Panel ABSTRACT

Panel 34: Organizing Care as a Research Practice: Imaginative Approaches

Organizers: Sabya Van Elswijk, Matouš Jelínek

Abstract: Care is both a practical and theoretical matter. Practically, as Annemarie Mol suggests, someone must organize it, ensuring people and resources are in the right places to meet care needs. Theoretically, care involves understanding the underlying ideas, determining what constitutes right or wrong care, and its goals. Care policies and practice are often seen as dichotomous entities, but we propose viewing organization as a process that bridges theory and practice, making them adapt to each other. Inspired by Jeannette Pols work on "hanging out" and generative research as relational, participatory methods, there is a search for approaches that dismantle hierarchies, amplify marginalized voices, and co-produce situated knowledge.

This session invites papers on the organizational aspects of long-term care, focusing on imaginative methodologies and critiquing the dichotomy between practice and policy. We welcome research that explores methodologically:

- How care professionals organize care both theoretically and practically, and strategies to align policies with practice.
- How practice and policies influence each other.
- Organizational differences at various levels—managers, care workers, and middle persons—and their approaches.
- Organizational hierarchies and structures within care institutions, their impact on care practice, and vice versa.
- Necessary methodological innovations and novel approaches in social science for researching care organization.

We seek contributions that share novel and imaginative approaches to fieldwork on care as a matter of organization, aiming to dismantle the dichotomy between practice – policy and push disciplinary boundaries.

SESSION SCHEDULE

18.09.2025 | Slot 1 | 2-0-2

Sara Gerotto: Following Policies of Care: Engaged Anthropology through "the Frontline" of a Community-based Health Experience

Siënna Hernandez: From Paper to Practice: The Material Life of Care

Amelie Lange: Synchronising Multiple Temporalities of Care - Chronic Pain Management in the Danish Welfare State

Jitse Schuurmans: Timing the End of Life: Choreographing Rhythms in Advance Care Planning

SESSION PAPERS

Following Policies of Care: Engaged Anthropology through "the Frontline" of a Community-based Health Experience

Sara Gerotto

The shift from hospital-centric to community-based, integrated healthcare is increasingly promoted in European and national policies, particularly in Italy. While this vision is not new – the Alma Ata Declaration is from1978 - it is now beginning to take material form through policy implementation and local experimentation. This renewed focus responds to emerging health needs shaped by chronicity, multimorbidity, and the demand for long-term, proximity-based care. But how can we promote health within this evolving landscape?

This paper draws on ethnographic fieldwork in the Rimini health district (Italy), where a reorganization of local health and social services is underway. My research focuses on the development of Territorial Health Nodes (THN): experimental, proximity-based care structures grounded in principles of social and health integration and cuidado, inspired by Brazilian community health models.

Zooming in on the implementation phase of policies, I follow the frontline workers of THNs, those who translate policy into practice, navigating and negotiating often unclear guidelines. Among them are community and family nurses, key figures juggling community engagement and the “chronicity ambulatory,” trying to uphold a health promotion approach in both settings. Rather than viewing policy and practice as separate domains,I examine how they interact and reshape one another through everyday care work.

Through an engaged anthropological approach, this research reflects on the role of anthropology in processes of institutional transformation: how it can contribute to the co-production of care policies and practices while maintaining a critical stance, and how times of reorganization can also become times of care.

From Paper to Practice: The Material Life of Care

Siënna Hernandez

Forms, reports, and notes—whether handwritten or digital—are everywhere in healthcare systems. They carry diagnostic codes, care plans, patient histories, and

eligibility criteria, shaping how care is accessed, documented, and delivered. As care needs become more complex, these documents proliferate, often becoming invisible yet essential infrastructures. This paper proposes an experimental ethnographic approach to studying paperwork, not as static records of care, but as active participants in the organization of care itself. Attending to their materiality—how forms are filled, stored, circulated, and interpreted—I ask how documentation organizes care relations, mediates access, and embeds values into everyday practice.

In doing so, I respond to the panel's call to blur the line between policy and practice, treating the act of documentation as a space where these realms collide and co-produce one another. Rather than merely reflecting care decisions, paperwork shapes what care becomes possible, for whom, and under what conditions. This research embraces relational and situated methodologies inspired by "hanging out," tracing documents not only through institutions but also through the hands, screens, and routines of those engaging with them. It considers how marginalized voices and needs are translated—or lost—within bureaucratic forms, and how reimagining documentation might allow care to be reorganized otherwise.

By taking seriously the material infrastructures of care, this paper offers a methodological reflection on what it means to follow the work of care through things, and how doing so might help us anthropologically investigate the organisation of care.

Synchronising Multiple Temporalities of Care - Chronic Pain Management in the Danish Welfare State

Amelie Lange

Chronic pain resists predictable timelines or clinical outcomes, fundamentally challenging linear models of chronic care. In the Danish welfare state, the recently designated "pain area" (Sunhedsstyrelsen, 2023) brings together medical, rehabilitative, and social services in care trajectories. This apparent coherence obscures the fragmented and lengthy treatment paths patients face to receive care.

Based on a multi-sited ethnography across Danish care settings and interviews with 12 pain patients (2024-25), this paper examines how pain care unfolds through a series of temporal alignments and frictions. Patients, professionals, and institutions operate according to distinct logics of time—waiting lists, treatment phases, bureaucratic pacing, and the unpredictable embodied cycles of pain—that do not easily synchronise. Patients creatively co-organise their own care by responding to, resisting, or reconfiguring multiple temporalities imposed on them.

This paper extends medical anthropology's traditional focus on patients' lived experience into the organisation of care. Rather than viewing policy and practice as distinct opposing forces, I explore how they come to matter as they are connected, and how actors in pain co-produce those arrangements. Taking the liminal space between patient experience, policy, and practice seriously as a new site of ethnographic enquiry, I ask what is produced as they meet: What forms of temporal coordination, friction, or care relations emerge?

Chronicity in pain, I argue, is neither a clinical or policy term nor a discrete experience, but a variable outcome of temporal co-organisation that extends beyond the pain area—always in-the-making, and shaped through uneven and incomplete efforts to synchronise multiple temporalities.

Timing the End of Life: Choreographing Rhythms in Advance Care Planning

Jitse Schuurmans

In policy narratives, advance care planning (ACP) -which broadly describes the process of anticipating needs, preferences, and aims of medical care in the final stages of life- is increasingly foregrounded as a simple and promising approach in delivering 'appropriate care' (that is, preventing unnecessary and costly treatment) at the end of life. The coordination of ACP is however complex and ambiguous. Vulnerable bodies behave notoriously unpredictable and patients or relatives may cherish intense hope for future improvement and vigorously resist planning and preparation altogether (Kirby et al., 2021). Many professionals struggle to find the right moment for initiating ACP conversations and good timing is quintessential to its success.

This study mobilizes Elias (2007) notion of 'timing' and Lefebvre's (2004) 'rhythmic analysis' to trace how actors engaging in ACP coordinate the various rhythms at stake in end of life care (e.g. physiological; existential, social and organizational). By attending to the work of timing rhythms, our study foregrounds efforts of healthcare professionals in aligning a polished policy narrative about appropriate care at the end of life with the messy reality of unpredictable bodies, and patients and relatives (un)accepting an approaching death.

ELIAS, N. 2007. An essay on time.
LEFEBVRE, H. (204). Rhythmanalysis: Space, time and everyday life. Bloomsbury Publishing.
KIRBY, E., BROOM, A., MACARTNEY, J., LEWIS, S. & GOOD, P. 2021. Hopeful dying? The meanings and practice of hope in palliative care family meetings. Soc Sci Med, 291, 114471.