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Identifying Improvements in Teaching and Learning via Supervision Support: A Pragmatic Perspective

Eshetu Mandefro

Hawassa University, Ethiopia

Contact: Eshetu Mandefro, Department of Educational Planning and Management, College of Education, Hawassa University, Ethiopia. eshetumandefro@hu.edu.et

Abstract

This article scrutinizes the professional support provided to teachers by supervisors to improve the teaching-learning process within the dimensions of learning behaviours and learning assessment in Ethiopian primary schools. The study employs a mixed-methods research design. The questionnaires were responded to by 382 in-service postgraduate diploma primary school principals and supervisors in the Educational Leadership and Management Department at Hawassa University. A semi-structured interview was conducted with 12 senior principals and supervisors. The results illustrate critical gaps in the supervision support to teachers for the improvement of learning behaviours and learning assessment. The study suggests that support-oriented supervision could play a significant role in assisting and improving the teaching and learning process. Hence, regional and federal governments should work together with development partners to enhance the competency of supervisory staff to provide enabling support to teachers and thus improve the quality of the teaching and learning processes in Ethiopian schools.

Keywords

Teaching-learning, supervision support, learning behaviour, learning assessment, the teaching profession

Introduction

Over the last three decades in Ethiopia, priority has been given to the expansion of education. As a result, a quantitative improvement has been achieved in student enrolment, teacher training, and the establishment of new schools, colleges, and universities. Conversely, the quality of education has been declining at all levels. In order to deal with these problems, in 2007 the Ministry of Education declared a general education quality improvement initiative (Ethiopian Ministry of Education, 2015). One of the areas on which the initiative has focused is the improvement of the quality of teachers where the quality of teaching is the most significant determinative factor in the quality of education (Gordon, Kane, & Staiger, 2006; UNESCO, 2015a; UNESCO, 2015b). In an attempt to improve the quality of teaching, supervision is one of the most important approaches that has been taken to support teachers in their provision of good quality teaching and learning activities in the schools. In this regard, studies affirm that the quality of education to some extent depends on the quality and quantity of supervision support offered to teachers in schools (De Grauwe & Carron, 2011a; UNESCO, 2015b). Furthermore, supervisory support to teachers has the potential to improve classroom practices by improving the quality of teachers' teaching skills, leading to student success by way of improving teachers' professional growth and work performance (Baffour, 2011; Daud et. al., 2018; Kholid & Rohmatika, 2019; Mofareh, 2011; Mukoro & Pupu, 2013; Pajak, 2001).

In the 21st century, with the development of the human resource theory of management, supervision is viewed as practical support to be provided to teachers for the purpose of ongoing development of teaching staff (Ahmad & Omar, 2013). It has also been asserted that supervisory support is equally important to teachers and students in terms of ensuring their constant interaction so as to enhance the teaching-learning process in the classroom (Al-Saud, 2007; Hoque, Alam, & Abdullah, 2011). Furthermore, supervision in education is primarily concerned with improving classroom practices for the benefit of pupils, irrespective of what is entailed by curriculum or staff development (Glickman, Gordon, & Ross-Gordon, 1998). Beach and Reinhartz (1989) have also asserted that the focus of supervision is on providing teachers with information about their teaching and boosting their instructional skills and performance. Similarly, Glickman, Gordon, and Ross-Gordon (1998) have recognized supervision as an act of encouraging human relations and teacher motivation and of enabling teachers to try out new instructional techniques in a supportive environment.

Although more than eight decades have passed since supervision was introduced into the Ethiopian education system, it has not contributed much to the improvement of teaching-learning quality in the schools (Eshetu, 2019). Supervision practices in Ethiopia have been

dominated by traditional administrative duties rather than pedagogical support to teachers, and approaches to supervision are not developmental or psychological in nature. Furthermore, many supervisors suffer from knowledge gaps in their provision of support to teachers in the teaching-learning process (Eshetu, 2020; Habtamu & Eshetu, 2019).

Supervision practices in Ethiopian primary and secondary schools are currently implemented on three levels, the first being school inspections, which are carried out by the district (Woreda) education office everyone, two, or three years to determine each school's status with regard to its implementation of the school improvement program. The second level of supervision practice is school-based supervision, which is less formal and is carried out by school principals, department heads, and senior teachers in order to mentor and provide professional support to novice and underperforming teachers. The third level is cluster supervision, a more formal type of supervision designed to provide intensive pedagogical support to teachers, which includes addressing learning behaviours and learning assessment to improve the teaching-learning process within schools in the same cluster (Eshetu, 2020; Ethiopian Ministry of Education, 2015; Giordano, 2008). This type of supervision can be carried out by a cluster resource centre supervisor who is assigned to provide intensive supervision support to teachers and school leaders. The purpose of school clustering is to bring together three to five schools within close proximity of each other and provide administrative and pedagogical support to their teachers and school leaders by creating additional leadership structures closer to the school level (De Grauwe, 2001; De Grauwe & Carron, 2011c; Giordano, 2008).

As staff development leaders, cluster supervisors should equip teachers with the skills to manage the overall activities and behaviours of students in the classroom. In this regard, Glickman (2002) has stated that supervisors equip teachers with skills to help students coordinate schedules between tasks and to handle the varied behaviour of pupils in the classroom. Similarly, it has been acknowledged that supervisors should support teachers in order to create an active assessment environment for students in the classroom, as some teachers have limited assessment skills and techniques (Ethiopian Ministry of Education, 2015; Sawari, 2013; Sintayehu, 2016; Yigzaw, 2013). Additionally, Stiggins (2017) has indicated that supervisors need to be able to build a balanced local assessment system to support and certify learning, continue to refine achievement standards, ensure local assessment accuracy, balance local communication systems so as to support and certify learning, and ensure a foundation of assessment literacy among teaching staff.

Today in Ethiopia, cluster supervisors are expected to carry out three core functions, such as supporting school leaders and teachers in administrative and pedagogical activities, providing coordination and support in the implementation of different education development programs, and serving as liaison agents in the dissemination of reform and ensuring its implementation in the schools (Eshetu, 2020). In recognition of the importance of the professional support provided to teachers by cluster supervisors, this study has sought to

scrutinize it in order to improve the quality of the teaching and learning process within the dimensions of learning behaviours and learning assessment in primary schools in Addis Ababa, Oromia, and the Southern Regional States. The goal of this study is to trace problems relating to evidence and identify improvements so as to contribute to the development and reform of Ethiopia's education systems. Hence, the study has adopted a pragmatic research perspective in order to identify solutions and create new knowledge in the field. Bearing this in mind, this study seeks to answer the following question: what are the gaps in the supervision support to teachers in terms of learning behaviours and learning assessment?

Previous research

Today, improving the quality of education is of increasing concern worldwide. Several indicators of education quality are concerned with the teaching and learning process and are based upon the quality and professional competency of teachers (World Bank, 2018; UNESCO, 2015b). It is essential to have teachers with adequate subject and pedagogical knowledge to ensure the quality of the teaching-learning provided in schools. Recognizing this imperative, UNESCO (2015b) has recommended that all countries ensure the availability of teachers in receipt of good support so as to address the educational challenges in today's world. Nevertheless, the quality and professional competency of primary school teachers in Ethiopia currently face serious challenges. Thus, higher priority should be given to empowering the teaching profession and increasing the professionalism of teaching staff via developmental and support-based supervision.

It is globally acknowledged that development-oriented supervisory support has the potential to bring improvements to the teaching profession with the ultimate goal of improving classroom practices, student academic achievement, and teacher professional development. Over the last three decades in Ethiopia, priority has been given to the expansion of education, with the result of quantitative improvements in student enrolment, teacher training, and the opening of new schools. Conversely, the quality of education has been declining at all levels. UNESCO (2015a, 2015b) has argued that the quality of teaching is the most important factor in the quality of education, but in Ethiopia, the evidence suggests that there has been a decline in the competency of the teaching force (World Bank, 2018).

There is international evidence that effective supervision is one of the best approaches to supporting teachers in order to develop quality teaching-learning activities in schools (OECD, 2005). Multiple studies confirm that the quality of education depends to a significant degree on the quality and quantity of supervision support offered to teachers (De Grauwe & Carron, 2011b; Eshetu, 2020; Giordano, 2008; OECD, 2005; UNESCO, 2015b; World Bank, 2018).

In Ethiopia, supervision practices are carried out by a cluster supervisor who is tasked with supporting teachers and school leaders in teaching-learning and administrative activities. However, research indicates that this system has contributed little to the improvement of teaching-learning quality in schools (Ethiopian Ministry of Education, 2015; Eshetu, 2020;

Tadele & Bekele, 2017). Furthermore, the primary purpose of supervision is to support and guide teachers in order that they can achieve professional development, the ultimate goal being quality instruction. Unfortunately, the supervision service in Ethiopian primary and secondary schools is too blurred and weak to fulfil this purpose (Ethiopian Ministry of Education, 2015). Apparently, this is because supervision practices have been dominated by traditional administrative and compliance concerns and have not taken into consideration teachers' developmental and psychological needs (Eshetu, 2020). Furthermore, most supervisors have knowledge gaps that affect their support of teachers in teaching-learning activities (Eshetu, 2019; Eshetu, 2020; UNESCO, 2015b). By adopting the pragmatic research paradigm, this study has sought to identify these gaps affecting supervision support to teachers within the dimensions of learning behaviours and learning assessment.

Theoretical framework

To identify the gaps in the supervision support to teachers in terms of learning behaviours and learning assessment, this study has adopted the pragmatic perspective of the research model as its theoretical framework.

The pragmatic research paradigm has emerged from the assumption that an understanding of realities and the generation of knowledge can be enhanced through actions, situations, and consequences by using a multiplicity of research methods. The pragmatic research model is based on the assumption that researchers should use the methodological approach that works best for the particular research subject being investigated (Tashakkori & Teddlie, 2003). This research paradigm is commonly associated with mixed methods (Creswell & Creswell, 2018), where the focus is on the consequences of the research and the research questions rather than on the methods themselves. Paradigmatic philosophers do not claim that it is impossible to understand the "truth" by a single scientific method nor do they claim to know where it is possible to determine social reality as constructed under the Interpretivist paradigm (Kivunja & Kuyini, 2017). Thus, the central concern of this paradigm is that the application of "what works" is best suited to solving the problems (Patton, 1990).

Given that this study is intended to identify the gaps in the professional support rendered by supervisors to teachers who require assistance in order to improve the learning behaviours and learning assessment of students, the identification of problems referred to as realities according to the Positivist perspective and the construction of socially accepted realities according to Constructivist assumptions are insufficient to answer my research question, which is solution-focused. Recognizing this fact, Creswell and Creswell (2018) suggest that, instead of focusing on methods, researchers should emphasize the research problem and question and use all approaches available to understand the problem along with associated solutions in order to help professionals improve practices on the ground. Thus, from the pragmatic point of view, we understand that a single dimension or mono-paradigmatic research orientation is not good enough. Instead, what professionals need, especially in the

field of education, is various worldviews that will provide a range of methods that are appropriate for studying the phenomenon. Thus, professionals who are looking for different methods of research can be practical and use pluralistic approaches that allow them to apply a combination of methods in a single study (Kivunja & Kuyini, 2017).

As a pragmatic professional working in the field of education, my wish is to bring about change both in Ethiopian education and worldwide via the application of a pragmatic perspective to the research approach because it is solution-focused. That is to say that, as well as the creation of new knowledge, the key objective of pragmatism is to better understand the problem and to produce new policy suggestions, professional frameworks, programs, or initiatives, with improved protocols and training for professionals and stakeholders who are working to fix the problems of education in the 21st century. In addition, pragmatists use a variety of tools and methods for a single study if this generates more valid and reliable findings. Furthermore, as far as I understand it from reviewing the literature, pragmatism rejects the notion that the outcomes of educational research are actual descriptions of reality; rather, it recognizes research outcomes as possible connections between actions and consequences.

Method

Research design

A mixed-methods design was used for this study as it involved the merger of quantitative and qualitative data. This design was deemed to be most suitable for this study because it is used to integrate multiple research approaches to collecting data within a single study. Using mixed methods, the researcher was able to mix and match qualitative and quantitative data together to address the research question. David and Sutton (2004) acknowledge that the use of mixed methods is an attempt to gain benefit from different methods across the spectrum of research philosophy.

Participants

The participants in the study have been selected from two different groups depending on the positions they held within the structure of educational leadership and management. The first group consisted of school principals and deputy principals who were receiving supervision support from cluster supervisors. The second group consisted of cluster supervisors who were providing supervision services to school principals, deputy principals, and teachers. The data collection process was accomplished during the first semester of the summer program in the 2018-2019 academic year. The participants were postgraduate diploma students in school leadership (PGDSL) and supervision and came exclusively from Addis Ababa, Oromia, and the Southern Regional States. The participants consisted of 382 first-year students in the Department of Educational Planning and Management at Hawassa University, including 142

principals and 240 questionnaire respondents. In addition, six senior principals and six senior supervisors participating in the same program were also interviewed.

Data collection instruments

In the context of this study, an instrument suitable for collecting data from a relatively large sample was the questionnaire. Thus, closed-ended type items were prepared using a 5-point Likert-style scale. The questionnaire had two themes: (1) learning behaviours (10 items) and (2) learning assessment (10 items). Content validity and internal consistency of items were checked by a professor in the field at Hawassa University. In addition, the reliability of the items was tested following the conduct of a pilot test at a primary school in Hawassa City. As a result, the aggregate reliability test value of Cronbach's alpha in the two dimensions was identified as 0.96, indicating that the instrument was reliable because the value was greater than the acceptable value of alpha: 0.70 (Santos, 1999).

The qualitative phase of the study used the semi-structured and non-directive interview questions in Appendix B. The interview items were prepared in order to gather in-depth data corresponding to learning behaviours and learning assessments. The items were also validated by the opinion of two experts in the field. The interview items related to the items in the questionnaire, as the aim of the mixed-methods study was to triangulate the data collected through the questionnaire. During the interviews, in order to allow for additional discussion of diverse topics and for understanding phenomena in-depth, further questions were formulated as delineated by Glesne (2011). With the permission of the participant, interviews were audio-recorded and transcribed to MS Word during the course of analysis using ATLAS.ti-9 software. Each interview lasted approximately 45-50 minutes.

Data analysis

The data collected through the questionnaires was analyzed by way of SPSS V.20. In the analysis of the quantitative data, the frequency (N), mean (X), standard deviation (SD), t-test, and p-test were used. On the 5-point Likert type scale, the mean value was interpreted as 4.21-5.00 “Strongly agree,” 3.41-4.20 “Agree,” 2.61-3.4 “Partly agree,” 1.81-2.60 “Disagree,” and 1.00-1.80 “Strongly disagree” (Arcagök & Yılmaz, 2020). The qualitative data was analyzed by way of the qualitative narrative written techniques delineated by Creswell (2018). Member-checking methods were used to check the accuracy of the information transcribed to Word. Results acquired from interviews were indicated with quotation marks. The school principal interviewees were coded as P1, P2, P3, P4, P5, and P6. The supervisor interviewees were coded as S1, S2, S3, S4, S5, and S6.

Results

The findings of this study were analyzed and illustrated on the basis of the research question. Consequently, in order to strengthen the results obtained in its quantitative part, the study is, as indicated in the title and introductory section of this article, grounded in the pragmatic

research paradigm. This is because the pragmatic research paradigm assumes that the understanding of realities and the generation of knowledge can be enhanced through multiple situations, consequences, and actions.

The application of a pragmatic perspective in this study allowed me to use both quantitative and qualitative methods to identify the existing reality of the cluster supervision practices in terms of learning behaviours and learning assessment in primary schools in the three regions. Thus, using pragmatic research methodology assumptions, both quantitative and qualitative data were collected within the dimensions of learning behaviour and learning assessment. This data is presented below.

Learning behaviour

Table 1. Respondents' views on supervisory support to teachers within the dimension of learning behaviours

No	Supervisors support teachers to:	Respondents	N	X	SD	Overall results X	SD	df.	t-value	p-value
1	encourage pupils to connect knowledge in their learning	Principals	142	2.30	.58					
		Supervisors	240	2.55	.61	2.23	.59	381	.45	.51
2	teach students multiple learning strategies	Principals	142	2.06	.70					
		Supervisors	240	2.56	.79	2.16	.74	381	.30	.55
3	recognize the students learning styles in designing the instruction	Principals	142	2.41	.66					
		Supervisors	240	1.96	.73	2.18	.69	381	.64	.66
4	motivation students in self-learning activities in the classroom	Principals	142	2.37	.69					
		Supervisors	240	2.38	.70	2.23	.69	381	.56	.59
5	encourage teacher-student and student-student interactions in class	Principals	142	2.38	.68					
		Supervisors	240	2.59	.51	2.62	.59	381	.39	.47
6	help students productively manage their time in the classroom.	Principals	142	2.60	.85					
		Supervisors	240	2.58	.81	2.79	.83	381	.61	.45
7	develop skills in handling varied behaviours of pupils in the classroom	Principals	142	2.49	.59					
		Supervisors	240	2.60	.62	2.54	.60	381	.65	.49
8	equip different techniques of classroom management	Principals	142	2.26	.73					
		Supervisors	240	2.46	.74	2.51	.73	381	.53	.58
9	demand quality instruction in classroom	Principals	142	2.56	.67					
		Supervisors	240	2.42	.87	2.49	.77	381	.63	.50
10	balance high expectations with student support in classroom	Principals	142	2.21	.74					
		Supervisors	240	2.56	.75	2.38	.74	381	.47	.56
	Aggregated results	Principals	142	2.36	.68					
		Supervisors	240	2.46	.71	2.41	.69	381	.50	.53

Table 1 gives the mean values ("X") for all ten variables that the respondents were asked to scrutinize with regard to their opinion on their cluster resource centre supervisors' support to teachers on the identified variables. The result shows that both groups of respondents disagreed, as the mean value for each variable is between "1.96-2.60" (i.e., "disagree"). Thus, almost all of the respondents within the two groups perceived the cluster resource centre supervisors as not properly supporting and working with teachers to improve the learning behaviours of students in the schools included in this study.

Furthermore, an independent sample t-test was conducted to determine whether the perceptions of the respondents in the principals and supervisors group vary with regard to

the variables that represent the practices of supervisors in supporting teachers to advance the learning behaviors of the students. The result shows no significant differences between the two groups for variables 1 to 10 respectively: t (381) = .45, p > .05; t (381) = , p > .30, 05; t (381) = .64, p > .05; t (381) = .56, p > .05; t (381) = .59, p > .05; t (381) = .83, p > .05; t (381) = .60, p > .05; t (381) = .73, p > .05; t (381) = .77, p > .05; and t (381) = .74, p > .05. Thus, based upon these results, it can be said with confidence that the cluster resource centre supervisors are not properly supporting and working with teachers to improve the identified learning behaviors of students in the primary schools of the three regions.

Regarding support being provided by supervisors to teachers to create optimistic learning behaviour such as encouraging "teacher-student and student-student interaction" and "recognizing the learning abilities of students in lesson planning," some of the principals interviewed made statements as follows:

> Several supervisors do not conduct classroom observation to identify the problems associated with teacher-student and student-student interaction. (P2)
>
> In my cluster, the supervisor does not conduct classroom observation to identify the learning difficulties of students in order to support the teachers in improving classroom practices. (P4)
>
> There are ways for supervisors to identify the difficulties of students in the classroom and support teachers so as to create optimistic learning behaviour in the school. (P6)

With regard to their actions in encouraging “teacher-student and student-student interaction” and “recognizing the learning difficulties of students in lesson planning,” S3, S4, S5, and S6 made statements as follows:

> As do many supervisors, I focus [more] on routine and administrative activities than on the teacher-student and student-student interaction in the classroom because I don’t have enough time to conduct classroom observation. (S2)

In the same way, S3 said:

> I am not conducting the classroom observation to assess the learning difficulties of students in the class, because I expect that each subject teacher can identify the learning problems of their students and support them as much as possible. (S6)

However, S5 said:

> Sometimes I conduct classroom observations because it is very important to collect first-hand information on classroom practices, including teacher-student and student-student interaction and the teaching-learning process, and related difficulties of

> students in the classroom, and suggest that teachers solve the problems in the classroom.

Concerning the support provided by supervisors to teachers so that "teachers [can] help their students manage their time" and "develop skills to handle various types of pupil behaviour in the classroom," the interviewed supervisors expressed the following views:

> I am suggesting the school principals motivate and follow up with the teachers to inspire the students to manage their time during and after the lesson by reading at the library and elsewhere. (S1)

On the other hand, S3 said:

> I don't have direct experience in supporting teachers to inspire their students with regard to time management or related issues in the classroom because it is the school principals' responsibility.

Similarly, S6 noted that "instead of me, it may be more appropriate for the principals to support teachers in helping their students manage their time" and "developing the teachers' skill in handling various types of pupil behaviour in the classroom."

As regards supervisors equipping teachers to "motivate students in self-learning activities" and making teachers "familiar with different techniques of classroom management," P1, P3, P4, and P6 all made disclosures to the effect that it is apparent that supervisors should provide training for teachers, but their own experience shows that supervisors do not organize the training program for teachers to equip them with the skills required to motivate their students in self-learning activities or to equip teachers with diverse classroom management techniques.

On the other hand, S2, S4, S5, and S6 disclosed that it is very important to equip teachers with the skills to guide their students in self-learning activities and to make teachers familiar with different classroom management techniques. In order to put this into practice, however, training is a very important tool and they are not providing on-the-job training to teachers because they do not have enough material or financial resources to conduct different training programs in their cluster schools.

Learning assessment

Table 2 below shows the mean values for all ten variables. The respondents were asked to provide their opinion on the cluster resource centre supervisors' support to teachers on the identified variables. The result proves that both groups of respondents disagreed, as the mean value for each variable is between "1.85-2.60" (i.e., "disagree"). Thus, almost all of the respondents within the two groups perceived the cluster resource centre supervisors as not

properly supporting teachers in improving the learning assessment of students in the primary schools of the three regions.

In addition, an independent sample t-test was conducted to recognize whether the perceptions of the respondents in the principals and supervisors group varied with regard to the variables on the practices of supervisors in supporting teachers in enhancing the learning assessment of the students in the schools in the study. The result shows no significant differences between the two groups for variables 1 to 10 respectively: t (381) = .12, p > .05; t (381) = .18, p > , 05; t (381) = .19, p > .05; t (381) = .17, p > .05; t (381) = .10, p > .05; t (381) = .16, p > .05; t (381) = .20, p > .05; t (381) = .13, p > .05; t (381) = .11, p > .05; and t (381) = .14, p > .05. This result confirmed that the cluster resource centre supervisors were not providing good support to the teachers in respect of improving the identified learning assessment variables in the primary schools of the three regions.

Table 2. Respondents' views on supervisory support to teachers within the dimension of learning assessment

No	Supervisors support teachers to:	Respondents	N	X	SD	Overall results X	SD	df.	t-value	p-value
1	create an active learning environment for assessing students' learning	Principals Supervisors	142 240	2.51 2.13	.70 .69	2.31	.69	381	.12	.71
2	make assessment procedures clear for all students in a class	Principals Supervisors	142 240	2.60 2.13	.64 .68	2.29	.66	381	.18	.69
3	understand students' individual differences when designing an assessment	Principals Supervisors	142 240	2.42 2.60	.62 .75	2.59	.68	381	.19	.66
4	understand the applicability and durability of the results of an assessment	Principals Supervisors	142 240	2.26 2.26	.72 .60	2.26	.66	381	.17	.60
5	use evidence and data to make assessment decisions	Principals Supervisors	142 240	2.21 1.85	.59 .57	1.88	.58	381	.10	.79
6	continuously assess students' learning in the classroom	Principals Supervisors	142 240	2.30 2.59	.75 .70	2.50	.72	381	.16	.67
7	use continuous assessment for the improvement of performance	Principals Supervisors	142 240	2.06 2.26	.72 .67	2.16	.70	381	.20	.66
8	be familiar with various assessment techniques	Principals Supervisors	142 240	2.36 2.60	.62 .71	2.63	.66	381	.13	.68
9	make assessments that include the three learning domains	Principals Supervisors	142 240	2.37 1.99	.54 .65	2.18	.60	381	.11	.66
10	provide timely feedback to students	Principals Supervisors	142 240	2.41 2.57	.80 .59	2.69	.79	381	.14	.58
	Aggregated results	Principals Supervisors	142 240	2.36 2.34	.67 .66	2.35	.67	381	.15	.67

Besides, to recognize the roles of supervisors in supporting teachers to create an active and clear assessment environment for all students, the interviewed principals confirmed the following:

> […] in the current situation of the primary schools in my cluster, supervisors should support teachers to create an active assessment environment to involve all students

> in the classroom because many teachers in primary schools organized in my cluster including my school have limited skills in creating the diversified and active assessment environment for all students in the classroom (P2). However, a few supervisors rarely observe teachers in the classroom and suggest teachers create an inclusive and active assessment environment for all students (P2, and P5). Some supervisors had seen the teachers' annual, weekly, and lesson plans and suggested teachers make active and clear assessment environment procedures for all students in the classroom (P4).

On the other hand, the supervisors disclosed that:

> […] procedural and conducive assessment environment is very essential to effectively assess the students learning (S2). Sometimes I conduct classroom observation; I suggest teachers facilitate a conducive assessment environment for all students in the class depending on the ability and learning pace of students in the class (S4). The support I provide to teachers to create an active and clear assessment environment for all students in the classroom is not enough, (S1).

On the activities of supervisors supporting teachers to use various assessment techniques and provide timely feedback to students, P1, P2, and P5 in common disclosed that equipping teachers with different assessment skills requires to provide training for them. In this regard, supervisors do not provide on-the-job training for teachers in their schools. Besides, P3 and P6 noted the following:

> […] some supervisors in their supervision reports suggest the school leaders should support teachers to give timely feedback to their students (P3). Many supervisors do not conduct classroom observation; so, they do not know the frequency of teachers providing feedback to students in the classroom (P6).

On the other hand, the interviewed supervisors disclosed that it is very important to equip teachers with different assessment skills. One of the tools used to equip teachers with a variety of assessment techniques is in-service training; however, they are not providing the training to teachers on this dimension, because they didn't have a budget to conduct training.

Concerning support provided by supervisors to teachers that, continuous assessment for the performance improvement of students the interviewed principals noted:

> […] in conducting supervision activities in the schools, many supervisors refer to the continuous assessment record document whether or not teachers continuously assess their students (P1). If teachers may not use different assessments, supervisors write comments to teachers or schools to assess the students by using different assessment techniques (P4); many supervisors refer to the assessment record and provide comments to implement continuous assessment (P3); […] my school supervisor doing

> nothing about the assessment call for the performance improvement of students or performance evaluation (P5).

The interviewed supervisors noted the following concerning the support provided by supervisors to teachers, assessment for performance improvement and the three domains of learning :

> […] during my school visit, I used the students' assessment records or mark lists, and then I provided comments and suggestions either for teachers or school leaders to support the teachers on the limitations I observed (S2). In reality, I am not considering the domains of the assessment, because domains of assessment depend on the contents of the lesson (S3). I am using assessment records (mark lists) whether or not teachers implement continuous assessment in the classroom, but I didn't think about the domain of learning in the assessment (S6).

Discussion

The participants perceived supervision practices to support teachers in creating optimistic learning behaviour among students in the classroom as unsatisfactory. In this study, one of the activities of the supervisors who were expected to support teachers in order to create optimistic learning behaviour in the classroom was intended to help the teachers connect and organize knowledge in the classroom, as the literature in the field indicates that many teachers in developing countries demonstrate a low level of pedagogical skills (UNESCO, 2015a; UNESCO, 2015b; World Bank, 2018). Thus, in the Ethiopian context, supervisors should provide extensive support to teachers to help them connect and organize the lesson to be presented (Eshetu, 2020), for without organization and contextualization, actual learning cannot happen.

The findings of this study are evidence that many supervisors in primary schools in Ethiopia are not giving teachers the proper support to enable them to identify their students' talents and learning styles and incorporate these in the design of instruction. In the teaching-learning process, the recognition of students' talent and learning styles plays a very significant role in the attainment of lesson objectives. When teachers identify the talents of their students, they can create a plan that will give them opportunities to exercise their talent and learning styles (whether visual, aural, or kinaesthetic) (Glickman, 2002). Thus, in the context of this study, supervisory support to teachers should be of paramount importance, because many teachers in primary schools have limited pedagogical skills and, in order to transform this concept into practice, they require sustainable support from supervisors (UNESCO, 2015b).

Another important contribution that this study makes to the field is that to create optimistic learning behaviour in the classroom, students should be more motivated to control their learning. In this regard, supervisors should provide intensive support to teachers in terms of how to motivate students to control their learning. Thus, in the existing setting of this study,

supervisors must support teachers who have limited pedagogical skills to help them stimulate students' interest in self-directed learning. The reason behind this is that, when supervisors support teachers' activities in the school, teachers will be more motivated to use and intensify the use of various teaching strategies. They will also aspire to encourage self-directed learning among students and increase student participation in the classroom.

Teacher-student and student-student communication have a significant effect on the creation of optimistic learning behaviour in the classroom. However, this study finds that most primary school supervisors are not providing teachers with effective support for the enhancement of teacher-student and student-student interaction in the classroom. In the context of this study, supervisors should support teachers to facilitate teacher-student and student-student interaction in the teaching-learning process so as to create optimistic learning behaviour in the classroom, because frequent student-teacher and student-student interaction in the classroom is the most important factor in students being motivated and involved in a lesson (Bailey, 2006; Eshetu, 2020).

Depending on what the supervisor's perception is of their role in supporting teachers to help students engage in positive time management behaviour, this study finds that supervisors are not effective at supporting teachers. Additionally, they do not actively support and improve teachers' skills in handling various types of pupil behaviour in the classroom. In the context of this study in which many teachers had limited pedagogical skills, supervisory support is of great significance for creating a positive attitude toward time management, because learning to use one's time well is a crucial aspect of student achievement. For this reason, supervisors equip teachers with the skills to help students coordinate their schedules to manage tasks and handle the various types of pupil behaviour in the classroom (Eshetu, 2020; Glickman, 2002).

Another notable result from this study is that the primary school supervisors did not effectively equip teachers with a range of classroom management techniques. It is important to remember that optimal learning is promoted by well-organized and well-administered classroom environments. Effectively managed classrooms are orderly, have a minimum of student misbehaviour, and spend reasonable levels of time on task. In this regard, teachers as classroom leaders need to be more skilled at preventing disruptions from occurring in the first place (Edwards, Dattilio, & Bromley, 2004; Evertson & Emmer, 2009; Glickman, Gordon, & Ross-Gordon, 2004). Thus, a supervisor is to equip teachers with the skills to manage the overall activities and behaviours of students in the classroom.

In the process of teaching and learning, assessment of students' learning occupies a central position when it comes to determining students' educational achievement. Bearing this in mind, this study has aimed to analyse the support provided by supervisors to teachers with less than tenable assessment skills. The study's findings indicate that most primary school supervisors are not successful at supporting teachers within the dimension of learning

assessment. In this dimension, one of the vital issues on which this study has focused is the need for supervisors to support teachers to enable them to create an active assessment environment for students in the classroom, as some teachers have limited assessment skills and techniques (Sawari, 2013; Sintayehu, 2016; Yigzaw, 2013). In support of this notion, Stiggins (2017) indicates that supervisors need to be able to build a balanced local assessment system to support and certify learning, continue to refine achievement standards, ensure local assessment accuracy, and balance local communication systems to support and certify learning, as well as to ensure a foundation of assessment literacy among teaching staff. In this regard, supervisors should encourage teachers to create a clear and active assessment environment in the classroom through practice, structured exercises, projects, and action research.

Another important finding of this study is that primary school teachers do not receive appropriate support from their supervisors in various assessment techniques and skills related to providing timely feedback to students. In the Ethiopian context, pedagogical skills and attitudinal change among teaching staff is impossible without guidance and support; thus supervisors should provide appropriate support to teachers and guide them in the practice of major assessment techniques (Glickman, 2002). This is because the teacher as the assessment expert should have sound skills and various assessment techniques, and assessment calls for performance improvements in the three domains of learning (Opposs et al., 2020; Sawari, 2013; Sintayehu, 2016; Yigzaw, 2013; Zamili et al., 2020).

Conclusion and implications

In respect of the study's findings within the dimension of learning behaviours, primary school supervisors in Ethiopia do not actively support teachers in the process of supervision practices. Bearing this in mind, this study concludes that supervisory support to teachers to enhance learning behaviours – such as by encouraging pupils to connect and organize knowledge, teaching multiple learning strategies, recognizing students' talent and learning styles, motivating students in self-learning activities – and to encourage teacher-student and student-student interaction, time management, handling of various types of pupil behaviour in the classroom and so on was not effective among teachers in primary schools in Ethiopia. This implies that in the Ethiopian educational system there is a need for a paradigm shift in supervision practices, with changes in policies and the orientation of supervision organization and management to make these more support-oriented.

In the participants' views as expressed in the questionnaires and interviews in the domain of learning assessment, supervisors are too far away from teachers to offer support in primary schools in Oromia, Addis Ababa, and the Southern Regional States of Ethiopia. Bearing this in mind, this study concludes that supervisory support to teachers in the domain of learning assessment, a vital pedagogical area in the teaching profession, is undermined. Supervision practices in primary schools in Ethiopia have not been support-oriented in terms of equipping

teachers with valuable pedagogical support aimed at improving the pedagogical competency of teachers in the system. As a result, the teaching-learning process has been adversely affected and is not quality-oriented. So, to enhance teacher competence in assessment procedures and techniques, supervisors should make a concerted effort to change the paradigm of supervision practices in education. Therefore, the author of this study suggests that the regional and federal governments of Ethiopia make adjustments to supervision policy and make supervision practices more support oriented.

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References

Ahmad, A., & Omar, Z. (2013). Abusive supervision and deviant workplace behavior: The mediating role of work-family conflict. *The Journal of Human Resource and Adult Learning, 9*(2), 124-130.

Al-Saud, R. (2007). *Educational supervision, modern trends* (2nd ed.). Amman: Dar Wa'el.

Arcagök, S., & Yılmaz, C. (2020). Intercultural sensitivities: A mixed methods study with pre-service EFL teachers in Turkey. *Issues in Educational Research, 30*(1), 1-18. http://www.iier.org.au/iier30/arcagok.pdf

Baffour, A. P. (2011). *Supervision of instruction in public primary schools in Ghana: Teachers' and headteachers' perspectives* (Doctoral dissertation). Murdoch University, Perth. Retrieved from https://researchrepository.murdoch.edu.au/id/eprint/8483/2/02Whole.pdf

Bailey, K. M. (2006). *Language teacher supervision: A case-based approach*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511667329

Beach, D. M., & Reinhartz, J. (1989). *Supervision: Focus on instruction*. New York: Harper & Row.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). New Dehli: SAGE.

Daud, Y., Dali, P. D., Khalid, R., & Fauzee, M. S. O. (2018). Teaching and learning supervision, teachers' attitude towards classroom supervision and students' participation. *International Journal of Instruction, 11*(4), 513-526. https://doi.org/10.12973/iji.2018.11432a

David, M., & Sutton, C. D. (2004). *Social research: The basics*. London: Sage Publications.

De Grauwe, A. (2001). *School supervision in four African countries: Vol. I: Challenges and reforms*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000124823/PDF/124823eng.pdf.multi

De Grauwe, A., & Carron, G. (2011a). *Reforming school supervision for quality improvement: Alternative models in reforming school supervision*. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000215935

De Grauwe A., & Carron, G. (2011b). *Reforming school supervision and support for quality improvement: Management of supervision staff*. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000215931?1=null&queryId=2bd7ceff-7e3f-4094-974a-3f58e6beda46

De Grauwe, A., & Carron, G. (2011c). *Reforming school supervision for quality improvement: Roles and functions of supervisors*. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000215929

Edwards, D. J. A., Dattilio, F. M., & Bromley, D. B. (2004). Developing evidence-based practice: The role of case-based research. *Professional Psychology: Research and Practice, 35*(6), 589-597. https://doi.org/10.1037/0735-7028.35.6.589

Eshetu, M. (2019). Assessment of the competencies of supervisors and their roles in primary and secondary schools of Sidama Zone, Ethiopia. *International Journal of Humanities and Social Sciences, 11*(6), 1-13. https://doi.org/10.26803/ijhss.11.6.1

Eshetu, M. (2020). Identifying improvements in supervision practices in Ethiopian primary schools: A pragmatic perspective. *Issues in Educational Research, 30*(3), 866-882. http://www.iier.org.au/iier30/eshetu.pdf

Ethiopian Ministry of Education. (2015). *Education sector development programme V*. Retrieved from https://www.unicef.org/ethiopia/reports/education-sector-development-programme-V-ESDP-V

Evertson, C. M., & Emmer, E. T. (2009). *Classroom management for elementary teachers* (8th ed.). New Jersey: Pearson Education.

Giordano, E. A. (2008). *School clusters and teacher resource centres*. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000159776

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston: Pearson. https://www.pearson.com/us/higher-education/product/Glesne-Becoming-Qualitative-Researchers-An-Introduction-4th-Edition/9780137047970.html

Glickman, C. D. (2002). *Leadership for learning: How to help teachers succeed. Association for Supervision and Curriculum Development*. Retrieved from https://bunker4.zlibcdn.com/dtoken/b50d83a14721343b7b305b44099f5c7d

Glickman, C. D., Gordon, S. P., & Ross-Gordon, J. M. (1998). *Supervision of instruction: A developmental approach* (4th ed.). Boston: Allyn & Bacon.

Glickman, C. D., Gordon, S. P., & Ross-Gordon, J. (2004). *Supervision and instructional leadership: A development approach* (6th ed.). Boston: Pearson.

Gordon, R., Kane, T., & Staiger, D. (2006). *Identifying effective teachers using performance on the job*. Washington, D.C.: The Brookings Institution.

Habtamu, G., & Eshetu, M. (2019). Analysis of the supervisory support to teachers in primary and secondary schools of Sidama Zone, Ethiopia. *IOSR Journal of Humanities and Social Science, 24*(11), 45-51. www.iosrjournals.org

Hoque, K. E., Alam, G. M., & Abdullah, A. G. K. (2011). Impact of teachers' professional development on school improvement: An analysis at Bangladesh standpoint. *Asia Pacific Education Review, 12*(3), 337-348. https://doi.org/10.1007/s12564-010-9107-z

Kholid, I., & Rohmatika, R. V. (2019). Integrated clinical supervision model: Efforts to increase teacher's performance of Madrasah Aliyah. *Journal of Physics: Conference Series, 1155,* 1-6. https://doi.org/10.1088/1742-6596/1155/1/012091

Kivunja C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education, 6*(5), 26-41. https://doi.org/10.5430/ijhe.v6n5p26

Mofareh, A. (2011). *School-based instructional supervision in Saudi Arabian public secondary schools* (Doctoral dissertation). University of York, York. https://core.ac.uk/download/pdf/5225549.pdf

Mukoro, A. S., & Pupu, O. (2013). Instructional supervision as a catalyst for quality improvement in secondary educational settings. *Journal of Educational and Social Research, 3*(6), 59-67. https://doi.org/10.5901/jesr.2013.v3n6p59

OECD. (2005). *Teachers matter: Attracting, developing, and retaining effective teachers*. Paris: OECD Publishing.

Opposs, D., Baird, A., Chankseliani, M., Stobart, G., Kaushik, A., McManus, H., & Johnson, D. (2020). Governance structure and standard setting in educational assessment. *Assessment in Education: Principles, Policy & Practice, 27*(2), 192-214. https://doi.org/10.1080/0969594X.2020.1730766

Pajak, E. (2001). Clinical supervision in a standards-based environment: Opportunities and challenges. *Journal of Teacher Education, 52*(3), 1-37. https://doi.org/10.1177/0022487101052003006

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park: Sage.

Santos, J. A. R. (1999). Cronbach's alpha: A tool for assessing the reliability of scales. *Journal of Extension, 37*(2), 1-5. www.joe.org

Sawari, S. (2013). Teacher competency assessment in the classroom: Current issues. *International Journal of Informative and Futuristic Research, 1*(3), 90-96. https://www.researchgate.net/publication/268209278

Sintayehu, B. A. (2016). The practice of continuous assessment in primary schools: The case of Chagni, Ethiopia. *Journal of Education and Practice, 7*(31), 24-30. www.iiste.org

Stiggins, R. (2017). *The perfect assessment system.* Retrieved from: https://files.ascd.org/staticfiles/ascd/pdf/siteASCD/publications/books/PerfectAssessmentSystem_Stiggins.pdf

Tadele, K., & Bekele, M. (2017). Practices of primary schools cluster supervision: The case of Jimma Town primary schools in Ethiopia. *European Scientific Journal, 13*(17), 124-151. https://doi.org/10.19044/esj.2017.v13n17p124

Tashakkori, A., & Teddlie, C. (2003). Major issues and controversies in the use of mixed methods in the social and behavioral sciences. In A. Tashakorri & C. Teddlie (Eds.), *Handbook of mixed methods in social & behavioral research* (p. 3-50). Thousand Oaks: Sage.

UNESCO. (2015a). The challenge of teacher shortage and quality: Have we succeeded in getting enough quality teachers into classrooms? Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000232721

UNESCO. (2015b). Investing in teachers is investing in learning: A prerequisite for the transformative power of education; background paper for the Oslo Summit on Education for Development. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000233897

World Bank. (2018). *World development report: Learning to realize education's promise.* Washington, DC: World Bank. https://doi.org/10.1596/978-1-4648-1096-1

Yigzaw, A. (2013). High school English teachers' and students' perceptions, attitudes and actual practices of continuous assessment. *Academic Journals, 8*(16), 1489-1498. http://www.academicjournals.org/ERR

Zamili, M., Suwitri, S., Dwimawanti, I. H., & Kismartini, K. (2020). Management of educational assessment in high school: Transcendental factors. *Management and Entrepreneurship: Trends of Development, 1(*11), 81-97. https://doi.org/10.26661/2522-1566/2020-1/11-06

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Working as an ECE Professional During Covid-19 in Austria: Demands and Resources Profiles and Their Relations With Exhaustion and Work Engagement

Michael Methlagl[1,2], Natascha, J. Taslimi[1], & Jutta Majcen[3]

1. Department of Elementary and Primary Education, University College of Teacher Education Vienna, Vienna, Austria
2. Training and Sports Sciences, University of Applied Sciences Wiener Neustadt, Wiener Neustadt, Austria
3. Department of Educational Sciences and Practical Studies, University College of Teacher Education Vienna, Vienna, Austria

Contact: Michael Methlagl, University College of Teacher Education Vienna, Austria. michael.methlagl@phwien.ac.at

Abstract

The current study explores patterns of intraindividual demands and resources of ECE professionals in Austria during covid-19 by adopting a person-centred analytic approach. Latent Profile Analyses reveal three distinct subgroups (high demands/low resources vs. moderate demands/high resources vs. high demands/moderate resources). Results show that individuals assigned to the subgroup, which is characterized by moderate demands and high resources are less exhausted and show higher work engagement, than individuals assigned to the other subgroups. Individuals classified in the high demands and moderate resources are also less exhausted and more engaged than the individuals in the high demands and low resources group.

Keywords

Job demands-resources model, early childhood education professionals, latent profile analysis, exhaustion, work engagement, covid-19

Introduction

Early childhood education (ECE) plays a crucial role in child development, nurturing the social, emotional, cognitive, and behavioural development of all children, (Burchinal et al., 2000; Li et al., 2013; Mashburn et al., 2008; National Institute of Child Health and Human Development Early Child Care Research Network & Duncan, 2003; Romano et al., 2010) which is linked to school readiness (Denham, 2006).

Currently, the covid-19 pandemic is disrupting educational institutions all over the world (UNESCO, 2021)[1]. Due to the physically and emotionally demanding task of working as an ECE professional, it is assumed that the pandemic and the restrictions it carries may increase existing job and family demands and may lead to new covid-specific demands in ECE settings. Recent research dealing with job demands during the covid-19 pandemic focus on healthcare professionals (Barello et al., 2020; Britt et al., 2021; Lorente et al., 2021; Manzano García & Ayala Calvo, 2021), teachers (Marshall et al., 2020; Sokal et al., 2020), learning issues of secondary school students (Pelikan et al., 2021) and in higher education (Holzer et al., 2021). Little is known about the job and family demands and resources of ECE teachers during the pandemic.

Therefore, the aim of the current study is to examine job and family demands as well as resources of ECE staff members in Austria. The job-demands-resources model (Bakker & Demerouti, 2007; Bakker et al., 2005) is used as a framework. In order to study the interplay of different demands and resources simultaneously, person-centred analyses (Molenaar & Campbell, 2009) were conducted. The purpose of this approach is to identify subgroups (called latent profiles) of individuals in a sample sharing homogeneous patterns (Pastor et al., 2007) of demands and resources. Further, the links between these different patterns of demands and resources, representing subgroup membership, with personal and work-related physical and emotional exhaustion (dimension of burnout) and work engagement are investigated.

Job demands educational quality

Working as an ECE professional is associated with high physical and psychological demands (Farewell et al., 2022; Viernickel, et. al., 2017). The job of ECE professionals is characterized by a high amount of social interactions in complex situations with children, ongoing relationship-building activities, high attentional demands, high communication and networking tasks (with parents and other professionals), high societal expectations, high

[1] Access date: June 2021 https://en.unesco.org/news/COVID-19-educational-disruption-and-response

social-emotional competency requirements (Viernickel & Weßels, 2020; Whitaker et al., 2015) and high teacher-child ratios.

High job demands are linked to educational quality in ECE. For example, ECE teachers who experience high cumulative stress and emotional exhaustion report increased anger-aggression problems among the children. Furthermore, these ECE teachers showed themselves to be less tolerant of externalized behaviour of the children (Jeon et al., 2019), exhibit more negative reactions towards challenging child behaviour (Buettner et al., 2016) and show lower-quality interactions with the children (Ansari et al., 2020). This makes it difficult for children with externalized behaviour to learn emotion regulation strategies and thereby reduce their impulsiveness (Valiente et al., 2007). Further, a lack of autonomy at the workplace is associated with low relationship quality and a lack of closeness between the educational professional and the children. High work demands (e. g. high number of responsibilities, high time pressure and frequent disruptions in work) also resulted in increased ECE professional-child conflicts (Whitaker et al., 2015), reduced interaction with parents (Fantuzzo et al., 2012) and an increase of work-family-conflicts (Gu & Wang, 2019).

Research dealing with the link between structural (teacher education, teacher-child-ration, group size) and process quality (children's day to day experiences which are determinants of child development) (Pianta et al., 2005; Thomason & La Paro, 2009) in ECE show that smaller teacher-child ratios are beneficial for teacher-child interactions (De Schipper et al., 2006; Phillipsen et al., 1997) and overall process quality (Barros & Aguiar, 2010). High teacher-child ratios could lead to higher demands and lower availability of work resources like social support or feedback processes due to lack of time.

Job-demands-resources model

The job-demand-resources model (JDR) (Bakker & Demerouti, 2007) distinguishes between job demands and job resources and is a widely used framework. "*Job demands* refer to those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (e. g., exhaustion)" (Demerouti et al., 2001, p. 501) whereas *job resources* refer to "physical, psychological, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands at the associated physiological and psychological costs; (c) stimulate personal growth and development" (Demerouti et al., 2001, p. 501).

According to the JDR model, increased work demands that are experienced as stressful (e. g. time pressure, unfavourable work environments) over long periods of time can lead to health problems, increased stress levels, and may even cause exhaustion and burnout. Whether these demands lead to increased stress etc. depends on the availability of job resources (Bakker et al., 2005). While job resources (e. g. autonomy, social support, feedback, good relationship with the supervisor) have a motivating effect and lead to an

increase in work engagement, resources may also help individuals to cope with professional requirements. Job resources (found at the organizational level, in the social relationships of the person and the work-task itself) can thusly reduce the negative effect of increased work demands (Bakker & Demerouti, 2007; Bakker et al., 2005). This interaction between demands and resources indicates that job resources buffer the effect of job demands on burnout and work-related strain (Bakker & Demerouti, 2007). “Job stress or burnout develops – irrespective of the type of job or occupation – when certain job demands are high and when job resources are limited” (Bakker et al., 2005, p. 170). There is also evidence that work and family stress are connected. There is a spillover of stress from one domain to the other. This cumulates the individual’s overall stress and should be taken into account when examining burnout from a multisystem view (Appel & Kim-Appel, 2008; Leiter & Durup, 1996).

Research also shows that the availability of job resources is also associated with job engagement (Schaufeli & Bakker, 2004). “Engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Bakker et al., 2007, p. 274). Job engagement is positively related to the classroom performance of teachers (Bakker & Bal, 2010) and teachers’ organizational commitment (Hakanen et al., 2006).

Research conducted in the school environment shows that social support, innovation, recognition from colleagues, and a good organizational climate are important job resources that aid teachers in coping with their work challenges and ensure their wellbeing (Bakker et al., 2007). In the context of early childhood education, it was shown that supportive and collaborative relationships between colleagues, as well as a high degree of autonomy in the decision-making process, represent important resources that counteract emotional exhaustion (Schaack et al., 2020).

In line with covid-19 specific job demands research of different professions, this paper seeks to address how job and family demands and resources are organized within ECE professionals during the covid-19 pandemic in Austria. Applying Latent Profile Analyses allows us to identify distinct subgroups in the sample based on their job demands and resources.

The following research questions were raised:

Research Question 1: Which distinct latent profiles of ECE professionals’ job and family demands and resources can be identified by adopting a person-centred approach?

Research Question 2: Are there significant differences between latent profiles regarding the perceived personal and work-related exhaustion and work engagement?

Method

Early childhood teacher education in Austria

In Austria, early childhood teachers are trained at BAfEP, a vocational secondary school and, since 2021, also at teacher training colleges in the higher education program elementary pedagogy. Training colleges for elementary education can be completed in five years, where a higher education entrance qualification and professional qualification are acquired. An alternative way to become an early childhood teacher is the collegiate form after a higher education entrance qualification where only the professional qualification is acquired in two years. The admission requirement for the university course in elementary education is a completed bachelor's degree in educational science/pedagogy/primary school teacher, which ends after two semesters with the professional qualification as an early childhood teacher.

Data collection and sample

The data was collected from April to June 2021. The online questionnaire was sent directly to the ECE organizations. Further, the link to the questionnaire was posted on the social media channels of the University College of Teacher Education Vienna and NeBÖ (Network of Early Childhood Education in Austria[2]) and was published in the newsletters of both institutions. 467 ECE professionals (97.6% female; 2.4% male) completed the survey. The low number of male survey participants is reflecting the low number of male ECE professionals in Austria (Statistik Austria, 2021). The average age was 37.3 years (SD=10.66) and the average working experience was 13.7 years (SD=10.02). 24.8% of the survey participants have a leadership position.

Materials

Job and family demands and resources

A list of demands and resources (e.g. lack of safety material, fear of infection) was drawn up, based on the research dealing with pandemic specific research (Britt et al., 2021; Sokal et al., 2020) as well as results of the more general job-demand-resources research (e.g. time pressure, support, feedback) conducted before covid-19 (Bakker et al., 2005; Crawford et al., 2010; Cumming, 2017; Schaack et al., 2020; Skaalvik & Skaalvik, 2018). Furthermore, ECE-specific demands, such as the availability of suitable educational material, parent cooperation, etc. were added to the list. Participants had to rate the frequency of the given demands and resources based on a 7-point rating scale ranging from 1= never to 7= always/every day. Family demands and resources were also included in the study. Research highlights the importance of family demands and resources when examining employee

[2] https://www.neboe.at/

burnout. As mentioned before, there is evidence that there are spillover effects between work and family domains (Appel & Kim-Appel, 2008; Leiter & Durup, 1996).

Exhaustion

To measure personal and work-related exhaustion the German version of the Copenhagen Burnout Inventory (Hanebuth et al., 2012; Kristensen et al., 2005) was used. The two subscales measure personal burnout (6 items; example item: "How often are you emotionally exhausted?") and work-related burnout (7 items; example item: "Are you exhausted in the morning at the thought of another day at work?") on a 5-point rating scale (1=always/to a very high degree; 5=never/almost never or to a very low degree). Low scores indicate strong exhaustion.

Work engagement

Work Engagement, "which is considered to be the antipode of burnout" (Schaufeli et al., 2006, p. 702) was measured using the shortened version of the Utrecht Work Engagement Scale (UWES-9) (Schaufeli et al., 2006). In this study, the one-dimensional engagement factor was used which shows good psychometric qualities (Sautier et al., 2015; Schaufeli et al., 2006). Participants have to rate the 9 items (example item: "At my job, I feel strong and vigorous") on a 7-point frequency scale (1= never to 7= always). Higher values indicate higher work engagement.

Analytic approach

Person-centred approaches like Latent Profile Analysis take a "holistic-interactionist perspective that takes a person as a system and the unit of study" (Mammadov et al., 2016, p. 175). Latent Profile Analysis (LPA) is a latent variable modelling technique used to find latent subgroups based on observed data (Collier & Leite, 2017; Oberski, 2016; Pastor et al., 2007). Individuals that share similar configurations of personal attributes/patterns of variables (in this paper a range of job and family demands and resources) are grouped together (Spurk et al., 2020). LPA is a probabilistic model-based approach with less arbitrary model selection than cluster analysis (Olivera-Aguilar et al., 2017). LPA represents an inductive approach where the number of latent profiles is unknown. To find the best fitting model, the number of latent profiles (subgroups) is increased until the model fit indices indicate that there is no improvement in model fit by adding another profile (Mäkikangas et al., 2021). Analyses were conducted in Mplus 8 (Muthén & Muthén, 2017). To find the best-fitting model the adjusted Lo-Mendell-Rubin Likelihood Ratio Test (LMR) (Lo et al., 2001) the Bayesian Information Criterion (BIC) (Schwarz, 1978), and the Entropy indicator (Celeux & Soromenho, 1996) were examined. A significant improvement of model fit by adding a further profile is indicated by a significant LMR Test (Nylund-Gibson & Choi, 2018). Further, lower BIC values imply better model fit (Nylund et al., 2007). Entropy values close to one indicate better classification accuracy. To avoid local maxima solutions, multiple random starting sets (STARTS: 1000 100, STITERATIONS = 100) were used (Nylund et al., 2007). In the

next step differences in exhaustion and work engagement between the latent profiles were examined.

Results

Preliminary analyses

To assess the validity and reliability of the Copenhagen Burnout Inventory and the Utrecht Work Engagement Scale confirmatory factor analysis was conducted using the lavaan (Rosseel, 2012) package in R (R Core Team, 2017). Further composite reliabilities (CR) (Raykov, 2009) were calculated. To evaluate the goodness-of-fit the root mean squared error of approximation (RMSEA), standardized root mean squared residual (SRMR), Tucker-Lewis index (TLI) and comparative fit index (CFI) were inspected. Cut-off criteria[3] reported by (Hu & Bentler, 1999) were used.

The items of the Copenhagen Burnout Inventory load as expected on two factors namely: personal burnout (6 items; CR= 0.76) and work-related burnout (7 items; CR= 0.748). All items of the Utrecht Work Engagement Scale load on one factor showing good reliability (CR=0.827). The overall model fit was good ($\chi^2(172)=447.116$; p=.000; RMSEA= 0.059; SRMR=0.042; CFI=0.964; TLI=0.952). All standardized factor loadings were moderate to strong (between 0.51 and 0.92). The one-factor model of work engagement shows a better model fit than the three-factor model.

Latent profile analysis

All 27 demand and resource items were used for LPA. The adjusted LMR test implies that the best fitting model is the 3-profile model. BIC values decrease from the 2-profile model to the 4-profile model. The 3-profile solution has very good classification accuracy (entropy = 0.922) and good interpretability (cp table 1). The three latent profiles are displayed in figures 1 to 5 using standardized z-scores (M=0; SD=1) and absolute values (cp figure 6-10). Descriptive statistics of the latent profiles are displayed in table 2.

Table 1. Fit statistics for the LPA

No. Latent Profiles	Log-likelihood	AIC	BIC	SaBIC	Entropy	Lo-Mendell-Rubin adjusted LRT (p)	Smallest class size
2	-22761.582	45741.165	46193.114	45847.172	0.915	.000	49.4%
3	**-22319.826**	**44967.652**	**45647.650**	**45127.150**	**0.922**	**.0014**	**22%**
4	-22086.916	44611.832	45519.878	44824.820	0.937	.2239	11.6%

Note: AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion, SaBIC = Sample Size Adjusted Bayesian Information Criterion; LRT= Likelihood Ratio Test

[3] Cut-off criteria: SRMR $\leq$ .08, RMSEA $\leq$ .06; CFI and TLI $\geq$ 0.95 (Hu & Bentler, 1999)

Table 2. Frequencies of demands and resources of the latent profiles; means, and standard deviations

	Profile 1 (high demands and low resources) n=157		Profile 2 (moderate demands and high resources) n=103		Profile 3 (high demands and moderate resources) n=207	
	M	*SD*	*M*	*SD*	*M*	*SD*
Frequency of demands						
Time pressure	5.29	1.55	4.18	1.88	5.22	1.38
Long working hours	4.32	1.71	3.26	1.55	4.22	1.58
Lack of safety material	2.94	1.63	1.61	0.88	2.89	1.74
Conflicts with colleagues	3.16	1.54	1.93	0.87	2.65	1.07
Conflict with the executive	2.79	1.45	1.42	0.66	1.97	1.03
Family strain	4.15	1.73	2.98	1.49	3.66	1.55
Less family time	4.39	1.62	3.04	1.53	4.04	1.62
Less recovery time outside of work	3.06	1.35	4.49	1.47	3.54	1.37
Fear of infection	4.98	1.92	4.17	1.88	5.13	1.78
Challenging parent interaction	4.88	1.51	4.05	1.53	5.02	1.40
Restrictions concerning activities with the children	5.04	1.80	4.94	1.77	5.43	1.56
Frequency of resources						
Sufficient preparation time	2.52	1.50	4.36	2.01	3.18	1.65
Sufficient rest breaks	2.01	1.26	3.36	2.06	2.56	1.71
Sufficient staff	3.20	1.90	4.98	1.69	3.30	1.66
Sufficient educational working material	4.67	1.80	6.80	0.45	4.97	1.65
Clear and timely information on how to deal with covid at work	2.82	1.43	4.67	1.88	3.18	1.54
Social support from colleagues	3.13	1.20	6.07	1.16	5.23	1.27
Emotional support from colleagues	3.38	1.43	6.12	1.15	5.57	1.18
Social support from executive	2.48	0.98	5.80	1.28	4.86	1.48
Emotional support from executive	2.22	0.97	5.63	1.53	4.72	1.65
Support from organization	1.55	0.81	3.22	1.83	2.06	1.10
Good teamwork	4.04	1.75	6.56	0.61	5.75	1.24
Helpful work related feedback	2.47	0.90	5.19	1.33	4.17	1.31
High appreciation	2.92	1.31	5.23	1.38	4.20	1.39
High autonomy	4.61	1.81	6.53	0.62	5.02	1.61
Family/friends support	4.97	1.55	6.23	0.91	5.73	1.37
Work gratification	4.38	1.33	6.20	0.78	5.51	1.15

Notes: Frequencies of demands and resources: 7-point-scale (1= never to 7= always/every day); n=467

Profile 1: High demands and low resources

Profile 1 groups individuals who frequently experience demands like time pressure, long working hours, lack of planning and preparation time, shortage of staff, lack of recovery time (cp figure 1 and 6), restrictions concerning activities with the children, challenging parent interactions, lack of information to deal with covid-19 on the workplace and fear for infection (cp figure 2 and 7). This subgroup also shows the highest family demand scores (cp figure 3 and 8). Individuals report relative frequent conflicts (compared to the other profiles) and relatively rare support from colleagues and leaders in comparison to persons assigned to profile 2 and 3 (cp figure 4 and 9). Helpful feedback and appreciation are relatively rare compared with the other profiles (cp figure 5 and 10). Even though demands in this subgroup are high, resources like autonomy, gratification (cp figure 5 and 10) and emotional support from family/friends are reported (but these resources are not as frequently as in the other profiles).

Profile 2: Moderate demands and high resources

Profile 2 is characterized by relatively moderate job demands and high availability of resources. Similar to profile 1 frequent demands are restrictions concerning activities with the children, challenging parent communication, and fear of infection (cp figure 2 and 7). Individuals assigned to profile 2 experience relatively moderate time pressure (cp figure 1 and 6), very few conflicts at the job (cp figure 4 and 9), and relatively rare family demands (cp figure 3 and 8) in comparison with the values of profile 1 and 3. They further report appropriate availability of covid-19 safety material (cp figure 2 and 7), good teamwork, frequent social and emotional support from colleagues, leaders, organization (cp figure 4 and 9), and family/friends (cp figure 3 and 8). Individuals receive helpful feedback, appreciation (cp figure 5 and 10), and covid-19 related information (cp figure 2 and 7) relative frequently. Additional resources like autonomy and gratification are very high (the highest values among all profiles) (cp figure 5 and 10).

Profile 3: High demands and moderate resources

Individuals assigned to profile 3 show similar demands (cp figure 1, 2, 3, 6, 7, 8) as individuals in profile 1 (work pressure, long working hours, challenging parent interactions, fear of infection, shortage of staff, family-related demands and lack of information dealing with covid-19). In contrast to profile 1, there are fewer conflicts, better teamwork, and more social and emotional support at the workplace (cp figure 4 and 9). Further autonomy, gratification, appreciation, and feedback scores are higher than in profile 1 but not as high as in profile 2 (cp figure 5 and 10).

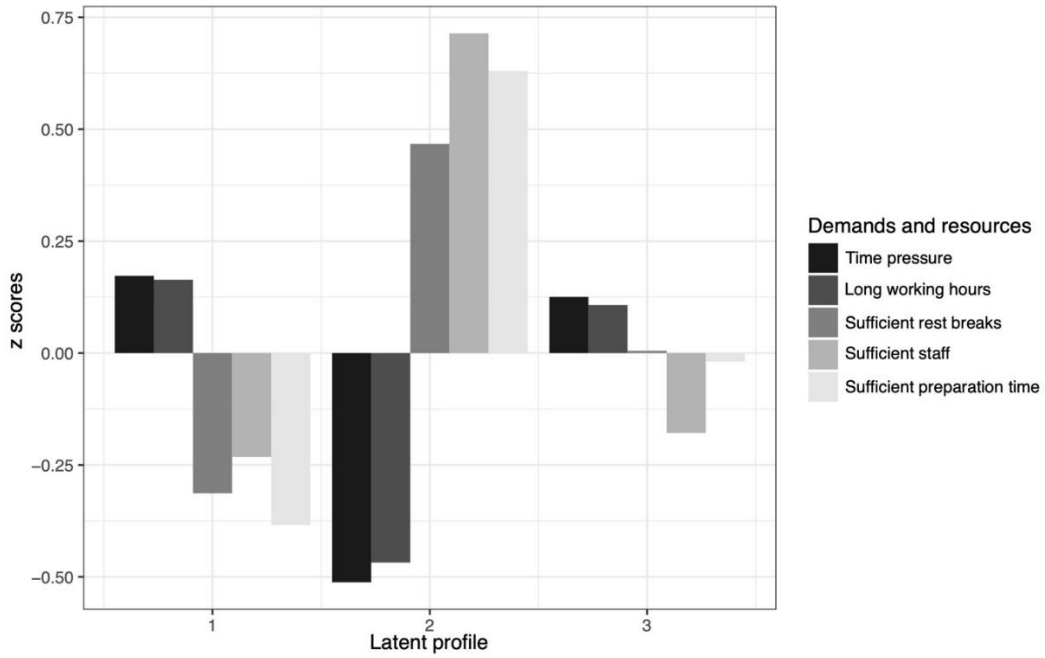

Figure 1. Latent profile solution for demands and resources (z-scores: time pressure, long working hours, sufficient rest breaks, sufficient staff and sufficient preparation time)

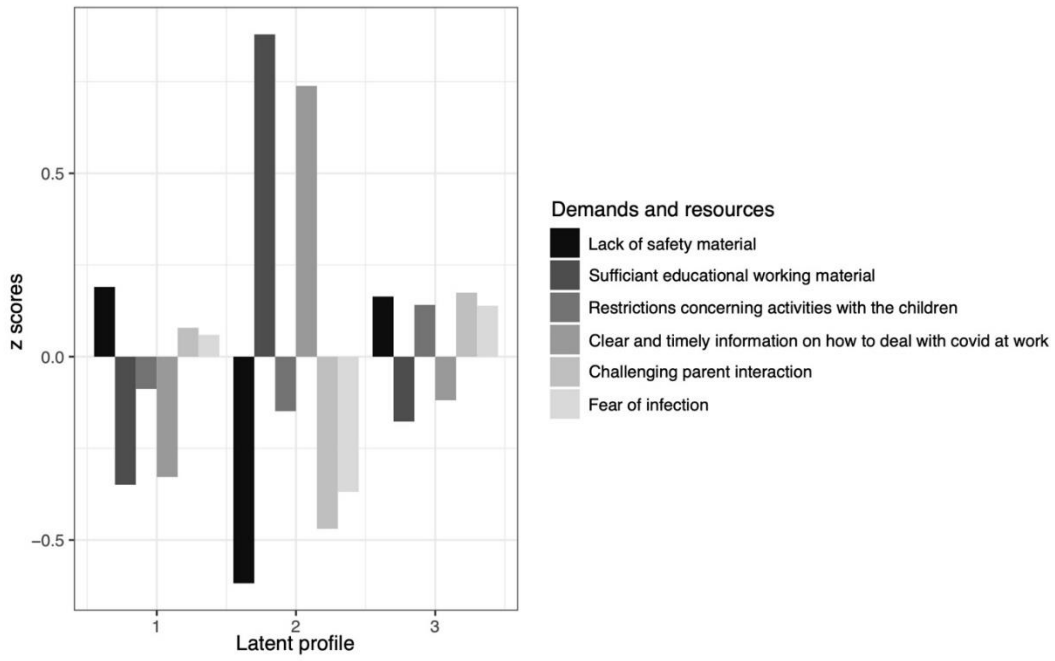

Figure 2. Latent profile solution for demands and resources (z-scores: lack of safety material, sufficient educational working material, restrictions concerning activities with the children, clear and timely information on how to deal with covid at the work, challenging parent interaction and fear of infection)

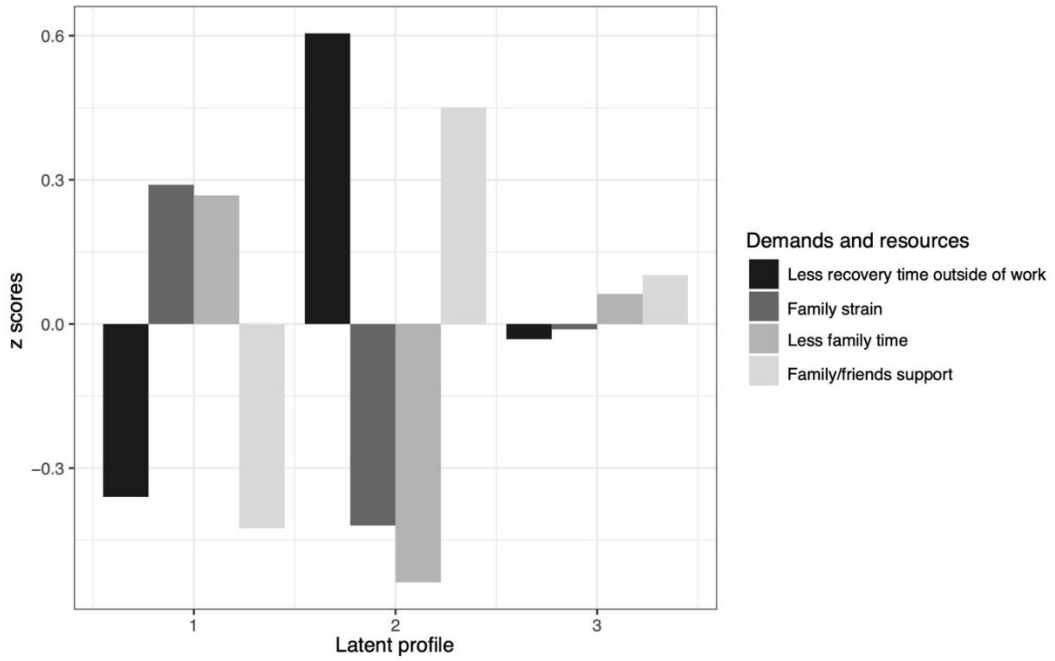

Figure 3. Latent profile solution for demands and resources (z-scores: less recovery time outside of work, family strain, less family time, family/friends support)

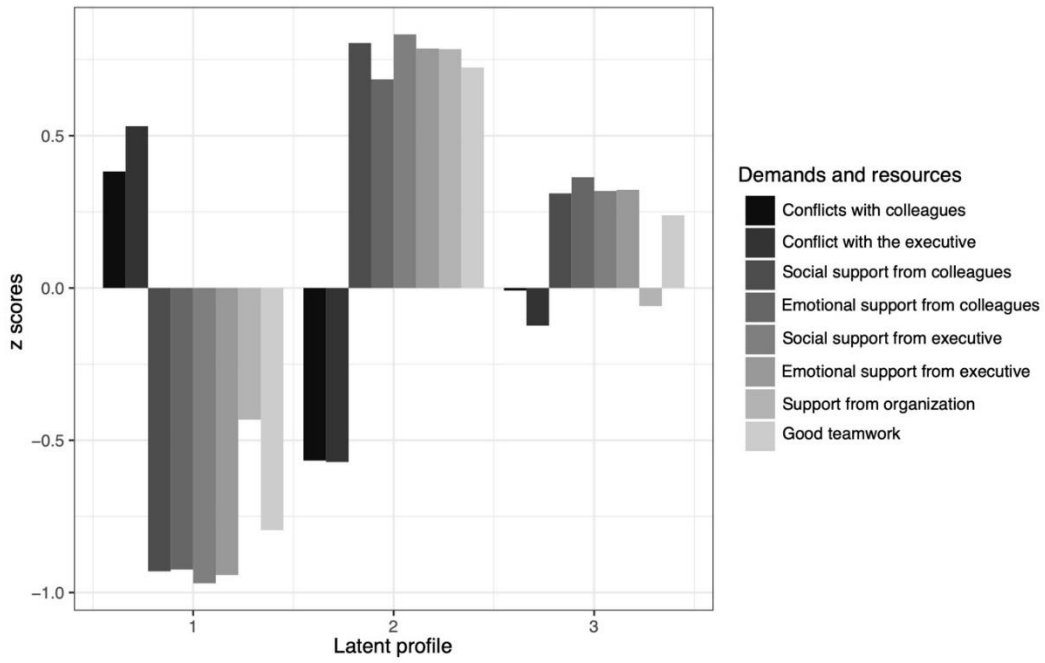

Figure 4. Latent profile solution for demands and resources (z-scores: conflicts with colleagues, conflicts with the executive, social and emotional support from colleagues, social and emotional support from the executive, support from organization, good teamwork)

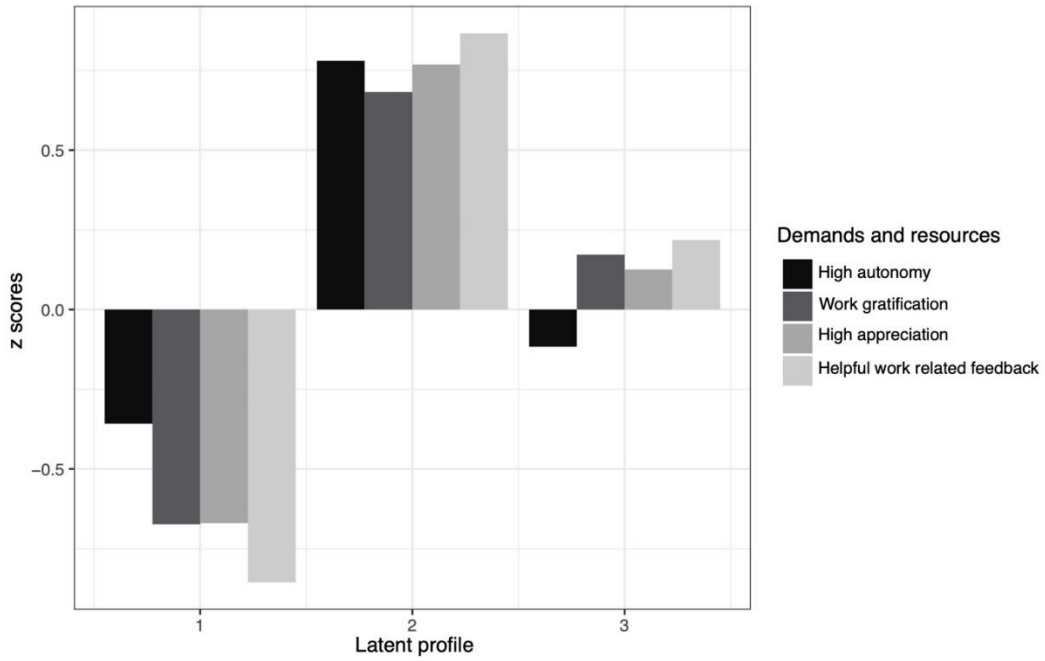

Figure 5. Latent profile solution for demands and resources (z-scores: high autonomy, work gratification, high appreciation, helpful work-related feedback)

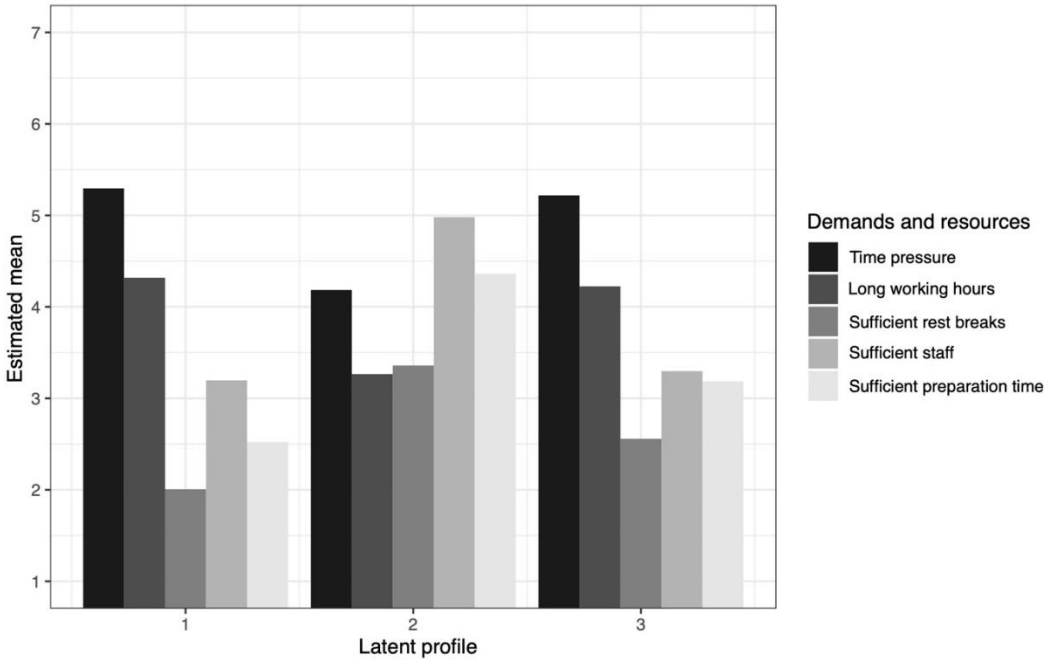

Figure 6. Latent profile solution for demands and resources (estimated means: time pressure, long working hours, sufficient rest breaks, sufficient staff and sufficient preparation time; 7-point Likert scales; 1= never to 7= always/every day)

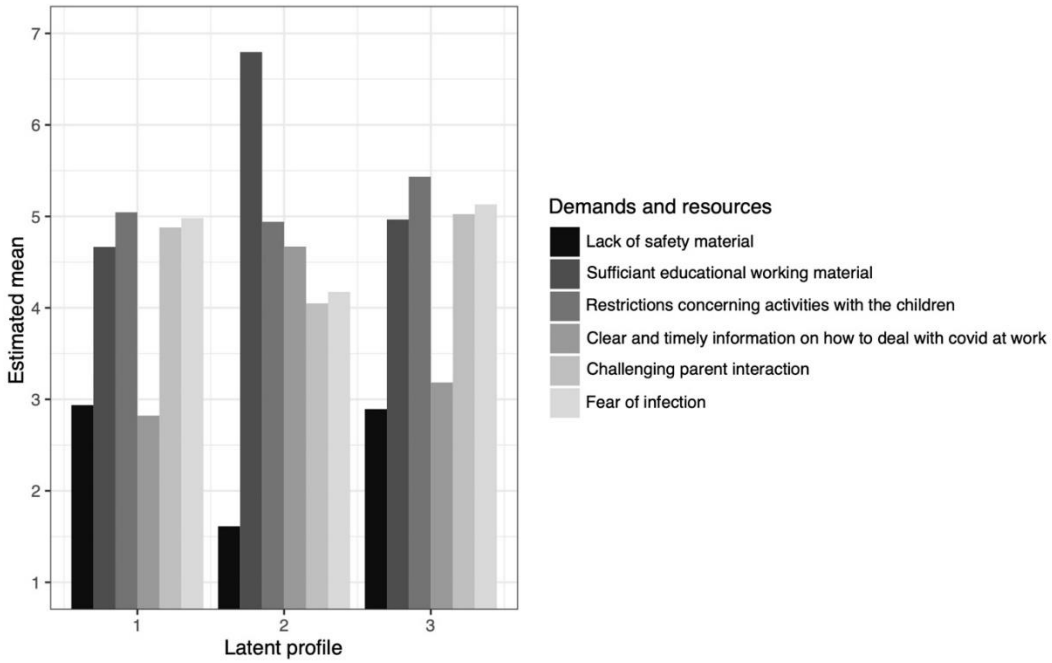

Figure 7. Latent profile solution for demands and resources (estimated means: lack of safety material, sufficient educational working material, restrictions concerning activities with the children, clear and timely information on how to deal with covid at the work, challenging parent interaction and fear of infection; 7-point Likert scales; 1= never to 7= always/every day)

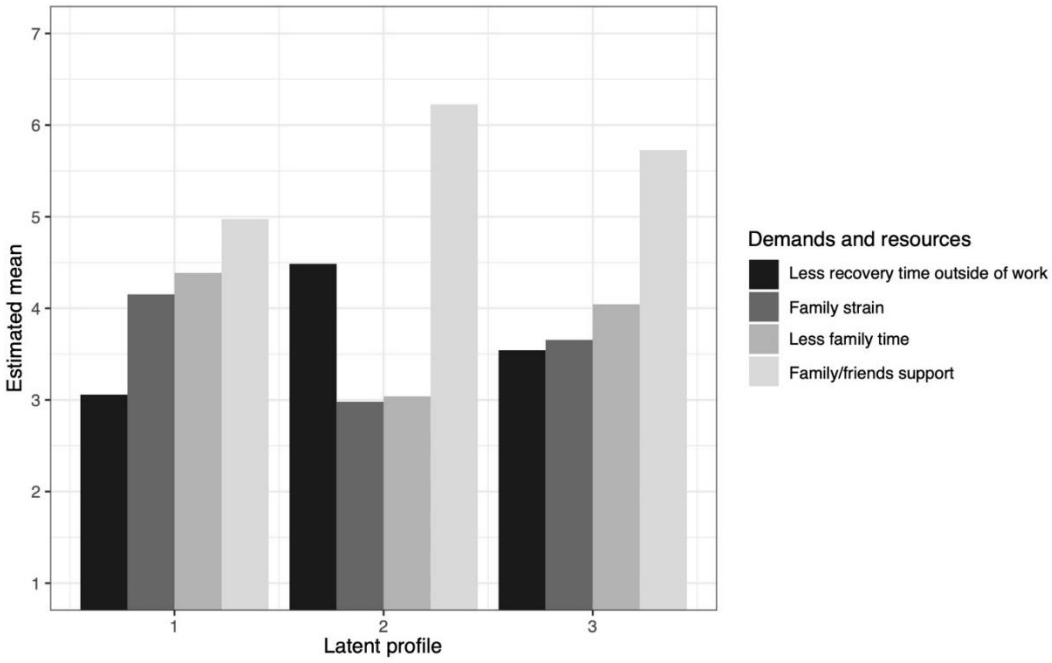

Figure 8. Latent profile solution for demands and resources (estimated means: less recovery time outside of work, family strain, less family time, family/friends support)

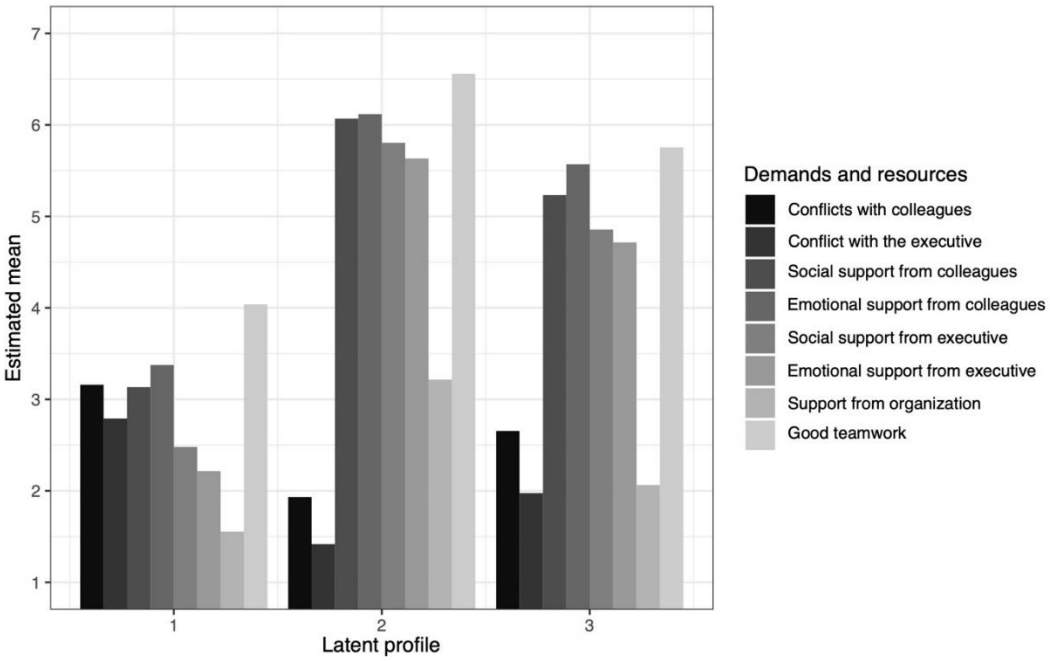

Figure 9. Latent profile solution for demands and resources (estimated means: conflicts with colleagues, conflicts with the executive, social and emotional support from colleagues, social and emotional support from the executive, support from organization, good teamwork; 7-point Likert scales; 1= never to 7= always/every day)

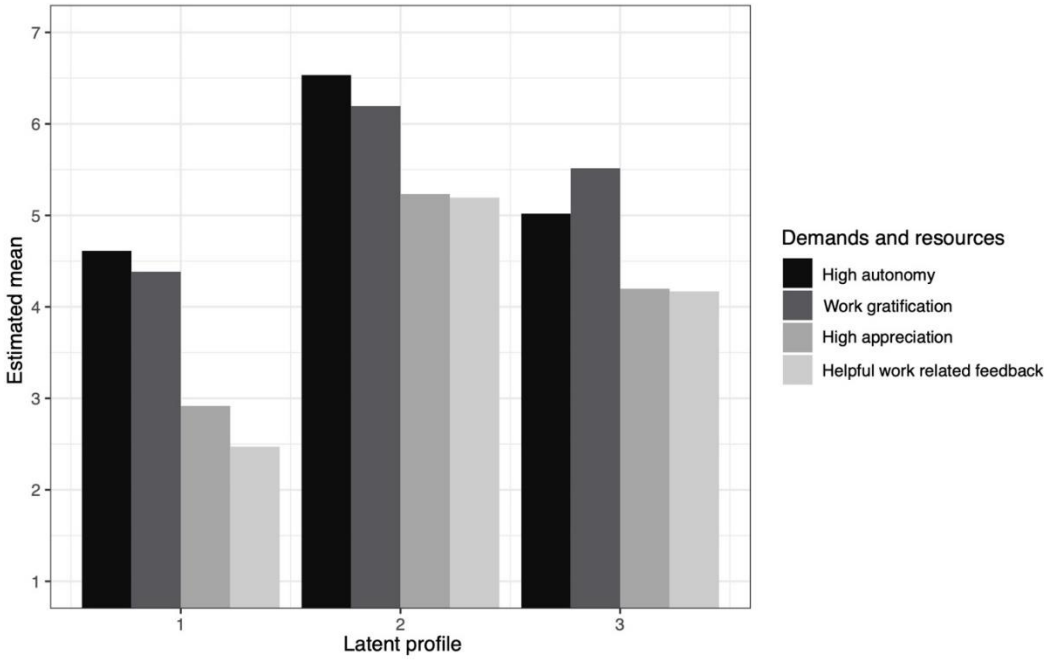

Figure 10. Latent profile solution for demands and resources (estimated means: high autonomy, work gratification, high appreciation, helpful work-related feedback; 7-point Likert scales; 1= never to 7= always/every day)

Differences between profiles regarding exhaustion and work engagement

In the following step, differences between the profiles regarding work-related exhaustion, personal exhaustion, and work engagement are inspected. There are significant differences between the profiles in work-related exhaustion ($F(2, 464)=67.588$, $p<.001$, $\omega^2=0.22$), personal exhaustion ($F(2, 464)=44.769$, $p<.001$, $\omega^2=0.16$) and work engagement ($F(2, 268.75)=59.047$, $p<.001$, $\omega^2=0.2$). Post hoc tests indicate that individuals in profile 1 facing high demands and low resources have the highest work related and personal exhaustion and the lowest work engagement. Persons classified in profile 2 (moderate demands and high resources) show the lowest exhaustion and the highest work engagement. All multiple comparisons are significant (cp table 3).

Work engagement and exhaustion could also be associated with working experience, working hours per week and age. In the present study, there are no significant correlations between the overall working experience and the working experience (in years) in the current ECE centre and the work-related exhaustion and engagement measures. Overall working experience shows weak (but significant) connections to personal exhaustion ($r = -.11$; $r^2 = .012$) explaining only 1.2% of the variance of personal exhaustion. Further, there are significant but very low correlations between age and both exhaustion measures. Age explains only 2.2% of the variance of personal exhaustion and 1% of the variance of work-related exhaustion. Age was not correlated with engagement. Working hours per week also was not associated with exhaustion and engagement (cp table 4).

Discussion

The covid-19 pandemic is a challenging situation for professionals working in an educational setting. The current research aims to identify job and family demands and resources patterns of ECE professionals during the covid-19 pandemic in Austria using a person-centred approach. Further, it is surveyed if the identified subgroups of ECE professionals based on their demands and resources differ in their exhaustion and work engagement.

Analyses show that there are three distinct latent profiles (subgroups) that differ primarily in the quantity of job demands and resources ranging from subgroups reporting high availability of resources and relatively moderate demands (profile 2) to high demands and moderate resources (profile 3) to the most exhausted subgroup characterized by high demands and low resources (profile 1). No profile was characterized by low job demands. Individuals assigned to profile 1 (which are characterized by a wide range of demands and low availability of resources) are more exhausted and less engaged in comparison to individuals of profile 2 and 3.

Individuals in profile 2 are also exposed to demands but in contrast to profile 1 there is frequent social and emotional support, autonomy, very high gratification, and fewer conflicts at the workplace. Further, individuals assigned to profile 2 receive frequent

appreciation and feedback. Individuals in profile 2 are less exhausted and more engaged in the job than individuals classified in profile 1 and 3. Profile 3 members which experience high demands and moderate availability of resources show less exhaustion and more work engagement in contrast to the high demands-low resources profile 1. Age, working experience, and working hours per week show no significant or very weak significant correlations (explained variance between 1% and 2%) to exhaustion and engagement. Due to the low explained variance values these variables don´t play a relevant role in ECE professional exhaustion and engagement issues during the pandemic. Extensive experience (personal resources) accumulated over the course of a career does not seem to help ECE professionals very much when facing demands during the pandemic. The results show that resources located primarily in the social environment (e. g. feedback, support, gratification) play a major role in the demand- exhaustion/engagement connection.

The present study shows that in all profiles gratification and autonomy are moderate to high, but individuals assigned to profile 2 show the highest values in gratification, feedback, appreciation, autonomy, and support. The availability of these multiple resources is linked to the lowest exhaustion and highest work engagement. The results demonstrate that even when demands are present, multiple resources like social support at the workplace, feedback, gratification, etc. can help to reduce exhaustion and induce engagement. Results are quite in line with research conducted before the covid-19 pandemic, reporting a positive link between resources like social support and autonomy and the educational professionals´ well-being and a negative link with depression or exhaustion (Bakker et al., 2007; Gu & Wang, 2019; Nislin et al., 2015; Roberts et al., 2019; Schaack et al., 2020). Research in health care settings during covid-19 also shows a negative link between social support (Manzano García & Ayala Calvo, 2021), gratification and perception of meaningfulness in work (Barello et al., 2020) and burnout.

Beside well-studied demands and resources like workload, shortage of staff, social support, appreciation, and feedback new demands arise during covid-19, namely fear of infection and restrictions of activities with children, which were frequent demands in all profiles. Sokal, Babb, and Eblie Trudel (2021) emphasize in their research on teacher burnout during covid-19 the need for a multi-level response. Job demands and resources can be found on the individual level (e. g. fear of infection, gratification), the group level (e. g. teamwork, conflicts), and the organizational level (e. g. shortage of staff, top-down information, and communication processes). Based on present results interventions should try to balance job demands and resources using individualized group/ECE centre specific interventions and organizational change processes. The implemented interventions should be based on the demand patterns in the ECE centres. Therefore, ongoing analyses of demands and the availability of resources should be a main goal for organizations in order to improve staff working conditions and health issues.

Strategies located on a group level that facilitate social and emotional support, prosocial behaviour and altruism (Holmes et al., 2020), teamwork, supportive leadership (giving staff voice, providing feelings of understanding, positive relationships, acknowledging effort and sacrifice, individual and group support) (Ford et al., 2019; Sokal et al., 2021), and supervision should be promoted in groups with high conflicts and low support from colleagues and leaders. On an individual level, building staffs´ coping strategies (Kar et al., 2021), mindfulness interventions (Dillard & Meier, 2021; Yuan, 2021), etc. can be seen as beneficial. Apart from organizational burnout prevention activities, employer-initiated activities could be beneficial to maintain or increase staffs´ resources (Otto et al., 2019). Further, the improvement of organizational commitment and efficient communication processes (top-down and bottom-up) between all stakeholders should be promoted.

In the present study, a shortage of staff and high workloads are challenges that ECE professionals are facing. Considering that a low teacher-child ratio is beneficial for child development in an ECE setting (Barros & Aguiar, 2010; De Schipper et al., 2006; Mashburn et al., 2008), organizational and political strategies to provide financial resources for hiring an appropriate amount of ECE professionals should be discussed. As mentioned above, monitoring and analysing changing demands and resources over time could help to modify strategies and provide additional organizational and political support if needed. To monitor the working situations of ECE professionals on a national level, OECD started the TALIS (Teaching and Learning International Survey) starting strong large-scale survey, which should provide politics with the necessary information for their decisions (OECD, 2019).

Overall, the present study highlights the role of resources when facing high demands in the ECE context. We also included family related demands and resources in our study because these are also relevant in the study of exhaustion. Individuals grouped in profile 1 facing high work and family demands experienced the highest exhaustion and show the lowest work engagement. The identification of resources in different systems (job, friends, couples, and family recourses) should be intensified by using a “multisystem (systemic) view” when studying employee burnout (Appel & Kim-Appel, 2008, p. 1). The implementation of multiple strategies to enhance working conditions, strengthen job resources and preventive strategies on all levels should be prioritized.

Limitations

Limitations should be considered when interpreting the results. The first limitation refers to the non-representative sample which limits generalizability. The results could not be generalized to the entirety of Austrian ECE professionals. It is possible that very exhausted individuals had insufficient energy and motivation to take part in the study. Further, the underrepresentation of rural areas could be problematic because due to different restrictions in different areas demand patterns could vary. Special ECE professionals like language-training staff are also underrepresented in our sample. Due to the nature of their

work, they could have experienced special demands. Even though we assured participants anonymity, some individuals could have terminated the online questionnaire due to sensitive topics like leader support etc. Considering these limitations, the study with a notable sample size shows demands and resources patterns in ECE professionals which could be used to discuss working conditions in ECE settings.

Declaration of interest

No potential conflict of interest was reported by the authors.

Consent to participate

Participant data have been anonymized. Such alterations have not distorted the scholarly meaning.

Ethical approval

The present study is a non-interventional study (survey) where ethical approval is not required.

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References

Ansari, A., Pianta, R. C., Whittaker, J. V., Vitiello, V. E., & Ruzek, E. A. (2020). Preschool teachers' emotional exhaustion in relation to classroom instruction and teacher-child interactions. *Early Education and Development*, *33*(1), 107-120. https://doi.org/10.1080/10409289.2020.1848301

Appel, J., & Kim-Appel, D. (2008). Family systems at work: The relationship between family coping and employee burnout. *The Family Journal, 16*(3), 231-239. https://doi.org/10.1177/1066480708317509

Bakker, A. B., & Bal, M. P. (2010). Weekly work engagement and performance: A study among starting teachers. *Journal of Occupational and Organizational Psychology, 83*(1), 189-206. https://doi.org/10.1348/096317909X402596

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology, 22*(3), 309-328. https://doi.org/10.1108/02683940710733115

Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology, 10*(2), 170-180. https://doi.org/10.1037/1076-8998.10.2.170

Bakker, A. B., Hakanen, J. J., Demerouti, E., & Xanthopoulou, D. (2007). Job resources boost work engagement, particularly when job demands are high. *Journal of Educational Psychology, 99*(2), 274-284. https://doi.org/10.1037/0022-0663.99.2.274

Barello, S., Palamenghi, L., & Graffigna, G. (2020). Stressors and resources for healthcare professionals during the covid-19 pandemic: Lesson learned from Italy. *Frontiers in Psychology, 11*, Article 2179. https://doi.org/10.3389/fpsyg.2020.02179

Barros, S., & Aguiar, C. (2010). Assessing the quality of Portuguese child care programs for toddlers. *Early Childhood Research Quarterly, 25*(4), 527-535. https://doi.org/10.1016/j.ecresq.2009.12.003

Britt, T. W., Shuffler, M. L., Pegram, R. L., Xoxakos, P., Rosopa, P. J., Hirsh, E., & Jackson, W. (2021). Job demands and resources among healthcare professionals during virus pandemics: A review and examination of fluctuations in mental health strain during COVID-19. *Applied Psychology. An International Review, 70*(1), 120-149. https://doi.org/10.1111/apps.12304

Buettner, C. K., Jeon, L., Hur, E., & Garcia, R. E. (2016). Teachers' social–emotional capacity: Factors associated with teachers' responsiveness and professional commitment. *Early Education and Development, 27*(7), 1018-1039. https://doi.org/10.1080/10409289.2016.1168227

Burchinal, M. R., Peisner-Feinberg, E., Bryant, D. M., & Clifford, R. (2000). Children's social and cognitive development and child-care quality: Testing for differential associations related to poverty, gender, or ethnicity. *Applied Developmental Science, 4*(3), 149-165. https://doi.org/10.1207/S1532480XADS0403_4

Celeux, G., & Soromenho, G. (1996). An entropy criterion for assessing the number of clusters in a mixture model. *Journal of Classification, 13*, 195-212. https://doi.org/10.1007/BF01246098

Collier, Z. K., & Leite, W. L. (2017). A comparison of three-step approaches for auxiliary variables in latent class and latent profile analysis. *Structural Equation Modeling: A Multidisciplinary Journal, 24*(6), 819-830. https://doi.org/10.1080/10705511.2017.1365304

Crawford, E. R., LePine, J. A., & Rich, B. L. (2010). Linking job demands and resources to employee engagement and burnout: A theoretical extension and meta-analytic test. *The Journal of Applied Psychology, 95*(5), 834-848. https://doi.org/10.1037/a0019364

Cumming, T. (2017). Early childhood educators' well-being: An updated review of the literature. *Early Childhood Education Journal, 45*, 583-593. https://doi.org/10.1007/s10643-016-0818-6

De Schipper, E. J., Riksen-Walraven, J. M., & Geurts, S. A. E. (2006). Effects of child-caregiver ratio on the Interactions between caregivers and children in child-care centers: An experimental study. *Child Development, 77*(4), 861-874. https://doi.org/10.1111/j.1467-8624.2006.00907.x

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *The Journal of Applied Psychology, 86*(3), 499-512. https://doi.org/10.1037/0021-9010.86.3.499

Denham, S. A. (2006). Social-emotional competence as support for school readiness: What is it and how do we assess it? *Early Education and Development, 17*(1), 57-89. https://doi.org/10.1207/s15566935eed1701_4

Dillard, A. J., & Meier, B. P. (2021). Trait mindfulness is negatively associated with distress related to COVID-19. *Personality and Individual Differences*, *179*, Article 110955. https://doi.org/10.1016/j.paid.2021.110955

Fantuzzo, J., Perlman, S., Sproul, F., Minney, A., Perry, M. A., & Li, F. (2012). Making visible teacher reports of their teaching experiences: The early childhood teacher experiences scale. *Psychology in the Schools, 49*(2), 194-205. https://doi.org/10.1002/pits.20623

Farewell, C. V., Quinlan, J., Melnick, E., Powers, J., & Puma, J. (2022). Job demands and resources experienced by the early childhood education workforce serving high-need populations. *Early Childhood Education Journal, 50*, 197-206. https://doi.org/10.1007/s10643-020-01143-4

Ford, T. G., Olsen, J., Khojasteh, J., Ware, J., & Urick, A. (2019). The effects of leader support for teacher psychological needs on teacher burnout, commitment, and intent to leave. *Journal of Educational Administration, 57*(6), 615-634. https://doi.org/10.1108/JEA-09-2018-0185

Gu, Y., & Wang, R. (2019). Job demands and work–family conflict in preschool teachers: The buffering effects of job resources and off-job recovery experiences. *Current Psychology, 40*, 3974-3985. https://doi.org/10.1007/s12144-019-00349-z

Hakanen, J. J., Bakker, A. B., & Schaufeli, W. B. (2006). Burnout and work engagement among teachers. *Journal of School Psychology, 43*(6), 495-513. https://doi.org/10.1016/j.jsp.2005.11.001

Hanebuth, D., Aydin, D., & Scherf, T. (2012). Burnout and related conditions in managers: A five-year longitudinal study. *Journal Psychologie des Alltagshandelns / Psychology of Everyday Activity, 5*(2), 4-40.

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R. C., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., … Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry, 7*(6), 547-560. https://doi.org/10.1016/S2215-0366(20)30168-1

Holzer, J., Lüftenegger, M., Korlat, S., Pelikan, E., Salmela-Aro, K., Spiel, C., & Schober, B. (2021). Higher education in times of COVID-19: University students' basic need satisfaction, self-regulated learning, and well-being. *AERA Open, 7*(1), 1-13. https://doi.org/10.1177/23328584211003164

Hu, L.-t., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*(1), 1-55. https://doi.org/10.1080/10705519909540118

Jeon, L., Buettner, C. K., Grant, A. A., & Lang, S. N. (2019). Early childhood teachers' stress and children's social, emotional, and behavioral functioning. *Journal of Applied Developmental Psychology, 61*, 21-32. https://doi.org/10.1016/j.appdev.2018.02.002

Kar, N., Kar, B., & Kar, S. (2021). Stress and coping during COVID-19 pandemic: Result of an online survey. *Psychiatry Research, 295*, Article 113598. https://doi.org/10.1016/j.psychres.2020.113598

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen burnout inventory: A new tool for the assessment of burnout. *Work & Stress, 19*(3), 192-207. https://doi.org/10.1080/02678370500297720

Leiter, M. P., & Durup, M. J. (1996). Work, home, and in-between: A longitudinal study of spillover. *The Journal of Applied Behavioral Science, 32*(1), 29-47. https://doi.org/10.1177/0021886396321002

Li, W., Farkas, G., Duncan, G. J., Burchinal, M. R., & Vandell, D. L. (2013). Timing of high-quality child care and cognitive, language, and preacademic development. *Developmental Psychology, 49*(8), 1440-1451. https://doi.org/10.1037/a0030613

Lo, Y., Mendell, N. R., & Rubin, D. B. (2001). Testing the number of components in a normal mixture. *Biometrika, 88*(3), 767-778. https://doi.org/10.1093/biomet/88.3.767

Lorente, L., Vera, M., & Peiró, T. (2021). Nurses´ stressors and psychological distress during the COVID-19 pandemic: The mediating role of coping and resilience. *Journal of Advanced Nursing, 77*(3), 1335-1344. https://doi.org/10.1111/jan.14695

Mäkikangas, A., Leiter, M. P., Kinnunen, U., & Feldt, T. (2021). Profiling development of burnout over eight years: Relation with job demands and resources. *European Journal of Work and Organizational Psychology, 30*(5), 720-731. https://doi.org/10.1080/1359432X.2020.1790651

Mammadov, S., Ward, T. J., Cross, J. R., & Cross, T. L. (2016). Use of latent profile analysis in studies of gifted students. *Roeper Review, 38*(3), 175-184. https://doi.org/10.1080/02783193.2016.1183739

Manzano García, G., & Ayala Calvo, J. C. (2021). The threat of COVID-19 and its influence on nursing staff burnout. *Journal of Advanced Nursing, 77*(2), 832-844. https://doi.org/10.1111/jan.14642

Marshall, D. T., Shannon, D. M., & Love, S. M. (2020). How teachers experienced the COVID-19 transition to remote instruction. *Phi Delta Kappan, 102*(3), 46-50. https://doi.org/10.1177/0031721720970702

Mashburn, A. J., Pianta, R. C., Hamre, B. K., Downer, J. T., Barbarin, O. A., Bryant, D., Burchinal, M., Early, D. M., Howes, C. (2008). Measures of classroom quality in prekindergarten and children's development of academic, language, and social skills. *Child Development, 79*(3), 732-749. https://doi.org/10.1111/j.1467-8624.2008.01154.x

Molenaar, P. C. M., & Campbell, C. G. (2009). The new person-specific paradigm in psychology. *Current Directions in Psychological Science, 18*(2), 112-117. https://doi.org/10.1111/j.1467-8721.2009.01619.x

Muthén, L. K., & Muthén, B. O. (2017). *Mplus user´s guide*. Statmodel. https://www.statmodel.com/html_ug.shtml

National Institute of Child Health and Human Development Early Child Care Research Network., & Duncan, G. J. (2003). Modeling the impacts of child care quality on children's preschool cognitive development. *Child Development, 74*(5), 1454-1475. https://doi.org/10.1111/1467-8624.00617

Nislin, M., Sajaniemi, N., Suhonen, E., Sims, M., Hotulainen, R., Hyttinen, S., & Hyttinen, A. (2015). Work demands and resources, stress regulation and quality of pedagogical work among professionals in Finnish early childhood education settings. *Journal of Early Childhood Education, 4(*1), 42-66.

Nylund, K. L., Asparouhov, T., & Muthén, B. O. (2007). Deciding on the number of classes in latent class analysis and growth mixture modeling: A Monte Carlo simulation study. *Structural Equation Modeling: A Multidisciplinary Journal, 14*(4), 535-569. https://doi.org/10.1080/10705510701575396

Nylund-Gibson, K., & Choi, A. Y. (2018). Ten frequently asked questions about latent class analysis. *Translational Issues in Psychological Science, 4*(4), 440-461. https://doi.org/10.1037/tps0000176

Oberski, D. (2016). Mixture models: Latent profile and latent class analysis. In J. Robertson & M. Kaptein (Eds.), *Modern statistical methods for HCI* (p. 275-287). Springer International Publishing.

OECD. (2019). *Providing quality early childhood education and care: Results from the starting strong survey 2018.* TALIS, OECD Publishing. https://doi.org/10.1787/301005d1-en

Olivera-Aguilar, M., Rikoon, S. H., & Robbins, S. B. (2017). Using latent profile analysis to identify noncognitive skill profiles among college students. *The Journal of Higher Education, 88*(2), 234-257. https://doi.org/10.1080/00221546.2016.1244413

Otto, M. C. B., Hoefsmit, N., van Ruysseveldt, J., & van Dam, K. (2019). Exploring proactive behaviors of employees in the prevention of burnout. *International Journal of Environmental Research and Public Health, 16*(20), Article 3849. https://doi.org/10.3390/ijerph16203849

Pastor, D. A., Barron, K. E., Miller, B. J., & Davis, S. L. (2007). A latent profile analysis of college students' achievement goal orientation. *Contemporary Educational Psychology, 32*(1), 8-47. https://doi.org/10.1016/j.cedpsych.2006.10.003

Pelikan, E. R., Lüftenegger, M., Holzer, J., Korlat, S., Spiel, C., & Schober, B. (2021). Learning during COVID-19: The role of self-regulated learning, motivation, and procrastination for perceived competence. *Zeitschrift für Erziehungswissenschaft, 24*, 393-418. https://doi.org/10.1007/s11618-021-01002-x

Phillipsen, L. C., Burchinal, M. R., Howes, C., & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly, 12*(3), 281-303. https://doi.org/10.1016/S0885-2006(97)90004-1

Pianta, R., Howes, C., Burchinal, M., Bryant, D., Clifford, R., Early, D., & Barbarin, O. (2005). Features of pre-kindergarten programs, classrooms, and teachers: Do they predict observed classroom quality and child-teacher interactions? *Applied Developmental Science, 9*(3), 144-159. https://doi.org/10.1207/s1532480xads0903_2

R Core Team. (2017). R: *A language and environment for statistical computing*. The R project for statistical computing. https://www.R-project.org/

Raykov, T. (2009). Evaluation of scale reliability for unidimensional measures using latent variable modeling. *Measurement and Evaluation in Counseling and Development, 42*(3), 223-232. https://doi.org/10.1177/0748175609344096

Roberts, A. M., Gallagher, K. C., Daro, A. M., Iruka, I. U., & Sarver, S. L. (2019). Workforce well-being: Personal and workplace contributions to early educators' depression across settings. *Journal of Applied Developmental Psychology, 61*, 4-12. https://doi.org/10.1016/j.appdev.2017.09.007

Romano, E., Kohen, D., & Findlay, L. C. (2010). Associations among child care, family, and behavior outcomes in a nation-wide sample of preschool-aged children. *International Journal of Behavioral Development, 34*(5), 427-440. https://doi.org/10.1177/0165025409351657

Rosseel, Y. (2012). lavaan: An R package for structural equation modeling. *Journal of Statistical Software, 48*(2), 1-36. https://doi.org/10.18637/jss.v048.i02

Sautier, L., Scherwath, A., Weis, J., Sarkar, S., Bosbach, M., Schendel, M., Ladehoff, N., Koch, U., Mehnert, A. (2015). Erfassung von Arbeitsengagement bei Patienten mit hämatologischen Malignomen: Die psychometrischen Eigenschaften der deutschen Version der Utrecht Work Engagement Scale 9 (UWES-9) [Assessment of work engagement in patients with hematological malignancies: Psychometric properties of the German version of the Utrecht work engagement scale 9 (UWES-9)]. *Die Rehabilitation, 54*(5), 297-303. http://dx.doi.org/10.1055/s-0035-1555912

Schaack, D. D., Le, V.-N., & Stedron, J. (2020). When fulfillment is not enough: Early childhood teacher occupational burnout and turnover intentions from a Job demands and resources perspective. *Early Education and Development, 31*(7), 1011-1030. https://doi.org/10.1080/10409289.2020.1791648

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25*(3), 293-315. https://doi.org/10.1002/job.248

Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement, 66*(4), 701-716. https://doi.org/10.1177/0013164405282471

Schwarz, G. (1978). Estimating the dimension of a model. *Annals of Statistics, 6*(2), 461-464. https://doi.org/10.1214/aos/1176344136

Skaalvik, E. M., & Skaalvik, S. (2018). Job demands and job resources as predictors of teacher motivation and well-being. *Social Psychology of Education, 21*, 1251-1275. https://doi.org/10.1007/s11218-018-9464-8

Sokal, L., Babb, J., & Eblie Trudel, L. (2021). *Latent profile analysis of Manitoban teachers' burnout during the COVID-19 pandemic*. The University of Winnipeg https://doi.org/10.36939/ir.202103231319

Sokal, L., Eblie Trudel, L., & Babb, J. (2020). Supporting teachers in times of change: The job demands- resources model and teacher burnout during the COVID-19 pandemic. *International Journal of Contemporary Education, 3*(2), 67-74. https://doi.org/10.11114/ijce.v3i2.4931

Sokal, L., Eblie Trudel, L., & Babb, J. (2021). I've had it! Factors associated with burnout and low organizational commitment in Canadian teachers during the second wave of the COVID-19 pandemic. *International Journal of Educational Research Open, 2*, Article 100023. https://doi.org/10.1016/j.ijedro.2020.100023

Spurk, D., Hirschi, A., Wang, M., Valero, D., & Kauffeld, S. (2020). Latent profile analysis: A review and "how to" guide of its application within vocational behavior research. *Journal of Vocational Behavior, 120*, Article 103445. https://doi.org/10.1016/j.jvb.2020.103445

Statistik Austria. (2021). *Kindertagesheim Statistik* [Day care center statistics]. Retrieved April, 2022, from https://www.statistik.at/web_de/services/publikationen/5/index.html?includePage=detailedView&sectionName=Bildung&pubId=523

Thomason, A. C., & La Paro, K. M. (2009). Measuring the quality of teacher–child interactions in toddler child care. *Early Education and Development, 20*(2), 285-304. https://doi.org/10.1080/10409280902773351

UNESCO. (2021*). COVID-19 educational disruption and response*. UNESCO. Retrieved June, 2021, from https://en.unesco.org/news/COVID-19-educational-disruption-and-response

Valiente, C., Lemery-Chalfant, K., & Reiser, M. (2007). Pathways to problem behaviors: Chaotic homes, parent and child effortful control, and parenting. *Social Development, 16*(2), 249-267. https://doi.org/10.1111/j.1467-9507.2007.00383.x

Viernickel, S., Voss, A., & Mauz, E. (2017). *Arbeitsplatz Kita. Belastungen erkennen, Gesundheit fördern* [Daycare workplace. Recognize stress, promote health]. Beltz Juventa.

Viernickel, S., & Weßels, H. (2020). Ressourcen und Belastungen frühpädagogischer Fachkräfte [Resources and strain of early childhood professionals]. *Frühe Bildung, 9*(2), 81-90. https://doi.org/10.1026/2191-9186/a000472

Whitaker, R. C., Dearth-Wesley, T., & Gooze, R. A. (2015). Workplace stress and the quality of teacher–children relationships in head start. *Early Childhood Research Quarterly, 30*(1), 57-69. https://doi.org/10.1016/j.ecresq.2014.08.008

Yuan, Y. (2021). Mindfulness training on the resilience of adolescents under the COVID-19 epidemic: A latent growth curve analysis. *Personality and Individual Differences, 172*, Article 110560. https://doi.org/10.1016/j.paid.2020.110560

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Institutional Work in a Palliative Unit: "There is Less Time for Patient Contact"

Kjersti Sunde Mæhre[1], & Elsa Solstad[2]

1. Department of Health and Care Sciences, UiT The Arctic University of Norway, Tromsø, Norway.
2. The School of Business and Economics, UiT The Arctic University of Norway, Harstad, Norway.

Contact: Kjersti Sunde Mæhre, UiT The Arctic University of Norway, Tromsø, Norway.
kjersti.s.mahre@uit.no

Abstract

The encounter between divergent institutional logics may be challenging for nurses, since they must balance different expectations in their daily institutional work. These challenges increase when new reforms are introduced. Our research question is: How do actors linked to a palliative care unit experience the consequences of the Coordination reform in their daily performance of care work? Our study is based on a qualitative study in a palliative care unit in a nursing home where we interviewed patients, their relatives, and nurses/department leaders. Our findings show that by downgrading the professional logic because of the Coordination reform, the focus is on efficiency and budget instead of proper healthcare. This is not satisfactory for any of the actors in our study. We contribute to the research on the reforming of the healthcare sector by focusing on how different actors experienced day-to-day activities in a context where different institutional logics were involved.

Keywords

Institutional logics, institutional work, professionalism, professional value, reforms, palliative care unit, case study

Introduction

New public management (NPM) reforms have led to an increase in collaborative arrangements in the healthcare sector (Hyndman & Lapsley, 2016; Pollitt, 2016), which has resulted in a restructuring of the sector. Healthcare organisations have undergone managerial and organisational reforms worldwide (Malmmose, 2019), focusing on making services more efficient and effective (Hood, 1995). Concern has been raised as to why we are being blinded by managerial reforms involving more focus on efficiency and strong top-down management that leave little room for discretion and reflection based on professional values (Martinsen & Eriksson, 2009; Raffnsøe-Møller, 2011; Svensson & Karlsson, 2008; Wackerhausen, 2008). These managerial reforms have challenged healthcare practices, as well as competencies and ethical considerations (Fimreite & Lægreid, 2005). Changing a practice also means that professionals are given new tasks (Doolin, 2001).

The implementation of managerial reforms challenges the professional thinking that has developed over time in the health sector. Consequently, healthcare organisations have been confronted with competing values (Van der Wal et al., 2011), and diverging institutional logic (Jay, 2013; Olsen & Solstad, 2020; Pettersen & Solstad, 2014; Van den Broek et al., 2014; Wilkesmann et al., 2020). Institutional logics are "the socially constructed historical patterns of cultural symbols and material practices, assumptions, values and beliefs by which individuals produce and reproduce their material subsistence, organise time and space, and provide meaning to their daily activity" (Thornton et al., 2012, p. 51), and they focus on the more intangible aspects of work. According to this definition, institutional logic will be a link between individual cognition and socially constructed institutional practice.

The health sector is thus a context where multiple institutional logics exist (Reay & Hinings, 2005, 2009). The encounter between divergent institutional logics may be difficult for leaders and employees in healthcare because they must balance different expectations of how they should perceive practices, values and norms of behaviour (Greenwood et al., 2010; Greenwood et al., 2011). Several studies have been conducted on how leaders balance different logics in their everyday work in the health sector (e.g. Pettersen & Solstad, 2014; Wilkesmann et al., 2020). This study focuses on nurses, including those who were leaders in the palliative care unit we explored. We go beyond studies that focus on leaders and staff in healthcare by including relatives of severely ill patients and the patients themselves (Mæhre, 2017). We argue that when patients and relatives are excluded from research, only health professionals' understanding of the situation will be elucidated, not the views of those who experience the care. In line with this, our research question is: How do actors linked to a palliative care unit experience the consequences of the Coordination

reform in their daily performance of care work? The actors in our study are department leaders, nurses, patients, and relatives.

The context for the study is the introduction of the Coordination Reform in Norway in January 2012 (Meld. St. 47., 2008-2009), which entailed a comprehensive reorientation of healthcare. Specialist health services were to be further specialised, and patients would more often be treated at primary level as the lowest effective level of healthcare in Norway. Because of the reform, local authorities were given increased responsibility to provide healthcare to patients discharged from specialist health services, which had an impact on nursing and care work. This again had implications for patients and their relatives. The present study is based on a qualitative study in a palliative care unit in which five severely ill patients, six of their relatives and eight nurses/department leaders were interviewed.

We contribute to the research on the reforming of the healthcare sector by focusing on how different actors experienced their institutional work in a palliative care unit where the tension between institutional logics has been intensified through a reform. By including the relatives and patients, we provide a more holistic view of the experience of important actors. We also contribute to the institutional logic perspective by studying actors at the micro-level, since we know little about "the way institutional logics are worked out on the ground, in day-to-day behaviours and experiences of actors" (Zilber, 2013, p. 82). In this way, we create a link between institutional logic as individual cognition and socially constructed institutional practice, and institutional work. Our results show that professional norms and values are in conflict with the managerial logic; this affects nurses' institutional work and patients' and relatives' experience of healthcare.

We structure this paper as follows: first, we discuss the theoretical underpinning of our study with a focus on institutional logics and institutional work. Second, we describe our research setting, the research methods and ethical considerations. Third, we present our data. Finally, we analyse and discuss our findings and draw conclusions.

Theoretical underpinning

During the last decades, healthcare organisations have experienced profound worldwide managerial and organisational reforms (Christensen & Lægreid, 2010; Hood, 1995; Malmmose, 2019). These reforms introduce a focus on managerialism which creates tensions to the profession-based logic in health practices (Pettersen & Solstad, 2014). We contribute to the research on healthcare by using an institutional logics perspective to understand how these tensions between institutional logics affect the work carried out in a palliative care unit.

An institutional logic perspective

Institutional logic guides department leaders' and nurses' work, which in turn affects the experience of those receiving care. An institutional logic is a set of thought and action

patterns that provides direction for what is appropriate and legitimate behaviour (Scott, 2014), and for the assessment of results (Jay, 2013). Logics are normally well rooted and therefore difficult to change. Institutional logics are powerful because they guide perceptions and behaviour in organisations and maintain or transform actors' assumptions and beliefs about practice (Coule & Patmore, 2013). We study the ways in which actors draw upon the competing institutional logics available to them to serve their own interests and to decide how to practise their everyday work.

When different logics meet in the same organisation, it can create challenges. In our study, nurses in the palliative care unit balance professional logic and managerial logic. A professional logic is based on values developed through education and practice in a profession (Exworthy & Halford, 1999; Freidson, 2001), such as by nurses and doctors. A professional logic affects actions taken by individuals, and is closely related to professional identity (Lok, 2010). Professional values, norms and history in public organisations such as hospitals and nursing homes are important frameworks for accountability and management practices (Modell et al., 2007). Clinical professionals may have institutional rights to exercise medical and ethical judgements, which are not necessarily included in contracts with top management.

On the other hand, a managerial logic is based on efficiency demands and often coexists with professional logics as in the healthcare sector (Arman et al., 2014; Kristiansen et al., 2015). The most important characteristics of the managerial logic are a competitive focus and clear performance targets, combined with local freedom of action and visible leaders with authority over employees. The Coordination Reform may be seen as part of the NPM reform trend. The aim of NPM is to implement management ideas from the private business sector into the public sector (Christensen & Lægreid, 2010; Hood, 1995). In this respect, the Coordination Reform could be linked to the managerial logic, which puts the professional logic under pressure.

Organisations are described as a meeting place for different institutional logics (Greenwood et al., 2010; Reay & Hinings, 2009). An organisation may experience institutional complexity when conflicting expectations, norms and values coexist (Greenwood et al., 2011). Multiple forms of logic can exist and be adapted by organisations in different patterns and may not necessarily conflict as they can be decoupled and sequential. Different forms of logic can also coexist in an organisation over time (Reay & Hinings, 2009).

Actions by healthcare leaders may be guided by managerial logic. However, professional norms and values are internalised into professionals' decisions in day-to-day clinical activities. These arguments support the proposition that healthcare professionals may adopt several types of logic sequentially or partially in their daily work (Llewellyn, 2001). This leads us to examine how healthcare professionals construct and resolve institutional complexity through institutional work (Lawrence & Suddaby, 2006). Zilber (2013, p. 78)

states: “While institutional logic is more interesting in the broad building block of institutions, examining in particular structures (including the structure of meaning and organisational practices), institutional work is more tuned to examining micro-practices.” By articulating the micro-level of institutional logic, we can draw on the conceptualisation of institutional work (Lawrence & Suddaby, 2006; Lok, 2010; Tracey et al., 2011), and in doing so get new insight into how the tension between institutional logics unfolds in practice. Both perspectives offer a more complex and balanced view of institutional processes.

Institutional work

Although institutional work is connected to the processes of institutional maintenance or transformation of existing institutions (Lawrence & Suddaby, 2006), in this paper we will create a link between institutional logic as individual cognition and socially constructed institutional practice, and institutional work. Institutional work emphasises the individual as an active agent in institutions (Lawrence et al., 2013). Institutional work is defined as “the purposive action of individuals and organisations aimed at creating, maintaining and disrupting institutions” (Lawrence & Suddaby, 2006, p. 215). This definition captures the purposeful and reflective work done by individuals and organisations to create and maintain institutional logics, but this work can also break with the established. In other words, the actions actors take to create, maintain or reject values and beliefs in connection with an institutional logic may affect how they structure their practice. In other words, institutional work emphasises the work that takes place on the ground in the organisation (Zilber, 2013). More precisely, institutional work is about action in institutional processes, not outcomes. Lawrence, Suddaby and Leca (2011) highlighted that every act within the constituency of institutions is institutional work.

The term “institutional work” can also be understood as individuals as active thinking persons who make conscious choices as they reflect. To think institutionally is to take a point of view where one assesses what an institution (Heclo, 2008) or what the institutional logic stands for. Actors can contribute to maintaining or challenging the institutional logic by questioning what the logic represents. They can also choose to position themselves outside an institution or an institutional logic, and thus become more reflective of the framework in which they find themselves.

Lawrence and Suddaby (2006) argue that to focus on practice is to focus on the inner life of the process. Practice theory describes activities of individuals and organisations working to perform actions and achieve results. In a palliative care unit, professionals perform the practice. To explore the practice and processes, and how individuals deal with the institutional complexity, will create insight into how organisations cope with coexisting, contradictory logics (Dahlmann & Grosvold, 2017; Jarzabkowski et al., 2013). Professionals handle cases and clients by using knowledge and skills to make decisions, act and intervene. They have achieved autonomy to structure, evaluate and handle tasks related to their

profession. In other words, the professional group itself regulates knowledge, skills and expertise. Professional self-control is performed within the professional domain, where the work also involves protecting this domain from outside forces. The link between practice theory and institutional work is a significant factor, with the focus on intentional action when individuals and organisations seek to deal with the conditions and requirements that they encounter in their daily work. Lawrence and Suddaby (2006) view institutional work as intelligent, situated institutional action.

Our research question is illustrated in Figure 1:

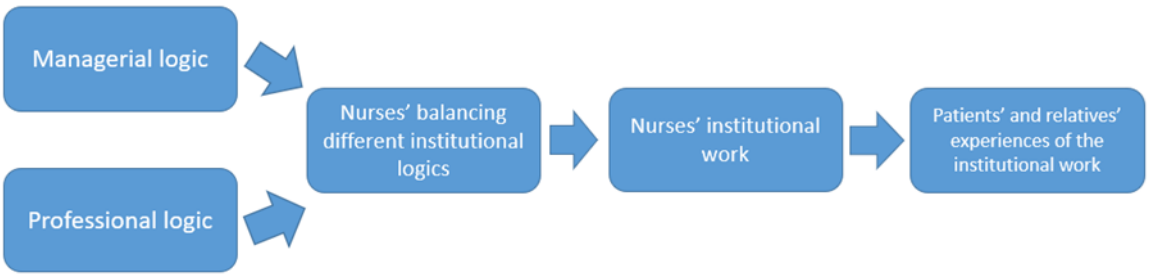

Figure 1: Experiences of different institutional logics and institutional work

In our study, we explore how nurses balance different institutional logics, and how this is expressed through their institutional work. We further describe how patients and relatives experience the nurses' institutional work and practice.

Empirical setting

Reforms in the healthcare sector have changed the way practice is carried out. The Coordination Reform changed practices in both specialist and primary healthcare services. The aims of the Coordination Reform (Meld. St. 47., 2008-2009) are that seriously ill patients who have a great need for care and nursing, and who previously were admitted to hospital, should receive further medical treatment, care and nursing in a primary palliative care unit known as an "enhanced" ward, in a nursing home. The greatest changes resulting from the reform are among primary care workers. Primary care receives a group of patients from a hospital who need different treatment and care than the previous groups of patients discharged from the hospital. Prior to the reform, specially trained nurses in intensive care units and palliative care units in hospitals treated this patient group. In other words, the Coordination Reform implies that primary palliative care units admit more and more severely ill patients without their resources and necessary competencies being increased significantly.

To understand how the tensions between institutional logic affect institutional work in an enhanced nursing home ward, a case study was conducted (Yin, 2014). The case was

selected because the ward was restructured because of the Coordination Reform, and the ward was an interesting place for studying the effects of the Coordination reform because the reform implied a restructuring of nursing homes and palliative care units with expected consequences for all involved parties (patients, relatives, nurses and leaders). Such wards are part of primary care in Norway and emerged after the Coordination Reform. They have more doctors and nurses than other nursing home wards. The ward in our study was organised partly as a "classical" nursing home ward consisting of units for people with cognitive failure, short-term units, and so-called somatic units, and partly consisting of rooms in the enhanced unit for more severely ill patients mainly transferred from specialist healthcare.

Methodology

Research design, participants and data collection

Data were collected from in-depth interviews with five severely ill patients, seven relatives and nine nurses, including two department leaders because they are the actors who experience the tension between diverging institutional logic in the practice in different ways. The purpose of the interviews was to gain knowledge of the everyday life of the patients, relatives, and nurses/department leaders and how the actors experienced the consequence of Coordination Reform. The patients who were interviewed had stayed at the palliative care unit for a while, and, therefore, had the possibility to witness the change in practice.

Subsequently, qualitative interviews were conducted. The aim was to explore opinions and experiences as well as different perspectives from the various actors. We carried out unstructured interviews by starting with an open question: How do you experience your everyday life in this department? Subsequent questions depended on how the informants had answered, and we had the opportunity to ask questions about before and after the reform. All informants in the study determined the time and place for the interviews. We conducted all interviews in rooms in the nursing care home. Interviews with each patient lasted for one hour, and two patients were interviewed twice because they requested this themselves. Although the time of the interview with the patients was agreed upon, we always consulted the responsible nurse and doctor before starting the interview with the patients. The patients' conditions could change abruptly.

In a staff meeting, nurses were informed about the study and had to send an e-mail to the first author of this article if they wanted to participate. The interviews with relatives, nurses and the two leaders in this unit lasted around 90 minutes.

Each interview was audio-recorded, transcribed verbatim and translated to English. The interviews were open, with just one introductory question

Data analysis

Both authors analysed the data, and the tension between institutional logics arises inductively from the empirical data. We were, for instance, inspired by Braun and Clarke's (2006; 2021) reflexive thematic analyses. We searched for patterns within and across each interview, but we also looked for a sense of continuity and contradictions within individual accounts. We did this first separately, and then together. First, we coded the data manually into broad thematic codes which we discussed in meetings and based on this we agreed the final codes.

We then analysed the themes across all interviews. During this process, the handling of the tension in institutional logics in their institutional work and how this was managed by department leaders and nurses was the main finding. Another finding was how those who received healthcare experienced the institutional work, both the patients and their relatives.

Ethical considerations

The project involved studies of people who were in particularly vulnerable situations in life. The patients were dependent on care to cope with their everyday life. The relatives were in a situation where their lives had been disrupted due to serious illness of a close family member. In such a situation, it is especially important to consider the researchers' ethical responsibility to ensure that participation in the research is voluntary. Such responsibility is connected to ensuring anonymity and confidentiality. In this paper, we have excluded the diagnoses, ages, medical treatment, residence, or gender of the participants.

The supervising physician gave us permission to distribute information to potential participants in the group of severely ill patients and their relatives. All were informed that they could refuse to participate without any consequences for their treatment and care. We then contacted the patients, distributed information letters, and read aloud the information to all patients. Severely ill patients may be given medication such as painkillers that may affect their alertness, which was undesirable. This was prevented by nurses ensuring that patients were not in a lethargic state due to painkillers when the interviews took place.

The Regional Committee for Medical and Health Research Ethics (REK) approved the project. The Norwegian Data Protection Authority/the Privacy Ombudsman for Research also endorsed the project. This approval allowed the researchers to be present in the palliative care unit to enable them to access information about the patients and their relatives that could not be achieved through qualitative interviews alone.

Empirical findings

Our focus in this study is on how department leaders, nurses, patients and relatives experience the conflict between different institutional logics, and how this is incorporated in

their institutional work. The following quote from a department leader illustrates how the Coordination Reform was introduced in the palliative care unit:

> At the start of this process, we had a larger budget than all the other units. Then they [the local authority management] started telling us that we had too many resources and too big a budget [...] When one seriously ill patient died, we had to remove several healthcare jobs, even though we had new patients who needed ventilation. We had more patients, and more seriously ill patients, admitted. In this situation, we had very tough discussions with the top management, where we had to explain why we had used more of the budget than we were allowed to. […] We got a few million more than the other nursing homes. Then there were even worse times. (Department leader)

This illustrates the situation for the unit in our study. Our main findings from the interviews are presented below.

The department leaders' and nurses' experience of the tension between the managerial logic and a professional logic

The informants' statements indicate a tension between managerial and professional logic, which the department leaders and nurses must balance in their everyday work. The managerial logic is expressed through the Coordination Reform, where the ward admitted more patients, and more severely ill patients with complex needs, without a higher budget or new resources being increased significantly. Here there is an assumption that the staff must work more efficiently. The professional logic is expressed through the professional background of the nurses where the well-being of the patients is the focal point. The department leaders are also professional nurses who experience the tension between institutional and professional logics as troublesome instead of being representatives of the managerial logic only. While they experience this tension as one between running the unit in an efficient and economically sound way, and the responsibility for ensuring person-centred care, the operative nurses experience other types of hands-on conflicts in patient related work. The tension of divergent institutional logic was in focus when we asked questions about their daily workday. This is expressed in the following way:

> The budget is of great importance… but at the same time I have to say what is best practice from a professional viewpoint. Otherwise, it will just be the budget. (Department leader)

> We're not allowed to make our own judgements, but everyone knows that a dying patient needs help. We have quality regulations that tell us how to treat terminal patients. (Department leader)

These quotes demonstrate that the budget took up considerable space in the department leaders' work. In other words, the work connected to the managerial logic (budget constraint) was in focus. The nurses, who work closely with the patients, experienced a hectic working day where they did not have time to provide adequate patient care:

> There have been cuts in the budget, and we are losing resources. We have more patients in the unit, and they are getting younger and younger. We are responsible, and we get less time for patients. (Nurse)

> The unit is full of seriously ill patients. It is a challenge when you know there are two or three patients who need your help at the same time. What is more, you know you have to say no to two of them. It is a very tough feeling. There is a lot that can go wrong, and we are the ones who are responsible. (Nurse)

These quotes show the nurses' challenges in their work, which also affect patient care. They also felt that the patients found that they were too busy:

> I have found that patients refuse to call for help. They apologise because they can see how busy we are. (Nurse)

These quotes illustrate how the nurses find that their professional work is under pressure from the managerial logic which is focused on efficient operation. The nurses also explain that their responsibility to the patients is sometimes a hard burden to bear because there are not enough nurses on the unit:

> There is a lot of responsibility on a nurse's shoulders some days. It would be a dream situation to have more nurses. [...] It is not much fun to apologise, apologise and apologise. We do not have the time we need. (Nurse)

> We try to be positive, but when you get ill, the house of cards collapses. Many of our staff have left because they cannot cope with things here. (Nurse)

Not only were there fewer nursing positions, but some nurses had also decided to resign because of the workload in the unit. The nurses also found that coordination with the hospital was inadequate in this situation:

> There is less time for patient contact. I do not think the Coordination Reform works. The hospital must ensure that patients receive good follow-up care. Now it is just about getting rid of the patients from the hospital. (Nurse)

> We often get patients admitted who die within 24 hours. That is so degrading. When they die, neither they nor their relatives have had time to get to know us. To find out what will help a person can take time. It's degrading to admit patients at such short

> notice. The hospital does not see the patients. They just see that there will be a free room. (Nurse)

These quotes illustrate that patients are transferred from the hospital to the unit as soon as there is a free room in the ward. The nurses express that they do not have time to get to know the relatives before the patient dies. So, they feel they fail to give adequate healthcare. This indicates that the institutional work happens at the expense of their professional logic. The following quote tells us that the nurses have sent letters of concern about the conditions that they felt did not protect patients adequately:

> We have sent many letters of concern, but nothing happens. (Nurse)

> We all must behave according to the system. People are becoming more and more vulnerable in a way. We have no control over our work ... Now we are just storing patients here. We have nothing to offer them. (Nurse)

> They teach us a lot of administrative work that goes beyond patient contact on the unit. (Nurse)

These findings illustrate the nurses' struggle with the new tension between managerial and professional logics. The findings also indicate that the managerial logic triumphs over the professional logic in everyday work priorities.

Patients' and relatives' experience of the conflict in the institutional work of the department leaders and nurses

The patients and relatives found that the nurses were struggling in their work. Yet they did not just accept that they had to cope with it:

> I called for help. One nurse came and told me she would help me. An hour later a new nurse came and apologised that I had to wait so long. If I need some more intensive care, I hope they will move me back to the hospital. I am a bit scared now. …. It is not an excuse that they had too few staff. I understand them, but I cannot excuse them. (Patient)

> The nurses on this unit are competent, but competent in different ways from the hospital nurses. These nurses do not have technical skills. Several of them could not use the pain pump. My mother does not feel safe in this unit because she has been transported to the hospital several times during the three weeks she has stayed here. She is too ill and needs more help than she can get in this unit. She is afraid. My aunt and I must be here with her day and night. (Relatives)

The quotes show that the patients and relatives are of the opinion that the nurses had neither the time, resources or skills to take care of palliative patients. The findings also show

that the efficiency focus involved in the managerial logic undermines nurses' institutional work, even though the nurses themselves considered the patients' well-being as the most important aspect of institutional work. As the quotes illustrate, the patients and their relatives experienced a lack of care, and some became afraid. The hectic working day where nurses had too little time for each patient also involved the relatives:

> There are lots of seriously ill patients on this unit. It is important that this unit has enough nurses and expertise. It is not good to discover that this is missing. I think the patients and relatives will feel more reassured if they find that patients are taken better care of. Now we had to do shifts. We want to help our father, and we hope this situation will not last very long. (Relative)

> There are not enough nurses. Yesterday one nurse told my mother there were not many nurses on duty that day and that my mother had to stay in bed all day. My mother needs more and more help, and we find that there are too few staff to give proper treatment and care. It is not okay. I feel sorry for the nurses too. (Relative)

The relatives were worried about the situation for their loved ones, but also for the nurses and themselves.

These quotes from a patient and relatives show how patients in a palliative phase felt that the professional work was under pressure. The nurses did not want this, but they had to adapt to the situation. The patients and their relatives observed that the nurses were busy, and express that the unit was not a good place for end-of-life care.

The patients also felt that they were becoming a burden to their relatives and the nurses:

> I hope I will die soon. It's not good to lie here and wait for death. I hope I will get the help I need. The nurses must help many patients, but I need help too. …. I want to die now. (Patient)

> Waiting for death is not a good situation. It is a burden for my loved one who has to visit me. I do not see the nurses much, and I hope it will not be long before I die. (Patient)

These quotes show the consequences for patients of the focus on efficiency (managerial logic). Relatives were also frustrated about the healthcare system and afraid that patients would feel like a burden:

> I do not think it is right that our mother must accept this. But I get ill thinking about our mother having difficulty breathing and waiting for help that does not come. I have told the leader of the unit and the nurses several times that our mother does not ask for help if it is not necessary. (Relative)

The relatives stated that limited resources had implications for the patients' need for the right treatment and care in the right place. Several relatives were confused about a health service that focused on what was most profitable in a cost-benefit system, not what was of most value for the human beings in this system. One of the relatives expressed this as follows:

> After several health reforms, nice words like patient involvement and the patient at the centre of care become more and more distant. I do not notice any talk about providing good care. No, it is all about the budget, how much things cost, how much we can get for the money, and how short the hospital stay should be. There's too little attention on the necessity of care. And I saw how they [nurses] rushed about. You dare not ask for help. (Relative)

The findings show the consequences of a shift in institutional work where human beings seem to be objects rather than individuals who need help to live a rewarding life and experience dignity and care until they die.

Discussion

Our data demonstrate that the Coordination Reform has changed everyday work in this palliative care unit. The data illustrate that department leaders, nurses, patients, and relatives struggled to find a balance between professional and managerial logic following the introduction of the reform. Reforms in the health sector are introduced to meet budget deficits and provide more efficient healthcare services. This is positive on the macro-level. But the experience can be different on the micro-level where the institutional work is carried out.

The balancing of institutional logics

An organisation is a meeting place for different institutional logics (Besharov & Smith, 2014; Greenwood et al., 2010; Reay & Hinings, 2009). To balance different logics implies a situation where conflicting expectations, norms and values coexist (Greenwood et al., 2011). In such a situation, different logics can exist and not necessarily conflict as they can be de-coupled and sequential (Reay & Hinings, 2009). Our data demonstrate that the Coordination Reform has had different consequences for the balancing of institutional logics in the enhanced nursing home ward, because the tension has been intensified because of the Coordination Reform.

Our data show top-down control characterised by efficiency goals rather than professional considerations. This is in line with a managerial logic (Arman et al., 2014; Kristiansen et al., 2015). Professional logic (Exworthy & Halford, 1999; Freidson, 2001) comes under pressure when professionalism is legitimised based on administrative objectives and budget criteria, as our study shows. We see a focus on a growing management control regime, which takes more and more time from nurses' focus on patient well-being. Professional values, norms

and history are central to professionals' accountability and management practices (Modell et al., 2007), and with the focus switching to managerialism, our findings illustrate that nurses have less time to get to know their patients. Getting to know patients require close contact. The findings show that the efficiency focus following the Coordination Reform contrasts with a political desire to have the "patient at the centre of care," which includes taking individual considerations into account. This illustrates that the objectives of reforms can be positive, while the practice is experienced differently.

The patients and relatives reported dissatisfaction with the service they were offered. This was ascribed to economic factors, but also a feeling of lack of care. According to the Coordination reform, the patient is entitled to be offered the right treatment at the right place at the right time. However, our study showed that this is not the case. Our study shows that the relatives and nurses were most critical of how external factors deprioritised the provision of care. The study illustrates that the patients were unable or unwilling to speak up about a practice that was not good for them, because they did not want to be perceived as demanding and troublesome. Limited resources caused discomfort for patients, relatives and nurses, and respect for the individual patient seemed to be threatened. These findings show that the professional logic (Exworthy & Halford, 1999; Freidson, 2001) was put under pressure.

Our findings show a new tension between professional and managerial logic in the unit. These two logics have coexisted (Arman et al., 2014; Kristiansen et al., 2015), but are now out of balance because of the Coordination Reform; the managerial logic has been strengthened at the expense of the professional logic. Since logic is a set of thought and action patterns that provide direction for what is appropriate and legitimate behaviour (Scott, 2014), and for 20, li assessment of results (Jay, 2013), the focus on efficiency and economic factors has prevailed—at the expense of professional values, which is not in line with the moral of professionals.

Our findings demonstrate that the new situation in which the managerial logic has been strengthened has given patients, relatives, department leaders and nurses a feeling of inadequacy. Patients found that they needed more help than they could be offered. The finding also reflected the relatives' worries. They experienced that their loved ones' health and wellbeing became their responsibility. They saw how nurses were in a hurry, leaving their loved ones to wait for help. This illustrates how nurses are required to change their focus, even if this takes place at the expense of their identity (Lok, 2010). The nurses felt that they were failing in their mandate regarding patient safety and security. They did not know how to cope with the tension that arose between the institutional logics because of the Coordination Reform and tried to do their best with the available resources.

Institutional work in the tension between different institutional logics

The new tension we see between different institutional logics in this case affected nurses' institutional work. Nurses have always worked in a situation where different institutional logics coexist. They are used to different types of logic sequentially or partially in their daily work (Llewellyn, 2001). The introduction of the Coordination Reform has changed the balance between the institutional logics in a way that affects the complexity of their institutional work (Lawrence & Suddaby, 2006; Lok, 2010; Tracey et al., 2011). This shows how institutional logic as individual cognition impacts the institutional practice. By adopting an institutional work perspective, we can study individual cognition and how institutional practice is socially constructed (Lawrence et al., 2013).

The strengthening of the managerial logic in a situation with coexisting logics (Dahlmann & Grosvold, 2017; Jarzabkowski et al., 2013) affected institutional work in the unit. Nurses want to focus on values that are important to them, their patients, ethical considerations (Fimreite & Lægreid, 2005) and patient well-being (Exworthy & Halford, 1999; Freidson, 2001), but as our study has demonstrated, conditions have changed. Department leaders and nurses who emphasise professional values in their institutional work are required to focus on efficiency and the budget in relation to managerial work. This creates challenges in their practice (Zilber, 2013). Nurses play a central role in the quality assurance of healthcare. Several of the nurses we interviewed found that administrative work took up much of their time. This work was assigned to them at the expense of their professional values and now characterises their institutional work. Against this background, the nurses experienced a conflict of loyalty. They were forced to focus on administrative tasks related to patients at the expense of close contact with them.

Their institutional work (Lawrence and Suddaby, 2006; Lawrence et al., 2011) became more difficult since they had to do work that did not directly address patient health and well-being. A nurse's work is also to protect the professional logic (Exworthy & Halforth, 1999; Freidson, 2001) from outside forces. This creates unpredictability in their everyday work. The nurses also found that poor interaction between the different levels of care was challenging and time-consuming. Several of the nurses in the study expressed a desire for more nurses on the unit, which was the case before the reform. They stated that they were understaffed, and they suggested that increasing the nurse-patient ratio and enhancing nurses' competencies might make their work less hectic.

The patients and relatives also noticed the shift towards institutional work based on the managerial logic. They did not feel properly looked after. The patients were seriously ill and knew they would soon die, and many felt that they were being left to themselves. They also did not want to interrupt the nurses who they saw were in a hurry. Patients need predictability and security in a palliative care unit when life is perceived as chaotic. If patients must wait for help because of a lack of resources, it may worsen their health

situation. Relatives feel insecure when they find that their loved ones are not receiving the care to which they are entitled. The relatives in this study were not happy to see that the nurses need to have more contact with patients, something the nurses want. The new focus on efficiency meant that the nurses had difficulty in knowing whether they should construct, maintain or change institutions (Heclo, 2008; Lawrence et al., 2011), beliefs and norms.

Conclusion

Our findings demonstrate challenges that arise in performing institutional work when a reform strengthens one of the institutional logics in the organisation. Our findings show that by downgrading the professional logic, the focus is on efficiency and the budget. This has consequences for all the actors in our study who are linked to the palliative care unit. The department leaders struggle with the tension between budget and healthcare in their institutional work. The nurses struggle with too few nurses at work at the same time, and a very busy working day where their professional work comes second. Patients are often left to themselves, feeling a lack of care. Relatives saw how nurses were in a hurry which meant that their loved ones were left to themselves and had to wait for help. Thus, the relatives had to spend more time with their loved ones.

By using an institutional work perspective, we enhance the understanding of the relationship between values and practice, and the balancing of institutional logics. By using a case study, we illustrate the experiences of several actors, including relatives and patients, of the same palliative care, and we contribute to the call for more studies on how institutional logics are worked out on the ground and in the day-to-day practices and experiences of actors (Zilber, 2013).

Our research contributes to the research on the reforming of the healthcare sector by focusing on the micro-level practice of institutional work, since we know little about “the way institutional logics are worked out on the ground, in day-to-day behaviours and experiences of actors” (Zilber, 2013, p. 82). Valuable research on reforming the health sector has focused less on the actors receiving healthcare. These actors are important in understanding the recipients’ perspectives. By including the relatives and patients, we provide a more holistic view of the experience of the consequences of reforms inspired by a managerial logic.

Our research shows the need for policymakers to be more aware of the challenges resulting from the introduction of managerial reforms, and illustrates that politicians and primary care managers should be aware of the implications of managerial reforms on professional practice, since professional values come under pressure when managerial logics are implemented. We also highlight what primary care nurses find challenging, and what they need help with. This may improve cooperation between specialist and primary healthcare services (Haugen et al., 2006; Rigoli & Dussault, 2003; Tønnessen, 2011).

We argue that the inclusion of relatives and patients themselves provides us with a more holistic picture of practices in an enhanced nursing home ward, because we need more knowledge about the receivers of healthcare. The data show, as researchers have previously pointed out, that more attention should be paid to how patients and relatives experience healthcare services. This is of importance to enhance our understanding of treatment and care and of how to improve primary healthcare.

We recognise that our study is limited in context, time and scale. Therefore, we welcome further research involving comparative analyses with a focus on institutional work in balancing institutional logics. This will improve our insight into professional practice, and the difficulties facing professional managers and staff.

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References

Arman, R., Liff, R., & Wikström, E. (2014). The hierarchization of competing logics in psychiatric care in Sweden. *Scandinavian Journal of Management, 30*(3), 282-291. https://doi.org/10.1016/j.scaman.2014.01.001

Besharov, M. L., & Smith, W. K. (2014). Multiple institutional logics in organizations: Explaining their varied nature and implications. *Academy of Management Review, 39*(3), 364-381. https://doi.org/10.5465/amr.2011.0431

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328-352. https://doi.org/10.1080/14780887.2020.1769238

Christensen, T., & Lægreid, P. (2010). Increased complexity in public organizations: The challenges of combining NPM and post-NPM. In P. Lægreid & K. Verhoest (Eds.), *Governance of public sector organizations: Proliferation, autonomy and performance* (p. 255-275). Palgrave Macmillan. https://doi.org/10.1057/9780230290600_13

Coule, T., & Patmore, B. (2013). Institutional logics, institutional work, and public service innovation in non-profit organizations. *Public Administration, 91*(4), 980-997. https://doi.org/10.1111/padm.12005

Dahlmann, F., & Grosvold, J. (2017). Environmental managers and institutional work: Reconciling tensions of competing institutional logics. *Business Ethics Quarterly, 27*(2), 263-291. https://dx.doi.org/10.1017/beq.2016.65

Doolin, B. (2001). Doctors as managers: New public management in a New Zealand hospital. *Public Management Review, 3*(2), 231-254. https://doi.org/10.1080/14616670010029601

Exworthy, M., & Halford, S. (1999). Professionals and managers in a changing public sector: Conflict, compromise and collaboration? In M. Exworthy & S. Halford (Eds.), *Professionals and the new managerialism in the public sector* (p. 1-17). Open University Press.

Fimreite, A. L., & Lægreid, P. (2005). *Specialization and coordination: Implications for integration and autonomy in a multi-level system*. Stein Rokkan Centre for Social Studies.

Freidson, E. (2001). *Professionalism: The third logic*. Polity Press.

Greenwood, R., Díaz, A. M., Li, S. X., & Lorente, J. C. (2010). The multiplicity of institutional logics and the heterogeneity of organizational responses. *Organization Science, 21*(2), 521-539. http://dx.doi.org/10.1287/orsc.1090.0453

Greenwood, R., Raynard, M., Kodeih, F., Micelotta, E. R., & Lounsbury, M. (2011). Institutional complexity and organizational responses. *Academy of Management Annals, 5*(1), 317-371. https://doi.org/10.5465/19416520.2011.590299

Haugen, D. F., Jordhøy, M. S., Engstrand, P., Hessling, S. E., & Garåsen, H. (2006). Organisering av palliasjon i og utenfor sykehus [The organization of palliative care in and outside hospitals]. *Tidsskrift for Den Norske legeforening, 126*(3), 329-332. https://tidsskriftet.no/2006/01/tema-palliativ-medisin/organisering-av-palliasjon-i-og-utenfor-sykehus

Heclo, H. (2008). *On thinking institutionally*. Paradigm Publishers.

Hood, C. (1995). The "new public management" in the 1980s: Variations on a theme. *Accounting, Organizations and Society, 20*(2-3), 93-109. https://doi.org/10.1016/0361-3682(93)E0001-W

Hyndman, N., & Lapsley, I. (2016). New public management: The story continues. *Financial Accountability & Management, 32*(4), 385-408. https://doi.org/10.1111/faam.12100

Jarzabkowski, P., Smets, M., Bednarek, R., Burke, G., & Spee, P. (2013). Institutional ambidexterity: Leveraging institutional complexity in practice. *Research in the Sociology of Organizations, 39*(B), 37-61. https://doi.org/10.1108/S0733-558X(2013)0039b015

Jay, J. (2013). Navigating paradox as a mechanism of change and innovation in hybrid organizations. *Academy of Management Journal, 56*(1), 137-159. https://dx.doi.org/10.5465/amj.2010.0772

Kristiansen, M., Obstfelder, A., & Lotherington, A. T. (2015). Nurses' sensemaking of contradicting logics: An underexplored aspect of organisational work in nursing homes. *Scandinavian Journal of Management, 31*(3), 330-337. https://doi.org/10.1016/j.scaman.2015.04.003

Lawrence, T. B., & Suddaby, R. (2006). Institutions and institutional work. In S. R. Clegg, C. Hardy, T. Lawrence, & W. R. Nord (Eds.), *The sage handbook of organization studies* (p. 215-254). SAGE. https://doi.org/10.4135/9781848608030.n7

Lawrence, T. B., Leca, B., & Zilber, T. B. (2013). Institutional work: Current research, new directions and overlooked issues. *Organization Studies, 34*(8), 1023-1033. https://doi.org/10.1177/0170840613495305

Lawrence, T. B., Suddaby, R., & Leca, B. (2011). Institutional work: Refocusing Institutional studies of organization. *Journal of Management Inquiry, 20*(1), 52-58. https://doi.org/10.1177%2F1056492610387222

Llewellyn, S. (2001). "Two-way windows": Clinicians as medical managers. *Organization Studies, 22*(4), 593-623. https://doi.org/10.1177/0170840601224003

Lok, J. (2010). Institutional logics as identity projects. *Academy of Management Journal, 53*(6), 1305-1335. https://doi.org/10.5465/amj.2010.57317866

Malmmose, M. (2019). Accounting research on health care: Trends and gaps. *Financial Accountability & Management, 35*(1), 90-114. https://doi.org/10.1111/faam.12183

Martinsen, K., & Eriksson, K. (2009). *Å se og å innse: Om ulike former for evidens* [Seeing and realizing. Different forms of evidence]. Akribe.

Meld. St. 47. (2008-2009). *The Coordination Reform: Proper treatment: At the right place and right time.* Ministry of Health and Care Services. https://www.regjeringen.no/en/dokumenter/report.no.-47-to-the-storting-2008-2009/id567201/?ch=1

Modell, S., Jacobs, K., & Wiesel, F. (2007). A process (re)turn?: Path dependencies, institutions and performance management in Swedish central government. *Management Accounting Research, 18*(4), 453-475. https://doi.org/10.1016/j.mar.2006.12.001

Mæhre, K.S. (2017). *«Vi må ha hjelp!»: Pasienter, pårørende og sykepleiere sine erfaringer fra en forsterket sykehjemsavdeling etter Samhandlingsreformen* [«We must have help!»: Patients, their relatives and nurses' experiences of their everyday life in a nursing home after the Coordination Reform] [Doctoral dissertation]. Nord University.

Olsen, T., & Solstad, E. (2020). Changes in the power balance of institutional logics: Middle managers' responses. *Journal of Management & organization, 26*(4), 571-584. https://doi.org/10.1017/jmo.2017.72

Pettersen, I.J., & Solstad, E. (2014). Managerialism and profession-based logic: The use of accounting information in changing hospitals. *Financial Accountability & Management, 30*(4), 363-382. https://doi.org/10.1111/faam.12043

Pollitt, C. (2016). Managerialism redux? *Financial Accountability & Management, 32*(4), 429-447. https://doi.org/10.1111/faam.12094

Raffnsøe-Møller, M. (2011). Etik, selvdannelse og selvledelse i sygepleje [Ethics, self-education and self-management in nursing]. In L. Uhrenfeldt & E. E. Sørensen (Eds.), *Sundhedsfaglig ledelse* [Healthcare management] (p. 194-224). Gads forlag.

Reay, T., & Hinings, C. R. (2005). The recomposition of an organizational field: Health care in Alberta. *Organization Studies, 26*(3), 351-384. https://doi.org/10.1177/0170840605050872

Reay, T., & Hinings, C. R. (2009). Managing the rivalry of competing institutional logics. *Organization Studies, 30*(6), 629-652. https://doi.org/10.1177/0170840609104803

Rigoli, F., & Dussault, G. (2003). The interface between health sector reform and human resources in health. *Human Resources for Health, 1*(9), 1-12. https://doi.org/10.1186/1478-4491-1-9

Scott, W. R. (2014). *Institutions and organizations: Ideas, interests, and identities* (4th ed.). SAGE.

Svensson, L. G., & Karlsson, A. (2008). Profesjon, kontroll og ansvar [Profession, control and responsibility]. In A. Molander & L. I. Terum (Eds.), *Profesjonsstudier* [Studies of professions] (p. 261-275). Universitetsforlaget.

Thornton, P. H., Ocasio, W., & Lounsbury, M. (2012). *The institutional logics perspective: A new approach to culture, structure and process*. Oxford University Press.

Tracey, P., Phillips, N., & Jarvis, O. (2011). Bridging institutional entrepreneurship and the creation of new organizational forms: A multilevel model. *Organization Science, 22*(1), 60-80. https://doi.org/10.1287/orsc.1090.0522

Tønnessen, S. (2011). *The challenge to provide sound and diligent care: A qualitative study of nurses' decisions about prioritization and patients' experiences of the home nursing service* [Doctoral dissertation]. University of Oslo.

Van den Broek, J., Boselie, P., & Paauwe, J. (2014). Multiple institutional logics in health care: "Productive ward: Releasing time to care". *Public Management Review, 16*(1), 1-20. https://doi.org/10.1080/14719037.2013.770059

Van der Wal, Z., De Graaf, G., & Lawton, A. (2011). Competing values in public management. *Public Management Review, 13*(3), 331-341. https://doi.org/10.1080/14719037.2011.554098

Wackerhausen, S. (2008). Videnssamfundet og dets fordringer: Nogle essayistiske kommentarer [The knowledge society and its demands: Some essay-like comments]. *Slagmark,* (52), 51-66. https://doi.org/10.7146/sl.v0i52.1827

Wilkesmann, M., Ruiner, C., Apitzsch, B., & Salloch, S. (2020). "I want to break free": German locum physicians between managerialism and professionalism. *Professions & Professionalism, 10*(1), Article e3124. https://doi.org/10.7577/pp.3124

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Los Angeles, SAGE Publications.

Zilber, T. B. (2013). Institutional logics and institutional work: Should they be agreed? *Research in the Sociology of Organizations, 39*(A), 77-96. https://doi.org/10.1108/S0733-558X(2013)0039A007

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Attending to the Ethical Orientation of Health and Care Regulators: The Pursuit of Coherence Between Care Quality, Professionalism and Regulation in the UK

Alan Cribb[1], & Simon Christmas[1]

1. Centre for Public Policy Research, King's College London, United Kingdom.

Contact: Alan Cribb, King's College London, United Kingdom. alan.cribb@kcl.ac.uk

Abstract

This paper offers an empirically informed ethical analysis of the recent history of health and social care regulation in the UK focused especially on the contributions made by the Professional Standards Authority for Health and Social Care. The paper is largely organised around two broad questions: First, in what respects can regulation support, mobilise and model professionalism and professional identity? Second, nested within this, given that regulation can support the professional identities of diverse practitioners can it, at the same time, help enable coordination across, and integration of, health and social care activities? These concerns, we suggest, highlight the value of viewing professional regulation in the context of the broader collaborative zeitgeist in health and care and as shaping the ethical landscape for professionals. We thereby make a case for the value of attending to the ethical orientation of professional regulation.

Keywords

Professional regulation, professionalism, ethics, collaboration, health and social care

Introduction

Professional regulation in health and social care is typically justified as a mechanism for supporting care quality and protecting the public. We accept this justificatory story but in this paper we explore some of the complications underlying it. In particular we consider some of the ethical balancing acts that arise in professional regulation. Most discussions of regulation and ethics are about the role of regulators in helping to frame, encourage or enforce ethics standards for professionals. But the issues we are interested in can be seen primarily as questions about the ethics, and the ethical orientation, of professional regulation. Regulation is itself action in the world and the agents and agencies responsible for it—as well as being potential sources of good—face the same ethical risks as other agents—for example, the risks of harming others, being wasteful of resources, helping to sustain unfair systems or directly acting unfairly etc. (Feinstein, 1985) Discussions of regulatory reform tend to be couched as about its effectiveness but, we argue, questions about ethics are not far below the surface.

Our interest in this area arose from our work on the regulation of health and social care professionals in the UK and, in particular the contribution made to understanding and addressing regulatory challenges by the Professional Standards Authority for Health and Social Care (the PSA). Specifically (i) we reviewed the approach of the PSA to professional regulation in recent history, and we engaged with examples of PSA commissioned research, including some studies of perspectives on regulation in which we participated as research partners (ii) in addition to producing policy-oriented analyses (reported elsewhere) we interrogated the emergent theme of the "ethical orientation" of regulation and (iii) working back and forth between (i) and (ii) we undertook an empirically-informed ethical analysis of one "case" of evolving regulation, which we hope may prompt fruitful questioning elsewhere.

Our initial interrogation eventually crystallised into two broad questions which are of theoretical significance but also central to the practical agenda of the PSA:

> First, in what respects can regulation support, mobilise and model professionalism and professional identity? Second, nested within this, given that regulation can support the professional identities of diverse practitioners can it, at the same time, help enable coordination across, and integration of, health and social care activities?

We will come to this second question later having first discussed the general relationship between care quality, professionalism and regulation.

There can surely be no doubt that professionalism is a bulwark of care quality. No amount of quality or safety targets or interventions will add up to much without individuals responsibly exercising their expertise day-to-day. But the value of professional regulation is perhaps not quite so obvious. In particular, there are potential tensions between

professionalism and professional regulation. Some of these tensions are routinely complained about but relatively superficial whilst others are more structural and serious. We see no fundamental incompatibility between professionalism and professional regulation—indeed, we will suggest, that the opposite is true. But we will begin by acknowledging some tensions.

The more routine tensions are indicated by the common expression "box-ticking". Deploying the expression is to say something like: "Such and such is being done simply because it is a requirement. This does not mean it is a good idea nor that I have invested myself in it." In the case of professional regulation, this kind of attitude might arise, for example, in relation to the requirements of continuous professional development or revalidation. Although many might see this as disappointing, it can also be seen as an expression of a strong professional and vocational identity. It may be because someone has a clear sense of what matters, of the ideals that motivate and sustain them, that they are so ready to implicitly label certain activities as empty by comparison. It is tempting to play up professional virtues and artistry in responding to complex cases and circumstances, and to contrast that with complying with the demands of others through mere rule-following. Indeed, such a thought arguably serves a key function in motivational and ethical terms.

This contrast is a useful clue to the way regulation interfaces with professional work. Concerns about professional practice cover a very broad spectrum. At one end there is the search for excellence—pushing beyond good practice to debate and pursue best practice and the ideals that are inherent in professional fields. At the other extreme, there is the business of defining and ensuring minimum standards. Although, as we intend to stress, professional regulation can make contributions across this spectrum its most conspicuous role has arguably been at the threshold level—in setting and policing the boundaries of professional practice (Chamberlain et al., 2018).

The professionalism-regulation question is just one variant of a familiar puzzle about how best to combine professional autonomy and judgement with official frameworks of management, governance and policy. In other words, it might be said, about how best to combine "self-regulation" and "regulation by others". Tensions are inevitable in this area and managing these tensions is central to the ethics of regulation.

Orders and contradictions

In 2013 Bilton and Cayton wrote a paper asking, "How can care professionals be expected to assume full responsibility for their actions if the policies, regulations and guidelines governing their work and workplace are a haze of demands, orders and contradictions?" (2013, 9) This was not just an academic intervention. It was significant in at least two respects. First, it emerged in a period when the regulation of care in the UK was under

scrutiny for being overly-complex and potentially contributing to system failures.[1] Second, Bilton and Cayton's voices came from within the heart of the regulatory system. The paper was written in a personal capacity but the authors' affiliations were with the PSA (where at that time Cayton was Chief Executive, and Bilton a senior manager). The PSA is the body that oversees the regulation of health and social care in the UK. Its core functions include the reviewing of the work of professional regulators, accrediting registers of health and care professionals for those groups who are not regulated by law (e.g. acupuncturists and counsellors) and the provision of advice to regulators and governments on professional regulation. This includes overseeing the work of 10 statutory bodies that register and regulate health and social care professionals including doctors, social workers, pharmacists, physiotherapists etc. Some of these regulators set the rules for one professional group (e.g. Social Work England); others for a few (e.g the General Dental Council) and one—the Health and Care Professions Council (HCPC)—for 15 relatively diverse professional groups including Clinical Scientists, Occupational Therapists and Radiographers. It is significant that a high-profile thought piece authored from within that body raised concerns about the risks of getting regulation wrong.

Bilton and Cayton warn, in particular, of the need to combat the "moral and cognitive confusion" that arises from the many different kinds of regulation and the myriad agencies that inform or provide regulatory frameworks, rules and guidance. Complex webs of regulations, they argue, "may risk alienating professionals and cause them to disengage from the ethical decisions in front of them. It may also be true that the stress resulting from such moral confusion and cognitive overload is itself depleting and risks distorting professional judgement" (2013, 6). In order to combat these dangers, they suggest, it would make sense to work towards "a shared set of values of safe care on which all regulators can agree, expressed in a consistent language, style and tone". (2013, 10)

What is involved in creating a regulatory climate that is not based on what Bilton and Cayton label as "orders and contradictions"?

Professionalism and its regulation

The label "professional" can be used simply to note that a job, any job, has been done with relevant expertise. But this use is arguably derived from a circumscribed set of cases. A professional identity in this more circumscribed sense involves a social contract where an occupational group is granted special authority and privileges in relation to a domain of

[1] The paper was published just after the report of the National Advisory Group on the Safety of Patients in England (2013) which called for the simplification of the England's National Health Service (NHS) regulatory system which it described as "bewildering in its complexity". It also appeared in the same year as the Francis Inquiry Report (2013) into failings at Mid Staffordshire NHS Trust—a report which made regulatory recommendations but also sparked a debate about the extent to which regulation might be part of the problem as well as the solution (Quick 2014).

practice in return for mechanisms that are judged to deliver appropriate kinds of technical and ethical standards. This is what enables professionalism to be what Freidson (2001) calls a "third logic" of social organisation—in addition to, and as part of the checks and balances on, the two "logics" of markets and bureaucracies. Here, professionalism is seen as transcending and mediating between the expectations of consumers and/or managers. A credible account of professionalism will thus combine two dimensions—both the idea that a role is performed well, with relevant expertise, and that it is a role in which the status of this expertise is officially recognised. Elsewhere we have, accordingly, summed up professionalism as "the accomplished exercise of expertise-based social authority" (Cribb & Gewirtz, 2015). In this sense professionalism requires professional regulation for its very existence. Professional regulation is one of the ways we draw boundaries between "non-professional" and "professional" work, as well as being about trying to ensure those who are regulated stay on the right side of the professional versus unprofessional boundary. Of course health and care workers have had very diverse routes to professional status. Only medicine is usually regarded as one of the longstanding established professions; with other occupational groups having moved through so-called "semi-professional" status in which forms of external governance and management have been more often taken for granted (Etzioni, 1969; MacDonald, 1995).

Some degree of professional regulation is, in this sense, non-negotiable. The regulations that oversee the kinds of qualifications and titles that workers are entitled to use, the programmes of education and training they must complete to be allowed to practise in the first place and the thresholds of performance that they must not fall below to continue to practise are precisely what enable professional practice to exist. On this model professional virtues and professional regulation are not in opposition but might be better seen as two sides of the same coin. This suggests that there are limits to how far professionals can reasonably complain about "box ticking", since the whole professional enterprise depends upon it in some general sense.

Although here we are focussing on one facet of regulation—statutory regulation directed towards the recognition, training and practice of specific occupational groups—it is important to note the range and elasticity of the idea of regulation. At its narrowest regulation can be construed as about the planned constraint of agents through the legal rules and sanctions of governments. But, in reality, regulation involves a range of agents—including trade and voluntary organisations as well as professional organisations. Regulatory influence can be seen as unplanned as well as planned, and as being facilitative as well as restrictive (Baldwin et al., 2011). That is, regulation can be harder or softer-edged and specific regulatory rules or guidelines fall on a spectrum from playing a "command" to an "enabling" role, albeit that most often we use the language of regulation to signal the harder end of the spectrum. At the softest or most facilitative end of the spectrum, the gap

between the regulator and regulated is arguably small and, ultimately, individual professionals can be seen as participating in their own self-regulation.

Regulation, including professional regulation, must also, of course, evolve and adapt to changing social contexts. It is not possible to review all such changes here but it is worth noting that one important trend includes the rise of what has been called "organisational professionalism" (Evetts, 2009) which effectively blurs the boundaries between Freidson's three "logics". That is, health and social care professionals have increasingly found themselves working in contexts where organisational cultures are dominated by combinations of managerialist and quasi-market norms. This includes the ever-present possibility of such norms—e.g. around individual "performance" and institutional targets and competition—colonising the subjectivities and values of individual professionals (e.g. Kerasidou et al., 2021). In this context, the protection of professionalism as an independent source of authority arguably becomes more precious as thereby do understandings of how regulation might best support the "ethical landscapes" of care.

To balance the fact that regulation is both constitutive of professionalism and yet also has the potential to do harm the PSA has, over several years, developed an approach that they call "right-touch regulation". The guiding principle here is clear in the name—there is no essential merit in regulation being either heavy or light, rather the focus should be on asking what are the right kinds and degrees of regulation needed for specific purposes. The PSA first offered an account of right-touch regulation in 2010 and has since reviewed and updated it (PSA, 2015). All of the elements of right-touch regulation underline the need to be proportionate. They include: using regulation only where it is necessary; keeping it simple; checking for unintended consequences; and reviewing it in the light of learning and change.

Right-touch regulation is thus about framing regulation differently. What matters is not just cutting down numbers of regulations (wherever they are not needed) but rethinking how regulations are understood and used. This framing encourages regulators to see regulation as part of a constellation of influences on care and for it not merely to be about formulating rules and requirements (although these are sometimes needed) but about working in concert with other actors and factors in signalling and strengthening values and cultures that enable good care. In other words, it invites attention to the ways that professional regulation can help underpin and forge professional identities and values.

Professional identities: Commonalities and differences

Work undertaken and commissioned by the PSA suggests that whilst in some respects regulation is a marginal consideration for professionals in other respects it can play a very important function in supporting their identity (PSA, 2016; PSA, 2018). The routine burden of caring and decision-making goes on at some distance from the regulation such that it is important not to load too much expectation onto regulation. However, an interview study

commissioned by the PSA indicates that regulation becomes particularly salient to practitioners when they think of themselves in the context of professional communities—communities that involve reliance on colleagues, and where things can sometimes fall below acceptable standards (Christmas & Cribb, 2017). The study analysed the views of sixteen health professionals from four different professional groups on the relationships between regulation, care and professional identity, with professional identity understood broadly as "an individual's conception of her/himself *as a professional*". (Christmas & Cribb, 2017, 4) It identified and labelled two commonly reported aspects of perceived professional identity: first, a fundamental commitment to help—along with its corollary, a fundamental commitment to do no harm; and second, a coherent way of understanding and intervening in the world, or professional stance—which is more than the mere aggregation of the knowledge and skills a professional brings to their practice. These indicate typical features of identity in health and social care but whilst the former, very general, orientation is in large measure a shared identity, the latter reflects the fact that aspects of professional orientation—practitioner's cultivated and embodied ways of thinking, seeing and doing—can vary between and "belong to" professional groups. The interviewees constructed the relationship between their professional identity and their individual practice as a reciprocal one: professional identity implies standards for one's practice; and practice in line with these standards is an expression of one's professional identity.

This study sheds light on the role of regulation by highlighting its developmental and validatory functions. At the level of their individual practice interviewees saw professional regulatory requirements—both access and practice requirements—as playing a critical role in the *development* of a strong professional identity:

- practice requirements play a central role as objects of discussion, reflection and learning, and in the formation of the individual standards associated with one's professional identity;

- access requirements play a key role in ensuring that individuals engage in this kind of focused consideration of practice requirements. (Christmas & Cribb, 2017, 47)

By contrast, according to this account, beyond this developmental function regulation appears to be often largely irrelevant to individual practice (and therefore care quality). As indicated above it can easily be dismissed as no more than: i) getting professionals to do what they would have done anyway or ii) promoting box-ticking exercises.

However, it is a mistake to see regulation supporting professional identity purely through this developmental lens. There are critically important collective dimensions to professional identity. As an individual, one should also be able to trust that the professional identities of others on a register—including the standards for practice which follow from those identities—are, in certain key respects, the same as one's own. This sense of alignment with

a wider community, via a common body or register, can provide a reciprocal validation of one's own professional identity and standards by that community. The developmental and validatory links between regulation and identity do not just operate at the conceptual level elucidated above but have correlates in practitioners' experiences. Although not everyone interviewed articulated this sense of a "community of practice" (Wenger, 1999) many did do so, for example, one pharmacist said:

> Our regulatory authorities control what we study, so at the university, we all do the same things and we all have to go through the same processes. And that's important that I can turn around and say to a colleague, can you go and talk to this patient because the such-and-such while I do something else, and I know they're going to get the same standard of care as if I went out, and vice versa. I think there's a lot of trust because of the General Pharmaceutical Council and because of, you know, the way we're trained... We don't need to prove anything to anyone else. The proof's in the pudding. The proof's in your number. And that's very important to all of us. (Christmas & Cribb, 2017, 33)

Thus regulatory requirements do not necessarily play a role in *making* decisions about how to act as a professional but they do play an important role in *justifying* such decisions. Alignment is established not because everyone on a register is checking the same codes and standards—they may not make much conscious reference to these—but because, if the worst occurs, everyone on a register is held to account by the same standards and register-holder, acting on behalf of the aligned community as a whole. In other words, starting with an account of professional identity that focuses on an individual's conception of him or herself as a professional opens up a sense of professional identity as inherently collective and social. This suggests that instead of thinking about regulation as a system of levers that exert direct pressure in the consciousness of individual professionals it is better to think of regulation as helping to create the communities and ethical landscapes within which professionals move. Just as organisational pressures and norms can construct and inflect the discourses and practices of professionals so too can the nexus of regulatory structures and processes. As we have argued elsewhere (Cribb, 2020) much day-to-day professional ethics is not consciously enacted but is "accomplished" below the surface as a result of the underlying "moral settlements" which provide the context and parameters for action. Moral settlements encourage or discourage attention to certain values—including specific sets of goals, obligations and dispositions[2]—rather than others. Regulation is one of the factors

[2] These three terms (goals, obligations and dispositions) are being used partly because they provide a simplifying heuristic for acknowledging the multi-dimensional nature of ethics including the complementarities and tensions between (the emphases of) the most common ethical theories—consequentialism, deontology and virtue theory (see Cribb & Ball, 2005, for a longer discussion of this heuristic).

that help create such settlements. This entails paying attention to the creative potential of regulation to underpin, encourage and embody "ideals" and not only threshold standards.

Whilst this is a plausible general account of how belonging to the same regulated profession can help shape professional identity it also highlights a potential challenge for thinking about regulation inter-professionally. If part of professional identity is located in sharing the distinctive orientation of a particular profession then one might reasonably question how far regulatory frameworks can successfully "stretch" across professions. This issue circulated around the question of the social work profession in England being located, from 2012, inside the umbrella regulator—the Health and Care Professions Council and then being transferred to a new profession-specific regulator—Social Work England—in 2019. This second shift arguably made it easier for the regulator to "belong" to the profession. Of course, it is commonplace for professional regulators to draw upon the expertise of members of the relevant profession (as well as independent voices)—such that there is no clear distinction between "external regulation" and "self-regulation" for professional groups—but profession-specific regulation can expand this form of representation.

One important example of increased autonomy and flexibility in this case—which we will come back to—is the arrangements for dealing with complaints and "Fitness to practice" processes. The latter is an issue that illustrates the "harder edge" of regulation and the ethical relevance of regulatory power (Gunther, 2014). Unlike some of the softer developmental aspects of regulation, this is an area where regulatory influence can be seen in large measure as external to, constraining of and even threatening to, individual practitioners. It highlights another major ethical challenge of regulation—how far is it possible to balance the central goal of public protection with practices that are fair to professionals? The establishment of Social Work England allowed for a slightly different interpretation of, and approach to, this balancing act, which included a more flexible approach to managing complaints including some more arbitrated and consensual elements. This departure was also arguably rooted in a degree of divergence in professional philosophy. Social work operates in a hotly contested political and policy arena and tends to be more overtly reflexive about the ideological and professional contests it manages than many health professions. (Hugman & Bowles, 2012) This kind of difference in emphasis is likely to inform the approach of a profession-specific regulator.

This suggests contrasting implications for the two questions with which we began. In relation to partnership working between regulators and the professional groups, it suggests considerable scope for harmonious working (as well as areas of tension). However, the existence of separate and somewhat divergent professional identities suggests that there may be some difficulty in, and limits to, constructing integrated cross-professional regulation. We will say more about each of these in turn.

Working in concert

We have been highlighting that regulation can harness the spirit of professionalism and minimise the use of and need for "order-following". This shift of emphasis—away from more prescriptive and towards more supportive regimes—has been echoed in a range of areas. For example, the centre of gravity of safety policy has now largely consolidated around a paradigm which sees responsibility for safety diffused across the many actors that are bound together in complex social and care systems (e.g. Hollnagel. 2014; Weiner et al., 2008) According to this paradigm focussing the responsibility on individuals may often be both unfair to them and ineffective at the overall system level. Before one can reasonably resort to a "compliance" lens it is necessary to ask whether the right institutional policies, procedures, staffing and support are in place. There are concerns about whether some interpretations of this kind of "just culture" can go too far—attaching too little responsibility to individual professionalism (Aveling et al., 2016)—but a move in this direction is widely welcomed. The core idea here is of orchestrating concerted action within a social field.

Analogous moves have been made in thinking about the interface between professionalism and standardisation. This is an area where there is extensive scope for conflict—including fears that standardisation can erode professional discretion and undermine rather than support professional virtues. Nonetheless, we should also beware of the habit of looking at this question through a conflictual lens. For example, Martin et al. (2017) show how there can be productive convergences and mutual support between care pathways and professional autonomy. In a study of the implementation of care pathways in emergency general surgery, they illustrate the interplay between standardising approaches and professional discretion. This study clearly shows the possibility of a productive relationship in which care pathways are welcomed but nuanced so as to be fitted to particular sites and this very process is used "as a means of enhancing professional decision-making and inter-professional collaboration"(2017, 1314). Pathways, in this case, can support standardisation, but this is because the "standard" involved is amenable to being treated as a guiding framework rather than a rigid template. Martin et al. argue that this shows how it can be possible to transcend the contrast between professionalism and managerialism as these things are traditionally constructed and distinguished and to develop this point they situate their example as a possible case of what Noordegraaf (2015) labelled "organising professionalism":

> Instead of isolating professional practices from outside worlds, professionalism becomes connective. Professionals are still experts, but they are able to link their expertise to (1) other professionals and their expertise, (2) other actors in organizational settings, including managers and staff, (3) clients and citizens, (4) external actors that have direct stakes in the services rendered, and (5) outside actors that have indirect stakes. (2015, 201)

The relevance of this for regulation is evident. Regulators are clearly some of the key "external actors" that have a stake in services, and they also, in significant respects, represent the interests of clients and citizens, other outside actors (including governments) and, of course professionals themselves. So far as is feasible the optimum thing is for them to identify regulatory frameworks that bring these interests together. This account underlines the picture of regulation as a "meta-activity" i.e. as an activity that needs to adopt mediating and orchestrating perspectives and approaches. Pursuing this kind of orchestration will often mean constructing and seeing standards as supportive and guiding frameworks rather than rule books.

In this regard, the orientation of regulatory ethics is arguably evolving in ways that parallel and underpin broader trends in professional ethics. The zeitgeist in health and social care has for some time been to move away from "prescription" and towards partnership working. A widespread emphasis, in a range of areas, has been to close down gaps and open up forms of dialogue and mutual respect and recognition. Professionals and patients or clients are encouraged to "share" decisions; different groups of practitioners (including informal carers or "self-managers") are expected to work together in interprofessional ways and across institutional and system boundaries. In a policy context where dividing lines are being eroded, it is unsurprising that regulators are drawn into the perspectives and practices of partnership working. Furthermore, "dyadic" lenses—those that focus wholly on the practitioner-client pairing (or here the regulator-practitioner pairing)—have been enlarged and complemented by a focus on interacting actors, where responsibilities are overlapping and diffused. This is no doubt a more challenging model to think with but is also one that better reflects the realities of complex care systems.

Working across professions: Regulating for honesty

Just as there are new complications generated by partnership models in care provision (Entwistle et al., 2018) there are, of course, limits to and dilemmas in this partnership model being applied to regulation. It is not only in relation to fitness to practise that there can be a case for regulation to have a harder, more prescriptive, edge. Presumptions about the adequacy of professional virtues and the effectiveness of professional judgement can be misplaced. This may be because the broader conditions needed to foster, sustain and protect professionalism are lacking. In addition, as we have already indicated, some of the failures to achieve coherent "joined up" working may flow in part from the historical constitution of professional groups as diverse and separate "tribes". The landmark Kennedy report (2001) into the failures at Bristol Royal Infirmary stressed both these concerns including identifying a "co-existence of competing cultures", "tribalism" and "silos of responsibility". One example which connects to both of these potential challenges is the introduction and strengthening of the "duty of candour" regulations.

Being honest is one of the most common ways we can show respect to one another. However, in professional life—where service users are often dependent upon the expertise and probity of professionals—its importance is even more compelling. It is, for example, taken for granted in treatment decisions that relevant potential benefits and harms will be shared and practitioners will, so far as practically possible, not leave patients in the dark. But it is all too easy for these expectations not to be met when care goes wrong. A statutory duty of candour was introduced in 2014 in England and in 2018 in Scotland. It applies to all care provider organisations registered with the Care Quality Commission and places them under a legal duty to be open and honest when there have been failings in care. This statutory duty was installed in a system where it has long been accepted that a professional duty of candour exists—i.e. an equivalent duty of honesty applying to individual practitioners (rather than organisations). The introduction of the statutory duty also provided an opportunity for regulators to highlight, clarify and strengthen the level of emphasis upon the analogous professional duty.

The PSA was a significant policy actor in the period leading up to the introduction of the statutory duty and in addition it helped to support health and social care regulators to develop their approach to the professional duty of candour. One of the striking features of this process was that all the regulators overseen by the PSA took a self-consciously concerted approach to this challenge. They established a joint working group and developed a joint statement on the professional duty of candour, undertaking to review relevant standards as needed and to encourage their registrants to reflect on the importance of this duty. Initiatives in this area provide a clear case of regulation raising the profile, and underlining the importance of certain care values and, in large measure, doing this in a concerted voice. This thereby provides a significant instance of regulators heading in the direction that Bilton and Cayton envisaged in the earlier cited passage when they called for "a shared set of values of safe care on which all regulators can agree, expressed in a consistent language, style and tone". (2013, 10)

Nonetheless, the PSA's research into the implementation of the duty of candour indicated some complications (PSA, 2019). This research—which reviewed documents and used questionnaires and discussion groups to identify the steps taken and challenges faced by regulators—showed a concern from some respondents that even though a shared language and framework was valuable, in practice different professionals faced different experiences including inequitable levels of jeopardy in "fitness to practice" proceedings. This led one respondent organisation to underline the importance of inter-professional education that prepares staff to deliver the duty of candour in multi-professional contexts. (2019, 15) This is just one high-profile example of a challenge for inter-professional regulation in health and social care. Given that different kinds of professionals frequently work together closely in the same spaces, and given that inter-professional collaboration and service integration are increasingly seen as of critical importance to delivering high-quality care, then it makes

sense to ask how far professional regulation of such groups can continue to exist on parallel tracks, rather than itself becoming more collaborative and integrated. This provides a conundrum for professional regulation—can ethical landscapes be created that somehow both acknowledge the diversity of professional identities and, at the same time, work towards “shared values”?

Regulatory reform and collaboration

The key themes we have explored—supporting professionalism and collaborative working have recently come to the fore in the ongoing efforts of the UK government and devolved administrations to reform the system of professional regulation with a view to making it simpler, more consistent and collaborative and in key areas more consensual rather than adversarial. Current reform proposals (DHSC, 2021) start from the position that the legislative context is simply too complex—with too much variation between the legislation that covers the different regulators and unhelpful inflexibilities in the powers that regulators have. Regulatory diversity has been somewhat self-perpetuating because further adaptation by regulators is often path-dependent. What is proposed is to substantially simplify the background legislation and to provide all the regulators with the same governance and organising framework and powers. Within this broad framework, this will include more discretion over the adoption and adaptation of day-to-day regulatory practices.

In this evolving context, the PSA recently commissioned qualitative research into perceptions of the value of regulatory consistency. Interviews with patients, members of the public, and regulated professionals (Christmas et al., 2021), which used examples of divergence between instances of regulatory guidance and procedures (“regulatory items” for short) of different professions as prompts, suggest that most people have a default presumption that regulatory approaches for the different professions should be broadly the same rather than different. More precisely the common default presumption is that regulatory items should be the same unless there are good reasons for any differences. Such differences might, for example, be justified because the professions relate to patients, clients or the public differently—working in different settings, undertaking a different range of activity, managing different levels of risk, occupying specific roles within teams etc. Nonetheless, the predominant perception seems to be that this level of diversity cannot be used as a smokescreen to justify any kind or level of inconsistency. The arguments advanced by the respondents for this are varied but include:—that if a rule is the correct one it should be applied to all; that variations between regulators can be unfair to professionals—where the rules, procedures or possible penalties they face diverge for no good reason; that even where some degree of divergence is warranted then there is no good reason why the same minimum standards cannot be applied across the board; that consistency is simpler and that this makes things clearer and more navigable for everyone; and, finally and notably, that because different professionals work together in the same system their standards should, wherever possible, align and form a coherent whole. (2021, 68)

These perceptions broadly align with the spirit of the proposed reforms. Although these reforms encourage a greater degree of flexibility at the level of detail they are intended to underpin a system, and underline a message, that favours consistency. This emphasis is amplified by a proposal to place new duties on professional regulators—a duty to assess that any "local" changes to rules and procedures are proportionate, a duty of transparency and, significantly, a freshly coined and extended duty to cooperate—with other regulators as well as other stakeholders. Taken together these new duties could substantially off-set the chance of arbitrary divergence in the future and help underpin an increased emphasis on regulation as a collaborative and increasingly integrated enterprise.

One substantive area where regulatory change is being encouraged is with regard to "fitness to practice" proceedings. As things stand there is substantial variation in the fitness to practise powers available to the regulators. Furthermore, fitness to practice arrangements are seen as sometimes too adversarial and drawn out—causing stress to professionals and complainants, delay to the public, and being unsuited to the promotion of reflection and learning (DHSC, 2021, 59). The current proposals include a common fitness to practise process designed to tackle these shortcomings. The model adopted learns from the one spearheaded by Social Work England and mentioned above. It includes the provision to conclude a fitness to practise proceeding before it arrives at a panel hearing, using a consensual mechanism or an "accepted outcome process" based on a case examiner's recommendations. This has been one notable example of regulatory divergence—and the proposal is now to make this model available to all.

As already signalled this is an area where regulatory power is clear. If regulators are to steer away from "command and control" and to be seen as properly responsive they obviously need to exercise their powers to "police" professionals carefully. Within social work there has been a concern that fitness to practise hearings are only "procedurally fair" in a limited sense (Kirkham et al., 2019). This is because, it has been argued, they lack the perspective and resources to consider the responsibilities of managers and institutions and to set care failures in that broader context. Unless the activities of individual practitioners are understood in relation to their working contexts—including sometimes extremely demanding institutional pressures and constraints—such individuals risk being treated unfairly (BASW, 2019; Worsley et al., 2020). This is exactly analogous to the shift in patient safety management discussed above that has sought to relocate responsibility for failures amongst a broader set of institutional actors and to de-emphasise finding fault with front-line individuals. Clearly, the balance has to be different when it is precisely an individual's "fitness" that is in question but some analogous rebalancing seems appropriate. At the same time, of course, the protection of the public remains a central consideration for regulators and this sharply highlights one of the key ethical balancing acts mentioned above. As a result, the broad shift from adversarial towards consensual models may need to be tempered in some circumstances. As regulators move towards encouraging and embodying

ideals of respect, partnership and co-operation with professional groups they cannot neglect their responsibilities for threshold standards and for representing the interests of service users and the public. Ideally, regulators will have in mind the need to encourage excellence, including professional virtues, and at the same time to strongly protect the threshold level of professional obligations—the combination of which may itself involve some balancing acts. Promoting the best in people and safeguarding against the worst both matter, and both can be put at risk by institutional pressures that can sometimes embody a crude utilitarian outlook rather than richer and more complex conceptions of purpose.

Conclusion

We have argued that the orientation of professional regulation is ethically important. The work of regulators merits ethical scrutiny in relation to the messages that it sends and, in particular, the norms and ideals it reflects, encourages and models. Iris Murdoch showed how a view of ethics that treats it purely as about agents making a series of discrete decisions is very impoverished. Ethics is, crucially, also about the frames and visions that we start from (Hepburn & Murdoch, 1956). Even if it is not seen as such, or even noticed, much of the work of the ethics of regulation is done in the way regulation is framed and the ideals and purposes brought to it. By drawing on the case of the UK health and social care regulatory system we have argued that care quality is best protected when professional regulation and professionalism are seen as co-constitutive. In particular, we have looked at the role of, and the leadership offered by, the UK Professional Standards Authority to illustrate some of the changing visions underpinning professional regulation. One overarching trend, we are suggesting is the pursuit of greater coherence. This includes both an increasing emphasis on harnessing professionalism by aligning regulation, where possible, with the ethical compasses and self-regulatory practices of professionals; and also a gradual but clear shift towards valuing and promoting consistency and partnership working between different regulators. This, as we have noted, echoes and supports shifts in the way front-line professional activity is conceived, including the recognition of the complexity of care systems and the centrality of collaborative working. As with front-line professionals, the move from a prescriptive towards a partnership mindset in regulation is not clear-cut, and is one that brings new uncertainties and tensions in its wake.

So whilst we would welcome, rather than resist, the direction of travel, it is equally the case that it carries difficulties and that regulation involves ethical balancing acts which cannot be dodged. The work of regulators necessarily includes both, on the one hand, encouraging and enabling professionals and, on the other hand, challenging and constraining them. Professional regulators must, for example, continuously navigate the tensions between protecting the public from poor care quality and ensuring professionals are not treated unfairly in the process. Similarly, there are good arguments for both commonalities and divergencies between regulators. Health and care professions embody different roles, relationships and orientations but, at the same time, they often work together in shared

spaces and endeavours. There are no easy answers here. In this respect, the ethics of regulation is simply like all ethics—inherently dilemmatic. Nonetheless, we would argue that bringing the ethical role and dilemmas of professional regulation into view is potentially very productive. Instead of falling back into sometimes taken for granted assumptions about compliance-centred conceptions of regulation it allows us to ask questions about the creative, constructive and ideal-oriented possibilities of regulation as one foundation of both professionalism and care quality.

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References

Aveling, E. L., Parker, M., & Dixon-Woods, M. (2016). What is the role of individual accountability in patient safety?: A multi-site ethnographic study. *Sociology of Health and Illness, 38*(2),216-232. https://doi.org/10.1111/1467-9566.12370

Baldwin, R., Cave, M., & Lodge, M. (2011). *Understanding regulation: Theory, strategy and practice* (2nd ed.). Oxford University Press.

BASW. (2019). *Consultation response: Social work England: Fitness to practice*. British Association of Social Workers. https://www.basw.co.uk/system/files/resources/swe-fitness-to-practice-consultation.pdf

Bilton, D., & Cayton, H. (2013). *Asymmetry of influence: The role of regulators in patient safety*. Health Foundation.

Chamberlain, J. M., Dent, M., & Saks, M. (Eds.). (2018). *Professional health regulation in the public interest: International* perspectives. Policy Press.

Christmas, S., & Cribb, A. (2017). *How does professional regulation affect the identity of health and care professionals: Exploring the views of professionals*. Professionals Standards Authority. https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/regulation-and-professional-identity-july-2017-final.pdf?sfvrsn=fc667020_10

Christmas, S., Fylan, F., & Cribb, A. (2021). *Patient, carer, public and professional perspectives on the principle of consistency in health and care professional regulation*. Professional Standards Authority. https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/does-consistency-between-regulators-matter.pdf?sfvrsn=fbcc4920_4

Cribb, A. (2020). Managing ethical uncertainty: Implicit normativity and the sociology of ethics. *Sociology of Health and Illness, 42*(1), 21-34. https://doi.org/10.1111/1467-9566.13010

Cribb, A., & Ball, S. (2005). Towards an ethical audit of the privatisation of education. *British Journal of Educational Studies, 53*(2), 115-128. https://doi.org/10.1111/j.1467-8527.2005.00286.x

Cribb, A., & Gewirtz, S. (2015). *Professionalism*. Polity Press.

DHSC. (2021). *Regulating healthcare professionals, protecting the public*. Department of Health and Social Care. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978833/Regulating_healthcare_professionals__protecting_the_public.pdf

Entwistle, V. A., Cribb, A., Watt, I. S., Skea, Z. C., Owens, J., Morgan, H. M., & Christmas, S. (2018). "The more you know, the more you realise it is really challenging to do": Tensions and uncertainties in person-centred support for people with long-term conditions. *Patient Education and Counselling, 101*(8), 1460-1467. https://doi.org/10.1016/j.pec.2018.03.028

Etzioni, A. (1969). *The semi-professions and their organization.* The Free Press.

Evetts, J. (2009). The management of professionalism: A contemporary paradox. In S. Gewirtz, P. Mahony, I. Hextall, & A. Cribb (Eds.), *Changing teacher professionalism: International trends, challenges and ways forward* (p.19-30). Routledge.

Feinstein, R. J. (1985). The ethics of professional regulation. *The New England Journal of Medicine, 312*(12), 801-804. https://doi.org/10.1056/NEJM198503213121231

Francis, R. (2013). *Report of the Mid Staffordshire NHS foundation trust public inquiry*. The Stationery Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

Freidson, E. (2001). *Professionalism, the third logic: On the practice of knowledge*. University of Chicago Press.

Gunther, S. V. (2014). The ethics of ethical regulation: Protecting the practitioner as well as the client. *Psychotherapy and Politics International, 12*(2), 111-128. https://doi.org/10.1002/ppi.1325

Hepburn, R. W., & Murdoch, I. (1956). Symposium: Vision and choice in morality. *Aristotelian Society Supplementary Volume, 30*(1), 14-58. https://doi.org/10.1093/aristoteliansupp/30.1.14

Hollnagel, E. (2014). *Safety-I and safety-II: The past and future of safety management*. Routledge.

Hugman, R., & Bowles, W. (2012). Social work values, ethics and professional regulation. In K. H. Lyons, T. Hokenstad, M. Pawar, N. Huegler, & N. Hall (Eds.), *The SAGE handbook of international social work* (p. 150-162). SAGE Publications.

Kennedy, I. (2001). *Learning from Bristol: The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995.* The Stationery Office.

Kerasidou, A., Bærøe, K., Berger, Z., & Brown, A. E. C. (2021). The need for empathetic healthcare systems. *Journal of Medical Ethics, 47*(2), Article e27. https://doi.org/10.1136/medethics-2019-105921

Kirkham, R., Leigh, J., McLaughlin, K., & Worsley, A. (2019). The procedural fairness limitations of fitness to practise hearings: A case study into social work. *Legal Studies, 39*(2), 339-357. https://doi.org/10.1017/lst.2018.42

MacDonald, K. M. (1995). *The sociology of the professions*. SAGE Publications.

Martin, G. P., Kocman, D., Stephens, T., Peden, C. J., & Pearse, R. M. (2017) Pathways to professionalism?: Quality improvement, care pathways, and the interplay of standardisation and clinical autonomy. *Sociology of Health and Illness, 39*(8), 1314-1329. https://doi.org/10.1111/1467-9566.12585

National Advisory Group on the Safety of Patients in England. (2013). *A promise to learn: A commitment to act: Improving the safety of patients in England*. Department of Health. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

Noordegraaf, M. (2015). Hybrid professionalism and beyond: (New) forms of public professionalism in changing organizational and societal contexts. *Journal of Professions and Organization, 2*(2), 187-206. https://doi.org/10.1093/jpo/jov002

PSA. (2015). *Right-touch regulation: Revised*. Professional Standards Authority. www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

PSA. (2016). *Professional identities and regulation: A literature review*. Professional Standards Authority. https://www.professionalstandards.org.uk/docs/default-source/publications/professional-identities-and-regulation---a-literature-review.pdf?sfvrsn=a7e7120_0

PSA. (2018). *The regulator's role in professional identity: Validator not creator*. Professional Standards Authority. www.professionalstandards.org.uk/docs/default-source/publications/research-paper/professional-identity-and-the-role-of-the-regulator-overview.pdf?sfvrsn=dc8c7220_4

PSA. (2019). *Telling patients the truth when something goes wrong: Evaluating the progress of professional regulators in embedding professionals' duty to be candid to patients.* Professional Standards Authority. www.professionalstandards.org.uk/docs/default-source/publications/research-paper/telling-patients-the-truth-when-something-goes-wrong---how-have-professional-regulators-encouraged-professionals-to-be-candid-to-patients.pdf?sfvrsn=100f7520_6

Quick, O. (2014). Regulating and legislating safety: The case for candour. *BMJ Quality & Safety, 23*(8), 614-618. https://doi.org/10.1136/bmjqs-2013-002643

Weiner, B. J., Hobgood, C., & Lewis, M. A. (2008). The meaning of justice in safety incident reporting. *Social Science and Medicine, 66*(2), 403-413. https://doi.org/10.1016/j.socscimed.2007.08.013

Wenger, E. (1999). *Communities of practice: Learning, meaning and identity*. Cambridge University Press.

Worsley, A., Beddoe, L., McLaughlin, K., & Teater, B. (2020). Regulation, registration and social work: An international comparison. *British Journal of Social Work, 50*(2), 308-325. https://doi.org/10.1093/bjsw/bcz152

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Emerging Professional Identity Formation: Exploring Coloniality in the Rehabilitation Professions

Kristen Abrahams[1], Aqueelah Abdullah[2], Mershen Pillay[3,4], & Harsha Kathard[1]

1. University of Cape Town, South Africa.
2. The Learning Initiative, South Africa.
3. Massey University, New Zealand.
4. University of KwaZulu-Natal, South Africa.

Contact: Kristen Abrahams, University of Cape Town, South Africa.
kristen.abrahams@uct.ac.za

Abstract

This paper explores professional identity formation in undergraduate education. The paper positions professional identity formation within coloniality. A qualitative case study was conducted using critical theory as a guiding conceptual framework. Data collection included document reviews, observations and arts-based research methodologies. We present a case study of a speech-language pathology student, Aqueelah, transitioning from a traditional clinical placement to a learning site which encourages the development of an emerging practice. The paper focuses on how Aqueelah forms her emerging professional identity through her learning. We foreground the concept of "centring the self" as essential in developing patient-centred care and challenge coloniality of being embedded in clinical education. The paper argues that liminal spaces are necessary to allow students to explore different ways of thinking and doing to support new ways of being. The paper

advocates for arts-based methodologies and critical reflection as essential pedagogic tools in shaping professional identity.

Keywords

Speech-language pathology, professional identity formation, coloniality of being, clinical education, decoloniality

Professional identity formation within health professions is an important aspect of professional learning in higher education (Matthews et al., 2019). There has been an increase in literature on professional identity across health professions including nursing (Maginnis, 2018), medical education (Cruess et al., 2015; Wald, 2015), and occupational therapy (Gray et al., 2020). Studies have begun to explore the key drivers of professional identity formation (Wald, 2015) and the processes of developing identity (Monrouxe, 2010). This paper asks the question: how is professional identity shaped in the context of developing an emerging practice in undergraduate clinical education? Emerging (professional) practice refers to that which is still developing, changing and adapting; the traditional professional practice model is used as a basis for reimagining practice; and is specifically characterised as practices which are just beginning to move away from traditional practices (Abrahams, 2019). The paper draws on the concept of social embeddedness to understand professional identity as shaped and influenced by many intersecting social identities such as race, ethnicity and gender (Lo, 2005). We argue that professional identity formation, in the health and/or rehabilitation professions like speech-language pathology (SLP), occurs relative to one's colonial positionality (Grosfoguel, 2011). The paper presents a narrative from a case study of Aqueelah, a SLP student, to illuminate the powerful impact of early professional undergraduate education (which allows one to practice in the profession) in shaping professional identity formation.

Understanding professional identity

Identities are the meanings that are attached to individuals by themselves or others (Caza & Creary, 2016). Identity is both personal and social—developing and changing over time (Gonzalez-Smith et al., 2014). People have multiple identities which exist individually, relationally, socially, and politically such as gender, religion, race, and nationality (Crenshaw, 1991). Intersectionality becomes a key conceptual tool in understanding how social categories such as race, class, gender, and sexuality interlink. In particular, the concept of intersectionality aims to grasp how categories of identity and structures of inequality are mutually constitutive. As such, intersectionality does not question difference but is grounded on the premise that different experiences of everyday events are to be expected (Dill & Kohlman, 2014). Intersectionality is not only concerned with individual identities but provides the foundation to understand the links between systems of power and privilege in which individual identities are shaped, developed and evolved (Wijeyesinghe & Jones,

2014). In other words, intersectionality acknowledges the societal systems of dominance, i.e. ableism, classism, racism, etc., that influence experience. One such identity that people form is their professional identity in which individuals attach meaning to themselves and others in the context of work (Wiles, 2013).

The nature of professional identity and the process of how it is formed is becoming a key focus for health professions education due to its influence on professional practice e.g., scope of practice and professionalism (Matthews et al., 2019). In health care settings, professional identity defines practice boundaries, values, knowledge, and beliefs linked to the profession (Matthews et al., 2019). Professional socialisation, the process of learning skills, attitudes, values, and behaviours of the profession, plays a key role in individuals acquiring the culture, norms and values of the profession (Gray et al., 2020; Maginnis, 2018). Integrating intersectionality within professional identity acknowledges and grounds our differences (Crenshaw, 1991)—allowing for nuanced considerations of how gender, race, religion, sexuality (and other social categories) are realised in professions and subsequently constructed in the image of "the professional".

Professional identity formation in education

In understanding professional identity formation in the rehabilitation and/or health professions, we draw on the work of Cruess et al. (2015) who explored professional identity formation in medical education. The authors argued that as students enter into medical education, their identity is already partially developed through their genetic inheritance (e.g., sex, personal characteristics), life experiences (including, culture, religion, education, etc.), and personal relationships. As they engage in a process of socialisation (i.e., transition from the lay public to a skilled professional), students begin to develop their professional identity. Professional socialisation occurs during training, mentoring, and clinical education placements and is strengthened by relationships with peers, patients, other professionals, and academic staff such as lecturers and clinical educators. We use the concept of the "patient" who is cast as the sick, needy person in this relationship (Pillay, 2003). Notably, while we are interested in how the "patient" biography has been dialogically constructed, we focus on the biography of the rehabilitation professional. Engagement and participation in such activities are essential for students to gain insight into the profession's attitudes, values, and motives (Gray et al., 2020). The process of socialisation requires a series of personal negotiations as the student begins to acquire their new identity. Such negotiations can lead to the acceptance of the new identity, in full or in part, compromising between identities or rejection of the new identity. Primarily through their social interactions, students move from the peripheral to full participation in the community of practice (Cruess et al., 2015).

Through this process of socialisation, students engage in both clinical and non-clinical experiences i.e., students learn from both direct engagement with patients and through

theoretical case discussions. Cruess et al. (2015) stated that direct experience with patients and their caregivers is foundational to developing a professional identity. Within the health professions literature (Evén et al., 2019; Grenness et al., 2014), traditionally there has been a focus on understanding the relationship between the patient and the health professional with a focus on person-centred and patient-centred care (Eklund et al., 2019). This focus draws attention to the understanding of the uniqueness of each patient as a human being and places them at the centre of their own health care (Eklund et al., 2019). For this paper, we extend the literature and specifically shift the focus toward understanding the health care professional within that relationship as an internal reflection on who we are as health care professionals and how that identity shapes our engagements.

Clinical placements, where students are able to apply theoretical knowledge into clinical practice, are a key area of the curriculum for health professions education. As clinical placements play an integral role in identity formation in health professional students, clinical education should form a key site for understanding how identities begin to form and identity formation is supported (Bivall et al., 2021).

Assumptions underlying understanding of professional identity formation

Based on the work of Cruess et al. (2015), we highlight a few important assumptions underpinning our understanding and conceptualisation of professional identity formation. Firstly, we acknowledge the development of professional identity as an ongoing, dynamic process which continues to evolve through practice. Secondly, Nuttman-Schwartz (2017) argued that we are challenged to think about simultaneously occupying multiple identities. For the current article, we assume that individuals navigate multiple, intersecting (sometimes opposing) identities. While the focus of the article is on professional identity, we acknowledge that other identities continuously interact and influence each other. There is a need to acknowledge and extend that professional identity is not only dependent on the profession but also on the changing political, academic, social, societal, and professional contexts (Wiles, 2013) and systems of power and privilege that impact and influence how identity is shaped (Wijeyesinghe & Jones, 2014). Thirdly, we consider professional identity as a social construct, that is, professional identity is developed and maintained through social interactions. Lastly, we acknowledge that the origins of SLP as a profession has its roots in colonisation and subsequently colonial ideologies (Abrahams et al., 2019) and as such we understand professional and personal identities as a schism—in that the values the profession holds may serve to marginalise certain personal identities. In the sections that follow we explore these assumptions in more detail.

Social embeddedness, professional identity formation, and SLP

In considering how professional identities form, it is important to consider the social nature of professions themselves. In the sociology of professions, Lo (2005) puts forward the concept of social embeddedness—acknowledging the need for professions to consider how

their practices are “embedded” in specific social contexts. Bonnin and Ruggunan (2013, 2019) further this argument by emphasising the need for the sociology of professions to recognise the influences of colonisation, imperialism, globalisation and neo-liberalism in shaping the profession in both the Global North and South. Such an understanding situates the professions within a broader historical, economic, social, and political context. Within Southern Africa, the professions were further shaped by race and gender (Bonnin & Ruggunan, 2013, 2019). While there have been efforts toward transformation, the professions continue to be shaped by these factors within post-apartheid South Africa (Bonnin & Ruggunan, 2013). Such positioning highlights the social categories of race, gender, and ethnicity in the formation of professions.

Lo (2005) posits that professions should be considered as sites of identity formation where each professional comes to terms with their racial, ethnic, and gender identities in the context of their professional environment. With the acknowledgement of the influences of social categories on professional identity formation, it becomes necessary to consider that dominant ideologies have become internalised as part of the collective identity of professions. A student learning to become a professional is therefore influenced by the profession’s hegemonic identity.

In relation to SLP, Abrahams et al. (2019) position the SLP profession as a project of coloniality. The authors traced the origins of the profession to its early development in South Africa illustrating how European/American ideals continue to be engrained in the way in which practices, values, and ideals are conceptualised in the profession. The scope of SLP is rooted in approaches designed, tested, and implemented in the Global North. With its European and American origins, the profession was superimposed onto the South African context with little consideration of its history, cultural diversity, income inequalities and prevailing racial tensions. Euro-/American-centrism, whiteness, classism, and patriarchy are embodied in the image of the profession (Abrahams et al., 2019). These colonising practices are realised in everyday teaching and learning and subsequently influence who the student is becoming. As such, we understand professional identity formation as occurring in relation to an individual’s positioning to coloniality.

Coloniality is premised on three interlinking concepts, clarified by Mignolo (2007) as coloniality of power, knowledge, and being. For this study as it is concerned with a black student who is learning to become a therapist in a colonised context, the study of the concept of coloniality of being is particularly important. Maldonado-Torres (2007) argued that coloniality of being makes specific reference to the lived experiences of colonised people. Coloniality of being therefore draws attention to how the very humanity of colonised people was called into question and highlights the processes leading to the objectification of the colonised (Ndlovu-Gatsheni, 2013). We argue that if the dominant identity of the profession subscribes to dominant white, heteronormative, Western norms and values, those identities which fall outside of this image are othered (Spivak, 1985). This

is the premise of the paper which sought to explore how Aqueelah is making sense of her professional identity in relation to the "ideal" SLP.

The need for emerging practices

The traditional service delivery model, which is individual and influenced by the medical model, continues to be embedded in SLP education. However, the traditional practice has been challenged as SLP services are inaccessible, unattainable, and unaffordable for the majority of the South African population—particularly poor, Black, African language-speaking individuals (Abrahams et al., 2019). In the Global South, where South Africa is placed, the majority of people are underserved (Pillay & Kathard, 2018). Particularly in majority world contexts, there continues to be a lack of availability and access to SLP services (Staley & Hopf, 2016). Continued inequalities draw attention to the need to expand SLP practices beyond the traditional ways of knowing, doing, and being i.e., there is a need to shift away from the traditional and develop new and innovative practices—emerging practices. For the study, we understood that the traditional/colonial influences socialise the professional into valuing Westernised, individualised, monolingual practices. We were interested in understanding how disrupting the traditional, through engaging in an emerging practice, would shape professional identity.

Study context

The study was positioned in a post-colonial, post-1994, democratic South Africa. The apartheid government sought to maintain white supremacy, politically, socially and economically, through passing laws, perpetuating violence against Black African people and appropriating land and resources (Coovadia et al., 2009). Today, in a post-1994, democratic South Africa, the legacy of apartheid continues to be seen in the pervasive inequity.

The case study documented the story of Aqueelah, a 4th year SLP student, and her experience of transitioning from traditional professional practice to an emerging practice in 2017. The case specifically explored the process of learning to become a professional SLP through Aqueelah's experiences in her clinical education placement. These placements provided students with first-hand experience of being a part of the profession and play a fundamental role in socialising students into ways of thinking, doing, and acting as a SLP (Wayne et al., 2010).

Educational context

For their community clinical placement SLP students formed part of the Schools Improvement Initiative (SII), a partnership between the university, school, and community. The SII sought to use university-wide resources to support whole-school development (Silbert et al., 2018). The SII supported students from different disciplines (including occupational therapy, audiology, and social work students) who complete their placements at the schools (Silbert et al., 2018). Groups of four SLP students were placed at SII partner

schools in a peri-urban township in Cape Town, South Africa. While the students' work was based at the school sites, their focus was on community development. During the year, four cohorts of students completed their community placements at the school for three full days a week, over a six-week period. Once a week the students rotated to a community health clinic where they saw patients.

Learning supports

Learning was supported through a critical service-learning approach which is a social justice-orientated approach to community engagement which draws attention to the need for social change (Mitchell, 2008). This approach aimed to disrupt traditional service-learning models which do not consider systems of structure and power (Mitchell, 2008). As such, the learning context sought to create spaces for disciplines to disrupt their traditional ways of practicing and reimagine teaching, learning, practice, and research through interrogating the historical, social, political, and economic factors that impact the lived experiences of communities we engage with (Mitchell, 2008).

The emerging practice was supported through critical pedagogy. It was guided philosophically by the Occupation-based Community Development (ObCD) framework, which emphasises the importance of working with and through the community for goals to be achieved (Galvaan & Peters, 2017). The approach specifically focuses on building the capabilities of people while increasing choice and resources in the context of inequality (Galvaan & Peters, 2017). The ObCD framework is an iterative process of initiation, design, implementation, and monitoring, reflection and evaluation that guided the students' work. An integral part of the ObCD framework is the focus on reflection. Critical reflection facilitated a conscientising to each person's intersectional identity (i.e., to the position and privileges each person holds) and how that might influence their interpretation (Galvaan & Peters, 2017). A detailed explanation of the ObCD process is provided elsewhere (See Galvaan & Peters, 2017).

The curriculum supports were designed to challenge power relationships, develop critical thinking, and to support innovation. The supervisory relationship focused on shifting the power dynamic between the students and the clinical educator from replication to co-creation and collaboration. There was joint acknowledgement that learning was a mutual process for both students and educators. Critical conversations (Pillay, 2003) focused on asking difficult questions and creating awareness of inequity i.e., understanding the influence of cultural, social, linguistic, historical, and political factors which shape us as individuals, both personally and within our profession.

The assessment mark sheet focused on broad areas of engagement through the phases of the ObCD framework, without strict guidance on how outcomes should be achieved. The dynamism and flexibility of the assessment framework sought to provide a platform for

imaginative thinking about the possibilities for the emerging practice without the restrictions imposed by curriculum expectations.

Research methodology: Producing data for the study

In this study, a qualitative case study methodology was used using a critical theory lens. It was important that this methodology created opportunities for participants/students to share their experiences of generating an emerging practice. Aqueelah's personal narrative was developed using data generated from observations, photovoice, experiential drawings, critical conversations, and personal reflections. Initially participant observations were conducted with the researcher observing participants engaging in the emerging practice. Following which, the researcher engaged in a creative meaning making process with the participants using photovoice (Wang & Burris, 1997) where participants collect images and share within a group setting and experiential drawings (Kearney & Hyle, 2004) where participants were asked to draw their experience of engaging in an emerging practice. Throughout the process, the researcher engaged in critical conversations (Pillay, 2003) with the participants and collected their weekly written reflections. The data collected were in verbal, written and visual forms. The data were analysed using reflexive interpretation (Alvesson & Sköldberg, 2009) as a guiding frame. Reflexive interpretation follows multiple, overlapping levels of interpretation. The key principles of narrative analysis were used to develop a data analysis strategy suitable for the emerging data. The key actions and events were documented in chronological order to create a basis for the narrative. Similarly to Riessman (2005), the focus of the analysis used a thematic analysis (as a model of narrative analysis) as it places more emphasis on the content of what was being said (Riessman, 2005). The process was considered iterative and moved between interacting with the empirical evidence, interpretation, and critical interpretation (Alvesson & Sköldberg, 2009). Initially, engagement with the data through narrative analysis resulted in a case narrative of Aqueelah's experiences of the emerging practice. The narrative analysis involved an iterative process of engaging with the data, playing around with voicing, using fictional writing techniques, and making decisions on which events to highlight to draw attention to the key themes emerging. Narrative smoothing was used create a sense of coherence throughout the story (Kim, 2016). Aqueelah was consulted throughout the analysis process and approved of the final narrative. Using thematic analysis of the narrative, key themes around professional identity formation emerged, which laid the foundation for thesis building. For detailed methodology, refer to the main study findings (Abrahams, 2019).

The study placed value on the input from both the researcher and participants as equal contributors to knowledge production and as such the author of the narrative presented in the findings, Aqueelah, is also a co-author of the paper.

Findings

We present Aqueelah's story of professional identity formation through her education.

Finding myself in my profession: Aqueelah's story

I was born and raised in a coloured[1] community on the Cape Flats.[2] My parents' parenting building blocks were made up of faith, respect, determination, and embracing individuality. From those building blocks stemmed a focused, nervous and rigid-thinking 22-year-old SLP student starting her first clinical block[3] of her final year. The end goal was finally in sight and I had a rigid plan to finally touch, feel, and see that end goal. I had a type A personality and rarely enjoyed change of any sort! Looking back now, I realised my attributes were purely based on boxed ideas, influenced by the normal way of life. Until the first clinical block of final year wiped away all boxed expectations and cleansed with new thoughts and behaviours.

In the pictures (see Figure 1), you can see it's a box made up of four smaller boxes. I liked that the boxes were equal because that represented how I was before entering the block. Three years of being at university, we were taught to think and be a certain way. It was like equal. Everything was the same size and fit neatly into its box. I remember that, coming into the block, I wasn't happy and did not want to be at the school (or in the community working on projects). I just wanted to do therapy. I was boxed and stuck in this way that SLP could only be in hospitals and clinics and schools (as we had always done).

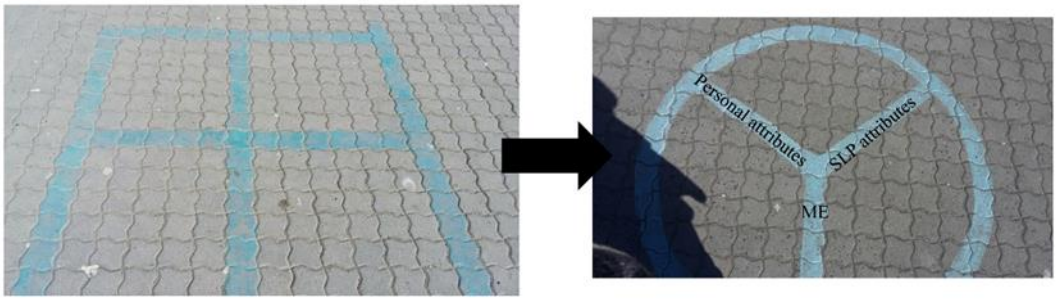

Figure 1. Aqueelah's depiction of her experience of the emerging practice in speech-language pathology (SLP) taken during photovoice. Wording on photograph included by the researcher to supplement student narrative.

I remember, in my third year, I was doing my first ever adult neurology block at a rehabilitation centre. It was a really scary prospect in and of itself. Just a few weeks before my grandfather passed away. He had had a stroke and had dysarthria. I was

[1] Coloured is a South African racial term used during the apartheid regime to classify individuals of "mix race".
[2] The Cape Flats is an area of land where people of colour were reallocated to during the apartheid under the Group Areas Act.
[3] Clinical block is a term used to describe the clinical practice placement whereby students are provided with facilitated opportunities to practically implement their learning by providing SLP services.

assigned my patient and he also had dysarthria. It was something close to home and took me by surprise. I told my clinical educator that I just needed five minutes outside of the ward and I would come back again. I needed time to compose myself. I came back into the ward and it was fine and I started my assessment session with the patient. But then the patient next to us was dying and I could still hear the family crying, but I had to close the curtain around my patient's bed and carry on. Throughout the session, I was so close to losing it, but I continued. I couldn't wait for the end of our clinic day. As soon as I walked out, I burst into tears. In that moment, when I was doing therapy, that's when I became that box, and then when the clinic was done, could I be me again. I could be Aqueelah.

Being placed in a community block required me to think differently. I think I became like this picture (see the photograph of a peace sign in Figure 1). On the one side of the circle, you can see my personal attributes and on the other side that's my SLP attributes. I realised that I kind of forgot who I was. I felt like it was just me as a SLP which excluded my personal attributes from the situation. I always thought that I only know how to give therapy, but throughout this block, I realised that I am important.

I remember one day at the clinic I was seeing a girl who stuttered. I was doing a case history and we were talking and stuff. We weren't talking about therapy strategies or anything about fluency, just talking. You can get so much information like that for your assessment. Before there was a whole structure laid out for you about how to conduct a case history. But just from talking to her, I got to know her. We even realised that we went to the same primary school! From that day on, she was more relaxed, laughing, wanting to do therapy. So that peace sign does work (See Figure 2). Bring yourself and SLP together and you can get results.

Figure 2. Aqueelah's drawing of her experience of the emerging practice.

> It wasn't just about being in the community, it was the talks with my peers, the researcher's probing questions, the meeting with vice principal, our conversations with our clinical educator who linked everything to our work in SLP, the photovoice, and the reflection reports. It allowed me to reflect and evaluate myself and alter myself to the person and therapist I want to be. I realised *I am Aqueelah first* and then I'm a student speech-language pathologist. It's not just about all of my SLP knowledge, I have my own knowledge and attributes that I bring into therapy with me. And that's important too. I learnt that you need to put a part of yourself into SLP and in doing so I found myself within the profession. That's what the picture of the peace sign represents. By focusing on myself in relation to my profession, it allowed me to reflect and evaluate myself and in so doing, it allowed me to rediscover myself and my strengths and abilities in relation to SLP. It taught me to never conform to a person or a curriculum. Before this community block, I would measure myself against our lecturers and strive to be them. Through this block I found myself again and now, the only person and therapist I want to be is myself.

Discussion

In the following section, we consider the role of assimilation to the normative image of a professional and the silencing of identity. We highlight the importance of the self within professional identity formation and explore liminality (Herman, 2005) as means to open spaces for supporting professional identity formation in educational settings.

The role of assimilation in identity formation

In her narrative, Aqueelah reflected: "Before this community block, I would measure myself against our lecturers and strive to be them". She described the ways in which she learned to assimilate to the normative values and practices of the profession. In particular, Aqueelah reflected on how clinical experience and the expectations of her clinical educator during her third year shaped how she conducted herself as a SLP in a clinical setting. She described the impact of the death of her grandfather and how she had to suppress her grieving in order to be a SLP. "In that moment, when I was doing therapy, that's when I became that box". Such learning experiences serve to socialise individuals into internalising the values, norms, behaviours, and attitudes of the profession (Caza & Creary, 2016).

Studies across professions (Cruess et al., 2015; Gonzalez-Smith et al., 2014) have argued that successful participation in professions not only requires the acquisition of a specialised body of knowledge, but also the assimilation to the principles, characteristics, values, and norms of the profession. Through a process of socialisation, students' professional identities begin to form (Webb, 2015). We acknowledge the movement between intersecting identities such as the professional and the personal as part of professional identity formation.

A collective professional identity is associated with common experiences, understandings and skills. It is produced and reproduced through socialisation in educational training, vocational experiences, and membership with professional organisations. As a result of this collective identity, professionals share similar ways of practising, understanding problems and their possible solutions, and ways of interacting with patients (Evetts, 2014). As students engage in social interactions, role models, experiential learning, and knowledge acquisition, they are socialised into starting to think, act, and feel like a professional (Webb, 2015).

The dangers of professional socialisation: The silencing of identity

In Aqueelah's story, what becomes clear is that socialisation allows for both assimilating and silencing of her personal identity. As Aqueelah began to internalise the values of the profession, she too began (unconsciously) to silence other aspects of her personal identity. Aqueelah reflected on the tension between her personal identity and her emerging identity she was acquiring: "I realised that I kind of forgot who I was. I felt like it was just me as a speech-language pathologist which excluded my personal attributes from the situation".

Professions adopt and normalise certain cultural, gender, and racial norms as part of their institutional culture (Lo, 2005). While adopting the collective identity of the profession can create a sense of belonging on the one hand (Maginnis, 2018), on the other there is a danger in that the values, norms, and cultural understandings which fall outside of the boundaries of collective of the profession are considered as "other" (Lo, 2005; Pillay & Kathard, 2015). For those professionals whose values are different to those of the profession, they are obliged to "reconcile, integrate and make choices about these competing sources of identity" (Lo, 2005, p. 395).

Identity dissonance occurs when the integrating of the new/emerging professional identity is incongruous with their personal identities. Such dissonance may require the individual to adopt an alternative perspective with different values (Joseph et al., 2017). We argue it is more than just a just an identity dissonance, but a site of identity contestation (Lo, 2005) oftentimes enforced by professions with mechanisms like professional competence evaluations.

Centring the self in professional identity formation: A process of be(com)ing

The disjuncture between personal and professional identity highlights how the professions negate the self (Behari-Leak & Mokou, 2019). Adopting a dominant professional identity can "minimise one's own subjectivities, rendering them invisible and silent" (Behari-Leak & Mokou, 2019, p. 142). The silencing of personal subjectivities denies the full humanity of people, a form of coloniality of being (Ndlovu-Gatsheni, 2013). As such, we argue that professional identity formation in its current form continues to perpetuate colonial ideals; that in order to be considered a legitimate professional, people considered Other are required to silence parts of their humanity. We link Other in this context to "class, sexual,

gender, spiritual, linguistic, geographical, … racial [and ableist] hierarchies" (Grosfoguel, 2011, p. 4). In other words, poor, homosexual, trans and gender diverse, women, disabled, black, non-English speaking individuals are positioned as Other.

Lo (2005) asserted that reconnecting relationality to the professions can work toward deepening notions of care. In order words, we need to consider how social relationships shape the way in which services are delivered. For SLP specifically, understanding the intricate link between social relationships and our work in communication is essential. By reinserting her personal identity (and emotion) into her work as a SLP, Aqueelah began to develop shared understanding with her patients through her own reflections on practice. In many helping professions, influenced by the medical model, objectivity and rationality are central competencies for professionals (Healy, 2017). Here, Aqueelah's learning, through her experiences, challenged the division between rationality and emotion. In this way, the colonial professional identity is challenged through connecting emotion with our work as SLPs. Such is an example of how the emotion within education practices can work towards creating a humanising educational experience (Pillay & Kathard, 2015). A person-centered professional identity formation process can allow for meaningful new identities to emerge—an identity that values the uniqueness of SLP professionals as human beings.

Such learning also acknowledges that identity is relational—that is identity is shaped by the similarities and differences between ourselves and others (Watson, 2006). Such thinking acknowledges the continuous process of identification. In her narrative, Aqueelah described how her professional identity continued to shift and change in accordance with her learning: "I always thought that I only know how to give therapy, but throughout this block, I realised that I am important as well." Aqueelah demonstrated the dynamic nature of professional identity as shifting and changing through learning and experiences. Be(com)ing denotes the continuous process of developing a sense of being within the profession.

Professional identity formation: Exploring liminal spaces

The learning environment (i.e., clinical education placement) created uncertainty for Aqueelah. She was required to work using a different model of service delivery (using the ObCD framework) and (as seen in her emotional reaction to the placement) the learning environment resulted in Aqueelah's uncertainty. The learning context challenged her to question her beliefs and understandings about her use of dominant practices. As she was unable to solely rely on her traditional practices and academic knowledge, the context required her to develop an openness to exploring other ways of doing. Not only does learning to think differently and reflect deeply require cognitive and metacognitive skills, it also required thinking spaces to which opened opportunities to experience differently (McKay & Sappa, 2020).

Pedagogic tools such as the reflections and artistic methods created liminal spaces—"space of engagement with the unexpected and surprising" (Herman, 2005, p. 471), outside of the

normative practices within clinical education. Aqueelah reflected: “It wasn’t just about being in the community, it was the talks with my peers, the researcher’s probing questions, the meeting with vice principal, our conversations with our clinical educator who linked everything to our work in SLP, the photovoice, and the reflection reports”. Such spaces provided students with opportunities to think, feel, and act differently in those contexts and therefore provided the catalyst for possible change. Engaging in critical conversations is essential within liminal spaces where participants explicitly explore the social, political, historical, and cultural nature of knowledge and practice within the profession (Pillay, 2003). Such dialogue challenges the notion of a universal knowledge system and appreciates how each individual (i.e., their background, experiences, context, etc.) shapes knowing and subsequently being.

Mann et al. (2009) noted that professional identity formation requires learning about one’s own beliefs, attitudes and values in relation to the profession. Critical reflection (the method used in the study and in teaching), the continuous re-examination of one’s own assumptions about knowledge and understanding, and the implications and impact on practices (Liu & Ball, 2019), provides a platform for students to question, critique, rethink, and reimagine their work and future as professionals. For Aqueelah, a critical reflexive space allowed her to learn to appreciate her multiple identities and find harmony with her professional identity. Such learning facilitated a change in the way she interacted and engaged with patients toward a more person-centred approach.

Arts-based methodologies can open opportunities for thinking differently, developing new perspectives, and formulating germinating ideas. Such new ways of thinking can lead to transformation of ways of being (Abrahams et al., 2021; McKay & Sappa, 2020). A process of reflection can open a space for reimagining of professional identity—an expanding beyond the traditional image of an SLP. In her reflections, Aqueelah utilised multiple means and modalities (including the use of written and visual mediums of reflection) to explore her professional identity as an emerging SLP.

Implications for education

Liminal spaces where students are able to explore different ways of thinking and doing in SLP can encourage new ways of being. Supporting professional identity formation through pedagogically facilitated reflection may be one avenue of exploration toward developing skills for person-centred care. The study demonstrated the utility of pedagogic tools such as arts-based methodologies and critical reflection to support the development of emerging professional identities. Educators play a crucial role in developing curricula in which these spaces are afforded.

Learning is a personal-political process. It requires a curriculum that values all aspects of being, appreciating all which makes us unique. Allowing spaces for individuals to explore their personal identities in relation to their profession may provide opportunities to begin to

see their patients beyond disease/disability, rather as people. This challenges the notion of coloniality of being through acknowledging the value of personal identity in learning. Future research may consider how understanding student biographies can support professional identity formation and person-centred care.

Conclusion

> I am and will always be Aqueelah before I am a SLP. I bring my own my personal attributes in conjunction with my SLP skillset to help treat patients holistically. The grief I was/am going through helped me empathise with and understand my patient's concerns in a different light than before. Everything we go through has an underlying emotional component that will either help us or hinder progress. Understanding my patients and empathising on a different level helped reveal that emotional hurdle to improve the communication or swallowing problem.

Coloniality of being draws attention to the ways in which the oppression of the colonised served to marginalise and dehumanise their existence. This was achieved through delegitimising parts of their being. For curriculum, challenging coloniality of being means acknowledging, understanding, and valuing all which makes us human. Therefore, in order for health professionals to work toward developing patient-centred care, that is care which values each individual person, the centring of self within the process of be(com)ing in the profession and the curriculum is essential.

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Ethical approval

The PhD research on which this paper is based was approved by the University of Cape Town Human Research Ethics Committee (615/2015). The data used for the paper was from a PhD study by the author. The concepts discussed for this paper have been further developed.

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References

Abrahams, K. (2019). *A case study of emerging practice in speech-language therapy in a community practice context* [Doctoral dissertation]. University of Cape Town. https://open.uct.ac.za/bitstream/handle/11427/31047/thesis_hsf_2019_abrahams_kristen.pdf?isAllowed=y&sequence=4

Abrahams, K., Kathard, H., Harty, M., & Pillay, M. (2019). Inequity and the professionalisation of speech-language pathology. *Professions & Professionalism*, *9*(3), Article e3285. https://doi.org/10.7577/pp.3285

Abrahams, K., Mallick, R., Pillay, D., & Kathard, H. (2021). Artful representations as productive resistance: Researcher learnings in expanding boundaries of critical methodology in speech-language pathology. *International Journal of Qualitative Methods, 20*, 1-9. https://doi.org/10.1177/16094069211047825

Alvesson, M., & Sköldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). SAGE.

Behari-Leak, K., & Mokou, G. (2019). Disrupting metaphors of coloniality to mediate social inclusion in the global south. *International Journal for Academic Development, 24*(2), 135-147. https://doi.org/10.1080/1360144X.2019.1594236

Bivall, A., Falk, A. L., & Gustavsson, M. (2021). Students' interprofessional workplace learning in clinical placement. *Professions & Professionalism, 11*(3), Article e4140. https://doi.org/10.7577/pp.4140

Bonnin, D., & Ruggunan, S. (2013). Toward a South African sociology of professions. *South African Review of Sociology, 44*(2), 1-6. https://doi.org/10.1080/21528586.2013.802533

Bonnin, D., & Ruggunan, S. (2019). Editorial: A southern African dialogue. *Professions & Professionalism, 9*(3), Article e3598. https://doi.org/10.7577/pp.3598

Caza, B. B., & Creary, S. J. (2016). The construction of professional identity. In A. Wilkinson, D. Hislop, & C. Coupland (Eds.), *Perspectives on contemporary professional work: Challenges and experiences* (p. 259-285). Edward Elgar Publishing. https://doi.org/10.4337/9781783475582.00022

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: Historical roots of current public health challenges. *The Lancet, 374*(9692), 817-834. https://doi.org/10.1016/S0140-6736(09)60951-X

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics and violence against women of color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2015). A schematic representation of the professional identity formation and socialization of medical students and residents: A guide for medical educators. *Academic Medicine, 90*(6), 718-725. https://doi.org/10.1097/ACM.0000000000000700

Dill, B. T., & Kohlman, M. H. (2014). Intersectionality: A transformative paradigm in feminist theory and social justice. In S. N. Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (p. 154-174). SAGE. https://doi.org/10.4135/9781483384740.n8

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Meranius, M. S. (2019). "Same same or different?": A review of reviews of person-centered and patient-centered care. *Patient Education and Counselling, 102*(1), 3-11. https://doi.org/10.1016/j.pec.2018.08.029

Evén, G., Spaak, J., von Arbin, M., Franzén-Dahlin, Å., & Stenfors, T. (2019). Health care professionals' experiences and enactment of person-centered care at a multidisciplinary outpatient specialty clinic. *Journal of Multidisciplinary Healthcare, 12*,137-148. https://doi.org/10.2147/JMDH.S186388

Evetts, J. (2014). The concept of professionalism: Professional work, professional practice and learning. In S. Billett, C. Harteis, & H. Gruber (Eds.), *International handbook of research in professional and practice-based learning* (p. 29-56). Springer. https://doi.org/10.1007/978-94-017-8902-8_2

Galvaan, R., & Peters, L. (2017). Occupation-based community development: Confronting the politics of occupation. In D. Sakellariou & N. Pollard (Eds.), *Occupational therapies without borders: Integrating justice with practice* (2nd ed., p. 283-291). Elsevier.

Gonzalez-Smith, I., Swanson, J., & Tanaka, A. (2014). Unpacking identity: Racial, ethnic and professional identity and academic librarians of colour. In N. Pagowsky & M. Rigby (Eds.), *The librarian stereotype: Deconstructing perceptions and presentations of information work* (p. 149-173). Association of College and Research Libraries.

Gray, H., Colthorpe, K., Ernst, H., & Ainscough, L. (2020). Professional identity of undergraduate occupational therapy students. *Journal of Occupational Therapy Education, 4*(1), 1-19. https://doi.org/10.26681/jote.2020.040102

Grenness, C., Hickson, L., Laplante-Lévesque, A., & Davidson B. (2014). Patient-centred care: A review for rehabilitative audiologists. *International Journal of Audiology, 53*, 60-67. https://doi.org/10.3109/14992027.2013.847286

Grosfoguel, R. (2011). Decolonizing post-colonial studies and paradigms of political-economy: Transmodernity, decolonial thinking, and global coloniality. *Transmodernity: Journal of Peripheral Cultural Production of the Luso-Hispanic World, 1*(1), 1-38. https://doi.org/10.5070/T411000004

Healy, K. (2017). The (re)discovery of emotion: Implications for social work practice and research. In C. G. Vicianco & A. F. Zubillag (Eds.), *Trabajo social: Arte para generar vínculos* [Social work: The art of creating bonds] (p. 167-180). DeustoDigital. http://www.deusto-publicaciones.es/deusto/pdfs/otraspub/otraspub12.pdf

Herman, L. (2005). Researching the images of evil events: An arts-based methodology in liminal space. *Qualitative Inquiry, 11*(3), 468-480. https://doi.org/10.1177/1077800404269424

Joseph, K., Bader, K., Wilson, S., Walker, M., Stephens, M., & Varpio, L. (2017). Unmasking identity dissonance: Exploring medical students' professional identity formation through mask making. *Perspectives on Medical Education, 6*, 99-107. https://doi.org/10.1007/s40037-017-0339-z

Kearney, K. S., & Hyle, A. E. (2004). Drawing out emotions: The use of participant-produced drawings in qualitative inquiry. *Qualitative Research, 4*(3), 361-382. https://doi.org/10.1177/1468794104047234

Kim, J. (2016). *Understanding narrative inquiry: The crafting and analysis of stories as research*. SAGE. https://doi.org/10.4135/9781071802861

Liu, L., & Ball, A. F. (2019). Critical reflection and generativity: Toward a framework for transformative teacher education for diverse learners. *Review of Research in Education, 43(*1), 68-105. https://doi.org/10.3102/0091732X18822806

Lo, M. M. (2005). The professions: Prodigal daughters of modernity. In J. Adams, E. S. Clemens, & A. S. Orloff (Eds.), *Remaking modernity: Politics, history and sociology* (p. 381-406). Duke University Press. https://doi.org/10.2307/j.ctv11smmq3.16

Maginnis, C. (2018). A discussion of professional identity development in nursing students. *Journal of Perspectives in Applied Academic Practice, 6*(1), 91-97. https://doi.org/10.14297/jpaap.v6i1.302

Maldonado-Torres, N. (2007). On the coloniality of being. *Cultural Studies, 21*(2-3), 240-270. https://doi.org/10.1080/09502380601162548

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Science Education: Theory and Practice, 14*, 595-621. https://doi.org/10.1007/s10459-007-9090-2

Matthews, J., Bialocerkowski, A., & Molineux, M. (2019). Professional identity measures for student health professionals: A systematic review of psychometric properties. *BMC Medical Education, 19(*1), Article 308. https://doi.org/10.1186/s12909-019-1660-5

McKay, L., & Sappa, V. (2020). Harnessing creativity through arts-based research to support teachers' identity development. *Journal of Adult and Continuing Education, 26*(1), 25-42. https://doi.org/10.1177/1477971419841068

Mignolo, W. D. (2007). Introduction. *Cultural Studies, 21*(2-3), 155-167. https://doi.org/10.1080/09502380601162498

Mitchell, T. D. (2008). Traditional vs. critical service-learning: Engaging the literature to differentiate two models. *Michigan Journal of Community Service Learning, 14*(2), 50-65. https://quod.lib.umich.edu/cgi/p/pod/dod-idx/traditional-vs-critical-service-learning-engaging.pdf?c=mjcsl;idno=3239521.0014.205;format=pdf

Monrouxe, L. V. (2010). Identity, identification and medical education: Why should we care? *Medical Education, 44*, 40-49. https://doi.org/10.1111/j.1365-2923.2009.03440.x

Ndlovu-Gatsheni, S. (2013). Why decoloniality in the 21st century? *The Thinker, 48*, 10-15.

Nuttman-Schwartz, O. (2017). Rethinking professional identity in a globalized world. *Clinical Social Work Journal, 45*, 1-9. https://doi.org/10.1007/s10615-016-0588-z

Pillay, M. (2003). *(Re)positioning the powerful expert and the sick person: The case of communication pathology* [Doctoral dissertation]. University of Durban-Westville.

Pillay, M., & Kathard, H. (2015). Decolonizing health professionals' education: Audiology & speech therapy in South Africa. *African Journal of Rhetoric, 7*(1), 193-227. https://journals.co.za/doi/abs/10.10520/EJC172807

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands: Equitable population innovations for communication (EPIC). *Topics in Language Disorders, 38*(2), 143-160. https://doi.org/10.1097/TLD.0000000000000151

Riessman, C. K. (2005). Narrative analysis. In N. Kelly, C. Horrocks, K. Milnes, & B. Roberts (Eds.), *Narrative, memory and everyday life* (p. 1-7). University of Huddersfield.

Silbert, P., Clark, J., & Parker, F. (2018). Activating partnerships: The schools improvement initiative at the University of Cape Town. In P. Silbert, R. Galvaan, & J. Clark (Eds.), *Partnerships in action: University-school-community* (p. 1-20). HSRC.

Spivak, G. C. (1985). The Rani of Sirmur: An essay in reading the archives. *History and Theory, 24*(3), 247-272. https://doi.org/10.2307/2505169

Staley, B., & Hopf, S. C. (2016). A diverse global network of speech-language pathologists. *Journal of Clinical Practice in Speech-Language Pathology, 18*(3), 106-107. https://cld.bz/bookdata/ryBmlhe/basic-html/page-108.html

Wald, H. S. (2015). Professional identity (trans)formation in medical education: Reflection, relationship, resilience. *Academic Medicine, 90*(6), 701-706. https://doi.org/10.1097/ACM.0000000000000731

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behaviour, 24*(3), 369-387. https://doi.org/10.1177/109019819702400309

Watson, C. (2006). Narratives of practice and the construction of identity in teaching. *Teachers and Teaching: Theory and Practice, 12*(5), 509-526. https://doi.org/10.1080/13540600600832213

Wayne, J., Bogo, M., & Raskin, M. (2010). Field education as the signature pedagogy of social work education. *Journal of Social Work Education, 46*(3), 327-339. https://doi.org/10.5175/JSWE.2010.200900043

Webb, S. A. (2015, August 26-27). *Professional identity and social work* [Conference presentation]. New directions in critical sociology and social work: Identity, narratives and praxis, Chester, England. http://www.chester.ac.uk/newdirections

Wijeyesinghe, C. L., & Jones, S. R. (2014). Intersectionality, identity, and systems of power and inequality. In D. Mitchell, C. Y. Simmons & L. A. Greyerbiehl (Eds.), *Intersectionality and higher education: Theory, research, and praxis* (p. 9-19). Peter Lang.

Wiles, F. (2013). “Not easily put into a box”: Constructing professional identity. *Social Work Education, 32*(7), 854-866. https://doi.org/10.1080/02615479.2012.705273