

Helena Hirvonen

Habitus and Care
Investigating Welfare Service
Workers' Agency



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ABSTRACT

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This study examines the conditions of welfare service work in Finland from the point of view of the front-line personnel's agency. Beginning with a public sector reform in the 1980s, the cultural transformation towards a post-expansive welfare state in Finland has aimed at blocking the increase in public expenditure, reconfiguration of citizens as active and flexible worker-citizens, and recalibration of social policies through rationalization and modernization. The consequential culture of medico-managerial management in the Finnish public sector affects the institutional environment of service provision and the nature of welfare service work by promoting workers' technical and medical skills and thereby reasserting disembodied professionalism.

Working life barometers consistently report that the highest prevalence of mental and physical strain is among social and health care workers, implying the need to study the position of these groups in depth. This study is based on 25 thematic interviews collected from front line welfare service workers such as registered nurses, practical nurses, and early education and care workers. The concept of welfare service work highlights the contractual, state-bound nature of these female-dominated occupations in the context of the Finnish welfare state, and directs the focus of the study onto their shared aspects, including the embodied, situational, social, gendered, and temporally complex nature of the work.

Theoretically, the study draws from Pierre Bourdieu's concepts to discuss caring practices, caring habitus and the field of welfare service work. Sociological theorization on temporality and public service management and feminist theorization on gender and power in the labour market complement the Bourdieuan conceptual framework. The study draws from and further develops these theorizations.

The results suggest that the medico-managerial promotion of disembodied occupational skills overshadows the recognition of the full range of workers' skills in care work. Furthermore, they point to the persistence of normative assumptions and expectations regarding female workers' natural abilities to respond to the needs of service users by investing in embodied and emotional practices of care. The conclusion is that the practices of care in the contemporary field of welfare service work can both benefit and harm individual workers' chances for gaining meaningful agency.

Keywords: welfare service work, medico-managerialism, habitus

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ABSTRACT

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1 INTRODUCTION: CARE WORK, GENDER AND THE WELFARE STATE

This doctoral dissertation explores the conditions of welfare service work in Finland from the point of view of the front-line personnel. It consists of four published articles and this summary article. In my dissertation I approach welfare service work from the point of view of social sciences and feminist theory. More specifically, I study welfare service work by conceptualizing care as a gendered, embodied, social and situational practice. The aim is to study the work of nurses, care workers and early education workers in a way that recognizes the complex nature of reproductive work in the contemporary Finnish welfare state.

In this summary article, I first present the background and the focal starting points of the study. I then go through the study's theoretical basis and present the data, which consists of interviews with Finnish welfare service workers. Finally, I summarize the main results and conclude by discussing their contributions to research on welfare service work, as well as to social and feminist theory.

The idea of doing research on the feminine sphere of working life was proposed to me late in 2006 while I was still in the process of finishing my master's studies. The idea for a dissertation started to take shape when my then-to-be supervisor, Marita Husso, proposed that we start collecting data together from welfare service workers from various occupational groups in the public service sector. Having graduated as a Social and Public Policy major and Women's Studies minor, I was well aware of the rather unique manner in which gender and power were intertwined in the organization of the state-bound occupations of welfare service work in Finland. The welfare state has, as many researchers have pointed out, a crucial historical significance in shaping women's citizenship and labour market opportunities in the Nordic countries (Simonen 1990, Julkunen 1991, Anttonen, Henriksson & Nätkin 1994).

However, there was more that intrigued me about the opportunity to do research on welfare service work. As a daughter and a granddaughter of welfare service workers, my mundane observations provided me with some – if

only partial - insight into what professional caring and nursing was about. More importantly, I clearly remembered my mother's only career advice to me and to my siblings, which was "you should never become nurses". But why, then, would so many people, especially women and my mother included, make the choice, train for the job, and stay on the job - despite the apparent downsides my mother was referring to with her outspokenness? Why would so many people choose to go into a line of work that, by Finnish standards, was not only relatively poorly paid, but also physically and mentally more stressful than many other occupations? With these and many more questions on my mind, I started this PhD project.

It did not take long to realize that I had ventured into a field of research that was already well mapped. In the domains of care research, social policy, health sciences, governance research, feminist research and sociology of professions - to mention but a few - welfare service work had already been studied from various angles. Because welfare service work as a research subject extends to various fields, I have had to make many choices along the way, which have often left me more baffled than reassured about my abilities to take on this research subject. It took some time to refine an approach that could - in the best case - make a relevant contribution to the extensive body of existing research. Along the way, I realised that there were issues that were specific to the context of the study, Finland, but also plenty of possibilities for taking a novel approach to the study of welfare service work. In addition, the contemporary tendencies of both ideological and institutional transformation in the Finnish welfare state pointed to the need for more studies on the reproduction and reformulation of the classed and gendered divisions of welfare service work in contemporary society. This introductory chapter will clarify the key conceptual premises and the research questions of this dissertation.

1.1 On studying welfare service work

To study the terms of welfare service work calls attention to various issues. **The first** issue that is relevant for this dissertation is the somewhat subtle, yet radical ideological and institutional transformation of the past twenty years in the Finnish welfare state. Having followed the Nordic model of broad coverage of publicly organized, affordable social and health care services, the push for transformation of the Finnish welfare state came as a consequence of the severe depression the country that was experienced in the early 1990s. However, the transformation was accelerated - but by no means solely caused - by the economic confines of the time, as Julkunen (2001) has pointed out. The consequential retrenchment of the welfare state has ever since been aggravated by changes in the demographic structure of the society and larger changes in the ideological climate that have increased demand for a more efficient allocation of public resources. The struggle to find the means for providing adequate services to the growing proportion of aged citizens, as well as the necessity to cater for the di-

verse needs of other demographic groups, have affected the organization of the welfare state. As a consequence, the boundaries of welfare service work are being redrawn. In an increasingly technology-assisted working life, workers' technical skills, organizational accountability and measurable performance results are receiving growing attention in attempts to better assess the outcomes of welfare services. Material conditions such as one's age and gender may therefore be losing their significance as signifiers of a person's occupational identity. Instead, contemporary, medico-managerial management techniques promote workers' organizational accountability and a form of disembodied professionalism which is founded on information, and reasserted with the use of ICT devices (Kuhlmann 2006, see also Twigg 2000).

Currently, the main effort in public service management is toward providing efficient, competitive and high quality services and choice to service users as customers. This market-oriented approach to the practices of public service provision is representative of the ideological transformation of the welfare state. In social and public policy research the phenomenon is often referred to as the implementation of "New Public Management" (Clarke & Newman 1997, Scott 2000). Together the complementary processes of welfare state retrenchment, the diversification of the needs of the service users, marketization of public services, and the related transformation of citizens into service consumers are redefining the boundaries of welfare service work. Previous studies point to the fragmentation of the occupational conditions of welfare service work and intensification of gendered inequalities within occupational groups (Henriksson, Wrede & Burau 2006, Julkunen 2004, Henriksson & Wrede 2004, Lehto 2003). The aim of this study is to add to the existing research concerning the ideological and institutional transformation of the Finnish welfare state and its effects on the work of the front-line personnel.

Secondly, and related to the previous issue, this study is motivated by recent trends in Finnish working life studies and barometers (cf. Ylöstalo et al. 2010, Kaartinen, Forma & Pekka 2011). These indicate that welfare service workers experience their work as undervalued and as more demanding, both physically and mentally, compared to other occupational groups. Experiences of time pressure, ethical conflicts and feelings of inadequacy have also become common, especially in home care service work (Laine 2006, Järnefelt & Lehto 2002, Nakari 2004). In the front line of service provision where welfare service workers function as buffers between the service users' care needs and the demanding conditions of work, individual workers experience ethical conflicts concerning their ability to provide good quality care (Virkki et al. 2011). Similar results have been reported in other Nordic countries (Trydegård 2012, Selberg 2013, Tufte 2013, Ahrenkiel et al. 2013).

Furthermore, there is a gendered twist to these results: compared to men, women experience more stress, exhaustion, tiredness, insomnia and depression, and feel that they have fewer chances to influence their working conditions (Pekka, Forma & Saarinen 2008, see also Thunman 2013). Occupational segregation into men's and women's jobs continues to be marked in Finland, particular-

ly in social and health care occupations where women represent approximately 90 per cent of the workforce. The segregation not only prevents the full allocation of human resources in the labour market; it also instils gendered hierarchies and the reproduction of gendered expectations and assumptions towards individuals in the labour market.

Despite egalitarian tendencies in the labour market, many deep-rooted gendered assumptions and expectations of women's and men's agency prevail. One of these is the cultural assumption of women's natural abilities to care, which reproduces the cultural feminization of care work (Henriksson 2011, 120). Previous studies have described how Western welfare states implicitly continue to rely on a gendered division in the labour market and society as a whole. According to this division, women in general, and welfare service workers in particular, are called upon to respond to the growing care needs of aging populations because they are considered to be "natural carers" and flexible workers (Acker cop. 2006, Davies 1995a, Henriksson 2008). The prevailing understanding outlines welfare service work as gendered work that is founded on the embodied, situational and social practice of care (Tronto 1993, Twigg 2006, Rummery & Fine 2012). A central theme of this dissertation is to look at how gender is related to other organizing features of work, such as professional practices, and how the (re)production of gendered relations of power takes place through everyday practices and discourses in the context of welfare service work.

The **third** point of departure is a more abstract one as it concerns the nature of agency, and follows from tackling the two previous issues. The Finnish welfare state has a history as a provider of opportunities for labour market mobility and economic independence, especially to female citizens of working-class and middle-class background. Transformation of the welfare state has led critics in the Nordic countries to go as far as to suggest that the processes of retrenchment and marketization of the welfare state now threaten to erode the welfare ethos and occupational agency of its workers altogether (Henriksson & Wrede 2008a, 127). In this dissertation, I develop the idea of a caring habitus. This conceptualisation provides a way of understanding welfare service workers' agency from the point of view of the embodied, situational and social practices of care that both reproduce and reconstruct gendered hierarchies and relations of power in the field of welfare service work – and in the society and the labour market in general.

With the aforementioned points of view in mind, this study discusses the terms of welfare service work based on an analysis of qualitative interviews (n=25) with Finnish welfare service workers from various occupational backgrounds. The four articles that are included in this dissertation are independent but interlinked. They address welfare service work from various points of view while gradually building a more coherent picture of front-line workers' agency in the context of the contemporary welfare state. Taking such an approach has forced me to read and reread the data over and over again from different angles. This has not only familiarized me with the data, but has inspired me because of

the countless opportunities that a rich volume of data consisting of personal histories can offer to a social scientific study.

As a field of study, welfare service work is as broad as it is adjustable to various contextualizations in social sciences and feminist theory. The objective of this dissertation is to look at how the welfare state reform in Finland has affected the embodied, situational, social and gendered practices of welfare service work, and to investigate the role of temporal, cultural and managerial structures in defining welfare service workers' agency. This is done with the help of the following research questions:

1. How do temporal orientations define welfare service workers' agency?
2. How do contemporary medico-managerial management models affect welfare service work from the point of view of embodied, situational and social practices of care?
3. How do contemporary medico-managerial management models affect the construction of workers' gendered professional identities?
4. What kinds of gendered impacts do current practices in the field of welfare service work produce?

The first question draws from an article (Hirvonen & Husso 2012) that addresses the question of the temporality of individual action within social structures¹. It analyses how welfare service workers interpret, adjust to and defy the demands for efficient time use in the contemporary labour market where time is measured and defined as a scarce resource. The question is how, from the workers' point of view, the contemporary management practices in the public sector affect the situational and social practices of care in terms of the temporal nature of welfare service workers' agency.

The second question draws from an article (Hirvonen 2013b) that discusses the implications of recent welfare policy shifts on care work cultures, practices and professional agency. Recent trends in the field indicate a growing emphasis on disembodied professional practices through digitalization and use of ICT, whereas the embodied, situational and social nature of care work has traditionally been at the heart of welfare service work. The second research question focuses on how contemporary medico-managerial management and increasing use of various technologies in the field are affecting the embodied nature of care practices, and gradually transforming welfare service work.

The third question picks up from where the second question left off. It draws from an article (Hirvonen 2013a) that addresses the assumption that in an increasingly technology-assisted working life, material conditions such as one's gender may be losing their significance for professional identities. Welfare service workers' technical competence and organizational accountability in technology-assisted service delivery are increasingly valued over their skills in

¹ In the two co-authored articles (Husso & Hirvonen 2012, Hirvonen & Husso 2012), the first writer has had more input in the theoretical development of the article and the responsibility for its finalization.

embodied care and emotion work that have traditionally been central in the feminine domain of care work. Changes in the valuation of workers' occupational skills are therefore a question of gender and power in the field.

The last question is the umbrella question that pieces together the themes of the three previous questions by discussing and developing the idea of a caring habitus. It draws from one of the original articles (Husso & Hirvonen 2012) concerning the emotional and embodied nature of agency in welfare service work.

The four original articles form the basis for addressing the research questions of this summary article. This summary article draws together and further develops the theory, research methodology and the arguments and conclusions of the individual articles. It takes a broader perspective on the topic of study by using the compiled results from the four articles. This ensures the originality of the theoretical premises and the final results it presents.

The overall aim is to study the on-going process of welfare state reform from the point of view of front-line workers' agency. The summary article focuses on how welfare service reforms transform the values and principles of welfare service work. It reviews the results of the original articles from the point of view of the situational, social and embodied nature of care practices in the field of welfare service work. It must be stressed that the topic of this dissertation – the conditions of welfare service work in the 21st century Finland – can and should be approached with an array of alternative viewpoints, both theoretical and empirical. With the chosen theoretical and empirical framings, I hope to provide new insight into the field of social sciences on how to study the process of welfare state transformation in a manner that is sensitive to its research subject – the accounts of the men and women in the front line of welfare service provision.

Another goal is to bring to the fore the subtle way in which everyday experiences, actions and utterances of individual workers reveal the cultural, historical context of the Finnish welfare state and its power relations. As other studies have suggested, individual workers face cultural expectations of their role in working life through both conscious and unconscious reproduction and reinforcement of gendered assumptions in the everyday practices of work (Simpson 2011, Taylor & Tyler 2000, Cross & Bagilhole 2002, Wicks 2002). While Finnish society has often been praised for its achievements in advancing gender equality, many normative, gendered assumptions and expectations of men's and women's behaviour remain. Because of the deep-rooted historical links between care work and (middle-class) ideals of femininity, there is a risk that female workers' occupational skills may be misrecognized as their natural dispositions. Gendered cultural expectations and institutional conditions – which have elements of both stability and fluidity – shape workers' agency, but the term 'agency' also assumes that individuals find room for personal choice and meaningful action in the societal field in question. From this point of view, empirical studies on individuals' accounts of their everyday experiences can help us understand better the constraints and the incentives that shape welfare ser-

vice workers' agency. The accounts of the women and men I have interviewed are therefore significant in themselves and regarding the wider picture the dissertation strives to form of welfare service work.

1.2 Welfare service work as feminine, state-bound work

To define my research subject I have used the concept of 'welfare service work' developed by Henriksson and Wrede (2004). It functions as an umbrella concept to describe the interviewees who represent various occupational groups that so-called feminine work covers in the field of welfare services. The concept refers to social and health care occupations such as nursing, social work, elder care work and childcare work, the development of which has been closely bound to that of the Finnish welfare state. The concept highlights the shared ethical and moral dispositions of various occupational groups engaged in public service work and emphasizes the state's institutional role in directing/ governing their development and position in the welfare state (Anttonen, Henriksson & Nätkin 1994, Sulkunen 1987, Simonen 1990, Eräsaari 2010).

From the point of view of gendered professional power, Wrede (2008) divides the development of welfare service occupations into three stages. The first stage in the early 20th century resembled that of many other Western countries. It took the form of a classed project of "mother citizenship" (Hallam 2000, Leira & Saraceno cop. 2002), in which upper-class women claimed leadership positions in refining the normative grounds for care work in the agrarian, Finnish society of the era. The project assigned middle-class women the work of "societal mothering" of lower class women and children, and it also affected emerging professional projects in health and social care work, establishing these as an area suitable for women in the labour market (see also Sulkunen 1987).

The second stage in the development began in the 1960s with efforts to reconstruct and "neutralise" the gendered, maternalist idea of care work as "societal mothering". The period from the 60s to the early 90s was characterized by a rapid expansion in the scope of the welfare state and its service provision. The expansion encouraged women to take on both low and high qualification welfare service work in the public sector. Emphasizing sameness and gender equality, the Finnish welfare state project followed the Nordic welfare state ideology and its egalitarian tendencies. It reframed the maternalist professionalism of health and social care work by introducing a more gender-neutral conceptualization of "welfare state professionalism". The expansion of welfare state professionalism bound the regulation and development of both old and new occupational groups in early education, health, and social care more firmly to the welfare state, its institutions and its ideology. (Wrede 2008, 28)

The third and on-going stage began with the severe recession in the early 1990s. It forced the state to re-evaluate its means of sustaining the Nordic, universalistic welfare state model, leading to the reconstruction of the welfare state according to the principles of New Public Management (Julkunen 2001,

Julkunen 2006, Koskiahho 2008, Eräsaari 2010). Moreover, since then the ongoing demographic change in society has urged municipalities to improve the efficiency of service production through means such as technological advancement, privatization, and marketization of public services. This welfare state transformation has not left the public service personnel unaffected. Previous studies on the effects of public sector reforms judge that established and autonomous professional groups, such as medical doctors, have fared rather well in terms of maintaining their autonomy (Kuhlmann 2006, Kurunmäki 2000). However, recent studies from various countries have pointed to the emergence of both ethical and practical problems among less powerful occupational groups who face more challenging circumstances.

In the field of welfare service work, economic values and medical expertise are now highlighted (Rasmussen 2004, Tronto 2011, Dahl & Rask Eriksen 2005, Höpfl 2003). The new medico-managerial logic has caused re-stratification within welfare service occupations to the benefit of educated (semi-)professionals with medical and technical expertise, such as registered nurses (Henriksson 2008, Laurén & Wrede 2008). As a consequence, the element of social care at the heart of many less established occupations has become regarded as a “non-professional” activity (Henriksson 2008). This has reduced the status of occupations that encompass skills and competence in social care, such as practical nursing.

The questions of the nature of care work cultures and the value of care are central to discussions concerning workers’ chance of developing meaningful agency, because the emotional burden of care still primarily falls on female workers (Virkki 2008, Husso & Hirvonen 2012). According to Twigg (2006, 146) this gives care work a boundless, undefined quality which is the key to understanding its nature as gendered work. Furthermore, Twigg (*ibid.*, 148) describes the bodywork of social care and nursing as gendered work and “dirty work” with which women are associated through the model of reproduction and maternity, through issues of societal power and status, and in terms of male desire. As for male workers, studies suggest that men are expected to demonstrate leadership skills and physical strength, but also to have restricted involvement in physical caregiving routines (Simpson 2011, Acker *cop.* 2006, Acker & Kivinen 1990, Evans 2006). The embodied and emotional aspect of care thus seems to be primarily women’s domain, while men are encouraged to engage in disembodied and technical tasks, which are considered as a male domain in service work in general (Korvajärvi 2004, Twigg et al. 2011). In a medico-managerial welfare state that highlights practices of disembodied, medical, and technical care, fulfilling gendered role expectations in welfare service work could therefore create new, and reproduce old divisions concerning the valuation of culturally feminine and masculine skills. As Twigg et al. (2011, 7) point out, referring to Grosz’ (1994) pioneering work in *Volatile Bodies* concerning the intertwinement of cultural and biological, the binary between mind and body is a strongly gendered construction that identifies the body with women and the

mind with men, and this transfers to the power dynamics in societal fields such as working life.

All in all, workers' formal competence requirements have grown more demanding, while the value of the full range of their occupational skills and their chances to influence decision-making in the workplace have simultaneously decreased (Henriksson & Wrede 2008a, Henriksson 2011, Laiho & Ruoholinna 2011). Current professional struggles have been further challenged by the growing demands for cost containment, encouraging employers to recruit a cheap and flexible workforce. The development has drawn attention to the possibilities of recruiting non-credentialed, low-paid workers through rehabilitative labour policies, as well as toward recruiting (over-)qualified immigrant workers for basic level jobs. As a consequence, in the 21st century Finland, ethnicity is gradually emerging as a new hierarchical logic beside divisions of gender and education in welfare service work (Laurén & Wrede 2008, Tedre & Perälä 2010, Nieminen 2011).

The choice to use the concept of welfare service work has been a deliberate one, since the concept highlights the contractual, state-bound nature of welfare service work in the specific context of the public sector and the Finnish welfare state. In line with other Nordic welfare states, the services counted as welfare services include health care and (early) education, but also social services. For a study in the field of social and public policy, the choice of concepts highlights the role of the welfare state and social policy in solving one of the crucial parts of the puzzle of welfare service provision – that is, the front-line workforce in early education, social, and health care services. The thing occupations in these service areas have in common is the strong feminine label attached to them. As Acker (2006) writes, gendered stereotypes and constructions guide, justify, and legitimate decisions and ways of organizing and dividing work in the labour market in both implicit and explicit ways. Study of welfare service work is therefore interlinked with investigations of gendered structures and practices in the labour market.

The on-going welfare state transformation has damaged municipalities' resources for welfare service production, while the Finnish gender contract continues to build on the idea of welfare service work as a feminine field with a cheap labour force. These factors, Kovalainen (2004) writes, affect the conditions of welfare service work, creating new inequalities and deepening old ones. Although welfare service work has been framed as gender-neutral and somewhat professionalized work since the 1960s, it has remained a feminine sphere in the labour market, to which especially women and mothers with low education and fragmentary history in the labour market have been – and still are – called upon at need (Kivelä 2011, Henriksson 2011, 120). In this regard, this study considers welfare service work in terms of the reproduction of gendered power in the context of the contemporary welfare state.

Moreover, the occupational ethics and ethos of helping are shared by a host of workers providing welfare services in both institutional and home care settings. The decision to gather these all under the umbrella concept of welfare

service work and to discuss them in parallel to welfare state transformation may seem odd. Yet I have done so in order to emphasize on the one hand the power of structural and institutional forces that concern all occupational groups doing public service work in social and health care. On the other hand, the effects of the transformation are experienced as personal successes and losses in the host of welfare service occupations for the very reason that the shared nature of human service work is embedded in gendered, embodied, situational and social practices of care, in which individuals engage with their minds, bodies, and whole personalities.

The field of welfare service work brings together various actors, including service-users and public service managers. The focus in this dissertation is primarily on the front-line workforce. In service work, the change in the role of one actor consequently affects the others. Therefore, this dissertation only provides a partial picture of the contemporary field of welfare service work. In public discussion, it is easy to forget the workers' situation and instead talk about the service users' rights and responsibilities, their growing decision-making power, or to focus on the "bigger picture" by describing the system-level changes in the mechanisms of service production (e.g. the introduction of purchaser-provider schemes and competitive tendering in municipal services). Yet welfare service work is particularly labour-intensive, which means that the front-line workers are the first to experience and the ones to execute and arbitrate the changing practices, principles and values of service production. Maintaining an empathetic attitude and conveying the experience of 'being in good hands' to the service users while at the same time adapting to the changing conditions in the field of welfare services can be straining for the workers. Moreover, according to Julkunen (2003, 91), welfare service workers play a key role in reasserting the legitimacy of the Finnish welfare state. She explains that it is reasonable to assume that when people claim they trust the welfare state, they in fact are referring to its workforce and the services it provides (*ibid.*, see also Eräsaari 2011a). Studying the front-line workers' situation in the field involves a more general question regarding citizens' trust of the welfare state.

1.3 The concept of care in a study of welfare service work

This dissertation discusses welfare service work in relation to the broader concept of care. In the Finnish language, the English word 'care' does not have an obvious equivalent, but it is often translated as 'hoiva', referring to social caregiving and receiving. In the Finnish language, the social and medical sides of care are distinguished from one another with the words 'hoito' (medical care) and 'hoiva' (social care). The choice of words when describing particular groups of workers in social and health care, however, is indicative of the power relations and valuations attached to different occupations in the labour market, pointing to occupational demarcations and struggles in the field. One's choice

of words when speaking of care as either medical ('hoito') or social ('hoiva') can be political, as Rantalaiho (2004, 238) points out.

An issue that is important for occupational caregiving in welfare service work is care ethics. There is an emerging body of literature on care ethics, starting from Carol Gilligan's (1982) seminal work on the premises of care and ethical conduct. Researchers on care ethics perceive care as a radically new way of understanding human agency in contemporary societies (Sevenhuijsen 2000, see also Tronto 1993, Waerness 2005, Held 2006)². According to Held (2006, 156), Kantian and utilitarian moral theories focus primarily on the rational decisions of agents taken as independent and autonomous individuals, and virtue theory focuses on individuals and their dispositions. In contrast, the ethics of care sees persons as enmeshed in relations with others. The subject of care ethics, on the contrary, focuses on relations between persons; relations such as trust, mutual responsiveness, and mutual consideration. It employs a concept of the person as relational and historically situated (*ibid.*, 133). Although the focus of my study is not on care ethics, the concept nevertheless has a place in the study because of my interest in the practical, ethical and moral questions that arise in occupational care work regarding workers' agency.

The ethics line of literature characterizes the Anglo-American discussion, while Nordic literature on care tends to take a practical orientation on questions of the value and place that care has in contemporary society (Anttonen & Zechner 2009, 32). Norwegian scholar Kari Waerness (1984 & 2005) uses the concept of 'caring rationality' to describe the ethical basis that various caring occupations share. The workers enact this logic as an embodied rationality through their everyday actions at work. The rationality of care highlights the relational, processual, and temporally pliable nature of welfare service work, which four individual articles discuss. It is therefore a useful conceptualization of care ethics for this study.

But there is more to care than the ethics point of view. Van Wynsberghe (2011, 417) suggests that rather than just 'tasks', everyday tasks of care are rich practices that promote values such as human dignity and compassion. This dissertation further conceptualizes care as a gendered, situational, social and embodied practice that defines welfare service workers' occupational identities and agency. The question of care is central to my dissertation in terms of how caring rationality is understood and executed by the front line workers in their everyday practices under the contemporary conditions in the public sector. In

² Feminist care ethics have recently taken an interest in policy-oriented research, and there is an emerging body of research on 'feminist ethics of care' that is characterized by relational ontology both in the descriptive and the normative respects. Waerness (2005, 27) sums up the basic argument of care ethics by explaining that people are members of various networks of care and responsibility, and can only exist through and with others. Her suggestion represents a radically different account of morality and politics from political programs that are based on constructions of individuals as the 'basic units' of society. Feminist ethics of care represent a promising opening to bridging the gap between not only the theoretical and empirical research on care, but between the theory and practice of welfare state transformation that affects various groups in the society from service management to front-line workers, and from service users to their families and relations.

the field of welfare service work, care is cultivated through corporeal habits and practices that aid the workers' imaginative ability to empathize with others (Hamington cop. 2004, 204; Twigg 2000). Much of what is communicated between people is found in the subtleties of facial expressions, hand gestures, posture, inflection, and eye contact. Good communication is a crucial precondition for good care. Moreover, it is care in and of itself, as Annamarie Mol (2008, 76) points out. Those who are described as caring are often those who can "sense" the needs of another and respond accordingly. Sometimes, these caring habits come easily; at other times, they involve sacrifice, pain, and great effort of will (Hamington 2004, 31). This empathetic and emotional component of care is crucial in paid care work where people often have little knowledge of the service users. It motivates workers to both care for and care about the recipients of care (Tronto 1993, Waerness 1984).

However, in the contemporary welfare state the situation is more complex than this. A number of international studies have examined how the contemporary focus on producing measurable "outputs" affects social and health care workers' professional identities and alters the discourse and practice of care (Henriksson & Wrede 2008b, Van Loon & Zuiderent-Jerak 2011, Höpfl 2003, Evetts 2009). Welfare service workers' accountability stretches increasingly outside the traditional idea of workers' responsibility for the outcomes of care. The requirements concerning the workers' professional competence and accountability include not only the expectation of appropriate medical and ethical conduct in relation to service-users, but also the expectation of personal responsibility for efficient use of public resources. Their accountability, in other words, is ethical, occupational and economic. Rajavaara's (2007, 167) study on the rise of performance measurement and auditing in the Finnish welfare state finds that "effectiveness" has become a powerful organizing idea of welfare state activities. Consequently, the changes in the principles of organization affect the practice of care in the field of welfare service work. This is where the main focus lies in this dissertation.

1.4 Theoretical outlook on studying practices of care in the medico-managerial welfare state

My interest in how agency is exerted in the practice of welfare service work requires theoretical tools that enable the study of the practice of care, while enabling the incorporation of analysis of the structural dimension of the welfare state transformation. In terms of the theoretical basis of this study, I have looked into social theoretical work that is open to feminist interpretations, but that is also flexible, inspiring, and sensitive in respect to using qualitative interview data.

Practical acts, or practices, Gherardi (2006) explains, constitute the terrain for research on which subjects and objects take shape, language becomes dis-

course, and knowledge is mobilized and maintained. The field of practices is therefore the context in which welfare service workers' agency becomes observable. According to Corradi, Gherardi and Verzelloni (2010), the study of working practices, workplace interactions and activities has become central especially now that work is changing rapidly. With the practice research approach that derives from organizational studies, I attempt to take into account the temporality, materiality and embodiment of caring practices when analysing the data.

According to sociologist Pierre Bourdieu, large-scale social inequalities in societies are based on the subtle way in which power relations become embedded in our bodies, in our actions and our habits. These relations become visible through practices. In this dissertation, Pierre Bourdieu's theory of practice (1977 & 1990) and its feminist interpretations, developments and adaptations in particular (Adkins & Skeggs 2004, McNay 1999) complement the practice approach that originates from organizational studies. Bourdieuan feminist theory completes the 'tool box' of theoretical concepts by allowing an investigation of the gendered nature of practices in the field of welfare service work. Bourdieu's structuralist-constructionist theory of practice provides a way to assess gendered identities as durable, yet transformable under changing managerial models and conceptualizations of what constitutes welfare service work. The application of Bourdieuan theorization - namely the concept of habitus, field and practice - helps in evaluating welfare service workers' agency in light of the gendered, societal structures that exist in the field of welfare service work.

The research moves between two levels to capture the interconnected nature of structure and agency: the level of welfare state transformation in terms of implementation of medico-managerial management in welfare service sector, and the level of the practical practice of welfare service work. Using Bourdieu's concepts of field and habitus highlights the nature of welfare service work as temporally fluctuating, incommensurable and embodied work that is, at the same time, bound to the occupational and organizational structures and divisions of the Finnish welfare state. The structure-practice dynamics are therefore at the heart of the analysis. In answering the four research questions, I have further complemented the Bourdieuan conceptual toolkit to include sociological theorization on temporality and public service management when needed (Pollitt & Bouckaert 2011, Julkunen 2006b, Kuhlmann 2006, Evetts 2009), as well as feminist theorization on gender and power in the labour market in general (Acker cop. 2006, Twigg 2006, Davies 1995a).

It must be stressed that my take on Bourdieu's relational sociology has not been orthodox, but rather pragmatic when considering each of the research questions. The application of Bourdieusian concepts in this study may therefore seem unorthodox to a reader more used to a consistent and comprehensive application of Bourdieu's theory of practice. The inspiration from feminist Bourdieuan sociology further directs the theoretical focus of this dissertation towards discussing welfare service workers' agency as embodied, emotional and gendered, yet remaining true to Bourdieu's idea of investigating the mechanisms behind social reproduction in everyday life. Moreover, by studying wel-

welfare service work as a field of interrelated practices that are performed habitually by the workers, and as a field that has gone through substantial transformation over the past three decades, this study aims to analyse the effects of medico-managerial management culture on the front-line welfare service workforce.

The conceptual choices made in the process of analysing the interview data and writing the research articles have led me to consider welfare service work as a highly contextual topic of study that is inseparable from the local, national, and cultural arrangements and practices that produce what is described as welfare service work. The conditions in the field are shaped by the on-going transformation of the institutional frames of the welfare state that affect the contours of welfare service work and the caring habitus that directs the practice of care in the field. The following chapters review in detail the theoretical and methodological premises of my research (chapters 2 and 3), and thereafter discuss the results of the analysis (chapter 4). The final chapter (chapter 5) presents concluding remarks regarding the results.

2 THEORETICAL FOUNDATIONS

The public sector plays a special role in the Nordic welfare states through its commitment to the principle of universalism and in relation to social security and publicly funded services in education, health, and care (Rostgaard 2002, Julkunen 2006). This has not only enabled and encouraged women to participate in the labour market, but has also enabled the construction of gender segregation in the labour market unlike anywhere else. Moreover, in Finland, the primarily female workforce in the public service sector is also highly educated compared to other countries (Kröger, Leinonen & Vuorensyrjä 2009). Because of the significance of the welfare state for women's role in the society and labour market in Finland, the on-going welfare state transformation is a suitable starting point for investigating welfare service workers' situation in the contemporary labour market.

Beginning with the public sector reform in the 1980s, the Finnish public sector reform has been linked with a much larger global transformation of techno-economic systems including global integration of product and financial markets. Overall, this transformation has challenged the old economic and social institutions of industrialized societies (Hämäläinen 2007, 11). The new paradigm of techno-economic change has put a stop to the 50 years of public sector growth in OECD countries. It has forced capitalist states to engage in structural adjustment on all fronts: private, public and third sector organizations.

In Finland, the transformation has happened parallel to the maturation of the welfare state into what Julkunen calls "a post expansive welfare state" (Julkunen 2006, 63). In the early 1990s the Finnish welfare state faced a radical reorganization in a process triggered by a severe depression. As a consequence, the professional and bureaucratic governance of the public sector was remodelled following the model of private sector corporations (Julkunen 2006, Rantala, Sulkunen & Alasuutari 2006). In hopes of increasing cost-effectiveness and finding innovative and economically sustainable ways to provide public services Finland, along with other Nordic welfare states, has turned to market ideology. The aim is to vigorously restrict the growth of public expenditure. From the point of view of welfare service work, the growing independence of Finnish

municipalities since the 1980s and the consequent increase in their responsibility for financing and organizing welfare services has been a significant transition in terms of the contours of service production.

Julkunen (2004) points out that while the vast social security reform was not initiated by the early 1990s depression, the steep economic downturn at the time facilitated the reconstruction of the welfare state. Various structural, mental and institutional transitions have accelerated the implementation of welfare state reform and restrictions to public expenditure. These transitions include the rapid demographic and social changes that have contributed to diversification of citizens' needs as welfare service users. While those working in public services often hope to contribute to social justice, the Nordic welfare state has been criticized for its poor ability to acknowledge the social diversification of service users' needs as the population has grown more heterogenic (Lister 2009). In policy-making this, too, has been a justification for welfare service reforms. Other significant transitions include the slow pace of economic growth in post-industrial society, the establishment of global financial capitalism that limits wages and lowers corporate taxation, and the instilling of market discipline that oversees the balance of national and public economies (Julkunen 2006, 67, Pollitt and Bouckaert 2011, Eräsaari 2011a). In international literature, the phenomenon has been widely discussed in terms of the New Public Management (NPM) (Hood 1991, Dunleavy & Hood 1994, Clarke, Gerwitz & McLaughlin 2000, 6).

According to Julkunen (2003, 85) the goal of public sector reform in Finland was to establish a kind of post-expansive welfare regime that public sector unions had little power to resist (see also Eräsaari 2011a). Using the term 'post-expansive welfare state', she highlights the scarcity of public resources as one of the key definers that constrain social policy measures in the contemporary welfare state (Julkunen 2003, 75). Following Pierson (2001), Julkunen further elaborates that the policy goals of the post-expansive, Finnish welfare state include blocking the growth of public expenses, recommodification of citizens as active and flexible worker-citizens, and recalibration of social policies through rationalization and modernization.

Regarding welfare service provision in the post-expansive welfare state, Julkunen (Julkunen 2004, 178-9) lists four aspects of institutional change that affect both the formal and informal requirements as well as the expectations of welfare service work.

1. *Firstly*, the integration of various private sector and unofficial actors, such as caring family members, into the public welfare service system. This affects the expectations held of professional workers.
2. *Secondly*, redistribution of public resources to private actors along with the expansion of the citizens' power of decision-making. This affects professional workers' position within the service system.
3. *Thirdly*, the question of organizational accountability, which has emerged as the government searches for new ways to control service

providers' compliance. Organizational accountability involves standardizing care into measurable units of action in a way that produces comparable data of service outputs. Organizational accountability thereby enables the monitoring of service production efficiency and the (economic) accountability of workers.

4. *Fourthly*, citizens' trust in professionals in general and welfare service professionals in particular is increasingly questioned as scandals of misconduct and forged degrees have emerged in the 21st century.
5. To her rather comprehensive list, I will add a *fifth* aspect that concerns all of the previous ones. It is the rapidly growing implementation of technology in welfare service work. Its role is to aid in the accumulation of (biomedical) knowledge and to transform care work into quantifiable outputs. Besides purposes of biomedical knowledge, technology serves managerial purposes by aiming to improve workers' accountability, performance and the overall quality of services.

Together, the five aspects of institutional change represent the outcome-oriented social policy of the post-expansive welfare state. While all of the aspects affect the everyday practices of care in front-line welfare service work, my dissertation focuses especially on the *third*, *fourth*, and *fifth* aspects, and leaves out the questions of public service outsourcing and transformation of citizens' role. My decision to limit the scrutiny of the post-expansive welfare state to these aspects is due to the empirical data I am using. Since the data consists of thematic interviews of people in the front-line welfare service workforce, it does not allow the examination of service users' position in the field.

The following sub-chapters give an overview of the welfare state reform in Finland from the point of view of its front-line workforce, and introduce the key concepts for the study. The first sub-chapter begins by setting out the key elements of the change from the point of view of new forms of management in the welfare service sector, and introduces the concept of medico-managerialism. The second sub-chapter moves on to discuss the ways in which medico-managerial management affects the practices of welfare service work, and how this coincides with the changing understanding of workers' accountability. The central concepts in this discussion are accountability, trust and the emergence of disembodied professionalism. After describing the welfare service reform, the third sub-chapter introduces the concepts of field, capital and habitus, which provides a way to combine the investigations of structural questions of welfare state reform with the question of the changing practices of care. The purpose is to investigate welfare service workers' agency in the contemporary welfare state.

2.1 Reforming the welfare state: towards medico-managerial management

The transformation toward outcome-oriented social policy has meant a cultural transformation in the managerial model of the post-expansive welfare state. The accusations of wastefulness of public expenditure and its bureaucracy have brought a new style of leadership and a 'dispersed managerial consciousness' that has brought public service workers into new regimes of power (Newman & Clarke cop. 2009, 117). In the Nordic context, due to their large numbers and the key roles they play in the provision of publicly-funded services, welfare service workers emerge as a key target of policies that aim at increasing the effectiveness of the public sector (Wrede et al. 2008, 26). The new rules and vocabularies in service production highlight cost-effectiveness and medical and managerial criteria and expertise according to which the outcomes of care work are evaluated (Henriksson & Wrede 2008, 132; Kovalainen 2004). Instead of ethical, occupational values, the requirements highlight workers' personal managerial skills, and their entrepreneurial attitudes that determine their role in the workplace according to the employer's competitive service strategy. This change in management culture signifies a shift in the value base of public service work from rationality of care to rationality of efficiency and economy (Twigg 2006, 427; Dahl & Rask Eriksen 2005, Henriksson & Wrede 2008a).

In a study on reforms in the public home care services in Finland, Henriksson and Wrede (2008b) talk about the emergence of a 'medico-managerial' care work culture. They claim that medico-managerialism undermines the expertise of frontline workers and consequently, neglects the social needs of the client by failing to recognise the social and situational nature of front-line care work. Workers' skills in social care, which are at the heart of many welfare service occupations, have come to be regarded as "non-professional" skills (ibid.). Highlighting the cultural rather than institutional aspect of welfare state reform, the concept of medico-managerialism refers to the contemporary tendency to emphasise workers' medical and technical skills and competence (see also Tedre 1999). Regarding health care services, Leena Eräsaari (2010) talks "how white coats change into grey suits", meaning that, instead of doctors and nurses, public health care organisations employ a growing number of economists, consultants, lawyers and professional managers.

Reports of such a cultural change are not restricted to Finland. Research from other countries shows how medico-managerial management blends professional and managerial values in health and social care work (Rasmussen 2012, Fejes & Nicol 2012, Noordegraaf 2007, Baines 2004, Carey 2008, Reinders 2008, Newman, Glendinning & Hughes 2008), and in social work (Eräsaari 2011a, Mänttari-van der Kuip 2013, Reich & Girdwood 2012, Banks 2004), and how it promotes the prioritisation of educational content over care in early childhood education services (Alasuutari & Markström 2011, Ahrenkiel et al.

2013, Naumann 2011, Cohen et al. 2004, Lewis 2003)³. As Rahkola (2011, 100) summarizes it, social expertise has gradually made room for business practices, and unit managers have been the key players in implementing cost containment measures affecting front-line service work. A recent study by Virkki et al. (2011) suggests that unit managers' and front-line workers' conceptualizations of welfare service work differ significantly. Unit managers value cost-efficiency and customer satisfaction and the imposing of economic imperatives to service production, while front-line workers emphasize the respect and dignity of human life as their key principles. These studies suggest that the implementation of medico-managerialism creates value conflict in the field.

Moreover, studies suggest the welfare state transformation may be deepening old and creating new divisions and inequalities between welfare service occupations (Wrede 2008). Medico-managerialism is transforming work cultures and professional agency in a variety of settings, in a variety of ways. Evetts (2009) claims that public service sector managers and practitioners increasingly use professionalism as a discourse of occupational control, rationalization, and motivation. Although professionalism and professionalization of welfare service work are not the focus of my dissertation as such, a few words on the recent debates concerning professionalization and de-professionalization of welfare service work are in order, since the question is connected to medico-managerialist reforms.

The disregard of the value of care as a professional activity in the contemporary welfare state, Wrede (2008) judges, points to both deepening of the old and creation of new divisions and inequalities that build on mutually constituted, gendered and classed hierarchies in the field of welfare services. I exemplify the complex and contradictory efforts to "professionalise" welfare service work in Finland through the occupation of practical nursing. In an effort to unite middle-grade occupational groups in care work, nine trans-sectoral study programs in social and health care were united under a single umbrella curriculum of practical nursing in 1995. Practical nurses are the key occupational group in charge of elderly home care services, which is an area of public care services facing particularly strong pressure for streamlining and rationalisation. At the same time, the scope of public responsibility of elderly home care is narrowing overall (Anttonen & Häikiö 2011, Henriksson & Wrede 2008b, 145-6; Kröger & Leinonen 2012).

As providers of socially defined care and as representatives of a recently established occupation, practical nurses are in a particularly difficult position in the medico-managerialist care work culture. According to Kröger (2011) the old

³ Ylitapio-Mäntylä (Ylitapio-Mäntylä 2009b), for one, describes how pedagogical contents are now emphasized in early education and care work because their results are easier to measure than those of simple "child care". The change in the emphasis from a care to pedagogical approach in early childhood education services concerns a larger debate regarding the moving of the state administrative responsibility of the services from the Ministry of Social Affairs and Health to the Ministry of Education and Culture in 2013. The move is more than technical since it affects the emphasis that is put on different aspects of early education and care work (see Ahrenkiel et al. 2013 and Alasuutari & Markström 2011).

social-health divide between various (semi-)professions in the field is not narrowing, but rather deepening, and this is happening at a time when a growing proportion of older people are in need of domiciliary care. Domiciliary care requires careful assessment and understanding of the interrelatedness of service users' needs of both social and health care. However, the strict targeting and streamlining of domiciliary care services further directs the focus towards service users' elementary, medical care needs. In conclusion, Henriksson (2008) judges that the process of establishing the occupation of practical nursing has left workers' identities and positions in the field scattered and unstable compared to more established professional groups, such as registered nurses and early education and care workers (see also Henriksson, Wrede & Burau 2006, Tainio & Wrede 2008)).

The problem of impoverishment of the care work culture and workers' occupational identities does not concern practical nurses alone. The shift in the professional autonomy of health care professionals means that even the more established (semi-)professions, such as nurses, are increasingly subject to management via rules and regulations, while individual workers are held accountable for their work performance in terms of its financial implications (Clarke 2004, 116; Reinders 2008, 567; Wilson 2002, Davies 1995b, Höpfl 2003, Tronto 2011, Rask Eriksen & Dahl 2005, Banks 2004, Eräsaari 2011a, Mänttari-van der Kuip 2013). The way in which medico-managerialist management grants budgetary power to workers can be seen as empowering, but at the same time restrictive, as it subjects workers to new strategies of control (Rasmussen 2012, 182). Front-line workers' occupational roles are therefore subject to medico-managerialist modification throughout a range of occupations in the field of welfare service work.

The conflict concerning contradictory values, and the goals and means of providing good quality services seem to be left to be resolved at the street level where front-line workers operate. Studies show that these contradictions are also a question of gender and power in the labour market. According to Thomas and Davies (2001, 390) managerialism is not gender-neutral, but involves 'masculine' discourses of competitiveness, instrumentality and individuality that conflict with normative feminine discourses of empathy, supportiveness and nurturing in the labour market. By taking examples from Britain and Sweden, Berg, Barry and Chandler (2012, 317) show that new managerial management styles have the potential to enable women to behave in ways that challenge gender stereotypes in health care work, but also to enforce what they call masculinist managerial practices in which hard objective rationality dominates over caring. A recent study by the Finnish Local Government Pension Institute (Pekka, Forma & Saarinen 2008) suggests that female care workers have fewer opportunities to control and affect their work than their male counterparts, and that they also experience more stress, exhaustion, insomnia and depression than their male colleagues (see also Baines 2006, Rasmussen 2004). Explanations for gender differences cover everything from women's greater load of human relations management to their ability and/or willingness to recognise and report

their symptoms more often than men. Evaluation of the effects of medico-managerial management therefore seems relevant due to its gendered consequences.

In this dissertation, I use the term 'medico-managerialism' to refer to changes in organisational cultures in the public service sector, but extend its original, cultural definition by also pointing to the structural constraints that have emerged in the Finnish public service sector since the 1990s, such as the shortage of financial resources that often leads to corresponding shortages in personnel and material resources in public service facilities. Overall, welfare service occupations have come under scrutiny and questioning by the medico-managerial management culture in ways that affect the shared mentality that shapes the work practices, orientations and occupational identities of welfare service work.

An important characteristic of welfare service work, which I have taken up in analysing the data, is its temporal unpredictability. A unifying experience of the scarcity of time has been reported by several studies on welfare services (Andersson 2008, Hirvonen & Husso 2012, Tufte 2013, Bryson 2007, Davies 2001, Deery 2008). Time has a central but also complex and often underestimated role in welfare service work. On the one hand, the work is characterized by the workers' shared understanding of their responsibility for another human being, which coincides with requirements of workers' flexibility, their ability to emotion work, and their ability to respond to others' needs and to carry out repetitive routines (Davies 2001, 138; Deery 2008; Waerness 1984). On the other hand, working life is primarily organised according to a linear understanding of time as a scarce resource that is measured according to standardised units of clock time (Adam 1995, Davies 2001). This logic differs from the linear and processual framing of time in care work.

Under medico-managerial management, efficient allocation of time is of key importance, putting time management at the forefront in evaluating service efficiency. Standardisation of work processes is also a matter of its temporal organisation. Referring to Timmermans and Epstein (2010, 71), Tufte (2013, 103) describes standardisation of care work as a process of constructing uniformities across time and space, emphasizing elements of predictability, efficiency, accountability and objectivity. One of the goals in this dissertation has been to assess how market principles and economic-rationalistic framing of time affect welfare service workers' agency.

The temporal requirements of good care can be difficult to fit into the fixed time frames that the economic and rationalistic understanding of time offers. To fulfil the ethical requirements of welfare service work, sufficient allocation of time is crucial (Jones 2010). The objective understanding of time in working life assumes a linear, measurable succession between tasks and events. Social theorists have criticised this predominant framing of time in working life for undermining the significance of the processual nature of time in the field of care work. They have described the relational and processual framing of time as a requirement for realizing the situational, social and embodied practices of care

(Held 2006, 10; Twigg 2000, Waerness 2005). Barbara Adam (1995, 101) describes how artists and care and service workers compete on unequal terms with occupational groups whose work can be translated into definitive clock-time units. She believes that such inequality can have negative consequences where the principle of commodified time has been politically imposed – without regard for the temporal complexity of human life upon areas of work such as health services and early education. In this dissertation, by contextualising welfare service work in terms of its temporal complexity, I want to highlight the variety of ways in which a medico-managerial culture affects the practices of care and the agency of welfare service workers by subjecting them to new forms of surveillance and control; a subject to which I will turn next.

2.2 From embodied to disembodied means of creating trust in welfare service work

Care is a core task of welfare service work, cultivated through corporeal habits and practices that aid the worker's imaginative ability to empathize with others (Twigg 2000). People who are described as caring are often those who can 'sense' others' needs and respond accordingly. Sometimes such caring habits come easily; at other times, for example in the context of paid work, they may involve sacrifice, pain, and great effort of will from the worker (Hamington 2004, 31; see also Tronto 1993 and Waerness 1984). The empathetic and emotional components of caring skills are crucial for welfare service workers, who often have little knowledge of their clients and patients. Establishing a good rapport with service users motivates workers to both care for and care about the recipients of care, which further contributes to the establishment of trust in worker-service user relationships.

This trust is built in the everyday encounters between service users and workers. Sociological literature understands trust either as a property of individuals, as a property of social relationships, or as property of the social system (Misztal 1996). My approach to the question of trust in welfare service work and the workers relies on all three conceptualizations. The first one emphasises feelings, emotions, and individual values. The second one depicts trust as a collective attribute, and is therefore applicable to the institutional fabric of society. The third one points to the worker-service user relationships as a signifier of the legitimacy of the welfare state.

In welfare service work, trust is a social resource that can be drawn upon in order to achieve certain organizational goals (Nachmias 1985, Misztal 1996, 14). More specifically, client trust in the context of welfare service work refers to service users' risky investment in an asymmetrical, complementary relationship with welfare service workers (di Luzio 2006, 553; see also Dinç & Gastmans 2012). In the case of welfare service work, trust is a mechanism through which the gap is bridged between the client's incomplete information and need for

help on the one hand, and the impossibility of controlling professional work on the other hand. In encounters with service users, personal feelings, emotions and values are involved together with the general, cultural value attributed to welfare service workers as knowledgeable specialists. To trust is to believe that the result of somebody's intended action will be appropriate from the service users' or the service managers' point of view. From this point of view, trust is necessary in societies in general, and in the field of welfare services in particular, because it reduces social complexity and increases the tolerance of uncertainty (Luhmann 1979, 159).

Public service reforms have implications for the roles of the state, the care professionals, and the service users, as the reforms call for new mechanisms of building trust between these actors (Nicolini 2007, Evetts 2009, Wilson 2002, Orlikowski 2000). In line with developments elsewhere (see Hupe & Hill 2007, Brown & Calnan 2011, Banks 2004, di Luzio 2006) control and power over welfare service work in Finnish municipalities is increasingly in the hands of managerial elites and politicians. At the same time, workers are held accountable for their performance. For example, Total Quality Management and ISO 9000 approaches to service quality improvement have been widely adopted in Finnish local government (Rajavaara 2007, Eräsaari 2010, Pollitt & Bouckaert 2011, 264). Such control of a technical nature overtakes the space of professional judgment while presenting specific requirements regarding practice. Eräsaari (2011b) has pointed out that implementation of new managerial culture has not self-evidently made welfare service work less bureaucratic and more flexible, but just the opposite: documentation and production of highly standardised accounts have become an end in themselves. Indeed, Davis (2012, 141) has described a similar development in the South Australian public sector.

Assessment of workers' performativity according to impersonal and objective criteria produces quantifiable, comparable data and introduces new, technology-assisted practices of accountability to welfare service work. Technology-assisted practices thereby serve the purpose of ensuring the accountability and transparency of workers' service production. Extending the responsibility of management accounting and budgeting measures to this level remodels the welfare state, making it more accountable and transparent for the local service-users, tax-payers and the transnational evaluators such as the EU and OECD. In Finland, this new understanding of public accountability has an established role in the management of welfare services (Rajavaara 2007, Eräsaari 2011a). From a broader perspective, this means that the acts of registration and documentation become the cornerstones that ensure the legitimacy of institutions – individuals grow up and become socialized through documentation in hospitals, maternity clinics, kindergartens, schools, the workplace, etc. (Ferraris & Davies 2013).

Besides the changes in the institutional conditions of welfare services, welfare service occupations are faced with what Evetts (2009, 261) describes as a general decrease in the cultural value of professionalism. Evetts (*ibid.*) claims that the association of trust, competence and professionalism has become questioned in recent years (see also Hupe & Hill 2007, Brown & Calnan 2011, Banks

2004, Giddens 1991). According to di Luzio (2006, 560-561) the situation illustrates parallel changes in attitudes towards professionals as well as a change in knowledge production and the organization of professional work. The distrust towards welfare service workers is partly a consequence of a growing number of reports and public scandals regarding misconduct in a variety of welfare service settings. Explanations for this growth include service users' increasing ways of monitoring and giving notice of defects regarding the services they or their family members receive, and also the faults and problems in service provision that result from the scarcity of various crucial resources, such as time and personnel.

In Finland, the implementation of the medico-managerial management model and the related measures taken to ensure trust in workers in the name of their organizational accountability have not, in fact, resulted from a decrease in citizens' trust towards the welfare state. On the contrary, studies have reported strong trust towards the welfare state as the provider of services and social security (Kallio 2008, Forma & Saarinen 2008). Similar tendencies have been reported elsewhere (Newman and Clarke 2009). Nevertheless, as Calnan and Rowe (2008) underline, professional trust can no longer be assumed to be embodied in the professional; instead, it has to be earned through careful, explicit documentation of daily work that Kuhlmann (2006) calls mechanisms of "checking-based trust".

The mechanisms of checking-based trust (often technology-assisted) signify a new form of creating professional trust. Trust is no longer embodied *in* the professional and enacted in face-to-face relationships. Instead, it becomes disembodied and is founded on information and produced *through* the professional. This is a significant transformation of caring practices that have traditionally been described as situational, social and embodied (Kuhlmann 2006, see also Twigg 2000, Twigg et al. 2011). Referring to practices of telemedicine, Nicolini (2007, 891) notes that the introduction of distance between worker and service-user in their encounters problematizes conventional assumptions and practices of care, the cornerstone of which is proximity. The effort at reconfiguring health practices, she claims, produces both a new set of activities and identities, as well as a modified geography of power positions (*ibid.*, 892). Some practices are more easily objectified than others – namely medical procedures versus social care. Objectification of care practices through IT use therefore reconfigures the values and relations of power in the field by emphasizing the quantifiable practices of care. On the one hand, IT use can actually make the power structure more visible, which means that objectified relationships could be easier to challenge. On the other hand, the growing emphasis on ICT use may overshadow social and embodied practices of care that are difficult or even impossible to quantify, but nevertheless contribute to the establishment of trust in worker-service user relationships.

According to Dunleavy et al. (2006), ICT plays a central role in the cultural, organizational, political and behavioural changes that are taking place in public service delivery. Medico-managerial management techniques and occupational

accountability promote a form of disembodied professionalism which is founded on information, and reasserted with the use of ICT devices. Kuhlmann (2006) believes that when material conditions such as one's age and gender lose their significance as signifiers of a person's occupational identity, the historical idea of care work as gendered work can become increasingly blurred (see also McDowell 1997). Rather than liberating people from gendered workplace binaries, Adkins (Adkins 2001, 690) calls for caution and assessment of the ways in which contemporary flexibilities instil new forms of power in the workplace. From the point of view of welfare service work this seems like sound advice because medico-managerial management highlights first and foremost workers' appropriate and efficient medical and technical conduct through promotion of disembodied professional practices traditionally associated with masculinity. From this point of view, the medico-managerial disregard for care as an emotional, embodied, situational and social practice indicates undervaluation of occupational skills that are traditionally associated with female workers.

ICT-assisted, technical means of quality control aim not only at ensuring workers' accountability and service transparency, but also serve the purpose of producing customer-oriented services. The pressure to produce standardised services and a simultaneous emphasis on personalization and individual choice for service users remodels workers' engagement in client and patient relations (Mitchell and Glendinning 2008). From this point of view, workers act as a buffer between care recipients and the system by balancing the older service users' needs with society's wish to limit expenses. Taking Norwegian home care services as an example, Vabo (Vabo 2009, 351) writes how the simultaneous demand for workers' greater accountability upwards and formalisation of care routines have led to a contractual logic in worker-service user relations. Such a logic, she goes on, is unable to meet unstable and unpredictable care needs (ibid.). Instead, unexpected changes in care routines primarily work to increase reporting duties if and when official care plans need to be adjusted. Although accurate record keeping is necessary in order to monitor the overall execution of service provision, it may simultaneously draw workers away from service users. On the same note, a Danish study (Rostgaard 2011) on the marketization of care services found that what service-users desire the most as consumers is continuity in care, which implies a desire for the development of trustful relations of interpersonal care over time. Instead, as Rostgaard (ibid.) points out, market mechanisms require mutual distrust between service user and provider in order to operate rationally, as consumers are expected to constantly assess the quality of the service they receive.

Overall, researchers have critically determined that the need to follow predetermined standards in service delivery in various areas of welfare service provision is now increasingly transformed into record-keeping practices that produce information but that do not necessarily create trust in service user-worker relationships (Bolton 2004, Taylor & Kelly 2006). The introduction of technological aids, devices, and software applications aims at easing the physical work of care and enhancing information flows between workers, service

users and service managers. However, the use of such tools also raises doubts concerning ethical, appropriate and humane treatment of service users, including their right to privacy (van Wynsberghe 2011, Garrett 2005, ETENE 2010). Moreover, workers are often excluded from the decision-making concerning the introduction of technology into their workplaces, which complicates the implementation of such technology and may jeopardize its desired outcomes (Wilson 2002, Hedström 2007, Raappana & Melkas 2009).

My focus on care practices as embodied/disembodied points to the promising but manifold consequences of the implementation of technology in front-line welfare service work. The changes in the ways of ensuring workers' accountability and in ways of building trust in welfare service work can have significant implications for workers' agency and client trust. Traditionally, workers' personal characteristics and the embodied and corporeal nature of the work have been crucial in front-line client work. As workers spend more time on reporting and managing their activities from afar with the use of technology in an effort to make welfare service work quantifiable and transparent, they are, paradoxically, increasingly dissociated from the face-to-face care that gives service users the chance to assess workers' trustworthiness. Instead of management of the body, which Twigg (2000) claims is at the core of care work, medico-managerialism thereby seems to be more concerned about the management of the information concerning the body.

The growing use of technology-assisted management techniques affects not only the everyday practices of welfare service work, but also the ethical principles of the work. Rather than just quantifiable and reportable 'tasks', van Wynsberghe (2011, 11) suggests that care tasks should be understood as rich practices that promote values such as human dignity and compassion, which are difficult to standardize⁴. The dilemma of managing the value conflicts of street level bureaucracy is not new in studies on public service work (see Lipsky 1980, Hupe & Hill 2007). Yet, the emerging reliance on technology-assisted and disembodied medico-managerial management practices points to emerging challenges that front-line workers face under medico-managerial management in the field.

The crucial question, which scholars have recently pondered, is whether the "production" of professional trust, when controlled by managers, supervisors, and employers, leads to an increase or a reduction in client trust (di Luzio 2006, see also Brown & Korczynski 2010). Moreover, the changes in the conceptualization and the production of professional accountability and trust have implications for welfare service work as a field of feminine work. In Finland, the efficiency-drive of the contemporary welfare state is already leading to workers' exhaustion, while the demographic changes in the society are at the same time challenging the service capacity of the welfare state. The decrease in the valuation of incommensurable social care and emotion work that are executed through embodied, situational and social practices of care could mean

⁴ On the normative nature of care practices, see also Held (2006) and Chapter 3 in this dissertation.

increasing devaluation and disregard of the emotional, corporeal side of care work that has historically fallen on women and that continues to be assumed and expected of female workers.

2.3 Conceptualizing the field of welfare services

A study of the social space where interaction, transaction and events occur is the key to understanding human life and reality. Moreover, as my dissertation is a feminist sociological inquiry concerning the symbolic power and violence involved in the gendered, embodied and temporal nature of caring practices, I have turned to Pierre Bourdieu's theorization. Although Bourdieu himself did not pay much attention to gender problematics or to feminist theory throughout his extensive career as an anthropologist and sociologist, according to Lisa Adkins (2004, 5) the benefit of applying his conceptual framework to feminist social inquiry is that Bourdieu saw social action as always embodied and generative, while he regarded power as subtly inculcated in everyday practices. As my focus is on front-line workers' agency and the practices of care that mediate everyday work in the field of welfare service work, I have approached this investigation with Bourdieuan theoretical-methodological instruments.

Although the social space of welfare institutions was not Bourdieu's area of interest, Michael Peillon (1998) has mobilized Bourdieu's key concepts of *field*, *habitus* and *capital* to develop the sociological analysis of welfare services. As a sociological concept, social space refers to the importance of pinpointing the specific historical and national contexts of the research subject. In the spirit of Peillon's (ibid.) study, I apply Bourdieu's conceptual toolkit in this dissertation to make sense of the relationship between gendered, situational, embodied and social practices of care and the structures in the field of welfare service work in the contemporary Finnish welfare state.

2.3.1 Field and capital

In Bourdieu's theorization, social space consists of various overlapping and intersecting *fields*. Each field consists of a series of institutions, rules, and conventions that constitute an objective hierarchy, and produce and authorize certain discourses and activities in the field in question (Bourdieu & Wacquant 1992, 7-26). Because of this, each field calls forth a specific form of capital, interest, values, and rules, which the participants in the field often tacitly acknowledge.

While fields are relatively independent and stable, they are nevertheless susceptible to change according to gradual, societal transformation. In this regard, Bourdieu refers to the field of power (social world) which is made up of multiple smaller fields (Bourdieu 1990, 144). Each field transforms according to its own internal logics and rules, but fields are at the same time in a hierarchical relationship with one another. This is why change in one of the dominant fields can affect the others. To give an example, in one his later studies, *Weight of the*

World (Bourdieu cop. 1999), Bourdieu interprets changes in a number of cultural fields in French society, and claims these changes have been imposed by globalization, de-industrialization and the imposition of neo-liberal policies. According to him, these large scale phenomena in the economic field act as a catalyst for societal transformation that particularly affect people in already vulnerable situations – such as the poor, the aged, immigrants, young families, and other groups with poor composition of cultural, economic and social capitals with which to respond to these changes.

Following Bourdieu's idea of social fields (Bourdieu and Wacquant 1992), I have used the field of welfare services as a heuristic and methodological device in this dissertation to map out the structures and relations between welfare service workers and the contemporary, medico-managerial field of welfare services, and to analyse the workers' habitus and dispositions as professional care workers. Field of welfare services is a metaphor for a social site where individuals engage in activities of occupational care and service work. Welfare services constitute the field in which workplace staff and management, and service users and their families are involved; in other words, those who have the necessary disposition to take an interest in how services are provided and how care is given through the everyday practices of welfare service work (Husso & Hirvonen 2012).

While the historical roots of welfare service work lie in the historical production and reproduction of gendered and hierarchic divisions in the field, contemporary medico-managerial management culture also plays its part in altering and entrenching existing dynamics in the field. As suggested in the Introduction, medico-managerialism emphasizes seemingly gender-neutral medical and pedagogic skills in welfare service work and undervalues social care as an occupational skill and activity. As a consequence, the implementation of medico-managerialism has implications for the kinds of resources or "capitals", as Bourdieu calls them, which are regarded as valuable in the field. Furthermore, as assumptions and expectations of workers' occupational skills and the kinds of caring roles they take in the field (=composition of workers' capitals and their habitus) are already gendered, one of my goals has been to investigate if and how medico-managerialism affects and alters gendered dynamics in the field of welfare service work.

In any given field, some resources are always more valuable than others, and the conditions in the field change over time. Agents are able to act in the field of welfare service work only through possessing the necessary resources to produce effects (Peillon 1998, 220). Bourdieu (1984) stresses that agency is dependent on the capitals that individuals possess relative to the fields in which they participate (Bourdieu 1984)⁵. Individuals who participate in the field share a mutual recognition of the value of these specific resources that Bourdieu calls

⁵ Bourdieu's view, however, does not assume that individuals have unlimited possibilities for performative action. This is why it can, as Lovell (2000) emphasizes, provide a useful alternative to the postmodern, voluntarist politics that feminist theories of performativity assume.

capitals. Mutual recognition of what is regarded as valuable also works as a kind of glue that binds “the game” in the field and the people as its “players” together more firmly with each other and the game. Access to, control over, and struggle for capitals is at the heart of Bourdieu’s idea of field dynamics.

Bourdieu (1986) uses the concept of capital to sort and measure the resources that individuals possess. The idea of capital is central to his idea of societal power relations and inequality, as our individual compositions of various capitals reveal our chances of pursuing personal interests in social fields. Bourdieu identifies four types of capital: economic, cultural, social and symbolic.

1. Economic capital refers to an individual’s accumulated economic resources;
2. Cultural capital comes in three forms: firstly, as objectified and materially represented in artwork, galleries, books etc. Secondly, as embodied and incorporated within the corporeality of a person in predispositions and propensities such as body language, stances, intonation and lifestyle choices. Thirdly, cultural capital is represented in an institutionalized form as educational qualifications, degrees and certificates;
3. Social capital refers to the social networks and affiliations that people acquire throughout their life. This type of capital is displayed in the interrelationships with others;
4. Symbolic capital represents the form taken by any of the above capitals when it is specifically used to determine the value of various resources that are displayed in the field. It is determined by a dominant group in a given field. The power of symbolic capital is the ability to determine the value given to economic, cultural and social capital in the field.

The dynamics and inequalities and their reproduction in any given field should be understood relative to the history of the field in question. Welfare service work as a feminine field of salaried work has its own specific history in Finland (see Introduction and Wrede 2008), in light of which gendered professional power and occupational hierarchies are constructed, reproduced, and transformed. In defining the composition of welfare service workers’ capitals in the field, the various forms of cultural capital, such as educational credentials and cultural norms regarding gendered expectations and assumptions toward workers in the female-dominated fields, are of particular interest to my study. Regulation and development of welfare service work from women’s “societal mothering” to seemingly gender-neutral professionalism has followed national social and labour policy agendas and it has been adjusted to the needs of the welfare state. The reproduction and transformation of the field’s dynamics and its power relations and hierarchies take place against this background.

Feminist research has further developed the idea of femininity as a cultural capital or resource. The attributes of embodied, situational and social practices of care that are considered as culturally feminine, such as compassion and

kindness, could be considered as valuable, cultural *capital* in the field of care work. Studying the ways in which women position themselves and how they are positioned by dominant conceptions of femininity illustrates the inequalities, uncertainties and negotiations that are part of the reproduction of normative gender identities (Adkins & Skeggs 2004). Following Bourdieu's idea of human resources as forms of capitals, Beverley Skeggs' (1997) study of working-class women's positioning as care workers in the British labour market suggests that women in disadvantaged situations can take advantage of the assumptions and expectations that they face in the labour market as "natural" providers of feminine care. Skeggs' study elaborates how gender becomes an *embodied resource* under the conditions of a specific social field, echoing cultural and historical images and assumptions that are attached to (working-class) women in British society. Transforming a normative expectation of feminine care into a personal resource is especially important for women who lack educational and economic resources, that is, cultural and economic capital. To understand femininity solely as a useful resource that is equally available to all would be a blatant simplification. As Skeggs underlines, the investments in femininity made by the working class women in her study, were made out of necessity. To gain cultural approval and respectability, femininity became a resource in societal power struggles for the women who lacked other resources (ibid.).

Skeggs' study (see also Adkins 2001) suggests that the idea of gender as a resource is a contested one, which I have taken into account in investigating welfare service workers' agency. While welfare service workers are traditionally expected to have the capability for emotional commitment, and to provide embodied, situational and social practice of care (Himmelweit 1999), the medico-managerial management imposes expectations of technical, medical skills that are enacted through disembodied practices. The valuation of different capitals thereby changes according to the changes in the structures of the field. In this regard, one of the tasks of this dissertation is to see if and how gender operates as cultural capital in the field of welfare service work, and if and how it is misrecognized and naturalized, in which case it does not work to elevate (female) workers' occupational status.

2.3.2 Caring habitus

According to Bourdieu (1977), large-scale social inequalities are based on the subtle way in which classed and gendered relations become embedded in our bodies, in our actions and our habits since childhood. To elaborate further on the idea of gender as a form of cultural capital, I refer to Bourdieu's concept of *habitus*. *Habitus* signifies how the social world is actively present and becomes inscribed in a person's body (Bourdieu 1977, McNay 1999). The concept of *habitus* enables the study of how individual actors' choices are directed by predominant relations of power in the field. With these relations, I refer to the power invested in institutional, medico-managerial order, as well as in the gendered dynamics and cultural hierarchies in the labour market.

According to Bourdieu, large scale social inequalities are based on the subtle way in which societal power relations become inculcated in our bodies from early childhood, forming what Bourdieu calls the habitus. Habitus signifies our perception and understanding of our position in the society, and it is formed out of our dispositions – our ways of perception, thinking, acting, and talking – that often, in a subtle manner, reproduce societal power relations in everyday life (Bourdieu and Wacquant 1992, 36). Habitus is a system of durable, transposable dispositions structured by class, gender and ethnicity (Bourdieu 1990, 53; 1977, 83). Habitus mediates an individual's actions and the external conditions of production of agency. It signifies the features shared by people with similar identities and predisposes members of a certain group to shared actions (Webb, Schirato & Danaher 2002).

The principles according to which practices are generated in the field of welfare service work are constituted through habitus, and habitus helps workers to respond meaningfully to the various situations they face in their everyday work. Studying public service work in Finland, Virkki (2008) suggests that workers' shared occupational habitus disposes them towards certain activities and perspectives that express culturally and historically constituted values of nursing and caring professions. Socialization into the role of a welfare service worker means habituating oneself with one's occupational role and applying one's resources to the degree to which they are regarded as valuable in the field (see also Worts, Fox & McDonough 2007, McDonough 2006). To Bourdieu, this sort of a professional habitus represents a second order habitus that builds on the primary habitus acquired since early childhood in the social environment of the family (Bourdieu and Passeron 1977). The primary habitus influences individuals' perspectives, decision-making and outlook throughout life. Importantly, it incorporates the socialization into cultural gender roles. Through this, the primary habitus affects individual women and men's secondary, occupational habitus.

Adkins (2008, 186) has described how labour consists of stored-up or accumulated embodied capacities that are to some extent tacitly and unconsciously acquired by individuals. In this dissertation, I use the concept of *caring habitus* to conceptualise workers' capacities in the field of welfare service work, and to represent the co-production of their primary and secondary habitus. From the point of view of secondary, occupational habitus, the caring habitus can be regarded as somewhat unifying among welfare service workers as their education and training predispose them to act according to certain rules, norms, and ethics that derive from and represent welfare service workers' commitment to public service ethics (Worts, Fox & McDonough 2007, Rostgaard 2002). At the level of organisations, Jenkins (2008) explains, intersubjectivity enables sharing of the same habituated patterns, institutionalizing them into a common understanding of how things should be done. In this sense, habit, therefore, is also a form of institutionalization into normative everyday practices of occupational care work. On the other hand, caring habitus is also a product of gendered cul-

tural dispositions that are acquired by the primary habitus since early childhood in the process of socialization.

The concept of caring habitus has previously been applied in Knif's (2012) study on caregiving across generations. In locating the dynamics of informal caregiving in Finland, she conceptualises middle-aged people's capacity and will to provide care for their elderly relatives as their care habitus, and talks about care as capital. In this dissertation, I extend the concept to study individuals' capacities for care work in the context of occupational care work. Caring habitus in front-line welfare service work constitutes the principles according to which caring practices are generated. It explains the rationality of workers' actions, whether or not their actions always seem rational to an outsider. Moreover, caring habitus is at the same time more personal and more universal than the idea of occupational identity, since the concept of habitus involves an investigation of the specific dimensions surrounding it, i.e. the field of welfare service work. For one thing, it offers access to investigating how and why the reproduction of gendered practices in working life takes place in the context of welfare service work.

The concept of caring habitus has connections to Waerness' (1984 & 2005) concept of 'caring rationality', with which she describes care workers' shared idea(l) of good practice of care. Her widely accepted and applied conceptualization refers to the ethical basis that various caring occupations share. Workers enact this logic as an embodied rationality through their everyday actions at work. This empathetic and emotional component of care is crucial in occupational care work where people often have little knowledge of the service-users. It motivates workers to both care for and care about the recipients of care (Waerness 1984). The rationality of care highlights the relational, processual, and temporally flexible nature of welfare service work. Much of what is communicated between service users and front-line welfare service workers is founded in the subtleties of facial expressions, hand gestures, posture, inflection, and eye contact. Care practices are cultivated through corporeal habits and practices, which aid people's imaginative ability to empathize with others (Hamington 2004, 5). Hamington claims that those who are described as caring are often those who can "sense" the needs of another and respond accordingly. This sense implies 'the feel for the game' that habitus produces (Bourdieu 1990, 66).

The embodied and personal nature of care practices extends to emotions that are essential in directing people's actions and their decision-making. Besides coinciding with the idea of caring rationality, caring habitus has interconnections with what has been described in sociological and organizational literature as emotional labour. According to Hochschild (1983), the expansion of the service sector has created potentially harmful means of alienation for workers by forcing them to engage in emotional labour. Emotional labour signifies the work involved in managing one's emotions in the creation of emotional displays. The rules for emotional labour are set by forcing employees to manage their own emotions for the good of the organization. Hence, employees' emo-

tions become commoditized and their individual capacities for empathy and warmth are put to corporate uses when emotions are sold for a wage.

Furthermore, Himmelweit (1999) explains that emotions have a special significance for care occupations which are characterized by the ethics and the rationality of care with which workers manage their emotions in accordance with the moral disposition to care. The intimacy, empathy and responsibility involved in care work are inseparable from a worker's motivations. They are therefore also inseparable from the investigation of caring habitus. In studying social and health care workers' emotional skills in violence prevention in the workplace Virkki (2008) uses the term 'emotional habitus' to describe individuals' internalization of occupational expectations of emotion work. Emotional habitus corresponds to the central ethical values and feeling rules of care work (see also Gould 2009). She explains that through the courtesy of their emotional habitus, workers are agents who are capable of active negotiations with violent clients. Importantly, Virkki (*ibid.*) also raises a concern for the naturalisation of female workers' skills in emotion work, pointing to the gendered dynamics in the field of welfare service work. The expectation that workers in female-dominated fields will exchange niceness and empathy for non-violent treatment by virtue of their 'feminine skills' contributes to the reproduction of gendered patterns of domination and subordination (Virkki 2008, 86). The emotional component of caring habitus can structure people's feelings, and it is especially important for understanding the operation of gendered structures of power in the field of welfare services.

Recent studies have used Bourdieu's sociology to conceptualize the production of habitus within professional fields (McDonough 2006, Artaraz 2006) and in attempts to develop Hochschild's (1983) idea of emotional labour (Colley 2006, Reay 2004). For one, McNay (1999, 101) argues that gendered relations are not a result of conscious learning, but that they are (re)produced through mundane practices, which is why gendered reproduction of power often goes unacknowledged. Studies indicate that there are significant gender inequalities in emotional labour: women in particular are expected to engage in what Hochschild (1983) calls emotion work, and to have a caring orientation that includes empathy, sensibility and capacity to emotional support that affirms the wellbeing and status of others. Women continue to have less independence in access to money, power, authority, and status in contemporary society (Crompton 2006, 149), which could also affect the strategies they have available in working life. Naturalization of emotion work as a 'feminine skill' may encourage especially female workers to make a resource out of their feelings and to compensate for their low occupational status by doing emotion work, especially the kind that affirms the wellbeing and status of others, as Skeggs (1997) has noted. The capacity to manage feelings and to do emotion work may have therefore become a more valuable resource to women than to men, and may explain the differences in male and female workers' caring habitus in the context of occupational care work.

Although the Nordic countries have been at the forefront of introducing government-sponsored policies to persuade men to engage in household tasks, such as childcare and care for sick family members, these attempts have had only limited results (Crompton, 2006; Lister, 2009). Normative role expectations continue to assign the main responsibility of caring to women, a phenomenon Rosemary Crompton (2006, 149) describes as domestic gender traditionalism. Referring to Hughes and Baxter (2007, 118), Kivelä (2011) explains that women's unpaid work at home or in other arenas outside the context of paid work can be seen as an expression of the feeling of naturalness and ease that habitus constitutes, as can the feminine "calling" or tendency of women to end up in low-paid service work either in the private or the public sector (Kivelä 2011, 29). Women as professional workers experience demands of emotional engagement and responsibility that stretch between the private and the public spheres. This reproduces gendered expectation of feminine care in both spheres. The presumed and hence assumed naturalness of women's skills in embodied, emotional care action is the key to understanding how habituality works in practice, and how it reproduces gendered relations of power.

In social scientific literature, the growing importance of affective labour in working life has been called "the feminisation of economy". One of the tendencies of the process, as Adkins (2001) points out, is the growing requirement of habitual skills that are considered either as feminine virtues or feminine vices, such as the performance of social, emotional, and domestic skills. As an example of "the new economy" that requires performances of femininity, Jokinen and Veijola (2008) refer to work of hostessing as it is performed in domestic work and tourism work. According to the authors, hostessing requires anticipation, co-ordination and the ability "to orientate to anything in the time and space between now and the next moment". When men are capable of observance of this kind, they are ordinarily awarded and praised for it, whereas women are not. As Veijola and Jokinen (2008) ponder, the question remains whether the feminization of economy has a real effect on increasing equality between the genders. Regarding the question of gender equality, a similar anticipation and doubts follow my study of the consequences of medico-managerialism and disembodied professionalism in the field of welfare service work.

The strong association between welfare service workers' agency and the gendered normativity of caring practices (assumptions of how and by whom things should be done), calls for an understanding of gender that takes into account this complexity. In this dissertation, I refer to the sociological conceptualization of gender as being structurally bound but constantly constructed in situated, interactional and institutional conduct. Gender thereby becomes "a lived social relation" (McNay 2004) rather than a fixed location within societal relations in the field. On the same note, the seminal work of Judith Butler in *Gender Trouble* (1990) refers to the performativity of gender, albeit in reference to

Michel Foucault, not Bourdieu⁶. Butler (ibid.) questions the cultural idea of binary and heteronormative gender. Instead, and much like McNay (2004), she describes gender as a "contingent habit" that has an anticipatory dimension. In line with the idea of gendered habitus, Butler's (1991, 140) understanding of performativity of agency diverges from the idea of gender as a stable identity. Instead, she points to production of gender as "a stylized repetition of acts". According to her, the mundane way in which bodily gestures, movements and styles are repeated creates an illusion of an abiding gendered self (ibid.).

Bourdieu's own trials for analysing gendered embodiment have their shortfalls (see Bourdieu & Nice 2001, Bourdieu cop. 1999, Bourdieu 1990)⁷. Adkins and Skeggs (2004) criticize Bourdieu's general lack of attention to gender as problematic and claim that his understanding of gender relations in a contemporary, heterodox society is based on an outdated anthropological study of an undifferentiated Algerian society. Others have criticized his heavy structural orientation in the development of habits, claiming it leaves little room for creative agency (Crossley, Swartz 1997)⁸. Despite the shortfalls, contemporary feminist writers have reworked Bourdieu's structural-constructionist theory of practice to address contemporary sociocultural issues, especially in light of the idea of the nature of social action as always embodied and generative, and regarding Bourdieu's understanding of the subtle inculcation of power through the body (Adkins 2004, McNay 1999, Probyn cop. 2005, Reay 2004). The concept of habitus in particular, as Jokinen (2005, 50) points out, is useful for analysing and understanding the simultaneous processes where "the society enters the body and the body enters the society". These processes produce the gendered habitus as a durable but transformable relationship between the structures and the subject. Feminist developments on the concept of gendered habitus represent a welcome addition to Bourdieu's theorization of human agency not only as strategic action or game play, but as being generated by emotions and affects. To this end, I have attempted to conceptualize my interviewees' capacities in

⁶ As a matter of fact, Butler has later pointed out that her theorization regarding the performativity of gender comes very close to Bourdieu's theorization of agency and habitus (see Butler 1997 and 2006).

⁷ Bourdieu (1990) saw women's role in society in a maternalistic manner based on their role in families as mothers. Historically, their role was to pass on the symbolic, cultural and social capital of the family, or what Terry Lovell (2000) has called the cultural housekeeping of women. The habitualized practices of cultural housekeeping that women embody reinforce and reproduce their maternal role in the society. The weakness in Bourdieu's view was that he recognized women primarily as objects - albeit with resources - and not as active, driven subjects. For this, feminists have criticized the objectifying nature of Bourdieu's ontology in the reproduction of female agency (Adkins & Skeggs 2004).

⁸ Adkins insists that habitus produces enduring but not fixed orientations to action, but it is also generative of individual and collective practices (Adkins 2003). Bourdieu understands habitus as a socially constituted system of cognitive and motivating structures that are located within the body and that guide and direct, but do not determine an individual's ways of behaving (see also Twigg 2006, 31). McNay (2004, 184) further emphasizes that the process of inscribing social positions upon the body in the form of pre-reflexive dispositions (habitus) does not attribute determining priority to structures over representations because the process of inscription is generative rather than determining.

care work through the concept of caring habitus. I use the examination of the embodied, situational, social and corporeal practices of care as a way to assess the lived realities of gendered power in the field of welfare service work.

2.4 Adjusting to change in the field of welfare service work

Social and economic change in society, on both local and global scales, changes the conditions in various social fields in ways that can cause conflicts and dissonance between habitus and field (Siisiäinen & Alanen 2011, Kivelä 2011). In the Finnish public service sector, the doctrine of New Public Management (NPM) has brought about economic rationality and “management by numbers”, suggesting that by quantifying the inputs and outputs of welfare services, the transparency of and trust toward public service production can be established. In the field of welfare service work, care work cultures and occupational identities are subject to change according to the principles by which the welfare state itself transforms. However, as workers’ dispositions and their ‘practical sense for the game’ take a very long time to change, if they can change at all, the mismatch between caring habitus and the shifting conditions in the field reduce workers’ chances of having meaningful agency.

Contemporary medico-managerial management of welfare services in the Finnish public sector not only affects the institutional environment of service provision, but also remodels the practices of care and the idea of good care. Workers have become subject to requirements of self-regulated professional development, and must also commit to the goals, ideals and efficiency targets of their workplaces instead of the more universal, occupational values and principles they have acquired through education and occupational training. This means the logic of the field has been subject to alteration due to policy shifts and ideological transformation of the welfare state. As a result, individuals may find that their dispositions are out of line or out of date with the field and its collective expectations. There are a few specific aspects to this misrecognition.

First of all, the changing managerial models and the values they convey represent the structural factors behind institutional change in the field. The shift towards increasing use of technology suggests that embodied practices of care are complemented by or even replaced by disembodied ones. Levina and Vaast (2006, 16) explain that with respect to embodiment, the habitual production of practices relies heavily on norms of reciprocity. Social relations are made, unmade and remade based on interpersonal relationships, and tied to individual bodies. Increasing use of ICT, on the contrary, allows for the sharing of objects *without* relying on embodied relationships. From a Bourdieuan perspective, this is a matter of objectification of embodied practices, which means reforming of specific relationships among agents so that these relations can be reproduced beyond a given interaction (*ibid.*, 16). This objectification of embodied practices with increasing technologization of caring practices takes place in the form of what Ferraris (2013) calls documentality - workers’ reporting and record-

keeping duties that attempt to objectify the generation of trust in welfare service work. The consequences of this objectification have been of great importance in my investigation of the field of welfare service work.

Second, misrecognizing the characteristics of caring habitus and the structures in the field as gender-neutral inhibits the participants in the field from recognizing the violating nature of mundane practices of care. Furthermore, this prevents the recognition of the social forces behind the suffering and discomfort that workers can experience when they have to comply with and adjust to the expectations of medico-managerial professional culture in the field. Although change is inherent in any professional and occupational practices, so is the reproduction and endurance of existing practices (Hager, Lee & Reich 2012, 10). The Finnish welfare state implicitly continues to rely on the gendered division in the society, according to which women in general and welfare service workers in particular are called upon to respond to the growing care needs because they are considered to be “natural carers” and flexible workers (Henriksson 2011, 120). Habitual practices are easily recognized as natural even when they are culturally and historically shaped, which is why changes following from managerial reforms can be highly complex. In addition to this, Leena Eräsaari (2010) states that the recent changes in the management culture and in the nature of welfare service work lead to a new gender contract in the society. Whether or not managerial reforms also imply changes in the gendered relations of power and gendered cultural norms that affect our understanding of welfare service work, is a question for empirical research.

Lastly, and in relation to Bourdieu’s idea of how the reproduction of structures takes place, there is the question of the smooth way in which everyday events unfold. Hierarchies and discrimination that are established in societal fields often go unnoticed. For the most part, people are unaware of the constitutive role of their actions in various fields in society. Bourdieu (1999) conceives the social causes and ties of individual suffering to be social suffering (see also Bourdieu & Wacquant 1992, 161; Schubert 2008). The concept suggests that even well-meaning ideologies, institutions and practices can violate individuals’ wellbeing (Laitinen & Hurtig 2002). The concept points to suffering as an interplay between the individual and society, body and mind, reason and emotion, and public and private spheres in a way that cannot be reduced to any single one of them (Honkasalo, Utriainen & Leppo 2004, 40). The turn towards working life, where trust in professionals builds on the practices of “checking-based trust” and where the contemporary demands for efficiency and rationalization of care work enforce disembodied professional practices, can have gendered effects that easily go unnoticed. Moreover, the conflict is felt as a personal one due to the embodied and emotional nature of the caring habitus.

3 DATA AND METHODS

In studying how welfare service workers discuss their work and the practices of care, I have used qualitative interview data (n=25) that was collected in 2007-2009 using snowball sampling and by recruiting interviewees through adverts posted in welfare service facilities. The data was collected with two other researchers and a research assistant. The interviewees were nurses and care workers from public hospitals and clinics, municipal geriatric care units, kindergartens, and home care service teams (see Appendix 1). The interviewees were between 25-61 years old and the sample consisted of interviews with 23 women and two men, representative of the gender distribution in social and health care occupations. The interviews were recorded and manually transcribed, and lasted approximately one and half hours each. Interview themes focused on the nature of the participants' jobs (duties, most/least liked elements) and their relationship with co-workers and service users (see Appendix 2). Overall, the aim was to map their accounts of organisational life, and their descriptions of care practices in their workplaces.

The interviews had a semi-structured form (Corbin & Morse 2003, 340). Specific themes were introduced using key questions and prompts when necessary. The question sheet (see Appendix 2) was used as an aid with which the interviewers could check that all areas of interest to the study were covered in each interview. The purpose was to leave space for interviewees' reflections and descriptions by allowing them to use their own terminology and definitions as much as possible, to which purpose thematic interviews are well suited. The interviewees' choices of words, especially concerning gendered meaning-making, provided important information regarding the study's goal of analysing whether and how welfare service work remains gendered work.

In the course of collecting the interview data, I noticed that mentioning my own position as a daughter of a welfare service worker, often worked to relax the interviewees at the beginning of the interview and signified that I had some preliminary understanding of their life-worlds. On the other hand, since I myself have never been involved in occupational care work, I was able to approach my interviewees as an outsider, which made it possible for me to ask questions

that an insider would regard as self-evident. However, too much social distance and excessive differences in the relative power and life-worlds of an interviewer and an interviewee could have resulted in suspicion and lack of trust, as Miller and Glassner (2004, 133) show when describing the pros and cons of being and “insider” and “outsider” as an interviewer (see also Rapley 2004). Since three other people were involved in collecting the data, my reflections on the interviewees’ role in the interview interaction concern only the interviews I personally conducted. In all interviews, proper ethical conduct was observed regarding obtaining interviewees’ permission to record the interviews, the anonymization of the recorded material, and ensuring the interviewees were able to call off the interview at any point or to refuse permission to use the data after the interview.

The reason for collecting empirical data from welfare service workers representing a variety of occupations was that while there are numerous case studies and profession-specific studies available, considerably fewer studies have investigated the overarching elements between welfare service occupations in terms of gendered relations of power in working life and in society in general. Moreover, while working life barometers have produced valuable data on the high prevalence of mental and physical strain among social and health care personnel, the data is not sensitive to analysis of the range of tones, discursive meaning-making, and descriptions of the everyday practices of care that can provide additional information for interpreting survey results. This kind of information is important for understanding workers’ agency and how the practices of care in welfare service work become reproduced and transformed. Qualitative data therefore provides an opportunity to investigate the structural elements that reproduce and transform the practices of care across a range of welfare service occupations, and that point to the large-scale societal tendencies that instil and transform the relations of power in the field of welfare service work. Using qualitative interview data also offers a chance to analyse the production of professional identities in an interview situation, and whether and how gendered meaning-making plays a part in this process.

Regarding my interest in studying the effects of the large-scale transformation of the Finnish welfare state, the use of qualitative interview data offers a possibility to assess the transformation from the point of view of the values, cultural norms, and ideals that the workers themselves attach to welfare service work. In analysing the data, I have taken two approaches. Firstly, I have used discursive methods, namely membership categorization to analyse interviewees’ gendered meaning-making in the interview situation. Secondly, I have used practice research to analyse the temporal, embodied, situational and social aspects of caring practices as described by the interviewees. The methodological approaches counterpoint one another regarding the framework of this dissertation. Firstly, they enable me to study the gendered nature of welfare service work, i.e. how individuals “do gender” through discursive practices. Secondly, the practice approach focuses on analysing the nature of caring practices. The

data has been read and re-read by adjusting the methodological vantage point in each of the four articles that form the subtext of this summary article.

3.1 Qualitative interviews as a method to study gendered work and practices of care

Gender is a central organising feature in working life and a resource for negotiating professional identities and making sense of the world (Acker 2006; Davies 1995). Nevertheless, we seldom think of its significance in everyday life. In this dissertation, I refer to a sociological conceptualization of gender as being structurally bound but constantly constructed in situated, interactional and institutional conduct. Previous studies show that welfare service work as a context of 'gendered work' reproduces certain normative cultural conceptions of femininity and masculinity through the everyday practices in which workers take part.

In light of the question of how individuals 'do gender' as welfare service workers, feminist research has developed the idea of situational and gendered practices in working life (Gherardi 2006, Martin 2003). In the occupational sense, care work involves personal service, a form of bodywork, and emotional commitment to the needs of another human being. Regarding how welfare service workers 'do gender', there is on the one hand much fluidity and heterogeneity behind the hegemonic categories of masculinity and femininity, as well as in fields of gendered work, such as welfare service work (Simpson 2004, Kerfoot & Knights 1998, Connell 2000). On the other hand, there are cultural, gendered stereotypes and constructions underneath the seemingly gender-neutral face of professionalism. These cultural constructions guide, justify, and legitimate decision-making and ways of organizing and dividing work in specific ways, and both implicitly and explicitly in various occupational fields (Acker 2006).

In the field of welfare services, people 'do gender' within institutional settings and through socially guided activities that regard particular pursuits as expressions of masculine and feminine 'natures' (West & Zimmerman 1987, 126; Davies 1995a, 30). According to Skeggs (2004, 55), when women deploy femininity as a resource in working life, it is easy to believe, mistakenly, they are only doing what they are expected to do as women. She further explains that since individuals are encouraged to act in certain ways according to cultural conceptions of femininity and masculinity, 'doing gender' is in fact often a performance rather than a performative resource for both male and female workers (ibid., 89). As West and Zimmerman (1987, 145) point out, 'insofar as sex category remains a fundamental criterion for differentiation, doing gender is unavoidable because of its social consequences: the allocation of power and resources in the domestic, economic, and social domains'. In the field of welfare service work, doing gender though discursive, embodied, material and affective practices of care work is therefore a matter of reproducing gendered societal structures and relations of power.

According to Miller and Glassner (2004, 126), the interview method does not give the researcher access to people's experiences. However, it can provide access to the *meanings* people attribute to their experiences and social worlds beyond the interaction in interview situation. Moreover, explaining how and why certain experiences come about is interesting from the point of view of feminist research, the goal of which is to locate and explain the origins and mechanisms of societal power that enables some but suppresses other experiences (Saresma 2010). Following these ideas, I have analysed interviewees' descriptions of their experiences, and their discursive means of constructing gendered professional identities. In the following sub-chapters, I review the chosen methodology – membership categorisation or practice research approach – and at the end I summarise how the chosen methodology works together with the Bourdieuan conceptual framework of field, caring habitus and care practices.

3.1.1 Constructing gendered professional identities through membership categorization

As a method, membership categorization derives from ethnomethodology and represents the social constructionist research tradition. Categories are formed and used in reciprocal communication and action as social products (Jokinen, Juhila & Suoninen 2012, 10). They are made and used through language and action, and they have consequences. The classification and categorization of actors is characteristic of institutions such as hospitals, care homes and kindergartens. As an analytic tool, membership categorization points to the ways in which individuals discuss, adopt, question, and criticize these categories. (ibid., 40).

Membership categorization is a useful tool for addressing caring practices as discursive and gendered practices. In this dissertation, I use it to analyse my interviewees' gendered meaning-making and to assess its role in improving their agency. I have applied membership categorization in one of the articles (Hirvonen 2013a) on which this summary article is based. In this summary article, I apply the method to address research question number three concerning *the effects of contemporary medico-managerial management models on the construction of welfare service workers' gendered professional identities*. In analysing my interviewees' gendered meaning-making with membership categorization, I have limited the data to the 23 interviews with female workers, leaving out the two male interviewees. By delimiting the scope of analysis regarding gendered, discursive practices, I have aimed to maintain the validity of analysis, since there are only two male interviewees in the sample.

One location in which professional identities are constructed is the socio-cultural context of the workplace. In analysing the construction of gendered professional identities through the use of gendered categorization, I follow Laiho & Ruoholinna's (2011) definition of professional identities in welfare service work that comprises the person's self-conception as a professional agent based on his or her life history, their descriptions of what they want to be(come), what they relate and identify with, what they value, and what their professional

commitments are, such as the values and ethics of care work. Analytically, I view the discursive production of gendered occupational identities in light of the gendered, cultural and historical conceptions of women's and men's place in the field of welfare service work.

In workplaces typically labelled as either feminine or masculine, people draw from a range of linguistic and discursive resources to construct professional identities. Their choices can indirectly point to normative conceptions of femininity and masculinity by both supporting or criticizing them (Holmes & Schnurr 2006, 34). Analysing how people talk to one another gives access to a cultural universe and its content of moral assumptions (Silverman 1993, 108). This talking always covers more than the official topic of the interview, thereby revealing personal identity work and shared cultural stories concerning gender relations (Rapley 2004, 16). The question of analysing interviewees' gendered meaning-making arose from the observation that the data were rich in gendered categorization regarding the interviewees' descriptions of the nature of their work. In the course of the interviews, gendered meaning-making was mainly unprompted. Only at the end of the interview question sheet were there questions that explicitly concerned gender (*Does the worker's gender make any difference at work? Can you tell us about situations where you've experienced your gender as a strength or a weakness in your work?*). Nevertheless, I do not assume that everything my interviewees said signified gender. The focus is more on how and when interviewees 'do gender' discursively.

In Finland, it is common to initially deny how gendered cultural expectations related to women and men in general and to specific occupations in particular could impact individuals' expectations toward one another in working life. Gender could therefore be a sensitive topic for workers to take up if gender equality is already assumed to exist in the labour market. Moreover, under contemporary conditions in the field, welfare service workers are subject to requirements of self-regulated professional development, and must also commit to the goals and ideals of their workplace over those of their occupation. The ideal contemporary professional, according to Julkunen (2006, 102), absorbs the managerial doctrine and accepts its requirements as his or her personal, valuable mandates. From this point of view, workers' *personal* qualities and resources are a rather relevant topic of study, as in contemporary working life workers' successes and failures are considered to depend on individuals' personal competence and skills (see further Mäkinen 2012).

If coping and surviving in the labour market are counted as individuals' personal victories and losses, it can be distressing to take up structural questions such as gendered norms and power structures. This was apparent in the interviews conducted with the women and men participating in this study. Fortunately, as the interviews proceeded, the initial denial and hesitation of the interviewees regarding their views on gendered norms and practices in welfare service work was replaced by various stories and anecdotes on the impact of gender in the everyday practices of welfare service work. (Husso & Hirvonen 2012.)

Following Rapley (2004, 16) my point of departure is the idea that interview-talk is not only about the official topic of the interview, but equally about how people produce themselves I regard the interview data as a topic of analysis, not simply as a resource for analysis. This means viewing it as a reality that is jointly constructed by the interviewee and interviewer. Approaching the data as descriptions and as a demonstration of interviewees' active identity work, I have analysed the processes of gendered sense-making and how the interviewees use gendered cultural categories, especially the category of motherhood, in constructing assertive and authentic professional identities, and in producing themselves as what Rapley (2004, 29) calls "competent interviewees" in an interview situation (see also Baker 1997, Stokoe 2003). Following Rapley (*ibid.*), I treat the interviewees as individuals, but at the same time as a part of the broader story of welfare service work. Interviewees do not always speak as individuals but as representatives of their profession, organization or institution, or as representatives of a specific gender, race and sexuality.

In constructing themselves as competent interviewees, people resort to categorisation. We tend to associate categories with certain attributes and activities. The category of "societal mothering", for one, represents a whole set of activities, attributes, competencies and predicates, that the category culturally and symbolically carries (cf. Baker 1997, Baker *cop.* 2002, 783; Jokinen, Juhila & Suoninen 2012, 61). In the case of societal mothering, these include terms such as welfare state, responsibility, duty, mothering, children, and care. On the one hand, the concept of societal mothering refers to all welfare service workers in the Nordic context in the sense that it refers to both paid and unpaid caring work that is done mostly by women due to gendered division of labour (Simonen 1990, 28). On the other hand, the category is not equally available to all welfare service workers because it relies on specific cultural and moral ideas about care and femininity that are not necessarily shared by all workers. The category of societal mothering therefore offers the workers subject positions that some of them may not want to – or cannot – associate with.

Although the interviewees may resist such categorization, this alone does not free them from societal assumptions and expectations. Furthermore, I have analysed the interviewees' gendered meaning-making in relation to the context of the medico-managerial welfare state. The analysis of female workers' use – and their ambivalence in using – gendered categorization helps to identify how contemporary medico-managerial management models affect the construction of gendered professional identities in the field of welfare service work. Interviewees' category-related meaning-making reflects the cultural idea(l)s that they associate with their work as welfare service professionals. I understand the interviewees' meaning-making, their descriptions and reflections in the interview situation as expressions – intentional and/or unintentional – for making sense of the transforming and persisting cultural values in the contemporary field of welfare service work. In this respect, the interviewees' meaning-making can be considered as negotiation of the social and moral order in the field of welfare service work. By analysing the interviewees' gendered identity work,

my study contributes to discussions on the role of welfare state as a promoter of gender equality, as well to discussions on the cultural persistence and transformative tendencies in the construction of gendered professional identities.

In the first-order analysis, I coded and analysed the data to detect passages in the respondents' reflections on motherhood, femininity, and gender as part of their meaning-making and sense-making work. Through discursive identity work, interviewees engaged in explaining, attributing, justifying, describing and otherwise finding possible sense in various events they talked about (see e.g., Nikander 2010, Stokoe 2003). In some instances, their gendered categorizations pointed to normative femininity as a resource for constructing positive professional identities, while in others, it was an object of criticism of stereotypic, gendered cultural assumptions concerning welfare service work. I then further evaluated the results in light of the contemporary context of the medico-managerial field of welfare service work to assess whether and how "doing gender" coincided with descriptions of the shifting emphasis in the valuation of workers' occupational skills that promotes disembodied, technical and medical practices of care.

3.1.2 Analysing the practices of care

Analysing interviewees' discursive, gendered meaning-making regarding the meanings they attribute to their experiences and to themselves as competent interviewees and welfare service workers only allows a limited understanding of their agency. To broaden my scope, I have analysed the social, embodied and situational practices of care. To view the practices of care only as discursive would not do justice to the nature of welfare service work, and to all the mundane tasks and chores, of which only some are recognized in the workers' job descriptions. Practical acts, or practices, Gherardi (2006) explains, constitute the terrain for research on which subjects and objects take shape, language becomes discourse, and knowledge is mobilized and maintained.

My motivation for practice research rises from the contemporary tendencies in the field of welfare services to make the work more transparent and (ac)countable, due to which welfare service occupations have come under scrutiny and questioning by the medico-managerial management culture in ways that affect the shared mentality or code of conduct. This transformation shapes workers' practices, orientations and occupational identities. As a broad, methodological viewpoint, I have used practice research to complement the discursive analysis of interviewees' gendered meaning making. Practice research has emerged as a methodological tool in the field of organizational studies to analyse how people's behaviour is socially embedded in societal, cultural and institutional norms and relations of power. Practice research also grows from the disciplines of management studies, psychology and sociology. Schatzki (2001) even talks about the 'practice turn in contemporary theory' to highlight the role of practice research in recent social theorization.

The studies of practice theorists focus on actions, language, behaviour and routine conduct that form the organizing, learning and knowledge in organiza-

tions (Corradi, Gherardi & Verzelloni 2010). In this dissertation, I turn to the analysis of caring practices to understand how medico-managerial management affects welfare service workers' agency from the point of view of the nature of caring practices as embodied, situational and social. I have used the practice research approach in three of the four articles that are part of the dissertation (Husso and Hirvonen 2012, Hirvonen and Husso 2012, Hirvonen 2013b). In this summary article, I use the practice research approach to answer research questions one and two: 1) *How do temporal orientations define welfare service workers' agency?*, and 2) *How do contemporary medico-managerial management models affect welfare service work from the point of view of embodied, situational and social practices of care?*

To talk about the practices of care means defining and viewing care in a way that surpasses simple definitions of care as an "activity" or "work". According to van Manen (1999, 5), a paradoxical feature of practices is that they are not directly accessible, observable, measurable or definable; rather, they are hidden, tacit and often linguistically inexpressible in a propositional sense. At the same time, the term 'practice' has the connotation of being something transferable, teachable, transmittable or reproducible (Turner cop. 1994). According to Gherardi (2000, 215), practice constitutes the 'topos' that ties the 'knowing' to the 'doing'. Participation in a practice is on the one hand a way to acquire knowledge in action and, on the other, a way to change or perpetuate such knowledge and to produce and reproduce society (ibid.).

Schatzki (1996, 89) further explains how any established practice is a collective and historic achievement. Practices are developed over time by groups of practitioners who are engaged in that practice. In general, as an integrated practice begins to diffuse, institutions emerge to make it more widely known, to teach novices, to improve performance, and to promote and legitimate it and its virtues. In modern societies this institutionalization is very pronounced and occurs through formal vehicles such as practitioner organizations and training schools, but also through informal means such as personal conversation. (Schatzki 1996, 89.)

Since practice research is not restricted to any one discipline, the term 'practice' requires clarification and contextual definition in order to become useful in (empirical) research concerning caring practices. Regarding the practices of care in the context of welfare service work, I refer to Virginia Held (2006) who uses a simple but interesting analogy to clarify the meaning of care as a working life practice:

"Care is a form of labor, but it is also much more. The labor of care is already relational and for the most part cannot be replaced by machines in the way so much other labor can. Care is practice involving the work of care-giving and the standards by which the practices of care can be evaluated. Care must concern itself with the effectiveness of its efforts to meet needs, but also with the motives with which care is provided. It seeks good caring relations. (...) An activity must be purposive to count as work or labor, but it need not incorporate any values, even efficiency, in the do-

ing of it. Chopping at a tree, however clumsily, to fell it, could be work. But when it does incorporate such values as doing so effectively, it becomes the practice of woodcutting. So we do better to focus on practices of care rather than merely on the work involved." (Held 2006, 37)

Held's definition is incisive in how it highlights the normative nature of care practices. Practices incorporate various values, which in everyday life often go unrecognized. Held (2006, 36-7) explains how in normal cases, the recipients of care sustain caring relationships through their responsiveness – a look of satisfaction or a smile. Where such responsiveness is not possible – with severely mentally incapacitated or disoriented individuals, for instance – sustaining the relationship may depend entirely on the caregiver, but it is still appropriate to think in terms of caring relationships: the caregiver may be trying to form a relationship or must imagine one in order to follow ethical conduct (Held 2006, 36-7).

Practices of care, as they are normative in terms of the logics in the field, can be difficult to pin down. Held's description demonstrates how the practices of care can be difficult to define and explain, as they are situational, social, and embodied by nature. Held (2006, 37) suggests that practices of care have changed a great deal, but to a significant extent without the appropriate moral theorizing. There are few authors who explicitly discuss the normativity of caring practices. One who does is Tronto (1993, 108), who, while elaborating on the connections between caring for and caring about, refers to practices to envision the holistic nature of care that involves both thought and action which are directed towards some end. Another author is Annemarie Mol (2008, 84), who states that not all care practices are good, in fact, a lot of them are not. Because of the various logics that inform care practices and that continuously produce hierarchical dichotomies in the field (logic of patient choice, logic of managerialism, logic of economy, etc), Mol (*ibid.*) suggests that lived reality that consists of practices of care workers, service users, relatives, friends, and technologies, should be better incorporated into normative assessments of care. Also, van Wynsberghe (2011, 11) describes care tasks as rich practices that promote values that are difficult to standardize, such as human dignity and compassion. Following these writers, the practice approach to studying welfare service work in this dissertation represents an attempt to overcome the difficulty of grasping the elusive – yet normative – nature of care work, in order to see the mundane tasks and activities of care as meaningful practices that can both restrain and advance welfare service workers' agency.

According to Corradi, Gherardi and Verzelloni (2010, 267; see also Gherardi 2012, 219) the study of working practices, workplace interactions and activities has become central, especially now that work is changing rapidly. In the midst of this change, the normative nature of caring practices, its ethics and ideals, is negotiated and discussed continuously among front-line workers. The changes in the nature of welfare service work towards emphasizing disembodied and technical skills in defining welfare service workers' occupational roles,

and the temporally challenging conditions in the field under the medico-managerial management, represent contemporary challenges that affect workers' agency.

Practices of care represent the persistent institutional knowledge and order in the field as its 'organizational memory', as Schatzki (2006) describes the role of practices in institutional structures. Such practices are not only discursive, but sociomaterial phenomena involving human and non-human actors in space and time (Hager, Lee & Reich 2012, 3). Practices research focuses an analytic lens on the nature of the association between people and sociomaterial artefacts, such as computers and other technological aids, devices, and software applications. The forceful implementation of ICT in welfare service work over the past decades has become a key ingredient in the contemporary practices of care, and is therefore acknowledged in this dissertation. By acknowledging the sociomaterial, practice research can go beyond recognizing the importance of activities or the agency of the people who perform them (Price et al. 2012, 235).

I have treated my interviewees' accounts as their stories on the enactment of practices of care. Following Held's understanding of the normative and historical nature of practices, the practice perspective serves two purposes in this dissertation. *Firstly*, it works as a vehicle to analyse the sense-making process that supports welfare service workers' shared understanding and ethical negotiations of "how things should be done" (the normative nature of practices). I analyse the temporal and embodied nature of caring practices as they are described in the interview accounts. The analysis of the temporal nature of caring practices distinguishes between three temporal dimensions in welfare service work: immediate situations, routine situations and long-range goals. This tripartition, which I have adapted from Hitlin and Elder's (2007) typology of temporal orientations, produces three variations of temporal agency in welfare service work. These are pragmatic agency, identity agency and life course agency.

Likewise, the analysis of the transformation of professional practices from embodied to disembodied in the field concerns the question of the workers' agency. According to Hitlin and Elder (2007), the temporal nature of the self has been theorized but not systematically linked to macro-sociological concerns about the nature of agency. Agency stems both from individual and external circumstances that direct our focus of attention, and, as a consequence, our choices that reproduce and rework social structures (*ibid.*). In this study, I look at the field of welfare service work as the site of everyday practices of care where the temporalisation of these practices becomes observable.

Secondly, a focus on caring practices provides information on the mechanisms of reproduction and/or transformation of gendered societal power relations in the field of welfare service work. The structural conditions of work in the female-dominated field of welfare service work are the focus of the final research question, which draws from the answers to the three previous questions. While the first three questions concentrate on the micro level of practices (discursive, temporal, embodied), the final question takes a broader perspec-

tive and assesses the production of gendered agency in the field of medico-managerial welfare service work. By focusing on the shifting nature of practices in the contemporary, medico-managerial welfare state I analyse how gendered, societal power relations and hierarchies in the field become reproduced and also reconfigured through gendered expectations of workers' emotional involvement in care.

3.2 Investigating the Bourdieuan field of caring practices

In the process of analysing the data, I have moved from analysing what welfare service workers talk about and what values they raise as important to themselves, to analysing how the work is executed through various kinds of practices. In the final stage, I have reviewed the results from the point of view of societal power structures that frame and affect workers' agency in the field of welfare service work. My fourth and final research question asks *what kinds of gendered impacts do current practices in the field of welfare service work produce*. To try to determine how welfare service workers' agency is formed from the point of view of gendered relations of power in a medico-managerial welfare state, I have applied the Bourdieuan conceptual framework. I have used the concepts of field, habitus and capital as theoretical-methodological tools to analyse the data. The decision to turn to a Bourdieuan theoretical-methodological approach in addition to using practice research and discursive membership categorization was due to the need to form an understanding of how and why the reproduction and reformulation of (gendered) societal practices takes place, and what the consequences of this are for the agency of front-line welfare service workers. A Bourdieuan sociological approach complements the other analytical approaches and enables me to answer the last research question that addresses the issue of gendered societal power in the field of welfare service work.

Welfare service work is embodied and material work, but also emotional and social. Twigg et al. (2011, 4) point out that terms such as 'body work', as used by McDowell (2009), or 'emotional labour', as defined by Hochschild (1983), only provide a partial understanding of the nature of social and health care work. To talk about 'caring habitus', which comprises the potential to execute various kinds of practices, is a compromise that has the potential to describe the manifold nature of care work in an empirical study.

The concept of 'habitus' is something that one can access only through analysing the practices in a certain field (see Webb, Schirato & Danaher 2002). Analysis of welfare service workers' meaning-making regarding the everyday practices of care brings to the fore the Bourdieuan idea of the habitual (re)production of gendered social relations (Adkins 2003). The idea of habitual reproduction is appropriate to the idea of situational, social and embodied practices of care. The field of practices is the context in which the temporalisation of welfare service work becomes observable. In the process of analysis, this approach has allowed me to focus on activities "which are situated, embodied and

shaped by habitus without reflection" (Thévenot 2001). Welfare service workers' meaning-making in their interview accounts represents the kind of *practical reasoning in everyday life* that is also at the focus of Bourdieu's theory and practice. Analysis of the practices of welfare service work can help us to understand the practical reasoning that welfare service workers need in order to build trusting relations with service users, and to fulfil the technical, occupational, ethical and gendered requirements set by management and service users in the medico-managerial field of welfare services. Analysis of everyday practices can also pinpoint the places of social suffering and symbolic violence (Bourdieu 1999) that contemporary conditions may produce. Bourdieu stresses the importance of studying people's own experiences but nevertheless approaches this question, above all, from a structural point of view. The signs of suffering are often too obvious and common to be noticed within one's own society. The mission of social scientific research, from a Bourdieuan perspective, is to uncover the harmful structures and practices behind social suffering. Knowing what these practices are has an emancipatory function: it can explain to those living in tough and exhausting situations the social roots and causes of their suffering. Simultaneously, it can prevent the psychologization of social and societal problems which are typical of our times.

4 RESULTS FROM THE ARTICLES

The field of welfare service work as a sort of front window to the welfare state is subject to transformations due to policy reforms, implementation of new management practices, and changes in the financial confines of the welfare state, as well as cultural transformations regarding gendered relations of power. In this chapter, I respond to the research questions proposed at the beginning. The questions, and their answers, review from different angles the situation of front line workers in relation to the shift that has taken place over the past few decades concerning the core principles and idea(l)s of welfare service work. They review the transformation of the field of welfare service work, and its implications on the caring habitus. Before presenting the results, I give a brief overview of the key ideas against which the results of this dissertation are assessed.

Firstly, I return to the critique presented by feminist scholars regarding the tendency of Western welfare states to continue to rely on a gendered division in the labour market and society as a whole. Awareness of this division is crucial for understanding the dynamics of gender and power in the field of welfare service work. According to this division, women in general, and welfare service workers in particular, are called upon, as “natural carers” and flexible workers, to respond to the growing care needs of aging populations (Acker 2006, Davies 1995, Henriksson 2008). The prevailing understanding outlines welfare service work as gendered work that is founded on the embodied, situational and social practice of care in a manner that provides different opportunities to male and female workers (Tronto 1993, Twigg 2006, Davies 1995, Rummery and Fine 2012). The results of this dissertation are viewed in light of the idea of gendered dynamics of care work in the Finnish labour market. I have addressed the consequences of gendered divisions in research questions three and four in particular.

Secondly, I return to the investigations of the constantly changing nature of working life practices, and to the implications of the shift toward medico-managerial management in the field of welfare service work. In an increasingly technology-assisted working life, the significance of material conditions, such as one’s age and gender, may be changing regarding occupational identities.

Moreover, previous studies indicate that the trustworthiness, competence and professionalism of public services have become questioned in recent years, illustrating parallel changes in attitudes towards professionals as well a change in knowledge production and the organization of professional work (Evetts 2009, Hupe and Hill 2007, Brown and Calnan 2011). Workers' technical skills, their organizational accountability, and measurable actions are receiving growing attention in attempts to better assess the outcomes of welfare service production. The results of this dissertation will touch upon the question of how the changing occupational requirements and expectations toward welfare service workers affect care work practices, and consequently, how they affect workers' agency. Consequences of the changing conditions in the field of welfare service work are addressed in research questions one and two in particular.

Against this background, the following sub-chapters review the results one research question at a time. Each of the sub-chapters offers a slightly different perspective on investigating the conditions of welfare service work in the contemporary welfare state from the point of view of its front-line personnel. The thread that runs through them is the attempt to comprehend workers' agency through the conceptualization of caring habitus, and understanding of caring practices as embodied, situational, social, gendered, and emotional. The review of the results and their implications are further dealt with in the Conclusions (Chapter 5).

4.1 The complex role of time in welfare service work

The first research question concerns welfare service workers' temporal orientations. The results draw from an article (Hirvonen & Husso 2012) that addresses the question of the temporality of individual action within social structures. The labour market increasingly operates according to physically measured units of clock time, which also define the field of welfare service work. The work in day care centres, outpatient clinics, nursing homes and hospital wards increasingly relies on medico-managerial principles and measures of accountability that are essential for the harmonization and rationalization of the standards of operation in these facilities. Moreover, they ensure efficient and reliable service production in the various facilities of welfare service provision.

Previous studies suggest that the predominant understanding of time in the labour market as a scarce but measurable resource does not account for the psychological and sociological aspects of time as it is experienced by welfare service workers and service users (Davies 1989 & 2001, Deery 2008, Jones 2010). The often slow and intangible practices of care work, as critics have suggested, are poorly suited to this dominant, economic-rationalistic way of framing time in working life, as I have described it (Hirvonen & Husso 2012, see also Bryson 2007, 31; Davies 2001, Twigg 2000, 97).

In regard to these considerations, I have analysed welfare service workers' agency from the point of view of the temporality of caring practices, and ana-

lysed welfare service workers' descriptions in light of the medico-managerial exigencies in the field. In investigating the question of working time and temporal experience in welfare service work, I have analysed how workers perceive the temporal confines of their everyday work. The results of this analysis contribute to a sociological understanding of how societal framing of time affects institutional and structural circumstances in the field of welfare service work, and whether and how workers are able to manipulate their experience of time. Analysis of their temporal orientations contributes to defining welfare service workers' agency.

The results of the analysis of the temporal nature of care work point to the significance of time as a crucial resource that defines the practices of care. In their descriptions, many interviewees highlighted the importance of having adequate time for face-to-face interaction with service users. This is important for the workers' professional self-image and for improving their chances of creating trustful relationships with service-users. Time has become a scarce resource in welfare service work, and workers have limited opportunities to engage in caring practices which build worker-patient trust based on touch, communication, eye-contact and sensing of the other's individual needs – that is – time for the situational, social and embodied practices of care.

The results also show how temporalization of the practices of care results from the intertwining of workers' situated temporal orientations and institutional and societal structures in the labour market. The analysis of the temporal nature of caring practices distinguishes between three temporal dimensions, which I have adapted from Hitlin and Elder's (2007) typology of temporal orientations. The caring habitus builds on the workers' accumulated knowledge and experience (*identity agency*), but also relies heavily on their ability to cope with unexpected situations (*pragmatic agency*). The third temporal dimension overarches the others, extending from past memories to anticipation of the future (*life-course agency*). These three dimensions together signify the temporalization of caring practices through caring habitus that directs – often intuitively – workers' activities in the field.

Pragmatic agency helps workers to come through unexpected situations, which builds their confidence as skilled workers. Workers adjust to unexpected situations when taken-for-granted operations are compromised. Habitual responses to patterned social situations can easily break in welfare service work. At the same time, workers try not to express their hurriedness in order to convey a feeling that the service users are in good hands. Pragmatic agency comprises the workers' occupational, personal, embodied knowledge and experiences that accumulate over time, representing the dispositions of caring habitus.

Through routine and repetition, workers adjust to their occupational roles and display their *identity agency* that directs the often unreflected and smooth flow of mundane activities in the field. Workers' sense of responsibility for the care of another human being can also leave reminders and embodied traces that surpass the limits of fixed working hours (*life course agency*). Workers worry about the future of the cared-for, and sometimes past patients and customers

can stay in the memory to haunt the workers for the rest of their lives. In this regard, Twigg et al. (2011, 5) point out that emotions generated through body work are not easily shed when the worker leaves the workplace, especially when the workplace is a health and social care setting. Overall, the results suggest that the temporal dimensions of welfare service workers' agency are attached to past events and future anticipation, but also to unanticipated present and routine activities that unfold.

The results point to two key findings. Firstly, and due to the complex temporal nature of welfare service work, the results suggest that a relational and a processual framing of time is inherent in welfare service work. Because it is very 'hands on' and situated work, the objective and universal measures of clock-time do not capture the social, situational and embodied nature of care practices, as has also been pointed out by previous studies (Adam 1995, Bryson 2007, Davies 2001). Instead, the temporal scope in the interviewees' accounts extends from their ability to react to unexpected events, to their retrospective reflections of past events, and further into their anticipation of future events. The interrelational and social nature of welfare service work challenges workers to respond to another human being's needs and to take responsibility for them in a manner that escapes simple calculation and timing of isolated tasks. The interview accounts reveal descriptions of how welfare service workers worry about the service users' future, how they try to find ways to react quickly to situations of emergency, and how they strive to create a caring and trustful atmosphere for patients and clients. These activities demonstrate the relational and processual characteristics of caring habitus. Conceptualization of time in welfare service work as relational and processual captures the intuitive, habitual and innovative nature of care practices.

Secondly, the results suggest that from the workers' point of view, a relational and processual conceptualization of time fits rather poorly with the exigencies of medico-managerial management, which has consequences for the practices of care. Technical and medical tasks contribute to extensive record keeping and production of measurable, calculable results as part of organizational accountability and transparency. At the same time, they affect caring practices, the outcomes of which are often difficult or even impossible to measure and transform into a calculable form. The many remarks the interviewees made about constantly having to adjust to work more efficiently, to record and register tasks to enhance transparency, or to regularly work in understaffed premises sets limits on workers' exercise of personal, professional agency.

The results thus suggest that the contemporary economic-rationalistic framing of time in the field undermines the relational and incommensurable nature of reproductive work. This can cause workers to feel they are not doing a good enough job, or that they could do more for the service users' well-being if only there was more time for face-to-face interaction with them. Besides these negative outcomes, however, the results also demonstrate the flexibility of human agency. Following Bourdieu (2000, 208) the results suggest that the human experience of time is engendered not only in the relationships between individ-

uals, but between individuals and the social world, between their dispositions and the regularities of the various societal fields in which they participate. Situations never develop in a predetermined fashion: individuals are not victims of time, but active and able agents. Through caring habitus, welfare service workers make use of their abilities to innovate and to cope with unexpected situations. This can lead to positive experiences that enhance their professional growth. In terms of producing and maintaining a sense of themselves as skilled professionals, the interviewees actively reassessed and adjusted their position in the field according to the exigencies in the field, although not without difficulties. Their struggles to find room in the field for meaningful agency in conflicting temporal cultures indicate that the temporal aspect of agency is rather poorly understood in terms of how welfare service work is currently managed and organized.

All in all, the results reflect the temporally intuitive, habitual and innovative nature of welfare service workers' agency. Their temporal scope stretches from the here-and-now to the patterned, predictable everyday work, and extends from past memories to anticipation of the future of the cared-for in a way that requires dispositions of embodied and emotional care. As I have previously contemplated, temporal agency is a seldom used viewpoint for assessing the contemporary challenges of welfare service work, and the causes of mental and physical strain of public service work (Hirvonen & Husso 2012). The results of this dissertation point to the possibilities of analysing time as part of an empirical treatment of agency. Whether and how time can bind or facilitate agency thereby remains a focal question for sociological research.

4.2 Effects of medico-managerial management models on care work practices

The second research question asks how medico-managerial models affect welfare service work from the point of view of embodied, situational and social practices of care. The answer draws from an article (Hirvonen 2013b) that discusses the implications of recent welfare policy shifts on care work cultures, practices and professional agency. In the article, I analysed the interviewees' (n=25) descriptions of local practices of care and care management. In this subchapter, I review the results on how various caring practices encourage or delimit workers' chances for meaningful agency, and assess what kind of professionalism medico-managerial management promotes in the welfare service sector.

Previous studies indicate that medico-managerial management places a strong emphasis on workers' organizational accountability and on their ability to execute standardized tasks of care work. The aim of standardization is to enhance the quality and comparability of operations between service providers. Improved transparency of services is important for legitimating medico-

managerial management (Ferlie et al. 1996, Clarke and Newman 1997, 66; Dahl 2009, Rajavaara 2007, Julkunen 2006, 102). The shift towards this kind of organizational accountability has occurred hand in hand with strong investments in technology-assisted work practices in the public service sector. According to Kuhlmann (2006), medico-managerial management techniques and organizational accountability promote a form of disembodied professionalism that is founded on information, and reasserted with the use of ICT devices. Promotion of workers' technical and medical skills reasserts disembodied professionalism in the field. Regarding worker-service user relations, disembodied professionalism rests on an understanding of professional trust as being based on information and produced through the worker, instead of being produced in the interrelationships with the service users.

The medico-managerial vision promotes efficient organizational management through discourses of enterprise, quality, and customer care that assign a worker's role in the workplace according to his or her employer's competitive service strategy. This generates market-oriented and standardized professional practices, and promotes scientific objectivity and technical know-how as the core elements of welfare service work. In so doing, it essentially departs from the traditional discourse of public service professionalism that assigns a worker's role in the workplace according to his or her professional association, and encourages a variety of professional practices that are care-oriented, embodied, and situational (cf. Evetts 2009, 255; Wilson 2002, Davies 1995a).

Against this background, I have analysed welfare service workers' descriptions of medico-managerial service management and its effect on their everyday work. Medico-managerial management has introduced the requirements of self-assessment, organizational commitment and customer care into welfare service work. The results show that the aforementioned requirements challenge and shape the nature of care practices and welfare service workers' professional self-images and agency, and produce both positive and negative outcomes (Hirvonen 2013b). Regarding the positive outcomes, the promotion of disembodied professional skills in the field offers opportunities for workers' self-management and evaluation of accountability and transparency of service processes. Individual workers may monitor and reflect upon their own performance and development according to standardized and predetermined indicators. Welfare service workers are expected to be able to take on new technologies and to become proficient users of various ICT devices. Analysis of the interviewees' descriptions of the local practices of care in their workplaces shows that front line workers actively acquire these skills and adapt to the conditions in the field, although they do not consider technical skills as the core of their occupational skill-sets.

Regarding the negative outcomes, the results suggest that while promoting the technical side, the conditions in the field fail to acknowledge the workers' skills in embodied, situational and social practices that they themselves find crucial for their occupational identities and agency. The interviewees saw these skills as crucial for building trust in relationships with service users, which in

turn contributed to building their own professional self-confidence as skilled workers. Among other things, welfare service workers are “embodied practitioners”, as Twigg (2000, 89) has described elsewhere. The results reported in this dissertation show that the work of front-line welfare service personnel largely remains hands-on, and relies on workers’ practical skills in responding to service users’ needs. To this end, the results confirm findings from previous studies which suggest that medico-managerial practices of disembodied care may alone be insufficient for building good relationships and trust between workers and service users, as they physically distance the worker from the service user (Thunman 2013, Tufte 2013, Luzio 2006, Brown and Corczynski 2010, Calnan and Rowe 2008). Many of my interviewees explained that they did not currently have enough time for the kind of care practices that build worker-service user trust based on touch, communication, eye-contact and sensing of the other’s individual needs.

Introducing medico-managerial management in public organisations can therefore cause ethical conflicts between professional and market values, as Vabo (2009), Eräsaari (2010) and Virkki et al. (2012), among others, have suggested. However, the results here also point to the flexibility and innovative nature of caring habitus. The variety of dispositions that workers possess – both acknowledged and unacknowledged – help in establishing trustful relationships through deceptively mundane acts of touch, talk, and closeness, which manage to convey the feeling of ‘being in good hands’. Results suggest that welfare service workers’ practical sense of the game in the field is motivated by the workers’ shared understanding of the importance of establishing good rapport with service users. Workers’ descriptions of their experiences of ethical conflict that have been reported by other studies as well as mine nevertheless suggest that there are only limited chances for execution of the full range of workers’ skills in the field.

In ageing societies, service users increasingly require help and assistance that – to a great extent – require embodied care. Yet, as Twigg (2006, 173) points out, the work of social and healthcare professionals is not being articulated as a particularly body conscious work, because the world of policymaking – where problems are presented in abstract, neutral terms – is a disembodied one. On the contrary, as the results here suggest, welfare service work is regarded and managed in increasingly disembodied terms. This objectification and standardization of caring practices may function as a mechanism for legitimating care tasks, but it can also lead to the marginalization of practices that are difficult or impossible to transform into calculable form. Medico-managerial practices may therefore inhibit rather than open up new discussion and opportunities for promoting welfare service workers’ agency.

Changes in practices, as Nicolini (2007, 916) suggests, involve both empowerment and disempowerment. In the Nordic welfare states, public service policy-making affects the institutional environment of service production, and also a range of occupations in the welfare service sector. The risk of implementing medico-managerialist management is the rather narrow account of care

practices it produces. This can hamper the recognition of the embodied occupational skills, goals and knowledge of care workers, who enjoy limited opportunities for professional self-management but have a great responsibility for producing measurable quality outputs of care (Hirvonen 2013b, see also Eräsaari 2011a). Moreover, in the female-dominated lower levels of the occupational hierarchy of welfare services, medico-managerialism may further confirm existing hierarchies and segmentation between medical and holistic care, between feminine and masculine, and between embodied and disembodied care.

Kuhlmann (2006) proposes that the indirect and impersonal nature of disembodied professionalism could help challenge the idea of women as natural carers. Yet, in fields such as welfare service work disembodied practices represent only a small component in the range of workers' skills, because they are based on a discursive understanding of reality. Care work, however, remains difficult, if not impossible to separate from the material conditions of care and the corporeal characteristics of the worker. Despite the possibilities Kuhlmann (2006) outlines for disembodied professionalism, there seem to be considerable challenges to the effective realization of these possibilities due to welfare service workers' limited autonomy in the field and the disregard shown for the embodied practice of care under medico-managerial management in the public service sector. The conclusion is that acknowledging and supporting embodied practices of care work could benefit the empowerment of lower level occupational groups, restore and build trust in relationships between professionals and clients, and enhance the diversity of professional knowledge in social and healthcare work.

4.3 Production of gendered professional identities under medico-managerial management

The third research question picks up from the results of the two previous questions, and extends the analysis to welfare service work as a field of gendered work. It draws from an article (Hirvonen 2013a) that addresses the assumption that in an increasingly technology-assisted working life, material conditions such as one's gender may be losing their significance for professional identities. Western welfare states implicitly continue to rely on a gendered division in the labour market and society as a whole. According to this division, women in general, and welfare service workers in particular, are called upon to respond to the growing care needs of ageing populations because they are considered to be 'natural carers' and flexible workers (Acker 2006, Davies 1995, Henriksson 2008). In Finland, over 90% of welfare service personnel are women. Due to the heavy gender segregation in the Finnish labour market, it can be described as a field of feminine work.

In the contemporary conditions in the field, workers' technical competence and organizational accountability in technology-assisted service delivery

are increasingly valued over their skills in embodied care and emotion work that have traditionally been viewed as feminine characteristics of care work. As studies have shown, the body work of care and skills in emotion work are expected primarily from female workers, while male workers are expected to have a more restricted involvement in physical caregiving routines (Simpson 2004, Evans 2006, Murray 1996, Husso & Hirvonen 2012). The third research question asks if and in what ways the promotion of technical skills and competence and organizational accountability affects female workers' professional identities. To answer to the question, I have analysed my female interviewees' (n=23) conceptualisation of care work and how they "do gender" discursively in their "gendered" workplaces.

On the one hand, the results suggest that female workers "do gender" discursively by using gendered categorization as a part of their identity work while describing the practices of care in their workplaces. Gendered practices can promote the provision of good care, but at the same time reproduce stereotypical images and ideas of women's and men's roles in the workplace. A simple and concrete example given by one of the interviewees was her description of a situation in which she would respond to a disoriented patient's call for 'mother'. Accepting this and responding to the patient's call reproduced gendered cultural dynamics in the field, but it may also have enhanced the worker's ability to provide good care in the situation through empathetic and intimate closeness, i.e. through applying culturally feminine practices of care. Paradoxically, while reproducing the idea of women's natural skills 'to mother', conforming to gendered expectations can enhance communication and help to build worker-service user trust, which is at the heart of the occupational ethics of welfare service work

On the other hand, the interviewees' use of gendered categorization as part of their identity work shows that there is much ambivalence in how female welfare service workers "do gender". The interviewees drew from gendered categorization, such as the category of motherhood in reference to themselves as professionals, but were also critical toward and hesitant to embrace it. The category of societal mothering in the context of welfare service work relates to terms such as welfare state, responsibility, duty, mothering, children, and care. Discursively, it reproduces gendered stereotypes and expectations of women's "natural abilities" and "willingness" to do emotional work and the bodywork of care. The results suggest that the interviewees were aware of this. As one of the interviewees aptly put it, her roles as a mother and a welfare service worker were "wearing her out from the same spot". As Twigg (2006, 152) points out, focusing on these elements in welfare service work may expose the nature of care work in ways that erode rather than enhance the status of workers who have limited resources and occupational power to defend their status as professionals.

Some interviewees were hesitant or even refused to address the possibility of the existence of gendered structures and practices in working life. Their hesitance in applying and accepting gendered categorization as part of their identi-

ty work suggests that their skills in embodied care and emotional work are an ambivalent resource that is not equally available to all. In fact, they are not a resource at all unless they are recognized in terms of workers' occupational skills. The results of this dissertation show that gendered practices of "feminine care" in the field of welfare service work rely on specific cultural and moral ideas of care and femininity that are not necessarily shared by all workers. The normative nature of gendered categories, such as "societal mothering" offers female workers subject positions that some workers may not want to - or cannot - associate with.

The results show how discursive gendered categorisations are interrelated with the emotional and bodywork of care (Hirvonen 2013a). "Doing gender" is not only discursive, but also corporeal, as McNay (1999, 101) suggests. In the field of welfare service work this becomes apparent in the gendered expectation of female workers' involvement in personal service, bodywork and emotional commitment in the field. In a sense, female workers are "called to mother" and to respond to the needs of service users by investing in embodied and emotional practices of care. At the same time, medico-managerialism encourages efficient organisational management in welfare service work through promotion of workers' technical and medical skills. Importantly, the results suggest that despite the promotion of an increasingly disembodied idea of welfare service work, a gendered disposition of "feminine practices of care" is expected of female workers. Because these practices also have value in terms of promoting good worker-service user relations, female activities invest in practices that reproduce the existing gender order in the field.

The principles according to which practices are generated in the field of welfare service work are constituted through caring habitus, which helps workers to respond meaningfully to the various situations they face in their everyday work. In the field, the personal rewards female workers gain through their investments in "feminine practices" (reasserting good rapport with service users and the consequent affirmation of workers' occupational identities) help to clarify how and why gendered practices in the field are reproduced. However, the results regarding female workers' ambivalence in gendered categorization suggest that the contradiction between interviewees' self-image and their workplaces' expectations of them as professional workers can also result in identity loss and feelings of inadequacy, since workers' involvement in the practices of societal mothering - into which the field actively invites them - receives little recognition. Women's caring dispositions are simply assumed of them, as a natural ability. The conclusion is that the promotion of disembodied occupational skills in the field does not make visible but further overshadows the recognition of the full range of welfare service workers' occupational skills.

Previous studies talk about a hidden gender contract that renders the body invisible and overlooks the embodied and gendered nature of care, as well as the bodywork and dirty work that it entails (Lawler 1997, Twigg 2006, 150; Davies 1995a). The results of this dissertation support the claims that this gender contract exists. Moreover, when formal equality between the sexes has in

many respects been achieved, structural inequalities and injustices may appear in ways that are all the more impersonal and indirect, making them difficult to recognize (McNay 2003). The results of my dissertation highlight the importance of acknowledging the existence and reproduction of implicit, gendered requirements to perform emotion work and embodied care that are placed on female workers. The results point to the importance of assessing how discursive practices of “doing gender” in the context of the medico-managerial welfare state affect female workers’ agency. Especially in female-dominated lower levels of welfare service occupations, medico-managerialism may further confirm existing divisions and hierarchies between medical and holistic care, and between skills that are culturally understood as feminine or masculine. In this respect, the evaluation of the discursive, (dis)embodied and gendered practices in working life can be analytically significant.

4.4 Gendered practices and change in the field of welfare service work

The fourth and final research question draws from the answers to the three previous questions and asks what kinds of gendered impacts practices of care generate in the field of welfare service work, and discusses the overall effects of symbolic power in the field. Firstly, I have analysed how respondents spoke about their work and how they cognitively organized their life-world in terms of gendered expectations in working life. Secondly, I have applied Pierre Bourdieu’s concepts of habitus and field into the analysis. The analysis draws from an article (Husso & Hirvonen 2012) that addresses the emotional and embodied nature of agency in welfare service work, as well as from the answers to the three previous research questions.

According to the answers to the three previous questions, the implementation of medico-managerial management contributes the reproduction of gendered practices in the field of welfare service work. Moreover, it seems to reinforce them: caring habitus generates gendered practices of care and creates different states of autonomy and dependency among female and male workers. The results of the fourth research question suggest that the logic in the field of welfare service work relies on workers following the often implicit, gendered expectations that assign different roles to women and men in their workplaces. In a medico-managerial welfare state that highlights practices of disembodied, medical and technical care, fulfilling gendered role expectations in welfare service work creates new, but also reproduces and reaffirms old divisions in working life regarding the valuation of culturally masculine skills over the feminine ones as “professional skills”.

In line with how Acker (Acker & Kivinen 1990) described gendered stereotypes in working life over 30 years ago, the results of this dissertation confirm the embeddedness of stereotypical expectations that male and female workers

face in the field of welfare service work. The workers' descriptions confirmed these expectations, but not without criticism or hesitation. Forbearance, gentleness, and willingness to be of service are expected of women, while men are expected to be efficient organizers and dynamic problem-solvers. Women in particular face contradictory expectations of being intensively involved in emotion work on the one hand and in the efficient performance of technical tasks on the other. Previous studies have shown how men tend to seek administrative positions and high-tech, fast-paced specialty areas in the field that often have restricted involvement in the physical caregiving routines (Evans 1997, Murray 1996, Taylor & Tyler 2000, Cross & Bagilhole 2002). The results of this dissertation suggest that besides technical competence and physical distance, male workers are allowed, if not expected to keep an emotional distance from service users (Husso & Hirvonen 2012).

Gendered expectations concerning male workers rely on a normative idea of a masculine identity, but are also in line with medico-managerial expectations of the medical and technical approach to care work. The field thereby seems to reaffirm the production of normative, masculine identities for male workers. Cultural expectations of female workers' self-sacrifice and moral devotion to others are, as Sevenhuijsen (1998) points out, symbolically connected to a normative idea of femininity. Because of the misrecognition of these gendered professional skills as natural, women are expected to engage in emotional practices by virtue of their 'feminine skills'. When overly exploited and poorly rewarded in working life, women's occupational skills in emotion work and embodied, situational and social practices of care can become a source of social suffering (Husso and Hirvonen 2012, Kivelä 2011).

The reproduction of gendered expectations in the field happens through everyday practices into which workers engage, often in an undetected manner. Individuals aim at gaining sensible, meaningful experiences which affirm their occupational identities, by courtesy of the caring habitus. From this point of view, workers' motivations for accepting and adapting to gendered expectations become more understandable. At the same time, individuals resist and criticize gendered expectations in the field. The ambivalence I detected when analysing female interviewees' use of gendered meaning-making suggests that the interviewees acknowledge possible negative implications in the association of their occupational skills with their gender. In the lower levels of occupational hierarchies, where individuals have limited chances to defend their status as skilled workers, criticising or even denying the existence of gendered expectations in the field becomes an understandable strategy for gaining respect and recognition for the women's work.

Overall, my findings support previous studies which point to the persistence of normative assumptions and expectations of men's and women's roles in working life (Baines 2006, Rasmussen 2004, Simpson 2011). Furthermore, they show how the reproduction of gendered expectations through the everyday practices of care can both benefit and harm individual workers' chances for having meaningful agency. Welfare service workers

presently have limited temporal and material resources available in their everyday work. The results of this dissertation suggest that the current conditions reduce workers' opportunities to meaningful agency in terms of engaging in practices of care that would transmit emotional support and empathy in interrelationships with service users. Instead, growing emphasis on their disembodied occupational skills is drawing front-line workers away from face-to-face contact with service users.

The high prevalence of experiences of mental and physical strain in welfare service work, especially for female workers, could to some extent be explained by the conflict between caring habitus and the circumstances in the field of welfare service work. The conflict, as the results of this dissertation show, concern the manifold ways in which the full range of welfare service workers' occupational skills are either misrecognized as "natural" abilities or otherwise neglected due to predominance of medico-managerial cultural values. The results point to the importance of acknowledging the plurality of knowledge in welfare service work. The concept of caring habitus helps to provide understanding of the practice of care work, and of the logic that guides individual workers' decision-making in the field. The concept opens a complex window to understanding individual workers' engagement in the embodied, situational, social and gendered practices of care.

5 CONCLUSION

In this dissertation, I have studied the cultural changes in the field of welfare service work from the point of view of front line workers' agency. By focusing on the practices of care, I have studied how workers engage in the gendered, structural, temporal, and emotional practices of care in the field. The results show four key findings. Firstly, they suggest that the contemporary economic-rationalistic framing of time in the field undermines the relational and incommensurable nature of reproductive work. This can cause workers to feel as if they are not doing a good enough job, or that they could do more for the service users' well-being, if only there was more time for face-to-face interaction with them. Secondly, the results show that medico-managerial requirements concerning workers' self-assessment, organizational commitment and customer care challenge and shape the nature of care practices and welfare service workers' professional self-image and agency, and produce both positive and negative outcomes. Regarding the positive, the promotion of disembodied professional skills in the field offers opportunities for workers' self-management and evaluation of accountability and transparency of service processes. Regarding the negative, the results suggest that while promoting the technical side, the conditions in the field fail to acknowledge their skills in embodied, situational and social practices that workers themselves find crucial for their occupational identities and agency. Thirdly, the results suggest that despite the promotion of an increasingly disembodied idea of welfare service work, a gendered disposition of "feminine practices of care" is expected of female workers. Because these practices also have value in terms of promoting good worker-service user relations, female workers invest in practices that reproduce the existing gender order in the field. Fourthly, because of the misrecognition of these gendered professional skills as natural, they risk being overly exploited and poorly rewarded in working life. From the point of view of welfare service workers' agency, women's occupational skills in emotion work and embodied, situational and social practices of care can therefore turn into a source of social suffering.

The concept of caring habitus has helped me to point to the logic of these practices, and to the motivations behind the logic with which the field of wel-

fare service work functions in the contemporary Finnish public sector. Caring habitus points to the cultural capital that front-line welfare service workers possess. This capital provides workers with the capacity to react to rapidly changing situations, and to have the ability to improvise and change the course of action when routines break down. The cultural capital of care is corporeal and gendered, as in the case of motherly dispositions that I have investigated as part of this dissertation. Caring practices mediate the cultural capital of care, which consists of workers' formal, occupational competence acquired through education and training, as well as their social and interrelational skills acquired in other fields throughout their life-course. The focus on caring practices has helped me to understand the continuities of reproduction and the slowness of transformation in caring practices in the field that itself is still going through transformation, and the contours of which are constantly being redrawn through policy implementations.

There are a few benefits that I can point out in having applied Bourdieu's theoretical concepts and the concept of welfare service work in this dissertation. These conceptual choices have allowed me to investigate large-scale transformation in the public service sector from the individual workers' point of view. Moreover, approaching this transformation by analytically focusing on the mundane practices of care through empirical research has enabled me to pinpoint the small but significant aspects of front line workers' everyday work that are significant in terms of these workers' agency in the field.

The weakness of the results is that the data consists of interviewees from 23 female and only two male workers. Although this gender division is representative of the division in welfare service occupations, it has prevented me from analysing and drawing conclusions regarding male workers' position in the field. By predominantly relying on female accounts, there is a risk of reinforcing preconceptions about the significance of the (female) gender. Assessing in detail whether and how technology-assisted medico-managerial management affects male workers in particular would complete the interpretations made in this dissertation concerning the gendered nature of working life practices. Moreover, separate case studies on specific occupations and/or workplaces could further improve our understanding of how managerial reforms affect welfare service workers' position in specific settings. It should be pointed out, however, that the purpose of the dissertation has not been to compare male and female workers' situation, but to discuss the factors affecting welfare service work as one of the vital functions of the welfare state. The study would have benefited from a larger pool of male interviewees, but their absence has not prevented me from responding to the research questions that I formulated, keeping in mind the restrictions of the original sample.

Another weakness lies in having used snowballing as a sampling method, since this method may attract respondents who represent similar opinions and considerations. However, as snowballing was not the only sampling method in use, the risk of reproducing similar accounts of care work is rather small. Further, the study could have accounted in more detail how the differences be-

tween the respondents' jobs (employer relations, professional qualification, working hours) affected their agency. However, the choice to retain the analysis at a more general level has been deliberate. By analysing working life practices at a more general level in relation to gender, medico-managerial management culture, and embodiedness of welfare service work, the attempt has been to improve the overall understanding of the contemporary logics in the field of welfare service work. The choice to rely on practice research approach and membership categorization has benefited this approach by providing tools for assessing the normative, lasting, but also shifting nature of working life practices.

The findings of this dissertation have relevance to working life research and especially to the many studies and surveys that are regularly carried out concerning the conditions of work in the public sector. In recent years, these studies have not shown much – if any – improvement in the conditions of work as front-line workers in social and health care service sector report them. My choice to study and discuss these occupations under the umbrella concept of “welfare service work” has focused my attention on the shared idea(l)s, values, ethics, practices and problems that my interviewees reported in their descriptions of their mundane work in various welfare service facilities. This is not a common way to study these occupations, as I am well aware, and my study has been criticized in this regard in many seminars where its results have been presented. The dissertation also contributes to the growing body of studies applying the practice research approach, particularly with its emphasis on the gendered nature of practices in working life.

In this study, I have wanted to draw attention to the many commonalities that (welfare service) (these) occupations have as public service occupations, female-dominated occupations, and caring occupations. From the point of view of gendered relations and hierarchies in the labour market and in the society in general, welfare service work continues to be undervalued and underpaid compared to the workers' exceptionally high education level in Finland. The results of this study show that these occupations face strikingly similar challenges regarding how the implementation of medico-managerial management culture and ICT transform caring practices. In this regard, a more detailed analysis of the meaning of gender in relation to ICT in welfare service work is needed in the future. More importantly, by focusing on welfare service work instead of the situation of a specific occupational group or a specific workplace, I have wanted to point to the crucial role all welfare service workers play in the implementation of the core values and principles of the welfare state. In order to continue to be worthy of the trust of its service users, the welfare state requires a workforce that is capable of gaining, maintaining and reconstructing this trust once more through the everyday practices of care.

YHTEENVETO (FINNISH SUMMARY)

Artikkeliväitöskirja käsittelee hyvinvointityön kulttuurista muutosta työntekijöiden toimijuuden näkökulmasta. Hyvinvointivaltion rakenteissa ja toimintaympäristössä on (erityisesti) 1990-luvulta alkaen tapahtunut muutoksia, jotka ovat vaikuttaneet julkisten hyvinvointipalvelujen järjestämisperiaatteisiin ja -käytäntöihin. Julkisten resurssien niukkuus yhdessä väestön ikääntymisen ja palvelunkäyttäjien tarpeiden moninaistumisen kanssa ovat motivoineet hyvinvointipalvelutuotannon uudelleenjärjestelyjä, jotka ovat vaikuttaneet sekä työntekijöiden että palvelunkäyttäjien asemaan. Hyvinvointipalveluissa uudelleenjärjestelyt näkyvät pyrkimyksinä työvoiman ja materiaalistien resurssien tehokkaaseen allokontiin. Muutosten odotetaan edistävän sekä työn tehokkuutta ja tuloksellisuutta että palveluprosessien läpinäkyvyyttä. Teknologian käytön lisääntyminen tukee siten työntekijöille asetettua mediko-manageriaalisen tili-velvollisuuden tavoitetta, eli pyrkimystä mitattavissa ja vertailtavissa olevan tiedon tuottamiseen yksittäisistä työsuoritteista. Tätä kautta työn tuloksellisuuden arviointia pyritään parantamaan. Samaan aikaan sosiaali- ja terveydenhuollon työntekijöiden raportoimat kokemukset työnsä henkisestä ja fyysisestä ras-kaudesta sekä eettisestä kuormituksesta ovat lisääntyneet. Palvelunkäyttäjille muutokset näkyvät ennen kaikkea yksilöiden kasvavana vastuuna oman tilanteensa arvioijina ja edunvalvojina.

Väitöskirjan teoreettis-metodologisena lähtökohtana ovat hyvinvointityön käytännöt. Tässä yhteydessä ne määritellään sukupuolittuneiksi, sosiaalisiksi, ajallisesti vaihteleviksi ja tunnetyötä edellyttäviksi toiminnoiksi, joiden kautta hyvinvointityötä tehdään. Käytäntöjä tutkimalla hahmottuu kuva työntekijöiden hoivahabituksista, eli siitä, kuinka rakenteelliset seikat, kuten hyvinvointityön sukupuolittunut luonne naisvaltaisena työnä, uudelleen tuottaa ja joiltakin osin myös uudistaa hyvinvointityön kentällä ilmeneviä valtasuhteita ja hierarkioita. Hoivahabituksen näkökulmasta väitöskirjassa tarkastellaan hyvinvointityön kentän arkisia ja yksilöllisiä käytäntöjä sekä työn institutionaalisia ja kulttuurisia rakenteita.

Tutkimuksen aineistona on 25 teemahaastattelua (joista 23 on nais- ja 2 miestyöntekijöiden haastattelua.) Haastattelut on kerätty hyvinvointityön ”katutason” ammattilaisilta jotka toimivat eri tehtävissä ja työpaikoissa muun muassa sairaanhoitajan, lähihoitajan, lastentarhanopettajan, ja ensihoitajan tehtävissä. Aineisto kattaa siten sekä terveydenhuollon, sosiaalipalvelujen että varhaiskasvatuspalvelujen henkilöstöä, joka toimii pienten lasten ja ikääntyneiden hoidon ja hoivan sekä sairaanhoidon palveluissa.

Tutkimuksessa osoitetaan ensinnäkin, että hyvinvointityön kenttää hallitsee taloudellis-hallinnollinen ajan kehystämisen tapa. Tästä näkökulmasta työhön käytettävä aika käsitetään mitattavana, niukkana resurssina. Taloudellis-hallinnollinen kehystämisen tapa on ristiriidassa hyvinvointityön relationaalis-prosessuaalisen luonteen eli yksilöllisissä asiakassuhteissa tapahtuvan vuoro-vaikutuksen, ajallisen ennakoimattomuuden ja joustamisen vaatimusten kanssa. Ristiriita taloudellis-hallinnollisen ja relationaalis-prosessuaalisen kehysten

välillä lisää aineiston mukaan työntekijöiden kuormittuneisuuden ja riittämättömyyden tunteita työssään. Riskinä on, että tehokkuuden vaatimukset luovat hyvinvointityöhön ajallisen kehyksen, joka polkee työn ammatillista etiikkaa sekä hoivaajien että hoivattavien hyvinvointia vaarantavalla tavalla.

Toiseksi tutkimuksessa osoitetaan, että hyvinvointityön kentän mediko-managerialistinen hallintatapa suosii työn ruumiillisuuden sivuuttavia käytäntöjä ja korostaa teknologia-avusteisten tehtävien merkitystä. Mediko-managerialistisen hallintatavan luomat käytännöt vaikuttavat työntekijöiden ammatilliseen omakuvaan ja toimijuuteen monella tavalla. Yhtäältä teknologian hyödyntäminen voi tarjota mahdollisuuksia oman työn arviointiin ja hallintaan sekä palveluprosessin läpinäkyvyyden parantamiseen. Toisaalta mitattavissa olevien suoritteiden seurannan korostumisen myötä hyvinvointityöhön liittyvä inhimillinen vuorovaikutus ja sosiaaliset tilanteet voivat jäädä vähemmälle huomiolle, vaikka niillä on keskeinen rooli sekä asiakassuhteiden ja luottamuksen rakentamisessa että työn mielekkyyden säilymisessä.

Kolmanneksi sukupuolen diskursiivista tuottamista koskevien käytäntöjen analyysi osoittaa, että huolimatta työn teknologia-avusteisten käytäntöjen yleistymisestä naistyöntekijöihin kohdistuu sukupuolittunut odotus hoivatyön feminiinisten ja ruumiillisten käytäntöjen toistamisesta ikään kuin luonnollisena osana ammatillista toimijuutta ja hoivahabitusta. Hyvinvointityön kentällä vallitseva piilotettu sukupuolisopimus ei kuitenkaan eksplisiittisesti tunnista tai tunnusta feminiinisten, ammatillisten käytäntöjen merkitystä. Mediko-managerialistinen hallintokulttuuri korostaa ensisijaisina sellaisia teknisiä ja hoidollisia taitoja, jotka edesauttavat työn kirjaamista yhdenmukaisina ja vertailukelpoisina suoritteina. Siten se vahvistaa olemassa olevia jakoja medikaalisen ja holistisen hoidon ja hoivan välillä sekä kulttuurisesti feminiinisinä ja maskuliinisina ymmärrettyjen taitojen välillä. Hyvinvointityön kentän mediko-managerialistisen hallintokulttuurin mukainen sukupuolisopimus tarjoaa siten työntekijöille vaihtelevia mahdollisuuksia mielekkääseen ammatilliseen toimijuuteen riippuen heidän sukupuolestaan, työtehtävistään ja asemastaan työyhteisössä. Työn käytäntöihin liittyvien odotusten ja oletusten sukupuolittuneisuudella on merkitystä työntekijöiden toimijuuden kannalta erityisesti hyvinvointityön ammatillisten hierarkioiden alimmilla, naisvaltaisilla portailta, joissa työntekijöiden vaikutusmahdollisuudet työnsä organisointiin ovat muita rajalliset.

Neljänneksi tutkimuksessa osoitetaan, että erityisesti naistyöntekijät kohtaavat ristipaineen yhtäältä mediko-managerialistisen ammatillisuuden toteuttamiseen ja toisaalta naistapaisten ruumiillisten ja tunnetyötä vaativien hoivakäytäntöjen uudelleentuottamiseen. Koska mediko-managerialistinen hallintokulttuuri ei tunnista tai tunnusta kaikkia hoivahabituksen elementtejä ammatillisina ja sukupuolittuneina resursseina eli työntekijöiden ammatillisina taitoina, erityisesti naistyöntekijöillä on riski kohdata työssään fyysistä ja psyykkistä kuormitusta.

Väitöstutkimuksen tulokset näyttävät sekä hyvinvointityön käytäntöjen muutosalttiuden että pysyvyyden, joka liittyy erityisesti käytäntöjen sukupuol-

littuneisuuteen. Hoivahabituksen käsite tiivistää ajatuksen hyvinvointityöntekijöiden ammatillisista valmiuksista ja ihmissuhdetaidoista kulttuurisina resursseina, joiden avulla työntekijät vastaavat työn ajallisiin haasteisiin ja rutiineja rikkoviin yllättäen vaihtuviin tilanteisiin. Tilivelvollisuuden vaateeseen vastataan suoritteita raportoimalla. Samaan aikaan rakennetaan luottamusta asiakassuhteissa ruumiillisten käytäntöjen ja inhimillisen vuorovaikutuksen kautta. Hyvinvointityöntekijöiden toimijuuden tutkimus työn käytäntöjen näkökulmasta auttaa ymmärtämään yhtäältä työn kulttuurista muutosta ja sen seurauksia kentällä, joka on jatkuvan muutoksen kourissa muun muassa työn teknologisoitumisen, julkisten resurssien niukkuuden ja väestön ikääntymisen sekä erityisesti hoiva-alaa uhkaavan työvoimapulan vuoksi. Toisaalta arkiset käytännöt paljastavat jatkuvuuksia, rakenteiden uudelleen tuottamisen mekanismeja ja toimijuuden muotoja, joiden avulla on mahdollista noudattaa hyvinvointityön eettisiä periaatteita.

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Appendix 1: table of interviewees

	Occupation	Workplace	Age & gender
1	Psychiatric nurse	Psychiatric outpatient clinic	52, woman
2	Social worker	Psychiatric open ward	61, woman
3	Paramedic/ Emergency medi- cal technician	Emergency ambulance ser- vice	27, man
4	Mental health nurse	Psychiatric open ward	51, woman
5	Registered nurse	Acute rehabilitation unit	37, man
6	Care worker	Social care agency	52, woman
7	Kindergarten teacher	Day nursery	44, woman
8	Kindergarten teacher	Day nursery	45, woman
9	Registered nurse	Geriatric nursing home	53, woman
10	Public health nurse	Geriatric home care unit	58, woman
11	Head nurse	Geriatric nursing home	38, woman
12	Care worker, BA	Day nursery	27, woman
13	Registered nurse	Paediatric intensive care unit	45, woman
14	Registered nurse	Acute rehabilitation unit	29, woman
15	Care worker, BA	Day nursery	33, woman
16	Registered Nurse	Geriatric nursing home / chronic care	30, woman
17	Care worker, BA	Geriatric home care unit	36, woman
18	Assistant head nurse	Acute rehabilitation unit	53, woman
19	Registered nurse	Home care agency	45, woman
20	Care worker	Home care agency	50, woman
21	Registered nurse	Geriatric care unit	27, woman
22	Registered & public health nurse	Home care unit	25, woman
23	Kindergarten teacher	Day nursery	45, woman
24	Kindergarten teacher	Day nursery	35, woman
25	Registered nurse	Home care unit	43, woman

Appendix 2: List of questions	
1.	Tell us about your background: education, age, work history in the field.
2.	Tell us about your previous day at work. What were the memorable moments, the pros and cons? Why these?
3.	Was it a particularly tough day? How would you describe a tough day?
4.	As a nurse/social worker, what is most essential in your work and what are the skills you would personally like to develop as a nurse/social worker?
5.	Have you experienced any changes in your work environment in the organization or in the atmosphere in the past decade? If so, how would you describe these changes?
6.	Do you think there is a need for workers to have a capacity to constantly change their procedures at work? Tell us about the challenges you've experienced regarding this.
7.	Do you recognize an emphasis on customer orientation in your work? Do you address the service users as customers, clients or patients?
8.	How would you describe the everyday encounters between you and the service users? For you, what is the key to a successful relationship with them? What retains and what helps this interaction?
9.	Feelings and care work: what has recently brought you pleasure, happiness in your work? How about frustration, anger, other negative feelings? How have you expressed these feelings?
10.	Tell us about the conflicts between people in you work. How are these situations dealt with?
11.	Have you witnessed or experienced violence (verbal, physical) at work? Tell us about these situations. How does it make you feel when targeted at you? At others?
12.	What do you think would be the right attitude towards violence in your work? Do you think violence could be prevented by learnt techniques? How have you learnt to cope with threats of violence?
13.	In a few sentences, how would you compare your job as a (X) with other jobs? How is your job different?
14.	In general, do you think people understand the quality and characteristics (ethical, emotional) that your work as a (X) includes?
15.	How do you feel about the responsibility for the patients/clients?
16.	What do you think about the claim that one has to be both sensitive and strong to do care work?
17.	Can you give us examples of what strength and sensitivity have meant to you?
18.	Can you remember situations where caring for others at work has contradicted your own personal needs? How did it make you feel?
19.	Does the care worker's gender make any difference at work? Can you tell us about situations where you've experienced your gender as a strength/weakness at work?
20.	If you had three wishes, what would you change and what would you stick with at work?
21.	If you had the choice, what would you rather do in your life right now?
22.	Can you think of any questions or important areas that should have been included in this interview? Is there anything you'd like to add or clarify?