourse based on service towards others that build up communities. Common values that could provide a bridge between secular and religious thought were also put forward. In this section (Section 1, Chapters 5 to 9) I have discussed the five concepts, briefly introduced via the tree metaphor in Chapter 4, that form the conceptual framework of this study. In the next section (Section 2, Chapters 10 and 11), I focus on the appreciative aspect of my Critical Appreciative Process. I analyse the information gathered during my semi-structured interview meetings with the senior managers of four residential aged care service providers that participated in my study, and reflect on aspects of the information that I have gathered and analysed.

SECTION 3 – INFORMATION ANALYSIS

Chapter 10 - Information analysis and findings

In this chapter I discuss my fieldwork experiences. This chapter is structured around two distinct foci. Firstly, I provide an overview of my observations based on the interview process and highlight several key aspects that I noticed. Secondly, I review those participant responses that directly relate to an aspect of legitimacy. I present this review via the legitimacy typology put forward by Deephouse and Suchman (2008), incorporating the dimensions, sources and subjects of legitimacy (cf. Chapter 5). This typology provides an overview of legitimacy and legitimation factors identified by my participants, shedding light on how organisational legitimacy is perceived and influenced by my participants.

Participant discussions

As outlined in Chapter 4, I based my semi-structured interviews on the intent of Appreciative Inquiry. The Discovery, Dream and Design phases of the 4D-cycle, as developed by Cooperrider and Whitney (2001), are utilised to examine and discuss the information generated via the conversations with my participants; conversations guided by three semi-structured group discussions with representatives of each participant organisation.

Discovery phase

As a means to open our conversations to some reflections on organisational legitimacy perceptions, I explored my participants' recollection of previous actions or experiences where the buy-in from their constituents was high, and where the outcome was what my participants were hoping for. Participants were encouraged to share examples of such positive experiences. The responses were followed up with open-ended questions exploring these experiences further. The intent of this approach was to gain insight or to *appreciate,* the aspects of interactions with their internal and/or external constituents the participants valued and where the participant organisation's actions were seen as legitimate by the participants and therefore could be a contributing factor for the support of their work by their constituents. These aspects of our conversation I have grouped as the Discovery phase.

All the experiences my participants put forward to demonstrate to me what worked well in their organisations were orientated towards meeting the needs of the community they were part of, sparked by either community consultation or expressions of need from community members and/or residents. This orientation towards the needs of their constituents vindicates description of these organisations as social-purpose businesses, where meeting the diverse interests/needs of their constituents is central to the business' existence. Specific experiences my participants referred to included developing a dementia day-care facility for non-residents, a fundraising effort to build a standalone dementia centre, making rental accommodation available to those unable to afford a house in the village associated with the residential care facility, as well as the addition of new hospital beds to the hospital wing of the residential care facility. All participants also lauded the way their staff members and their communities rallied around them to support their initiatives. My participants valued these experiences and saw the constituent engagement that underpinned these undertakings as something that enabled them to maintain or expand their legitimacy.

Dream phase

As discussed in Chapter 4, Appreciative Inquiry's intent is focused on the 'positive core of organisational life', unpacking positive organisational attributes. As part of our conversations, I asked my participants to 'fast-forward' five years and imagine the ideal state where their organisation is everything that they want it to be. I asked them to describe what this perfect state could look like. The descriptions of this 'would-be' state are grouped as the Dream phase.

While the Discovery phase discussions were 'positive', and focused on community engagement and getting things done, the Dream phase did not follow the same pattern. My participants expressed their scepticism with this utopia I was asking them to imagine. Here I encountered the 'shadow' that Reason (2000), Fitzgerald et al. (2010) have referred to, and Grant (2006) in particular, grappled with. As suggested by Grant and Humphries (2006), I decided to engage this 'shadow' head-on by incorporating a critical turn into my study. I have detailed this critical approach in Chapters 11 to 15. In the Dream phase interviews, the 'shadow' manifested itself in many ways. One provider lamented the rules imposed on them from 'outside', making it very difficult for them to be responsive to their constituents. They saw these rules shaping how they deliver care. The participant stated:

> *In our environment, we have so many rules imposed on us [by the District Health Board] that it is very difficult not to be a rules-based provider.*

Another participant stated, just after she described how their organisation would ideally like to expand and offer more services, that the dream is likely to remain just a dream:

> *We can't expand on current funding.*

Another participant was openly sceptical about the Dream phase when asked to imagine the 'ideal state':

> *To be honest, there will be no perfect place as we will always be struggling for the dollar. That is the way it is and there will never be enough. [We are] part of a rationing system, [that is increasingly] tighter and tighter because we are under the general health spend. That will just carry on. Pretty much we will have then what we have right now.*

I was not the only one that recognised the 'shadow'. At one stage one of my participants realised the negative sentiments that were being put forward while discussing the challenges their organisation face due to the market-orientation in organised aged care. She commented:

> *This conversation is a bit depressing really! Somebody won lotto over the weekend. Two lots of $12m! I should buy a ticket. If I am not in tomorrow, you know why! [Participants laughing].*

Everyone laughed, acknowledging her attempt to 'be more positive', and the conversation subsequently continued in a more positive light, focusing on the quality of their staff.

The increasing commercialisation of the aged care landscape was also referred to during the Dream phase by all the participants in some form. One participant stated:

> *When you compete against [name of commercial entity withheld], whether you like it or not, and to some extent we do, we have to stay pretty upmarket.*

This was said in the context of the simultaneous expectation that the organisation must remain attractive to prospective residents by meeting their expectations, and the expectations of their children as support persons and representatives.

A related trend I noticed in Dream phase discussions was concern from my rurally-based participants about the impact of urbanisation of elderly on rural communities. An implication of the current commercialisation trend, where caring for our elderly changed from being a primary objective to a service to be delivered in order to turn a profit, is that it ultimately leads to the urbanisation of elderly people, away from familiar surroundings and social groups at a time in

their lives when these supports are very important in maintaining quality of life. The lack of commercial operators in rural areas could be an indication that commercial operators limit their services to cities and large urban areas where economies of scale, proximity and population make 'doing business' more attractive. As one participant commented:

> *Fundamentally, the commercial providers earn their money from property development. So it has nothing to do with care. And if you drill down, and they are quite open about that, care is not a money-making venture for them. But they need residential care facilities to get people into their village to make their money. With care the margins are tight, but the village generally makes money. In that respect, we are the same.*

Locating facilities in urban areas, where the capital gain of the property are generally higher, and focusing a lifestyle option on those with the financial means to afford it, would certainly be more profitable when compared with a focus on poorer elderly, or vulnerable members of society living in rural areas, or those with special care needs that do not align with mainstream aged care services. These trends towards urbanisation of aged care support Lazonby's (2007) argument of a New Zealand residential aged care sector in transition, that to the end of 2017 has born the hallmarks of a neoliberal market-driven impetus. Signs are pointing towards a possible challenge to the dominance of the neoliberal order by the newly elected government.

Design phase

With my participants, I explored the steps they thought were needed to get to the 'ideal' state we focused on in the Dream phase. During the first two phases, the responses of the representatives of the four participant organisations were very similar. All participants, for instance, highlighted meeting their communities' needs as something they value. All participants in some way referenced the 'shadow' associated with positive appreciation. During this third phase, however, I had very differing responses to the questions about the changes required to make the 'ideal' a reality. These considerations are grouped as aspects of the Design phase. One participant pointed out that all the discussion points were reflected in their strategic plans for the upcoming year:

> *Our 5-year dream? I think we are well on track since our last conversation. Since we spoke to you last month we've signed the contract to design the hospital; we've decided to add another dementia unit. We've signed the contract to design the motel to expand it further. Having a plan has no value unless you actively pursue it. We might argue about the plan a fair bit, but we move continuously forward.*

While I do not claim that my research 'intervention' triggered any of/all these strategic actions, containing these actions in a strategic plan between my visits confirm to me Appreciative Inquiry's

simultaneity principle (cf. Chapter 4). Chapter 16 provides a further consideration of this 'intervention'.

Another participant commented that the actions that they needed to undertake in the first instance to make the dream a reality are to connect with their constituents, to focus on living their values in order to remain in touch with their community, and to:

> *… blow our own trumpet more. If we look back over the years here, we do not very often blow our own trumpet, do we? We have to be more proactive in this area. We've got to realise what we are competing with.*

According to this participant, the way to make the dream a reality is based on their organisational values, and reconnecting with their constituents, albeit in a competitive market environment. So for them, the path to the dream lies in *how* they do it, more so than *what* they do, and ensuring that they make constituents aware of their value propositions and then gain buy-in from these key constituents.

Another participant stated:

> *We've got our strategic plan pretty much sorted for the next five years which we are going to drive within the current funding model. There is nothing different in our strategic plan. It's working within the boundaries we've got. So that is just to keep us going. But if the District Health Board wants to change the status quo? We will be in there, boots and all. Yeah, we would!*

From this interaction, I gleaned that this organisation's strategic plan was focused towards maintaining the status quo at that stage. This maintenance of the status quo is not a surprise to me, given these participants' openly sceptical views when discussing the Dream phase.

One participant questioned the value of the Design phase in the first place, which is reflective of the visionary aspirations identified in the Dream phase:

> *I think one of the difficulties I have in this phase is that it is all just dreaming.*

I take from the Design phase that, while my participants may value the same things, and dream similar dreams for their organisations, how they choose to pursue these dreams (or not) differ. Some focused on doing things, others focused more on the values that underpin their strategic actions. Others are not taking any steps towards their dreams, with the focus on maintaining the status quo. And other participants question the whole exercise, believing that the dream is

unattainable to start off with. But regardless of these differences in approaches, all participants see community engagement as a key strategy in fostering and nurturing their organisation's legitimacy.

I next explore specific aspects of legitimacy that my participants perceived as relevant to how their organisations' legitimacy is constructed.

Legitimacy and legitimation

According to Deephouse and Suchman (2008), Suchman's (1995, p. 574) definition of legitimacy as "a generalised perception or assumption that the actions of the entity are socially-desirable, proper or appropriate within some socially-constructed system of norms, values, beliefs and definitions", contains two basic legitimacy perspectives.

Firstly, the social values, beliefs and norms that become embedded in organisations reflect the institutional perspective described in institutional legitimacy theory.

Secondly, the pursuit of legitimacy through specific actions reflect the strategic perspective described in strategic legitimacy theory.

Legitimacy as a concept can thus be said to be created and sustained through both institutional processes as well as by strategic actions aimed at legitimation. All my participants identified both institutional and strategic factors as influencing or shaping the legitimacy of their organisations. As discussed in Chapter 5, authors such as Hybels (1995) and Tilling (2004) advocate for the dual consideration of both institutional and strategic theories of legitimacy when considering how legitimacy is created. The following quotes expressed during the 'Discovery' stage interviews, where the focus was on exploring what gives life to these organisations, reflect (my participants' perception of) how society's collective views on residential aged care are embraced by my participants:

> *We have a cause that we are responsible for; we are responsible to the community at large for their loved ones.*
> ———————————
> *We provide a dementia day-programme as a pure service because the community wants us to.*
>
> ———————————
> *Additional beds were added at significant cost as the community was asking to come here.*

Our philosophy from day one was to provide a facility to care for our rural community.

Within these quotes, both institutional and strategic aspects of organisational legitimacy can be identified. Societal beliefs about taking care of vulnerable elderly can determine the wellbeing of my participant organisations. With reference to the tree metaphor (cf. Chapter 2), in order for the tree (my participant organisations) to flourish, the tree must absorb the nutrients (societal norms and beliefs of their constituents) present in the soil (the communities) the tree is planted in. In addition to institutional factors, specific strategic actions are being pursued to further legitimise my participant organisations.

Institutional factors influencing legitimacy

The emphasis of the institutional approach to legitimacy is on the premise that organisational legitimacy is mainly determined by external pressures that are exerted on organisations from outside of their immediate control. One such external factor is the commercialisation of care. This concern about commercialisation of care was clearly demonstrated by the often confrontational context in which the increasingly commercialised landscape of residential aged care was referred to. My participants frequently referred me to the Grant Thornton report (2010) in order to point out evidence for the changing New Zealand aged care landscape. This report highlights the significant increase in profit-orientated organisations delivering aged care services, which may be due to a more market-orientated approach taken by the Ministry of Health. The participants felt that due to issues related to funding levels, combined with the way contracts with District Health Boards are set up, social-purpose aged care providers are ill-equipped to face this competition for residents who are willing and able to make private contributions to their care head on. This increasingly commercialised landscape that is perceived to favour commercial aged care providers was clearly identified as an external pressure that is shaping my participants' organisation's legitimacy, and not in a positive way. For those that support a market logic as the best approach to addressing social issues, commercialisation could be a rational approach to proving care for the vulnerable elderly in society. As leaders of care organisations that do not support a commercialised approach to aged care, my participants reported being increasingly threatened by the entry of commercial aged care providers to the aged care sector. My participant organisations rely on the current funding it receives from the Ministry of Health, which is reported to be so low that these

organisations cannot compete with commercial entities. My participants are coming under increasing pressure to also commercialise their services in order to stay relevant and/or competitive, as not conforming to this institutional factor could potentially undermine their organisational legitimacy. My participants reported that, other than commercialisation, there was not much that can be done in response to resisting this 'erosion' of their organisations' legitimacy. While other non-service-related funding streams such as grant applications exist, my participants reported that they do not apply for grants. The Lottery Commission was discussed as such a grant scheme. One participant group stated that:

> *Manager 1: One of the things as a board we could do we could approach the Lottery Commission for funding. Now there is part of the church [owners] that is totally against that. Alternatively, do you just take the money because money is money? The debate is endless. You got to go back to your core documented values.*
> *Manager 2: On our board, there is no chance that you ever be able to apply for that type of money.*

All but one of my participant groups referred to the commercial aged care providers as their direct competition and identified institutional factors such as funding arrangements inherent to the residential aged care sector as preventing their respective organisations from being competitive. Only one participant made the comment that they do not see themselves being in direct competition with commercial organisations. This particular provider sees their charitable status as a key difference between them and commercial for-profit entities. The Chief Executive made the comment that:

> *…if we run our business exactly the same as the private for-profit provider there is no reason for us to exist. If we just duplicate what they do we achieve nothing. And we will not be legitimate in that because we don't pay tax. If we were competing head to head with commercial entities and did exactly the same as they did it and do not pay tax, to me that will be illegitimate. That will be operating outside the reason for the community to allow us to operate in it.*

Initially, I found my participants' frustration about the commercialisation of their sector strange. What was it that I was missing? Was it market-related pressures such as profit margins and access to clients that was the catalyst for this frustration? My participants still need to turn a profit in order to continue to make ends meet. I came to realise that the frustration reflects a deeper difference associated with human dignity and value. My participants reported that commercial aged care providers treat their residents as consumers of aged care products, while my participants, all socially-orientated aged care providers, view their residents primarily as vulnerable humans that are dependent on others for care, and for their ongoing dignity and/or survival. As participants from one organisation explained:

Manager 1: Some of the local environment is not the most salubrious, and we had a couple wander through here the other day. It was obvious they do not work, they had a wee tot, and I made a point of speaking to them. They used our facility as a shortcut. And he had his gang patch on the other day, with the Mongrel Mob, and I thought we need to talk to these people. You know it is a bit disrespectful wandering through someone else's property with your patch on, but I thought at that point that was the least of my worries. But he actually talked to the oldies, and I made a point of actually talking to him. Ask about the baby. This is about being inclusive and they've got a bad 'rep' to start with. But to even think that someone in the Mongrel Mob will go "you know, my granny… I would not mind her staying here". It is about looking at the different ends of society and realising we are in this together and being able to manage this.

Manager 2: The [commercial aged care provider's name withheld] of this world, now they do not want people like that! Now right from the beginning, our existence was for the community. Over the years, we've always tried to keep village prices low, licence to occupy etc., so that the average person has a chance to come here. The last thing we would want is that access here is only for the affluent. That would be the surest way to kill this place.

Manager 1: [commercial aged care provider's name withheld] is cost-effective compared to what we are because the more people you have the less cost.

Manager 2: They are just property developers, in big population bases.

Manager 3: Of course, they have to keep the shareholders happy.

Early on in my research, I did not fully understand the ramifications that such a market-orientation has on aged care. My participants view the commercial organisations as selling a particular comprehensive lifestyle to those that can afford it. A range of additional non-care related services attracting 'premium charges' are on offer, and this is where the profit margins lie. Elderly people that can afford this comprehensive lifestyle package on offer are thus targeted. Many elderly individuals that are not in a position to access care via the commercial providers are therefore reliant on socially-orientated organisations such as those managed by my participants. In the context of this study, it includes individuals in rural areas, those with special needs and those with modest financial means. The social organisations are not selling a particular lifestyle as such; they are offering an acceptable level of care, as determined by the funding levels in their contacts with District Health Boards, and try to do so in a way that meets the needs and expectations of their communities. (This does not mean that some of the residents who are in a position to afford the care under the commercial model do not choose to stay in socially-orientated facilities. One participant describes how some affluent residents chose to purchase a residence in their village based on the Christian ethos of the organisation. This Christian ethos is valued by both the facility and the resident, and seen as very relevant in how residential care to vulnerable elderly is delivered). My participants, however, expressed concern about their inability to offer additional services that are seen by many as normal comforts of home. Their inability to offer these comforts is directly related to funding. They are not able to provide these comforts as the aged care providers cannot afford to. These comforts may include internet access, private phone lines,

televisions in rooms and private en-suite bathrooms. There is little appetite by commercial providers to serve those that cannot afford their 'comprehensive lifestyle package' that is over and above the levels of care which are funded through the District Health Board contract. The result is that social providers are starting to be seen by members of their communities as the default aged care provider for the poor elderly in the community. Social providers are therefore trapped into providing a service to the bottom rung of a two-tiered aged care system, not of their own making, where those that cannot afford private contributions to a lifestyle that includes residential care are relegated to socially-orientated residential care facilities. There is very little opportunity for socially-orientated care providers to generate additional income from such individuals through offering additional 'user pays' services, and this, combined with the very low levels of funding for care services, resulting in less surpluses to reinvest into maintenance and future proofing these facilities. The lack of basic maintenance results in outdated facilities that are not attractive to prospective residents that can afford care elsewhere and thus not selected, reinforcing the view that these facilities only cater for the poorer elderly in society. My participants felt trapped in a continuous negative cycle from which they do not see an escape. The factor that is holding them back is essentially a lack of a meaningful operating surplus, with means they are not able to carry out basic functions such as property maintenance. The one major institutional factor that is outside the control of my participants are the funding levels stipulated in the contracts that they have with District Health Boards; more so than the fact that they are required to compete with commercial entities for business.

Strategic legitimacy actions

Aside from the above-mentioned institutional factors that affect the managers' perception(s) of the legitimacy of their organisations, my participants also referred to several strategic actions that they undertake which they believe influence their organisation's legitimacy. The premise of strategic legitimacy theory is that legitimacy can be obtained, maintained or regained through strategic actions. All my participants express their belief that they, as organisational leaders, can also influence or manage their organisation's legitimacy through strategic actions. This belief is reflected in the following quotes:

> *Manager: That is the point of difference between us and other organisations. We provide a chaplain that provides religious services, and we attract people with that specific need from the market. We could say that the Chaplain doesn't directly add to our profit, but people also come here because of those religious services being available.*

Me: So to rephrase that, what you are saying, then, is that the community expectation is that of a Christian aged care facility? The expectation is that such a service should be available and the fact that it is, gives you legitimacy?

Manager: That is a nice way of putting it.

———————————

Manager 1: [discussing their strategic planning process] Yes, we started when we did the survey in the community, was it four, five years ago? We went out to the community, asked them what the community felt and wanted.

Manager 2: Yep, what services they wanted, going forward, what people thought of us, what else they wanted. So it was part of our strategic planning process about five years ago.

———————————

And it is often the relationships you build with the families, and your integrity, and your principles as a good employer. Those things influence how care happens.

———————————

We've tried really, really hard to create a home influence and we want it to remain that way. The residents are our number one affair; that is why we are here. We have to make it 'home' for them. We've got to make it feel like home for their families when they come in. And that is another really important one, and we've got to try to ensure that our facility doesn't feel institutionalised. That is the important thing. And we've got the step back to say "this is their home".

The quotes above are chosen as representative of deep and consistent conversations demonstrating that my participants undertake specific strategic actions to influence their organisations' legitimacy. My participants attempt to gain support from their constituents by seeking external endorsement, through actions that meet specific constituent needs, by adopting organisational values that are in line with their focus on serving their communities by being socially relevant. These themes are a testament to the effort of the participants to influence their organisation's legitimacy by attempting to shape how they are perceived by their constituents. These factors are discussed in more detail later in this chapter.

A hybrid understanding of legitimacy

From my conversations with my participants, I find an intertwining of institutional factors affecting organisational legitimacy and of strategic actions being undertaken to influence legitimacy, resulting in a combination of institutional legitimacy theory and strategic legitimacy theory into a hybrid concept of legitimacy. As discussed in Chapter 5, institutional legitimacy theory and strategic legitimacy theory are not necessarily in opposition to each other but can be seen as two distinct layers of legitimacy. Institutional theory explains how my participants gain acceptance from society through conformance to their social environment. Strategic legitimacy theory explains the strategies my participants pursue to gain or maintain legitimacy.

Hybels (1995) describes how institutions through their recognised existence already have a level of legitimacy since institutions depend on legitimacy in order for the institutional pattern of relations to be sustained. Yet at the same time legitimacy stems from conformance to these institutional norms and values. My fieldwork interviews with my participants confirm this legitimacy paradox that Hybels (1995) described. My participants' organisations are primarily able to function because of the legitimacy bestowed on them by their communities. Certain actions, however, are constantly undertaken to maintain these organisations' legitimacy. A stable relationship between my participants and their communities is, therefore, a prerequisite for their organisations' legitimacy. But at the same time, their respective organisations' legitimacy is the required foundation needed to have that stable relationship with their communities. With reference to the tree metaphor (cf. Chapter 2): just as a tree has a beneficial impact on the soil it is planted by returning nutrients to the soil, stopping ground erosion, and conditioning the soil (Tengnäs, 1994), so my participants also benefit the community it is part of by reflecting community values to members of communities, creating pathways to honour the inherent humanity of others. It is this stable symbiotic relationship that I sense my participants feel is systematically being eroded. The factors behind this erosion appear to be outside of their influence, and overall I sensed powerlessness in their struggle to remain legitimate in the face of this erosion of the relationship between their organisations and their constituents, with no end in sight. Continuing with the tree metaphor, it is as if the nutrients present in the soil are detrimental to the wellbeing of the tree, and the climatic conditions are not conducive to growing healthy trees. The neoliberal order is buffeting my participant organisations, and the hyper-individualistic focus on the self is not sustenance for them. My participants are facing a real dilemma, as staying true to their values may not necessarily enhance their legitimacy. As Tilling (2004) states, legitimacy and institutionalisation are virtually synonymous. So my participants' resistance to the institutional pressure to compromise on their care values may undermine their legitimacy as perceived by their communities. At the same time, specific strategic actions are undertaken with the belief that these actions may maintain or enhance their legitimacy as perceived by their communities.

The legitimacy typology revisited

Discussions with my participants were focused on exploring their perception(s) of organisational legitimacy in relation to their particular organisations. My participants are of the opinion that

multiple factors influence their respective organisation's legitimacy and the associated legitimation efforts that may have been undertaken. Deephouse and Suchman (2008) put forward a typology through which aspects associated with the concept of legitimacy can be explored (cf. Chapter 5). These aspects include the dimensions (or forms) of legitimacy, the subjects (or entities) of legitimacy and the sources of legitimacy. I use this typology to map the features put forth by my participants in our discussions as factors that somehow influence their perception of their organisations' legitimacy. The way I use Deephouse and Suchman's (2008) typology is based on my interpretations of my participant discussions. My participants were not made aware of this typology prior, during or after the discussions. I found the dimensions, subjects and sources of legitimacy a useful method to make sense of my participants' stories.

<u>Dimensions of organisational legitimacy</u>

In Chapter 5 I expanded on the three forms of legitimacy that Suchman (1995) suggested: pragmatic, moral, and cognitive legitimacy. Pragmatic legitimacy is based on the self-interest of the constituents making the legitimacy assessment; moral legitimacy refers to legitimacy based on whether constituents deem the action as the proper action to take rather than whether they benefit from these actions; cognitive legitimacy is based on the extent of the 'taken for grantedness' of organisational action. Throughout my participant discussions, references were made to aspects of all three of these forms of legitimacy as somehow shaping or influencing their perception of their organisations' legitimacy.

Pragmatic legitimacy

During our discussions, I noticed that pragmatic legitimacy was referred to both in the context of the value to the constituent person making the legitimacy assessments (pragmatic exchange legitimacy) but also in the context of being beneficial to the constituents' wider interests (pragmatic influence legitimacy). In the pragmatic exchange context of benefiting the needs of their constituents, an example put forward by my participants include the continuity of care that their institution provides. Having the ability to provide a service that encompasses the possible future needs of the residents was seen by participants as a key reason why residents chose their facility above others. These services form a 'continuity of care' which is increasingly seen as valuable to the residents themselves. In this instance, having a residential care facility and a dementia unit

were reported to count heavily in my participants' favour when decisions are made by prospective residents about entering retirement villages. One participant stated:

People don't want to go to retirement villages unless there are care facilities.

This view is supported by the changes in the types of aged care facilities that are currently being built. Facilities incorporating retirement villages, residential care facilities and specialist services such as dementia care are replacing, or overtaking, standalone residential care facilities in New Zealand, and are seen as a response to the needs of residents (Grant Thornton New Zealand, 2010).

In the context of pragmatic influential legitimacy, the participants also identify the provision of specialised services as something they deem to be a confirmation of the constituents' wider needs. Having a dementia day-care service for non-residents was specifically mentioned as such an example, where a community was extensively consulted about its needs, and the community subsequently provided support (making an offsite venue available) to the participant's organisation to establish such a service. Constituents' needs were therefore incorporated into its strategic planning. In this case, the constituent support was not based on how it may benefit individual community members themselves but rather based on the participant organisation adopting their community's collective need as their own. The participant stated:

Basically, when it comes down to it, not many providers provide dementia day-care. Communities want it, but District Health Boards do not fund it appropriately. So we are certainly not doing it for the profit… which is not there! We do it as a pure service because the community wanted us to.

Moral legitimacy

Moral legitimacy is a further form of legitimacy that I identified in my discussions with my participants. These actions relate to the way the participant organisations are going about their business (moral procedural legitimacy), the leadership responsibility the participant organisations assume in their communities (moral consequential legitimacy), and the way the organisation is meeting the needs of community members (moral structural legitimacy).

Aspects aligning with moral procedural legitimacy were raised several times in discussions. One particular context in which this type of moral legitimacy was raised referred to the uniquely Christian values and ethos that underpin the work of a participant. The participant stated:

> What struck me before I came here was the ethos, the philosophy of this place which gives it credibility as a Christian place to work, and that is carried out right through. I couldn't work for a place that is not 'kosher'; that says one thing and does something else. That to me is what the legitimacy of this whole place is. It is written on the wall for everybody to see.

Moral consequential legitimacy was also identified in discussions with participants as a key factor in shaping their legitimacy. One particular statement was made in the context of being a large employer of people in a rural town, and the participants were aware of their responsibility associated with supporting so many local families. (The participant organisation's strategic plan was the direct result of extensive public consultation, and at the time of our discussions, the participants have met all but one of the strategic goals). A participant states:

> We would see our community as our main stakeholder so we need to support that community. This will be hard going forward. We are also mindful that we ended up as one of the larger employers in the town as well. If we fall down… we have a responsibility there as well.

Most often, references to the participants' perceptions of their moral legitimacy were made in the context of undertaking socially-acceptable actions in a socially-acceptable way (moral procedural legitimacy). Factors such as putting profit as a secondary motive, and following a specific ethos, serve as examples. My participants believe that their organisational legitimacy is enhanced through these actions. This social focus is perhaps best summed up by a response by a manager when I asked her what underpins their organisation's approach to care. She answered that:

> We just want to help people!

For her, care is seen as a love act.

Another participant mentioned that their organisation is legitimised through organisational structures that meet moral expectations of prospective residents (moral structural legitimacy). As an example, they do not require a deposit for village units to be paid upfront, but rather a single payment on settlement. Nor do they require a personal guarantee for care costs from prospective residents while waiting for needs assessment outcomes. These actions reflect the organisation's stated value of putting the individual before profit, which, according to the participant, is well received by their residents and their families.

Cognitive legitimacy

Cognitive legitimacy was also identified in participant discussions. Cognitive inevitable legitimacy, or legitimacy that reflects the 'taken for grantedness' of the actions of the entity being assessed, was cited in the example of how the community trusted the board of directors of the participant organisation to act in a way that strengthens the community. As the largest employer in a rural, agricultural town in a low socio-economic part of the Waikato region, members of the participants' board of directors are well-known and respected community leaders who have a record of advocating for the town. When talking about the support from community members, following the decision to start fundraising among members of their town for a secure dementia centre in town, the chairperson of the board stated:

> *The community has always had huge respect for the board here. If the board says there is a need for a secure dementia centre then there must be a need for it.*

Even though there is not much money in town, when the board highlighted the need for a secure dementia centre, the community actively supported the call, placing their trust in their community leaders' decision. One of the flow-on effects of the dementia unit was that community members can now get high quality, secure dementia care in their home communities, retaining connections with their roots and family connections in a familiar setting.

Sources of legitimacy

As described in Chapter 5, sources of legitimacy are the internal and external audiences who observe organisations and make legitimacy assessments. Deephouse and Suchman (2008) describe how these sources can function as either 'legitimacy agents' (whose explicit purpose is to confer legitimacy) or 'legitimacy mediators' (who are making legitimacy assessments as a side-effect of their routine operation). Further, 'legitimacy guidelines' are social constructs such as values, norms or rules that may also serve as sources of legitimacy. The extent to which these guidelines are implemented or enforced may differ in time and/or place.

Taken together, my participants referred to 17 different sources of legitimacy that they believe determine or influence their organisation's legitimacy. Eight of the 17 sources are internal to the organisation, and nine sources were external to the organisation. All but two of the sources of

legimacy were classed as legimacy mediators. The Charities Commission, responsible for the registration and monitoring of charities in New Zealand, was referred to as a legimacy agent given its function to confer charitable status. Charitable status was seen by my participants as something that advances their organisations' legimacy.

City boundaries were described by one participant as a legimacy guideline. The city boundaries determine the services which the participant organisation may have access to. Such services include being on the bus route and accessing the city's mobile library bus. As the participant organisation in question falls just outside city boundaries, its representatives see this as a detracting factor, as their competitors down the road (but within the city boundaries) are able to access these services. In the eyes of my participants, this has the potential to detract from their organisation's legimacy in the eyes of potential residents that may want to enter residential aged care or the associated village. The lack of access to city amenities is perceived by my participants to influence their organisation's legimacy in the eyes of their residents.

Specific legimacy mediators that were identified multiple times during my participant discussions include the Ministry of Health, District Health Boards, families, the media and employees. The Ministry of Health and the District Health Boards were referred to in a negative context, meaning the participants feel that these government representatives undermine their ability to be seen as legitimate by their communities. The negative impact these entities were seen to have on legimacy related to inadequate funding levels for the services that my participants have to deliver, which derives from both the community expectations as well as from the participant themselves. District Health Boards were also seen to have financial matters, rather than care, as their primary driver, which is reflected in the aged care contracts and how these are overseen. Several health facilities using Public Private Partnerships are planned, most notably in Dunedin (Goodwin, 2017) and Greymouth (Scanlon, 2016). These undertakings demonstrate how financial considerations contribute towards how care is to be delivered in New Zealand. The newly elected government has been outspoken critics of such partnerships in areas of health (Hurley, 2017), so whether these undertaking will go ahead following the change of government remains to be seen.

Families of residents, which I identified as legitimacy mediators, were referred to by my participants in a neutral context. With a neutral context, I mean that the context in which the participant referred to the legitimacy mediator was not framed to be specifically positive or negative. A value judgement on the impact of the mediator on legitimacy was not made by my participants, although my participants did observe that increasing expectations of younger generations are stretching the ability of residential aged care providers to respond to these expectations. An example of the expectation of families shaping service expectations is the provision of free Wi-Fi services in residential care facilities. Some aged care providers are coming under pressure to provide free Wi-Fi for residents, not because it is necessarily a need expressed by their residents themselves, but rather because it is a minimum expectation by their children. Families were described as representatives of current and prospective residents, whose buy-in is needed for the aged care provider to be seen as legitimate. Family members are, in many instances, the final decision-makers of which residential-care facility their loved ones will enter, and their expectations of what an acceptable level of care for their loved ones look like are therefore very important. A symbiotic relationship seems to exist between my participant organisations and the families of their residents. Utilising the tree metaphor – just as the soil and the tree depend on each other, and affects each other, so my participants and the families of their residents also depend on each other. The families, in many instances members of the community the facilities are part of, judge the participant organisation to be legitimate, and trust the care of their loved one to these organisations. The legitimacy bestowed on these organisations by these families is needed by the organisations in order to deliver the care that the families desire. Legitimacy is the 'anchor point' between the families and organisations. It keeps the organisation in good stead, just as the combined anchor between the soil and the roots keep the tree upright.

The media, as legitimacy mediator, was also explicitly nominated to have a negative impact on the legitimacy of my participant organisations. The 'sensationalist' focus of some media reports was reported by my participants to create a negative sentiment within their respective communities toward socially-orientated aged care providers. At the same time, two participants specifically approached their local newspapers with positive stories, but these newspapers were not interested in placing these stories. Given the financial pressures on these facilities, these organisations cannot afford to run advertisements in newspapers to market themselves like

commercial entities do, exacerbating the feeling of being a 'victim' of the media. Below is an exchange with two managers on the influence they perceive media to have in shaping their legitimacy:

> *Manager 1: The other big factor we have to take into account, we have an ill-informed, sometimes even ignorant media, who is doing this sector no end of harm. That is one thing that does get me angry actually. Because they are running the line that 'old person lost out of rest home and found in ditch', but then that person was living in a retirement village and not in the rest home. And the people that live there have nothing to do with the care we provide. [Manager 2] made the comment earlier today that a place in town is going to rebrand and they are doing it because they are being hit in the media so many times in the past, and just got over that, and then they had another minor complaint. And that brought up all the past trash, so they need to get away from that. And the media…*
>
> *Manager 2: They are emotive, emotional…*
>
> *Manager 1: and they see this sector as an easy target. The last we had was the Herald late last year when Whaleoil [political blogger] leaked to the public the Herald's campaign to find problems in the sector. A campaign that they tried to do, and it is just not doing any good. There was some research that goes back years ago around nursing, where nurses used to go nursing, they did not get paid very much but they still had no problems recruiting because of the public good. And so people went into nursing even though the pay was not good, because of the good for society, and these were good people that think like that. But then the media was at that stage beating up the tertiary hospitals really badly and so it changed that perception. "Why would I go nursing because I have been hearing in the media that it's not well paid and not that good either?" And that is exactly what they are doing in this sector, it is just not good.*
>
> *The media for us now sits in our 'high risk' basket. And not just for us, but for most providers you talk to. To the extent that we now take media training. Because we are not going to be able to enter into any interaction with the media in a positive way. We know what we are going to interact with the media to the least we can to get out and away from them. All providers I talk to now do that.*

Employees were identified by my participants as mainly positive legitimacy mediators. They are reported to do so by keeping the managers accountable for staying true to their organisation's espoused values and by doing their work to a high standard related to an internal motivation to service their fellow human beings. A participant stated:

> *Remember when you are in an organisation like this the people that come to work here generally come to work here to work within a certain set of values. And if you work in the private sector you go to work, you have no real emotional ownership of the business, where our staff has a very strong ownership, and as a stakeholder is very outspoken, and if we start going off in a direction that isn't in line with what we should be doing they would be very quick to tell us. If our behaviour is not up to scratch we get told off!*

Employees are also seen as representing their facilities as individual members of the communities they reside in, where they may influence their employer's legitimacy, either positively or negatively.

> *The staff talks to people in here all the time, and they are our face to the community. So it is sometimes easy to overlook the importance of having well-briefed staff.*
>
> *Staff is a key internal stakeholder, and they come from the community. So you have a double whammy, as you have got to be able to sell ideas to staff, who view it hopefully positively, who then goes into the community to talk about it positively. And so the staff is a huge part of... not winning them [community] over, but to give them the right information.*

Sometimes they've got bits and then they run with the bit that they've got that may not be right. But that goes in any organisation! (Participants laughing).

I note that my participants mentioned 'external mediators' primarily as a negative influence on legitimacy rather than sources that advance their organisation's legitimacy. The media and the Ministry of Health, for instance, were identified as legitimacy sources by all participants, and both these sources were always referred to in a negative context. Conversely, 'internal mediators' were mainly referred to in a positive or neutral manner. This difference in how internal and external mediators are viewed signals to me a potential disconnect between my participants and their key external stakeholders. I did not explicitly explore this disconnect in my conversations as I only identified it during my fieldwork analysis, but looking back I find this disconnect was reflected in what was said at these meetings. In particular, I noted the antagonistic views toward the Ministry of Health as funders of the service via the local District Health Boards. The frustration with the Ministry of Health and the subsequent disconnect between my participants and the District Health Boards is summed up in the sentiments of one of my participants:

The Grant Thornton report pointed out that the underfunding in the sector went from 15% to 30%, something like that. Since that report came out, that underfunding has been ignored and we have not even got cost-of-living adjustments. So, the funding, when we say there is a crisis in the sector, it is around funding, straight funding. But that is a social issue. You can argue the money is there, and it is not coming through. You can argue it is not going to be there, and that is where the sector shoots itself in the foot. You have the commercial providers making huge property-development profits and so it gives the government the ability to say "hey there is plenty of money in the sector". But that is money from property development; it is not care-giving. That is quite different.

Subjects of legitimacy

Subjects of legitimacy are described as the entities, ideas, actions and structures whose legitimacy is being assessed. Subjects are almost innumerable and almost anything can qualify as a legitimacy subject (Deephouse & Suchman, 2008).

Out of my conversations with my participants 158 subjects emerged that my participants believe could potentially affect their organisation's legitimacy. Many of these subjects were mentioned in more than one context, sometimes perceived as advancing the legitimacy cause, sometimes seen as being neutral towards it, or otherwise detracting from it. Given the volume of subjects, I found it useful to group these subjects into common themes. I was able to identify 29 separate themes that encapsulate these 158 subjects. Five themes stood out in terms of the frequency these were

mentioned in conversations. These five themes that participants perceive has the potential to influence their organisation's legitimacy are related to:

- External endorsements

- Funding of aged care services

- Meeting specific community needs

- Specific values ascribed to by the organisation, and

- Social relevance.

These five themes are discussed below:

External endorsements

All participants recognised external support or endorsements as a key consideration with regards to their organisation's legitimacy. Such external endorsements by external parties were referred to in discussion by all participants mainly as a positive influence, enhancing their organisation's legitimacy. External endorsements appear to be a way to obtain 'objective' support as entities that deliver an appropriate or even desirable level of care. Audits were mentioned as a recognised way of obtaining such an external endorsement, and also presented an opportunity for my participants to generate social support by marketing themselves as adhering to an acceptable, objective standard. The rest home certification audit that takes place at least every four years, along with unannounced surveillance audits, were specifically mentioned as examples of such external endorsements. These audits were described as their "licence to operate".

Similarly, having charitable status was also seen by my participants as beneficial, as such an endorsement confirms that their actions are benefiting society. Other endorsements such as adhering or ascribing to a widely used, standardised approach to aged care (such as the Eden philosophy) were also seen as advantageous. Being seen as a religious organisation was judged as relevant by the two participant groups from the participant organisations that explicitly ascribe to a Christian ethos, but only to those prospective residents who were specifically looking for Christian-based care. While one participant group did not doubt their organisation's ability to pass such scrutiny, having a religious affiliation was also viewed as a potential threat to their ongoing success. This view relates to there being fewer Christians in society when compared with a generation ago, which may negatively impact the participant organisation's value to, and status

in, the wider community. Such a change could potentially undermine both pragmatic and moral legitimacy assessments by their constituents. Another instance where a particular endorsement by an outside agency was seen as a potentially negative influence on organisational legitimacy was City Council boundaries. Zoning decisions, as discussed earlier in this chapter, may put a participant organisation outside the existing city boundaries, classing it as 'rural' as opposed to 'urban'. This decision impacts on their residents' ability to access amenities, such as mobile libraries and public transport. This, in turn, may have implications for how their organisation is viewed by prospective residents, which may influence pragmatic legitimacy assessments.

With regards to the active pursuit of external endorsements as a way to obtain 'objective' support for delivering a desirable level of care, one participant made an interesting observation that, on one hand, they use a specific international audit standard (in addition to the mandatory Ministry of Health audits) in order to gain social support by demonstrating that they are 'up there' as industry leaders, while on the other hand they are not in a position to deliver 'best practice' care but are rather just pursuing 'safe practice' care. The reason behind this apparent paradox comes back to the funding they receive via District Health Boards. My participant is only able to provide the level of service that they are funded for, and are not able to provide any level of service that exceeds that, even though they strive towards delivering 'best practice' levels of care. This scenario also points towards the influence the District Health Boards have as funders of the services, and hence the influence District Health Boards have on what an 'acceptable' level of the influence care in New Zealand looks like. This level of care may not meet community expectations and in such instances, the legitimacy of these participants may be negatively affected.

Funding levels of residential aged care services

Residential care funding was nearly always referred to as a significant threat to the ongoing viability of my participant organisations, and thus a threat to their legitimacy. All my participants rely on funding from the Waikato District Health Board for their revenue. The current funding levels are seen as too low to provide the level of care that my participants believe is required, service expectations from the District Health Board are seen as not realistic, funding levels do not allow aged care providers to meet the District Health Board's expectations (or their own), and services are not sustainable given the low funding levels. As described earlier, participants commented on

their inability to provide what they know to be 'best practice' care, given that funding levels are based on an acceptable level of care rather than best practice. Funding levels were reported to not keep up with inflation and my participants reported that they do not have the economies of scale to deliver cost-effective services, hence affecting their ability to deliver quality care. Lack of a long-term funding plan by the government is also seen as undermining the sustainability and therefore legitimacy of social-purpose businesses. Some of my participants reported making as little as 3-4% profit per year, which is not seen as sustainable in the long run. One participant remarked:

> *If government policy continues the way it is going… they may already have a policy that in 15 years there will be no more rest homes that they have not expressed yet. If they keep funding the way they are, it will become a reality anyway.*

Several specific, funding-related legitimacy subjects were mentioned by my participants. The inability to market their organisations well and the inability to attract good quality board members were linked to low funding levels and seen as factors that undermine organisational legitimacy. Given the precarious financial position my participant organisations appear to be in, my participants are not able to remunerate their board members adequately, which limit the pool of directors to those that are willing to work for no, or very little, remuneration. This limitation severely diminishes the quality of directors that are attracted to these boards.

My participants also discussed the need to generate their own additional revenue through the practice of premium charging. Premium charging is a practice adopted by all the participants in some shape or form and entails charging residents a superior rate for additional non-care related services as a means to boost revenue. Having a larger room, a private bathroom or a private TV in their room are examples of services that may attract a superior charge. (Residents may, of course, supply their own TV, or personalise their room in other ways, should they wish to, at their own cost).

Lower than desired staffing levels were also mentioned as a result of the low funding levels. The result is the inability to meet the needs of their clients, which is seen as a threat to their legitimacy.

Meeting a specific community need

The focus of my participants on meeting a variety of needs of their respective communities was referred to many times during our discussions. Meeting community needs were viewed as either a current strength that advances the participant organisation's legitimacy cause or alternatively as an opportunity for these organisations to pursue. Legitimacy subjects associated with meeting community needs include using volunteers, giving vulnerable elderly security in providing them with a fixed routine, the availability of a chaplain, looking after the elderly with special needs, having a hospital on site and offering a specific care ethos, to name a few.

Staffing levels were mentioned several times as a perceived positive influence when setting out to meet needs of their communities. Participants reported that staffing levels are typically higher in socially-orientated aged care providers than in commercial aged care providers, but that current levels remain less than optimal. The belief seems to be that higher staffing levels mean an increased ability to meet community needs, which are expected to positively influence organisational legitimacy. One participant stated that, when their facility is completely full, staff wages make up 74% of their budget. This only leaves their organisation with 26 cents in a dollar to do everything else, including maintenance and modernisation of their facility[3]. The Grant Thornton report (Grant Thornton New Zealand, 2010) found that staff wages typically represent around 70% of operating costs. It seems to me that my participants are between a rock and a hard place. The benefit of higher staffing levels being seen as a positive influence of organisational legitimacy, but increasing staffing levels result in less money to spend on modernisation and maintenance of existing facilities.

My participants reported a lack of modernisation and maintenance of their buildings and assets as something that has a hugely detrimental effect on their organisations' legitimacy. Modernisation and maintenance of the facilities were reported to be desperately needed to bring the facilities up to current expectations, but that is not able to be done due to the lack of available

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[3] To me this seemed to be an extraordinarily high ratio. During a subsequent informal discussion in a non-research setting I asked a National Manager of a commercial residential aged care entity what an acceptable wage-ratio is in her view. She mentioned that she oversees many facilities in the North Island in her role as National Manager, and would expect all her Facility Managers not to exceed the 60% mark, meaning that no more than 60% of their District Health Board funding levels must be used for staff wages.

funds, resulting in 'rich flight' by affluent members of society to commercial aged care providers, and an associated perceived undermining of the participant organisation's legitimacy. A flow on effect of having to rely on older, more run down facilities is that such facilities are seen by their constituents to exist only to meet the needs of poor elderly. Potential residents with more substantial financial means opt to go to facilities that better reflect their service expectations.

A community's needs were also seen by some participants as a potential threat. Two aspects that were mentioned by my participants were related to generational changes and the associated change in service expectations. The 'depression babies' are increasingly being replaced by the 'baby boomer' generation, and the latter has a totally different view on what an acceptable standard of care is when compared to the previous generation. For instance, older generations may be happy to share bathroom facilities with other residents, while 'baby boomers' are reported by my participants to generally expect their own private bathrooms. Access to Wi-Fi and televisions in rooms as 'standard' is another example of differing expectations between generations. My participants are reporting a 'changing of the guard' in their residents' dates of birth from the 'post-depression babies' to 'baby-boomers', and with that comes a change in service expectations of those that were born and raised in more affluent times. My participants were not convinced that they will be able to meet these expectations given current operating models.

It was also clear from discussions with my participants that meeting the needs of their respective communities was also seen as a strategic way to influence the legitimacy of their organisations. A dissensus exists between my participants as to whether some legitimation actions are enhancing or detracting from organisational legitimacy. This case in point was clear in the apparently conflicting discussions I had with two participants about the benefit of having a hospital attached to their care facility. On the one hand, when asked to describe their 'ideal' environment, one participant group mentioned that in the ideal circumstance they would have a hospital on site. On the other hand, another participant group whose organisation has a hospital on site described the associated challenges they have and mentioned that they wish they could drop at least the reference to a hospital in their title, if not close the hospital altogether. Having a hospital on site create community expectations about medical facilities and treatment providers that they are not

able to meet, which undermines their legitimacy in the community. In addition, this participant mentioned that hospital-level care in a residential aged care facility reinforces the medicalisation of aged care, where the elderly are *treated* as sick, instead of being *cared* for as a vulnerable elderly person. I discuss the medicalisation of aged care in more depth in Chapter 13.

Values of the organisation

The participant organisations' values as legitimacy subjects were mentioned multiple times, representing all participant organisations, predominantly as a strength in advancing or maintaining organisational legitimacy. Most organisational values appeared to be orientated towards care for, and services to, the vulnerable elderly in the first instance. The collective values of the organisations seem to be about explicitly putting the wellbeing of people before commercial considerations. I recognise a eudaimonic understanding of human flourishing in their actions. Organisational values that my participants specifically referred to as reflective of their respective organisations include:

- Living out a caring ethos towards both the elderly and the care staff, recognising these elderly as valuable human beings

- Treating these elderly in a just manner, charging them fair and reasonable prices

- Providing fair and equal access by all elderly to affordable residential aged care for all

A participant group made the following comment about their residents:

> *Manager 1: They [the residents] actually made our society, and that is what we are trying to push with our caregivers. These people have done stuff, and they may be at the end of their life, and may not be communicating that well, and we might think they are just an old person. We need to get behind what they had actually done. A good example: [name withheld] was a veterinarian, and she is 96. But then you realise when she trained as a vet she would have been around 20, which meant that she trained in the 1930's or something. And if you think what society was like then and how hard it would have been for women to do anything, well she stuck out and became a vet! You have those sorts of things.*
> *Manager 2: We've had lads that were bomb disposal experts in WW2. And then you look at our 20-year olds…*
> *Manager 1: We had a guy down one of our apartments, and he was really a bit of a loner, and I got talking to him one day, and he mentioned that he had to go to the hospital as his shoulder was giving him a bit of jib, to take out some shrapnel. He was in WW2 and he got bombed, and he ended up with shrapnel, and there were still lots of it there. Periodically they take out shrapnel. And you think that guy was in the war and did that, and we just see him as the man in Apartment 4. And that puts it in perspective that he is human… they made our society and they deserve better. Society can't use them just to make money. No!*

This underlying eudaimonic ethic based on inherent human value, justice and fairness was a consistent theme I encountered throughout my discussions with my participants.

Organisational values were, however, also identified as a potential threat to some participant organisations' legitimacy, in the context of a risk to the 'moral compass' that 'guides' the organisation. The drift of the moral compass, or mission, of the organisation away from their social goal is linked to institutional pressures in their operating environment, such as the need to generate an ever-increasing amount of revenue.

Social relevance

Social relevancy was mainly discussed in the context of alignment with the care values and expectations held by their respective communities. This context is much wider than just meeting the particular needs constituents might have. Remaining relevant to their communities was seen by my participants as a factor that could potentially influence their organisational legitimacy, and challenges related to remaining socially-relevant were referred to multiple times in our discussions. The challenges mainly related to the participants' desire to serve their local communities through the provision of relevant aged care services, the barriers associated with providing these services and the associated struggles they experience while trying to remain relevant to their communities.

The inability to remain relevant to their social environment was seen as a potential threat to their organisations' legitimacy. The need to 'stay upmarket' and being able to compete with commercial aged care providers were a constant factor for some when strategic decisions were made, alongside the growing disconnect between their constituents' service expectations and the ability of my participants to deliver on these expectations.

Efforts to remain socially relevant were also mentioned by a participant as a potential detraction from their legitimacy. This participant experienced a 'pull factor' from their community towards investing in a more village-centred aged care facility. Such an undertaking goes against the facility's owners' stated commitment to provide a standalone residential aged care service. Such

a move away from their stated mission may, according to the facility owners, will undermine the organisation's legitimacy in the eyes of their constituents. This particular senior manager feared that the opposite may be true. Maintaining the status quo may, in fact, undermine their organisation's legitimacy.

Several references to social relevance were made in the context of being an opportunity that could possibly enhance their organisation's legitimacy. Explicitly serving their local community was mentioned by a rurally-based participant as a way to differentiate their organisation from commercially-focused organisations that are situated in another town nearby, and thus remain relevant to their own community. The aim is to make everyone in their community feel that they could one day afford to enter this facility and that the facility is not just for the affluent people in their community.

Overall, remaining socially relevant was seen as a particular challenge for my participants. The general sense I got from our discussions was that the responsibility of modern-day aged care is being redefined by the Ministry of Health and by the expectations of residents and their families, and my participants are struggling to find their place given the institutional environment and the associated commercialisation of aged care. While the aged care function in modern day New Zealand was not specifically discussed, I think this 'social relevance' theme is indicative of a deeper social change in New Zealand. Materialism and an increasing market-orientation towards the meeting of social needs are having a huge impact on the place and function of socially-orientated aged care providers in New Zealand. Aged care facilities are caught up in this perfect storm of an ageing population, an underfunded aged care sector and growing commercialisation of aged care. At the same time, New Zealand society's values and norms are changing fast. A two-tiered aged care sector is emerging, and the way the system is implemented by decision-makers is threatening the very existence of socially-orientated aged care providers. Socially-orientated residential aged care providers are increasingly struggling to survive, and many are closing their doors. At the same time, commercially-focused aged care providers are reporting massive profits. Listening to my participants, there seems to be something amiss in New Zealand's aged care sector, and that 'something' is negatively affecting the place and function of social organisations such as my participants in providing aged care services in New Zealand.

A suggested legitimacy typology for residential aged care

So far in this chapter, I have reviewed my participants' expressed perceptions of their organisations' legitimacy, and have described these learnings based on the legitimacy typology described earlier. Such a legitimacy typology could be used as a lens through which legitimacy of social-purpose businesses delivering residential aged care services could be approached, or serve as a starting point from where research into the legitimacy of residential aged care organisations could be approached from. I have created a mind map of what this typology could look like:
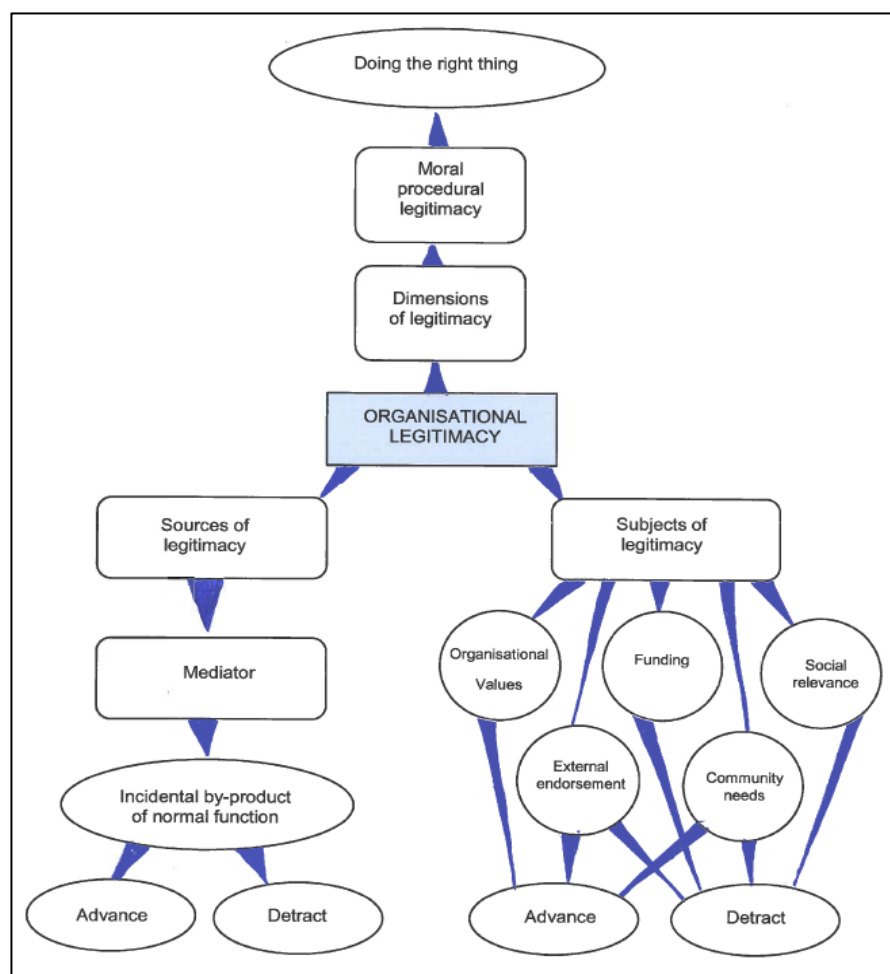
Figure 4 – Mind map of participant perception of their organisational legitimacy

Moral procedural legitimacy denotes the dimension of organisational legitimacy that primarily reflects my participants' perception of organisational legitimacy. My participants had in common the perception that their legitimacy is primarily vested in their pursuit of 'doing the right thing'.

With regards to the sources of legitimacy, my participants primarily saw their legitimacy as an incidental by-product of other entities' normal duties and functions (mediators). And these results may either advance or detract from their organisations' legitimacy.

The legitimacy subjects that, according to my participants, influence the legitimacy of my participant organisation are predominantly based on the five key themes discussed earlier in this chapter, namely external endorsements, funding levels for the services they provide, meeting their communities' needs, the values that underpin their organisations, and being socially relevant. The participants saw the subjects related to funding and to remaining socially-relevant as factors that have a negative effect on their organisations' legitimacy. Their respective organisations' organisational values were deemed to be a universally positive legitimacy subject. External endorsement and meeting community needs were deemed to have both positive as well as negative influences on their organisations' legitimacy. The creation of the legitimacy typology addresses my first research question (cf. Chapter 1, p 9). I now have a clear understanding of how my participants perceive their organisations' legitimacy, and the legitimacy subjects, sources and dimensions on which this perception is created.

Legitimation actions

In my exploration of the subjects of legitimacy, discussed earlier in this chapter, several specific actions were mentioned by my participants that they undertake in the belief that these actions will enhance their organisations' legitimacy. These actions are listed in Table 3 below.

Subject of legitimacy	Actions undertaken
External endorsements	Undergoing external audits
	Applying for charitable status
	Implementing a specific care philosophy, such as Spark of Life or Eden
Funding levels of residential aged care services	Introducing premium charges for extra services
Meeting a specific community need	Increased staffing levels, using volunteers to support staff
	Conducting community surveys
	Making rental options available in independent living section of retirement village
	Having a Chaplain on site
	Offering hospital-level care on site
	Offering dementia-level care on site
	Offering dementia day-care services to non-resident members of the community
Values of the organisation	Establishing a caring ethos by focusing on care as the central goal of the organisation
	Setting fair and reasonable charges and sharing of capital gains with residents when they leave
	Striving towards equal access for all
Social Relevance	Providing more retirement living options
	Establishing continuity of care options to residents
	Setting premium charges that reflect financial means of community
	Remaining relevant to the local community by welcoming subsidised residents, and not just targeting affluent residents to maximise profit

Table 3 – Legitimation actions

Through this table I address the second of my research questions (cf. Chapter 1, p 9). I now have a better understanding of the actions that my participants undertake in the belief that these actions will enhance their respective organisations' legitimacy.

The results of the analysis of the information gathered during the conversations with my participants were put forward in this chapter. Conducting the fieldwork analysis of the information gathered during my fieldwork left me troubled. This led to deep thought and reflection of my experiences to this point. Overall, through the interviews with the participants, I sensed an underlying feeling of despair and hopelessness. This sense of despair seems directed towards the institutional environment in which these organisations operate - a manifestation of the 'shadow' that is associated with Appreciative Inquiry (cf. Chapter 4). In the next chapter, I expand on my reflections to date and discuss the 'shadow' in more detail. Making sense of the institutional age care environment will help me answer the third research question – determining whether there are any arrangements in the dominant order of aged care delivery that restrict the ability of social-purpose businesses to deliver aged care services to vulnerable elderly.

Chapter 11 - Further reflections

In this chapter I discuss my reflections that followed my fieldwork. I reflect on the unexpected sense of despair I encountered, the relationship tensions between funders and deliverers of aged care, and how my theocentric worldview shapes my research. I also reflect on the 'shadow' that I encountered; an occurrence that is commonly associated with Appreciative Inquiry (cf. Chapter 2). The despair alluded to in the previous chapter signalled to me an acknowledgement on the part of my participants that organisations such as theirs might not survive for long in an environment dominated by neoliberal directives. This sentiment that their organisations may not survive was also specifically stated by my participants. It is as if they are, to some extent, resigned to the fact that their voices are no longer being heard by those in power. The possibility of organisations such as my participants not being part of the fabric of society in the future also left me with a personal sense of grief, and of indignation. These organisations exist to help the elderly in my country, some of who are so frail that they cannot care for themselves. I see their care as a noble cause. How can we, as New Zealanders, construct, and/or continue to reinforce, a system that lets this injustice happen? After this time of reflection, I better understood my participants' dismay with this state of affairs. My reflection also brought home how my fieldwork experience has affected me. I thus better understood the importance and implication of 'researcher positioning' in interpretivist studies. I was being changed through my enquiry, and my enquiry had the ability to change my participants and other constituents. While my analysis and discussion of my fieldwork experiences may have highlighted the perception of my participants about the state of their sector, it stopped short of explaining how the status quo came to be, and whether aged care practitioners, interested parties and community members can do anything about changing the status quo.

Since the implementations of the political reforms in the mid-1980s, the dominant economic thought pattern in New Zealand can be seen as neoliberal (cf. Chapter 7). Neoliberal theory highlights how market-based solutions can be put forward as the best way to address social issues. In a residential aged care setting, structural arrangements put in place to provide residential aged care favour commercial entities, resulting in the increasing commercialisation of aged care. Discussions with my participants suggest that socially-orientated aged care providers cannot (or struggle to) compete against both commercial aged care providers and the focus on

the self (with the associated individual and societal 'numbness' towards social challenges) that exists in society (cf. Chapter 7) without undermining their own social focus. My fieldwork experiences, discussed in the previous chapter, further confirm to me that New Zealand society is being changed significantly through neoliberal policies that seemingly favour a few at the expense of many, causing a growing divide in communities, most easily seen along socio-economic lines.

Relationship between my participants and the Ministry of Health

I noticed during my fieldwork that the working relationship between the Ministry of Health, as funders of residential aged care services via District Health Boards, and my participants, as senior managers of care facilities, are characterised by differing relational and oversight logics. My participant groups manage their respective organisations in a way that align well with a stewardship logic. At the same time, my participants' relationship with the Ministry of Health and the District Health Boards are based on characteristics better understood through a principal/agent relationship aligned with an agency logic.

Agency theorists working in economic and organisational fields posit that individuals will work to maximise their own utility function, which will ultimately lead to maximising their financial position. As discussed in Chapter 9, agency theory is based on an assumption that there is misalignment between the interests of an agent and principal. As each party has a utility function that is different from the other; there is a scope for conflict. Stewardship theory sustains that the pure economic concept of humanity is overly simplistic and that the relationship between both parties is more humanistic and complex, and not limited to maximising personal value. My participants' practices appear to be based on assumptions that subordinates are trustworthy, employee views on organisation purpose align with those of senior management and that the focus of their collective endeavours is the wellbeing of their residents. This approach is reported by my participants to be at odds with that of the District Health Boards, who as an agent of the Ministry of Health, is seen to ascribe to a principal-agent logic. The District Health Board's assumption could, therefore, be that the residential aged care facilities are going to maximise their own position, that such position maximisation is not aligned with the goals of the District Health Board, and controls are therefore put in place to ensure that their requirements are met. The contracts between District Health

Boards and my participants provide an example of such a control mechanism, which my participants perceive as being very prescriptive and excessive. Participants stated:

> *… you are sure to get this from other participants also, the District Health Boards are very compliance-ridden, the contracts are very onerous, and it is onerous from what you have to provide through to their ability to come and audit our accounts. So it puts a whole lot of liabilities across.*

> *The Ministry of Health is notorious for silos. And there can't be any cross reference, to do anything differently. They've got contracts, and the contracts spell out very clearly to the point of almost being dictatorial. What goes and what does not. And what constitutes someone going from rest home to hospital to dementia care etc.*

In these quotes related to the control the Ministry of Health exerts over the type and level of care that needs to be provided, I detect elements of what Ridley-Duff (2007) describes as an 'elitist democracy', where the values of a dominant group (in this case the Ministry of Health as function of a democratically elected government) are enforced to ensure (what they deem to be) collective wellbeing (cf. Chapter 6). Reaching consensus is the goal of an elitist democracy, according to Ridley-Duff (2007). Rules are thus imposed to create order. In this case, onerous contracts stipulate what actions ought to be implemented in order to ensure the goals of the decision-makers within the government and Ministry of Health are met, based on their understanding of organised aged care. Checks and balances are then put in place to ensure that the values that underpin these goals are upheld. Any arrangement that does not adhere to these values is not able to be accepted. My participants, however, seems to value pluralistic forms of oversight (Ridley-Duff, 2007), and the associated ability to adapt to the environment above the pursuit of collective consensus. Any challenges are solved through discourse in order to maintain a balance between social and economic factors. There seems to be alignment between my participants and the Ministry of Health in that both groups support a pursuit of the common good. But my participants and the Ministry of Health differ in how the common good ought to be pursued. These differing departure points on what constitutes good care could lead to mistrust between aged care providers and the District Health Boards. This sense of mistrust was underlying, but nevertheless present, in my discussions with my participants.

The accompanying oversight mechanisms used by the District Health Boards, reflective of their care goals, also point to differing views of how aged care should be delivered. On one hand, principal/agent view of oversight and control could be seen as rational, given the District Health Board's view of care in market terms, with goals to achieve and success or failure to be able to

be measured quantitatively. Similarly, an oversight mechanism rooted in a stewardship understanding of care could also be seen as rational, should care primarily be interpreted as a love act. Constituents are seen to have a shared goal and trust between the parties is assumed to exist. My own experience working for a state-owned enterprise has given me unique insight into both sides. The organisation I work for utilises public money to provide a rehabilitation service for the public good, so I understand both the need to achieve social goals and the need for controls to be put in place in order to be able to justify the way the public's money has been spent. In a similar vein, the District Health Boards are also stewards of public money and must be accountable for their expenditure. And as a person who pursued a career in rehabilitation because of my interest in helping those not in a position to help themselves, I also understand how oversight and control can be based on a trust relationship. My expectation is that people who choose rehabilitation as a career will act in the best interests of their patients, an expectation that I apply to people working in the aged care sector. I expect people that choose to work in the residential care sector, often for less remuneration that could be gained in other employment sectors requiring the same skills or qualifications, to act in the best interest of their residents. So, while I cannot conclude on the basis of this study alone which oversight approach is preferable in the residential aged care sector, an oversight approach based on communicative action rather than strategic action between these parties may be useful in bridging the gap between these two parties. It is, however, clear from my fieldwork that my participants have legitimate concerns about the relationship between themselves and the District Health Boards tasked with overseeing aged care services, which is a relationship reported to function from a strategic action logic with a unitarist focus aimed at generating consensus, rather than a pluralistic, communicative focus that accommodates different opinions and approaches orientated towards a shared goal.

Further reflections on my worldview

At this point in my PhD journey, I might have considered the job was done. I had conducted significant fieldwork supported by a steadfast review and critique of related literature. I believe my analysis to be robust and the opinions I was forming to be valid. But I felt my work was not yet done. I persisted in my reflection on how the sense of injustice I felt was influenced by my theocentric worldview. I deem this reflection important, as my beliefs colour what aspects of the world around me I choose to look at, and how I look at such aspects. My beliefs function as a lens

through which I view the world. In Chapter 3, I described my belief that we, as humans, are made in God's image. I highlighted my belief that God appointed humans as stewards over His Creation and His 'golden rule' for us as stewards are that we ought to love Him with our whole being and that we ought to love our fellow human beings as we love ourselves (Luke 10). I am not alone in holding these beliefs; these are widely held Christian beliefs. For me, these beliefs form the relational blueprint of my understanding of the order that God intended in His Creation. Following a conversation with a friend (Will Henson, personal communication) I depict this relational blueprint as follows:
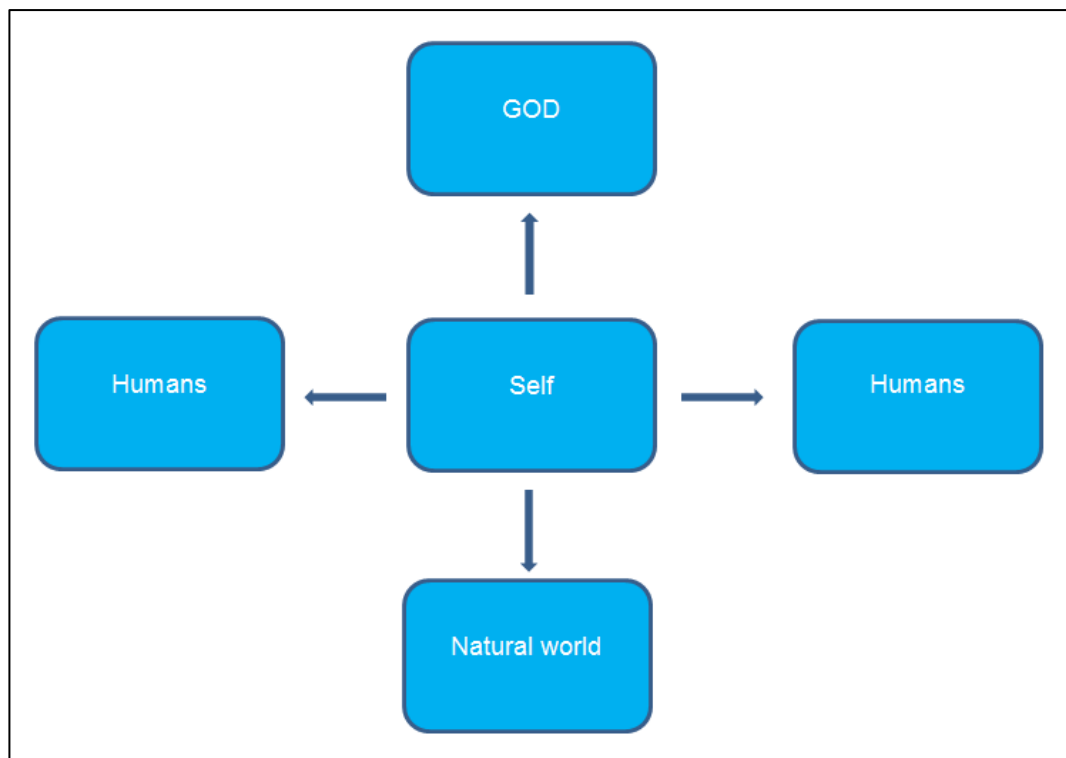
Figure 5 – A suggested Biblical relational model

According to the Biblical model in Figure 5, in theological orientation, God intends humanity to have a subservient relationship with Him, relate to our fellow human beings as equals, and have control or dominion (stewardship) over nature. Our responsibility as stewards of a world on behalf of its Creator has implications, including for how we do business, and having a consideration for how our decisions, including our business decisions, affect each other and the natural environment. Taking the wellbeing of each other into account will enable us to put eudaimonia, the pursuit of the highest human good, at the centre of human endeavours, safeguarding our respective dignities and allow for human flourishing in a communal context. Seen from a business

context, taking the wellbeing of others into account may mean involving those that may be impacted by a particular business' actions in that business' decision making forums. Stakeholder theory as a governance method is discussed in more detail in Chapter 9. Being stewards of resources to the benefit of vulnerable members of society is reflected in the Stewardship theory of governance, discussed in Chapter 9.

It seems to me, however, that in New Zealand, as is many western countries, God has been 'kicked out of the top box' as depicted in Figure 6 below. In many instances, the top box has been replaced with something else. In many instances, it is a focus on the 'self' or 'the market' that occupy that top box. Various versions of humanism, with the value and agency of human beings at its centre, seem to me to be the dominant philosophy in western society, including here in New Zealand.

I depict this as follows:
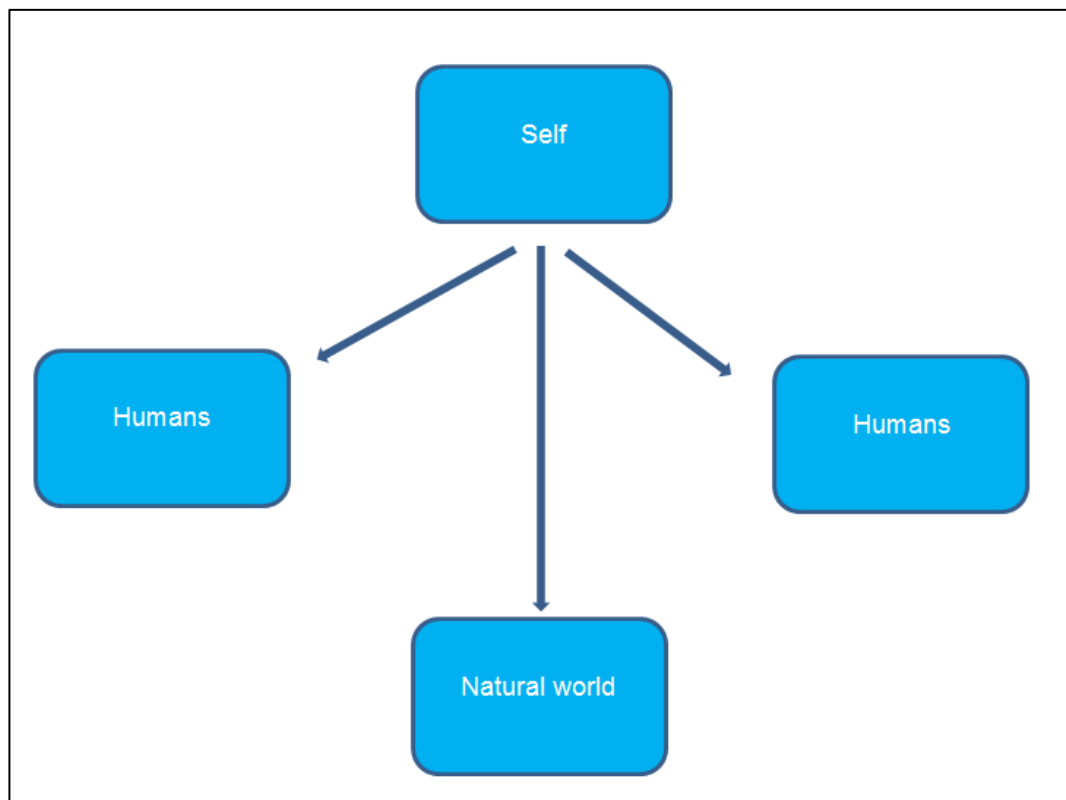
Figure 6. – Suggested western world relationship model

According to this model in Figure 6, the elevated 'self' puts other human beings on a different plane, which in many instances is subservient to the 'elevated self'. Wallace (2005, p. 2) describes this focus on the 'self' as humanity's 'default setting'. He states:

We rarely think about this sort of natural, basic self-centredness because it's so socially repulsive. But it's pretty much the same for all of us. It is our default setting, hard-wired into our boards at birth. Think about it: There is no experience you've had that you were not at the absolute center of. The world as you experience it is right there in front of you, or behind you, to the left or right of you, on your TV, or your monitor, or whatever. Other people's thoughts and feelings have to be communicated to you somehow, but your own are so immediate, urgent, real…

Self-gratification, even at the expense of others may make sense for individuals that ascribe to the collective belief about the superior position of the 'self'. For many, fellow human beings are not equal to the 'self' anymore, and where people focus on the 'self' in the first instance, they will likely make decisions that benefit the 'self' in the first instance. While I am not surprised by such exploitative behaviour, I am saddened by this turn. But I also understand that this state need not be the ongoing reality. Beliefs can be challenged and practices can be changed. Wallace (2005, p. 6) states:

And the so-called real world will not discourage you from operating on your default settings, because the so-called real world of men and money and power hums merrily along in a pool of fear and anger and frustration and craving and worship of self. Our own present culture has harnessed these forces in ways that have yielded extraordinary wealth and comfort and personal freedom. The freedom all to be lords of our tiny skull-sized kingdoms, alone at the center of all Creation. This kind of freedom has much to recommend it. But of course there are all different kinds of freedom, and the kind that is most precious you will not hear much talk about much in the great outside world of wanting and achieving.... The really important kind of freedom involves attention and awareness and discipline, and being able truly to care about other people and to sacrifice for them over and over in myriad petty, unsexy ways every day. That is real freedom. That is being educated, and understanding how to think. The alternative is unconsciousness, the default setting, the rat race, the constant gnawing sense of having had, and lost, some infinite thing.

As a Christian I was naturally interested in what other recognised Christian scholars had to say about the current focus on the 'self', and whether they can point towards ways to challenge the status quo. Two authors stood out for me, both focusing on the creation of an alternative reality that challenges the dominant way of thinking characterised by consumerism, affluence, oppression, focus on the 'self' and the associated numbness to the plight of others. These authors are Gary Simpson and Walter Brueggemann. Such a Christian re-imagination of how humanity can organise themselves concerns bringing to life an alternative consciousness, where community members, in their capacity of individuals, as well as through the organisations they work in, can work towards a new social reality where we recognise in each other the 'fingerprint of God' and treat each other as inherently valuable.

The Shadow

My reflection on the interview process and my fieldwork brought the following realisations to the fore for me:

Firstly, I took from my participant discussions that my participants all view caring for vulnerable community members as their 'positive organisational core'. This focus on the vulnerable members of their communities is visible in the company's strategic statements, in the way their businesses are set up to pursue aged care as a social goal, and it is obvious from the interview stories they used to demonstrate aspects of their activities they saw as important.

Secondly, I detected a 'shadow' associated with these positive stories. Elements of this 'shadow' thwart and frustrate my participants' ability to let their organisations flourish, and to meet their purpose of caring for their residents to a socially-acceptable standard.

I came to the realisation that, while my participants are all aware of the 'shadow', they seem to respond to this 'shadow' in differing ways. Some adapt to the presence of the 'shadow' and try to work around it, others try to ignore the 'shadow' and try not to let it affect their efforts to 'do the right thing' for their residents. Others are hamstrung by the effects of the 'shadow' and are not able to see a way out of its debilitating effects. In my attempts to make sense of the 'shadow' I was able to identify key characteristics associated with the 'shadow'. These characteristics include the excessive rules-based environment residential aged care providers find themselves in, the increasing commercialisation and urbanisation of residential aged care, and the inability of my participants to respond to these institutional factors that they perceive to negatively affect the legitimacy of their organisations.

The period of reflection on my fieldwork experiences, documented in this chapter, was a critical point in this study. It crystallised for me that I cannot ignore the 'shadow' I encountered, even though it would be easy enough to do. Exploring the sense of despair has now become a central focus of this study. In the next section (Section 4, Chapters 12 to 15), I conduct the critical aspect of my Critical Appreciative Process. I am taking up Grant and Humphries' (2006) exhortation not to ignore the 'shadow', but instead to face the 'shadow' head on. I do so from both a rational and from a prophetic perspective. I view both the ability to think rationally, and to gain insight from Scripture as gifts from God. Simpson (2002) describes how using both rational and prophetic departure points in a critique of the dominant political notion allows for a mutually complementary,

'fuller', and more comprehensive critique of contemporary social arrangements. I thus set out on a critical appreciation of this perception of despair expressed by my participants about how aged care is organised, appreciating their reality from both a rational as well as a prophetic perspective. This dual critique of the 'shadow' that emerged out of my fieldwork, expressed as a sense of despair by my participants is the focus of the next section.

SECTION 4 - DISCUSSION

Chapter 12 – Introducing rational critique

Following my decision to focus on the 'shadow' I encountered in my fieldwork discussed in the previous chapter, I set out to conduct a rational critique of the 'shadow'. I understand 'rational' to be an adjective, meaning to be logical, coherent or well-reasoned. This understanding of 'rational' means that any critique from a rational perspective needs to be based on existing human knowledge that was generated from within the 'sphere of being' humans exist in. Rational critique allows humans to break with the "immediacy of being", (Simpson, 2002, p. 37) using human reason to make sense of what is being assessed and does so by contrasting that which is being assessed against concepts, theories and other constructions that reflect an alternative arrangement. For me, 'immediacy' means a lack of reflection, where no thought is put into existing. I equate 'being' with a state of existence that is governed by time and space. So the 'immediacy of being' relates to existing in the moment, and rational critique allows me to assess and compare the world that I live in with what I believe to be a valid alternative social arrangement. While rational critique breaks with the 'immediacy of being', it stays within the 'sphere of being' (Simpson, 2002). In other words, rational critique goes beyond just mere existence and incorporates reflexivity, but this thought process stays within our human existence that is bound by time and space. Human reason is thus the foundation for rational critique, and in this research, the criterion is the 'ideal' of human flourishing. My view is that socially-constructed systems should enhance rather than constrain collective human wellbeing. This constructed 'ideal' of collective human wellbeing forms the 'backdrop' of my efforts to make sense of my participants' despair towards how aged care is arranged. The understanding that knowledge is socially constructed, and that knowledge needs to be logically accessible in order to be understood as rational, is inherent to my rational critique of the sense of despair my participants exhibited.

Utilising paradox to explore institutional processes

Bauman and Donskis (2013) encourage us to hold our 'ethical gaze' on that which we find troubling or unsettling. While this perception of despair expressed by my participants could easily have been ignored, in this section I hold my gaze a little longer on this 'shadow' that I experienced as despair. I engage this 'shadow' in its various forms head on. Bauman and Donskis (2013) state

that we seem to be living in times in which the old system does not work (and I would like to add 'maybe not allowed to [continue to] work') and that there does not seem to be viable alternative social arrangements on the horizon. Poole and Van de Ven (1989) point out that tensions, oppositions and contradictions can be used constructively when analysing information. Such investigations into the tensions, oppositions and contradictions can present opportunities to explore differing assumptions, which could in turn shift perspectives. Similarly, Seo and Creed (2002) also see the analysis of paradoxes as a way to explore institutional processes. According to Poole and Van de Ven (1989), one particular way of working with a paradox in research is to actively pursue the contradiction(s), examining how such contradictions inform the other and use the tension constructively to gain understanding. This understanding can be achieved by accepting the paradox, even if the two opposing positions are seemingly incompatible. The implications of the paradox are pursued and used to stimulate theory development. Such an approach forces the researcher into a different way of thinking, allowing the researcher to introduce new concepts or perspectives that might be useful in informing or resolving such paradoxes. Given the inherent recognition of the socially-constructed nature of knowledge, the use of paradox as a constructive tool to rationally explore tensions in institutional processes sits comfortably within my Critical Appreciative methodology.

Focus of my rational critique

I found the despair I encountered during my fieldwork troubling. I found it difficult to understand how we, as New Zealanders, can create an institution of eldercare that does not favour those organisations whose primary focus is eldercare. I dislike the thought that the function of eldercare has to be orientated towards a market logic in order to be sustainable. Current eldercare arrangements appear organised to support a market-orientation above a social-orientation and provide obstacles to those who aspire after a spiritually-guided care of vulnerable people and appear to favour those entities whose primary aim is profit. For such entities, caring for the vulnerable elderly is the means by which profit is pursued.

As referred to in Chapter 6, Dart (2004) is of the opinion that institutional pressures will result in social enterprises over time become more focused on market-solutions and business models in order to conform to societal and constituent expectations to be seen as legitimate. Based on my

discussions with my participants, I formed the view that the despair expressed by my participants is linked to their institutional environment, which includes the expansion of the neoliberalist way of thinking into public spheres. Hansen (2005) points out that neoliberalism is not just an economic process, but a cultural and political process as well. Cultural and political spheres are also susceptible to neoliberal expansion. My participants are of the opinion that the aged care system is increasingly market-orientated in order for residential aged care service providers to remain viable entities. My participants also need to be profitable in order to fulfil their ethical agenda of care, but at the same time, they are reporting that they are actively resisting pressure to adopt a more commercially-orientated business model that is focused on profit generation as a primary objective. My participants, for whom care is the primary objective, seem to be grappling with a scenario where the 'old way of caring' is fast disappearing, and the market-orientated alternative is not seen as a viable fit for their organisations. This tension points toward differing views between my participants and the Ministry of Health on how the concept of institutional care is understood.

Legitimacy is a central concept in institutional theory (cf. Chapter 5), and all businesses need to be seen as legitimate by their constituents in order to be viable businesses. My participants are therefore facing a quandary: They could advance the commercialisation of their care services in order to increase profit. Meeting their obligations towards the government institutions will increase my participants' economic viability. However, at the same time, they may be forfeiting their social focus that is at the heart of their institutional values. Such a strategy may result in many vulnerable people being excluded that would otherwise not be able to access residential aged care. Or they could stay true to their social goal and resist the focus on increased commercialisation of their services. The result may be an inability to remain relevant in the face of changing expectations by the Ministry of what residential aged care ought to look like. Either option could have negative consequences for their organisations' legitimacy, and negatively affect their chances of long-term survival. In Chapter 6 I point out Mdee et al.'s (2008) contention that structural inequalities exist in the relationship between social enterprises and government institutions, in many instances curtailing the moral focus of the social enterprise. In this chapter, I am therefore critiquing this undercurrent of despair in order to make sense of the aged care environment my participants operate in, and I am doing so from a rational perspective. Such a critical focus on human wellbeing

and human flourishing are widely accepted in critical management studies (Alvesson & Deetz, 2000).

In this chapter I introduced the paradox that I deem to be at the heart of the 'shadow' I encountered. I also discussed how an analysis of a paradox could be useful to explore institutional processes. In the next chapter, I explore the paradox described in this chapter by juxta-positioning the experiences of my participants with the institutional environment they operate in, with the aim of providing insight into the despair I encountered in my participant interviews.

Chapter 13 - A rational critique of the care-paradox

In this chapter I introduce and discuss the care paradox. A tension related to how care is understood, how care is to be delivered under the contractual arrangements social-purpose businesses have to uphold, and the associated increasing institutional pressure to be more profitable were clearly expressed by my participants during our conversations. Following my fieldwork analysis, I came to the conclusion that the tension manifested in a way that I perceived to be an expression of despair, an emotional response that reflected their grief about the state of their sector. One participant summarised this despair, and the dilemma she believes many who hold similar positions are faced with when she said:

> *We are ultimately primarily not there for profit, we are there to care for people. And that sums up the tension in community organisations in aged care.*

This tension between care for the vulnerable elderly as a basic human response(ability), the incremental vesting of the duty of care in the Administrative State, and the Administrative State's increasing rejection of this responsibility is hardly new. Cornell (1939, p. 404) recognised the tension generated from the duty of care as far back as 1939, commenting that:

> *In the light of a steadily increasing percentage of aged in our changing culture the need for a more adequate understanding of such a complex of elements [sic] is imperative to any rational and workable solution of present and future difficulties.*

The tension to be negotiated by aged care providers seems to be around the person-centricity of care on the one hand, and the pressure to conform to institutional forces in order to remain a sustainable business that meets state and community expectations on the other. Sonpar et al. (2010) describe how pressure from governments to focus on administrative efficiency and simultaneous pressure from professional carers to improve care quality can have negative effects on legitimacy. In literature, this tension can perhaps be illustrated by the diametrically opposed viewpoints being posited about the future of caring for the elderly. Koren (2010) for instance, advocates person-centred care with individualised care programmes as the way forward in how care ought to be delivered. In other words, a more personal and personalised approach is called for. A recent OECD report (2012, p. 30), however, points towards a less personal and personalised approach to care, instead focusing on economic factors associated with care:

> *Assistive robotics technologies have demonstrated early potential to deliver caregiver services to the elderly more efficiently and at lower comparable costs than human providers.*

Reflecting on my participants' despair about their sector, I realised that both my participants and the decision-makers within the Ministry of Health can be said to have a focus on care. It is the understanding of what formal aged care looks like that differs. The despair I encountered in my participant discussions is directed towards the institutional environment my participants are operating in, which is influenced by the decisions about care made by the Ministry of Health. This institutional environment reflects how care is understood by policy-makers, how care is to be delivered under the contractual arrangements put in place by these policy-makers for social-purpose businesses to uphold, and the associated increasing institutional pressure to be more efficient. Ultimately the despair I encountered appears rooted in a differing interpretation of care as a concept, alongside the associated responsibilities of aged care providers in an institutionalised form of aged care provision. In this requirement to follow what my participants perceive to be care-unfriendly arrangements in order to provide care, I recognise a paradox, which I refer to as the *care-paradox.* To put it another way: my participants are required to function in a socially-constructed residential aged care 'system' that functions according to a profit-orientated market logic. According to these system imperatives, care is delivered to the vulnerable elderly in a manner that contradicts their understanding of what care ought to look like. My participants have to operate as part of an aged care system that favours operators that approach care as a market function while desiring to deliver a service based on care as a moral act.

A closer look at the care-paradox

My participants are at the helm of organisations that exist to care for the vulnerable elderly in their communities. They want to 'do good', to uphold a specific care ethic, and to not treat their residents as a commodity to be traded or exploited for commercial gain. Providing such a service centred on humanity's assumed inherent value is the primary reason for their existence. My participants remain, of course, cognisant of the need to operate in a manner that ensures sustainability and profitability. Yet, in order for my participants to run community-orientated residential aged care facilities in their communities, they have to agree to - and abide by - sometimes less than favourable contractual obligations that conflict with their understanding of care, as well as limiting the ability of their organisations to operate in a long-term sustainable manner.

Morgan (2006) describes how bureaucratic organisations tend to work most effectively in stable, protected environments. Within the context of my study, I would argue that the Ministry of Health achieves and maintains such a stable protected environment through directives and contracts based on a principal-agent relationship. The neoliberalist market-orientation in aged care delivery utilised by the Ministry of Health serves an economic goal. My conversations with my participants reflect their opinion that while economic factors are important, it should not be the only factor considered. As Hansen (2005) suggests, aspects of daily living that are linked to culture and politics should also be considered in order not to repeat the old structuralist economic interpretations at the expense of a fuller understanding of society. Neoliberalism's domination over cultural and political aspects of daily living undermine decisions inspired by moral conviction, such as the community-enhancing values that inform my participants' actions.

The funding mechanism for care services currently in place appears to be making survival tenuous for care organisations that are not primarily profit-focused. Institutional pressure on these organisations to become more 'commercial' is reported by my participants to be increasing, a position that is supported by other sources such as the Grant Thornton report (2010). Based on the assertions of institutional legitimacy theorists (cf. Chapter 5) I hold the view that the legitimacy of my participant organisations depends on my participant organisations' approach to care to be aligned with other care organisations, or to at least meet the expectation of what is seen as an acceptable standard of aged care as envisioned by their constituents. The erosion of the quality of housing stock in socially-orientated aged-care providers is a well-documented example (Grant Thornton New Zealand, 2010) where the assumptions of the state, the expectations of community members and the ability of age care providers to meet these expectations diverge. The participants are therefore under pressure to generate the required means to meet these standards set by a range of constituents. My participants report that to meet these acceptable standards for some constituents, in other words, to be seen as legitimate aged care providers, requires a way of 'doing business' that erodes the care ethic that many organisational leaders, including my participants, see as a moral act and a base organisational value.

Legitimacy theory and the care-paradox

Two dominant legitimacy theories, namely institutional and strategic theories of legitimacy, were discussed in Chapter 5. These two theories were described as two layers of legitimacy that may be present in one organisation at the same time, and not necessarily as two opposing positions. Institutional theory concerns institutional structures, such as how aged care is organised, while strategic legitimacy theory concerns legitimacy processes including legitimation efforts that may be undertaken by managers of organisations in order to generate legitimacy. Organisational legitimacy may, therefore, be the result of actions that are taken by the organisation in question, or the result of factors outside the individual organisation's control, or a combination of both. Examples of, and support for, both the strategic and institutional views of legitimacy theory has emerged in my discussions. My discussions with my participants confirm the efficacy of the dual understanding of organisational legitimacy. The institutional structures were reported to largely be outside the influence of my participants. Some of my participants specifically commented on such institutional structures:

> *I think that the government is starting to create foundations for a perfect storm. They say the funding is not there, expectations are huge, and the commercial providers in the sector are delivering over-capacity of beds. And those providers aren't aged care providers. They are really property developers. It is going to be an interesting ride for the next five years. I was going to add the expectations are skyrocketing because of the government's… I will go as far as calling it propaganda. With those increases in expectations it will drive cost up as well.*

> *What we as a board cannot understand is the money from the District Health Board. We get a whole lot less per resident that they do in Hamilton [the nearest city]. They say it is cheaper to house them here. For goodness sake, getting goods transferred from Hamilton to here…. It's just ridiculous. I mean, we get $869 where Hamilton gets $904. It should be the other way around. They are closer to everything than we are.*

> *It is not individualised funding, like the model I am used to. It was needs-based, while over here…"this is your rate". That is it. Everyone gets the same, as opposed to working out the individual need of the person. It is still very institutionalised compared to how the rest of the health sector has viewed things.*

Institutional isomorphism

It seems that the isomorphism at the heart of institutional legitimacy theory is what my participants find problematic, in light of my participants' ethical values and their views of care and the commercialisation of care. My participants' views of how formalised care could be constructed as a 'love act' mean that the isomorphic pressure towards an economic understanding of care is not well received by my participants. My participants are dismayed about this pressure to conform to an understanding of care they do not share. At the same time, they do what they can to enhance

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their organisations' legitimacy in the eyes of their constituents. They are, for instance, in some circumstances actively resisting the isomorphic pressure to commercialise their services for ethical reasons, in an attempt to shore up their organisational legitimacy from the viewpoint of their communities and residents. Examples of such strategic actions include replacing occupational rights agreements with rental agreements for elderly without monetary means to purchase a home in a village, or by purposely not charging additional costs for premium rooms in residential facilities. The irony is that my participants identified their ethical departure values as a subject of their legitimacy, yet here their ethical stance is undermining their institutional organisational legitimacy. In this irony is a further paradox. My participants' resistance to isomorphic pressures stem from a moral position, but this very moral stance possibly undermines their legitimacy in the eyes of the Ministry of Health, as my participants do not conform to the institutional forces that provide legitimacy at an institutional level.

At a strategic level, my participants' actions generate organisational legitimacy, but this activity does not make up for a loss of legitimacy at an institutional level. I liken my participants' position to that of bailing water out of a leaky boat. Water can be bailed out of a boat for a short while, but, if a person needs to bail water continually with no end in sight, tiredness and despair will eventually set in. This tiredness of maintaining the struggle with no end in sight may be what I encountered in my participant meetings. The residential aged care sector is seemingly slowly transitioning into a crisis, and my participants are not able to 'bail the water out' fast enough to remain afloat in an 'ocean' of neoliberal market-focused approaches to caring for the vulnerable elderly. A careful re-reading of the transcripts has revealed that the factors associated with these institutional level structures that are seen to be having a detrimental influence on the legitimacy of my participants revolve around the overarching concept of the juridification of aged care by the Administrative State.

Juridification of residential aged care

Juridification is described as the institutionalisation of values (Magnussen & Nilssen, 2013) and concerns the creation of legal regulation of something that is already controlled. Magnusson and Nilssen (2013) describe how such values that are being institutionalised could be anchored in the social (welfare and care), civic (individual freedom) or political (democratic state) spheres. In the

case of my study, the juridification applies to the residential aged care sector, which in the New Zealand context is situated within the social sphere. Juridification processes within the social sphere can affect both the civil and political spheres (Magnussen & Nilssen, 2013), as seen in the sense of despair I encountered in my participant meetings, where care-related tensions influenced our discussions on organisational status, administrative power and ethics. In most instances, regulation tends to be about the protection of vulnerable people or the environment against exploitation, so juridification may be described as generally positive. But regulation (and how it is applied) can have adverse consequences, and in the case of residential aged care in New Zealand, the argument of my participants is that it does. The concept of juridification of aged care also helps to explain the instances of instrumentalisation of care by the Ministry of Health mentioned by my participants. With instrumentalisation of care, I mean the use of 'care' as an instrument of change in order to achieve a certain economic goal. Also associated with the instrumentalisation of care, and another aspect of the juridification of aged care is the increased medicalisation of aged care. A further contributor to the juridification of aged care is the level of funding of aged care services, something that appears to feed into all aspects of the care-paradox. These juridification and funding-related factors are consequences of structural arrangements in residential aged care that have developed over time.

Instrumentalisation of care

The Health and Disability Services Act 2001 entitles vulnerable elderly with New Zealand residency or citizenship status to a certain level of care, a right that was negotiated in our society through democratic processes ("Commissioner - History," 2017), enshrined in law, implemented by the Ministry of Health and overseen by the Health and Disability Commissioner. The purpose of these parameters is to ensure that citizens/residents are assured of a basic standard of care they are entitled to under law (presumably) in order to participate in society to as large an extent as possible. The Ministry of Health, via District Health Boards, is the major funder of residential aged care. District Health Boards are therefore responsible for the redistribution of state resources in order to care for, support, and promote, the independence of vulnerable elderly. Aged care providers, such as my participants, have contracts of service with their local District Health Board to provide such a service. The individual right to receive care is reflected in many of my participants' stated organisational values. In order to uphold this (taken for granted) expectation

of care held by New Zealanders, the Ministry of Health has developed strategies and goals that policy-makers believe will ensure a fair, sustainable service, and have put in place rules and regulations in order to achieve these service goals. In the aged care sector, these rules and regulations are contained in the contract that aged care providers hold with the District Health Boards. These rules and regulations have, according to my participants, influenced how aged care is being delivered. The contract has become an instrument used to enforce the economic goals of the Ministry of Health. My participants have to work within a system where care is defined and upheld through mechanisms created through strategic mechanisms arranged to meet certain economic goals.

One participant commented that, after returning to aged care following a few years out of the sector, she became aware of how the entry requirements to be accepted into aged care have moved:

> *I hear from clinical staff, but actually noticed it coming back into this sector where I've been before, that what was classed as 'rest home' years ago, you will not see in a rest home now. The [level of] rest home funding that is now in place would have been 'hospital' or 'dementia' support in the past. That is now 'rest home'. So the people that are coming into the rest home, some of them have quite significant dementia.*

It appears that, while the eligibility criteria itself have not changed, how these criteria are interpreted appears to have changed over the years, resulting in people that would have been able to access residential care in the past, now not meeting the requirements. This perception that the way the eligibility criteria are used has changed is also referred to in the Grant Thornton report (2010) as a reason for the restriction in the number of people becoming eligible for the service.

In addition to the number of vulnerable elderly able to access residential aged care, the regulations in aged care are also reported to shape how care is delivered to our aged population. Something as intuitive as caring for another human being is reported to have been 'colonised' by a range of regulations and turned into a service that is structured to make economic and administrative sense. My participants argue that the socio-cultural and political aspects of life are being ignored. The contractual obligations that my participants have to adhere to are understood to be orientated towards economic objectives at an institutional level. The experiences of my

participants appear to be that these contracts detract from, rather than advance, their understanding of residential aged care. One participant group states:

> *Manager 1: If I look back to [year withheld] when this place started, people would just come to the door, asking to come in as they were very lonely. And they did. But then later they had to be assessed before they came in, and had to be at a certain medical level. You can't come to the front door now. Which I think is very, very sad. Because this place was built to care for people, but unless you are sick, or so the District Health Board keeps telling us, they can't come in the front door!*
>
> *Manager 2: Yeah. So you have tick boxes with the [Needs Assessment and Service Coordination] Agency. You have to meet certain criteria to be eligible to be funded to come to a rest home. I would imagine, I am not completed au fait with what that means, but I would imagine there would be very many health-related questions. Because you have to have things wrong with you in order to receive support. It was never about the total wellbeing side of things, you had to be able to say you had this, this and this wrong with you before you could actually access support.*

The contract provides the Ministry of Health with a way to control who access residential aged care, and what service residents are entitled to. My participants report the contract to be a 'one size fits all' agreement, and the power of the Ministry of Health results in the instrumentalisation of the welfare state to meet financial targets. My participants have expressed concern about this instrumentalisation of aged care to achieve economic goals:

> *Yeah, the whole system is set up for the dollars, and there is lots of working around going on. You get people in the District Health Boards that care, but their drivers are to force down the dollars. This is evidenced by District Health Boards and the Ministry of Health not wanting to engage in an assessment system that is objective. It is subjective. We've noticed anecdotally that at certain times of the year you can't get people assessed to come into rest home care. And that, if you are really cynical, seems to line up with the District Health Board's financial year quite nicely. Of course they won't admit anything, so there is nothing there. But the assessments are really subjective to the person doing it. The bar is going up every year. And that is pure finance, really. The whole system is set up to deal with costs.*

> *The higher you go up the District Health Board ladder I think they are looking for a market solution to solve the aged care problem, but I think that is also forced by the fact that the system has been set up since the early 1990s to be a market solution. I do not see any way out of that as there has been so much investment, so they do see the District Health Board contracts as a market solution. I think lower down the hierarchy in District Health Boards they don't quite think that way, but as you get up to the ones responsible for negotiating the contracts they do think that.*

The contract also provides the foundation for a type of administrative paternalism, where the Ministry of Health crafts the contents of the contract and the District Health Board, as agents of the Ministry of Health, oversees the agreement's implementation. The result is a Ministry of Health that designs the contract, devised to meet its own needs, then determines and oversees how it is implemented. While I do not suggest that this is wrong or an unethical practice, I would like to point out the potential for focusing on aspects that may not be necessarily be promoting the wellbeing of the individual vulnerable older person in the first instance, or protecting their

individual right to care, which is included in the original purpose of the welfare state. This is reflected in the words of New Zealand's Prime Minister in 1938, Michael Savage, who comments that the welfare state's responsibility is to provide everyone with a reasonable standard of living. He said: "I want to see humanity secure against poverty, secure in illness or old age" (Tongarewa, 2017). Participants have commented on this apparent change in aged care service delivery, stating:

> *In our case all our range of services are delivered at the same price, or contracted at a fixed price. The cost we deliver these services at by varying the services according to individual need, is not catered for in the pricing system, so we have an anomaly of a fixed price from the District Health Board vs. the need for individual service delivery. What the District Health Board want is for us to provide the maximum service at the least cost. Simple as that.*
> ———————————
> *We are not paid to provide best practice services under our government contracts. The District Health Boards do not necessarily care how much better than the standards you are. We strive towards best practice. But certification, which is our national license to open our doors, is based on safe practice, and therefore we are paid for safe practice. We are not paid for best practice.*

A further concern for my participants related to the juridification of aged care is that these contractual obligations enforced by the Ministry of Health do not protect or safeguard the individual rights of those vulnerable elderly in society that cannot exercise their individual right to aged care in the first place. Contracts may protect those fortunate enough to have access to care but is not in a position to care for those that cannot. And this is of great concern to my participants, given that they, as community-orientated organisations, tend to provide services to this disadvantaged minority that struggle to access residential aged care services, including the poorer elderly, those living in rural areas and those with special needs. One participant commented on the long waiting list of people that want to enter their village and (potentially) their residential care service:

> *I have a book in my office that [name withheld] handed on to me that got the list, the long list of people wanting to come into our village, and I call this the book of tears. There are people on there for seven years and I know that those people's lives will be changed if they come here, but we just do not have the room for them. There are 53 people on that list. At one stage we had 300 on the list, but things change, people die and things happen and you get to a point where you tell people not to apply because the list is too long. That's hard.*

As discussed in Chapter 10, my participants value the input of their respective communities and are in close contact with community representatives, so are aware of the inability of elderly members of society to access care. A further compounding factor that feeds into this inability to care for poorer elderly, those in rural areas and those with special needs is that socially-orientated

aged care organisations are exiting the sector at an alarming rate (Grant Thornton New Zealand, 2010). The implications of my participants' concern about this state of affairs, what can be done about this, and who is going to do it when so many providers are exiting the sector are valid questions that need to be considered, but which are outside the scope of this study.

Medicalisation of ageing

A further implication associated with the juridification of aged care services is related to the medicalisation of the ageing process. I would describe the medicalisation of the ageing process as approaching the ageing process as a medical problem and then attempting to solve this problem through clinical means. In his highly influential work on the medicalisation of death and dying, Illich (1976) describes medicine's adverse impact on social organisation of societies. According to Illich (1976), how death is understood and approached in a society determines the prevalent concept of health in that society. Illich (1976), describes how, in modern western society, death is depicted as the enemy, as a source of terror, rather than a part of life. Only in the last few generations have this shift in reason occurred (Illich, 1976). Nathan (n.d.) links the reason for this shift in the social landscape to increased individualism, secularisation and materialism that is entrenched in the modern western worldview. In practice, Nathan (n.d.) states that this means that community presence and support are less evident during this stage of life, with a common outcome being that people often die alone. Secularism, according to Nathan (n.d.), as a way of life is ultimately reported to be unable to provide meaning and comfort at the end of life, and materialism poorly equips individuals and communities to grapple with the mystery of death. Death is no longer seen as part of life, but as the enemy that needs to be controlled and resisted. The western world has declared war on death (Illich, 1976). The elderly now tend to age, and die, under the control of the State, be it in institutional care or not. The act of dying has ceded ground to guaranteed terminal care (Illich, 1995).

A further unfortunate outcome of this medicalisation of the ageing process is that humans have become dependent on medical professional services. According to Illich (1995), this dependence is a cultural phenomenon. Professionally organised medical services have become a domineering moral enterprise which undermines humans' ability to face their reality and to accept their pain, impairment, decline and death. And as this professional dependence rise so does the push

towards entering these specialised institutions where these professional medical services can be better delivered (Illich, 1995). I include hospital care provided by residential aged care facilities in such professional medical services. The transformation of the normal ageing process into a condition that needs professional medical care has turned the vulnerable elderly into consumers of a professional service (that ultimately is not good enough). Residential aged care facilities are sometimes expected to be the provider or coordinator of such a resistance, and my participants are very conscious of this medicalisation of aged care. One participant stated:

> Our facility is just a community based on older New Zealanders. That is what we should be. Elderly people, even the ones in hospital, fundamentally are just old people. Not sick people.

My participants reported that the contract with District Health Boards requires medical staff to take much responsibility for the provision of aged care. According to my participants, the medical treatment of what is essentially old age is embedded in the care pathways set by the expectations in the contracts. Two examples of such expectations would be the requirement of specific registered-nurse-to-resident ratios that need to be in place in order to provide medical care and the requirement that these registered nurses must provide regular assessments and other related services such as developing care plans for every resident within a set timeframe. While these regulations are in place to ensure the quality of care, the unfortunate effect of this is that this overtly medical approach to caring for the elderly impacts how care is delivered in what my participants would say is essentially a non-medical setting.

One participant commented:

> Because we moved people from their home environment in here it could become very easy to medicalise things; certainly something we are working very hard against because that is not where my philosophy sits. This is somebody's home. But then we have to balance that and give them choice, and the security of living in as much of a homelike situation as they can, within our statutory requirements to function. And those statutory requirements are huge. 95 pages of tick boxes and audit that the Ministry of Health say we have to meet in order to get registration in order to function. So it is hard to balance that and I would imagine that some will do that better than others.

In many instances, these care services are reported to be implemented in a way that treats old people as ill people. And this medicalisation of the ageing process by the Ministry of Health, via the contract, is a cause of concern for my participants. It goes against how they see the ageing process and aged care.

> It is a medical system that came up with the contract. And because of the contract we have to employ people to do medical things where the contract tells us to. And it is funny when you think about it. The whole medical system is pushing a production line to get people out of hospital as quickly as possible. So it is really getting them out so that, they

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> *may only have a broken arm, so they do not need to be here for more than 12 hours. They get sorted out and they can go home and manage it. But when they get older the District Health Board goes "no, we need to bring them into the system". So what they are saying is that the elderly person must be sick. But they are not sick.*
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> *The contract states that we have to have a registered nurse on duty 24 hours per day, so straight away 'the residents are ill', and when you get registered nurses in they want to care for people and want to make them better. That is what nurses do. But you can't cure old age. But because the contract says that it must happen; the nurse must be in charge.*

While the medicalisation could be reflective of the prevailing western view of death and dying, there may also be another motive associated with the medicalisation of aged care services. One participant pointed out an economic rationale as a motive:

> *It [the contract] meets a pricing model for them.*

There seems to be no clear agreement between the District Health Board as principal, and my participants as agents, of the responsibility of the carer and the goal of care. And while socially-orientated residential aged care providers are keen for discourse towards a normative agreement (utilising communicative reason that leads to agreed action), the District Health Board demands adherence to the contract created by the Ministry of Health (utilising strategic reason that leads to a demand of compliance). This tension is clearly at the top of mind of one of my participants, who stated:

> *I would love to be able to change some of the models of care, or look at the nurses not actually being in charge but operate more like district nurses. But because of the contract, we can't. That is frustrating from my view. We can't change because it says the nurse is in charge.*
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> ——————————
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> *It is a national contract. But what you are asking there, it specifies what the government want to see for that $107 a day. So it will say what services are there… because the other side to that is, which I think has really to do with the service to the sector is… because that comes under ' you get what you pay for' and if you don't get enough you are not going to get what you want really. So what they've done is laying it over with the certification process, and that is the auditing process we have to undergo against the Health and Disability standards. So basically they just ramp up that auditing process so that they can say they are keeping an eye on services being delivered. And now they've morphed that system into calling it a quality system. Clearly, it is not. And it is just a way of keeping the providers delivering more for less. And that is going to carry on. That contract is very specific.*

Funding

In addition to the juridification of aged care in its various forms that contribute to the despair I encountered in my participant discussions, funding levels were also highlighted as a further big institutional factor that is outside of my participants' control. According to the Grant Thornton report (2010), a fair rate of financial return for New Zealand-based residential aged care facilities

would be around 12%. This level of return will allow organisations to provide the contracted service, and also to invest in their facilities and in their employees. The Grant Thornton report states that many aged care facilities have financial returns well below that number, and are generating just enough capital to cover their operating costs, but not enough for investment into the facility itself or on developing additional capacity. While specific profit margins were not discussed with my participants, my understanding is that they will have profit margins well below the 12% mentioned above. One participant mentioned, for instance, that they will make more profit by putting their company funds into a savings account, which typically earns less than 3% interest. One participant was more forthcoming about their profit margins:

> *We do not make a cent. I think we worked it out. We will be lucky if we get a 1% return on our $34million investment.*

The Grant Thornton report (2010) states that more than 50% of New Zealand's aged care facilities are more than 20 years old, with the older facilities providing the lowest returns on investment. This lower rate of return on investments associated with older facilities is reported to be due to changing social norms related to what aged care facilities are expected to look like, changing resident expectations about the services that should be available, changing care needs and changes to the building code (Grant Thornton New Zealand, 2010). Old facilities are not that attractive to prospective residents. And the less attractive the facility is, the lesser chance there is that it will be chosen as a first choice, especially by those individuals with the economic freedom to pick and choose where to go. It is advantageous for care facilities to attract those with the financial means to contribute to care, as that allows for charging 'premium charges' for additional non-care-related services such as en-suite bathrooms, well-situated rooms such as those opening to a garden or getting the morning sun, as well as phones and televisions in rooms. The associated revenue could be used for services that may make the service provider more legitimate in the eyes of their constituents, such as maintenance or facility upgrades.

Focusing on attracting residents that are able to pay more have distinct implications. This targeting of residents may result in those elderly without disposable incomes to not have a fair and equal chance to gain residence in these facilities, and secondly, those aged care facilities that are situated in lower-income areas may not be able to attract wealthier residents at all. Some of my participants are located in lower socio-economic areas, and they are trying to avoid being

known as the 'poor man's' facility, realising the negative effect this could have on their ability to meet societal needs and therefore seen as legitimate. As one participant remarked:

> *Without alternative sources of income, we will only attract the less fortunate, or the less wealthy in society, which eventually would spiral down because the community will see you are only being a place for that group of people. And we can't look after just the poor on current funding.*

Another participant echoed the sentiment:

> *Those poorer people are always going to need care, and that is going to be the new area that charities will end up holding because no one else will pick up those. And there will not be sufficient funding to meet their needs under the way the government currently funds.*

One participant mentioned that 70% of their residents are fully subsidised by the government, due to the low socio-economic status of residents of the geographical location they are based in. That means that only 30% of their residents are potentially able to pay premium charges for additional services, should they want to make use of any of these services (facilities cannot require residents to pay for premium services). For commercial aged care facilities, not many, if any, of the residents, will be government subsidised, which means the pool available for premium charging is so much bigger.

In New Zealand, 43% of residential aged care facilities use premium charges to augment income levels, (Grant Thornton New Zealand, 2010). Most of my participants are offering additional services that attract a premium charge. In the words of a participant:

> *Premium charging is seen as an option to generate more funds to provide what society is asking for.*

The potential for a vicious circle to develop is thus emerging. Money is required to upgrade older facilities, and as current funding from the Ministry of Health only pays for the services itself, additional funds are needed. For premium charges to be possible, residents with the ability to afford these non-essential services need to move into these facilities. But these residents are not attracted to older facilities that do not meet social expectations of what aged care should be like, meaning that these individuals tend to go elsewhere. The result is that the elderly that move to these social-purpose organisations is reported to increasingly be those without discretionary funds who cannot afford to move to 'upmarket' facilities. Upgrades to current facilities are thus increasingly less of a possibility for community-orientated care organisations under current funding mechanisms as residents cannot afford the premium charges that are the main

mechanism to generate additional funds. But premium charges are not the panacea that will solve the ills of the aged care sector. There are costs associated with premium charging. One participant summed it up as follows:

> *Ongoing costs are getting added. If you add a wing of 20 rooms, and give them 20 individual en-suites, you have 20 more toilets to clean. The council may whack an additional charge on for those additional toilets for grey and white water, and you've got more floor space to clean. So everything's going up. Nursing care may not change, but all the ancillary services around that go up. And we've taken the position that we don't run a cleaning company, so I have a cleaning contract to clean to a standard that I want at a price that I am willing to pay. But the cleaner's costs are market-driven. And that is what cuts us.*

Current funding levels are reported by my participants to negatively affect the quality of care they are able to provide, as there is no money available to provide any services outside of the basic care services that are stipulated in the contract. And these services do not necessarily line up with what communities expect that such caring facilities should offer in terms of care. There are no discretionary dollars to go the extra mile for the residents by purchasing much-needed aids, maintaining assets or expanding services.

Another area where the low funding levels directly undermine the ability of my participants to remain legitimate has to do with staffing. Many of my participants stated that they have higher staffing levels than what the contract requires. Higher staffing levels are put in place by choice and appear both pragmatic and moral in nature. Higher staffing levels are pragmatic in the sense that these participants see higher staffing levels as a necessity in providing optimum care levels and moral in the sense that they believe that these higher staffing levels, and the associated increased level of care, is the right thing to do. And employing more staff is perceived as something that my participants believe will be seen as positive by their communities, and therefore legitimacy enhancing.

A further funding-related issue that is well documented, and discussed in Chapter 8, is the low remuneration levels of caregiving staff. This expense was something that all my participants mentioned as something they are concerned about but are not in a position to do anything about.

A participant commented that:

There are caregivers particularly that deserve more money for what they do. We should be paying these guys more. Just to acknowledge the work they are doing. It just needs to happen. We need to get some funding to allow us to pay caregivers a decent wage. And right now we are forced

into a position where we pay barely more than the minimum rate. So we are getting minimum wage workers, not being disrespectful to them, but you really need someone who have lots of skills to manage social interactions, motivating people, those sorts of things. And again it comes back to the contract in a way because we have to employ a certain amount of nurses, at a higher salary, to do medical things where the contract tells us to.

All participants agreed that the funding model in aged care is wrong. It appears as if the consensus is for the introduction of individual funding rather than the fixed funding system now in place. The District Health Boards are seen as asking 'for more' from my participants which my participants see as incompatible with the fixed funding model currently in place. In the words of participants:

> *The government need a major change in thinking about how they fund aged care. Unless they keep up the fees to inflation the only way they can reduce fees is by reducing the specifications in your contract. Therefore requiring lesser service delivery, but that is not something that they are willing to do because imagine the newspapers going out that said the government reduce specifications in order not to increase the fees. How will the public respond to that? That will have a major impact. So District Health Boards and the government need to realise the cost increases are considerably more than what they apply. What they expect is for the aged care service to create other sources of income, like a village, to pay for the underfunding. Now isn't that a form of indirect tax on the aged to pay for the services they receive?*

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> *But it is round pegs in square holes! Looking at the future, I think this is going to a very interesting sector to be in. I believe that at some stage there will be individualised funding. They've done it in other areas. Instead of saying, we'll give a facility like ours $120 per day for their care, they are actually going to give that money to the family, or the group that will look after that money for you, and it will be yours to spend on the services you want to buy.*

In July 2017, caregivers received a pay rise following the government's decision to settle a pay equity claim lodged by care worker Kristine Bartlett (Davison & Trevitt, 2017). Rest home operators have since reported that they struggle to absorb this pay rise, as the pay rise is reported to not be properly funded by the Ministry of Health. Some aged care facilities have since closed, citing financial difficulties (Harris, 2017). While I see the pay increase for these vulnerable workers as a good thing, it will put even more pressure on my participants to balance the books. It is clear that a review of funding mechanisms in the aged care cannot come soon enough.

Colonisation of the Lifeworld

Reviewing the juridification of care and the level of funding for aged care services from a Habermasian understanding of a three-tiered society (cf. Chapter 4, Figure 2), I see these two institutional factors that influence my participants' ability to provide the type and level of care that they deem necessary as having its origins in the Administrative State. Simpson (2002) describes how the Market Economy and the Administrative State, identified by Habermas as modernity's

great two systems, operate according to the logic of strategic action. Success is the goal of these actions, and any action is solely orientated towards achieving these subjectively set goals, and confidence in the system is mediated by the decision-makers in the system through laws and contracts. The risk being that the strategic influence of the Administrative State becomes so big that it overpowers the Lifeworld, resulting in the Lifeworld becoming colonised by the Administrative State.

Simpson depicts the colonisation of the Lifeworld as follows:
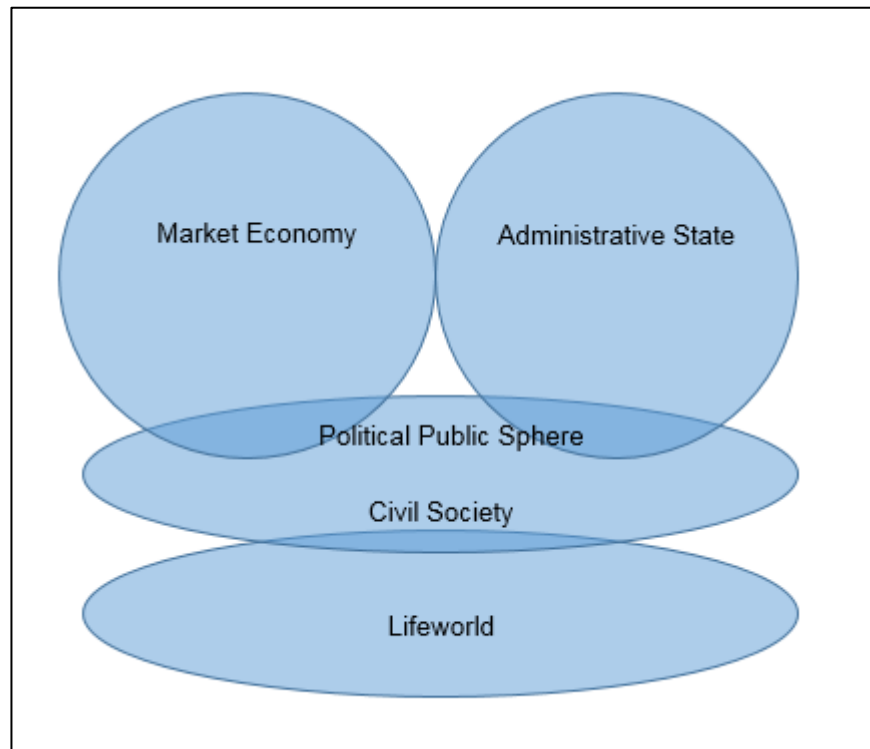
Figure 7 – Colonisation of the Lifeworld (Simpson, 2002)

Strategic action, mediated through money and power, carries with it high levels of mistrust (Simpson, 2002). Institutional frameworks, like contracts and laws, are therefore created to sustain the Administrative State. The contract between my participants and the Ministry of Health serves as such a contract to mediate the lack of trust inherent in a principal-agent arrangement (cf. Chapter 9).

In Habermas' concept of the colonisation of the Lifeworld, as depicted by Simpson (2002), I can see the clear application to what I have encountered in my fieldwork. My participants, which I locate in the Civil Society, are rooted in the Lifeworld and act as a buffer between the Administrative State and the Lifeworld. My participants are now 'feeling the squeeze' from the

Administrative State, at the same time trying to protect their vulnerable elderly residents from the market logic used by the Administrative State. My participants have to adhere to a contract that challenges their understanding of care. The despair I encountered is a manifestation of the colonising pressure my participants experience via the aged care contract in order to meet the economic foci of the Ministry of Health while trying to act in the best interests of their residents. The mistrust between the Ministry of Health, as agent of the Administrative State in New Zealand, and my participants, as Civil Society organisations connected to the Lifeworld of their residents, is clear. The contract sets out service expectations to counter the mistrust, with these institutional interventions creating a separate set of problems which my participants experience as the juridification of care and the underfunding of care services. Habermas' concept of the colonisation of the Lifeworld enabled me to show how current pressure to commercialise aged care services, rooted in the dominant neoliberal view and reflected in aged care policies, are systematically restricting the ability of staff working in social-purpose businesses to provide care for vulnerable elderly in their communities. This analysis addresses the third research question (cf. Chapter 1, p 9).

The direct link between the Administrative State and the Lifeworld appears to be missing and with it the moral values of my participants. These values include recognising humanity's inherent value, putting community at the centre of human activity, being just and fair in how we treat the vulnerable elderly amongst us, and doing 'business' in a way that enables collective human flourishing. Simpson (2002) points out that the Market Economy and the Administrative State do not have a moral anchoring, and that such an anchor cannot be provided by the strategic logic that characterises these systems. Simpson (2002) advocates for a recoupling between these two systems and the Lifeworld in order to obtain such a moral anchor to guide decision made by people representing the Market Economy and Administrative State. Through their resistance to the colonising powers of the Ministry of Health, my participants are putting forward an alternative arrangement based on the moral values mentioned above. My participants are essentially acting as an early warning system to the Administrative State that something is amiss in the Lifeworld of the vulnerable elderly under their care. And that alarm is seemingly going off, without being heeded by the Ministry of Health. This tension between the expectations of the District Health

Boards under the contract, and what my participants feel is needed in order to provide the care required, remains unresolved.

Limitations of my rational critique

My rational critique of the care-paradox stayed within the 'sphere of being'; limiting the critique to knowledge constructed by humans, using well-known positions and theories posited by recognised management scholars as relevant departure points. But for me, as a Christian scholar, my rational critique still lacks that 'something' that could compel other parties to change their behaviour. Through my rational critique I point out how neoliberalist policies influence current residential aged care arrangements, but it does not provide me with a 'foundation' from which to argue that an alternative arrangement is morally good, and thus something that should be adhered to. I want my work to go beyond a mere critique of social arrangements.

An underlying theme in my study is about doing what we perceive to be the 'right thing' to do. The question that is not answered through my rational critique documented in this chapter is why be moral in the first place? For me to make a case for humanity's adherence to these values, my 'foundation' needs to have its source outside of humanity's 'sphere of being', in something that is higher than human thought. For me, whose worldview allows for a source of power that is higher than human reason, incorporating a spiritual aspect to my understanding of aged care is a logical step. In the western capitalist context, I conducted this study in, I could gain the 'depth' that I felt my rational criticism of the commercialisation of care is missing. At this point in my study I posited an additional research question:

- How can Christian values be incorporated into critical organisational studies, contributing to a eudaimonic understanding of care?

The focus of the next chapter is an attempt to establish the moral depth that my rational critique lacks. I will continue the critical review of the 'despair' I encountered, but will do so from a prophetic perspective; undertaking this critique based on criteria that are outside the human 'sphere of being', based on Christian doctrine with its origins outside of human knowledge. The focus of this prophetic review is the market-orientation of aged care.

Chapter 14 - Introducing prophetic critique

The focus of this chapter is to introduce prophetic critique as a way for me to incorporate my faith orientation to my research into social-purpose businesses delivering aged care services. As a person who is sensitive to the wellbeing of vulnerable people, I actively reflect on areas where my faith and the world I live in intersect in order to "create, strengthen and sustain the moral fabric that fashion a life-giving and life accountable world" (Simpson, 2002, p. 145), as I imagine will be the case with thoughtful people of any religious commitment. Just like people from other beliefs and spiritual convictions (including belief in the non-existence of a Higher Power), I bring my beliefs into all spheres of my life, including my work life and my research. From such a spiritually-grounded departure point, my beliefs about justice, fairness, and human value can be incorporated into organisational studies focused on critiquing and appreciating contemporary organisations and social arrangement.

Most faith groups incorporate principles or guidelines in its doctrine for what is perceived to be a just social society, with the expectation that members of these faith groups will integrate these principles or guidelines into the way they engage with others in their community. My religious beliefs influence how I, alongside other believers holding similar values, act out my beliefs about values such as justice, fairness and human value. While inherent human value, communitas and the associated values of justice and fairness are not exclusively Christian concepts, these values feature strongly within Christian doctrine and fit well with the three main monotheistic religions in the world today (cf. Chapter 9). These values may also resonate with many people who put their faith in an atheistic or other spiritual belief. I view the overarching values of inherent human value, fair treatment of others and justice for vulnerable members of society as possible 'anchors points' when considering the axiological question of what ought to be valued when constructing communities. Coming together around the concept of eudaimonia, these above-mentioned values are able to bridge differing ontological and epistemological viewpoints between people. While Christian beliefs by themselves are not a compelling argument as to why people that do not hold to Christian beliefs ought to pay attention to a call to change their ways in order to facilitate human flourishing, our shared support for values that hold humanity as inherently valuable, community at the centre of human existence, and aim to treat other human beings justly and fairly, could act as a shared moral anchor for people of all creeds. My particular interest lies in the place of

Christianity in the creation of social cohesion in modern-day New Zealand, centred on these values that will resonate with people from all belief systems. A Christian lens can thus be invoked to contribute to research that focuses on addressing the problem of human-made suffering in social or organisational settings.

A prophetic imagination

Brueggemann's (2001) concept of a prophetic imagination provides me with a way to incorporate my belief in a Higher Power into a critique of the social formations associated with organisational studies. Through this spiritual lens, I can paint an alternative picture of what society could be like through being a witness for what is deemed to be 'wrong' in a particular setting. Via such a spiritual lens I am able to create a picture of 'what could be' if people adhere to values such as inherent human value, communitas, justice and fairness. I could suggest ways for how people ought to relate to each other and posit an alternative consciousness based on social formations that alleviate human-made suffering, protect vulnerable members of society from exclusion. In essence, utilising a prophetic imagination provides me with an avenue to support and advocate for eudaimonic organisational arrangements where human wellbeing is actively pursued. A prophetic imagination is, according to Brueggemann (2001), a radical concept which when applied, focuses not just on changing the regime that causes the suffering but is set on changing the ideology that underpins that regime. Simpson (2002) makes the point that scholars doing research in spirituality-related topics typically do not interact with other intellectual disciplines (and vice versa), resulting in the preservation of the dominant economic way of thinking. Bringing the status quo and the prophetic imagination to an interface thus provides me with a radical and fresh way to engage with the dominant way of thinking, characterised in contemporary western societies by neoliberalist policies built around positioning 'the market' as the solution to social problems (Crouch, 2014). Brueggemann (2001, p. 3) describes the purpose of using a prophetic lens in this manner as:

> *… to nurture, nourish, and evoke a consciousness and perception alternative to the consciousness and perception of the dominant consciousness around us.*

In the context of this study, my aim through the use of the prophetic imagination is thus to bring Christian values and the dominant neoliberal way of thinking that influence the society I am a part of into an interface, based on knowledge about caring for vulnerable people that I believe is

revealed to humanity by the God of the Bible. According to Wright (2012) imagination is the vehicle needed to facilitate such an interface, to show a willingness to think 'outside the square' and ask the questions that are not often asked. Imagination can be described as the ability to conjure new realities and possibilities (Liu & Noppe-Brandon, 2009). Imagination thus allows us to better *appreciate* the world we live in, including the social arrangements in society - enabling humanity to consider what would happen if 'we do things differently'. My use of a prophetic imagination can thus be understood as a prophetic critique of society and the social arrangements therein, using Christian values based on inherent human value, communitas, justice and fairness as the foundation of my critique by which I explore alternative ways of constructing the world we live in. These social arrangements include how we formally organise work activities into legal entities such as organisations.

The possibility of change within dominant social structures is rooted in the appreciation of the ruinous effects of the dominant consciousness on humanity, followed by the development of an alternative consciousness to the status quo (Brueggemann, 2001).

The first aim of a prophetic imagination, according to Brueggemann (2001), is a critique of dominant social formations. This appreciation of the ways the dominant way of thinking negatively affects humanity is characterised by grief, and making the existence of suffering common knowledge, or visible. The suffering caused by the adherents of a neoliberal economic order is often denied by those interested in retaining the status quo (Brueggemann, 2001).

A second aim of a prophetic imagination, once the suffering is made public, is to paint an alternative picture of 'what could be' (Brueggemann, 2001). The positing of an alternative consciousness serves to dismantle the dominant political arrangements by showing how the associated premises and policies negatively affect a certain group within society. Positing such an alternative 'way to be' also holds the potential to energise others through its 'promise' of another time/situation towards which society might move where affected people's collective needs are recognised and upheld. This 'promise' provides a way to engage with, and challenge, the dominant political way of thinking.

Grace

Aspects of an authentic prophetic imagination are generated from a spirit of grace and compassion. Tillich, (as cited in Simpson, 2002), describes grace as the presupposition of prophetic critique. In other words, a prophetic imagination can be seen as the medium for grace. While definitions may abound, the terms grace and the act of having compassion both seem synonymous with unmerited favour or undeserved loving-kindness, as a thread that binds us together in our common humanity (Kelleher, 2014). Compassion signals solidarity with those that are marginalised (Brueggemann, 2001). Caring for those less fortunate is an example of a manifestation of such grace that one human shows another. Swindoll (2016) describes how grace could come in two dimensions. A vertical dimension - the Divine Grace God shows humanity, and a horizontal dimension - the common grace that humans show each other. Divine Grace is an attribute of God. According to Yancey (1997), Divine Grace means that nothing we can do can make God love us more, and nothing we can do can make God love us less. Humanity's gracious behaviour towards each other flows out of Divine Grace. Humans love and care for each other, just as God loves humanity. Central to this study, (and the way I use the term 'grace') is 'common grace', a love shown by humans towards each other. In Gen. 1, the writer states that all humans are made in God's image. From a Christian perspective, while people may reject God, they remain His image-bearers, and, just as God's rain falls on the just and unjust (Matt. 5:45), so God common grace is available to all people through their likeness to God. Common grace 'preserves' God's image in non-Christians (Richard Goodwin, personal communication). As image bearers of God, I see all my participants, regardless of their individual beliefs, therefore consciously or unconsciously reflect God's image in their grace-full actions. According to Scripture, all good things come from God (James 1:17). Therefore, seen through a Christian lens, all acts of caring, justice or goodness in our interaction with others have their origins with God and provide an example of grace in action. The purpose of grace can, therefore, be positioned as the selfless focus to lead others to freedom from oppression and exploitation.

The values of community at the heart of human action, of humans having inherent value, and of those in power protecting the vulnerable, are present in several belief systems (cf. Chapter 9). I view these values as grace-full actions reflecting God's image to the world. What does this mean in practice? It means that our actions should promote liberty, and not restrain it. Our critiques and

criticisms should magnify grace towards other human beings instead of undermining it. Such efforts include how we formally organise ourselves into organisations with a specific purpose. Organisations, which could include a primary purpose of caring for the vulnerable members of society, can, therefore, be seen as a socially-organised form of grace and compassion.

A grace-full and compassionate prophetic imagination requires getting involved or becoming a participant in the suffering, as Brueggemann (2001) suggests. This task to 'get involved' is also supported in the Bible. For instance, the apostle Paul encourages Christians to let their love for their fellow human beings be genuine, asking them to "rejoice with those that rejoice, and weep with those that weep" (Rom. 12:15). This verse, to me, indicates a shared experience. Grace towards, and compassion for, others are needed in order to live in a way that honours fellow humans which I view as image-bearers of God.

A limitation of a prophetic critique

In Chapter 4 I expanded on how critique can be approached from both a rational and a prophetic perspective. I used an analogy of two rivers flowing into each other, creating a new whole, to describe these differing, but complementary perspectives on critique. Just like rational critique, prophetic critique also transcends the 'immediacy of being', or just existing in the moment (cf. Chapter 12). But unlike rational critique, a prophetic critique also transcends the 'sphere of being' (cf. Chapter 12), finding it source outside our human existence that is bound by time and space (Simpson, 2002). Simpson (2002) states that the foundation of a prophetic critique is higher than human reason. Faith, according to Simpson (2002), is this 'something' that transcends human reason. In this study, I used my faith in God and His revelation about humanity's responsibilities for looking after their fellow human beings as my departure point. My faith in God is also a way for me to resist and transcend neoliberalism's influence on how I deliver critique since, as a product of the dominant market-orientated consciousness and the modern-day consumerist culture, my criticism of the status quo may very well be conditioned by my environment. It is my faith in God, faith in his guiding principles, and faith in His description of the new world order that He will bring to fruition one day that allows me to step outside of my own experience and conditioning when criticising the world I am a part of.

While a critique based on prophetic reasoning could provide me with the 'ultimate seriousness or inevitability that my rational critique lacked, I understand that a prophetic critique in isolation is likely to lack concreteness, since it is not grounded within the sphere of human 'being'. This limitation potentially defeats the purpose of critique if disruption of the dominant way of thinking is the goal, as is the case in this study. Hence my decision to combine both approaches to make sense of the despair I encountered in my participant discussions. When used together, my rational critique is enriched by my prophetic critique, gaining the ultimate seriousness I am looking for; and my prophetic critique gains from my rational critique that 'real grounding' that allows for engagement with people that do not necessarily share my religious views, but share my concern about how our social processes may exacerbate the exclusion of some organisations from participating in building stronger communities, which will ultimately influence the vulnerable elderly's ability to access services they need and are entitled to.

There is also a further danger in using the belief in a Higher Power as a source of criticism of the Administrative State's actions. In New Zealand, the State and religion are kept separate. While my recognition of an ultimate seriousness brings Christianity and corporate oversight to an interface, I am not advocating the State's involvement in advancing a particular cause or religion. I fully support the separation between State and Church as institution. A central tenet of Christianity is free will to believe in God, or not. Christianity ought not to be used to coerce people to act in a certain way, and as such has no entitlement to preferential treatment by the State. I understand the idea of humans being inherently valuable, communitas, and the need to act justly and fairly as reflective of Biblical values; values that were imparted on Western civilisation. Around these values normative agreement can be formed, forming a secular reference point acceptable to people from all creeds.

In this chapter, I explained the prophetic imagination as a way to bring Christian values into a critique of social formations, and as a fresh way to challenge the neoliberalist approach that underpins the status quo. I described the first step in a prophetic imagination - the requirement to bring suffering into the open for the world to see. I also described the second step - the energising of listeners by painting an alternative possibility. In the next chapter, I bring the claims of the Christian tradition to an interface with the formal organisation of the provision of residential aged

care in contemporary New Zealand. By being a witness for what I deem to be wrong in this scenario, I reinforce humanity's inherent value and the noble cause of caring for vulnerable people that I believe are made in the image of God. Further, I show that the very existence of organisations like those of my participants, working in a hostile environment to care for vulnerable people, highlight shortcomings in the dominant arrangements. I put forward an argument that I hope may resonate with people that hold a faith in the existence of a Higher Power, and may be informative for those that may not hold to a specific spiritual doctrine as firmly as I do, but who may also be looking for a foundation that could inform their own moral views of why people ought to heed calls to act in a way that enhances human flourishing. The suffering caused by these social arrangements points towards an 'emperor without any clothes on' - a dominant political arrangement that cannot facilitate the required care for vulnerable elderly in our society. The existence of my participants suggests an alternative consciousness that benefits members of society that may be negatively affected by current arrangements; an alternative way of operating where a eudaimonic understanding of human wellbeing is the goal.

Chapter 15 - Re-imagining residential aged care

As a Christian scholar interested in the prophetic, I am drawn to the Bible to provide context; for it to be a reference point 'that is outside human knowledge' when critiquing systems that may undermine human flourishing. The Bible provides several key insights into what an alternative social arrangement could look like; a world where human wellbeing is at the centre of human activity. These insights show how radically different a Scriptural view of just social arrangements is to the neoliberalist, market-orientated way of thinking being maintained by policy-makers. In this chapter I use a Biblical interpretation of what an 'ideal' society could look like, which I use to explore current aged care arrangements. McIlroy (2011) makes the comment that vulnerable members of society are always top of God's agenda and I would include the vulnerable elderly in our communities in that group. God's idea of a just society is specific in its focus on vulnerable people. God, for instance, commands people to care for the foreigners, orphans and the widows (Job 22:9; Ps. 68:8; Ps. 94:6; Ps. 146:9; Prov. 15:25) in our midst. Consistent with my commitment to, and disclosure of, the form of Christianity I ascribe to, this essentially means caring for those that have lost the care and protection of their loved ones, which, according to McIlroy (2011), are particularly vulnerable to social isolation, economic poverty, oppression and exploitation.

In our western way of life, there are likely to be many vulnerable elderly that would also have lost the protection of their families for a variety of reasons: neglect – but also the complexity and cost of eldercare, the geographic dispersal of families – exacerbated by the neoliberal market pressures to follow jobs. Jesus, through his criticism of a group of Jewish religious leaders, spoke perhaps some of his harshest words, stating that they neglected the things that were important to God, which included showing justice and mercy (Matt 23:23) to others. But how do we go about caring for vulnerable members of society? Jesus perhaps summed it up best, when he stated (Mark 12:30-31) that loving your neighbour like yourself, is the (equal) greatest commandment of them all. The way my participants care for vulnerable elderly in their community is, for me, a good demonstration of what justice and mercy towards vulnerable elderly could look like. The way that Jesus engaged with people also provides me with an example of how a grace-full criticism of social arrangements and the energising of people go together. Through His service to those in need, He subverted the values of the status quo of His day, turning the established order upside down. He took those in power to task for not looking after the vulnerable, a message that was not

well received, since the leaders of His day, such as the scribes (Mark 2:6-7), the religious leaders (Mark 2:16 the educators (Mark 12:38) and the priests (Mark 14:55) all bitterly opposed Him. Jesus also engaged compassionately with outcasts in Jewish society (Matt. 8: 1-34; Luke 15:1-32; John 4:1-42), thereby reinforcing people's inherent value regardless of social standing. He gave these outcasts hope for a future that is possible but not yet realised. It is on this duality of criticism and hope that my prophetic imagination is constructed.

McIlroy (2011) states that an increased sensitivity to the suffering of marginalised people has led to a recognition of the importance of justice, and the enforcement of rights and entitlements as part of how Christians interact with their world. Wright (2012) highlights imagination as the missing piece in building such a just social environment that adheres to Christian values. Through my interactions with my participants, I can now imagine an alternative way to organise residential aged care. And I am able to share the frustration and indignation that I have with the current residential aged care system. My participants, as representatives of organisations that exist to care for vulnerable people in society, have to battle institutional challenges associated with the dominant political and economic arrangements. These arrangements make it difficult for community-orientated aged care providers to survive while making it easier for market-driven organisations to profit from providing such services, which contributes to the exclusion of some vulnerable elderly from accessing residential aged care services. I am inspired by what my participants are doing, and in the vestiges of a caring aged care system, I see hope. It is a hope that I believe will enable organisations such as my participants to continue to operate according to life-giving, community-enhancing organisational values that New Zealand communities need more of.

Prophetic imagination: A criticism of the status quo

In its Healthy Ageing Strategy, the Ministry of Health commits to "working across government and in communities on the social determinants of health, including housing, elder abuse and neglect, negative attitudes and discrimination, social isolation and inclusive, aged-friendly communities" (2016, p. 21), and to remove "barriers to participation" (2016, p. 22). One of the outcomes sought is "enabling all older people with high and complex needs to easily access care and support, irrespective of their financial position". These commitments align well with the core objective of

the World Health Organisation's Global strategy on Ageing and Health 2016-2020 (2016), to which New Zealand is a signatory, which is to develop sustainable and equitable systems for providing long-term institutional age care. If I was to summarise and simplify these commitments, I would say that the New Zealand government commits to creating an aged care approach that is focusing on removing barriers to care that could stop vulnerable elderly from fully accessing care that could help them participate in their communities. Creating such a system will be done in collaboration with constituents, such as my participants. The New Zealand government further commits to not basing access to residential care on an individual's ability to pay for these services. These are worthy commitments, but based on my conversations with my participants, a 'disconnect' between these aspirations and the system that is currently in place seemingly exists.

The despair that I encountered during my participant conversations raises questions about the real commitment by those in power to create such an equitable aged care system. As representatives of organisations that exist to provide sustainable and equitable long-term residential aged care, my participants report that their existence is under threat from an aged care system that functions according to a market mentality. As mentioned earlier (cf. Chapter 8), recent research by Grant Thornton New Zealand suggest that two-thirds of aged care facilities are controlled by commercially-orientated aged care providers, with the numbers of socially-orientated aged care providers declining markedly at the same time. In 2010, socially-orientated providers only controlled 24% of the beds in the sector – down from 35% five years earlier (2010). And as stakeholders of the Ministry of Health, my participants are reported that they are not being listened to. Warnings to the Ministry of Health about the state of the aged care sector is not new, as issues associated with institutional aged care have been raised before (Grant Thornton New Zealand, 2010; Labour/Green/Grey Power, 2010; McGregor, 2012). More recently, the New Zealand Aged Care Association, a Civil Society organisation representing aged care providers, also raised significant challenges to the sector, and the need for increased political leadership in aged care (Wallace, 2016). Serious questions remain about the Ministry of Health's ability to meet their own stated commitments to residential aged care. I would like to add my voice to these sources sounding the warning and are calling on the New Zealand government to create an equitable environment for community-orientated aged care organisations that operate according to community-enhancing values. These organisations are mostly responsible for taking care of

vulnerable elderly people in their communities, including people that live in rural areas, are financially disadvantaged and those with special needs (Grant Thornton New Zealand, 2010). As it stands, these organisations have to rely on additional financial contributions (via premium charges) from these vulnerable people they are committed to serving in order to remain financially sustainable. The market-driven approach to addressing the commitments of the government is not working, and vulnerable people are paying the price.

The repeated warnings mentioned earlier, and the despair I encountered, would suggest that those in power are not listening. As demonstrated through their despair, my participants feel they are not being heard. Barback (2016) suggests that politicians should stop pointing to the problems in aged care, but should listen to aged care providers and then come with suggestions to address these challenges. At this stage, there does not appear to be any such listening occurring. Perhaps we should not be surprised by this lack of intervention by the government's decision-makers. Brueggemann (2001) states that there is little place for compassion in the dominant neoliberal way of thinking, as this would mean acknowledging that some people are being hurt by the policies this market-driven notion enables. Hence, to some extent, the hurt caused by the current aged care arrangements cannot be acknowledged by those in power, as such an acknowledgement would confirm the inability of the current aged care arrangements to serve all the vulnerable elderly, and thus point towards the inadequacy of these arrangements.

The despair I encountered in my participant interviews, and subsequent reflection, also confronted my own numbness towards the plight of these social-purpose businesses, and I am now more determined to make public the abnormality of the current numbness towards the struggles of the vulnerable elderly that is so prevalent in society, where the hurt caused by the dominant market-orientation are not recognised or acknowledged. By exposing this despair to view, I am criticising the dominant market-orientation visible in the actions of the Ministry of Health and I am questioning its legitimacy as acting in the best interest of vulnerable elderly in New Zealand. I am directing my criticism to the State, in this case holding the government to its own stated goals and objectives with regards to the creation of a just residential aged care system. Through their current policies, policy-makers are maintaining the market-orientated form that allows for the exclusion of people from care, and the oppression of organisations that exist to do

'good'. According to the Christian tradition I embrace, humanity was created in God's image (Gen. 1:27) and we are to be good stewards of this earth and its inhabitants (Gen. 1:28). Being good stewards of the earth and its inhabitants are also important to many people who do not share my particular faith position. But we now collectively find ourselves in a position where our social systems put commercial interests above human wellbeing. The Scriptural view of an alternative social arrangement, built around humanity's inherent value, communitas, fairness and justice for those that are oppressed, is being offered on the altar of neoliberalism. These values are, of course, also held by many people from other religions and those that do not hold such specific religious beliefs as I do. Regardless of individual religious conviction, these values reinforce the need for business arrangements to place community-enhancing foci at the centre of human business activities.

Prophetic imagination: Hope and energy for change

Wright (2012) promotes the idea that transformation of the political and social world is an act of justice and of love; two values that are central to Christian doctrine, and based on my conversations with my participants, also central to their actions. It is in this alternative consciousness where the positive energy towards change can be found. The resistance to institutional pressures could be used as foundations for an alternative future; *imagining* an alternative way of organising humanity according to values that align with Christian values. My participants put forward such a sustainable alternative that align with Christian values, where the collective wellbeing of vulnerable New Zealanders is put before profit. Revenue and profit are used as an instrument needed to do good, rather than a goal to be achieved in itself. Through their services based on shared values aimed at the wellbeing of people as a primary concern, my participants are modelling an alternative state of existence where humanity's highest good is pursued.

As stated earlier (cf. Chapter 9), religion may be hidden within organisations. In these participant organisations, I recognised Christian values that are used as building blocks for the good work that is being done. The alternative consciousness constructed by these participants allowed me to bring a spiritual element to eldercare that provides a link between the hope that exists for alternative organisational arrangements where humanity flourishes, and a fair, just, sustainable

way of human organisation where human welfare is put before profit. Through their existence, albeit under trying circumstances, these participants demonstrate a practical solution to some of the deficiencies in the dominant neoliberal arrangements. And the people working in these participant organisations, some religious and some not, are advocating for arrangements that are fair and just, and welcome the weak and the marginalised as inherently valuable beings, which Christians believe are created in God's image. My participants' services to these maligned people seem to take place in that space between the status quo that has been put in place by the Ministry of Health as the dominant power, and the future that they yearn for but does not exist yet. I am attempting to step into a similar space between not accepting social arrangements that undermine people's inherent humanity, and yearning for a future that is yet to come where humanity flourish. Brueggemann (2001) states that without yearning for such an alternative future arrangement where humans are allowed to flourish, there is little to offer besides criticism. But where there is yearning for an alternative there is a chance for hope. Jesus's miracles of healing, feeding and forgiving happened to those that let go of the old order that had failed them or marginalised them (Brueggemann, 2001) and embraced the yearning for something new. The participants in this study are offering such an alternative, eudaimonic pursuit of the highest human good that allows humanity to flourish. The services of our participants mean little to those that are not penalised by the current arrangement but provide a place of hope for those that do not fit in the 'mainstream' as per the dominant political way of thinking. Hopefully, those in jobs that care for the vulnerable elderly, together with others that are awake to the institutional numbness towards suffering in their community, will realise that the status quo need not be the only possible option. In the existence of organisations like my participants that take care of the vulnerable elderly, in spite of their challenging institutional environment, I find the energy to criticise the current neoliberalist approach to institutional aged care. At the same time, I find a place for hope and the generation of an energy for creating a future where there is no more systemic oppression of vulnerable elderly or those that serve them. My fourth research question, focusing on how Christian values could be incorporated into critical organisational studies with the intent of contributing to a eudaimonic understanding of care has now been addressed. I was able to demonstrate how I recognised Christian values being used by my participants as building blocks for the good work that is being done to advance human flourishing.

In this chapter I document how the eldercare work that my research participants do serves as the beginning of my prophetic imagination. Using a prophetic imagination is not just about forming alternative ideas in the mind and then hoping these ideas might come true. A prophetic imagination involves taking actions, actively sharing in the grief of marginalised people, and working towards a future that exceeds that which is on offer via the market-orientated approach to care. Such an approach is relevant to any caring organisation anywhere in the world. Christian doctrine is a useful companion for those searching for descriptions of what community-enhancing alternative arrangements could look like. My prophetic imagination, rooted in the plight of my participants, is ultimately an invitation to those in power to come alongside the residential aged care sector to work together for the good of the vulnerable elderly in New Zealand's communities. To this effect I am reminded of a quote by Watson ("Lilla Watson - Wikipedia," n.d.), an Australian Aboriginal activist, who once said:

> *If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.*

My hope is that the representatives from the residential aged care sector and from the Ministry of Health will come together to create an environment where organisations that exist to care can flourish, which will be to the benefit of our vulnerable elderly members of society.

In the next section (Section 5, Chapters 16 and 17) I reflect on my research experience and its significance.

SECTION 5 – REFLECTION AND SIGNIFICANCE

Chapter 16 – Reflection

In this chapter I reflect on my research experience. My engagement with the associated literature, policy papers, and conversations with participants in my fieldwork has brought to light a variety of perspectives from which aged care can be understood. For instance, aged care and the associated challenges can be approached from a social perspective, from a care perspective, from a moral perspective or from a market perspective. Perceived differences in perception provide a place to focus our attention in order to further understanding (Seo & Creed, 2002); something I have done in this study of the aged care system in New Zealand. In previous chapters I documented how I used both a rational and a prophetic critique to better understand the perceived challenges in the New Zealand residential aged care sector; to be an 'outside' voice *re-presenting* the challenges my participants face, wanting to do 'good' within a system that is set up to function according to a profit-orientated market logic.

Upon completion of my fieldwork and analysis, I reflected on my research experiences. My participant conversations, based on the intent of Appreciative Inquiry, provided valuable insight into how the managers of my participant organisations perceive their own legitimacy and the associated legitimation actions that are undertaken as a result of this perception. As a qualitative study within an interpretivist framework, the focus was not on the generation of empirical knowledge that is generalisable to all such organisations, but to gain an understanding of how legitimacy could be perceived within the current aged care setting. A 'shadow process' was generated during my fieldwork that manifested as a sense of despair amongst my participants. By incorporating a critical focus into my Appreciative Inquiry, thereby creating a Critical Appreciative Process, I set out to explore this despair with the aim of understanding it better. Using a rational critique, I explored the care paradox (cf. Chapter 13), where residential aged care is seen as both a love act and as a means to generate a profit from. This rational critique uncovered how the colonisation and juridification of aged care by system imperatives and an associated market logic are influencing how aged care is to be delivered, and the challenges the market logic pose for my participants. A prophetic critique of the neoliberalist notion that underpins the market logic was also undertaken, utilising a prophetic imagination (cf. Chapter 15).

Reflecting back on my starting position, it became clear to me that my real interest was in organisations that exist to 'do good' within the dominant market-driven capitalist economic system in New Zealand, and that advance human flourishing and build up communities. In this process of *appreciating* socially-constructed systems of care that reflect the neoliberal status quo, I also reflected on what I have experienced and the changes that I have undergone during this study. Conversely, I also considered my influence on my participants and their organisations. As a person that holds a social constructionist view, I believe that different researchers could study the same phenomena from a variety of positions, leading to a variety of equally valid yet different understandings of these phenomena. While other researchers may approach a study of eldercare differently than me, my approach is no more or no less valid than their approaches. In my case, my Christian faith shapes my study in that I believe in an absolute truth. In the context of this study, my faith in a Higher Power as absolute truth provides me with a reference point of 'right and wrong', and as a basis for why I believe people ought to act morally. Using Christian values that signal an alternative way to arrange human activity, I posit eudaimonia as an organisational focus that aligns with the Christian ethos, and the organisational arrangements of my participants as an alternative way of arranging aged care that upholds the inherent value of humanity. God's view of how humans ought to relate to each other provides me with a normative departure point of what eldercare ought to look like, or more specifically, what it should not look like. Linked to my Christian worldview are the normative values I (and many non-Christians) associate with human care, namely that fostering community is at the heart of human activity, that humans have inherent value and that those in positions of authority should care for the vulnerable amongst us in a just and fair manner. Following my fieldwork and information analysis, I now better understand the position of my participants who claim that caring for human beings, people who are inherently valuable (in both the secular claims of democratic societies of universal equality and inclusion, and in religious communities as created in the image of God) should be our priority. I also understand that as custodians of public funds, the Administrative State has to contend with competing interests, and that taxpayer funds are a finite resource. This differing view of aged care is the essence of the care paradox I discussed earlier in Chapter 13.

In the remainder of this chapter I reflect on a number of topics encountered in this study:

- I reflect on the collaboration between my rational and prophetic critiques

- I reflect on my Critical Appreciative methodology, identifying five specific realisations that enhance my understanding of Critical Appreciative Processes

- I also reflect on the despair that emerged during my participant conversations and explore the concept of the 'shadow' that my inquiry generated

- In a further reflection, I also review my understanding of legitimacy and care

- I also reflect on my Christian worldview and the associated implications when critiquing the dominant political thought on residential aged care

- And finally, I reflect on the legitimacy of the hope that I have for better formal social care arrangements

Collaboration between rational and prophetic critiques

Brueggemann (2001) describes a radical focus on the politics of justice and oppression without focusing on God as a "cut flower without nourishment, without any sanctions deeper than human courage and good intentions" (2001, p. 8). Conversely, uncritically focusing on God and the prophetic runs the risk of missing social injustice and oppression. Brueggemann's (2001) position is similar to the position advocated by Tillich (as cited in Simpson, 2002) which calls for collaboration between rational and prophetic critiques. I have utilised both rational and prophetic critiques in this study, as I wanted a critical appreciation of the aged care sector from a perspective that had both the moral depth and concreteness that I value. Both my rational and prophetic critiques are dependent on characteristics from the other to allow me a critique that has a concreteness as well as an ultimate seriousness. My prophetic critique provides me with depth for my criticism of an aged care system that systematically colonises the Lifeworld of New Zealand society and makes it untenable for many residential aged care providers who desire care for others as an expression of love. God's word of condemnation for those humans that live fully and comfortably without a care for the vulnerable, and a coming judgement for those that seek social approval above justice (Luke 6:24-26), provides the rational criticism with the seriousness and inevitability that I desire in my criticism. Similarly, the concreteness of the Habermasian concept of the Market Economy, Administrative State and Lifeworld, and the colonisation of the Lifeworld

by the Administrative State provides my prophetic criticism with the realness needed to bring across that humanity have a responsibility to look after the vulnerable and weak in our midst.

Simpson's (2002) argument for a Lifeworld, with its communicative resources, provides for a strong moral milieu and associated institutions. Within this strong moral structure, the instrumental logic could produce the systems that could function in a non-colonising way. Together my rational and prophetic critiques form a single overarching critique that pursue the same goal, namely a strong moral Lifeworld and Political Public Sphere that is able to provide the Administrative State with a framework to work within, based on the ethical structure of human life being inherently valuable, of community at the heart of human activity, and of those in power with a responsibility to care for members of society that are not able to care for themselves. My participants, providing care according to values that honour humanity's inherent value, and providing care in a fair and just way in spite of institutional forces that are oblivious to the socio-cultural and political aspects of the Lifeworld, provides an alternative that links both my rational and prophetic critiques together.

These values, identified by my participants as reflective of their approach to care, are also encountered in Scripture (cf. Chapter 9). Together my rational and prophetic critiques also posit Christianity as relevant in a postmodern world, setting out the social role that Christians can play in how we understand caring for those that cannot care for themselves, and demonstrate the benefit of the combination of secular and religious thought for the betterment of society.

Reflections on Critical Appreciative Processes

Grant and Humphries (2006) call for a critical turn in Appreciative Inquiry, highlighting the hegemonic influence of social systems on groups. I was exposed early on in my study to the influence of these two authors on Critical Appreciative Processes. My understanding of critical appreciation within an Appreciative Inquiry methodology deepened as my study progressed. But it was only in the latter stages of my research, as I was reflecting on my fieldwork, that I can say I really began to understand how critical inquiry fits within an appreciative inquiry. Grant (2007) describes the value of reflection as a part of research, encouraging researchers to "stop, look and listen" (p.271). I stopped, looked and listened, in order to crystallise what I have learnt through

the research that I have been doing. Out of this period of reflection comes five key realisations, or lessons, about Critical Appreciative Processes.

My first realisation: A Critical Appreciative Process need not be linear

The critical focus incorporated into my study allowed me to engage with the dissonance I encountered in my fieldwork. This lack of harmony between my participants and their institutional environment became the focus of the critical aspect of my study. It was only upon reflection that I realised that this critical focus is embedded in my Appreciative Inquiry, and does not follow once I have completed the Appreciative Inquiry. I now understand that there was no need to add a critical turn to my appreciation 'at the end'. Critical Appreciative Processes need not be linear. The way I structured my study blended the critical intent and the appreciative inquiry into a new totality, a Critical Appreciative Process. The appreciative aspect of my inquiry allowed for a construction of a legitimacy narrative for social-purpose businesses delivering residential aged care services. The critical lens enabled me to deconstruct that narrative to better understand it, and also to be able to recognise or suggest alternatives. Both the appreciative and critical aspects of my study have at their core the emancipatory intent of relieving the impact of system imperatives, orientated towards a market logic, on how aged care is structured. This emancipatory intent is consistent with the epistemological intentions of both approaches (Grant & Humphries, 2006). At the centre of my Critical Appreciative Process is the construction of an alternative way of viewing and delivering aged care services to vulnerable members of New Zealand society.

My second realisation: Appreciative Inquiry is a methodology, but also a framework

To some extent, this realisation was perhaps the initial realisation. I was able to think of Appreciative Inquiry as an approach rather than a framework once I was able to appreciate how the critical turn fits with Appreciative Inquiry to form a Critical Appreciative Process. While I used the intent of Appreciative Inquiry as a framework for engaging with my participants I've come to realise that I intuitively utilised Appreciative Inquiry as a methodology more so than a research framework. Appreciative Inquiry provided me with a systematic approach to explore my research questions in a way that is reflective of my ontological and epistemological beliefs, thus making it an appropriate and logical methodology for me to use. As discussed in earlier chapters, the appreciation I undertook in this study takes a full account of matters (Grant & Humphries, 2006)

encountered in my fieldwork, and does not just focus on the positive aspects of that which is being discussed. My critical appreciation takes into account the perception(s) that my participants assign to their legitimacy experiences, as well as their actions and inactions in order to obtain, maintain, and/or regain their respective organisations' legitimacy. Ridley-Duff and Duncan (2015) comment that, at the core of any Critical Appreciative Process are two key components: valuing the meaning participants discover when talking about past experiences, and valuing the way participants resist the colonisation of their respective Lifeworlds. My critical appreciative approach aligns well with these two commitments. It was only by *appreciating* the stories and opinions of my participants that I was able to identify the 'shadow' of despair generated by our discussions, and it was through my inquiry into the links between the dominant political approach and the environments that these links give rise to, that I was able to understand enough of the despair to be able to challenge the prevailing market logic in residential aged care. I now have a deeper understanding and appreciation of the Lifeworlds of my participants and the systems their organisations have to operate within.

My third realisation: The 4D-cycle can be limiting

I now realise that in the initial stages of my research I relied too heavily on the 4D-cycle (Cooperrider & Whitney, 2001). I used the 4D-cycle to provide structure to my semi-structured interviews. Upon reflection, I realised that using the 4D-cycle was 'limiting' in the sense that it seemed to prescribe how I 'was supposed' to progress with the research. As such, I felt that should I not follow it as prescribed, I was somehow doing research of lesser quality. Grant (2007) also experienced the challenges of implementing the 4D-cycle as 'per the book', which resulted in her redefining how 'appreciation' could be understood. Fitzgerald et al. (2010) also comment on this matter, stating that the 4D-cycle has become, rightly or wrongly, the normative positive image of Appreciative Inquiry. The authors caution that the 4D process should not be used as the default 'picture' of Appreciative Inquiry, as, given its normative impact, the perception could be that its full transformative potential may not be realised unless the full 4D-cycle has been implemented. I found Fitzgerald et al.'s (2010) comment liberating, as I consciously chose to not to complete the full 4D-cycle in my research. I did not feel comfortable in following through with the 'Destiny' phase of the 4D-cycle as I am of the opinion that, as an external researcher, I should not suggest or facilitate organisational change where such change rationale does not clearly exist,

or originate from, within the organisation. During my reflection on the nature of Appreciative Inquiry, and my realisation that it is first and foremost a methodology, I began to understand that I did not miss out a step. I just went about my research in a manner that does not align with the 4D-cycle. What is important to me is that my research aligns well with the emancipatory intent of Appreciative Inquiry (Grant & Humphries, 2006), and my research certainly supports that intent. The progression of my Critical Appreciative Process included the Discovery, Dream and Design phases of Appreciative Inquiry. I left the option to my participants to also incorporate a 'Destiny' aspect focused on generating actions from their expressed aspirations, should they wish to. None of my participants expressed a desire to engage in the Destiny aspect or reported significant organisational change as an outcome of my study.

My fourth realisation: Appreciation can take many forms

In the process of making sense of the residential aged care sector and the system it operates in, I learnt that appreciation can take many forms. While I was aware of the deeper meaning of appreciation in a theoretical sense (Ridley-Duff & Duncan, 2015), my Critical Appreciative Process turned this theoretical knowledge into 'experiential' knowledge, in the sense that I experienced it directly for myself. I experienced appreciation in its variety of forms first-hand. Ridley-Duff and Duncan (2015) suggest four distinct types of appreciation:

Firstly, appreciation can come via respecting the value of deconstructive forms of inquiry. Such deconstructive forms of inquiry lead to an appreciation of an understanding of how systems can colonise Lifeworlds.

Secondly, appreciation can also take the form of respect for constructive forms of inquiry. Such constructive forms of inquiry allow for the development of new narratives.

Thirdly, appreciation can also include valuing critical acts that map out alternative possibilities that lead to expression or formalisations of such possibilities. Ridley-Duff and Duncan (2015) explain that aspirations can be given expression as alternative ways of being that challenge the status quo.

Fourthly, appreciation can also come via the power to act in a way that challenges the status quo. New narratives become new ways of being.

I can identify with Ridley-Duff and Duncan's (2015) descriptions above. My rational critique of the 'shadow' generated by the Appreciative Inquiry allowed for an appreciation of the value of both

the deconstructive and constructive forms of inquiry. Through the critical focus, I was able to deconstruct the systemic imperatives that my participants perceive are colonising the residential aged care sector. I was also able to appreciate the construction of new participant narratives where residential aged care is orientated towards a eudaimonic logic rather than market logic. Through the prophetic aspect of my critique, I was able to appreciate my participants' way of operating as an alternative to the status quo, an alternative way of being that also aligns with values that are rooted outside of humanity's 'being', and thus brings with it a normative element. This alternative to the status quo is not an alternative that is yet to be generated; it is an alternative that is already in existence. My participants' organisations are already operating according to eudaimonic values, and have been for a long time. The existence of this alternative way of being is the reason why there was the dissonance, or lack of harmony, between my participants and their institutional environment, in the first place. The market logic is colonising this alternative, socially-orientated, community-enhancing operating model.

My fifth realisation: A Critical Appreciative Process may be an intervention

In the Design phase of my discussions with my participants, I asked them to picture their 'ideal' organisation, five years from now. As briefly referred to in Chapter 10, one participant pointed out at a subsequent meeting that all the discussion points we covered at the previous meeting are reflected in their strategic plans for the upcoming year. While I do not claim that my interview 'intervention' safely triggered any of/all these strategic actions, containing these actions in a strategic plan demonstrates to me that this participant has given some thought to our discussions, to what they believe to be 'the ideal', and have taken proactive steps to pursue this goal. They have identified strategies that will help make the ideal a reality, and are now pursuing these strategies. Another participant decided the retire from her position as Chief Executive Officer following our discussion, which she attributed in part to her reflecting on what we talked about in our meetings. These outcomes point towards the principle of simultaneity (Cooperrider & Whitney, 2001) discussed in Chapter 4. My inquiry into the aged care sector and the subsequent change that occurred were not separate occurrences. My questions were an (unplanned) intervention while being used as an exploratory mechanism, which triggered a reflexive response in this particular participant, which contributed to her decision to retire.

Reflections on the despair as a 'shadow' process

Earlier in this chapter, I highlighted Grant and Humphries' (2006) call for a critical perspective to be considered in Appreciative Inquiry, which may be useful for engaging with the 'shadow'. According to Ridley-Duff and Duncan (2015), such a critical perspective is required to penetrate the 'shadow' to reveal hidden stories of experience. In Chapter 4 I refer to the commonly-held idea that Appreciative Inquiry is seen as synonymous with focusing just on positive aspects of organisational behaviour, potentially missing the 'shadow' side that may manifest. Several authors (Fitzgerald et al., 2010; Grant & Humphries, 2006; Reason, 2000) have explored the interface between the focus on the positive and the 'shadow'. Fitzgerald et al. (2010), actively encourage researchers to engage all five Appreciative Inquiry principles (cf. Chapter 4) instead of just the 'positivity principle' in order to foster a full appreciation of what is being studied. Bringing things in the 'shadows' that I encountered during my discussions 'into the light' became a central aspect of my study.

In line with the 4D-cycle (Cooperrider & Whitney, 2001), the first set of questions I asked in my fieldwork explored aspects of my participants' organisation's legitimacy perceptions and legitimation actions that were deemed to be a positive experience, in an attempt to discover the 'best of what is' during the Discovery phase of Appreciative Inquiry. However, it became clear early on that the 'shadow' was present in most of the discussions. Grant (2006) in her doctoral thesis describes how encountering the negativity she experienced during the implementation of her Appreciative Inquiry process nearly derailed her fieldwork. Ridley-Duff and Duncan (2015) also encountered a 'shadow' in their work with an ethnic community in the United Kingdom, so I was not surprised when I encountered a similar 'shadow' in my work. I thus allowed the participants to share their concerns, always pulling the discussion back to the positive intent of Appreciative Inquiry. I later reflected on my reasons for pulling the discussions back to the positive intent of Appreciative Inquiry, instead of letting the discussions run its course. I realised that, as a researcher with little experience in Appreciative Inquiry, I was trying to maintain the normative focus on the positive I understood to be central to Appreciative Inquiry. I also reflected on how my intervention of pulling conversations back to the positive may have influenced the discussions. As the researcher, I was seen as the academic expert, and as such had a power over the direction in which conversations are steered. Alvesson and Deetz (2000, p. 145) refer to this dynamic as

"domination as knowledge". In the process of steering conversations back to the positive I may have lost chances to hear more about my participants' perceptions of the 'shadow'; I could have learnt something new by letting the conversations go.

Through the critical aspect of my study, and subsequent reflection, I discovered for myself that Appreciative Inquiry is so much more than just a focus on the positive. In that sense, my fieldwork experience reflected literature (Fitzgerald et al., 2010; Grant & Humphries, 2006; Ridley-Duff & Duncan, 2015). These authors describe the limitations of such a focus on the positive. During my fieldwork analysis I was able to identify a pattern in how the 'shadow' was represented; as despair for their respective organisations and sector (cf. Chapters 11 and 12). I found Fitzgerald et al.'s (2010) description of how Appreciative Inquiry itself can be generating the 'shadow', just like a theatre spotlight illuminates and shadows simultaneously, very insightful and representative of what I encountered in my study. The 'spotlight' of my positively-framed questions created a simultaneous 'shadow' where 'negative' thoughts, feelings and behaviours were made public. My participants became critically aware of their situation, a situation in which they did not feel change is possible. My *appreciation* of the perceptions my participants had about their own legitimacy created the 'shadow' in my study. By focusing on the good that my participants were doing, I shone the spotlight on the challenges in their organisations and their sector. A Critical Appreciative Process was thus an appropriate methodology to gain insight into this generation of the 'shadow' and to intervene in the 'shadow'.

For my participants, the 'shadow' that was generated at multiple levels relate to themselves as individuals, their organisations' internal constituents, their external constituents as well as the sector as a whole. My inquiry into aspects of their business, even though it originated from a positive, appreciative position, still created a cognitive dissonance with my participants with regards to the stories they were telling. In simple terms, my participants expressed their desire to do 'good', but the economic environment they are operating in prevents them from doing as much 'good' as they would like to. Fitzgerald et al. (2010) describe how researchers can create a polarity that is integral to the creation of a 'shadow'. Where one group attribute is recognised, the antithesis is implicit. My focus on the social purpose of my participants highlighted the antithesis; the focus on profit. This social vs profit focus is contrary tensions that my participants (and many

other social enterprises) are well aware of, and my intervention brought this to the fore. Collectively, the 'shadow' that my discussions with my participants generated was expressed as despair. Despair for their organisations, their residents and their sector, trying to do good in a system orientated towards a neoliberalist market logic. My participants have to work in an environment where this dissonance, this contradicting set of values have to be negotiated each day. Parties in their institutional environment, most notably represented by the District Health Boards as funders, is seen to approach aged care via a market perspective, with goals to be achieved and success expressed in market terms. Constituents in their organisational environment, most notably their residents and staff, mainly perceive care as a love act, with the welfare of others the principal focus. The dominant norm of aged care is framed as a market function, enforced through the District Health Board contract, and by adhering to this contract and its stipulations, care as a love act is being perceived by my participants to be increasingly delegitimised. The suppression of care as a love act therefore sustains and reinforces care as a market function, in turn affecting the legitimacy perceptions of my participant organisations.

Reflections on institutional and strategic legitimacy

In Chapter 10 I described how my participants identified legitimacy and legitimation factors that reinforce both institutional and strategic legitimacy types. Both these legitimacy types were encountered in this study. Values associated with my participants' respective communities are embedded in the institutional fabric of my participant organisations, strengthening the institutional understanding of organisational legitimacy. At the same time, seen from a strategic perspective, my participants undertake certain strategic acts to bolster their organisations' legitimacy. My participants, as leaders of organisations that have contractual arrangements with the Ministry of Health (via the Waikato District Health Board), also expressed their concern and frustration about their relationship with the District Health Board. Something that I noticed was that the role of the State was seen as a detracting factor in the maintenance of my participant organisations' legitimacy. I do not think that having my participants lose their legitimacy is in either party's best interest. I thus reflected on institutional theory and strategic theory as it relates to this study, hoping to shed some light on the legitimacy of my participants against the backdrop of the relationship that exists between them and the Ministry of Health.

Huybrechts and Nicholls (2013) describe how collaboration between social enterprises and commercial entities link the micro and macro environments of both social enterprises and commercial entities with each other. Sector-related trends and organisational dynamics are brought together through such collaboration. According to Huybrechts and Nicholls (2013), the links between organisational legitimacy and collaboration between social enterprises and other non-commercial entities are not well researched. While the collaboration between my participant organisations and the Ministry of Health is not that of equals, but based in a principal-agent relationship, and the relationship my participants have with the Ministry of Health is not the same as they would have with commercial businesses, my fieldwork findings suggest a possible linking of the organisational and institutional environments of my participants and the Ministry of Health. Sector-related trends and organisational dynamics are thus brought together in the relationship between my participants and the Ministry of Health, as both my participants, as agents, and the Ministry of Health, as principal, bring with them their own institutional beliefs, values and rules. According to Huybrechts and Nicholls (2013), in a collaborative relationship between social enterprises and commercial entities, focusing on one's institutional field may actually result in increased animosity between these two entities. My experience suggests that it may also be true of the collaborative relationship between my participants and the Ministry of Health. This is not that surprising to me, as the Ministry of Health's adherence to a neoliberal way of thinking brings with it a strong commercial focus, which may explain the animosity. My participants' focus on legitimacy, as seen from 'within' the socially-orientated aged care sector they are part of, and the Ministry of Health's search for legitimacy from 'within' the voting public, could explain the differing perspectives of care, the different understanding of what organised eldercare ought to look like, and ultimately the despair I encountered. Care may be understood differently due to each party's own understanding and the pursuit of legitimacy.

Huybrechts and Nicholls (2013) describe how social enterprises can easily be pressured to adopt market values and principles, due to the subordinate position that social enterprises tend to take with entities that operate from a clear market logic. The authors posit the reason for this to be due to the potentially conflicting social and market logics that social enterprises may have to contend with. The dual focus on social and market logics (cf. Chapter 6) were clearly visible in my study. Huybrechts and Nicholls (2013) state that compromise with entities that operate according to a

market logic will likely undermine the social enterprise's moral legitimacy, opening them up to market isomorphism. Similar isomorphic forces are bearing down on my participants; there is pressure to conform to more commercial arrangements of organised eldercare. My participants have identified moral procedural legitimacy as their primary legitimacy dimension (cf. Chapter 10), essentially stating that being seen to 'do the right thing' is a major feature of their understanding of their organisation's legitimacy. These isomorphic institutional pressures my participants are subject to are influencing the evolution and development of their organisations. Based on my fieldwork I would contend that the institutional pressures my participants are exposed to are negatively affecting the relationship between my participants and the Ministry of Health. My participants are attempting to resist some of these isomorphic pressures towards increasing commercialisation, although I have seen elements of compromise in their actions, the most notable example being their attitudes towards premium charging as a method to increase profits. Most participants have in recent years adopted this method of raising additional funds.

Only explaining the collaborative relationship between my participants and the Ministry of Health from an institutional perspective likely ignores human agency, and the ability of strategic leaders to act strategically to potentially obtain, maintain or regain organisational legitimacy. According to Huybrechts and Nicholls (2013), social enterprises can easily adopt market norms and values as their guiding principles. Part of the concern my participants have about the future of their sector could be linked back to the decision my participants have made not to adopt market norms and values as their guiding principles. Had they done so, the institutional isomorphic pressures may not have been so great. My participants already find themselves in a subordinate position given the nature of the contract and the power dynamics associated with the principal/agent relationship, and my participants are also facing the potentially conflicting social and market logics when making strategic decisions. There is a strong argument to be made that my participants' search for organisational legitimacy in their institutional field may actually result in increasing animosity between principal and agent; between my participants as aged care providers and the Ministry of Health. The Ministry of Health's dominant position in contractual terms are ultimately affecting my participants' (perceived) moral legitimacy, or their ability 'to do the right thing' for their constituents, and my participants have to juggle the competing claims from their constituents and from their principal. My participants are presumably not the only viable service delivery option for

the Ministry of Health. As referred to earlier, in the Grant Thornton report (2010), commercial entities are said to be growing in number, and social-purpose organisations are declining in number. Using organisational legitimacy as a lens provides a different perspective on the fraught relationship between my participants and the Ministry of Health.

Reflections on Christianity and neoliberalism

One of my study interests is the social implications of Christian beliefs, and as such, I have reflected on these two questions many times. Hansen (2005) points out that Christianity can be seen to have implications at two distinct levels, what he refers to as the 'spiritual' and 'temporal' spheres. The spiritual sphere has to do with God's Kingdom that is yet to come, and the temporal sphere has to do with the world we live in now. Brueggemann (2001) describes a tension between the 'traditional' Christian interpretation and the 'contemporary' interpretation of Christian prophecy, which provides me with a way to reconcile the social and eternal foci of Christian doctrine. The traditional, conservative interpretation is future-focused, predicting the 'things to come', and how far removed present arrangements are from this 'ideal future'. This highlights the 'shortcomings' in current social arrangements. The liberal interpretation is, in turn, focused on the present, and typically equates to social action which addresses the needs of vulnerable people. While a tension exists between these two approaches, I am of the opinion that it is not an 'either/or' binary that I have to choose between. Both interpretations have a rightful place in the minds of Christians. As Brueggemann (2001) suggests, a sensible approach to deal with this tension may be for these two conventions to be allowed to correct each other. It is in my understanding of the 'ideal arrangement that is yet to come' that I gain my hope and energy for social action in the 'here and now'. My understanding of a socially-constructed world as an extension of the temporal sphere of Christianity allows me to reconcile my desire to focus on the building of strong communities and to resist social arrangements that undermine the wellbeing of vulnerable people in communities. A political dimension to being a Christian is required. Without a faith that includes action, neoliberalism cannot be adequately confronted. It is in this understanding that my resistance to neoliberalism stems from.

Social action is a way for me to live out my faith in God. Hansen (2005) states that we should not confuse the Christian message with its social realisation, meaning that we should not equate the

'value' of Christianity on whether it contributes to the creation of a desired social environment on earth. I do not see neoliberalism and its market-logic as a threat to the Christian message of salvation and the new Kingdom that God promised. But neoliberalism is a threat to the Lifeworld and Civil Society as public spaces where people live together and where the Christian values of humanity's inherent value, justice and fairness are pursued to create peaceful and just communities. The social role of the church (as the body of believers) is, therefore, to contribute to creating a world where humans can flourish and to resist and challenge social arrangements such as neoliberalism that lead to selective human languishing. My opinion is that, for vulnerable people in society to flourish, more attention needs to be given to how these public spaces, including community-orientated institutions, are protected from the colonising influence of a market logic.

Reflections on the legitimacy of hope

In this study, I often refer to the concept of hope as a means to generate a desire to resist the neoliberalist market orientation that influences current residential aged care policies. Following the analysis of information gathered during my participant discussions (cf. Chapters 12-15), I reflected a great deal on hope, in order to better understand if my hope is a legitimate hope, or not. My study exposed a despair expressed by my participants about the state of their sector. In my criticism, I make this despair public, and critically review the market-orientation that marks current aged care approaches. Through this criticism, and by pointing out an alternative social arrangement that my participants are putting forward, my aim is to also encourage a renewed hope and the associated energy to continue the resistance to the dominant neoliberal notion and to support the creation of a caring environment where humanity is allowed to flourish.

What is it that legitimises the hope that I am encouraging? Suchman (1995) defines legitimacy as a perception that actions are socially-desirable, proper or appropriate within a specific socially-constructed system of values. In other words, the hope for change that I am advocating for will be a legitimate hope for constituents if the basis of this hope is generally perceived to be desirable in the general socially-constructed understanding of residential aged care. These constituents that could make such legitimacy decisions could include my participants, residents and their families, the Ministry of Health as the funders of aged care services, and other members of society

that are interested in how formal aged care services are designed and administered. In Chapter 10 I discussed how my participants collectively favour a moral procedural approach to legitimacy generation and maintenance by 'doing the right thing'. My participants are taking the moral high ground, caring for vulnerable members in a fair and just manner based on their value as human beings, and not as a means to profit from. It is in this moral stance that I believe the legitimacy of hope may be found. The hope that I am offering to enhance eudaimonic institutional aged care arrangements is based on hearers of my criticism deeming the moral actions of my participants to be socially-desirable, proper and appropriate within the socially-constructed understanding of what aged care should look like.

Evaluation involves both an element of critique and of reflection (Grant & Humphries, 2006). In this chapter, I documented my reflections on key aspects of the research I have conducted. My reflections allowed me to gain an increased understanding of the Critical Appreciative Process I used as the foundation of my research, to become more aware of the associated 'shadow' processes, and to develop a greater appreciation of how my beliefs affect the way I (want to) shape the social world I live in. My reflection transformed my fieldwork experiences from just experiences to knowledge that I can now apply towards furthering eudaimonia as an expression of a common moral telos. In the next chapter I discuss the implications and significance of this study for socially-orientated organisations and their communities, for the Ministry of Health and for academia.

Chapter 17 – Implications and significance

My aspiration for this study was exploratory. I intended to enhance my understanding of organisational legitimacy as it related to social-purpose businesses operating in the residential aged care sector. The 'intentionality' of purpose of these social-purpose businesses delivering care to vulnerable people resonate with my view of human flourishing as a common moral telos that can bind people of diverse faiths and beliefs together.

In this study, I chose to hone in on five specific foci.

Firstly, I proposed a way to interpret the emergence and embedding of neoliberal values as a widely normalised set of values projecting an economic imperative that portrays commercialisation and competition as a positive characteristic. The critics of this imperative, as reviewed in Chapter 7, caution that such focus on economic considerations and profit maximisation at the expense of social and/or cultural considerations undermine communities that host such businesses. New Zealand embraced such neoliberal policies from the 1990's. The election of the Labour-led government in 2017 however, signals a possible change to the dominance of the neoliberalist notion in New Zealand– and perhaps in other parts of the world. The implications could range from changes to funding allocations, funding mechanisms and/or contractual arrangements, in the care of the vulnerable elderly specifically, but also in the delivery of other care services and in the creation of a society that is just and fair for all.

Secondly, I showed the detrimental impact that current neoliberalist residential aged care arrangements have on social-purpose businesses that have been set up specifically to care for vulnerable elderly people. My participant organisations, operating according to overtly expressed community-enhancing values orientated towards human flourishing, are all struggling to operate sustainable care organisations within current funding structures and contractual arrangements. At the same time, commercial care organisations in New Zealand are very profitable, reporting profits in excess of $100million profit per year (cf. Chapter 1).

Thirdly, I attempted to break through the seemingly endemic societal numbness towards the suffering of others, and the undermining of collective values I call 'the common good' prevailing in western capitalist societies. I do so by opening a process of engaged research conversation with managers of social-purpose businesses known for their commitment to ethical service. In the process of our conversations, I sensed an underlying feeling of despair and hopelessness

expressed by my participants. This sense of despair seems directed towards the institutional environment under which these organisations operate, lamenting their (in)capacity to meet their own and their employer's aspirations for the care of the vulnerable elderly. Despite the deep running concerns of the managers I conversed with, I also sensed a 'light in the darkness'. I am of the opinion that through their tenacity with regard to their values and their creativity as 'survivors' my participants and their organisations point towards a viable alternative way of service-delivery that may transform the 'narrow' business model approach to care to a eudaimonic model of care in their fields of operation – and by inference, an influence of the future direction of both service delivery and systems of trade and exchange.

Fourthly, I advanced knowledge in the academic fields of organisational studies, public health studies and religion through my original contribution to these fields in both an international and a New Zealand context.

And fifthly, through a series of reflections on my position as a researcher, I document how I changed during this research project. I do not believe that a researcher studying social phenomena such as human organisation(s) can be an objective observer during this process. In my view, there is no objective social reality that I could 'contaminate' by bringing myself as researcher to the conversation. Social reality, according to the research orientation I have committed to in this work, is presented as a social construction. My study was a subjective experience. Regardless of elected research paradigm, the researcher has an affectual influence and is likely to be affected by the work. I was affected by my research. The research allowed me to develop the skills to notice current institutional arrangements and how these can be influenced by the dominant neoliberal order.

Contribution and significance of this study

The contribution of this study is fourfold.

Firstly, I gained a fuller understanding of the subjects, sources and dimensions of legitimacy that managers perceive influence their organisation's legitimacy. My fieldwork enabled me to generate a typology (cf. Chapter 10) of how organisational legitimacy could be consciously construed and acted upon in socially-orientated care organisations. (cf. research question 1, Chapter 1).

Secondly, I was also able to put forward a list (cf. Chapter 10) of specific actions that my participants have done that they perceive will enhance their respective organisations' legitimacy

(cf. research question 2, Chapter 1). My study thus contributes to addressing the gap in the literature identified by Sarpong and Davies (2014) who advocate for more research into the legitimation activities of social enterprises in order to bridge the epistemic gap between legitimacy theory and practice. Such knowledge may be beneficial to managers of care organisations. A better understanding by managers of the factors that shape their organisations' legitimacy, and the actions that they can take to obtain, maintain or regain legitimacy, will allow for improved strategic planning, better future proofing of their organisations, to the benefit of the vulnerable people being care for as well as to the benefit of the community my participants serve.

Thirdly, I was also able to *notice* (i.e. became more acutely aware of) how neoliberalist policies in residential aged care impact how we as a society care for our vulnerable elderly, and I now *appreciate* (i.e. can take full account of) how the pressure to become more commercialised are seen to influence the organisational legitimacy of my participant organisations (cf. research question 3, Chapter 1). The co-exploration with my participants of their perceptions of their organisation's legitimacy enabled me to become aware of the internal and external institutional powers at play for each organisation. This knowledge allowed me to develop my own 'voice' in contributing to the potential change in direction from a market-orientated understanding of care to a eudaimonic understanding of care.

And fourthly, I was able to demonstrate how Christian values can be incorporated into organisational studies in a way that contribute towards a eudaimonic understanding of organisational actions (cf. research question 4, Chapter 13).

Through this study, I have identified five groups for which this study would have specific significance. These groups are:

- Social-purpose businesses, such as my participant organisations, that exist to care for vulnerable members of society
- The members of the communities my participants' organisations are part of
- The Ministry of Health, as the key government department responsible for funding and governing the provision of residential aged care in New Zealand
- Researchers with an interest in how neoliberalism, as the dominant political order in western capitalist countries, influences how institutional care is formally constructed, arranged and delivered

- Researchers with an interest in growing the span and diversity of research methods that are explicit about the values of researchers in the choice and modes of research, and the intention to be affective in some way as a part of the research process

Implications for each of these groups are discussed below.

Social-purpose businesses

Following the analysis of the information that I collected during my fieldwork, I realised the need to focus my participants' attention on the insidious nature of the dominant neoliberalist order shaping the institutional environment in which they provide their service. Articulated as 'neoliberalist' by advocates and critics alike, this dominant way of thinking is recognised by a market logic that permeates the institutional context. The insights generated from my fieldwork demonstrate how the market-driven instrumentalism that contributes to the selective manifestation of the neoliberal order is shaping the residential aged care environment my participants are operating in. An improved understanding of the power and influence inherent in a neoliberal way of thinking, as well as the ability to disrupt this dominance, may enable better collective response and/or resistance against such neoliberal forces. The despair that I encountered among my participants signals a dearth of hope for a long-term future for social-purpose businesses in the residential aged care sector.

Through my criticism of the dominant market-orientated order, I demonstrate that the plight of these leaders of social-purpose businesses has been heard, that their frustrations are recognised and that I, as researcher, support their ethical stance against the prevailing market model. I specifically criticise the 'disconnect' between the Ministry of Health's aspirations as contained in the government's Healthy Ageing Strategy, and the World Health Organisation's Global strategy on Ageing and Health 2016-2020, and the residential aged care arrangements that are currently in place. I point out how the Ministry of Health falls short of its own commitments. I also highlight the community-enhancing values that underpin my participants' care actions. I describe these values as the epistemological foundation of a common moral telos that could potentially bridge differing ontological viewpoints between people of differing beliefs, giving people hope, and allowing people of all belief systems to work together towards a eudaimonic understanding of human flourishing.

My focus on providing hope and energy to my participants is reflected in my discussions in several ways.

Firstly, by making my participants' despair visible, and by criticising the arrangements that gave rise to the despair, I aim to enhance/encourage hope in my participants. Through this action, I show my participants that I have taken the time to understand their challenges, and through this study (and academic journal publications) I am using formal avenues available to me to make known their plight to the wider society and to criticise those in power that facilitated the creation of current arrangements. While outside the scope of this study, following completion of this study I am interested in further investigating ways how such community-orientated organisations devoted to care can point the way how eudaimonia can be incorporated within commercial interests. My participants are at the vanguard of such a noble eudaimonic cause - resisting the undermining of humanity through the adherence to a market logic. I anticipate that my participants will gain hope and will be able to generate an energy from this study to continue to pursue the highest good for vulnerable members of our communities. It is my view that these leaders will benefit from support that 'energises' them to continue the 'good' work that they are doing. The contribution of revenue-generating social-purpose businesses in the creation of a strong eudaimonic aged care system, in the face of significant institutional challenges, is a research interest that I hope to explore further in years to come.

Secondly, I recognise and acknowledge my participants' struggle to create a future where all humans are able to flourish. This hope is not a promise that all will be well, as I cannot offer that. Such a promise of hope would legitimise the neoliberal approach of denying that current social arrangements are detrimental to some. What I can offer is hope for a future social arrangement where people are treated as inherently valuable where eudaimonia could be a reality. My participants are the spearhead for a care service that is designed for humans to flourish. In the process of making my participants' despair more visible, I also highlight the alternative social arrangements that my participants have created and are living by; a eudaimonic arrangement that is based on community-enhancing values, where collective human wellbeing is put first. The existence of such a community-affirming arrangement may provide like-minded organisations with a tangible goal to strive for, and a bond for greater collaboration in the achievement of mutually beneficial outcomes. My description of how (un)conscious engagement with the dominant forces

of neoliberal market directives impacts the residential aged care sector shows how current arrangements benefit certain groups in society above others. By bringing the ongoing need for the protection of vulnerable groups from the exploitation of a capitalist market-rationality in residential aged care to the fore, I highlight the inherent unfairness of current arrangements and the need to continue efforts to change the system. The groups of people that are made vulnerable by this market-orientated system are in many instances the groups of people that are being cared for by my participants, including people living in rural areas, people with special needs and people that are not able to afford to enter commercial residential aged care facilities.

Thirdly, a further way to provide hope and energy to my participants is through the exploration of the concept of organisational legitimacy with my participants. By pointing out how the Ministry of Health's market-orientated view of aged care differs from that of community-orientated organisations, I attempt to enhance the understanding of my participants, and thus their power to act. The Ministry of Health appears to be approaching eldercare as a 'problem' that needs to be solved through market-strategies, while my participants operate according to eldercare being an expression of love. These differing understandings of care as a concept influence these parties' respective legitimacy in the eyes of the other. The Ministry of Health can be said to act strategically, with a specific outcome in mind in their dealings with my participants. The care contract is written in order to enact that outcome. My participants operate more communicatively, not with a specific outcome in mind, other than to find consensus about what is in the best interest of the vulnerable resident. These conflicting ideas colour the ways each party approaches the other, which leads to miscommunication, frustration and a loss of legitimacy for both parties. A better understanding of these different interpretations, and how it could potentially influence their organisations' legitimacy, may lead to insights that could be used to generate an understanding of care that respects humanity's inherent value and upholds our country's stated commitment to aged care built on this shared value.

My intention through this study is to provide hope and energy to my participants to continue to care for the elderly in community-enhancing ways and to continue to resist the market-orientated logic that is undermining our communities. Understanding their own legitimacy better, and how it is created, will enable my participants to better organise their collective resistance against the

prevailing market orientation. What such a resistance could look like is outside the scope of this study, but is something that I am keen to investigate after completion of this study.

Communities

In modern western capitalist societies there appear to be little ability to believe or act in a way that is different to the dominant neoliberal way of thinking, which Brueggemann (2001) ascribes to the institutional and personal enculturation to a consumerist ethos. Breaking through the seemingly endemic societal numbness that many people exhibit towards the suffering of others is needed if a eudaimonic focus is to become a reality in how we care for vulnerable members of society. Community members that are politically involved in matters affecting their community, that advocate for organisations that have been created to care for vulnerable people, and that challenge any obfuscation by those in power in order to justify a market-approach to social arrangements that could have a detrimental impact on the vulnerable and their communities of care, could act as such a breakthrough towards the indifference towards the plight of others.

I put forward three ways of assailing the numbness in society:

Firstly, I criticised the market-orientation that dominate the way eldercare is organised by making more widely visible the despair of residential aged care managers who are mandated to provide the care services for these elderly. By highlighting the shortcomings of the market-orientation, and the detrimental effect this orientation is reported to have on social-purpose businesses, I attempt to break through this societal numbness towards the plight of others. The insights generated from this criticism demonstrate how the dominant neoliberal order undermines socially-orientated organisations' community-enhancing efforts to care for vulnerable elderly in a fair and just manner, and in a way that honours humanity's inherent value. In Chapter 10, I discussed the institutional pressure on my participants to conform to a market-orientated approach to care has affected my participants. An understanding based on Habermas' concept of the colonisation of the lifeworld (cf. Chapter 4) allows readers to follow how the Ministry of Health's market-focused care approach is used as an instrument to advance a commercial understanding of eldercare, but when contrasted with a eudaimonic discourse, the market-orientation can be seen to be limited. A market-orientated approach to eldercare undermines communities by colonising its public

spaces where people live together and where values such as humanity's inherent value, justice and fairness are continually negotiated and pursued to create peaceful and just communities.

Secondly, by highlighting the trend towards commercialised aged care I show how a neoliberalist market logic further undermines rural communities. I described how the ability to remain profitable is reported to be a bigger challenge for social-purpose care organisations in rural areas than in urban areas, which may explain why many such community-orientated providers of aged care services are increasingly exiting the sector (Grant Thornton New Zealand, 2010). This exit pattern steadily undermines the ability of vulnerable elderly to be cared for in their own communities. Of residential care facilities, 87% are based in cities or large towns (Grant Thornton New Zealand, 2010). The elderly that have the financial means and willingness to relocate to urban areas can access private eldercare elsewhere. Many vulnerable elderly, however, find it financially prohibitive to migrate from rural areas to urban areas to access care, or may not want to leave their family and familiar environments to be cared for far away from home. Such a migration may have a detrimental impact on intergenerational family and community relationships. My participants also reported that accessing specialist services, such as dementia and hospital care, is also more difficult to access for vulnerable elderly based in rural areas. With the community-orientated aged care providers under pressure to conform to a market-orientation in order to survive, and many elderly relying on these service providers for care, our communities can ill afford to lose these community-orientated providers. Knowledge and insights about the state of formal aged care arrangements, and the implications for rural areas now and in the future, may encourage community members to become more politically involved and challenge the decision-makers that facilitate the market-orientation in aged care at the expense of human wellbeing.

Thirdly, a further way to attempt to break through the societal numbness of community leaders is to demonstrate how the market rationality that underpins the dominant economic and political way of thinking shapes the institutional environment of community-orientated organisations. I 'situate' my participant organisations in Civil Society (cf. Chapter 4), where these organisations act as a buffer between the Lifeworld and the dual systems of the Administrative State and the Market Economy. My participants act as a conduit between the Lifeworld and the Political Public Sphere for messages on how the Ministry of Health's aged care policies are negatively affecting New Zealand communities. Through their pursuit of moral procedural legitimacy, my participants are trying to do the 'right thing' for the vulnerable elderly in their communities. These organisations

are dedicated to their residents and communities, and this report may also break through the numbness of community members towards caring organisations. Understanding the value of community-orientated care organisations in representing vulnerable members of communities and thus maintaining communal wellbeing may prompt community members to value the existence of such organisations more.

Through this work, I call community members to resist the colonising influence of a neoliberalist market logic and advocate for a eudaimonic understanding of how communities can be created and maintained. My hope is that the abovementioned efforts to break through the numbness of New Zealanders, and in particular that of community members of the communities my participants are situated in, will generate active community support for social organisations that care for vulnerable people in their midst. If community members do nothing, social services for the vulnerable members of society will likely continue to disappear from rural towns and may become inaccessible for elderly with special needs or financial challenges.

<u>Ministry of Health</u>

Residential aged care policies and associated processes, as they are delivered through the current arrangements determined by the Ministry of Health, have been argued as having a detrimental impact on social-purpose organisations and on communities. I have argued that the market-orientation associated with a neoliberalist understanding of care undermines the provision of equitable care by not creating and supporting an environment conducive to community-orientated organisations remaining in the sector. It is a view increasingly supported by experts and advocates from within the Health Care Sector (Grant Thornton New Zealand, 2010; Labour/Green/Grey Power, 2010; McGregor, 2012) and from outside (Barback, 2016). According to the Grant Thornton report (2010), the loss of such community-orientated organisations will have serious implications for aged care in New Zealand, most notably removing aged care services from rural elderly, special needs elderly and financially disadvantaged elderly. This report also highlights how the social focus of community-orientated providers are likely to diminish financial return, which, without appropriate support, will not be able to maintain their facilities and assets and will eventually reach a stage where it is not viable to remain open.

In my study I attempted to focus the attention of Ministry of Health officials (cf. Chapter 15) by pointing out how residential aged care arrangements fall short of the Ministry of Health's own commitments to eldercare as contained in the government's Healthy Ageing Strategy, and the World Health Organisation's Global strategy on Ageing and Health 2016-2020, to which New Zealand is a signatory. Through the Healthy Ageing Strategy, the government commits to address the social determinants of healthy ageing and to remove barriers, including financial barriers, to participation. Social determinants of healthy ageing include areas such as housing, elder neglect and social isolation. As reported in Chapter 8, current aged care arrangements in New Zealand result in an unsustainable and inequitable system of long-term institutional aged care. The Ministry of Health appears to lack strong leadership on this issue; what is being promised is not what is being delivered. Currently, the Ministry of Health's adherence to a market logic threatens the survival of community-orientated organisations that exist to address these very social determinants of health, and these organisations are increasingly exiting the sector.

Specific recommendations to the Ministry of Health would be to refocus their efforts on adhering to the commitments made in the Healthy Ageing Strategy, and the World Health Organisation's Global strategy on Ageing and Health 2016-2020. I would also recommend that the Ministry of Health pay particular attention to the voices of respected people that point out the vulnerabilities in current aged care arrangements. And finally, I would recommend that the Ministry of Health adopted the alternative aged care arrangements lived out by my participants. The values of inherent human value, fairness and justice that my participants identified as central to their vision of what aged care services could look like, could underpin a future eudaimonic aged care service – reflecting a pursuit of what is in the best interests of vulnerable elderly in society. I encourage the Ministry of Health's officials to review their policies and processes to ensure the survival of organisations such as those that participated in this study. Their continued existence is central to the Ministry of Health achieving its stated goals of a sustainable and equitable aged care service. By increasing funding, or otherwise incentivising their ongoing participation in the sector, organisations such as my participants will be able to maintain services while also renovating their ageing facilities. It will also allow them to pay their staff a decent wage. Such a change in the institutional environment of community-orientated care organisations will enhance the legitimacy of these organisations in the eyes of their communities and residents, which is the 'anchor point'

that organisations need to operate, and a key contributing factor to these organisations remaining viable businesses.

The shortcomings of the dominant neoliberal order, once co-opted, are in many instances legitimated by society through the offer of good news only and a future wellbeing that is presented without acknowledgement of present pain (Brueggemann, 2001). Such action fits the implementers of the dominant order, as it allows them to imagine that the present state will endure. I view the task of critical scholars to "penetrate the self-deception" (Brueggemann, 2001, p. 45) and disrupt this numbness towards the suffering of others. My criticism of the aged care arrangements in New Zealand will hopefully increase the awareness within the Ministry of Health of the plight of social-purpose businesses delivering residential aged care services, and a clearer understanding how current market-orientated policies lead to despair amongst social-purpose aged care providers. I am advocating for a more care-orientated approach to residential aged care, and my recommendations are made accordingly. Rural providers are hard hit by current arrangements, which in turn may negatively affect their communities. As referred to earlier, almost 80 years ago, Prime Minister Michael Savage envisioned a New Zealand with security in aged care and put the steps into place to make that a reality (Tongarewa, 2017). This study highlights just how far we yet have to go to make this vision a reality.

Relevant researchers interested in neoliberalism

I have a specific academic interest in exploring the intersection of community and business 'landscapes', and to use the knowledge gained to contribute to change that support human flourishing. Within the context of this study, I was able to gain an appreciation of current organised aged care arrangements. I gained a better understanding of how these arrangements are constructed and maintained, and I was able to generate knowledge that could support efforts to further a eudaimonic approach to residential aged care.

Through my exploration of how legitimacy is understood, and pursued, by my participants, I have formed the view that a neoliberalist way of thinking as it is implemented is detrimental to the legitimacy of social-purpose businesses that exist to care, and that the associated market-orientated logic is detrimental to the wellbeing of the communities these social-purpose

businesses are located in. My experience may also add to the discussion of the place for religious moral values on social practice and public policy in a secular society. In this study, I used a Critical Appreciative Process to explore the perception of organisational legitimacy of residential aged care service providers, and the actions their leaders take to obtain or maintain their organisations' legitimacy. Inspired by the work of Bauman and Donskis (2013), I chose to focus on tensions in the relationship between my participants and the Ministry of Health. The analysis of my fieldwork transcripts point to differing approaches taken, and expectations set, by both my participants and the Ministry of Health, which may contribute to the mistrust that exists between these two parties. A stewardship approach best describes my understanding of my participants' expectation of what a good relationship between them and the Ministry of Health ought to look like. My participants expect both parties to work together as stewards of the vulnerable elderly in society, and the actions that are taken are expected to be based on communicative reason, with the aim of normative agreement of how these vulnerable people ought to be cared for in a way that reflects social expectations. Based on conversations with my participants, the Ministry of Health's approach to the relationship with aged care providers is best described as an agent/principal approach. Mistrust is at the centre of this approach. The District Health Boards, representing the Ministry of Health, approach aged care oversight strategically via a care contract that enacts their policy-makers' understanding of what care ought to look like, and my participants are expected to uphold the contract that they entered into. This contract ensures that agents (my participants) do not act in their own interest, but in the interest of the principal (Ministry of Health). These differing interpretations were represented as a care paradox, which I explored in Chapter 13.

My participants' moral position, and their intention to do what they believe to be the right things to do, i.e. pursuing moral procedural legitimacy, (cf. Chapter 10), while having to adhere to a market-orientated contractual arrangement that is not primarily seen as care-orientated, provided me with an opportunity to explore the institutional and strategic underpinnings of legitimacy. I was able to describe how my participants perceive both strategic and institutional factors to shape their organisations' legitimacy. My study, therefore, makes further academic contributions to management theory. Exploring the tension between residential aged care service providers and the Ministry of Health, between a stewardship and a principal/agent understanding of how aged care services to vulnerable elderly ought to be governed is a contribution to governance theory

literature. My co-exploration of my participants' understanding of legitimacy, describing how institutional factors and strategic organisational factors influence how my participants understand and pursue their own organisation's legitimacy, also advances legitimacy theory as an academic interest area.

While the specific context of this study is the aged care sector in New Zealand, my study also has international appeal. To my knowledge my use of a Critical Appreciative Process in an institutional care setting is a novel approach, advancing knowledge in this field, as well as in fields of legitimacy theory and governance theory.

Relevant researchers interested in diversity of research methods

I view the way I combined a rational and prophetic critique as a significant contribution of my study to the academic field of research methods, a contribution that will likely have international appeal. The result of this combination is a 'fuller' appreciation of identified institutional constraints in contemporary aged care arrangements. Incorporating a prophetic element into my study to compliment my rational critique allowed me to conceptualise a Christian prophetic imagination as an able companion for Critical Appreciative Processes orientated towards human flourishing. Aside from Christianity's enabling a way for humanity to relate to God, I conceptualise Christian values that are shared by a wider audience as a way to explore a eudaimonic perspective of how humans could relate to each other, how public and private institutions could possibly look like and how power could be used to further the highest human good. The values I focused resonate with both Christians and with people from other faiths, including those that hold an atheistic or agnostic belief. The values of inherent human dignity, communitas, fairness and justice could be the values that bind people from a diverse belief and faith backgrounds together.

My rational critique approaches the despair I encountered in my fieldwork from within the 'sphere of human being', and my prophetic critique incorporating aspects that are outside of the 'sphere of human being'; concepts that I covered in Chapter 12. Leaning heavily on the Habermasian concept of the colonisation of the Lifeworld by the System (Habermas, 1987), on Seo and Creed's (2002) call to focus on paradox to examine institutional processes and on Bauman and Donskis' (2013) encouragement to focus our 'ethical gaze' on that which we find unsettling, I reviewed

current arrangements against the criterion of a eudaimonic understanding of human flourishing. Using my faith in God and His revelation about humanity's responsibility for looking after our fellow human beings as my departure point, and incorporating Bruggeman's (2001) description of a prophetic imagination, I set out to criticise the instrumental use of market-orientated neoliberal policies as a means to influence how vulnerable members of society ought to be cared for. Bringing a prophetic perspective to this study allowed me to explore the question of why humans need to act morally in the first instance. My belief in God introduces a Grand telos (cf. Chapter 1) to my understanding of human existence, which has implications for how I clarify for myself, and with Christians who share my orientation, how humans ought to relate to each other. Leaning on a common moral telos (cf. Chapter 1) based on a eudaimonic understanding of human flourishing, I hope to cultivate a shared understanding with people that do not share my faith in God. Incorporating religion into a Critical Appreciative Process also shows how religious moral values can be used to enhance human flourishing in secular western society. The concepts of inherent human value, communitas, justice and fairness are moral values that are reflected in Christianity and widely held in other belief systems. Religious people may bring these values to their workplaces, which I argue is to the betterment of social formations.

I found my teleology, incorporating a Grand telos based on belief in the existence of an ultimate reality that cares for the wellbeing of people and is in the process of redeeming His Creation, and a rational common moral telos based on collective human flourishing, provides a unique approach for religious scholars through which they can challenge established social and organisational arrangements and explore alternative eudaimonic arrangements. Habermas' concepts of the Lifeworld that are being colonised by the Administrative State, of a Civil Society that act as a buffer between the Administrative State and the Lifeworld, and of a Political Public Sphere that actively engages the Administrate State, highlight how the Abrahamic values of inherent human value, communitas, justice and fairness stand opposed to a neoliberal, market-orientated way of thinking that currently shape how vulnerable members of society are to be cared for, which I argue is to the detriment of communities. Together these concepts can be used to foster a society where business profits are used to create an environment where humanity can flourish, and communicative reason and action are combined with prophetic claims for why humans ought to care for others. My academic contribution will hopefully advance the understanding of how

neoliberal policies constrain the humanity of the vulnerable members of society. In this particular case, showing how New Zealand's aged care arrangements favour organisations that care for these vulnerable people according to the market logic rather than from a eudaimonic logic, will add to Critical Appreciative approaches to organisational studies, and the role of organisations in creating strong communities where vulnerable people are cared for.

Final thoughts…

In this chapter, I pointed out the five groups that I believe may find my study significant. My belief that my study is a significant contribution is based on my social constructionist worldview, which holds that humans can change social systems to alternative arrangements that put humanity first and are financially sustainable. I point towards my participant organisations as an example of how such arrangements could work. My study will hopefully also provide hope and energy to care organisations such as my participants – hope by realising that we can change the system, and energy through appreciation of the eudaimonic work that they are already doing. My study also incorporates a potential bridge between secular and religious thought, allowing likeminded academic researchers to bring both a rational and a prophetic critique to social formations. My study also links several academic study areas with residential aged care practice, such as governance and legitimacy theory which may also be of interest to management scholars and aged care sector practitioners.

I have come to realise, though, that for me the biggest contribution of this study is not to be found in this thesis. It is reflected in my personal growth. This study allowed to me to gain a deeper understanding of who I am, what I believe to be worthwhile activities, and why I believe that to be the case. I now understand what it means to put eudaimonia at the centre of human activity, and why we should be doing so.

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Participant Information Sheet

Waikato Management School
Te Raupapa

THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Purpose

This research focuses on organisational legitimacy in social-purpose businesses. Of particular focus will be how organisational legitimacy is perceived by strategic decision makers, and to explore any actions associated with any such perceptions that are aimed at achieving and maintaining organisational legitimacy.

My intention, through this research, is to:

Determine how legitimacy is perceived by strategic decision makers in businesses that has an explicitly stated social purpose.

Explore any actions undertaken as a consequence of how organisational legitimacy is perceived.

Parties associated with the research

The following parties are associated with this research:

Waikato University: Cobus Kilian (Researcher)

Dr Suzanne Grant (Supervisor)

AProf Maria Humphries (Supervisor)

Their contact details are:

Cobus Kilian

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07 856 288

AProf Maria Humphries

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Researcher requirements and expectations from Participants

The Senior Management Group within any participant organisations will be asked to participate in interviews with the researcher. The interview style will be based on a Critical Appreciative Inquiry model, which critically focuses on the positive factors and elements that the participants see as vital to the organisation's ongoing success.

The focus on the interviews will be to explore these organisational success factors that underpin or influence the perception of organisational legitimacy, as well as any potential actions that affect how organisational legitimacy is achieved and maintained. These critically examined success elements and factors may then be used to develop and underpin future business strategies.

The expectation is that between two to four meetings will be needed with each participant group, each taking about 1 – 1.5 hours. The researcher will engage with the participants to develop a meeting framework that suits both parties. With the consent of the participant group the interviews will be recorded digitally for transcript and analysis at a later stage.

Confidentiality

The raw information collected during the interviews will only be viewed by the researcher and supervisors, and it will only be used for the purposes of this study. No identifying information will be used in the research report or other publication that may flow out of this research project. Should there be any potential for unintended identification that arise, affected persons will be specifically invited to read and comment.

Further confidentially safeguards include securely storing the hard copies of documents at the researcher's home office, and electronic copies on the University of Waikato's computer server. Summaries of the meetings will also be provided to participants for review following the interviews, and the participants will have access to their own information at any time. A combined summary of information related to all participants may be made available at the time of publication, when participant will be provided an opportunity to review and comment on the draft report or article. All material will be securely held for a period of 7 years and then destroyed as per the University of Waikato's research ethics guidelines.

Potential risks for participants, and associated mitigation strategies

Any inquiry or questioning may result in change. The interview process may bring about change within participants, which could include a change in mind-set and a change in actions or behaviours. The interviews will focus on, and explore, positive aspects associated with the organisation's goals and purposes. This positive focus should mitigate any negative consequences associated with the inquiry.

How to opt out

Participants will have to opportunity to opt out of the study. The last date for opting out of the study is two weeks following the receipt of the Meeting Summary, which will be provided to participants within 2 weeks of the conclusion of the interviews.

Additional information

Should more information about the study be required, please contact the researcher.

Appendix 2 – Critical Appreciative Process handout

What is a Critical Appreciative Process?

Critical Appreciative Process (CAP) is a combination of Appreciative Inquiry (AI) and Critical Theory (CT), two well established qualitative research methods, both of which have transformational aspirations.

AI differs from the problem-orientated approach commonly associated with research by specifically focusing on positive organisational attributes. Instead of focusing the attention on what does not work within the organisation, the AI method places the focus on those things that work well. These things are then explored further to paint a picture of what an 'ideal' situation might look like. Ideas can then be developed that could contribute to achieving this 'ideal'.

Users of CT see the systematic analysis of written or oral communication (critiquing) as a type of evaluation. The focus of utilising CT is on affecting change, and is not satisfied with just understanding or explaining an issue. While this method of research has a reputation of focusing on the negative, this is not a complete picture of CT. The purpose of CT is to look beyond the obvious and challenge that which people may see as familiar or even take for granted. Such an approach may highlight positive aspects as well as negative aspects associated with the organisation in question.

Combining AI and CT may seem strange at first, but there are several similarities that allows for it to be combined into a CAP. Perhaps the most striking commonality is the focus on liberation, allowing decision makers to gain a better understanding of their environment, allowing them to improve themselves and their organisations through increased knowledge and understanding. Both approaches share the goal of encouraging and facilitating human flourishing.

How it works

The AI process consists of four phases of inquiry. This pattern is called the 4-D cycle (Cooperrider & Whitney, 2001), and the first three phases will form the basis of the research interviews. The four D's are:

- Discover: What is the best of 'what is'? Identifying things in the organisation that works.
- Dream: Envisioning things that may work well in the future
- Design: Defining the ideal. What is needed to support the vision?
- Destiny: Delivering the ideal. Putting the plan in action.

The 4-D cycle will be used to explore four key aspects associated with the perception of organisational legitimacy, and the actions that may, or may not, be associated with this perception. The interviews, which will encourage the telling of stories, are expected to provide a good insight into how organisational legitimacy is viewed, what the 'ideal' look like in terms of organisational legitimacy and what actions may be taken to move towards this 'ideal' situation.

The research process, outcomes and findings will then be critically reviewed, to look beyond what we see, hopefully providing insights into how we express ourselves and how we act. This knowledge may allow decision makers in social businesses to make changes, where desired, transforming their organisations for the better.

Please contact Cobus for a copy of the following article, should more information on CAP be needed.

Grant, S. L. (2012) "Enhancing community policing through critical appreciative processes" *AI Practitioner, International Journal of Appreciative Inquiry* – Special Issue, 14 (3), 21-25

Consent Form for Participants

Waikato Management School
Te Raupapa

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Te Whare Wānanga o Waikato

Purpose, Principles and Profit - An investigation into the organisational legitimacy of social-purpose businesses

Consent Form for Participants

I have read the *Information Sheet for Participants* **for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.**

I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the *Information Sheet.*

I agree to participate in this study under the conditions set out in the *Information Sheet* **form.**

Signed: _____

Name: _____

Date: _____

Researcher's Name and contact information:

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Supervisor's Names and contact information:

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Appendix 4 – Dissemination strategy

Aged care media

- Insite magazine
  Editor: Jude Barback

- Interviews with mainstream media

- *Focus:*
  Sharing evidence
  Collaboration

Crown agencies

- **Ministry of Health**
  Minister of Health - Dr David Clark's offce
  Public Health Units

- **District Health Boards**
  Aged residential care units

- *Focus:*
  Systems change
  Quality Assurance

Conferences and forums

- **NZ Association of Gerontology**
  National conference Sep 2018
  (conference paper accepted)

- **Waikato Institute of Healthy Ageing**
  Prof Matthew Parsons

- **IUHPE Conference on Health Promotion**
  2019

- *Focus:*
  Sharing evidence
  Collaboration

Academic community

- Public Health studies
  Social Enterprise studies
  Management studies
  Religion in Managment

- Conference Presentations
  Journal Articles

- *Focus:*
  Building evidence

Professional associations

- **Public Health Association**

- **NZ Aged Care Association**

- **Age Concern**

- *Focus:*
  Sharing evidence
  Professional debate

Other

- **Mainstream Media**
  Interviews

- **Political Parties**
  Labour Party
  National Party
  Green Party
  NZ First
  Act Party

- *Focus*
  Informed public