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Editorial: five volumes published

Five volumes of *Professions and Professionalism* have now been published. Since the first issue was launched in 2011, we have published 66 articles including the five articles in the current issue. From the very beginning, we have emphasised a broad and interdisciplinary scope on professions, professionalization, and professionalism. We have welcomed empirical, theoretical, and review articles focusing on traditional professions as well as other knowledge-based, occupational groups approached from any perspective and discipline. Comparative studies across professions, countries, and history are particularly welcome, and we have encouraged authors to situate their works, as well as explore their relevance to the study of professions and professionals in general. A wide range of occupational groups has been addressed in the 66 published articles, all of which focus on various aspects of professional life, training, and work. The combination of regular and special issues provides the opportunity to present a field or a perspective in some depth, as do single articles on particular issues. When we established the journal, we had hoped to develop this field of research further, and to attract attention to professions and professionalism as valid research areas and perspectives. We still think that these are important goals, and we hope the journal will continue to contribute to the development of the field.

In the first issue's editorial, we stated that to the best of our knowledge, very few of the existent English language journals specifically related to professions, professionalization, and professionalism are published worldwide on a regular basis. Even though this is still the case, we welcome a new journal, *Journal of Professions and Organization,* which has been established. We think this is a sign of the growing interest in the topics that are prevalent in *Professions and Professionalism*. While these two journals have a somewhat different focus and scope, we believe that more journals will contribute to the development of the field.

Professions and Professionalism is an international journal. So far, there has been a Nordic bias with respect to published articles as well as audience. Nevertheless, the authors who contributed to the first five volumes hail from 14 different countries; the US, the UK, India, Canada, and Australia were among the top ten visiting countries in 2015. Last year, we registered more than 18,000 article downloads. The Nordic bias is no surprise since the journal was initiated by the Nordic Network for the Study of Professions (NORDPRO), and is hosted by the Centre for the Study of Professions at Oslo and Akershus University College of Applied Sciences in Norway. An important aim in the years to come is to increase the number of submissions, in particular, from authors outside the Nordic countries. An additional goal is to add to the number of downloads worldwide.

The fact that the journal is not published by a publishing house poses some challenges. A publishing house provides some degree of assurance of the academic standards of the journal, and aids with distribution. As stated in the first issue's editorial, we believe that the reputation of a journal relies primarily on the quality and relevance of the articles that are published. From the very beginning, we have maintained that the articles published in the journal are held to the same academic standards set by other international journals in the social sciences. All articles are to be

based on original research, and reviewed by referees whose expertise matches the topics of the given submission. In 2014, we increased the number of reviewers from two to three in order to improve our quality assurance and feedback to authors. Our rejection rate has been about 50 percent over the years. The journal is officially approved as an academic journal in Denmark, Finland, and Norway. We are included in several essential indexing databases, and by Fall 2016, we will be included in EBSCOhost's new index, *Sociology Source Ultimate*. We continue to apply for inclusion in more databases as well. A significant number of notifications are also distributed when a new issue of *Professions and Professionalism* is published.

This journal is open-access and published online only. The electronic, open-access format contributes to the distribution and availability of the articles. Since 2014, all articles are available in EPUB, MOBI, HTML, and PDF format, all of which have led to an increase in total galley views. The frequent use of tablet and mobile phone indicates that most readers do not miss having a hard copy.

While open access has become increasingly widespread, we are also pleased that the publication of our articles is free of charge. There are no Article Processing Charges (APCs). We are grateful to the Public Knowledge Project for developing the publishing software and making it available free of charge. We are also indebted to the Learning Centre and Library at Oslo and Akershus University College of Applied Sciences for their help and support and for hosting the journal, as well as to The Joint Committee for Nordic research councils in the Humanities and Social Sciences (NOS) for their publishing grant. We would also like to use this opportunity to thank the referees for their contributions.

After five years, we have considered the need to modify the aims of the journal. Since some researchers have interpreted references to the Nordic context as exclusive, these references are now omitted in order to emphasise our international focus and scope. In summary, the current aims of the journal are as follows:

- to develop the study of professions and professionalism theoretically and empirically;
- to contribute to the development of the study of professions and professionalism as an internationally-oriented, interdisciplinary field of research; and
- to become an important publication channel for the international research community.

Jens-Christian Smeby
Editor in Chief

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Stan Lester

The Development of Self-Regulation in Four UK Professional Communities

Abstract: Professional self-regulation is often conceptualised as involving the delegation of state powers to professional groups. An examination of four groups in the United Kingdom provides examples of self-regulation that have developed, with one partial exception, without the support of any statutory framework. Some common aspects of self-regulation are identified along with some differences that relate to how the professions have evolved, and to their operating contexts. Significant influences include how the profession is situated among adjacent groups, the degree of demand from clients and employers for qualified practitioners, and potentially whether the occupation is suitable as an initial career or requires a measure of maturity and prior experience. An argument is made for greater recognition, both through practical examples and in academic discourse of self-regulation that is initiated and furthered voluntarily through negotiation between professions, their members and their clients rather than via legislative powers.

Keywords: professional associations, self-regulation, qualifications, landscape architecture, conservation, mediation, vocational rehabilitation.

Professional self-regulation has been described as part of an arrangement in which "societies grant professional communities freedom from external regulation in return for their commitment to regulate their members' conduct" (Gorman, 2014, p. 491). In turn this can be seen as part of the broader social contract that allows professions a degree of monopoly over their employment or services markets in return for conducting themselves in the public interest (Marquand, 1997). In this conception, self-regulation is regarded as involving the delegation of public powers to professional communities via a formal authority that is generally conferred by statute (Adams, 2009). This may follow if self-regulation is viewed as necessarily total, that is, practitioners are legally required to come under its scope, but otherwise it provides only a partial picture.

In the United Kingdom, the extent to which the state has an interest in regulating professions—or delegating legal authority to professional groups—varies by context. From the Thatcher era onwards the UK has been described as having a nominally free-market capitalist economy, but also strong central mechanisms of state (Gamble, 1988). For professions, at one end of a spectrum this translates to an aversion to legislation that restricts competition, militating against measures that endorse particular groups. Moving to the middle of the spectrum where there are sufficient matters of public interest to justify some form of intervention, this is commonly enabled by statutes creating "reserved functions" (activities that only a qualified member of the relevant profession is allowed to carry out) and "reserved

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titles" (such as "architect" or "solicitor," again restricted to suitably-qualified persons). Oversight of reserved titles and functions has commonly been delegated to some form of self-regulatory body, whether a membership association or a separate (but generally practitioner-dominated) regulator such as the General Medical Council or Architects' Registration Board. At the opposite end of the spectrum a considerably more interventionist stance is apparent in relation to some public-sector professions, where stronger and more direct regulatory measures are common. The rise of "new public management" (Kirkpatrick, Ackroyd, & Walker, 2005), alongside high-profile and sometimes chronic instances of self-regulatory failure (e.g., Dixon-Woods, Yeung, & Bosk, 2011), have in this sector created movement to greater state oversight both via additional administrative arrangements and through rebalancing regulators' governing bodies in favour of lay members. Alongside this, particularly in the legal and financial sectors, traditional means of self-regulation through national professional bodies have struggled to keep pace with the evolution of multinational, often multi-professional firms (Quack & Schüßler, 2015). These factors have led some authors to posit a substantial curtailing or reframing of professional self-regulation as a phenomenon (e.g., Evetts, 2002, and Kuhlmann & Allsopp, 2008), or at least its transformation into what Spada (2009) has called "regulated self-regulation."

Nevertheless, of the 400 or so professional groups present in the UK (PARN, 2015), the majority (and particularly many of the smaller groups) fall towards the first end of the spectrum where the state has no interest in regulation whether directly or by proxy, or (as in the case of engineering) is satisfied that professions' voluntary systems are robust enough not to warrant public intervention (Jordan, 1992). In these situations groups that want to influence how work in their field is carried out will aim to extend their authority via various kinds of non-legislative recognition. Typically, self-regulation is first worked out within the professional community in a soft form as the rules for "joining the club," later becoming more formal, negotiated with wider stakeholders and promoted in the public sphere as the nascent profession seeks to extend its influence. Drawing on Ogus (2000), it becomes a kind of "private ordering" where the self-regulatory regime aims to provide benefits both to practitioners and to their clients or employers beyond those available through the laws of contract and employment. In this context, self-regulation can be defined as action by the profession itself to put in place, operate and gain acceptance for standards and processes that are designed to ensure the quality of practice. The extent to which practitioners are obliged to come under the umbrella of this kind of self-regulation depends on the scope for making a living outside of it, which in turn will relate to a variety of factors stemming from the market, sociopolitical and legislative environments in which they work (and which are sometimes open to the profession to influence).

A form of peculiarly British recognition open to at least the larger of these groups is to apply for a Royal Charter. A charter is a form of legal incorporation granted by the Privy Council, a committee of Members of Parliament, that gives the profession a status similar to that of a public body; in some respects it plays a parallel role to state recognition in some other countries. The principal attraction of a charter for professions is that they can (after certain conditions have been met) award a chartered title to members, which is exclusive to and governed by the body that confers it, it is aform of a *de facto* reserved title. The charter is not in itself a form of regulation and it does not confer any privileges in the labour market, although it can be revoked if the organisation acts in a way that is inconsistent with the public interest.

The professions

The four professional groups that are described below have been selected from an informed or "information-oriented" perspective (Flyvbjerg, 2006) to illustrate the phenomenon of self-regulation towards the open market end of the spectrum described above. In all cases, even if some of the group's activity is in the public sector or (in one instance) includes a reserved function, a substantial proportion consists of otherwise unregulated interaction between practitioners or professional firms and private, commercial or voluntary-sector clients and employers. The main factor influencing the choice of occupations was the desire, at a practical level, to provide a set of examples that taken together would offer insights relevant to other groups considering, or in the process of developing, means of self-regulation. My experience of working with such groups indicates that they can be overly influenced by large well-established occupations whose own processes of professionalisation took place in substantially different circumstances, leading to unrealistic expectations of state support, regulatory reach and level of influence. This is mirrored in the academic literature where studies of professions are dominated by a relatively small range of occupations, with medicine, law and sometimes engineering or accountancy serving as archetypes, while predominantly public-sector professions such as teaching, nursing and social work are widely discussed but also treated as problematic due to the level of government and organisational control over their work (Evetts, 2009). Discussions of self-regulation also tend to focus on these larger and more prominent groups, with a few exceptions such as Adams' comparative account of software engineering (Adams, 2007); small groups that are beginning to negotiate matters of self-regulation among their members and stakeholders appear very rarely. The cases discussed here are, while deliberately selected from outside of the more widely studied professions, likely to be fairly typical of the majority of British professional communities that rarely feature in the literature or as exemplars.

The four professional communities provide a spectrum in terms of the era in which significant self-regulatory measures were introduced and the extent to which they have become established. Landscape architecture as an organised profession dates from the 1920s, and has a well-established system of qualification and self-regulation, as well as now a Royal Charter. Conservation (of cultural heritage) is at least as old, though formal organisation dates from the 1950s and an authoritative institute was not formed until 2004. Family mediation is much newer as a distinct occupation, appearing in recognisable form only in the 1970s and still fragmented in its organisation; however, of the four, it is the only one with a reserved function or where there is any significant level of compulsion for practitioners to be regulated. Finally, vocational rehabilitation has largely been regarded as a function carried out by practitioners from a number of professions, and has only recently began to develop an identity of its own. These last two might be considered nascent professions as, although they lack some features often (though not universally) associated with professions, such as university-based entry-routes and authoritative governing bodies, they both embody what can be considered a professional rather than a purely occupational ethos (Lester, 2014a), and are made up of practioners who are trained and qualified as professionals. A summary is provided in Table 1.

Table 1
The professional communities

	Landscape architecture	**Conservation**	**Family mediation**	**Vocational rehabilitation**
First university degree or diploma	1930[1]	1937	None	1992
First association	1929	1958	1988	1993
Qualified status	1930s	1979/1999[2]	1996/2015[2]	--
Number of members	6000[3]	3500	1500[4]	1000
Percentage with qualified status	55%	23%	60%	--
Legal protection	None[5]	None	One reserved function	None
Current structure	Single chartered association	Leading plus smaller associations	Umbrella body with standards board, six associations	Three small associations
Main markets and employers	Public authorities; environmental organisations; developers; landowners	Museums, galleries, archives; heritage organisations; private individuals and collections	Individuals both privately and publicly funded	Employers; insurers; benefits agencies; health service; individuals
Career point	Mainly primary professional field	Mainly primary professional field, significant mature entry	Entered from or practised alongside a related profession	Entered from or practised alongside (or as part of) a related profession
Dominant view of field	Overlapping specialisms with significant common ground	Professional field with many specialist applications	Closely-defined functional activity	Area of activity and expertise into which practitioners bring different existing perspectives

[1] All dates and figures relate to the United Kingdom
[2] First partial scheme/Mainstream qualified status
[3] Includes students
[4] Under the umbrella of the Family Mediation Council
[5] The term "landscape architect" is permitted as an exception under the Architect's Act 1997.

The evidence-base for the descriptions that follow come from my involvement with each of the four groups in assisting them to develop or enhance self-regulatory functions. Part of this involvement included building a "rich picture" (Checkland, 1981) of the profession and its operating context, based variously on documentary research, interviews, group discussion and consultation, most intensively at the beginning of my involvement but in all cases evolving over a period of between three years and a

decade. For the two examples where my involvement was not current at the time of writing, I updated the information from documentary sources and discussions in early 2014. Drafts of the case-studies, which are presented in more detail in Lester, (2014b), were also checked with key people in each of the relevant professional bodies. Beyond the soft systems-influenced approach adopted for the project work itself, my standpoint has been transdisciplinary in the sense of starting from the practice context rather than from the perspective of any particular academic discipline, and seeking to develop knowledge for application in practice (Gibbs, 2015). I have also aimed to maintain a phenomenological orientation in the sense of attempting to understand the professions from the viewpoints of those situated in and working with them, and presenting a story of each group that, while it is told from the perspective of its attempts at organising and regulating itself, avoids too much further analysis.

Landscape architecture

The profession of landscape architecture accounts for just over 6000 practitioners and students in the UK, of whom 3300 are qualified at chartered level. As an activity it has a documented history going back over two millennia. In Europe, professional "landscape gardeners" (designers and project managers) came to prominence from the seventeenth century onwards. The term "landscape architect" was coined in the mid-nineteenth century in New York, appearing in the UK by the end of the century. Associations of landscape architects were formed in the United States in 1899, Germany in 1913, and the UK in 1929, the last largely due to the efforts of a small group of leading practitioners, some of these were also architects or members of the emerging town planning profession. Although the early landscape gardeners largely laid out private estates, nineteenth- and twentieth-century landscape architecture was increasingly associated with public projects such as the great era of Victorian park-building, the development of the "garden cities," and later the "new towns." More recently the balance of employment has moved back into private, sometimes multi-professional practices and a growing voluntary sector. The profession's conception of its role has also evolved, so that while landscape architecture was initially almost synonymous with design, later conceptions included concern with land use, planning, ecology, and landscape management (Motloch, 2001). This change was reflected in the UK association changing its title from the Institute of Landscape Architects to the Landscape Institute (LI) in 1972, and creating three divisions concerned with design, ecology and management.

The development of self-regulation in landscape architecture was aided by the presence of adjacent but largely non-competing professions, particularly architecture. Initially, the profession followed a similar pattern of training and qualification to architects, with entry-routes staged in four parts, all examined directly by the Institute; the first three parts were discontinued in the 1980s, having fallen into disuse in favour of degree courses. Following graduation, trainee landscape architects were required to spend two years in supervised practice before taking the Part 4 examination leading to qualified membership (from 1997 chartered status). The relatively rapid and painless introduction in landscape architecture of classic artefacts of professionalisation such as an authoritative association, code of ethics, recognised degree-level training route, and a clear qualified status suggests a certain amount of closure of its professionalisation "project" (cf. Vernon, 1987), particularly when compared with the occupations discussed in the next sections. Nevertheless, the profession's systems and processes have continued to evolve in response to a variety of external changes and trends.

The main external influence on landscape architecture in recent years has been the growth in importance of environmental matters. Although this has brought the profession into closer contact and competition with adjacent professional groups in the environmental field, on balance it has expanded both its outlook and the level of

demand for landscape architects. Currently there are 31 LI-approved university degrees in the UK, as well as a process for the Institute to consider applications from graduates of non-accredited or sub-degree courses. Recent changes to its regulatory framework include replacement of the three membership divisions with a looser set of specialisms, and a number of measures designed to update post-degree entry routes. These include a professional standards framework that underpins both course accreditation and final assessment of practitioners, and a training period based on meeting the standards rather than serving a specific length of time. The LI was also one of the earlier professional bodies to adopt a practitioner-driven model of continuing development, recognising from the early 1990s that self-managed activities were playing a larger role in practitioners' updating and ongoing development than courses organised by the Institute or by educational institutions.

Landscape architecture can be regarded as an archetypal self-regulating profession in that it does not have any legally reserved functions, it is governed by a voluntary professional association without interference from public bodies, and has a unitary governance structure (member-oriented and regulatory functions are undertaken by the same body). The profession has created a significant niche for itself on a level with, though distinct from, adjacent professions such as architecture, environmental management, surveying and planning. Its success both as a practising profession and its links to the academy ensure that it continues to attract practitioners to join and qualify with the Institute, despite the fact that the activities carried out by landscape architects are generally open to practitioners in related fields with similar or lesser levels of qualification. The profession is also widely recognised internationally, with an international federation dating from 1948 and now numbering over 70 countries in its membership.

The conservation of cultural heritage

The activity of conserving and restoring movable material heritage accounts for an estimated 3500 practitioners in the UK, of whom a little over 800 hold qualified status through the main professional body, the Institute of Conservation. Like landscape architecture it can be traced back over two millennia, although for most of its history it was practised by artists and craftspeople who were not specifically conservators or restorers. It was somewhat slower to become established as a formal profession; apprenticeship-type training for restorers appeared in the eighteenth century and university courses in conservation in the 1930s (Scheißl, 2000), but formal associations were only established around the middle of the century including one in the UK in 1958. Unlike in landscape architecture, several competing associations quickly followed so that by the 1980s there were twelve membership bodies operating wholly or partly in the UK that were concerned with, or had a major interest in, conservation. Most of these were closer in style to learned societies or trade associations than professional bodies.

Major events in the crystallisation of conservation as a profession took place in 1964, when an international conference of practitioners drew up a basic code of practice, and 1984, with the agreement by the museums community of an influential definition of conservation. The same era saw rapid growth in university courses and research, grounding conservation as much in materials science and art history as in the craft of the artist-restorer. While the UK associations developed codes of practice and rough notions of what it was to be a professional conservator, formal self-regulation was slow to emerge. This was partly because an authoritative body had failed to emerge that could take forward the necessary developments, and partly because of the lack of stable employment for novice conservators, making it difficult to set up post-university professional training (Jagger & Aston, 1999). The organisational problem was partly resolved in 1993 with the voluntary coming together of twelve associations under an umbrella organisation, the National Council for Conservation-

Restoration (NCCR), which among other things set itself the task of developing a means of distinguishing *bona-fide* conservators. Pressure for this had come from practitioners to help remedy what was seen as a lack of status, voice and remuneration for conservators, as well as from some client bodies who wanted a register of qualified practitioners, something that became more urgent as many moved away from employing conservators directly to engaging them as consultants and contractors.

The first registration schemes were set up outside the NCCR initiative in two specialist areas of conservation, but a more concerted joint effort was made to establish a qualified status towards the end of the 1990s. This aimed to bridge between the different traditions present in conservation, accommodate graduate and non-graduate entry, be workable in the absence of structured early-career training, and provide access for existing practitioners some of whom were highly proficient but had no relevant formal qualifications. A professional practice assessment was introduced in 1999 leading to a qualified status (Accredited Conservator-Restorer, ACR) roughly at master's level, though not depending on academic qualifications. This approach was influenced by three main sources: the final post-degree, post-experience practising assessment common in the built environment professions (including landscape architecture); the UK's then system of competence-based vocational qualifications; and a European project which aimed to agree common standards of practice for conservators (Foley & Scholten, 1998). Initially, the governance of this system was shared between NCCR and the three (later four) member bodies that subscribed to it, and delegated to an accreditation panel overseen by a more strategic professional standards board. This arrangement continued until 2004 when, reflecting the desire of many conservators to build on the momentum gained to date and increase the influence of their profession further, several of the conservation associations merged with NCCR to form a pre-eminent professional body, the Institute of Conservation (Icon), which was able to resource a complement of permanent staff.

The introduction of ACR status and the formation of Icon as the profession's leading institute have proved significant in enabling conservation to establish itself as a credible profession. Icon has also been able to address other matters including promoting practice-based training opportunities and developing a technician-level qualification; it is currently (2015) investigating the possibility of applying for a Royal Charter. Conservation, like landscape architecture, operates in an otherwise unregulated environment and there is no real pressure for early-career conservators to become professionally qualified. Given that the assessment assumes around five years of practical experience, ACR status is understandably seen as a necessity only for independent practice and senior roles, where it tends to be required or favoured by large clients and employers. A 2013 independent review of the ACR framework has indicated that it is both well-recognised and highly robust, though with scope for better promotion among the conservation community.

Family mediation

Family mediation, the facilitated and non-adversarial resolution of disputes relating to separation, divorce, childcare arrangements and other family matters, is currently the primary or substantial occupation of around 1500 practitioners in England and Wales (due to differences in legal systems, Scotland and Northern Ireland have different arrangements for mediators which will not be covered here). Of these 1500 around 900 can be regarded as fully qualified. While as an activity it goes back far longer, family mediation emerged as a recognisable occupation only in the 1970s; its history in the UK is largely bound up with the liberalisation of divorce laws from 1969 onwards.

The first family mediation services were voluntary initiatives associated with the divorce courts and funded on an experimental basis in the late 1970s, employing

often volunteer mediators drawn from the social work and marriage guidance professions (Cretney, 2004). A national association (of services, though keeping a register of practitioners), now National Family Mediation (NFM), was formed in 1981. Mediation provoked a mixed reaction among the legal profession, with some lawyers seeing it as encroaching on their sphere of interest and others as complementary; a few started to become involved themselves, and some of these formed an embryonic practitioner association, the Family Mediators' Association (FMA), in 1988. Although the distinction between legally-trained mediators (initially the main constituency of the FMA) and those from a social work, guidance or counselling background (typically registered with the NFM) persisted for some time, the training and activities of both groups gradually converged.

The question of regulation came to the fore in the early 1990s, when public funding in the form of legal aid was made available directly for mediation. The agency responsible for administering the funding wanted a means of identifying mediators with whom it would be confident to work, and it set up an assessment of mediator competence that could be taken after gaining basic experience. The Law Society, the then qualifying body for solicitors, was also recognised as able to run an equivalent assessment. This established a pattern of initial training (which could be no more than the equivalent of a week), support by a mentor, and finally the competence assessment. In an attempt to institute a regime of self-regulation, NFM, FMA and the NFM's Scottish counterpart collaborated with government support to set up a body (the UK College of Family Mediators) that was intended to operate as a fully-functioning professional institute, and which took over the competence assessment from the legal aid agency. This body never attracted more than a small majority of practising mediators, and it was effectively disbanded in 2007.

Following the demise of the College, the (now six) associations that could count family mediators as members set up an umbrella body, the Family Mediation Council (FMC), to provide a standing conference and nominally common voice for the profession. While this enabled a modicum of common action, it was as often riven by debate and disagreement between associations of radically different size (from the Law Society with over 100,000 members and the mediator bodies with numbers in the low hundreds) and perspective (e.g., the voluntary-sector NFM and lawyer-based Resolution) (cf. Adams, 2007). The FMC inherited a situation where there were effectively four accreditation schemes for family mediators, only nominal standardisation of training, and confusion about who could be regarded as a "qualified family mediator" and on what basis. In addition a very specific reserved function had been created by family justice legislation, relating to providing initial assessments of clients' suitability for mediation; a separate status, with less stringent requirements than full accreditation, was initiated to authorise mediators for this purpose. The FMC was initially ineffective at resolving this situation beyond agreeing a common code of practice and a(n outdated) approach to continuing development. This chaos was criticised in a review of the family justice system commissioned by the government (Norgrove, 2011), which hinted at the possibility of introducing a statutory regulator. In response the FMC commissioned its own reviews, which with government backing produced agreement in 2014 on a common standard of accreditation and self-regulation. The result was that the majority of regulatory functions were taken into the FMC and overseen by a new arm's-length standards board with lay as well as practitioner membership.

While the FMC's actions have gained governmental approval and support, a number of questions remain as at the end of 2015. These relate to things such as the adequacy of initial training; the retention of routes to accreditation via two different bodies; the difficulty of providing adequate supervision between initial training and accreditation; and the continuing presence of six associations, some of which are more supportive than others of the recent reforms. More generally there is also an ongoing debate on the extent to which mediators who are not required to register by

law or contract should be pressured to do so, for instance by the associations not admitting them as practising members. While on the surface therefore the family mediation community appears to have introduced systems and processes much more rapidly and universally than has been the case in for instance conservation, these are still relatively immature and a number of tensions are yet to be resolved.

Vocational rehabilitation

Vocational (or occupational) rehabilitation (VR) is concerned with enabling people who have long-term health problems, are disabled, or are recovering from major injuries, to remain in or return to economic activity. Like family mediation it is normally entered from an adjacent profession, typically a health profession or sometimes careers guidance, vocational training or personnel management, and for most practitioners it takes place alongside their main occupation. It is difficult to estimate the numbers of people who identify primarily as VR practitioners, but a current estimate based on membership of specialist associations suggests this is just over a thousand. In the UK, VR can be traced back to the Poor Laws and workhouses of the nineteenth century, and it developed through multiple influences including charitable support for people with disabilities, specific measures for the rehabilitation of injured combatants, and general health provision. The National Health Service (NHS), formed in 1948, had medical and functional rehabilitation as one of its remits, extending to some aspects of return-to-work. Similarly, the social welfare system became involved in aspects of VR both to aid benefit claimants to return to work and to provide supported employment for those deemed unable to secure or retain jobs in the general labour market.

The rise of VR as a more clearly-identifiable occupational activity can be dated, like family mediation, from the late 1970s. A financial crisis and period of rising unemployment limited the ability of the NHS to provide more than functional rehabilitation services, while a political imperative to minimise the number of people claiming unemployment benefits placed more emphasis on the return-to-work role of the benefits agencies. From this time onwards, but particularly from the early 1990s, the private sector also began to play a stronger role in VR through the active involvement of employers, insurers and training providers. The notion of a professional VR practitioner began to take hold with the adoption of a case management approach, driven particularly by insurers and employers. Case management focuses on the individual and their situation, needs and aspirations, and takes a transprofessional perspective geared to co-ordinating the various interventions and forms of support that are appropriate at different stages. There is substantial evidence for the effectiveness and benefits of case management (e.g., Waddell, Burton & Kendall, 2013), with the UK learning from more advanced practice in the Nordic countries, Australia and Canada.

Associations and qualifications specifically concerned with VR were slow to become established in the UK, principally because the majority of practitioners continued to identify with their primary profession and in many cases regarded their VR work as an extension of their main area of practice. The first university course in VR, a master's degree at City University in London, opened in 1992 and led indirectly to the formation of what is now the Vocational Rehabilitation Association (VRA) a year later. Two further specialist associations followed over the next decade; each of these currently has a membership in the low hundreds. A non-university qualification (essentially a knowledge test) is offered internationally by the National Institute of Disability Management and Research in Canada, and an attempt was made in 2010-12 to set up a skills-based, sub-degree European qualification for front-line VR practitioners (Lester, 2013). Neither have been accepted in the UK as suitable to contribute to professional status.

To date, each of the three VR-related associations has published professional standards and a code of practice, and they also collaborated in 2013-14 to produce a competence framework for VR case management. A joint professional, provider and client forum has also produced a set of standards for service providers, and good practice for VR provision is enshrined in a closely-related British Standard. While in principle the associations can eject members for failing to follow their standards, no further aspects of professional regulation such as a formally qualified status or audits of continuing development have been instituted. The VRA has developed guidance for members to use its standards for self-assessment and continuing development, and an internal consultation in 2014 garnered a high level of interest in developing a qualified status in VR.

The path to self-regulation

The four professional communities described above illustrate varying degrees of success and effectiveness in establishing self-regulatory measures, partly accounted for by their degree of maturity. Landscape architecture can be posited as highly successful in that in a voluntary environment it has a widely-recognised qualified status, draws a healthy stream of recruits into formal membership, and the majority of these progress to and remain at chartered level. Conservation's much newer qualified designation has gained quite rapid recognition across the stakeholder community, but it exists alongside the option of working as a trained but unaccredited conservator under a looser regulatory umbrella, or (with more difficulty) eschewing professional membership completely. At face value, family mediation has appeared quicker to set up its regulatory processes, but these have largely been driven by public-sector requirements and the practitioner community has struggled to create a robust framework under its own initiative. Vocational rehabilitation has got to what is perhaps a more realistic stage of development for a nascent profession in the absence of state or client pressure, with an open question as to whether and how quickly this will develop to encompassing a more formally qualified and regulated membership.

The examples illustrate that open-market professions are able to initiate, establish and operate self-regulatory structures successfully, subject to two provisos. The first of these is that under purely voluntary conditions, reaching the point where it is the norm to become and remain professionally qualified can take several decades from the appearance of a recognisable, professional-level occupation. Even when this point is reached there may still be multiple associations and regulatory or quasi-regulatory regimes, as is currently the case in business coaching and was in podiatry until it came under the remit of the Health and Care Professions Council. The second is that the profession has the resources to maintain its regulatory function. While informal professional groups can survive on the input of volunteers, more than basic regulatory activities create a demand for paid staff, office facilities, meeting expenses, insurance, and occasional consultancy or legal inputs—all of which need to be covered by membership and similar fees, set at a level that practitioners deem acceptable for the benefits gained (cf. Williams & Woodhead, 2007). Conservation's 3500 practitioners can adequately support a self-regulatory function as members of a single association, but it is yet unclear whether family mediation's 1500 are able to do so at the level envisaged, particularly given the more complex organisational arrangement that is involved.

In terms of context, the examples illustrate two major factors that influence how self-regulatory structures develop. The first and most obvious of these is the degree of demand from outside the profession for practitioners who are qualified and regulated. This has played the most significant role in family mediation, and come principally from requirements for public funding. In conservation, the developments that took place in the late 1990s were supported by influential clients wanting some form

of register of qualified conservators, and subsequent embedding of the qualified status has been aided by its appearance among the criteria for contracts and senior employed posts. In landscape architecture the impetus for self-regulation largely proceeded from inside the profession, although the wide recognition now enjoyed by qualified landscape architects among employers, clients and adjacent professions has become a factor holding it in place. It is worth noting that pressures for self-regulation can be driven by public or client bodies wanting to offload the work (and costs) of quality assurance on to practitioners in a mild form of professionalisation "from above" (McClelland, 1990). Although this can be seen in family mediation and to a much smaller extent conservation, in both cases it has been consistent with the direction that the professions themselves wished to take.

The second factor concerns the how the emergent profession is positioned in terms of other, more established groups, and how it interacts with them. In landscape architecture the presence of more mature but largely non-competing comparators (principally architecture and planning) provided a supportive environment for the formation of a formal, self-regulating profession, while also providing (for better or worse) a ready-made model to follow. Similar factors appear in contemporary examples of professionalisation in the health sector, where established approaches to regulation provide both models to draw on and at least tacit limitations on how the profession might frame and organise itself (e.g., Landman & Wootton, 2007). Conservation on the other hand effectively had to grow out from the dominance of adjacent groups, none of which could provide a suitable blueprint for a small, resurgent and partly private-practice profession; as a result its self-regulation project was only lightly benchmarked, drawing on professions from outside its sector. The conservation community's authority over the 'craft' of conservation and restoration has never been in doubt, but it has faced a challenge in bringing the overall care of collections within its remit and in establishing what Abbott (1988) terms its intellectual jurisdiction *vis-à-vis* that of groups such as curators, archivists and architects.

Family mediation and vocational rehabilitation are both currently second or parallel careers for professionals who have trained in related areas, something that is partly associated with their newness but also reflects the need for practitioners in these fields to have a certain amount of maturity and life-experience. Both illustrate situations in which new professions are emerging from intersections between established ones, in variations of Abbott's scenario of a standoff between existing groups leading to specialisation within them and thence to the appearance of a new professional community (Abbott, 1988). In family mediation this has been accelerated by the legal and client-driven factors referred to above. While there is still a tendency for the more dominant legal profession to see mediation as part of its sphere of influence, mediation is beginning to gain an identity and authority of its own while borrowing from regulatory practices in both the legal and the social services and counselling fields. Vocational rehabilitation is at the stage where the presence of established groups that have a claim to VR credentials is inhibiting it from claiming a distinct area of work as its unique territory, although the growth of case management is offering a way of moving beyond this. In an inversion of conservation's situation for much of the twentieth century, VR has had considerably greater success in setting out an intellectual territory or nexus that has become accepted as a source of authority by adjacent groups without encroaching on their own rights to practice.

Conclusions

The four groups discussed here indicate that within the more open end of the UK's professional services market even relatively small groups can develop, negotiate and operate effective, contextually-appropriate self-regulatory frameworks, including in the absence of any state involvement or endorsement. In landscape architecture this

is demonstrated unequivocally, while in conservation it has become apparent as new systems and structures have been introduced over the last decade and a half. In family mediation it is less conclusive due to the level of impetus and funding that has come from the state, while vocational rehabilitation's primary achievement is in negotiating standards of practice for its area of work that are becoming accepted by practitioners regardless of the profession that they identify with. It is perhaps notable that these smaller and at least partially open-market groups have been among the vanguard among British professions in, among other things, conceptualising themselves in terms of a body of practice rather than primarily through a body of knowledge (all), moving to an achievement-referenced rather than time-defined period of training (landscape architecture), decoupling entry-gates from prescribed entry-routes (conservation), and replacing a course-based approach to continuing development to one based on self-managed development (landscape architecture and later conservation).

The fact that these groups are far from unique points to a need for greater account to be taken of professions that exist largely outside of state interest and are unlikely to gain any form of legal support beyond (for a minority) grant of a Royal Charter. At a practical level, this suggests making more apposite case-studies available to emergent groups, and encouraging them to look beyond models provided by the large established professions. In terms of theory and research, it indicates that the discourse on self-regulation needs to extend beyond an assumption of delegation from the state, to encompass professions that are making their claims of authority in the social and workplace arenas rather than in the legal one (Abbott, 1988), and whose self-regulatory strategies are in at least in part a matter of "private ordering" (Ogus, 2000).

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Discourses in Residential Child Care and Possibilities for Evidence-Based Practice

Abstract: This article explores professional discourses in the Norwegian residential child care system. It discusses how the discourses serve as constraints on and possibilities for evidence-based practice when different definitions of evidence-based practice are considered. Among the Nordic countries, Norway has been a forerunner in the implementation of evidence-based practice in child welfare. However, I argue that tensions exist, both within professional practice and between professional understandings and policy aims. I use discourse theory to analyze interviews with 19 professionals working in coercive residential child care. The results reveal two competing professional discourses: the discourse of technoscience and the discourse of indeterminacy. Possibilities of evidence-based practice in residential child care are found within both discourses if a wide and inclusive definition of evidence-based practice is applied. This study emphasizes the importance of engaging in constant reflection when discussing possibilities for evidence-based practice within residential child care.

Keywords: professional discourses, residential child care, evidence-based practice, scientific knowledge, professional judgment, indeterminacy, discretion

Over the past decade, evidence-based practice has become the dominant paradigm in European child welfare services (Grietens, 2013). Evidence-based practice can be interpreted as a coupling between policy and practice, in which ideas of management and steering are combined with scientific knowledge so as to increase the effectiveness of services (Bergmark & Lundström, 2006; Foss Hansen & Rieper, 2009). However, evidence-based practice has been characterized as a contested concept with regard to its content and validity for implementation into professional practice (Backe-Hansen, 2009; Barfoed & Jacobsson, 2012; Bergmark & Lundström, 2006; Mullen & Streiner, 2006; Satterfield et al., 2009). Several researchers have pointed out the lack of consensus in the practice field concerning the epistemological foundations of evidence-based practice. In addition, researchers have frequently questioned what counts as correct knowledge and how to obtain it (Angel, 2003; Axford & Morpeth, 2013; Ekeland, 1999; Gilgun, 2005; Grimen & Terum, 2009; Webb, 2001).

One way of dealing with the contested concept of evidence-based practice has been to use two types of definitions—a narrow definition and a wide one (Backe-Hansen, 2009). A narrow definition builds on a hierarchy, with knowledge that can be derived from randomized control trials (RCTs) being defined as the gold standard for decisions regarding professional practice (Backe-Hansen, 2009). A wide

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definition typically integrates best available research evidence with professional expertise and patient preferences when clinical decisions are made (Backe-Hansen, 2009). This wide definition has also been referred to as the "three-circle model of evidence-based clinical decisions" (Satterfield et al., 2009, p. 371).

This article aims to explore professional discourses in the Norwegian residential child care system and discusses their possibilities for accommodating the different definitions of evidence-based practice. Coercive residential child care for juveniles with serious drug or behavioral problems is used as the empirical case.

By engaging in conceptual discussions and addressing criticisms directed at the concept of evidence-based practice, researches have shed light on the challenges of implementing evidence-based practice into social work (Backe-Hansen, 2009; Mullen, Shlonsky, Bledsoe, & Bellamy, 2005; Mullen & Streiner, 2006). Mullen and colleagues (2005), drawing on discussions in the literature, define eight challenges that need to be resolved if evidence-based practice is to become a reality in social work (p. 67). Based on an empirical study, Barfoed and Jacobsson (2012) explore the launching of one specific evidence-based assessment instrument (the ASI interview) into the Swedish social services, and question whether it has been fully accepted and institutionalized. They highlight the need of more empirical research on social work practice. For instance, what is included or excluded when social workers collect "facts" about clients, or what assumptions of a moral or decent life are embedded in social work practice (p.16). The present study aims to contribute to this research field by empirical research about social workers' own understanding of practice and how it relates to different ideas of evidence-based practice.

A recent Norwegian study concludes that work in residential child care institutions is primarily characterized by experience, intuition, and feelings. This finding poses a managerial challenge with regard to the intention of policymakers to implement new (evidence-based) programs and manuals. The authors ask if it is possible to integrate both the use of explicit knowledge and the use of experimental knowledge in social work practice (Gotvassli, Augdal & Rotmo, 2014). The present article further explores this question.

I suggest that how evidence-based practice is defined will influence its possibilities of being accommodated within the professionals' understandings of social work practice. The commitment of the actors directly involved in the implementation process is perceived as an important factor for successful implementation (Howlett & Ramesh, 2003). Hence, the professionals' own understandings of social work practice will be important when discussing the conditions for evidence-based social work. By exploring professional discourses, the present study adds to the body of knowledge on the possibilities and challenges for evidence-based social work, in particular social work in the residential child care system.

This article builds on a qualitative study of 19 professionals working in different residential care units. I ask two main research questions: What are the discourses in use when professionals give meaning to their practice? What are the constraints on and possibilities for evidence-based practice found within the identified discourses when different definitions of evidence-based practice are considered?

The inspiration behind this article is poststructural discourse theory, and in the analysis of professional discourses, I use parts of a theoretical framework developed by Laclau and Mouffe (1985). This framework provides insight into the processes in which meaning is formed and the practical implications it gains. By interpreting the way in which social workers use talk to make meaning of their practice, one can gain insight into dominant discourses. Discourses organize how one understands reality, and an important precondition of discourse theory is the existence of several competing discourses at one time, making possible contradictory understandings of the world. Discourses organize what can be included and what can be excluded from one's horizon of meaning. An exploration into the professional discourses in

residential child care is therefore a fruitful approach for discussing how social workers' understandings of practice can represent both possibilities for and constraints on evidence-based practice within residential child care.

In my discussion of professional discourses and their relation to evidence-based practice, I also use perspectives from the sociology of professions—focusing on the tensions between formal knowledge, discretion, and autonomy, which are important elements of a profession's legitimacy and position (Freidson, 2001; Jamous & Peloille, 1970; Larson, 1977). The social work profession has been described as having a low status in the professional hierarchy owing to, among other things, its vague theoretical framework and its multiplicity of practices (McDonald, 2003; Molander & Terum, 2008). I discuss how these characteristics of the social work profession can be a source for understanding the discursive formation and, hence, must be considered when discussing the conditions for evidence-based practice.

I begin by describing the state of evidence-based practice in the Norwegian residential child care system. Next, I explain the methodology and the poststructural framework used in this article, the main focus of which is to explore social workers' understandings of practice. The results reveal two competing professional discourses. I then discuss how the discourses relate to different definitions of evidence-based practice. In the concluding section, I suggest a wide and inclusive model of evidence-based practice in residential child care so as to encompass elements from both discourses.

Residential child care and evidence-based practice

Over the past 15 years, the quality of residential child care has garnered increased attention in the political agenda, with questions about treatment effectiveness and the knowledge base dominating this debate. The Norwegian government has launched policy initiatives to increase guidance and regulation of the child welfare field by implementing several new models and programs for treatment that are considered evidence-based: Parent Management Training, Multisystemic Therapy, Aggression Replacement Training (ART), Contingency Management, and MultifunC (Andreassen, 2005; Backe-Hansen, 2009; Backe-Hansen, Bakketeig, Gautun, & Backer Grønningsæter, 2011; Gotvassli et al., 2014; Hassel Kristoffersen, Holth, & Ogden, 2011; Myrvold et al., 2011; Schjelderup, Omre, & Marthinsen, 2005; Storø, Bunkholdt, & Larsen, 2010). The new programs emphasize, among other factors, methodological standardization (Hassel Kristoffersen et al., 2011; Schjelderup et al., 2005).

A comparative study from 2009 concludes that there is no doubt that evidence-based practice has gained entry into the Norwegian residential child care system. Among the Nordic countries, Norway seems to be taking the lead in developing and implementing new evidence-based methods for the treatment of drug- and behavior-related problems among juveniles (Bengtsson & Böcker Jacobsen, 2009, p. 250). Although evidence-based practice has garnered increased attention in the political agenda in Norway, the social workers' responses to this practice have been varied (Gotvassli et al., 2014).

Norway's implementation of policy initiatives has stimulated discussions not only about the content of professional practice (Backe-Hansen, 2009; Bengtsson & Böcker Jacobsen, 2009; Bergmark & Lundström, 2006; Storø et al., 2010) but also about professional autonomy (Bergmark & Lundström, 2006). On the basis of a theoretical discussion, Backe-Hansen (2009) has suggested using a wider or more inclusive definition of evidence-based practice so as to encompass the nature of child welfare work. She has specifically referred to a definition put forth by Gilgun (2005, p. 52), which takes the following into consideration: research and theory; what professionals have learned from their clients; professionals' personal assumptions,

values, biases, and worldviews; and what clients bring to practice situations (i.e., the four cornerstones of evidence-based practice). The rhetorical battle concerning the content of evidence-based practice raises important questions, for example, about the relationship between formal knowledge and discretion in professional work. The content of evidence-based practice has been defined in many different ways, and in the discussion section of the article I will discuss how the use of a wide and a narrow definition of this concept has implications for the possibilities of implementing evidence-based practice in residential child care.

Methodology

This study uses qualitative methods, including a combination of individual in-depth interviews and focus groups. In choosing the methodological framework, I was guided by the poststructural approach in which the study of articulatory practices is defined as important for the analysis of discursive formation and change (Laclau & Mouffe, 1985). Laclau and Mouffe (1985) define articulatory practice as "any practice establishing a relation among elements such that their identity is modified as a result of the articulatory process" (p. 105). For the purposes of the present study, articulatory practice is defined as the way in which social workers use talk to make meaning of their practice, particularly the way in which they make use of comparisons and oppositions in this talk. Conducting individual interviews and focus groups enabled me to explore the social workers' subjective understandings of their professional practice and the meaning they attributed to this work (Kvale, 1996; Rubin & Rubin, 2005).

The informants were recruited from five residential care units housing juveniles placed in coercive treatment, as governed by the Child Welfare Act of 1992 (1992). Children with comprehensive drug or behavior problems can be placed in a training or treatment institution by the county social welfare board for up to 12 months without their consent or the consent of those who have parental responsibility for them (Child Welfare Act, 1992). Of the 982 children who were placed in residential care during the last four months of 2014 (Barne- Ungdoms og Familiedirektoratet, 2015), 184 children were placed in coercive residential care (according to statistics from the Norwegian Directorate for Children, Youth and Family Affairs). All the institutions in this study were open institutions (unlocked), which is the usual practice in Norway (Bengtsson & Böcker Jacobsen, 2009). Residential child care in Norway is publicly funded, but a majority of the residential care units are privately owned (Barne- Ungdoms og Familiedirektoratet, 2015). In this study, informants from both private and public care units are represented.

I intentionally selected the residential child care units and the informants for this study so as to ensure variation in the informants' experiences with coercive residential child care and in the informants' educational background. The informants' professional background varied from no education to a master's degree, with most informants holding a relevant bachelor's degree (social worker or child welfare officer). Some of the informants had experience with the new programs and manuals described in the introductory section of the present article, whereas other informants had limited experience with them. The informants' educational background and experiences, however, are not addressed further here because these topics are beyond the scope of this article. In three of the care units, the manager or responsible milieu therapist recruited the informants. In the other two units, the recruitment was carried out by the Regional Office for Children, Youth and Family Affairs. The informants were informed that participation in the study was voluntary, and that they might withdraw their consent as long as the project was in progress. The study was conducted in accordance with ethical guidelines and regulations and was approved by the Data Protection Official for Research (Norwegian Social Science Data

Services [NSD]).

I conducted 12 individual interviews, each lasting approximately an hour, at the residential care units. The semi-structured interviews followed a thematic guide. The informants were asked to talk about their daily work, work role, understanding of treatment, knowledge, and purpose of work. Because I was interested in identifying professional discourses, and not the professionals' opinions about policy ideas, I did not ask the informants specifically about evidence-based practice. In addition to the individual interviews, I conducted two focus groups (one with four informants and the other with six informants) to facilitate discussions among the professionals, with the aim of further elaborating on themes that I had become aware of during the individual interviews (Bloor, 2001). Three of the informants in the focus groups were also among those 12 informants who had been interviewed individually. Each focus group session lasted two hours and included a short break. Both the interviews and the focus groups were recorded and transcribed verbatim.

When I analyzed the data gathered from the interviews and the focus groups, I was inspired not only by poststructural discourse theory but also by Haavind's (2000) understanding of interpretative methodology, wherein she describes analysis as occurring in two (or more) rounds. My first step in the analysis was to organize the material according to themes in the interview guide. Further interpretation of meaning into these categories led to the identification of new analytical categories illustrating patterns in the informants' descriptions of their practice. This stage corresponds to what Haavind (2000) describes as the "second round". At this stage, I was specifically interested in interpreting the articulatory practices. I scrutinized the words the informants used to give meaning to their practice and searched for contradictions and oppositions.

The new analytical categories consisted of oppositions—for example, formal knowledge versus discretion, measurable objectives versus subjective valuations. The oppositions reflected the tensions in the informants' descriptions of practice. In the next stage, I searched for discourses that could unify the content within the oppositional categories. I explored how the professionals' understandings of practice could be related to more general ideas of professional work and to recent policy initiatives, thereby identifying professional discourses in use. A precondition in poststructural discourse theory is the existence of wider fields of social meaning and discourses competing for dominance (Howarth, 2005, p. 321).

Findings: Tensions in informants' understandings of practice

In the following subsections, excerpts from interviews conducted with eight of the informants are presented so as to illustrate the informants' understandings of professional practice. Interview excerpts are chosen from these eight informants because they were the ones who most clearly described the tensions related to understandings of professional practice. All informants are anonymized (including gender) and given fictitious names.

Talking about knowledge and methods

The interviews showed variances between informants who preferred to talk about treatment programs and manuals and those who preferred to talk about personal experiences, personalities, and different method combinations. Knut, one of the informants, described, in a detailed and engaged manner, the manual-based method with which he was familiar. Knut's description of the methodological framework was peppered with technical terms, such as "multisystem," "multiple teams," and "institutionalized." When talking about the method, Knut referred to "theories that

display which methods are useful and which methods are not." The comparison he made between "useful" and "not useful" indicates that Knut was convinced of this method's effectiveness. Knut offered the following explanation of the advantages of the new approach:

> This institution aims to use a multisystem approach that makes use of multiple teams. This contrasts with other institutions in which one team does it all.… This is not the juveniles' home. This is a place for short-term treatment. Research shows that juveniles who remain institutionalized for over a year exhibit certain behaviors and struggle to return to normal family relationships afterward. Thus, this institution focuses on short-term treatment.

In his explanation, Knut used both the methodological framework and references to research when comparing a standardized approach with other types of practices. He described the care unit as a place for treatment, not for living. By making this distinction between treatment and living, he opposed an approach to residential child care in Norway that involves long-term treatment and the establishment of intimate relationships (Hassel Kristoffersen et al., 2011, pp. 36–38). In the interview, Knut pointed to scientific knowledge as a better approach to professional decisions than interventions based on subjective emotional responses, as seen in families. Furthermore, he highlighted the importance of learning about the knowledge base and gaining confidence in how to practice the methods.

Sigrid was another informant who emphasized the usefulness of a specific manual-based treatment method. This emphasis is evident in the following interview excerpt:

> I think it is great. And many juveniles who come here have lots of aggression and cannot channel their anger in a proper way… and ART is really good for that. And many can struggle with social skills. So it is a very useful tool. I think the juveniles do not think it is so useful though. They think that there is lots that they already know.

Sigrid seemed to value having a tool that is directed toward specific behavioral problems. However, unlike Knut, Sigrid did not use technical jargon when she talked about the method. She instead related her understanding of practice to her own personal thoughts and to her understanding of the juveniles' thoughts. Sigrid described ART as being a good technique for aggression management, but she was aware that the juveniles did not find the method to be useful. This combination of enthusiasm and ambivalence was notable in the interview with Sigrid, particularly when Sigrid made the following statement: "Sometimes I think that there is a fine balance between reinforcement and bribery.… It is kind of borderline.… But at the same time, the fact is that it does have an effect—that it works." Sigrid talked about a detailed system of reinforcement that is an integrated part of one of the methods and compared the system of rewards with bribery. At the same time, she justified using the method by noting that it has "an effect."

Jon, another informant, highlighted the importance of having the appropriate personal qualifications and knowledge of human interaction for professional practice. When talking about professional practice, Jon refrained from referring to theories or methods. He instead offered the following explanation as to why not everyone can learn to work in residential child care:

> You work with people in a way that is unlike a job. It is a lifestyle. If you are going to work with people, you have to care, and you have to use your personality. You cannot just use what you have learned to do a good job.

According to Jon, personality and involvement are important when working with people. He then contrasted personality and involvement with "what you have learned," which can be interpreted as formal knowledge. Anita, another informant, highlighted how possessing knowledge of different methods is an advantage. When a variety of options are presented, the juveniles themselves can experiment to see which method works best. "One method will probably not fit all," she said. Her comment does not lend support to the standardization of practice.

According to Anita and Jon, knowledge cannot be derived from theories and methods and applied to individual juveniles without being altered so as to fulfill individual needs and preferences. The professionals positioned themselves as important translators in this process, and the way they talked about the combination of education, personal life experiences, and personal qualifications pointed to discretion as an important component of professional practice. Discretion was not explicitly discussed by the informants but rather was implicitly comprehended as an aspect of practice in their understandings. Discretion is generally understood as the aspect of professional work that allows professionals to use their own judgment in applying general knowledge to particular cases. Hence, professional autonomy is required (Freidson, 2001; Lipsky, 1980; Schön, 1983).

Some of the informants emphasized the importance of exercising professional autonomy in decisions about applying knowledge and methods. Taking a different stance, Olav, the manager of one of the units, stated the following:

> I feel that we have been continually yearning. Now we have a tool! And the employees say, "Yes! We are on board!" So feedback was completely positive. The time was so right! We have to have something specific. And this method is very specific. It is as if everyone has to think the same way.

Olav talked about one of the (evidence-based) methods referred to in the introductory section of this article. When Olav exclaimed, "Now we have a tool!" he indicated that, unlike the current situation, tools were not available in the past. Like Sigrid, Olav used the word "tool," which can be interpreted as representing an understanding of professional practice that is in need of technical means. In addition, Olav stated that "we have to have something specific." He used the word "specific" when speaking about the new method. He also related the new method to standardization and employee loyalty when he commented that "it is as if everyone has to think the same way." Olav's satisfaction with a unitary approach can be related to his position as a manager (he was the only manager in the study). However, it is interesting that he also described all his employees as being enthusiastic about using this approach.

Therese, another informant, advocated taking a much different approach than the one emphasized by Olav. She perceived not being overly focused on using one particular method as a strength in treatment. In the focus group discussion, she talked about the methods' relative impact on treatment compared with other aspects of treatment:

> I think that the fact that we are not overly focused on one method is a strength. Because if you look at what actually works and is important in treatment, methods do not mean much—something like 10% or 15%. And then there are the juveniles' own resources, and then there are relationships. In a way, they are the two biggest [factors], the two most important.

According to Therese, both the juveniles' own resources and the establishment of good relationships are more important than the application of specific treatment methods in professional practice. By stating that "we are not overly focused on one method," Therese also shows that she is aware of policy initiatives directed toward

(methodological) standardization but that she does not believe it to be consistent with her understanding of practice. She refers to research results ("what actually works") to legitimize a counterapproach.

As revealed in the interview excerpts, the informants sometimes expressed opposing views with regard to several aspects of knowledge and methods in professional practice. Tensions were identified between old versus new practices, what is useful versus what is not useful in treatment, scientific knowledge versus discretion, professional autonomy versus conformity, and methodological standardization versus methodological pluralism.

Talking about work objectives and outcomes

When the informants talked about work objectives and outcomes, tensions developed along the same dimensions. Olav was one of the informants who emphasized the importance of having clear objectives. He was happy to have finally gained a specific work objective: "The goal is, of course, abstinence. This is obvious and clear here. It is very good that we have gained such a clear goal." In stating that "we have gained such a clear goal," Olav appeared to favor the new practice over the old and to suggest that goals had been vague before the introduction of the new method. In the interview, Olav did not explain why he found establishing clear objectives to be important for practice. However, clear objectives can be interpreted as leading to both a reduction in uncertainty in professional decisions and an increase in the possibility of measuring treatment outcome.

In the following interview excerpt, Knut describes one of the standardized methods, highlighting the statistical outcomes:

> The theory is very detailed, very complicated. I do not know the whole theory yet. I have been here for only five months. It is extensive, and there are often things I question or ask others about. But it seems like it works for many. During the course, they stated that there was a 30% to 50% success rate at regular institutions and a 60% to 80% success rate at these [evidence-based] institutions. So, if you look at the statistics, it appears that this is a method to consider in the future.

Knut's use of the term "success rate" can be related to an understanding of professional practice in which treatment outcomes can be measured in quantifiable terms based on the achievement of specific objectives. In the interview, Knut referred to both statistics and his own experiences when speaking about treatment outcomes. He spoke about being skeptical of the method in the beginning and then becoming more convinced of the method's potential after personally experiencing changes in the juveniles' behaviors. Neither Knut nor Olav related their understandings of outcomes to evaluations or feedback from the juveniles. Instead, they discussed outcomes as things that can be deduced from quantitative indicators of treatment progress combined with personal experiences.

Understandings of practice that differed from the emphasis on objectivity and measurable outcomes were also identified. An informant named Alf described the objective of residential child care is to provide juveniles with a general training for life. "This is training for how people treat each other in daily life within society's laws and rules and how we achieve what we understand as a good life," he said. Alf's use of the expression "a good life" indicates an understanding of treatment objectives as being comprehensive and complex. Alf spoke about how his role involved helping juveniles not only to cope with addiction or behavioral problems but also to follow law and order, thus equipping them with the skills needed to adjust to society's rules and expectations. The expression "a good life" is a subjective and normative utterance that makes it difficult to measure the outcome of a treatment in quantifiable

terms.

Several informants highlighted that to capture the complexity encountered in their professional work, knowledge of treatment outcome should be related to the juveniles' individual challenges and subjective experiences. In the focus group discussion, Nina identified drug abuse and behavioral deviance as aspects of a more complex totality: "They are sent here for substance abuse treatment, but we see that in many, many cases, substance abuse is the least of their problems. It is often merely a symptom of other challenges". Nina used the word "symptom" to describe the relative impact of the drug problem in relation to other challenges in the juveniles' lives. Nina's description of the juveniles' problems calls for other and more complex treatment objectives than merely "abstinence", as emphasized by Olav.

Therese pointed to the challenges of finding reliable ways to document and legitimate professional work that diverges from the dominant policy:

> So, I think that [finding] a balance between being a professional and [being] in a relationship while simultaneously fighting the outside world can be a challenge. But it is clear that the biggest challenge for us is to endure the recovery process. And this takes time.… [and a belief] that what happens now will give results later. In recent years, I have felt that the biggest challenge has been to communicate this to the outside world.

Therese was concerned about the increased focus on short-term treatment in some of the new treatment programs, and she talked about treatment as a process. Her use of the word "process" indicates that she considers treatment to be a time-consuming activity rather than an activity that can be carried out in the short term. Following Therese's line of reasoning, this also has consequences for how and when treatment results can be evaluated. Unlike the informants who spoke about outcomes being measured during and at the end of treatment, Therese spoke about having the patience to attain "results later", which makes outcomes difficult to measure. When Therese mentioned "fighting the outside world," she was drawing a distinction between her understanding of practice and the outside world. Therese described obtaining approval for her understanding of "later results" in professional practice to be a challenge.

The interview excerpts presented here show how the informants used certain words and expressions when talking about their understandings of knowledge and methods. Tensions were identified between complex goals versus specific goals, measurable objectives versus subjective valuations, treatment as a process versus treatment as a short-term intervention, and the outside world versus professional understandings. The patterns associated with the informants' understandings of professional practice are interpreted here as being made possible by available and competing discourses.

Discussion

This study revealed the existence of tensions between informants who exhibited an enthusiasm for the new methodological framework and those who emphasized other elements and understandings of practice relating to a more traditional view of professional work. My analysis of the informants' descriptions of their understandings of practice showed that the informants' held opposing views in certain areas—for example, with regard to the past and to competing understandings of residential child care. By conducting a closer examination of the opposing views constructed and their relations to dominant policy ideas and to more general ideas of professional work, I identified two opposing discourses: the discourse of technoscience and the discourse of indeterminacy.

The discourse of technoscience unifies talk about specific goals, measurable objectives, useful methods, standardization, and conformity. The belief in the potential of scientific knowledge in developing universal and effective models for treatment is interpreted as being important for the discursive formation. The policy of quality improvement through increased regulations and guidelines of professional practice is interpreted as being comparable with ideas that are constitutive for the discourse of technoscience.

By contrast, the discourse of indeterminacy unifies talk about complexity, methodological pluralism, treatment as a process, and the importance of professional autonomy. The idea of professional judgment is interpreted as being a constitutive part of the indeterminacy discourse, which emphasizes the importance of applying a broad range of knowledge and experiences in specific situations. Eraut (1994) defines professional judgment as "the interpretative use of knowledge that implies a practical wisdom, a sense of purpose, appropriateness, and feasibility" (p. 49). The strong commitment to ideas of professional judgment expressed by several of the informants in this study was interpreted as being consolidated by an opposition to recent policy initiatives aimed at increasing guidance and regulation of professional work.

In naming the discourses, I was inspired by two studies: the groundbreaking 1970 study by Jamous and Peloille on the changes in the French university-hospital system and the study conducted by Robinson (2003) in which she uses the concepts of technicality and indeterminacy, derived from Jamous and Peloille (1970), as opposing theoretical constructs. Robinson describes the concept of technicality as those aspects of professional work that can be routinized or "programmed" (pp. 593–594). In the present study, scientific knowledge and the standardization of professional work are interpreted as important elements in the professionals' talk about practice, thereby leading to the naming of the discourse of technoscience. The concept of indeterminacy is described by Robinson (2003) as "those aspects of practice that are based on specialist knowledge, its interpretations and the use of professional judgment" (pp. 593–594).

An important premise in discourse theory is that discourses will make some practices possible while excluding others. In the following two sections, the discourses will be used in analyzing possibilities for and constraints on evidence-based practice in residential child care. The different definitions of evidence-based practice will be an important part of the discussion.

The discourse of technoscience

The discourse of technoscience is the discourse that most clearly makes possible the ideas of evidence-based practice. The importance given to scientific knowledge and standardization corresponds well with the definitions of evidence-based practice that emphasize the use of best available research evidence in making decisions regarding individual patients. One such definition is that put forward by Sheldon, who described evidence-based practice in social care as "the conscientious, explicit and judicious use of current best evidence in making decisions regarding the welfare of service-users and carers" (as cited in Mullen & Streiner, 2006, p. 113). The use of RCT studies in evidence-based practice has been described as the gold standard in deriving knowledge about professional decisions (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). This type of research presupposes the comparison between a randomly selected experimental group and a control group. Several programs in the Norwegian child welfare system have been developed based on the findings of RCT studies (Backe-Hansen, 2009). As Knut pointed out, these programs usually have higher scores on treatment effectiveness. The belief in treatment effectiveness documented through RCT studies was also evident in the interview with Sigrid. Although she expressed ambivalence toward some aspects of the methodological

framework, she seemed likely to accept the new methods if they were shown to be effective.

A unitary practice can be contrasted with a traditional view of social work wherein professional practices are characterized by inconsistency related to reflective and interpretative practices and are dominated by professional discretion and judgment (Barfoed & Jacobsson, 2012). The multiplicity of practices and the existence of a vague theoretical framework have been offered as one explanation why social workers in general have been described as occupying a low status in the professional hierarchy (McDonald, 2003; Molander & Terum, 2008). In an article from 2003, McDonald discusses the capacity of evidence-based practice as a strategy for promoting the goals of social work in the context of reforms inspired by New Public Management. This line of reasoning suggests that a unitary practice based on a scientific framework can contribute to reducing uncertainty in professional decisions and, hence, to increasing the status of the social work profession. Larson (1977) states that education and the employment of an accepted knowledge base can be strategic resources for increasing a profession's status.

A belief in scientific knowledge embodies an important idea within the discourse of technoscience, which can accommodate demands for quality improvement from both the professionals themselves and the policymakers, hence making possible evidence-based practice in residential child care. A long history of insufficiency—as pointed out by Olav—seems to be a constitutive part of the discourse of technoscience, which opens up the field for the development of new approaches.

When I asked Olav about the evidence-based nature of the treatment method he had described, he mentioned that the method required major adjustment before implementation. This indicates that within the discourse of technoscience, constraints on evidence-based practice can be found if a narrow definition of evidence-based practice is applied. It is not enough to implement the new methods uncritically; they must also be adjusted. Hence, they must be subject to the professionals' expertise. This is suitable within the wider definition of evidence-based practice, which also incorporates clinical expertise and the use of discretion (Backe-Hansen, 2009; Gilgun, 2005; Satterfield et al., 2009). The use of some discretion within standardized programs, as emphasized in the interview with Olav, shows that standardization does not necessarily reduce professional discretion or professional uncertainty. The opposite is also possible, as standardized programs can force professionals to make decisions constantly about when to use standardized methods or how to adjust them to particular work environments and clients.

The idea of clinical expertise within the discourse of technoscience is also illustrated in the interview with Knut. He used the term "success rate" to describe a statistically proven improvement in treatment outcome measured at evidence-based institutions. Although Knut was aware of this finding, he described his continued skepticism of the method's effectiveness. Only when research evidence was combined with his practical experience did he express enthusiasm for the method.

In summary, the discourse of technoscience not only makes possible the use of current best research evidence and outcome measurement but also includes ideas concerning professional expertise. Based on this discussion, I argue that the discourse of technoscience has the potential to incorporate ideas of evidence-based practice. However, to account fully for the constraints related to professional ambivalence and the need for discretion within the methodological framework, a wide definition of evidence-based practice is needed.

The discourse of indeterminacy

Tensions between standardization and professional judgment in social work practice mark the frontiers of the two identified discourses. In the discourse of indeterminacy, professional judgment is interpreted as an important idea that involves the

combination of formal knowledge and practical experience in professional practice. The discourse of indeterminacy allows for complex understandings of professional practice, regarding both the knowledge base and the objectives. The informants' insights into certain situations—for example, Alf's description of how to improve the overall life situations of juveniles and Nina's comment that "substance abuse is often merely a symptom of other challenges"—call for both complex solutions and evaluation procedures.

The importance of autonomy and discretion when making professional judgments about individual juveniles was an oft-mentioned topic during the interviews. Generally, the informants who made use of the discourse of indeterminacy highlighted the variation in work experience and educational background of professionals working within residential child care in Norway, thereby underscoring the importance of professional autonomy and discretion (rather than the ideas of standardization).

The emphases on professional autonomy and discretion within the discourse of indeterminacy can be not only related to the nature of child welfare work (as illustrated in the interviews with Sigrid and Alf), but also interpreted as important elements in being a "professional" and in strengthening professional status. According to Freidson (2001), there are two crucial ideas underlying professionalism: the idea that certain work is so specialized that it needs special training and experience and the idea that certain tasks cannot be standardized or rationalized. The most notable aspect of Freidson's theory is the equal importance placed on experienced-based knowledge and theoretical knowledge (Freidson, 2001). Jamous and Peloille (1970) argue that a profession's status is dependent on the profession's capacity to maintain "indeterminacy" in its practice. According to Jamous and Peloille, there will always exist an inverse relationship between technicality (routinization) and indeterminacy in professional work; hence, if one increases, the other will decrease.

The interview with Therese illuminates the tensions between standardization and professional judgment within professional practice. She expressed her concerns about the new methods and programs (e.g., the policy effort to standardize treatment periods) and called for counter-documentation instead. Within the discourse of indeterminacy, the standardization of treatment will be problematic because it leaves few possibilities for exercising professional judgment and making adjustments in fulfilling the needs of individual juveniles. Hence, if a narrow definition of evidence-based practice is used—implying the implementation of standardized methods and manuals derived from RCT studies—the discourse of indeterminacy will be a constraint on evidence-based residential child care. It can also be argued that the discourse of indeterminacy can make possible evidence-based residential child care if a wide definition of evidence-based practice—that is, one that integrates research evidence and professionals' expertise—is considered.

Conclusion

In the present article, I show opposing professional discourses in residential child care and argue that the possibilities for and constraints on evidence-based practice can be related to how evidence-based practice is defined. I argue that a wide and inclusive definition of the concept of evidence-based practice is as a precondition for encompassing the different elements in the two identified professional discourses. This empirical finding partly supports the theoretical discussion presented by Backe-Hansen (2009), wherein she argues for a wide definition of evidence-based practice in child welfare work. Whereas the results of the present study primarily point to the importance of the combination of scientific knowledge and professional judgment in a wide definition, Backe-Hansen also emphasizes what the social worker learns from

the client and what the client brings to the meeting.

The present article's findings highlight the importance of engaging in constant reflection on the content of evidence-based practice and how it can be related to tensions in professional practice. Further research should elaborate on what to include in a wide definition of evidence-based practice in residential child care and the relationship between the different elements.

This article focused on professional discourses as one source for discussing the possibilities of evidence-based residential child care. An alternative approach would have been to explore different institutional factors and their influence on the possibilities of evidence-based practice. Although this alternative approach was not within the scope of this article, it generates questions for further research.

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Marie Østergaard Møller

"She isn't Someone I Associate with Pension"—a Vignette Study of Professional Reasoning

Abstract: What drives frontline workers' categorization of clients in rule-based settings with a large room for discretion? The literature on street-level bureaucracy offers a structural description of discretion that emphasizes working conditions, policy goals, personal preferences, client pressure and professional norms. However, in order to explain why frontline workers with the same room for discretion categorize clients differently, a theory of an epistemic understanding of discretion may contribute to this literature. Based on a vignette study of 24 interviews with Danish caseworkers, the analysis shows how professional reasoning, rules, and social stereotypes inform categorization and discretion. The findings indicate that caseworkers' categorizations of clients are less responsive to clients' needs and more sensitive to administrative reasoning when clients are associated with stereotypes of need. In addition, the analysis contributes to the theory of categorization and discretion in lower levels of government.

Keywords: Categorization, discretion, professionalism, stereotypes of need

This article studies what it is that drives frontline workers' discretion when they work in rule-bound settings. Do they bend the rules to keep intact what they see as their professional identity, or do they internalize administrative rules in ways that compromise how they think about themselves as professional frontline workers?

Discretion designates the space of reasoning used to transform a general rule into an assessment of a particular individual (Lipsky, 2010). According to the theory of street-level bureaucracy, the task of discretion poses an individual dilemma in public service delivery organizations, because frontline workers are cross-pressured by conflicting policy goals, professional standards, organizational goals, management and requirements of the target group with which they interact (Hupe & Hill, 2007; Lipsky, 2010; Maynard-Moody & Musheno, 2003; Winter & Nielsen, 2008). Furthermore, studies on discretion in lower-level government emphasize how "policy fidelity" can be challenged because frontline workers' working conditions alienate them from clients and potentially from the law, leading to lower responsiveness and quality in their decision-making (Tummers, 2012). The aim of these studies is to explain how these different sources of influence shape frontline worker's assessments of which clients should be granted what, when and why? So far, background factors, such as gender, experience, ethnicity, education and demography, have been given priority in studies of discretion, contributing to our knowledge about the impact of both structural and individual constraints and capacities on discretion. Adding to this knowledge, the present article examines the impact of "target group characteristics" on frontline workers' discretion of clients' needs, by using the theory of categorization to strengthen the study of discretion as a social process of reasoning about clients in rule-bound settings.

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Categorization is a social mechanism, the intellectual roots of which can be dated back to Emile Durkheim and Marcel Mauss's classification studies of traditional communities in Australia (Durkheim & Mauss, 1963). Today, sociology scholars use the theory of categorization to explain forces of segregation, group identity and solidarity (Guettzkow & Western, 2007; Hochschild & Weaver, 2007; Jenkins, 2000; Lamont, 2000; Mik-Meyer, 2002; Mik-Meyer, 2004; Møller, 2009; Soss, Fording, & Schram, 2011; Yanow, 2003). In contrast to a psychological theory about the impact of cognitive capacities to reason and interpret (see e.g. Goodstein & Lanyon, 1999), categorization is about understanding how social and symbolic categories inform how individuals classify themselves and others. Categorization describes a mental process of social ordering and interpretive classification of things, phenomena or other individuals. Professionals also categorize. They use knowledge, experience, and moral standards, when they sort out, distinguish and classify client characteristics as part of their discretion (Stone, 2002).

In this article, I seek to emphasize the social process of discretion performed by frontline workers assessing clients within the framework of a given set of rules. The analysis seeks to uncover what kind of professional and symbolic categories are used in frontline reasoning about clients, as well as how the law is interpreted. Following from this, the analysis more specifically examines whether clients' symbolic characteristics matter in relation to categorization and discretion.

The article addresses the following two research questions: How do frontline workers reason about clients, and how do they interpret the law and take action in relation to clients when they encounter stereotypes of needs?

The area of study is caseworkers' discretion in social insurance programs in Denmark when working according to active labor market policy. The main task performed by caseworkers is to identify unemployed clients' work barriers, which in most cases also involves clarification of clients' health issues. The analysis is based on qualitative interviews with 24 caseworkers regarding their choice and use of clarification tools intended to support caseworkers' discretions of clients' service needs. The analysis uses a systematic interpretative method to analyze the semi-structured interviews, as well as vignettes portraying stereotypes of needs, as a way of studying whether client characteristics matter to caseworkers' discretion of clients' need of assistance.

The article is structured into the following sections: 1) Theoretical framework of discretion and categorization, 2) case presentation and data, 3) analysis, and 4) conclusion.

Theoretical framework: Discretion and categorization

In Lipsky's seminal work on the dilemmas of the individual in public services (2010), discretion is described as the space left over for frontline workers' as "a matter of some subjectivity" within existing rules and regulations. According to Lipsky (2010), frontline workers are expected to exercise and be accountable for their discretion as law-abiding bureaucrats, but sometimes also as knowledge-based professionals.

Among scholars, there is agreement that room for discretion is both desirable and inevitable, due to the simple fact that it is impossible to anticipate, and thus regulate, all the possible events and circumstances a client might experience (Evans, 2011; Høybye-Mortensen, 2015; Lipsky, 2010; Maynard-Moody & Musheno, 2000; Meyers & Vorsanger, 2012). Dworkin (1978) has described discretion as being "like the hole in a donut [that] does not exist except as an area left open by a surrounding belt of restrictions". His idea of discretion is that it is always subject to evaluation against rules. Grimen and Molander (2008) distinguish between structural and epistemic discretion and thereby develop this structural understanding of discretion as

"a room of maneuver". They argue that discretion is not in contrast to structure, but has both a structural and an epistemic dimension. Rules, knowledge, and social conventions are always part of a discretionary practice. They define discretion as a mode of reasoning (see also Molander, 2013) and emphasize that discretion is always expressed as reasoning, regardless of the "size" of the room of discretion. Following a similar line of thought, Wageenar (2004) points out that general rules should not be perceived as simple guidelines but work as sources of abstract thinking that must be converted into meaningful actions. According to this view, discretion is something both highly improvisational and creative. Frontline workers have to make things up as they go along, and they "make things up" by drawing on repertoires available in the situation, i.e. they draw on different sources of social, professional, and rule-based categories to describe and make sense of what they encounter at the moment (Wageenar, 2004).

Maynard-Moody & Musheno (2000) also see discretion as both epistemic and practical. However, in contrast to Dworkin (1978) and Grimen and Molander (2008), who see rules as the constituents of discretion, they associate quality discretion with rule-bending, as, they argue, there is an inherent conflict between client responsiveness (client agency) and rule-abidance (state agency) (Maynard-Moody & Musheno, 2003). However, even though this distinction between citizen agency and state agency has provided some interesting empirical insights, primarily from the US context, the distinction blurs the third option of seeing rule-following as a way of being fair. Rules can also be a means to protect citizens from bias in individual encounters with the state, as with caseworkers in the Danish context being studied here, for instance. Therefore, the question of whether rules are used to protect clients from bias in encounters or to protect caseworkers from clients' requests will always be, first and foremost, an empirical question, which should, and will be analyzed, in the particular context.

As initially pointed out by Lipsky (2010), frontline workers are pressured by conflicting requirements from policy rules, their clients' needs, their professional codes, their personal values and sometimes by being over-committed to their job (Dahler-Larsen & Pihl-Thingvad, 2014; Tummers, 2012). As a result, frontline workers regularly experience stress when delivering public services to clients, and consequently, struggle to cope with their working conditions. In a systematic review of coping strategy studies, Tummers et al. (2015) identify three predominant ways of coping: 1) moving towards clients (the use of personal resources), 2) moving away from clients (rationing resources) and 3) going against clients (rigid rule following). Frontline workers lack control over the demand for and supply of public service, which means they need to cope to survive experienced work pressure.

Hence, coping strategies constitute one way of examining how "clients' needs" put pressure on frontline workers, though this is clearly not the only way. Categorization is another way of investigating how frontline workers respond, act and reflect about clients.

Categorization and its sources of influence

The concept of categorization has to do with how the final process of policy delivery orders clients into separate categories with distinct political rights. Stone (2002) argues that this social process is rarely unambiguous and that a situational assessment is needed to determine who belongs to a certain category and where to draw the line between the various categories. Even the way we construe an apparently clear-cut category, such as "age", depends on how we perceive at least two social groups: the young and the old. Or to take another example: a child suffering from ADHD can be classified as disabled or as a product of bad parenting, resulting in two very different sets of rights with regard to welfare support. According to Stone (2002), such a categorization depends on the way in which the process of categorization is organized,

but also on the particular group of comparison. Is the child being compared to other disabled children, for example, children with learning disabilities, or to naughty children in general? It is the basis for comparison rather than the specific case that determines the outcome?

Previous studies of how people "put a fix on other people" state that identity, shared norms, and feelings are strong sources of influence on categorization (Murphy-Berman, Cukur, & Berman, 2002; Van Dijk, Ouwerkerk, Goslinga, Nieweg, & Gallucci, 2006; Weiner, 1995). Other studies point to dissociation and aversion as sources for assessment of other people's values, motives and worthiness (Møller & Stone, 2013). In terms of how these associations play out in a rule-bound context, such as frontline work, it is a matter of studying how the target group is socially constructed and interpreted by society at large, and how these layers of symbolic meaning influence the policy design implemented by frontline workers (Kallio & Kouvo, 2015; Schneider & Ingram, 1993). This source of influence is symbolic in the sense that it draws more on social stereotypes than concrete experiences. When people categorize other people from a symbolic informed context, they compare their appearance, actions, and perceived values to abstract perceptions (Jenkins, 2000; Lamont, 1992; Skeggs, 2005).

Regarding identifying caseworkers' professionalism as another source of influence, Schott, van Kleef and Noordegraaf's (2016) distinction between "organizational professionalism" and "occupational professionalism" is used. Hybrid professionalism includes fields of "education," "social work," and "policing" even though they when compared to the "purified" forms of professionalism such as medicine and law, lack the same degree of occupational content and institutional control. As was originally pointed out by Freidson (2001), these professionals hold the key to better and more accountable control of public service delivery. They represent a "third logic," overcoming both consumerism and bureaucracy in legitimate and effective ways to standardize working procedures and motivate frontline responsiveness (Freidson, 2001). In "hybrid professionalism," professionalism is seen as a co-product of both occupational and organizational principles and values (Evetts, 1999; Schott et al., 2016). "Occupational professionalism" refers to a bottom-up approach to professionalism, whereas "organizational professionalism" describes a top-down approach to professional control. Here, the source of influence is not occupational criteria, but the interest of the organization as defined by the manager (see also the study of lower level management by Evans, 2010).

Area of study, methodology, and material collection

In 2001, the Danish Government reformed the social insurance system. The aim was to enhance the cooperation between the labor market and public administration by redefining the aim, the means, and the target groups of social insurance (Ministry of Social Affairs, 2001). The letter of the law states that the policy intention is to "contribute to an efficient labor market" (Ministry of Employment, 2008). This emphasizes the client's right and obligations to contribute to the society. As a part of the Active Labor Market Policy (*aktiv arbejdsmarkedspolitik*) reform, a range of decision-making tools aimed at supporting caseworkers' discretion of needs were implemented. The mandatory use of the work capacity method (*arbejdsevnemetode*) includes a resource-profiling (*ressourceprofilering*), where caseworkers collect specific information about clients regarding social, cultural, economic, and health resources (Ministry of Social Affairs, 2001).

Caseworkers working under the active labor market policy exercise professional skills that include both social and legislative dimensions (Ministry of Social Affairs, 2001). This means that caseworkers use their discretion in accordance with legal standards. Caseworkers are expected to assess clients objectively, leaving subjective

attitudes aside. In the carrying out of their work, the caseworkers must make sure that the discretions made in the casework are not due to personal attitudes and values, but to professional explanations and frames of understanding, as well as reflected experience from practice (Ministry of Social Affairs, 2001). A professional assessment of a client's capacity to work is hence defined as:

> A professional discretion is a caseworker's assessment of the information and *documentation collected to evaluate the client's resources in relation to the la*bor market. The assessment is not casual. It is based on the information provided by the client and the collaborator and is to be analyzed and compared with the caseworker's social professional knowledge and experience from practice (Ministry of Social Affairs, 2001).

In Denmark, active labor market policy is designed and implemented in line with many other welfare states, such as Holland, France, Sweden, and the UK, emphasizing national control with local unemployment management through process and case regulation (Bonoli, 2010). However, in contrast, to at least the UK and Sweden, Danish frontline workers are generally professionally trained caseworkers with both occupational and organizational expertise (Baadsgaard, Jørgensn, Nørup, & Olesen, 2014). Danish caseworkers working under active labor market policy constitute a relatively homogeneous group (the length of their education varies from one year to three and a half years), which allows for more systematic qualitative studies of how they draw on their professional background when categorizing clients. In addition, this policy program includes a wide range of decision-making tools intended to support (influence) discretion. This provides the opportunity to study how caseworkers use decision-making tools in their discretion of citizens' needs, as well as their categorization of clients. In addition, caseworkers, working under active labor market policy have a considerable amount of client contact, which makes eye-to-eye categorization and discretion part of their daily work routine.

Selection of informants

A theoretical sampling strategy was used to select municipalities and interviewees from job centers (Weiss, 1994). The empirical basis is 24 interviews with caseworkers from all areas of Denmark. To ensure socio-demographic diversity, caseworkers were selected from municipalities with more than 50.000 inhabitants. Furthermore, they were selected based on the criterion of task similarity. All the caseworkers administer the work capacity method (*arbejdsevnemetode*) and exercise the discretion of unemployed clients with disability issues in need of support from the state. The individual characteristics of caseworkers, in terms of, for instance, work experience, gender, and educational background, were not part of the selection criteria. Rather, they were classified according to these characteristics afterward, as part of the analysis (Table 1). The group of interviewees consists of both men and women, caseworkers with extensive and limited work experience and caseworkers trained as social workers and as social counselors, which are two comparable education programs that focus on equipping caseworkers with social pedagogical, administrative, and economic knowledge. The most common caseworker among the 24 interviewees is a woman with more than ten years of work experience who is trained as a social counselor. However, the differences between them suggest that patterns between categorization, discretion, and social stereotypes identified in the material are unlikely to be explainable by such individuals' characteristics.

Table 1
Caseworker characteristics

Caseworker	Experience (years)				Gender		Education	
	0-1	*2-5*	*6-10*	*>10*	*Male*	*Female*	*Social worker**	*Social counselor***
1				x	x			x
2				x		x		x
3				x		x	x	
4	x					x		x
5		x				x		x
6		x			x			x
7				x		x	x	
8				x		x		x
9				x		x		x
10	x					x		x
11	x					x		x
12				x	x		x	
13			x			x	x	
14				x		x		x
15				x	x		x	
16				x		x		x
17				x		x		x
18		x				x		x
19			x			x		x
20			x		x		x	
21				x		x		x
22		x				x		x
23				x		x	x	
24				x		x	x	
Total	3	4	3	14	5	19	8	16

* Socialformidler
** Socialrådgiver

Material collection: Semi-structured interviews and vignettes

The data were collected as qualitative interviews in 2007. The interview guide was structured in three main sections. The first section contains questions about work routines, use of clarification tools, and professional identity; the second part includes questions about specific cases and use of clarification tools, and the third part has questions about the interviewees' private-collective orientations. The specific cases were constructed as vignette cases resembling particular client problems of theoretical relevance. Three vignettes resembling stereotypes of need were constructed. The diagnostic content of the vignettes was developed with the help from a medical doctor in the field of psychiatry and pain (Dr. Med. Lise Gormsen, The Pain Clinic, Aarhus University Hospital). Three comparable pain conditions with different diagnostic profiles were selected and used to describe the health problems of the fictive cases. This ensured that any differences in the discretion of needs could not be

explained by objective differences in pain profile. To ensure variation in the symbolic context informing the fictive cases in the vignettes, a medical sociologist was consulted (Professor Peter Conrad, Department of Sociology, Brandeis University). All background information was standardized, and the vignettes were randomly assigned to interviewees as follows: The respondents were split into two groups, and half of them were presented to vignette A and C and the other half to vignettes B and C. Even though interviewees were theoretically selected, the vignette-combinations were randomly assigned by organizing envelopes containing vignettes A and C and vignettes B and C respectively in advance of the interview. Vignettes were designed as narratives about contested and non-contested stereotypes of need. Two vignettes were designed as stereotypes with a positive and a negative reputation, respectively, expressed as the difference between a contested and a non-contested pain condition. The third vignette was designed as a social stereotype leaning toward a mix of negative and positive reputation. The contested diagnosis selected was fibromyalgia (vignette A), and the non-contested diagnosis selected was multiple sclerosis (vignette B), and the control case that could go either way (vignette C) described phantom pains from the loss of an arm (see Table 2). This provided the option of comparing how the symbolic meaning of these diagnoses influenced discretions and categorizations, and how interviewees reasoned about their casework when addressing the fictive vignette cases.

Table 2
Differences between salient features in the three vignettes

	Vignette
A	Imagine a 34-year-old woman with **fibromyalgia.** She is married and has two children living at home. She has been on sick leave for six months from her job as a social and health care assistant, mainly because of chronic pain in her joints and muscles. She wishes to apply for an early retirement pension because she does not see herself as being capable of doing her job properly. She now uses **support bandages** almost all the time, and she has tried all kinds of treatments without getting any better. In addition to her pain, she has trouble sleeping, along with memory and concentration problems. Her situation now is that if she goes to work or does housework, she ends up in bed for several days.
B	Imagine a 34-year-old woman with **multiple sclerosis** (MS). She is married and has two children living at home. She has been on sick leave for six months from her job as a social and health care assistant, mainly because of chronic pain in her joints and muscles. She wishes to apply for an early retirement pension because she does not see herself as being capable of doing her job properly. She now uses a **wheelchair** almost all the time, and she has tried all kinds of treatments without getting any better. In addition to her pain, she has trouble sleeping, along with memory and concentration problems. Her situation now is that if she goes to work or does housework, she ends up in bed for several days.
C	Imagine a 35-year-old woman, who **lost an arm in a traffic accident**. She is married and has three children living at home. She has been **on sick leave since the accident 1½ years ago** from her job as a childcare worker, mainly because of **chronic pain in her back and head, as well as severe phantom pain in her missing arm.** She wishes to apply for an early retirement pension because of her handicap. Since the accident, she no longer sees herself as being capable of doing her job properly, since she generally has a lot of trouble just trying to handle the extra pain and extra **difficulties in her everyday routines** stemming from her loss of an arm. In addition to her pain, she has trouble sleeping, along with memory and concentration problems.

* Vignette: No highlighting: The same in all three vignettes. **Bold** text: Different in all three vignettes.
** Regarding the display: Small differences such as the number of children are not highlighted.

This case selection applies a Most Similar System Design (Landman, 2008). All respondents encounter the same target group, work under similar work conditions in similar organizations (job centers), and have a similar educational background. This means that any patterns in the material are less likely to be due to these identical or similar factors. The use of vignettes ensures similarity in objective client characteristics, such as gender, education, marital status, and variation in symbolic context by exposing the interviewees systematically to different stereotypes of need. In addition, the vignettes provide the opportunity to talk about specific subjects and not least to compare their responses across the material (Ejrnæs & Monrad, 2012).

There are obvious limitations to a vignette study, as they force caseworkers to reason about and categorize fictive clients. A way of addressing this has been to ask questions about their own experience with clients, in order to ascertain whether their reasoning differs and how it differs between real client cases and fictive cases.

Data analysis

Data analysis was carried out as a combination of inductive and deductive coding of interviews to ensure saturation and avoid forcing data into predefined categories (Charmaz, 2006; Gibbs, 2007; Glaser, 1998). Finally, and as the basis of the analysis, all material was combed according to a closed code list developed from the initial coding (Lofland, 2006). Data was systematically coded using both within-case and cross-case analysis, to gain an understanding of internal causality in each interview, as were patterns and correspondences across interviews (Miles, Huberman, & Saldaña, 2014). In the following analysis, both condensed analysis and in-depth interpretive analysis are presented. All quotes have been translated from Danish to English, and interpretations and coding summaries have been inter-reliability tested.

Professionals' reasoning about clients' needs

The first analysis of the material examines how the caseworkers reason about their clients in their everyday work. The analysis is based on the entire interview material, and it will be made clear whether quotes are responses to questions about the fictive vignette cases or caseworkers' own experience.

Administrative reasoning

A significant characteristic of caseworkers' administrative reasoning is the use of references to administrative categories, that is, to match groups or target groups. An extract from interview 16, in which the caseworker predominately used administrative reasoning, is presented below. Here the caseworker explains her general approach to clients:

> Basically, we're the promoters of a system, where we say: 'You have these options to choose between.' Obviously, we have to be able to present this in a decent way. And then there's the possibility that you don't choose. And if you don't choose, then I'll choose for you … because this is what I'm hired to do. (Interview 16)

The quote illustrates a high degree of accountability to "the system," as well as a commitment to management.

The caseworker perceives the willingness of clients to internalize the values of assuming responsibility for oneself and active citizenship based on a desire to be responsible as a precondition for her practicing of what Evetts (1999) describes as organizational professionalism. The caseworker appears to be more concerned about upholding the rules than occupational criteria for exploring the client's reasons for

requesting assistance.

She presents the client with a number of concrete activation opportunities and evaluation strategies. In doing this, she expresses both loyalty with regard to upholding the intention of the policy as well as loyalty to the concrete rules. However, she does not mention any occupational perspectives on the client's capacity to work. This is interpreted as an example of a caseworker who identifies more with being part of a professional organization than with the role of being an occupational professional.

The following quote provides an example from another interview of how administrative reasoning entails identification with the existing rules, instead of with the particular problems of the client. Here the caseworker responds to the vignette A describing a woman with fibromyalgia:

> She wants an early retirement pension … but she will be refused. No [laughing], it's just because it's so difficult today to get a pension. So, even before we get to the clarification. Of course, she must know the criteria for early retirement pension. And then we need to find out if she can return as a healthcare assistant. (Interview 9)

The above quote is selected to illustrate how accountability sometimes comes before client responsiveness when caseworkers draw on organizational professionalism to reason about clients' needs. Here, the caseworker chooses to initiate the interaction with the client by clarifying the criteria for granting an early retirement pension instead of starting by clarifying the extent of the problem. The following quote provides a similar example of rule-based reasoning. The caseworker responds to a question about how they deal with chronic pain patients in general and not to the specific contested vignette case in question. She sees herself as administering a set of rules instead of utilizing a set of tools for client-assistance:

> Especially the people who have been here for many years and don't understand that the rules have changed. Now you have to [work]. A lot of them have received social welfare without ever showing their faces at the municipality [office] because they didn't have to. Now, they have to come … at least every three months, right? … So it's difficult to make them realize. 'So, this is the way things are now. The rules are different.' (Interview 11)

This caseworker emphasizes how clients first and foremost have to adapt to the new rules in order to continue to be eligible for social welfare, rather than this being based on their capacity to work. This client approach also demonstrates an example of coping with working conditions by "moving away from clients" and hiding behind rules instead of using them to be client-responsive (as described in Tummers et al., 2015).

As exemplified by the quote above, there were often hints of resistance against clients when caseworkers used an administrative reasoning about casework. The reason seems to be that when a caseworker draws on professional principles concerning how well (s)he follows the letter of the law and the principles of management and organization, (s)he then sees any case in which (s)he has to deviate from management policy as an attack on her professional integrity. (S)he copes by moving away from or going against clients to avoid what she interprets as bending the rules in favor of client responsiveness. This seems to cause a lot of frustration towards clients, who are perceived as not showing the required level of cooperation and motivation to get better. In this sense, the more ardently the caseworker endeavors to follow the rules, the less room there is for exercising comprehensive discretion. The following analysis illustrates an example of categorization, where administrative reasoning shapes a curtailed discretion of clients. The quote is from a caseworker responding to a question about what she imagines she would do in the case of a

woman with fibromyalgia described in vignette A. The quote exemplifies how the rules for documentation reduce discretion as a room of maneuver for the caseworker, though not the act of actually making an assessment. The first line is also the quote used in the title of the article.

> [S]he isn't someone I associate with a pension in any way. [Interviewer: Why not?] Simply because, well… exactly because there has to be something medical. There must be something medical documenting that she really can't move herself—her arms or her legs at all. In other words, really not capable of doing anything. And I simply just don't think this is the case. There must be something she's capable of doing. Yes. (Interview 24)

If you follow the letter of the law, there are no exceptions as to when treatments and work testing should stop, because the law states that all options must be exhausted before a supportive effort is even considered. In practice, there will always be another job and another treatment to try. The initiation of supportive efforts, therefore, depends on the caseworker's discretion as to when "enough is enough." Determining when that is, however, is far from an objective, clear-cut decision. On the contrary, and as explained by Stone's (2002) notion of categorization as an ambiguous process, there are different interpretations of where this boundary lies, and one of these differences seems to be reflected in different symbolic contexts, as we will see in the next analysis.

It appears that when caseworkers draw on the administrative reasoning in a categorization, they let "common sense knowledge" influence their discretion regarding when to make exceptions from the rule. The categorization thus becomes a matter of identification with clients based on personal feelings and commonalities regarding social stereotypes rather than a comprehensive discretion of the specific case. In other words, the material suggests that when caseworkers primarily draw on organizational professionalism and use administrative reasoning they lack principles for a responsive client approach, and discretion as to when "enough is enough" is based on what associations they have with the particular client. What ultimately becomes the defining source of influence in discretion is the symbolic context of the client rather than a professional occupational principle.

When clients are categorized based on administrative reasoning, caseworkers tend to associate the client with a stereotype even before the assessment of ability to work begins. This exemplifies a curtailed discretion because clients are perceived as not meeting the criteria for assistance beforehand. Moreover, those who do not meet such criteria are typically regarded as the main target group of a more strict evaluation compared to a more lenient evaluation, namely those believed mainly to have an attitude problem. This contrast between strict and lenient evaluation is the center of attention in the next analysis.

Comprehensive reasoning

As opposed to the administrative reasoning about casework, some caseworkers draw on more occupational knowledge as a source of reasoning. One important aspect was when clients' actions and motives were interpreted without adding an administrative layer to the discretion. However, the strongest signifier of occupational reasoning was the tendency to use an assistance-based principle to justify the actions taken in relation to clients. The following quote from a caseworker responding to one of the opening questions about her main work tasks illustrates this: "They may have a hard time returning to something similar. And then you have to help them get started with something else" (Interview 14). In contrast to caseworkers' administrative reasoning, she refers to "help" instead of to a "rule." These differences in types of reasoning resonate with Grimen and Molander's (2008) emphasis on discretion as also epistemic and never just fixed by the structure. Even though some caseworkers insist on

understanding their discretion as fixed by rules, the differences between administrative and comprehensive reasoning demonstrate why this is not the case.

The question of who is perceived as being responsible for solving "the situation" is another aspect that distinguishes organizational from occupational professionalism (Evetts, 1999). In the former, the tendency for the caseworker was to adapt to a discourse of "self-responsibility" embedded in decision-making. Within this discursive framing of social problems, the client was perceived as being responsible for solving the problem of disability and unemployment with the exception of highly specific situations in which clients have a detailed diagnosis and prognosis for the development of their disability (e.g. terminal cancer patients or patients with specified recovery plans). Caseworkers drawing on occupational principles about social work appear to hold an expanded view of who and what can be responsible for "solving the case," in the sense of helping a client return to the labor market or apply for appropriate social insurance. They see the client from a bottom-up perspective in the sense that they prioritize "treating" the client before complying with management goals, as described both by Schott et al. (2016), and also in Maynard-Moody and Musheno's description of what constitutes the difference between state-agency and citizen-agency (2003).

Resistance was also a significant trait of occupational reasoning, which is when a caseworker expressed resistance against the formal rule of social welfare. The resistance against the rule was against the purpose of assessing only labor-related aspects of clients. This kind of resistance is not surprising because ignoring the client's non-labor-related conditions beforehand contradicts the perception embedded in social work professionalism. One caseworker, when describing his work in general terms in relation to one of the opening questions, expresses his resistance as follows:

> Or they'll get social problems precisely of the disease.… So it's hard to stay away from, for example, guiding advice about relationships and everything else and economy without that we need to talk about their cash benefits.… However, financial problems, family problems, audit issues … housing problems.… So the property is indeed essential for all people to hold jobs.… So, it's hard to get around. (Interview 15)

Here, the caseworker expresses a comprehensive reasoning regarding what (s)he believes influences the ability of the client to perform in the labor market. Moreover, the quote illustrates a categorization where the functional reasons for unemployment are examined before any conclusion about eligibility for social insurance is made.

In general, the pattern in the material shows how occupational reasoning leads to comprehensive categorization. In the following quote, a caseworker presents his reasoning when asked to compare the non-contested vignette describing a woman with Multiple Sclerosis (vignette B) and the vignette portraying a woman who has lost her arm in a car accident (vignette C):

> [M]any women—or some women—if they're involved in a divorce or something like that, where the woman becomes a single provider with one, two or three children, then obviously it matters that you're a single mother with three children … in relation to what she thinks she can manage.… So, we don't approach it so concretely and say: 'Well, you have three children, so you can't manage.' … We do actually have the same requirements. But still, you can have an understanding of this because you have three children, and you're alone with them, and then you have plenty to do ... including on the home front, but also in your free time.… Under such conditions, I think this could matter. (Interview 6)

For this caseworker, the relationship between professional reasoning and discretion is not a matter of making an exception from the general rules for some deserving

clients as much as it is a question of treating individuals in relation to their problems, in order to be able to have the same requirements. In this case, (s)he is bound to the greater purpose of the rule and not to its technocratic dimensions that characterize caseworkers' administrative reasoning.

Moreover, this way of reasoning about having the same requirements, while simultaneously extending individual consideration, also defines what can be interpreted as "comprehensive categorization", which the caseworker demonstrates by stating that: "Under such conditions, I think this could matter." Here the client's "other" conditions become part of the categorization though these are usually excluded from administrative reasoning. "Conditions" are perceived as being circumstances that remove focus from the labor-directed effort, which causes the caseworker to focus on the client's problems instead of "rigid rule-following."

Another caseworker explains, with reference to her own client experience how she justifies making an extra effort even though it contradicts the exact letter—but, according to her, not the spirit—of the law:

> I had someone with urinary tract problems. She had had this inflammatory condition in her body for almost a year and a half. Well, in her case, we know that she'll recover and that it won't be permanent.… But she's simply dead tired after this year and a half, so her body can't cope with me saying 'Go sign up for unemployment benefit'… Instead, I say: 'Well, let's do some easy training to get back into the labor market,' because after such a long sick period, not because I think it's permanent because she'll get better.… So, this is not a permanent case. Therefore, I also described how her employability is not permanently reduced but is reduced right now due to her long-term sickness. So, a case does not have to be completely stationary before we make an effort. (Interview 14)

This quote provides an example of how the caseworker follows the "spirit" of the law rather than following it literally. In the quote, there is no trace of resistance against the spirit of the law. On the contrary, the caseworker uses the law as a tool to empower the client to re-enter the labor market, though does not follow the terms of it literally. This exemplifies how categorizing clients comprehensively draws on reasoning grounded in occupational professionalism about social work, as also emphasized by Evetts (1999). In other words, the crucial justification in this type of argument is based on a long-term perspective of satisfying the intention of the policy instead of a short-term perspective. This is crucial because, in the short-term perspective, the exemption from, for example, the "duration rule" is considered rule-bending, while in a long-term perspective, the exception work is regarded as a precondition for actually empowering a client to get back into the labor market.

In general, the analysis shows how caseworkers think professionally about their discretions. However, they do so in very different ways. Some caseworkers curtail discretion by reducing what Grimen and Molander (2008) refer to as the epistemic dimension of discretion to rigid rule following while others exercise discretion based on comprehensive assessments of needs. When caseworkers explained their categorization during the interview, they tended to prefer either to reason according to management and the principles of their organization or according to occupational knowledge about social work. In the case of the former, they used a technocratic and administrative reasoning about clients being more accountable "upwards" than "downwards" than in the case of the latter. Here, they also moved towards the clients using personal resources of engagement and responsiveness, whereas they moved away from, or against, clients to align with management and organizational professionalism.

Table 3 shows that all 24 caseworkers use professional reasoning in their categorization of clients and that many use both organizational and occupational reasoning. However, even though both types of professional reasoning appeared in almost all

the interviews, the dominance of these varied, organizational professionalism being the most dominant. Here clients were categorized according to administrative categories, and caseworkers primarily see themselves as gatekeepers of "the system." In contrast, caseworkers who reasoned according to occupational principles of social work were more inclined to categorize clients according to which economic and social resources conditioned clients' general well-being, and they perceived themselves more as the citizens' advocates than promoters of a set of administrative rules.

Table 3
Distribution of professional reasoning in material

	Code	**Content**	**Coding references**	**Number of cases**
Main code	Organizational professionalism	Captures expressions where caseworkers reason about categorization and discretion through rules and administrative practice and classify clients as administrative cases	152	23
Sub-codes	Administrative match group categories	Captures use of administrative match group categories in reasoning, such as group 1,2 and three according to means testing scales	23	13
	Professional identity as gatekeeper	Captures expressions where caseworkers talk about themselves as gatekeepers of the system, to prevent fraud and misuse of public money	32	16
	Willingness to adapt	Captures expressions where caseworkers express willingness to adapt with reference to management accountability as a core professional value	21	14
Main code	Occupational professionalism	Captures expressions where caseworkers reason about categorization and discretion through a comprehensive identification of clients' challenges	129	18
Sub codes	Social work categories	Captures use of social work categories in reasoning, such as economic and social conditions	42	13
	Professional identity as citizen advocate	Captures expressions where caseworkers talk about themselves as the citizen's advocate	14	3
		In total	413	24*

* All 24 cases were coded according to professional reasoning.

In the following, the analysis will focus on the caseworkers' responses to the fictive cases presented as stereotypes of needs. The analysis seeks to specify how the symbolic context of clients shapes how caseworkers reason about clients, and whether this influences their discretion of needs.

Caseworkers' use of clarification tools and discretion of needs

To specify caseworkers' categorization and discretion of clients' needs, the analysis focuses on their use of mandatory tools to clarify clients' ability to work. First, the range of tools used by caseworkers will be presented, along with the analysis of the purposes that caseworkers use as arguments for choosing to use a particular tool.

Although it is mandatory for the caseworkers to use the work capacity method (*arbejdsevnemetode*), they can choose among a range of clarification tools. A clarification tool is an activity or treatment that can help the caseworker to assess clients' need of assistance. In the following, the distribution of their uses of clarification tools is presented, ordered according to a systematic interpretation of whether the tool is used with a "hard" or "soft" purpose. A soft use of a tool corresponds to a positive response to the client's request for a pension, whereas a hard use of a tool corresponds to a negative response. In the case of the former, the tool is used to document the request's validity and in the latter to question it.

Table 4
Caseworkers' use of clarification tools

	Hard	**Soft**
Clarification seminar	1	0
Means of assessing work capacity	4	4
Work testing	23	13
Exemption from work testing	0	4
Home visits	0	2
Gathering of medical documents	7	13
Job advisor	0	1
Crisis management	1	3
Lifestyle/competence center	3	0
Medical consultant	3	2
Medical test center	1	0
Mentor program	0	1
Motivation program	14	1
General practitioner	3	3
Psychiatrist	3	0
Psychologist	7	3
Resource profile	5	5
Rehabilitation institution	15	11
Conversation	2	1
Pain treatment and management	11	4
Medical specialist	10	10
Corporate trainee position	5	2
Total use of clarification tools	**87**	**65**

*Cell content: Number of coding references in 24 interviews.

As Table 4 shows, caseworkers may use the same tools, but with different purposes. When a caseworker uses a tool for a "hard" purpose, the tool is used to question a client's request for a pension. Here the tool becomes part of the caseworker's strategy to cope with a client's claims regarding needs. In general, the coding of what purposes caseworkers use the various tools for shows that "hard" use often corresponds to an attempt to hide behind rules to protect the caseworker from more client contact than desired.

In contrast to what I classify as a "hard" use, some caseworkers use tools, even the same tools, in a "soft" manner. A tool being used in a "soft manner" refers to use in which the purpose is to demonstrate how much a client is in need of service, that

is, here the tool is used to document a lack of ability to work rather than to question the client's claim of inability to work. Based on the coding of "soft use," the material shows that when caseworkers use tools "softly" they bend the rules by using them strategically to document, for instance, no work capacity.

This resembles the difference in coping strategies identified by Tummers et al. (2015) between going against and moving towards clients. In situations where caseworkers use tools with a "soft" purpose, they also move towards clients and their claims by drawing on personal resources, such as empathy.

One issue is the notion that caseworkers reason in particular ways when they talk about their experiences, another issue is whether the flavor and the tendency of professional reasoning are influenced by the symbolic context of the client encountered.

Table 5
Stereotypes of need and purpose of clarification

	Soft use of clarification tools	**Hard use of clarification tools**
Vignette A (strong, contested, negative stereotype of need)	0	11 "This reeks of her having considerable barriers in relation to the labor market." (Interview 16)
Vignette B (strong, non-contested, positive stereotype of need)	13 "This is really a diagnosis which can give a pension." (interview 7)	0
Vignette C(a) (weak, contested, positive stereotype of need primed by strong, contested, negative stereotype of need)	8 "She has lost a lot (…), so she may end up receiving a pension." (Interview 11)	3
Vignette C(b) (weak, contested, positive stereotype of need primed by strong, non-contested, positive stereotype of need)	2	11 "You don't get a pension for a one-arm disorder." (Interview 7)

*Cell content: 48 vignette cases (2 vignette cases from each of the 24 interviews).

In response to the contested stereotype of need (vignette A), all caseworkers preferred a hard use of clarification tools, whereas they preferred a soft use of the non-contested stereotype (vignette B). This pattern supports the expectation that symbolic context matters in the discretion of needs because all cases were comparable on all other dimensions than the reputation of the diagnosis of fibromyalgia and Multiple Sclerosis, respectively. In relation to their preferred use of clarification tools towards the vignette describing phantom pain from a lost arm, an interesting pattern appears, namely that this preference is primed by the first vignette. In Table, five quotes from the typical relationships are displayed. In response to the question of what she would do with a client portrayed through a non-contested stereotype, the caseworker from interview 7 narrows it down to being "a diagnosis, which can give a pension." In contrast, in relation to the one-armed woman portrayed in vignette C, the same caseworker states that: "you don't get a pension for a one-armed disorder." Even though both phantom pains and multiple sclerosis involve considerable pain, clarification tools are used very differently. In the case of the former, tools are used for the purpose of documenting the client's inability to work, and in the latter situation, the caseworker uses the tools to question the client's service needs. These patterns characterize 24 out of the 48 vignette responses (each interview contains

two vignette cases). However, the other majority (8 out of 11) came to a different conclusion regarding this client. They emphasized the loss of the arm as something that goes beyond the loss of the actual arm, as one caseworker puts it: "She has lost a lot, so she may end up receiving a pension" (Interview 11). This group all responded in this way after explaining why they preferred a hard use of clarification in relation to the contested stereotype of need (A), for instance in saying "but she will be refused. No [laughing], it's just because it's so difficult today to get a pension. So, even before we get to the clarification" (Interview 9).

So, in terms of examining the effect of symbolic context, the reactions show how socially shared stereotypes of need wander into professional discretion of needs.

As was argued for in the theoretical framework, discretion can be analyzed as an outcome of a social process of categorization, which highlights how caseworkers are influenced not only by rules and professional context but also by client characteristics. The analysis indicates that reasoning and categorization may be conditioned by symbolic context. This points to an impact of symbolic categories, as the vignettes used were comparative functionally but different symbolically. Client characteristics function as a source of influence, the flavor of which depends on which symbolic context the caseworker associated with a particular client.

Caseworkers who responded to the contested stereotype of need (vignette A portraying fibromyalgia) were inclined to cope by going against the client. They preferred using an administrative reasoning to "hide behind rules" to protect them from clients' claims about being in need of service. The dominant way of using clarification tools were "hard," as they used them to question clients' service needs. Caseworkers who responded to a non-contested stereotype (vignette B portraying multiple sclerosis) were inclined to cope by moving towards the client. They preferred using comprehensive reasoning to follow the spirit, rather than the letter, of the law. The dominant way of using clarification tools was "soft", as they used them to document discretion of needs. Finally, caseworkers who responded to vignette C were inclined to move towards or go against the client, depending on whether they were primed by a contested or a non-contested stereotype. Their interpretation of a case involving the loss of one arm followed the opposite pattern of the priming vignette, which indicates how the symbolic context matters even in cases where the client in question does not represent a typical stereotype.

Conclusions

I find that caseworkers' discretion of clients' needs is systematically related to categorization practice, either as comprehensive practice—as in reflective and empirically based categorization—or as rule-bound categorization practice, as in routinized and stereotyped categorization. Even though the interviewed caseworkers share educational status and administrative tasks, and are part of comparable organizations and demographic surroundings, the data show that some are more driven towards stereotyped categorization practices than others. The analysis finds that the stereotypes of needs associated with client characteristics contribute important insights into this relationship.

One implication of the analysis can be related to the theory of "hybrid professionalism" (Schott et al., 2016). Almost all caseworkers used both organizational and occupational reasoning in the interviews, and this supports the tenet that frontline professionalism is indeed different from purified professionalism. The analysis adds to this theory by linking curtailed discretion to organizational professionalism, and client-responsive discretion to occupational professionalism.

A second implication of the analysis confirms classic studies of categorization (Jenkins, 2000; Lamont & Molnar, 2002; Stone, 2002; Yanow, 2003). They add knowledge about the significance of categorizing in a rule-bound setting and indicate

why curtailed discretion is associated with client characteristic loaded with contested stereotypes of need.

A third implication of the analysis is that even when the symbolic context is weak, clients are compared to other strong stereotypes, which primes the categorization and discretion. This ties in with the general wisdom in street-level bureaucracy, where discretion is described as inevitable and clients themselves as a source of influence on discretion (Lipsky, 2010).

Stereotypes work through over-determined associations of either a positive or negative nature and hence always trump the particular experience and specific evaluation of the client. This way of assessing contradicts fundamental principles of equal access to treatment in the political system, as well as an objective evaluation of—in this case—the client's ability to work. Many clients' complaints and reasons for unemployment are fuzzy, and their personal reasons for seeking assistance hard to measure. The potential consequences of being ascribed such negative values may give the client quite a different course through the system compared to the client that is associated with a positive stereotype. Seen in the light of the empirical findings presented here, stereotypes of needs affect both the use of clarification tools and the kind of professionalism that caseworkers draw on when categorizing clients' needs.

In sum, studies of discretion should not ignore its social process, but directly address the impact of categorization on discretion and its sources of influence, in order to qualify core dynamics at the frontline. This article finds that the symbolic context of clients' shapes how frontline workers reason about their discretion.

There are obvious limitations to this study, related to the constructed setup of using vignettes to control the influence of client characteristics. These force caseworkers to reason and categorize on 'unnatural' terms. This means that conclusions should not be made beyond analytically similar situations. This calls for further studies, perhaps applying a more quantifiable design across policy programs to examine the extent to which the conditional influence of symbolic context applies beyond the policy program of active labor market policy, in a larger empirical setting and outside of Denmark.

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How Triage Nurses Use Discretion: A Literature Review

Abstract: Discretion is quintessential for professional work. This review aims to understand how nurses use discretion when they perform urgency assessments in emergency departments with formalised triage systems—systems that are intended to reduce nurses' use of discretion. Because little research has dealt explicitly with this topic, this review addresses the discretionary aspects of triage by reinterpreting qualitative studies of how triage nurses perform urgency assessments. The review shows (a) how inexhaustive guidelines and a hectic work environment are factors that necessitate nurses' use of discretion and (b) how nurses reason within this discretionary space by relying on their experience and intuition, judging patients according to criteria such as appropriateness and believability, and creating urgency ratings together with their patients. The review also offers a synthesis of the findings' discretionary aspects and suggests a new interactionist dimension of discretion.

Keywords: Triage, discretion, emergency department, meta-ethnography, review, decision-making

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The aim of this review is to understand how nurses use discretion when they perform urgency assessments in emergency departments (EDs)[1] with formalised triage systems. *Discretion* refers to the use of one's own reasoning and is often described as the quintessence of professional work (Freidson, 2001). *Triage* originates from the French *trier*, which means to pick, sort or select. In health care, triage is increasingly associated with the use of formalised guidelines to assess the urgency and priority of patients who present to gatekeeping emergency institutions. Formalised triage systems were developed during the 1990s, first with the Australasian Triage Scale (ATS) and later with the Manchester Triage Scale (MTS), the Canadian Triage and Acuity Scale (CTAS) and the Emergency Severity Index (ESI). These systems provide guidelines for how nurses should categorise and prioritise patients on an urgency scale from 1–5 (although the number of categories may vary).

Triage systems aim to standardise and thereby increase the justness and reliability of nurses' urgency assessments. The introduction of triage systems therefore reduces nurses' opportunities for making discretionary judgments. However, there are limits to standardisation because general rules may underdetermine what should be done in a specific case (Molander & Grimen, 2010). Thus, although triage guidelines may reduce nurses' use of discretion, nurses are nonetheless required to rely on their own judgment when their guidelines provide an insufficient basis for making urgency assessments.

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[1] For simplicity, I use the term "emergency department" to refer to all frontline institutions with an emergency medical function.

Triage nurses' use of discretion has fundamental consequences for patients. They are gatekeepers to the provision of health care and the accuracy of their triage assessments impacts the morbidity and mortality of patients who present to the ED (Arslanian-Engoren, 2000). Moreover, as street-level bureaucrats, their discretionary actions comprise the "agency policy" of the ED they represent (Lipsky, 1980). There is therefore a great need for systematising the knowledge on how triage nurses use discretion when making urgency assessments.

Because little research deals explicitly with discretion in triage, the review addresses this issue by using a meta-ethnographic methodology (Campbell et al., 2011; France et al., 2014; Noblit & Hare, 1988) to reinterpret qualitative studies of how nurses perform urgency assessments in EDs using formalised triage systems. The review is limited to qualitative studies because of the problems with integrating qualitative and quantitative methodologies in a single review (Campbell et al., 2011), and because qualitative studies are best suited to address the question of *how* nurses use discretion. Through a systematic literature search, 14 studies have been identified and synthesised.

In the analysis and discussion sections of this review, the studies' findings are organised and re-interpreted in light of Molander and Grimen's (2010) distinction between the structural and epistemic dimensions of discretion. *Structurally*, discretion refers to a space of autonomous decision-making surrounded by a belt of restrictions (Dworkin, 1978, p. 31). *Epistemically*, it denotes a form of reasoning under conditions of indeterminacy. More specifically, epistemic discretion is a type of reasoning in which one has weak warrants. *Warrants* are rules that allow an inference from a premise to a conclusion in a particular case (Toulmin, 1958), for instance, from a description of what is wrong with a patient to a conclusion about the treatment he or she should receive. Whereas strong warrants provide unequivocal support for jumping from premise to conclusion, weaker warrants are more ambiguous; they only suggest how one should interpret and treat a patient. Thus, the weaker the warrants, the larger the need for discretion.

I proceed by describing how the review was performed and then presenting its findings. In the analysis section, I show (a) how the reviewed literature revealed inexhaustive guidelines and a high workload to be factors that necessitate nurses' use of discretion and (b) how nurses reason within this discretionary space by relying on their experience and intuition, judging patients according to criteria such as appropriateness and believability, and creating urgency ratings together with patients. Finally, I synthesise these findings to provide what meta-ethnographers call "a line-of-argument synthesis" of how triage nurses use discretion.

Method

The review is based on a meta-ethnographic methodology (Campbell et al., 2011; France et al., 2014; Noblit & Hare, 1988). Meta-ethnography allows for an interpretive synthesis of qualitative research in order to "produce new interpretations (e.g., themes, concepts or metaphors) of the research participants' experiences in published primary qualitative studies" (France et al., 2014). It is therefore suitable for synthesising qualitative studies of how nurses perform urgency assessments in order to understand the discretionary aspects of their work.

I have conducted this meta-ethnography in line with Noblit and Hare's (1988, pp. 26–9) seven phases as shown in Table 1.

Table 1
Meta-ethnography's seven phases (Noblit & Hare, 1988)

Phase
Phase 1: Identify an intellectual interest that qualitative research might inform
Phase 2: Search for information
Phase 3: Read the studies
Phase 4: Determine how the studies are related
Phase 5: Translate the studies into one another
Phase 6: Synthesise translations
Phase 7: Express/write the synthesis

The review was born out of an interest in how nurses perform urgency assessments in EDs using formally structured and organised triage systems. Since triage is little researched, I conducted broad searches in CINAHL and ISI Web of Science (including MEDLINE) using the search words "triage" and "qualitative". In both searches, the terms had to appear in the titles, abstracts or keywords. I only included studies published after 2000 because triage systems with formal structure and organisation were not introduced before the mid-1990s[2]. The search was performed on 25 April 2015 and returned 888 results in CINAHL and 284 in Web of Science. I then carried out preliminary sorting based on the titles and abstracts to identify all seemingly qualitative studies that dealt with how nurses conduct triage. I also performed hand-searches of key social scientific journals in the field[3]. In total, I identified 56 potentially relevant studies. After skimming, 19 were excluded because they were not qualitative or did not focus on triage. I also decided to exclude 9 studies of telephone triage because they pertained to a qualitatively different type of triage and have already been reviewed elsewhere (Purc-Stephenson & Thrasher, 2010), which left me with 28 studies. These publications were read in full, and their literature lists were searched for additional studies, with the latter producing no relevant findings. Ultimately, 14 studies were found to meet the final criteria of being (1) peer reviewed (2) original research articles that (3) empirically studied (4) nurses' face-to-face urgency assessments in (5) EDs with formalised triage systems using (6) one or more qualitative methods. The main authors of these studies were then contacted and asked if they were aware of any additional articles. This investigation provided no relevant results. All studies qualified a minimum of quality requirements, such as actually representing qualitative research, having clearly stated research questions, and providing clear descriptions of the data collected and the methods used. Beyond this, the quality of a particular study can to some extent be seen in how much it has contributed to the synthesis (Atkins et al., 2008). Table 2 (in appendix) contains an overview of the selected studies. Note that I have given each study a number and that I use these numbers in the analysis section to refer to the selected studies.

Phases 4–7 of Noblit and Hare's framework (i.e., determining how the studies are related, translating them into one another, synthesising the translations and writing the synthesis) were performed as follows. After I selected the final 14 studies, I read

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[2] I performed a control search using the same keywords and found no relevant studies before 2000.

[3] The hand-search was limited to studies published after 2000 in the three social science journals in the health research field with the largest impact factor: Social Science & Medicine, Sociology of Health and Illness and Journal of Health and Social Behavior. The search provided one new study: Hillman (2014).

them in chronological order to familiarize myself with the literature as a whole before importing them into QSR Nvivo 10 and coding them inductively strip for strip. The codes were then sorted into emergent categories of relevance for how nurses use discretion when they perform urgency assessments. Ultimately, the main categories were those of "guidelines", "work environment", "experience and intuition", "evaluative criteria" and "interacting with patients". These are presented in the subsequent analysis section. They also form the basis for the meta-ethnography's "line-of-argument" synthesis, which involves reconstructing a whole from a set of parts (Campbell et al., 2011, p. 10). The whole was *a priori* chosen to be discretion. Although this deductive rationale deviates from the inductive one of traditional meta-ethnographic syntheses, I believe it is still in line with the methodology's key principles as laid out in France et al. (2014). The foundation for the synthesis is presented in the analysis, whereas the synthesis itself is explicated in the discussion.

The review's limitations include being performed by a single researcher. To address this potential bias, I have discussed my analysis with colleagues and continuously reread the studies to corroborate and identify inconsistencies in my interpretations. Another limitation is that the review is restricted to journal articles; it should therefore not be seen as an exhaustive review of how nurses perform triage. Furthermore, it was difficult to explore systematically the effects of various contextual factors on the triage encounter because of poor reporting of contextual information in most studies[4]. The findings of the subsequent analysis should therefore not be read as representative of all EDs. Instead, the analysis depicts a multitude of factors that *may* characterise nurses' discretionary space and reasoning. To show that the findings are case-specific, I have been careful to state the studies in which they appeared. A final limitation is that many of the studies provided little interpretation beyond a basic description, which implied that the literature was less conceptually rich than what is optimal for performing a meta-ethnography (France et al., 2014). However, like Atkins et al. (2008), I also found that even relatively descriptive research may lend itself to a qualitative synthesis.

Analysis

The following section analyses the research literature on how nurses perform urgency assessments in EDs using formalised triage systems. I focus on findings that are salient for understanding nurses' use of discretion. The analysis begins by presenting the factors that create a discretionary space before going on to show how nurses reason under these circumstances. In the subsequent discussion section, these findings will be reconstructed into a "line-of-argument synthesis" about discretion in triage.

Factors creating a discretionary space

Guidelines

The most central aspect of a formalised triage system is the triage guidelines. Their purpose is to provide criteria for classifying patients in clear-cut categories of urgency. When applicable, these criteria provide a strong basis for prioritising patients. There was, however, consensus among nurses in the reviewed literature that guidelines are insufficient for establishing priorities. Nurses' views of guidelines varied from those who state they are "a reference for triage decision making" (4, p. 210) to

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[4] Atkins et al. (2008) describes the same experience and points out that this is one of the main critiques of meta-ethnography. Therefore, the application of the meta-ethnographic framework to reviews of journal articles might need some further methodological development.

those who claim guidelines are "a detrimental influence to expert patient assessment" (5, p. 404).

The most positive view of guidelines was expressed in Johansen and Forberg's (13) study. Here, nurses praised the triage guidelines for providing a higher degree of overview and more assurance and control compared with previous practice, thus making it easier to prioritise patients. However, the nurses in this study did not view triage guidelines as a panacea; they said that they were careful not to rely blindly on the standardised guidelines. Instead, they stressed the importance of being critical and using their nursing experience as a supplement when triaging.

One reason for supplementing the triage guidelines was that they were said to be too simple to match the complexities of patients and their complaints (4, 13). For instance, a nurse in Chung's (4) study complained that "[t]he guidelines provide limited and fixed information that might not be adapted to the real situation when you handle the patient. Sometimes, you cannot find a suitable category to match a patient's case according to the guidelines." (p. 210) In other words, the nurse complained that some patients elude the guideline's distinctions. Similarly, the literature contained several references to "borderline cases" (1, 4, 13, 14), which fell between two categories of urgency and often generated uncertainty and stress for the nurses. The literature portrayed the problem of "borderline cases" as twofold, since patients were "borderline" either when they presented with too little or too much information. Too little information made it difficult for nurses to relate a patient to the guidelines (12). Too much information, on the other hand, made it difficult to use the standardised triage manual because of a potential conflict between the guidelines and nurses' situational knowledge of the patient (13).

Nurses in some studies considered triage guidelines redundant or even obstructive for experienced nurses' practice (4, 5, 13, 14). For instance, the expert nurses in Cone and Murray's (5) study stated that they did not need to follow guidelines to make decisions; on the contrary, they claimed that guidelines could hinder them in their practice. A beginner nurse, on the other hand, was described as having little clinical experience and therefore being more dependent on following specific rules when assessing patients since, in the words of one expert nurse, "she has nothing to build on… nothing to make decisions from… no experience" (5, p. 405). The views in Cone and Murray's (5) study were those of experienced nurses with at least five years of ED experience, whereas Patel et al. (14) found that both beginner and experienced nurses expressed a similar view. The less experienced nurses said they carefully followed the guidelines most of the time, while the most experienced nurses claimed to have "internalised" the guidelines and stated that they use these alongside their own judgment.

Work environment

Most studies reported that the information-gathering work of triage nurses occurs in a hectic work environment (1–4, 9, 12–14). The studies described how EDs often receive a large amount of patients at the same time; to facilitate patient flow and identify the most urgent patients, nurses therefore assessed all patients in as short a time as possible (1). This is necessary to avoid "triage overload" (12), in which the influx of patients exceeds nurses' capacity to triage them. In addition to the number of patients who present, "triage overload" was said to be related to the complexity of patients' complaints; complicated problems, such as patients presenting with mental illness (9), require more time than uncomplicated ones and could therefore lead to access block (12). Several studies also showed triage nurses to be vulnerable to interruptions in their work (1, 2, 4, 8): for instance, when patients approach the triage area demanding immediate attention (1).

Several studies argued that a hectic work environment complicates nurses' decision-making. The need to make prompt decisions could generate uncertainty and

stress (13) and make nurses miss critical cues (2). Similarly, interruptions could distract nurses and cause them to overlook important information (4). In these situations, nurses risked assigning patients too low an urgency level and thereby "undertriaging" them. Conversely, the work environment could also facilitate "overtriage". When the patient volume was high and the waiting time long, nurses sometimes gave patients a higher urgency level to decrease the risk of their condition deteriorating while waiting (4). Furthermore, this tendency to "overtriage" was exaggerated by nurses wanting to avoid legal sanctions for failing to detect acutely ill patients (2, 4). Therefore, in sum, the working conditions of triage made it challenging to perform urgency assessments.

How nurses reason within their discretionary space

The reviewed literature described several strategies and resources used in nurses' discretionary reasoning. We have already seen some examples of this in the last section, such as when nurses detailed how organisational concerns influenced their urgency assessments. Other considerations were even more salient in the literature. The main themes here were "use of experience and intuition," "evaluative criteria" and "interacting with patients."

Use of experience and intuition

In several studies, nurses named the use of previous experience to be one of the most salient resources in their decision-making (3–5, 10, 12, 14). We should note, however, that "previous experience" is conceptualised in different ways in different studies. In some studies, previous experience is described as a repertoire of typical cases that could be utilised in the assessment of patients. This concept is captured in Edwards' (6, 7) notion of "usual presentations", which he has adopted from Tanner et al. (1993). Edwards defines "usual presentations" as nurses' mental representations of how patients typically respond to the problems they encounter, and he suggests that these are constructed through nurses' experiences with a multitude of patients. Edwards claims that these "usual presentations" act as a basis for comparison in the assessment of a particular patient and, as such, enable nurses to detect whether the patient is critically ill. With reference to Polanyi (1958), Edwards labels this recognitional ability "connoisseurship" and argues that it forms the basis of the expert clinician's ability to discriminate between patients.

In other studies, previous experience referred to concrete and sometimes singular events, as evident when nurses explained how recent, impressive experiences sometimes affected their decision-making (4, 12). An example of this is "learning the hard way," which was described as follows by a nurse in Hitchcock et al.'s (12) study:

> You only have to give 1 patient a triage category of 4 who supposedly has a migraine and then you see them having a seizure and a brain bleed for you to never give anyone presenting with a headache a 4 again, a headache is always a 3, sometimes we learn the hard way (pp. 1538–1539).

Another example involved nurses remembering a significant case when assessing a particular patient. Two participants in Chung's (4) study told of how recent experiences had assisted them in revealing critical conditions in patients that seemingly presented with non-significant symptoms. With reference to Cioffi (1998), Chung termed this decision-making device a "representative heuristic," which involves using relevant past experiences as a mental shortcut for making quick judgments.

Closely related to the theme of previous experience, studies also revealed that nurses used "intuition" when assessing patients (1, 2, 4–6, 13, 14). Nurses claimed that their intuition provided crucial guidance for triaging patients; even the guide-

line-friendly nurses in Johansen and Forberg's (12) study stated that it strongly influenced their decision-making. Intuition was often mentioned in tandem with experience, albeit in less concrete terms; nurses referred to it as a "gut feeling" (5, 6, 13, 14), "gut sense of urgency" (2, 5) or "sixth sense" (1, 4). In an attempt to clarify the concept, Andersson et al. (1) defines intuition as "an instinctive method of thinking, acting and using common sense" (p. 142). They also reference King and Appleton (1997), who has suggested that intuition results from having seen and learned from similar cases. In this manner, intuition becomes strikingly similar to the concepts of previous experience and usual presentations. There is some support for this association in the reviewed studies; many nurses believed intuition to be a distinguishing trait of experts in their field, which is developed through extensive experience and knowledge (2, 5).

The conflict between intuition and triage guidelines was a recurring theme in the reviewed literature. The nurses in Johansen and Forberg's (13) study pointed out that intuition sometimes complicates patient assessment by making the situation more complex and difficult to reduce to the standardised process laid out by the guidelines. In other studies, intuition was even said to override the guidelines (1, 2, 4, 14). For instance, the experienced nurses in Patel et al.'s (14) study said that when there is discrepancy between the two, they prefer to "go with their gut feelings" (p. 512) and disregard the guidelines. Similarly, a nurse in Chung's (4) study stated that, "sometimes the data does not reflect the problem of a patient. However, when you feel something wrong about the patient, you give them a higher priority." (p. 210). Consequently, what Chung (4) terms "subjective information" had significant influence on the decision-making of nurses in these studies.

Evaluative criteria

The reviewed literature described several non-guideline-determined criteria used by nurses to evaluate patients' complaints, with the most salient of these being appropriateness and believability. The former was used to judge whether a condition fits the ED's purpose of treating the acutely ill (7, 8, 11). This was central to what Fry (8) describes as triage nurses' "belief system," which provides "meaning for how patients should prepare their arrival, act in the emergency department, interact with and respond to the nurse's efforts" (p. 121). She lists seven of these "beliefs," and the seventh, "do not waste time," is of particular relevance here. Nurses in Fry's study considered patients with "trivial conditions" as violators of this norm. Trivial conditions are those that "the patient could treat him or herself, needed no treatment, were minor or chronic and could be managed by a Medical Centre or GP" (8, p. 124): in other words, conditions that are considered inappropriate for the ED. Patients presenting with trivial conditions were believed to waste resources and put sicker patients at risk. When nurses encountered these patients, Fry observed manifest changes to the assessment process. Nurses shortened the duration of the process and reduced patients' urgency rating. Moreover, they expressed resentment towards these patients. One nurse told Fry, "If I could give a [triage] code 10, I would. They deserve it" (8, p. 124). Fry interprets this statement to indicate that some patients were less deserving of ED services, in this case because they breached the values of appropriateness and efficiency. Hillman (11) makes the same claim, but she also stresses that nurses' judgments are not fixed; instead, "trivial" patients may influence nurses' triage code allocation by providing reasons for their presence in the ED. Nonetheless, these studies both suggest that nurses perform moral evaluations of and respond emotionally to patients in the ED.

The second criterion, believability, was used to judge the trustworthiness of patients' complaints (3, 7, 11, 14). Edwards and Sines (7) considers this criterion particularly salient in emergency medicine. They reference Hughes' (1988) suggestion that emergency nurses' interactions with patients are pervaded by scepticism because of how often they have to deal with people who may be dishonest in their

presentation. This scepticism is documented in the reviewed literature, which is rich with descriptions of how nurses use behavioural cues to judge the reliability of patients' stories. One method was to contrast what patients say with how they walk in and out of the triage area (6, 7). Nurses believed the latter, especially "walking out", to be a purer expression of a patient's problem because it was not performed in front of an "audience" (6). Similarly, patients' behaviour in the waiting room was treated as indicative of their potential pathology or distress. For instance, Edwards and Sines (7) found that nurses used patients' expressed levels of distress to judge how worried the patients were about their injuries. In other words, they believed that "if the patient really was worried, he would choose to present himself in a distressed way" (7, p. 2446). This assumption was also found in Arslanian-Engoren's (3) study, in which a nurse claimed the following:

> if they're drinking Mountain Dew and munching on Doritos and saying their [pain is a] 10 and the chest pain that they've had for, ya know, 2 hours or 2 weeks or 2 months, I mean it's kinda [...] hard to take people like that seriously. (p. 53)

The extract demonstrates how the nurse used behavioural signs to assess the seriousness of the patients' complaints. Thus, when patients express a lack of concern for their problem, these nurses also suspected that the problem was of little concern.

Time factors were also used to assess the believability of ED patients (7, 8, 11). Nurses in Edwards and Sines' (7) study were especially sceptical of patients presenting with injuries more than 48 hours old. They believed this behaviour could suggest that the patient was not acutely ill but instead was exploiting the constant availability of the ED. Another and more specific example was what nurses in Fry's (8) study termed a "positive bag sign," which referred to patients who entered the ED with a packed suitcase. The nurses considered these patients to break the norm of "not arriving with expectations" and suspected that they were not acutely ill because they had been able to pack a suitcase before coming to the ED.

Nurses also made inferences about the credibility of the types of people who visited the ED (7, 13). For instance, some nurses used patients' state of dress and hygiene as measures of the extent to which they took an interest in themselves (7). Moreover, in their study of triage in a paediatric ED, Patel et al. (14) found that the nurses were wary of the information given by caregivers because they believed caregivers could lack health knowledge, misperceive their child's symptoms or exaggerate the extent of their child's problem. The nurses therefore employed certain methods to judge the reliability of parents' information, such as rephrasing or rewording questions to check for consistency. Taken together, these procedures suggests that "believability" was a salient concern for triage nurses in the reviewed studies.

Interacting with patients

Most of the reviewed literature takes it for granted that the triage encounter involves an active nurse who gathers information from passive patients; and if anyone influences nurses' urgency assessments, it is their colleagues. However, two studies were critical of this conception (7, 11). Drawing on Atkinson (1995), Edwards and Sines (7) criticise the common assumption that patients are just passive purveyors of information. This assumption has masked how "patients are active in the construction of the presentation and interpretation of their problems" (7, p. 2450). Instead of focusing solely on the professional, they suggest that the triage encounter should be viewed as an interactive process in which "participants create, elicit, interpret and negotiate the meaning of the presenting problem" (7, p. 2450). Accordingly, they claim that triage can be regarded as what Goffman (1959) terms a "performance," in which triage nurses act as an "adjudicating panel" and patients have to "argue the merit" of their case to convince the nurse of their credibility as ED patients. Patients may thus affect how nurses determine their urgency and consequently which urgency

rating they are awarded. Hillman (11) echoes this point in her article about negotiations in triage, in which she argues that nurses reward patients who depict themselves as responsible citizens and who are able to provide good reasons for their seemingly illegitimate presence in the ED. The findings in these studies suggest that urgency ratings are an interactional rather than an individual achievement, and they have, as we soon will see, significant implications for our understanding of both urgency assessments and discretion.

Discussion

Let us now more explicitly address how the individual studies of triage nurses' urgency assessments add up to a whole "lines-of-argument" about triage as a discretionary activity. I will first consider the structural and epistemic aspects of the reviewed literature and then go on to discuss a new dimension of interactionist discretion implicit in the reviewed literature.

The structural dimension

The reviewed literature revealed several aspects of triage nursing that necessitated the use of discretion. For one, triage guidelines underdetermined nurses' urgency assessments. Nurses regarded the guidelines as too simple to match the complexities of patients and their complaints. In theoretical terms, they believed that the guidelines provided weak warrants (i.e., inference rules) for prioritising patients. This was an especially common view among experienced nurses, some of whom asserted that guidelines could be "detrimental" to their decision-making (5). Second, nurses' work environment increased their discretionary space. Under conditions of near or full "triage overload," it was difficult to obtain a sufficient patient history and gather all the relevant clinical information. Thus, whereas insufficient guidelines gave them weak warrants for assessing patients, a high workload rendered them unable to use their warrants to their fullest.

The epistemic dimension

We have also seen examples of how triage nurses reasoned within their discretionary space. First, we saw that nurses in the reviewed literature made use of both previous experience and intuition when they performed urgency assessments. The use of previous experience referred both to concrete and often singular experiences and additionally to a "composite mental picture abstracted from a range of patients with a similar problem" (6, p. 77). Both can be seen as *heuristics* (Kahneman, 2011) that guide nurses' discretionary reasoning, in the sense that they provide experience-based rules-of-thumb for how to interpret and treat patients. Nurses' intuition was also shown to be a central influence on their decision-making. For some, their intuition provided the strongest warrant for judging the urgency of a patient's complaint. These nurses seemed to follow the informal treatment rule, "when in doubt, disregard the guidelines and follow your intuition," a practice that might significantly reduce the reliability of their triage code allocation.

Second, we have seen how nurses used non-guideline-determined criteria to assess patients' complaints. They evaluated patients' *appropriateness* by judging whether their conditions matches the ED's purpose of treating the acutely ill, which is a finding that resonates with the broader literature on how ED personnel interpret and judge patients (Dingwall & Murray, 1983; Dodier & Camus, 1998; Hughes, 1989; Jeffery, 1979; Mannon, 1976; Roth, 1972; Vassy, 2001). Nurses also relied on behavioural cues, time factors and other assumptions to judge the *believability* of patients' complaints. Their reliance on cues such as talking on the phone, drinking

soda, eating snacks and bringing a suitcase to the ED illustrates how their discretionary reasoning was dependent on their common-sense knowledge of typical objects, actors, motives and courses of action. Thus, rather than viewing discretionary triage assessments as solely based on professional knowledge, we should, as Hughes (1977) reminds us, recognise that "[i]nterpretative schemes made available by formal training may be used alongside or tend to merge into those available by commonsense knowledge" (p. 130).

The interactionist dimension

A third aspect of nurses' discretionary reasoning is that patients influence how nurses interpret their urgency and consequently which urgency rating they are awarded. As mentioned, Edwards and Sines (7) argued that the triage encounter should be viewed as an interactive process in which "participants create, elicit, interpret and negotiate the meaning of the presenting problem" (p. 2450). In this view, nurses create urgency ratings together with their patients.

The conceptualisation of triage as an interactive achievement hints at a discretionary dimension not yet described in the theoretical literature, namely an *interactionist* one. As mentioned, the structural dimension of discretion designates a space in which one can choose between different alternatives based on one's professional judgment, whereas the epistemic dimension refers to the forms of reasoning under conditions of indeterminacy. As a supplement, the interactionist dimension stresses how professionals' discretionary reasoning is embedded in and shaped by their interactions with others. When professionals interact with clients and colleagues, it is often the interactions between participants, rather than any single participant, that brings about the professional decisions (Goodwin, 2014).

To improve our understanding of this interactionist dimension of discretion, further empirical and conceptual elaboration is needed. Future research might find inspiration in interactionist literature on topics such as distributed decision-making (Goodwin, 2014; Rapley, 2008), frame analysis (Goffman, 1974) and conversation analysis (Sacks, 1992). Based on such literature, it could be argued that the interactionist aspect is inherent in nurses' discretionary reasoning, in the Meadian sense that they always take others into account when they reason about patients' urgency (see Engesmo & Tjora, 2006). This idea demonstrates one of the ways in which interactionist and epistemic discretion might be interrelated. Whereas the reviewed literature only hints at such connections, future research could explore them more thoroughly.

Conclusion

The aim of this review has been to understand how nurses use discretion when they perform urgency assessments in EDs with formalised triage systems. Drawing on Molander and Grimen's (2010) distinction between structural and epistemic discretion, the review has shown (a) how inexhaustive guidelines and a hectic work environment open up a space for discretion and (b) how nurses reason within this space by relying on their experience and intuition, judging patients according to criteria such as appropriateness and believability, and creating urgency ratings together with their patients. Based on the reviewed literature, a new interactionist dimension of discretion has also been suggested, which stresses how professionals' discretionary reasoning is embedded in and shaped by their interactions with others.

The review has highlighted several issues of relevance for nursing practice, especially regarding the role of discretion in triage itself. Most will agree that some level of discretion is necessary for nurses to be sensitive to the differing needs and circumstances of their patients. The question thus becomes how this perspective may

be reconciled with the goal of triaging patients as equally and as fairly as possible. For instance, given the insight that previous experience and intuition may bias one's decision-making (Kahneman, 2011), it is imperative to discuss whether and how nurses should rely on these heuristics when assessing patients.

Given the small amount of research in the field, the findings of this review only reveal fragments of triage nurses' practice. Future research should aim to provide a more exhaustive analysis of the structural, epistemic and interactionist dimensions of nurses' discretionary work, and it should do so in a context-sensitive manner. In general, the literature's lack of contextual considerations reveals a significant need for more "thick descriptions" (Geertz, 1973) of discretion in triage. Thicker descriptions are essential to provide a more nuanced picture of nurses' work, and they could contribute to a refined understanding of both triage and discretion alike.

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Appendix

Table 2
Overview of selected studies

#	Study	Country	Purpose	Data collection	Sample	Triage system
1	Andersson et al. (2006)	Sweden	To describe triage nurses' work and to view factors that are important for making decisions and prioritization of patients in an ED	Observations of nurses' triage work followed by a short tape-recorded interview	16 female and 3 male nurses with more than 6 months of triage experience working in the ED of a county hospital in northern Sweden	Locally developed guidelines consisting of 3 levels with 6 categories of priority
2	Arslanian-Engoren (2000)	USA	To examine the triage decisions made by ED nurses for persons with symptoms suggestive of myocardial infarction	4 focus group interviews	8 female and 4 male nurses working in 2 urban and 2 suburban EDs located in Ohio and Michigan	Does not specify.
3	Arslanian-Engoren (2009)	USA	To explicate the decision-making processes of ED nurses who triage men and women for myocardial infarction	3 focus group interviews	11 female and 1 male nurse working in a large, tertiary care, university-affiliated ED in the Midwestern United States	Emergency Severity Index (ESI) scale

4	Chung (2005)	China	To understand the triage decision-making experiences of emergency nurses and the contextual influences on triage decision making	Unstructured open interviews	7 female registered nurses with at least 1 year of experience recruited from three different A&Es in Hong Kong	Does not specify, but the analysis shows they have a system with at least 4 categories
5	Cone & Murray (2002)	USA	To describe characteristics, insights, and decision-making of expert emergency nurses practicing in a triage environment	2 focus group interviews	10 nurses with at least 5 years of emergency staff nursing experience recruited from 2 EDs in the Midwestern United States	Locally developed guidelines which are not described in any detail
6	Ewards (2007)	UK	To explore how nurses undertake the process of initial assessment at triage, specifically the process of 'initial visualisation'	Video recordings of triage encounters followed by interviews with nurses	38 video-recordings of 14 nurses' live triage encounters in 2 demographically distinct A&E departments	Does not specify
7	Ewards & Sines (2008)	UK	To analyse how nurses appraise client credibility as part of the initial assessment at triage	Video recordings of triage encounters followed by interviews with nurses	38 video-recordings of 14 nurses' live triage encounters in 2 demographically distinct A&E departments	Does not specify
8	Fry (2012)	Australia	To provide understanding of how belief systems can impact on triage nursing behavioural patterns, actions and decision-making	Non-participant observation	200 hours of observing 7 female and 3 male clinical nurse specialists in 4 metropolitan tertiary Referral Hospital EDs	The Australasian Triage Scale (ATS)

9	Gerdtz et al. (2012)	Australia	To explore ED staff perceptions of the factors that influence accuracy of triage for people with mental health problems	Semi-structured telephone interviews	16 nurses and 20 doctors working either in a metropolitan or a rural/regional ED	The Australasian Triage Scale (ATS)
10	Göransson et al. (2008)	Sweden	To describe and compare thinking strategies and cognitive processing in the emergency department triage process by Registered Nurses with high and low triage accuracy.	Think aloud method: making participants think aloud while discussing patient scenarios	13 female and 3 male ED nurses who had either the highest or lowest triage accuracy scores in a previous study examining triage accuracy	Does not specify.
11	Hillman (2014)	UK	To explore the negotiations that occur during ED patient assessments.	Non-participant observation	250 hours of observation in a large inner city teaching hospital	Does not specify, but describes a system consisting of 5 categories
12	Hitchcock et al.(2014)	Australia	To identify problems and potential vulnerabilities that may affect the triage process	Non-participant observation and formal and informal interviews	170 hours of observing 60 episodes of triage, 31 informal interviews and 14 formal interviews with nurses (and others) in an ED at a regional public teaching hospital	The Australasian Triage Scale (ATS)
13	Johansen & Forberg (2011)	Denmark	To explore how the nurses experience the introduction of a formalized triage system at the ED and its consequences for their	Semi-structured interviews preceded by observations of ED nurses' triage work	15 nurses working in the Hillerød Hospital ED with an average of 9 years emergency work experience (range: 3	Hillerød Acute Process Triage (HAPT): a five-level triage system

			work practice		months-32 years)	
14	Patel et al. (2007)	Canada	To investigate the process of triage, the factors that influence triage decision-making, and how the guidelines are used in the process	Observations of and semi-structured interviews with triage nurses	3 months of observing 4 different nurses on 4 different days, as well as interviews with 4 female and 5 male nurses, all working in a paediatric ED	The Canadian Triage and Acuity Scale (CTAS)

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Teachers' Working Conditions amid Swedish School Choice Reform: Avenues for Further Research

Abstract: Since the 1990s, governance changes, including customer choice agendas, have permeated the public sector and, consequently, welfare sector professionals' work. One example is the education sector. The aim of this paper is to identify and discuss avenues for further research when it comes to teachers' working conditions in the light of current choice agendas. This is accomplished by presenting an overview of previous studies on implications of the reforms for teachers' working conditions. How are these conditions described in relation to the current school choice agenda in Sweden? What directions should be applied to increase knowledge of these conditions? We conclude by identifying some avenues for further research: the issues of organization of work, temporal and spatial dimensions of working conditions, and finally comparative studies of various forms, are suggested as warranting further investigation to highlight the diversified labor market in which teachers find themselves today.

Keywords: Competition, governance change, privatization, professional work, school choice, Sweden, teaching profession, working conditions

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In this paper, we examine implications of current choice agendas which involve allowing and encouraging citizens—or customers as they often are referred to these days—to make their own choices regarding welfare services. The school choice reform[1] in Sweden (SOU, 1991/92:95; SOU, 1992/93:230) is highly significant in terms of its impact on teachers' working conditions[2] (Arnesen & Lundahl, 2006; Daun, 2003). This illustrates how choice agendas currently permeate the public sector, reflecting broader societal and global trends of competition, privatization, marketization, and individualization (Blomqvist & Rothstein, 2000). Indeed, the idea of school choice in Sweden is based on the assumption that choice and competition improve quality (Carlgren & Klette, 2008; Vlachos, 2011). Although we have focused on Sweden, similar choice reforms can be found in public sector services in most western societies, giving the paper a wider relevance beyond the specific case.

[1] School choice was made possible via two different reforms; one opening up for a voucher system, the other one letting students choose what school to apply to. For consistency, and as it is most commonly used this way, we use school reform in singular rather than plural, even though the two together make up the changed system.
[2] Whilst the concept of working conditions often refers to aspects of work such as wage levels and employment form, in this paper we refer to circumstances in daily work which impact on how one experiences work. It deals with wage levels, workplace characteristics, work content and management, and organization of work.

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Public sector professionals, such as teachers, are often described as key actors in knowledge-intense organizations and society at large (Bourgeault, Benoit, & Hirschkorn, 2009; Muzio, Brock, & Suddaby, 2013). However, with the current choice and privatization agendas, the governance of these public sector professions has changed. This, in turn, has been shown to have implications in terms of changed and challenged professional identities. In fact, previous research on teachers and choice agendas in the education sector in Sweden points to identity diversification, whereby teachers' previous identification patterns with the logic of profession and the logic of bureaucracy compete with the identification with the logic of market (Fredriksson, 2009, 2010; Lundström & Parding, 2011; Parding & Lundström, 2011). In short, the logic of the profession is a governance ideal based on professionals controlling their own work, responsibility, and autonomy, as well as collegiality, trust, a shared profession-specific knowledge base, ethics, and culture (Freidson, 1991). The logic of the bureaucracy, however, is based on a strong emphasis on managers, bureaucratic procedures with standardization and evaluation, as well as accountability and efficiency. Coordination and long-term planning are practical examples (Freidson, 1991). Lastly, the logic of the market is based on meeting customers' (assumed) needs. Concepts such as profit, customers, competition, accountability, efficiency, and managerialism are central to this logic (Freidson, 1991). As teachers first and foremost choose their profession—to become teachers—rather than a specific employment setting, they tend to identify more strongly with the logic of the profession.

As mentioned above, the tension between the logics has been observed, in which teachers' identities can be seen as both challenged and changing (Lundström & Parding, 2011; Parding & Lundström, 2011). A correlating finding is that the signs of diversification in terms of how the logic of the market is seen by teachers, from positive to negative to indifferent, has been shown (Lundahl, Erixon Arreman, Holm, and Lundström, 2014). The circumstances demonstrate the need for further attention to be paid to teachers' working conditions and how they relate to the current choice agenda, however, a shortage of studies focusing on this has been identified (Fredriksson, 2010; Forsey, 2010b; Parding, 2011). As Bejerot and Hasselbladh (2013) point out, there is a need to develop the ways in which public sector reforms, including the conditions for the professionals working in these organizations, are examined. In an attempt to address these concerns, the aim of this paper is to identify and discuss avenues for further research when it comes to teachers' working conditions in the light of current choice agendas. This is accomplished by presenting an overview of previous studies on implications of the reforms for teachers' working conditions. How are these conditions described in relation to the current school choice agenda in Sweden? What directions should be applied to increase knowledge of these conditions?

The education system in Sweden is currently facing a number of serious issues. The latest PISA report shows that Swedish students have the worst performance trends of all OECD countries (Swedish National Agency for Education [SNAE], 2013a). In addition, several studies report poor and deteriorating working conditions for teachers (National Union of Teachers (NUT), 2013; Sveriges Företagshälsor, 2014:1; Swedish Confederation of Professional Employees (TCO), 2012; TCO, 2013). In fact, the Swedish National Agency for Education (SNAE) found that 50% of upper secondary teachers lack formal qualification in the subjects they teach (SNAE, 2014a), and the general director calls for a national action plan (Ekström, 2014).

The paper is structured as follows: We begin by describing some key developments in the sociology of professions regarding how governance changes and welfare sector professionals' working conditions have been studied. We then present the characteristics of the Swedish school choice reform to provide the context. Third, we outline the method used for literature collection and analysis. The

analysis itself follows, and we conclude with suggestions for future research.

Background

Previous research on the conditions for professional work has unveiled power relations and the underpinning values of various actors. At the same time, this has often taken a rather normative critical stance, and a perspective that views professionals as victims is apparent within this strain of thought. As Dellgran, Fransson, Jonnergård, and Jordansson (2011) point out, much previous research has dealt with the governance, control, and regulation of professional practices and how organizational and professional structures and processes are related to each other, including the role of discretion and autonomy. It has often been argued that the changes over the last decade or so have posed a challenge to traditional professional values (Adler, Kwon, & Heckscher, 2008; Evetts, 2009b, 2009c). For instance, Farrell and Morris (2003, p. 129), while acknowledging certain benefits, also discussed that professionals' roles in what they term the neo-bureaucratic state have changed: "[W]hile they may have reduced hierarchy, paradoxically, the changes have increased bureaucratic tendencies." Farrell and Morris (2003) believe this change impacts all public sector workers, especially professionals and managers. Another expression of a victimizing approach is presented by Reed (2014, p. 525), who claimed that professionals in the public sector "find themselves under increasing pressure from a complex combination of changes such as the marketization of specialist labor services and the deregulation that normally comes with it." Concerns regarding the increase in pressure over performance and accountability have also been raised (Adler et al., 2008; Evetts, 2009b, 2009c). Evetts argue that this could damage the trust in professionals and that the increase in audits means that they will spend less time with clients and more on audit-related tasks. According to Evetts, this commodification of professional work, including an emphasis on individual performance, risks undermining professional cohesion, trust, and cooperation.

The examples above illustrate a rather normative stance in depicting professionals as passive victims of deteriorating working conditions. Lately, a shift has been increasingly evident (Adler et al., 2008; Bourgeault, Hirschkorn, & Sainsaulieu, 2011; Leicht, Walters, Sainsaulieu, & Davies, 2009; Noordegraaf & Steijn, 2013; Noordegraaf, 2011; Nygaard, 2012). The reason as to move beyond the previous victimizing approach is how policy and societal changes having occurred and currently occurring makes it "necessary to look again at the theories and concepts used to explain and interpret this category of occupational work" (Evetts, 2013, p. 779). For example, public and private partnerships (PPP) now blur the earlier, clearer differences between the public and private spheres of employment (Evetts, 2013). The shift seems to lie in the examination of professions as they relate to new governance models, marketization and privatization, viewing professionals as active agents (Dellgran et al., 2011). There are indeed a number of recent examples of more nuanced views on professionals and their relation to governance changes, such as those expounded by Evetts (2011, 2013) and Muzio and Kirkpatrick (2011), who emphasize the importance of following current developments in organizations that employ professionals—such as schools—as a means of examining alternative views. Professionals, in this strand of thought, are described as proactive agents striving to take advantage or, at least, make the best of their situation, rather than as passive victims of ineffective changes (Muzio, Ackroyd, & Chanlat, 2008; Noordegraaf & Steijn, 2013). Timmermans (2008) claim that it may even be beneficial for the professions to take on organizational initiatives and transform them into values correlated to professional logics. Another example is Waring and Currie (2009), who develope the idea of moving beyond the victimizing approach that sees professional work as being subject to top-down management or bottom-up resistance: "[W]e

suggest that managerial techniques and jurisdictions are also strategically drawn into professional practice and identity" (2009, p. 755). They describe a blurring of jurisdictions; wherein there is both agency and structure.

The school choice reform in Sweden

The school choice reform in Sweden is an interesting example to closer examine for a number of reasons, as Sweden stands out in many regards compared to other western countries. First, the Swedish case can be described as a rather full-blown school market (Blomqvist & Rothstein, 2000). Although a quasi-market, it lies closer to a real market logic than many other countries (Lundström & Holm, 2011). It should also be noted that despite the decentralization of education, the state sets the national curricula for public as well as independent schools[3]. Second, neither independent nor public schools are allowed to collect fees. Instead, a full-scale voucher system is used, so all schools—whether independent or public—are funded by the government and the amount of funding a school receives depends on the number of students enrolled. Third, although school fees are not allowed, profits are. In fact, independent schools belong to education companies that are publicly traded on the stock market, meaning that profits can be distributed to shareholders. There are also examples of venture capital companies owning schools. In fact, today some 90% of independent upper secondary schools are stock corporations (SNAE, 2014b). For example, Academedia, which is the largest school operator group in Sweden, reported sales of more than €6.7 billion in 2013/2014 (Academia, n.d.; DN, 2015). Its operating profit totaled almost €48 million; even after tax and other financial items were deducted, €21 million remained (Academia, n.d; DN, 2015). Fourth, currently, in Sweden, just over 20% of all employees in the public sector work for private companies (in the 1990s, virtually no public sector workers were employed by private companies), and this change has been most rapid in the education sector (Vlachos, 2011). Fifth, neither public nor independent schools can cherry-pick students; that is to say, public schools have to accept any students that apply, as they have a responsibility as guarantor of education for all; while independent schools do not have such a responsibility, they are also not allowed to cherry-pick. Sixth, the change in education policy in Sweden has been drastic, and Sweden has a long tradition of social-democratic education policies (Esping-Andersen, 1990), characterized by a strong central governance with the double aim of increasing the education level among the youth and promoting social equity, reflected in the slogan "a school for all." This slogan emphasizes the belief that all students should have the right to the same educational conditions. In Sweden, public education is seen as a vehicle for providing equitable and accessible education opportunities. Today, however, independent schools receive significant support from all larger political parties. In fact, it has been claimed that both the left and the right have driven the current state of affairs, although their motives are based on different grounds (Wennström, 2014). That is, both the current social-democratic government and the previous right-wing government (2008-2014) are pro-market with respect to education. Most political parties claim they value equity in education, but they do not agree on how this equity should be achieved (Wennström, 2014; Wiborg, 2013). Finally, it should be mentioned that working arrangements and regulations differ between the public and independent sectors. One significant difference concerns the right to whistleblow; for example, to inform the media about maladministration at the school in which one works. In public schools,

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[3] By "independent schools," we refer to the non-public alternatives that the school choice reform opened up. These schools are sometimes referred to as "private" and sometimes "non-public schools," or as we do in this text: "independent."

teachers can act as whistleblowers without fear of being given notice or suffering other forms of punishment from their employer. However, in independent schools, whistleblowers are not protected, as these schools (if they are stock corporations) fall under the Swedish Companies Act, and teachers employed in these schools accordingly run a greater risk if they inform the media about maladministration, for instance (Fredriksson, 2010). However, it should be mentioned that new regulations are underway that will enable teachers in independent schools to be able to whistleblow too (SOU 2015:82).

Above, we have illustrated the specifics of the Swedish context, but this paper may be of relevance to other welfare sector professions in policy contexts similar to Sweden, as the choice agenda is indeed an example of "traveling policies" (Lindblad & Popkewitz, 2004). The results may also be applicable in other similar education policy contexts.

Method

Our overview of implications of the school choice reform on teachers' working conditions took as its starting point literature gathered in the previous review of research on school choice reform in a broader perspective (Parding, 2011). For the previous review, a scan of publications in mainly Swedish and Scandinavian journals in the fields of education and sociology was conducted; the timeframe was from the introduction of school choice (1991) until the then-current date (2011). The search terms were "school choice," "independent school(s)," and "Sweden"; the primary databases used were ERIC and Google Scholar. From relevant publications, additional sources were identified from the reference lists; the first part of the previous literature search was thus structured and systematic (Booth, Papaioannou, & Sutton, 2012; Machi & McEvoy, 2009). The area of review comprised research on the entirety of school choice reform identifying four units of analysis: Consequences in terms of the students, the school, an overarching level, and, finally, teachers. More than fifty publications matched the search criteria and were included. For this paper, we started by developing the teacher analysis unit, in other words, we focused on the reform's implications on teachers' working conditions. As literature reviews should be question-driven (Booth et al., 2012), we identified the following question: "How are teachers' working conditions described in relation to the current school choice agenda that the Swedish school choice reform includes?" Relevant papers, identified with keywords including "teachers," "working conditions," "school choice," "independent schools," and "Sweden" were selected for analysis. Additional publications were identified from these papers' references, including some from the same authors as well as new authors. This literature identification method can be categorized as initially structured and systematic, lending itself towards a snowball approach in a later stage (Booth et al., 2012; Machi & McEvoy, 2009). We also searched for relevant literature by scanning the appropriate unions' publications as well as the Swedish National Agency for Education (SNAE), as these actors play a central role in terms of mapping teachers' working conditions. This approach led to an identification of thirty-five publications of relevance. When analyzing the literature in terms of implications for teachers' working conditions, the following categories emerged: Wages, what teachers work where, workplace characteristics, undue pressure, new tasks, possibilities for planning, and job satisfaction.

Previous studies on the impact of the school choice reform on working conditions

A number of dilemmas regarding the increased market development within the

school system can be identified (SNAE, 2012). Many of these issues are linked to the new competition situation.

The issue of wages is one example of a working condition. Some research claims that competition translates into higher wages. On average, this is only a modest increase, but newly graduated teachers, teachers in certain subjects and those in the most competitive areas are better off; this is true in both independent and public sectors (Hensvik, 2010, 2012). At the same time, there are reports of wages being lower in the independent school sector, and at the upper secondary level in particular (Swedish Teachers' Union (STU), 2013). These results possibly reflect the complexities of wage analysis and point at a possible diversification development.

There are also reports on what teachers work where. It has been shown that different sectors seem to attract different categories of teachers. Hensvik (2010) shows that independent and public schools have somewhat different recruitment patterns, whereby independent schools attract younger teachers and those who are subject-specialized. In addition, in independent schools, the value placed on formal merits is lower than in public schools. This means that a teacher working in an independent school is more likely to have colleagues with lower levels of formal competence. Another factor that may differentiate the teaching bodies in different schools is the student composition. It has been suggested that school segregation has increased (Stenlås, 2011), with the plausible consequence that different student groups, that is students from varying socio-economic backgrounds, characterize the teacher's job in terms of focus and content, depending on school context. In a recent study, it was shown that teachers follow the good students (Karbownik & Martinson, 2014). Teachers tend to leave schools where the student results are the lowest, resulting in a transient teacher population in some schools. This may bring problematic situations regarding low levels of consistency, which can be assumed to have a negative impact on the work climate as the continuity and possibility of building collaboration between teachers may become compromised. Conversely, it was also shown in the same study that teachers at schools with high-grade students stay; a possible reason is that teachers may find the job easier in these contexts. It was also shown that teachers in independent schools are more mobile than those in municipal schools and that the more highly educated teachers change schools less often (Karbownik & Martinson, 2014). These findings also point to a possible emerging diversification.

When it comes to what different workplaces are characterized by, it has been found that rather than identifying alternative, innovative and diversified pedagogical approaches and practices, school profiles are becoming more and more traditional and similar in nature (Hartman, 2011). The main difference seems instead to lie in how schools are organized and governed (Hartman, 2011). This indicates that even though teachers can now choose their employers in different ways than previously, their choices are perhaps between more of the same, rather than between different pedagogical approaches.

Another impact that is directly related to the current competition situation is that of undue pressure. As schools are under pressure to show that their students perform well, good results are attractive and sought after; for example, high grades are used for marketing purposes. It has been found that 20% of teachers had experienced undue pressure to give their students higher grades than what their results warranted, either from the students themselves, their parents, or the principal; the pressure is greatest among upper secondary teachers, where the greatest exposure to competition is experienced (Dagens Nyheter (DN), 2011; NUT, 2011; NUT, 2014). In addition, teachers' employment is directly correlated to the number of satisfied customers. That is, if parents and students are satisfied, they will most likely stay at their current school, but if they are not, there is the risk that students will change schools, lowering the number of students in the original school and possibly leading to the firing of teachers (Lundahl et al., 2014). Compared to teachers in public schools, those in independent schools experience a less supportive environment: "if the way

we work does not suit you, you are free to walk out the door" (NUT, 2011). The impacts of school choice can therefore be seen as a shift in the balance of power from the teachers to the students, parents and school management (Lundahl et al., 2014; Lundström & Parding, 2011; Parding & Lundström, 2011; Stenlås, 2011). One way of understanding this is by arguing that the level of autonomy has decreased (Lundahl et al., 2014; Wennström, 2014) in terms of a de-professionalization (Stenlås, 2011). At the same time, it seems reasonable to assume that school context matters regarding if and how the phenomenon of undue pressure exerts itself.

Another finding is that new tasks have been added on top of the existing workload, not least regarding documentation and administration. Today, in the name of competition, teachers perform work such as attending fairs, designing marketing leaflets and keeping up to date with what competing schools offer, on top of more pedagogical and didactical tasks (Lundström & Parding, 2011; Parding & Lundström, 2011; Frostenson, 2011). There are also signals of teachers feeling that pedagogical discussions have vanished, replaced by discussions on how to get students to write "good" evaluations (NUT, 2011; Parding & Lundström, 2011). This indicates that not only are new tasks being added, but some tasks considered valuable are now being given less room. This change can certainly be seen in the light of the NPM reform movement; it is widely established that teachers' work has become intensified and that teachers experience more stress (Aili & Hjort, 2010; Lundström & Holm, 2011; NUT, 2013; Sveriges Företagshälsor, 2014:1; TCO, 2012; TCO, 2013). In fact, primary school teachers estimate that they work 9 hours and 40 minutes per day, equalling a 48-hour weekly workload (SNAE, 2013b). The effects of work intensification have been shown in various work environment reports. For instance, in a study on 30 different occupational groups in Sweden, three categories of teachers (pre-school teachers, primary teachers, secondary and upper secondary teachers) experienced the highest levels of work intensification; 72-84% found their work has been intensified, whereas the mean for all occupations is 46.6% (Du & Jobbet, 2013). The increased emphasis on documentation can be traced back to a general accountability trend and is also an effect of the need to present good outcomes in league tables. Several studies have reported on this change (e.g., Houtsonen, Czaplicka, Lindblad, Sohlberg, & Sugrue, 2010; SOU, 2014:5; SNAE, 2013b). The issue of new competition related tasks, including work intensification, seems to happen across the board, and in contrast to most of the previous issues, does not seem to bring any obvious diversification.

Student number fluctuations during and between term time have certainly become a reality in public schools, as well as independent schools, which makes planning ahead problematic. The SNAE (2010) has previously warned that many municipalities expected it would become more difficult to plan their upper secondary schooling in the coming years. These often uneven fluctuations can certainly be assumed to impact teachers' daily work, but exert themselves in very different ways depending on the specific work context; it is reasonable to assume that this diversification is related to the level of competition.

Finally, it has been found that teachers in independent schools were more satisfied than those in public schools (Vlachos, 2011). However, when comparing the number of reported absences due to illness for independent and public school teachers, which can be seen as a more objective indicator of the work environment and job satisfaction, there is neither a positive nor negative correlation (Hanspers & Hensvik, 2011).

To sum up, judging from the above presentation, it seems that the school choice reform has had a substantial impact on teachers' working conditions. The review also illustrates how other parallel governance changes have been unfolding; it is reasonable to conclude that there is an interplay between these changes.

Conclusions and avenues for further research

One main finding is that competition-related issues significantly influence teachers' experiences, although much depends on whether they work in a highly competitive or less competitive area; context matters (Lundahl et al., 2014). For example, teachers in highly competitive areas, who work in schools where the number of students is dropping, appear to be more severely affected, whereas teachers in competitive areas, working in schools with a good reputation and a waiting list of students, often have a quite different experience. This means that it is not necessarily whether or not one works in a public or independent school that makes the difference when it comes to how working conditions are experienced. We will now discuss issues that need continued focus and also new perspectives.

The key aim of this paper has been to identify and discuss avenues for further research regarding teachers' working conditions in the light of current choice agendas, in an attempt to identify perspectives which have been less explored, and that can assist in pointing future research in directions that move beyond "more of the same" (Bejerot & Hasselbladh, 2013; Jensen & Smeby, 2014). Rather than taking on a normative approach and aligning with either previously described victimizing approach or the view of professionals as active agents, our review highlights the need to continue identifying and scrutinizing the complexities surrounding professional work.

One direction for future studies is to continue focusing on the organization of teachers' work as public sector professionals, as it relates to public sector reform agendas such as school choice. The landscape of professions is increasingly dominated by the interests and priorities of employing organizations (Muzio & Kirkpatrick, 2011), and welfare sector professionals' experience of work is largely influenced by the manner in which it is organized (Fredriksson, 2010). However, even though the outcomes of professionals' work are highly dependent on the conditions surrounding it, the specific context has less often been in focus in studies of professional work (Svensson, 2008). One form of organization of work that has been particularly present in professional work is collegiality. Collegiality is based on occupational cohesion wherein collaboration and joint decision-making, founded on a normative (governing) logic, states what should be done, what should not be done and how the former should be done—this rationale governs work. Collegiality can be seen in terms of logic or a form of legitimacy; bureaucratic organizations, on the other hand, are based on rules and hierarchy. Private enterprises, such as independent schools, are based on market ideals—the customers' choice, the company's ability to satisfy the customer and the company's ability to make a profit. It is important to continue to examine these changes in the educational landscape because they influence how teachers' work is organized and experienced.

> When individual performance (e.g., of students and teachers, GPs, and consultants) is linked to the success or failure of the organization, then this amplifies the impact of any failure. The danger in this is that professional cohesion and cooperation are undermined, and competition can threaten both teamwork and collegial support (Evetts, 2009a, p. 7).

When the organization of work changes, this is bound to impact on the conditions for professionals. For example, a previous study on teachers and nurses found that changes in an organization resulted in changes in intra-professional relations that conflicted with the collective building of a knowledge base (i.e., collegiality decreased) (Jansson & Parding, 2011). Cheetham and Chivers (2001) highlighted the importance of professionals being physically close to colleagues, as this facilitates the development of competence in everyday work. The relationship between intra-professional relations and the physical organization of work can also be linked to issues of space and place; known as labor geography. Herod et al. (2007) claim that

space is as important for social relations as physical geography is constitutive for social praxis. Based on the results of the review, and the above line of argument, we would like to argue that future research should take temporal and spatial dimensions of work into consideration, including the conditions of employment. This is of high importance in examining the conditions surrounding teachers' work, as they relate to current choice agendas (Hanson Thiem, 2009; Herod et al., 2007; Herod, McGrath-Champ, & Rainnie, 2010). Such an approach would help clarify the organization of work and its implications (Rainnie, McGrath-Champ, & Herod, 2010), and if and how different school contexts such as geographical regions equate to different working conditions. Indeed, as professional practice has developed within the frameworks of formal education, training and professional networks and associations, while simultaneously being controlled by government agencies in close collaboration with the profession (Hasenfeld, 1983; Lipsky, 1980; Bejerot & Hasselbladh, 2011), it can be claimed that teachers are "located within a cultural milieu that shapes, but does not determine, their choice and behaviors" (Forsey, 2010a, p. 78). It is reasonable to argue that teachers in different school contexts have varying opportunities and constraints, pointing to a diversification of the conditions surrounding teachers' work. In fact, a previous study has discussed teachers' identities as diversified, due to simultaneous and sometimes contradictory changes (Parding, Abrahamsson & Jansson, 2012). More concretely, examining teachers' objective as well as subjective working conditions in different school contexts, including reasons for staying at one location or changing schools, as they relate to current choice, competition, marketization and privatization agendas, is of high relevance.

Adopting a comparative approach is also of relevance when designing studies of teachers' working conditions as one example of the experiences of welfare sector professionals. In fact, few studies provide a general account of occupational changes; most have a rather limited focus such as a single profession or country (Adams, 2015; Faulconbridge & Muzio, 2011; Muzio et al., 2008). By comparing professions and nations, future studies could advance our knowledge of professional work with respect to changes in governance. Adams, for example, argue that "more international and comparative work is required to develop a better understanding of professions and professional regulation" (2015, p. 1). Such an approach would help elucidate the interplay between professions and changing welfare states. Although it is difficult to make cross-national comparisons regarding professionals due to historical, social, cultural and economic differences (Forsey, Davies, & Walford, 2008), such comparisons are beneficial as examining cases that are similar in certain respects but different in others helps define the problem and identify areas for improvement (Burau, 2007). One highly practical way forward would be to apply the typology developed by Bejerot and Hasselbladh (2013); they identified five types of interventions when examining reforms in public sector organizations—political interventions, interventions by laws and regulations, interventions by audits and inspections, interventions by management and interventions by rationalizing professional practice. Comparative studies could potentially also assist in identifying temporal and spatial aspects and their relevance.

To move forward, we argue that it is highly worthwhile to examine more closely teachers' working conditions through the organization of work in their specific contexts, taking into consideration temporal and spatial aspects. By doing so, the diversified labor market for welfare sector professionals can be scrutinized in more detail, and a more diversified picture can be unveiled, reflecting current changes in the provision of welfare sector services.

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