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Faculty of Social Sciences
University of Helsinki
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THE RELATIONAL CONSTRUCTION OF OCCUPATIONAL AGENCY

**PERFORMING PROFESSIONAL AND ENTERPRISING
SELVES IN DIVERSIFYING CARE WORK**

Antero Olakivi

ACADEMIC DISSERTATION

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ABSTRACT

This dissertation employs a perspective of relational sociology on the occupational agency of employees in public sector elder care in Finland. The study is motivated by two socio-political developments: first, the ambition of public sector care work organizations to enhance their efficiency by implementing private sector management ideals and, second, these organizations' increasing tendency to recruit migrant workers as a means to tackle shortages in workforce, partly caused by precarious conditions in elder care work.

Both developments have raised socio-political controversies. According to critics, they decrease the quality of care, constrain care workers' occupational agency, and create hierarchies between migrant and Finnish-born workers. According to proponents, the developments improve the quality of care, the livelihood of migrant workers and, finally, care workers' occupational agency, autonomy, activity, and involvement in their work. These optimistic visions, I argue, draw on the liberal and enterprising ideals of providing welfare services through supporting all actors' autonomy and proactive agency.

Previous research has often aimed to solve the above controversies by empirically supporting one line of interpretation over others. In this study, I examine how the above controversies themselves are enacted in social care work. In particular, I examine how care work managers' and migrant care workers' interpretations of their own and each other's occupational agency support and contest, first, each other, and second, the above political visions. My data consist of interviews conducted in 2011–2013. I analyze the interviews from a discursive and dramaturgical perspective and present the results in four articles and a dissertation summary.

My results demonstrate how the liberal ideals of enterprising care work are both familiar and pragmatic to social care employees. By drawing on these ideals, care work managers can conceive themselves as modern coaches who can improve the quality of care by activating care workers' occupational agency—and by recruiting agential migrants. These interpretations also shape the agency of care work managers: beyond experts in care, they need to become experts in activation and cultural diversity. Care workers, in turn, can draw on the enterprising ideals to perform active, responsible, and autonomous agency. These performances can be necessary for many migrant workers who, evidently, have an additional burden of demonstrating their worth in front of native audiences.

The enterprising ideals also create conflicts in networks of care. To present themselves as modern coaches, managers need care workers who are routinized but willing to be activated. Care workers can question this image of themselves in different ways. First, care workers can present themselves as agents who are already active and, thus, do not need their superiors' coaching.

Second, they can frame problems in their environment as structural problems that cannot be solved by activation. Third, they can position themselves as actors who are forced to be enterprising; who are active and autonomous, but because they have no choice.

In sum, my study demonstrates the moral and pragmatic appeal of the enterprising and liberal ideals—in the context of dwindling resources—but also a line of practices that contest their credibility in care work.

TIIVISTELMÄ

Väitöskirjassani tutkin julkisen sektorin vanhushoivahenkilöstön ammatillista toimijuutta relationaalisen sosiologian näkökulmasta. Tutkimustani motivoi kaksi yhteiskuntapoliittista kehityskulkua: ensimmäisenä pyrkimys lisätä hoivatyön tehokkuutta yksityiseltä sektorilta omaksuttujen johtamismallien avulla, toisena siirtolaistaustaisten hoitajien lisääntyvä rekrytointi hoivatyöhön vastauksena osin työolojen heikentymisestä johtuvaan työvoimapulaan.

Yhteiskunnallisessa keskustelussa molemmat kehityskulut näyttäytyvät kiistanalaisina. Kriittiset kannat katsovat keinojen lisäävän hoivan laatuongelmia, rajoittavan hoitajien toimijuutta ja synnyttävän hierarkioita siirtolaistaustaisten ja Suomessa syntyneiden työntekijöiden välille. Optimistiset kannat katsovat keinojen parantavan hoivan laatua ja siirtolaistyöntekijöiden toimeentuloa sekä hoitajien ammatillista toimijuutta kannustamalla hoitajia itsenäisemmiksi, vastuullisemmiksi ja aktiivisemmiksi. Väitän jälkimmäisten toiveiden ammentavan paitsi ammattimaisen myös yrittäjämäisen toimijuuden kulttuurisesta ihanteesta sekä liberaalista pyrkimyksestä järjestää sosiaalipalveluja tukemalla kaikkien asianosaisten aktiivista toimijuutta.

Aiemmassa tutkimuksessa yllä kuvattuja kiistoja on pyritty ratkaisemaan eri kantoja tukevan tutkimustiedon avulla. Oma tutkimukseni tarkastelee itse kiistojen jalkautumista hoivatyön arkeen. Erityisesti tarkastelen hoivatyön lähijohtajien ja siirtolaishoitajien omaa ja toistensa toimijuutta koskevien tulkintojen yhteensopivuutta. Aineistona käytän vuosina 2011–2013 kerättyjä haastatteluja, joita analysoin diskursiivisesti ja dramaturgisesti. Tulokset esitän neljässä osajulkaisussa ja niiden yhteenvedossa.

Tulokseni osoittavat, kuinka yrittäjämäisen toimijuuden ja liberaalin hallinnan ihanteet ovat hoivatyön henkilöstölle paitsi tuttuja myös käyttökelpoisia. Lähijohtajia ihanteet auttavat esiintymään nykyaikaisina valmentajina, jotka kehittävät hoivan laatua aktiivomalla alaistensa ammatillista toimijuutta—ja palkkaamalla aktiivisia maahanmuuttajia. Näissä tulkinnoissa myös johtajien toimijuus saa uusia piirteitä: hoivatyön sisältöosaamisen lisäksi johtajien on kyettävä esiintymään kulttuurisen monimuotoisuuden ja aktivoinnin asiantuntijoina. Hoitajia samat ihanteet auttavat esiintymään aktiivisina, vastuullisina ja itsenäisinä toimijoina. Erityisesti maahanmuuttajahoitajat joutuvat jatkuvasti vakuuttelemaan eri yleisöjä omasta osaamisestaan. Tähän vakuutteluun yrittäjämäisyyden ihanteet tarjoavat kulttuurisen mallin.

Yrittäjämäisen toimijuuden ja liberaalin politiikan ihanteet synnyttävät myös ristiriitoja. Voidakseen esiintyä nykyaikaisina valmentajina, johtajat tarvitsevat määrätynlaisia alaisia: rutinoituneita, mutta aktiivisuuteen pyrkiviä. Tämän itseään koskevan tulkinnan hoitajat voivat haastaa eri tavoin.

Yhtäältä hoitajat voivat esiintyä valmiiksi yrittäjämäisinä toimijoina, jotka eivät tarvitse lähijohtajien valmennusta. Toisaalta hoitajat voivat korostaa hoivatyön rakenteellisia ongelmia, joita valmennus ei ratkaise. Kolmanneksi hoitajat voivat esiintyä yrittäjämäisiksi pakotettuina toimijoina, jotka toimivat aktiivisesti ja autonomisesti, mutta johtuen vaihtoehtojen puutteesta.

Kokonaisuutena tutkimukseni osoittaa yrittäjämäisen toimijuuden ja liberaalin politiikan pragmaattisuuden niukkojen resurssien hoivatyössä, mutta myös joukon käytäntöjä, jotka kyseenalaistavat ihanteiden uskottavuuden työn arjessa.

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Helsinki, January 24, 2018
Antero Olakivi

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LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following publications:

- I Olakivi, A. & Niska, M. (2017). Rethinking managerialism in professional work: from competing logics to overlapping discourses. *Journal of Professions and Organization*, 4(1), 20–35.
- II Olakivi, A. (under review). The problematic recruitment of migrant labour: a relational perspective on the agency of care work managers.
- III Olakivi, A. (2017). Unmasking the enterprising nurse: migrant care workers and the discursive mobilisation of productive professionals. *Sociology of Health and Illness*, 39(3), 428–442.
- IV Olakivi, A. (2013). “In case you can speak Finnish, there’s no problem.” Reconstructing problematic identity-positions in migrant care workers’ organisational discourse. *Nordic Journal of Migration Research*, 3(2), 91–99.

The publications are referred to in the text by their roman numerals.

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1 INTRODUCTION: THE BLAME GAME

The impression of professional conduct is a common source of pride and prestige in contemporary societies (Hughes 1984; Abbott 1988: 8; also, Fournier 1999). Being a professional—rather than an amateur, a novice, or, in the worst case, an imposter—tends to imply ability, competence, and ethical integrity (Watson 2002). In a sense, professionals are the ideal agents of industrialized societies (Meyer and Jepperson 2000); they are efficient, talented, and responsible servants of societal progress and the common good (Parsons 1939).

At the same time, professionals are a source of political controversy and moral concern. Whose interests do professionals ultimately serve? How can we ensure their ethics are correct? How can professional work be regulated and governed? And who counts as a professional to begin with? Such questions are common in both academic and lay disputes over professions and professionalism (see Evetts 2003; also, Henriksson 2000; Olakivi 2017).

A key innovation in the sociology of professions has been the examination of professions and professionals as parts of relational systems (e.g., Abbott 1988). Macro-oriented sociology has examined long-term historical processes in which particular divisions of labor between professions or professionals and their clients have emerged and obtained social legitimacy (e.g., Brante 1988; Fournier 2000; Riska 2010). Micro-oriented—such as interactionist and dramaturgical—sociology has examined professionalism as a relational construct in everyday encounters (Riska 2010). To study such encounters, Hughes (1984: 345), a prominent member of the first Chicago School (see Wrede 2010a), coined the concept of the “social drama of work.” In such a drama, to cite Hughes (1984: 399), a professional “role is always a part in some system of interaction of human beings; it is always played opposite other roles. To play one is not to play another.”

In this dissertation, I examine such a drama of work in old age care provision in Finland. In line with the above focus on relational systems, I examine care provision from the standpoint of relational sociology: as an “unfolding, ongoing process” (Emirbayer 1997: 289) in which the occupational selves of care workers and their managers, among others, are performed in relation to each other and their wider socio-political environment.

In recent years, intense political and public disputes have emerged over the occupational selves—that is, the skills, competences, ethics, and interests—of social care workers in Finland (also, Hoppania 2015). These disputes are almost invariably shaped by a concern over the quality of old age care. Most public discussants conceive the quality of care as generally inadequate, but for different reasons. In this blame game, some blame the lack of skills and competence of care workers or their managers, others their biased interests and ethics (Helsingin Sanomat 19.2.2012; YLE 20.1.2014; see Hoppania 2015:

140–147). Some, finally, blame a lack of resources, such as money and workforce, in public care provision (Helsingin Sanomat 26.10.2015; 13.1.2018; YLE 14.1.2016). In sum, the discussants seem to agree on the inadequate quality of old age care but disagree on the main problems and, consequently, the most productive ways in which to move forward (also, Hoppania 2015).

Controversies over the quality of care are anything but novel (Paasivaara 2002; also, Thane 2003). In the present day, however, they are shaped by a growing concern—namely, concern over the aging population. In Finland, the proportion of people aged 65 or over increased from 13% in 1990 to 20% in 2015 (Statistics Finland 2016a) and is projected to increase further in the future (Statistics Finland 2015). According to broad political consensus, the aging population, and the respective shortages in the workforce and tax-revenues, places strong pressure on public welfare provision in general and on services for older people in particular (see Hoppania 2015).

In Finland, as all over the industrialized world, policy-makers, think tanks, university researchers, and other stakeholders are constantly innovating novel ways to improve the economic sustainability of social care provision, preferably in tandem with its quality. Two propositions are particularly relevant for public care work organizations and thus for this dissertation. The first is the implementation of private sector management models in public care provision as a means to increase the efficiency of care providers' performance (e.g., Bolton 2004; Dahl 2009; also, Carvalho 2012). The second is the active recruitment of migrant (i.e., foreign-born) care workers as a means through which to manage the looming shortages of the indigenous workforce (e.g., Näre 2013; also, Gavanoas 2013; England and Dyck 2016). Both solutions have met endorsement as well as critique in public debates.

A common criticism from professional, scholarly, social democratic, and feminist perspectives is that the implementation of private sector management models has reduced the professional autonomy of public sector care workers, along with the quality of care (e.g., Henriksson and Wrede 2008b; Trydegård 2012; Postma, Oldenhof and Putters 2014). Private sector management ideals thus signify a break in the egalitarian history of the Finnish welfare state (Henriksson, Wrede and Burau 2006): they might serve economic interests and some elite professionals (e.g., managers) but not care workers nor their clients. These tendencies, seemingly strong in the 1990s, indicate a particular form of *technocratic management* (see Henriksson and Wrede 2008b; also, Carvalho 2012). They appear to draw on industrial, Taylorist ideals of economic rationing, standardization, and organizational hierarchy (also, Bolton 2004; Dahl 2009).

There are, however, other ideals of private sector management that are, at least in appearance, more contemporary and appealing. These ideals have been influencing public welfare provision in Northern Europe, including Finland, since at least the 1990s (O'Reilly and Reed 2010; also, Lehto 2003; Sulkunen 2010). These ideals seem to draw on a different cultural conception, namely, the notion of enterprising agency and, respectively, *enterprising*

management (du Gay 1996; also, O'Reilly and Reed 2010; Niska, Olakivi and Vesala 2014). In public welfare provision, the ideal of enterprising agency can be seen in organizational attempts to activate and empower professionals—including care workers—to become more proactive, energetic, self-steering, target-oriented, and committed to their work (Fejes and Nicholl 2012; Moffatt, Martin and Timmons 2014; also, Barnes 2000). According to common expectations, such principles should appeal to professional communities, which are traditionally assumed to value personal autonomy and self-governance (Moffatt, Martin and Timmons 2014; also, Bolton 2004). Whether professional communities in practice conceive enterprising expectations as realistic and fair is, however, a more controversial matter (also, Bolton 2004)—and a matter that has received less empirical attention.

The other solution, the active recruitment of migrant care workers, is equally controversial. Sociological debates often criticize the novel recruitment tendencies for treating the migrant workforce as a flexible resource, instrumentally employed in impoverished jobs that no longer attract native professionals, mainly at the lowest levels of organizational hierarchies (Näre 2013; also, Wrede 2010b; Cangiano and Walsh 2014). In Helsinki, for instance, the proportion of migrants employed as registered or practical nurses increased from 4 to 11% from 2004 to 2013 (Statistics Finland 2016b). At the same time, the proportion of migrants as head or ward nurses remained almost non-existent, below 1% (Statistics Finland 2016b). According to critics, including critical race scholars and migrant care workers, such recruitment tendencies misrecognize the true skills, competencies, and interests of migrant workers (Näre 2012a; 2013; also, Adhikari and Melia 2013). The main winners are the employers, who, instead of improving the quality of care work to attract indigenous professionals, can recruit migrants as a compliant workforce that is willing—or forced—to work in poor conditions (Näre 2013; also, Wrede 2010b; Cangiano and Walsh 2014). According to more positive interpretations, the care industry can also serve migrant employees by offering them jobs and income—that is, benefits that disadvantaged immigrants might otherwise have difficulties finding (YLE 31.8.2015a). Furthermore, public discussions often conceive migrant care workers as particularly committed, motivated, and skilled caregivers who can therefore serve the needs of the Finnish elderly—along with their own needs (see Näre 2013; Nordberg 2016; Näre and Nordberg 2016).

In the most optimistic interpretations, both the implementation of enterprising management principles and the recruitment of migrant care workers appear as triple-win scenarios in public social care provision: as well as the economic interests of the Finnish welfare state, they serve the Finnish elderly's interests in good care and (migrant) care workers' interests in autonomy and income. In sociological terms, such triple-win scenarios can be conceptualized as paradigmatic illustrations of (the ideals of) the (neo)liberal government (e.g., Miller and Rose 2008; also, Jessop 1998). These are political projects that avoid impressions of open force or acting against anyone's

autonomy or interests. Rather, they invite all stakeholders to cultivate their own agency and responsibility and serve their own interests—albeit in alignment with more distant governmental and economic objectives (Miller and Rose 2008; also, Foucault 1982; 1991a). These projects, thus, seek to answer to a key need in the current welfare politics: the alignment of interests between different stakeholders (also, Allen 2014).

The growing governmental attempts to create enterprising care workers (e.g., Dahl 2012; Gibson 2013; Moffatt, Martin and Timmons 2014) and public welfare managers who empower their subordinates (e.g., O’Reilly and Reed 2010; also, du Gay 1996) are relatively well known in the academic literature. How care workers and care work managers receive them, however, is hardly studied at all (see Moffatt, Martin and Timmons 2014). A similar disparity is common in studies on (neo)liberal governmentality. Traditionally, research on governmental attempts to create enterprising citizens has been abundant, but research on the target communities’ reception of this has been scarcer (see McKee 2009). And yet, the reception of governmental ideals can be regarded as a key issue in respect to their political success (also, Gordon 1991). In this dissertation, such reception is examined among care work managers and migrant care workers in Helsinki.

Besides the lack of empirical research, there seems to be a lack of clearly articulated, contemporary frameworks in sociology for studying the reception of governmental ideals in public welfare work (also, McKee 2009). This dissertation articulates such a framework, drawing from the tradition of relational sociology (Emirbayer 1997), social constructionism (Nikander 2008), and Hughes’s notion of the social drama of work. In line with these traditions, my dissertation examines care work managers’ and migrant care workers’ abilities to employ the ideals of enterprising care work as resources in their social drama of work—and in their performances of occupational agency. Following Watson (2002), I assume that performances of *occupational* agency can have many meanings; among them, performances of *professional* and *enterprising* agency. In line with Hughes (1984: 342), I examine enterprising (and professional ideals) as “social and social-psychological arrangements and devices by which” care work actors can, potentially, “make their work tolerable, or even make it glorious to themselves and others” in a context in which their work has become a matter of intense political controversy. Whether or not enterprising ideals can offer such devices is, I argue, a key question in respect to their organizational reception—and the key question I address in this dissertation.

In addition to relational and constructionist research on care work professionalism (e.g. Moffatt, Martin and Timmons 2014), my dissertation contributes to the cultural sociology of welfare states (Autto and Nygård 2015)—especially to the sparse research on the reception and implementation of political and governmental ideals in the everyday drama of work. In line with Callon (1984), among others, I avoid participating in the interpretive struggles (and blame games) of the actors I study. Instead of evaluating the

credibility of the impressions of liberal government, for instance, I examine how their credibility is evaluated among care workers and care work managers. In particular, I examine how care work actors define the main problems in their work—including problems of inequality and inefficiency—the actors who are responsible for these problems, and the best ways in which to influence these actors (Miller and Rose 2008; also, Grin and van de Graaf 1996). Most importantly, I examine the relational and practical consequences of these interpretive struggles in and around care work.

The dissertation comprises four empirical sub-studies and the present summary, which presents its theoretical framework, empirical materials, key findings, and conclusions. The summary is structured as follows. In Chapter 2, I reconstruct the socio-political and discursive landscape of the social drama of work that I empirically examine in the sub-studies. This chapter is based on my reading on previous academic and socio-political debates over care work organization and migrant care workers. Chapters 3 and 4, in turn, articulate my theoretical and meta-theoretical perspectives on care work organization, drawing on relational, constructionist, and dramaturgical research traditions. Chapter 5 presents the methods and materials used in the sub-studies, and Chapter 6 summarizes their main results. The results are further discussed, contextualized, and evaluated in chapters 7 and 8.

The four empirical sub-studies are presented after the summary, and they are listed in an order that derives from the storyline of the summary. The sub-studies address care work actors' social drama from different perspectives, and they also speak to slightly different audiences. Sub-study I demonstrates how the ideals of enterprising management can offer pragmatic resources for care work managers to solve old conflicts between managerial and professional ideals. The article contributes to theoretical and empirical debates in the sociology of professions.

Sub-study II contributes to theoretical debates in general sociology, by discussing differences between relational and substantialist perspectives on care work managers' occupational agency. Empirically, the article demonstrates how care work managers' increasing and politically controversial tendency to recruit migrant workers to old age care can take on various meanings in care work managers' self-presentations. From the perspective of relational sociology, the study demonstrates how particular ways of describing migrant care workers can offer managers important relational resources for presenting—and understanding—their work in ethically sustainable ways.

Sub-studies III and IV demonstrate how care workers' discursive practice can both support and challenge the above positive and pragmatic interpretations offered by care work managers. Sub-study III examines care workers' ways of positioning themselves in respect to the ideals of enterprising agency. The study demonstrates how (migrant) care workers may have difficulties in aligning themselves with the enterprising ideals but also in protesting them. Impressions of ethnicity, and the status of a migrant, can

offer resources for care workers to construct contradictory subjectivities, sometimes supporting, sometimes challenging the (neo)liberal ideals of government through agency and freedom. Theory-wise, the article contributes to sociological debates over agency construction and (neo)liberal governmentality.

Sub-study IV targets migrant care workers' ways of framing (in)equality in work. The article contributes to the dissertation in two ways. First, it demonstrates a line of (neo)liberal discursive practice that highlights individual care workers' responsibility for negative experiences in their work. Second, it empirically demonstrates how the position of a "migrant care worker" can be particularized and reconstructed in diverse ways. The article thus contributes to debates in the sociology of migration and ethnicity.

Despite their differences, all sub-studies contribute to the main storyline of this dissertation. This storyline is presented in this summary.

2 SOCIO-POLITICAL IDEALS AND DISPUTES OVER CARE WORK ORGANIZATION AND MIGRANT CARE WORKERS

All human beings need care, often in various stages of our lives. What is distinctive of complex, pluralistic societies is our increasing tendency to engage in intense political and moral disputes over how such care should be organized. This chapter delineates a line of such disputes, mostly in contemporary Northern Europe, in Finland in particular. It examines disputes over social care provision among a broad network of actors: from legal experts and political authorities to people in care work organizations. In such disputes, social scientists often play a dual role (e.g., Brante 1988; Henriksson 2000; Hoppania 2017): as social scientists, we may study social disputes, but our research, almost inevitably, also takes part in such disputes. This chapter examines general *argumentative patterns* in recent disputes over care work organization and migrant care workers. Chapters 3 and 4, in turn, elaborate on the *sociological perspectives* from which such disputes, and the networks around them, can be empirically examined.

Legislation and legal authorities are, of course, central actors in disputes over care work. In respect to the care rights of the Finnish population, the present-day Finnish legislation is relatively clear. The *Constitution of Finland* (731/1999: Section 19) secures all Finnish inhabitants' "right to receive indispensable subsistence and care." The main responsibility for providing such care lies with local authorities (that is, currently, with municipalities). According to the *Act on supporting the functional capacity of the older population and on social and health care services for older persons* (980/2012: Section 13), "local authorities must provide older persons with social and health care services of a high quality that are timely and adequate to their needs." Local authorities must also ensure that care organizations under their jurisdiction have personnel whose "number, educational qualifications and task structure correspond" to the needs of their recipients of care (Act on Supporting the Functional Capacity... 980/2012: Section 20). The *Act on qualification requirements for social welfare professionals* (272/2005: Section 1) further maintains that "social welfare professionals shall have the necessary education and training as well as be familiar with the area of their work." Employees in managerial positions, for instance, must have "a suitable university degree, knowledge of the sector and adequate management skills" (Act on Qualification Requirements... 272/2005: Section 10). "The qualification requirement for the post of a practical nurse," in turn, "is a suitable initial vocational qualification in social services and health care or other comparable qualification" (Act on Qualification Requirements...

272/2005: Section 8). Finally, a number of labor laws and collective labor agreements regulate the relations between employers and employees. The *Non-discrimination act* (1325/2014: Section 8), for instance, prohibits all discrimination against people on the basis of their “age, origin, nationality, language, religion, [...] disability, sexual orientation or other personal characteristics.” “Different treatment,” however, “does not constitute discrimination if the treatment is based on legislation and it otherwise has an acceptable objective” (Non-discrimination Act 1325/2014: Section 11).

Thus in a sense, elderly people’s right to receive “high-quality” care is strongly secured in Finland, and the provision of such care is highly regulated. At the same time, Finnish legislation leaves many questions open: What exactly does “high-quality” care mean? What do “adequate management skills,” “necessary education,” and a “suitable initial vocation” (for being able to work in care) mean? When does the number of personnel “correspond” to the needs of people receiving care? What are the “acceptable objectives” that can justify the different treatment of people, including employees? In a sense, answering such questions falls under the jurisdiction of policy-makers, governmental authorities, and legal experts. Beyond parliamentary and legislative work, however, people engage in disputes over care provision in various settings: in the media, educational institutions, sociological texts, and, finally, care work organizations (in team meetings, performance appraisals, coffee room discussions, and so forth). Everyday disputes are shaped by, and in turn reshape, broader political and ideological principles concerning care provision. This chapter examines such disputes and their general patterns in respect to a particular object of controversy: the skills, competences, ethics, and interests of care workers and care work managers in and around the public sector’s organization of social care.

2.1 PROFESSIONAL IDEALS OF CARE WORK ORGANIZATION

In cross-country comparisons, social scientists often distinguish between different models of social care provision. Such models can be conceived as sociological classification tools but also as political ideals and frames for evaluation (Wrede et al. 2008; also, Pyrhönen 2015: 23). In both academic and political debates, Finland is typically seen to align with the Northern European (or Nordic, or Scandinavian) tradition of social care provision (e.g., Anttonen and Sipilä 1996; Julkunen 2006; also, Wrede et al. 2008). As well as the universal rights to care and subsistence, the Nordic model highlights the role of, first, the public sector and, second, educated *professionals* as the key providers of social care (e.g., Julkunen 2006; Wrede et al. 2008). Instead of being the private responsibility of households, the provision of care is, ideally, organized as paid work that requires formal education (Wrede et al. 2008; Isaksen 2010; Eräsaari 2011).

In Northern European politics, the relationship between welfare professionals and governmental authorities is often presented as a relation between *agents* and their *principals* (Julkunen 1994; also, Brante 1988; Wallace et al. 2011). In short, it is a relation in which one actor, the agent, acts *on behalf of* another actor, the principal (Shapiro 2005; also, Vesala 2012; Niska 2015). Care workers, for instance, serve the care needs of the population *on behalf of* governmental authorities (also, Powell and Gilbert 2007; Olakivi 2017). In the Nordic political ideal, however, the relationship between care workers and governmental authorities is traditionally regarded as reciprocal: governmental authorities also serve care workers by, for instance, supporting their professional education and ensuring a steady supply of clients and thus income via the public provision of care (e.g., Henriksson, Wrede and Burau 2006; also, Henriksson 2000; Wrede 2008). Governmental authorities, in turn, receive efficient, responsible, reliable, and self-governing care workers who are capable of providing good quality care, as the Finnish legislation maintains (Chapter 2: intro; also, Henriksson, Wrede and Burau 2006; Powell and Gilbert 2007). Finally, both care workers and governmental authorities, of course, serve the recipients of care. Ideally, there are no conflicts of interest between these three parties (SuPer 2015).

The extent to which the above *ideals* reflect actual practices of care work organization in Finland and elsewhere is, of course, a matter of disputes. In part, such disputes also reflect differences in socio-political and cultural understandings of care and professionalism. A key question in these disputes is, whether care work has ever achieved a status of a true profession—even in the Nordic countries?

In classic, evidently Western, and somewhat stereotypical conceptions (see Waerness 1987; Abbott 1988; Davies 2000), professionalism implies specific ethics (that defined by the professional collective), abstract (if not esoteric) expert knowledge, scientific rationality, and collegial work organizations that value all actors' self-governance (see Freidson 1984; Evetts 2003; 2009). According to a particular line of (feminist) critique, care work may include specific (and collective) ethics and collegial organizations, but it is too unpredictable, embodied, and pragmatic to be guided by abstract knowledge or scientific rationality (Waerness 1987; Julkunen 1991). According to another, less essentialist line of feminist argumentation, the problem of care work, in respect to achieving professional status, is that the skills, competences and expertise it requires have been socially and politically misrecognized—even in the Nordic countries. Instead of skilled work, care work has appeared to be routine, mundane work that requires little specialization (Hoppania et al. 2017: 98–101). According to wide academic consensus (e.g., Henriksson 2000; also, Apesoa-Varano 2007; Carvalho 2014), such an impression of care work derives from its gendered history: in comparison to many respected, male-dominated professions (e.g., the medical profession), care work has appeared as natural labor conducted by women in private households without formal compensation and based on their inborn characteristics rather than obtained

skills. Such work, and the skills it requires, has remained invisible in industrialized societies (also, Latimer 2008).

To make care work more visible, and to overcome the above gendered hierarchy in the societal value of different professions, care workers and other stakeholders—including social scientists—have engaged in attempts to re-define care work and its professional requirements. According to one line of argumentation, care work is not natural or mundane work but work that requires knowledge of the recipients of care and skills to address their particular and often unpredictable needs (Hoppania et al. 2017: 98–101; Hoppania, Olakivi and Zechner 2017; also, Carvalho 2014). According to another line of argumentation, care work also requires transferable skills, abstract knowledge, and a particular qualification, education or training (see Paasivaara 2002; Carvalho 2014; Hoppania, Olakivi and Zechner 2017), as stated in Finnish legislation (see Chapter 2: intro). The exact nature of such transferable skills and the respective education has, however, remained a topic of controversy. Even when care work is conceived as professional agency, its professional requirements are a matter of dispute.

According to what I have called the *medico-scientific* ideals of care work (see, sub-studies I and III), professional care is based on the scientific knowledge of human health or the specific science of nursing (see Apesoa-Varano 2007; also, Hoppania 2017). Care workers, like other health care professionals, help patients with their medical problems. Respectively, care work requires both theoretical knowledge and technical skills that are best obtained through formal education (see Carvalho 2014). According to what I have called the *socio-scientific* ideals of care work (sub-studies I and III), professional care is based on care workers' specific values and particular relations with their clients (see Paasivaara 2002; Allen 2007; Apesoa-Varano 2007). Care work aims to improve clients' holistic, bio-psychosocial wellbeing and, ideally, to empower, activate, and rehabilitate them (Carvalho 2014; also, Waerness 1987). Presumably, such relational skills can be obtained through both formal education and practice (Apesoa-Varano 2007; Carvalho 2014; also, Davies 2002a).

The socio-scientific ideals of care seem currently popular among a variety of stakeholders (from care workers to social scientists), while the medico-scientific, or *biomedical*, ideals are often criticized as instrumental, detached, routine, and technical (see Allen 2004; Currie, Finn and Martin 2010; also, Waerness 1987). As well as professional stakeholders and the recipients of care, the socio-scientific care work ideals, also called the ideals of *new nursing* (Hewison 1999; Bolton 2004; Carvalho 2014), may also please economic authorities. If professional care work mainly requires specific values (instead of medico-scientific knowledge), the requirements for long, formal, and expensive education may appear significantly lower (see Carvalho 2014; also, Hoppania 2017). If care workers can indeed empower their clients, the clients may—at least ideally—require less assistance and less care (Dahl 2012; also, Paasivaara 2002; Postma, Oldenhof and Putters 2014). Both prospects are, of

course, highly controversial and contestable (see Hoppania et al. 2016; Hoppania, Olakivi and Zechner 2017). Nevertheless, one can understand why such prospects of person-centered and activating care might also please (some) economically oriented governmental stakeholders (also, Dahl 2012).

To some extent, the distinction between the medico-scientific and socio-scientific ideals of care work aligns with the distinction between, first, health and social care and, second, between different care work professionals. In Finland, the majority of care workers are educated as nurses or practical nurses—an occupation which is close to that of health care assistants in international comparison. In 2013, these two occupational groups formed the two largest groups in health and social services in Finland (ranking in size before medical doctors and hospital and institutional helpers). Health services, however, employed more nurses (N = 44,829) than practical nurses (N = 23,657) and social services more practical nurses (N = 74,941) than nurses (N = 54,228) (Ailasmaa 2015a: Appendix table 5). Thus, one might assume that the medico-scientific ideals sit better with the practice of nursing and the socio-scientific ones with practical nursing. There is also an educational hierarchy between the two titles: on average, the title of a practical nurse requires 2.5 years of secondary education, and the title of a nurse 3.5 years of tertiary education.

The alignment between professional ideals and professional titles is, however, not entirely solid. Socio-scientific principles are also valued in general nursing and in health care (also, Hewison 1999; Allen 2004; Currie, Finn and Martin 2010). Similarly, practical nurses can aim to increase health and reduce illness (SuPer 2015): the ethics of practical nurses, for instance, as defined by the labor union, highlight how a practical nurse must “support the growth and development of people and their functional capacity and independence, to promote health, and care for the sick.” Moreover, in old age care, professional divisions often seem less clear than those in health care (e.g. Wrede and Henriksson 2004).

In sum, during the heyday of Nordic welfare state politics (1970–1990) (e.g., Julkunen 2006), care workers might have earned a professional status, at least in respect to specific ethics and legally protected educational requirements (also, Paasivaara 2002; Wrede et al. 2008; Chapter 2: intro). In respect to care workers’ collective ability to regulate their own ethics, such a status has allegedly been less solid, although not entirely missing: care work professionals have had the license to define their ethical codes (e.g., SuPer 2015) as long as their ethics have aligned with the interests of their external principals, mainly their clients and employers (including governmental authorities). In care work, professional ethics have, for instance, highlighted care workers’ responsibility to offer high-quality care that corresponds to their clients’ needs (e.g., Paasivaara 2002; Blomgren 2003; Bolton 2004)—values also highlighted in Finnish legislation (see Chapter 2: intro).

At the very least, professional care has been a strong ideal in the cultural image of the Nordic welfare model. The extent to which the ideal has been

achieved is a matter of more controversy (also, Wrede et al. 2008). Moreover, the requirements of care work, as a profession, remain a matter of controversy and dispute, even if professionalism as such is the desired ideal. Since the late 1980s, however, the whole ideal of professionalism in care has received increasing amounts of societal and political criticism.

2.2 TECHNOCRATIC IDEALS OF CARE WORK ORGANIZATION

According to broad academic consensus, political support for professionalism in care work started to decline in Finland—as in many other countries (e.g., Davies 2000; 2002b)—in the late 1980s and even more strongly in the early 1990s (Wrede et al. 2008; also, Henriksson, Wrede and Burau 2006). After the Finnish economy plunged into recession in the early 1990s, extensive specialization and education in care work began to be presented politically as expensive and inflexible, something that needed to be curtailed rather than supported by governmental authorities (Henriksson and Wrede 2008a). The political critique against care work professionalism—and welfare professionalism in general (Julkunen 1994; also, Noordegraaf 2007; Jespersen and Wrede 2009)—was, according to wide academic consensus, supported by broader ideological shifts around Northern Europe if not throughout the Western world (Henriksson and Wrede 2008b; also, McDonough 2006; Harlow et al. 2012). In academic and public narratives, the most important shift is often described as a shift toward neoliberalism; that is, towards a political ideology that highlights economic efficiency, performance management, cost-control, competitiveness, and market mechanisms in public welfare provision (e.g., Webb 2006: 80–84; Noordegraaf 2007; also, Alasuutari 2006).

According to research on welfare work and organization, the neoliberal shift also meant an increasing influence of private sector management principles in public welfare work in Europe (Doolin 2002; Blomgren 2003; Farrell and Morris 2003). In the academic literature, these principles are often called managerial principles or the principles of *new public management* (Doolin 2002; Farrell and Morris 2003; Evetts 2009). These two concepts have, however, slightly different meanings in academic use. Managerialism, in general, refers to a broad and historically far-reaching ideology of industrialized societies, according to which problems in almost any area of work can be efficiently solved by improving management (Räsänen and Trux 2012: 45; also, O'Reilly and Reed 2010). From a managerialist perspective, the management of work is a specific job, even a profession, which requires specific training and skills (Grey 1999; also, Noordegraaf 2007). New public management, in turn, refers to the more specific trend of applying managerial principles and private sector management ideals in the organization of public

sector work in Western countries since the 1980s (also, O'Reilly and Reed 2010).

In academic and public debates, the ideals of new public management often stand in sharp contrast with the ideals of professionalism in care discussed above. Critical debates describe the conflict in two ways. First, new public management seems to prioritize the economic cost-efficiency of public welfare provision and to mitigate the importance of service quality and the wellbeing of clients (McDonough 2006; Eräsaari 2011; also, Doolin 2002). Since the late 1980s or early 1990s, the value of cost-efficiency, or parsimony, in public welfare provision has been increasingly highlighted by Northern European policy-makers, who have justified their demands by referring to economic recessions or aging populations (e.g., Doolin 2002; Farrell and Morris 2003; Henriksson and Wrede 2008a). From the perspective of care workers and their professional ethics, such an economic emphasis can seem highly displeasing (e.g., Bolton 2004): according to conventional assumptions, care workers, as professional actors, should be agents for good care rather than agents for economic objectives or policy-makers' *biased* interests (also, Doolin 2002; Farrell and Morris 2003; McDonough 2006).

Second, new public management may displease professional actors even when it does not explicitly highlight economic objectives. Indeed, managerial transformations are not always presented as a way to serve economic interests but also as a way to serve the sustainability of public welfare provision in a difficult economic and/or demographic situation, even to provide more quality with less money (see Bolton 2004; Henriksson and Wrede 2008b; Dahl 2012). Such objectives might also please professional communities. Managerial means through which to serve such objectives, however, might not. According to common criticism, managerial transformations in care work, as in public welfare work in general, have often been inspired by a specific mode of private sector management (e.g., Harlow et al. 2012; Blomgren and Waks 2015): the Taylorist ideal of standardized work processes, hierarchical planning, and detailed control of employees (Bolton 2004; Dahl 2009; Postma, Oldenhof and Putters 2014). Such industrial ideals act against the professional ideals of collegiality, self-governance and personal autonomy (Bolton 2004; Evetts 2009; O'Reilly and Reed 2010). In this dissertation, these managerial principles of public welfare provision are referred to as the *technocratic* ideals of management (see O'Reilly and Reed 2011; Carvalho 2012; also, Niska, Olakivi and Vesala 2014).

Technocratic reforms also imply new divisions of labor, if not new class divisions, in public welfare work (e.g., Traynor 1994; 1996; Waerness 2008). Professionals in leadership roles are expected to act as managers in charge of controlling their staff members' efficient performance—rather than as experienced senior professionals who offer professional guidance and consultation to their junior colleagues (Blomgren 2003; Bolton 2005; also, Freidson 1984). In addition to professional skills, managers are expected to have “management skills,” also mentioned in Finnish social care legislation

(Chapter 2: intro). The importance of professional education in frontline work is also mitigated: instead of self-steering and skilled professionals, managers require a flexible, compliant, and controllable workforce (e.g., Traynor 1994; Henriksson, Wrede and Burau 2006; McDonough 2006). In Finland, the qualification of a practical nurse—that was created in the 1990s by combining pre-existing, lower-level care occupations—was explicitly targeted to serve this need, at least according to policy-level arguments (Wrede 2008): practical nurses were supposed to offer a flexible, versatile workforce to different fields of public care provision. In later studies, scholars have described practical nurses' occupational agency—that is, their ability to control their own work—as highly constrained (Henriksson and Wrede 2008b; Wrede 2008; also, Eräsaari 2011).

According to a common critique from professional, democratic, and feminist perspectives, the technocratic organization of care work acts against its own targets if it claims to promote more quality (with less money). Instead of quality, technocratic management engenders the routinization and standardization of work and finally leaves little room for actual care (Tainio and Wrede 2008; Henriksson and Wrede 2008b; also, Paasivaara 2002). Ostensibly, technocratic ideals stand in the sharpest conflict with the ideals of socio-scientific nursing (Hewison 1999; also, Trydegård 2012; Hirvonen and Husso 2012). By highlighting economic efficiency and hierarchical planning, technocratic management gives little value to the specific, personal relationships between care workers and their clients and leaves little opportunity for care workers to serve their clients' unpredictable, holistic, biopsychosocial needs (Wrede and Henriksson 2004; Tainio and Wrede 2008; Hoppania, Olakivi and Zechner 2017).

In sum, technocratic ideals seem to conflict with the professional values of collegial democracy, personal autonomy, and self-governance and—less explicitly, but often in practice—with professional interests in good care and the wellbeing of clients. What the technocratic modes of management seem to generate is a model of public care provision that is economically efficient at best but highly routinized, hierarchical, and impoverished in respect to the quality of care (Hoppania et al. 2016; also, Eräsaari 2011).

2.3 ENTERPRISING IDEALS OF CARE WORK ORGANIZATION

As already indicated, managerialism does not necessarily mean technocratic management. In the common, academic use of the term, managerialism refers to private sector management theories in general and to the ideal of improvement through management in particular (Grey 1999; O'Reilly and Reed 2010; Räsänen and Trux 2012: 45). According to wide academic consensus, Taylorism has not been the most fashionable, inspiring, or legitimate mode of private sector management for decades (e.g., Sennett 1999;

Boltanski and Chiapello 2006; Miller and Rose 2008). There is broad consensus among scholars that Taylorist ideals of management have, to a degree, made room for other managerial trends, at least in the Global North and among middle-class workers (Kuokkanen 2015; also, Julkunen 2008; Seeck 2008). Compared to the technocratic principles of standardization and external control, the current trends of management highlight almost opposite values, such as innovation, proactivity, and reflexive self-governance (Boltanski and Chiapello 2006; Julkunen 2008; Miller and Rose 2008). In recent decades, such values have, to a degree, traveled from private sector management to public welfare provision (e.g., du Gay 1996; Sulkunen 2006; O'Reilly and Reed 2010). In this dissertation, they are referred to as *enterprising* ideals of public management (see du Gay 1996; O'Reilly and Reed 2010; Niska, Olakivi and Vesala 2014). In line with Weber's (1992: 31–32) famous formulation of enterprising agency, the enterprising ideals of public management highlight all actors' "shrewd," "daring," and "completely devoted" character, "clarity of vision," "ability to act," and "strength to overcome the innumerable obstacles" that they inevitably encounter.

In care work, enterprising ideals imply particular expectations in respect to the skills and responsibilities of both care workers and their managers (Bolton 2004; 2005; Fejes and Nicholl 2012). Enterprising ideals expect care workers to be responsible, proactive, self-steering, target-oriented, and reflexive agents who can constantly develop themselves, solve problems in their organizational environments, and, finally, get things done (Fejes 2008; Gibson 2013; Moffatt, Martin and Timmons 2014). Enterprising management ideals expect care work managers, in turn, to activate and empower the above qualities in their subordinate staff members. Instead of technocratic managers, care work managers are expected to act as democratic and inspiring leaders (O'Reilly and Reed 2010), facilitators (du Gay, Salaman and Rees 1996), coaches (Oldenhof, Stoopendal and Putters 2016), or "enterprising 'co-ordinators of care'" (Bolton 2005: 8).

Like technocratic ideals, scholars have associated enterprising ideals with the neoliberal politics of public welfare provision (Dahl 2009; also, Miller and Rose 2008). Whereas technocratic ideals highlight hierarchies and external standardization, enterprising ideals highlight another aspect of the (neo)liberal project (Sulkunen 2007; Miller and Rose 2008; also, du Gay 1996): all actors' ability to accept responsibility for themselves. Instead of the external control of individuals, enterprising ideals highlight the importance of individual agency and self-governance—values that have all been important to the project of liberalism since (at least) the 18th century (Sulkunen 2007; also, Sennett 1999). Whereas technocratic ideals seem to attack professionalism, enterprising ideals attack technocracy and bureaucracy (du Gay 1996; also, Jessop 1998; O'Reilly and Reed 2010). In a modern world that is conceived as complex, unpredictable, and interconnected, the provision of welfare cannot, according to the political argument, be controlled through technocratic planning (Joseph 2013). What is required instead is the governmental and

network-based activation of individuals and their self-actualizing abilities (Sulkunen 2010; Joseph 2013; also, O'Reilly and Reed 2010). In these imageries, the (supposed) inauthenticity of bureaucratic control and economic rationing is replaced with the (supposed) authenticity of social relations and individual agency (Boltanski and Chiapello 2006; also, du Gay 1996; Henriksson and Wrede 2008b). According to wide political consensus, successful government avoids (impressions of) direct control and open force and instead gently and subtly facilitates the self-governance of individual agents in the networks of public welfare provision (Miller and Rose 2008; also, Sulkunen 2010; Joseph 2013). Instead of forcing people to act against their free will, successful government invites all actors to serve their own interests but in alignment with more distant socio-political and economic objectives (O'Reilly and Reed 2011; also, Foucault 1982; Miller and Rose 2008).

In Finland, state-driven projects seeking to guide work organizations in a more enterprising direction, in both the private and public sectors, have gained significant economic and ideological support since (at least) the 1990s (Arnkil 2004; also, Schienstock 2007; Olakivi 2012). These projects have, without question, influenced care work organizations and their employees, both managers and care workers (e.g., Ylöstalo 2005), alongside technocratic management ideals, of course. Theoretically, enterprising ideals might sit well with professional traditions. While there is a clear conflict between the technocratic and professional principles of public welfare organization, enterprising and professional principles overlap, to a degree (see Sub-study I; also, Evetts 2009; O'Reilly and Reed 2010): they both highlight individual autonomy, self-governance, and, to a degree, organizational equality—respected values to professional communities (Evetts 2009; also, Bolton 2004) and to Finnish people in general (Helkama 2012; 2015: 85; also, Kortteinen 1992). At the same time, enterprising ideals also impose novel expectations on care work actors: instead of professional traditions and divisions of labor, enterprising ideals highlight creativity, innovation, and occupational flexibility; instead of specific skills of particular professions, enterprising ideals highlight general skills of (self-)management, (self-)governance, (self-)reflection, and constant development (Noordegraaf 2007; Fejes 2008; Niska, Olakivi and Vesala 2012).

In addition to workers and managers, the clients of public welfare provision have also been political targets of activation and empowerment—in Finland and elsewhere (Potter and Collie 1989; Henriksson and Wrede 2008b; Juhila and Raitakari 2010). One of the main objectives of Finnish social care legislation is “to support the wellbeing, health, functional capacity and independent living of the older population” (Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons 980/2012: Section 1). In the context of very old or otherwise frail people, such ideals may of course sound unrealistic (Hoppania et al. 2016). Unrealistic or not, they seem strongly rooted in the current care policy and, to a degree, in the ideals and ethics of care work professionalism (Wrede

and Henriksson 2004; Topo and Sormunen 2008; also, SuPer 2015). The aim to empower clients' functional abilities seems to overlap with the socio-scientific ideals of care work professionalism: as well as curing older patients' medical conditions, socio-scientific ideals highlight the importance of empowering clients via social relations (Carvalho 2014; also, Waerness 1987). Both enterprising and socio-scientific care work ideals emphasize creativity and personal involvement over standardized knowledge, routines, and hierarchical forms of conduct (also, Allen 2004).

2.4 DIVERSIFYING CARE LABOR

The increasing implementation of managerial principles is not the only ongoing change in care work organization in Finland. The workforce in care is also becoming more diverse nationally, as a growing number of people with migrant backgrounds is recruited to care. Such diversification is, however, far from evenly distributed. In 2001, only 1% of all employees in health and social services in Finland had a migrant background,¹ and by 2013 this had risen to 3% (Statistics Finland 2016b). In health and social services in Helsinki, however, the percentage of migrant background employees grew from 3% in 2001 to 9% in 2013. As well as clustering around the metropolitan area (also, Ailasmaa 2015b: 10), the employment of migrant workers has clustered around social services—a sector that care workers and researchers often perceive as less prestigious, and more precarious in respect to working conditions, than health services (Nieminen 2011; Cangiano and Walsh 2014; also, Fisher and Kang 2013). In health services in Helsinki in 2013, 9% of all employees were foreign-born, whereas in social services, the same proportion was 12%. In residential care for older and disabled people, the proportion of foreign-born employees was 19%. At the same time, the proportion of migrants among all employees in Helsinki was 10%.

Migrant care workers are underrepresented in managerial positions (also, Aalto et al. 2013: 66; Näre 2013). In Helsinki in 2013, 12% of practical nurses and 10% of nurses were of migrant backgrounds, but the percentage of migrant background employees among head and ward nurses was below one (Statistics Finland 2016b). Scholars have identified similar divisions of care labor in respect to sectors and occupations in other countries (e.g., Doyle and Timonen 2009; Dahle and Seeberg 2013; England and Dyck 2016).

People, industrial sectors, and occupational groups can be classified in different ways. The increasing proportion of migrant workers in certain occupational segments in Finland is, however, difficult to dispute. Based on such an increase, Näre (2013: 74), for instance, wrote about the emerging migrant division of care labor in Finland, in which foreign-born people are

¹ In this classification, a person has a migrant background if his/her own and his/her parents' country of birth is other than Finland.

“clearly over-represented in the lower echelons of social and health jobs.” In Germany and France, in turn, Misra, Woodring, and Merz (2006: 318) wrote about the “international division of care work that places the burden for care on the least powerful (immigrant women workers).”

The reasons behind the above developments, however, are open to competing interpretations. Three reasons are repeatedly offered in socio-political debates (for an analysis of such debates, see Wrede et al. 2013; Nordberg 2016; also, Weicht 2010). First, the rapid aging and respective shortages of the indigenous workforce in care work has opened up new opportunities for migrant job-seekers and care workers in Western countries (also, Doyle and Timonen 2009; Adhikari and Melia 2013; Cangiano and Walsh 2014). Second, many migrants are personally interested in care work, in old age care work in particular, and thus actively seek jobs in the social care sector (also, Walsh and Shutes 2013; Cangiano and Walsh 2014). Third, employers and older clients see migrants as talented, hardworking, responsible, and motivated care workers, making them treasured employees (also, Koivumäki 2012: 29–30; YLE 31.8.2015a; 31.8.2015b). When these reasons are combined, we have a win-win-win situation: employers gain a workforce, migrants gain jobs and income, and clients receive high-quality care (also, YLE 31.8.2015a; 31.8.2015b).

According to a more critical line of interpretation, often promoted by researchers and labor rights activists, the emerging divisions of care labor are not as neutral as those presented above. The lack of care workforce in Finland is not caused only by the aging population but also by the low wages and unappealing working conditions of care work (Aalto et al. 2013; also, Tehy 2012; 2013). According to statistics, circa 30,000 educated nurses and practical nurses in Finland currently work outside of health and social services (Ailasmaa 2015a: Appendix table 3). In such a situation, employers and governmental authorities have conceived migrants as a novel, economically viable resource: as long as new employees are available for care work, there is no urgent need to improve working conditions or wages (see Wrede 2010b; also, Fisher and Kang 2013; Cangiano and Walsh 2014). For employers and governmental authorities, employing migrants, either from international or domestic labor markets, can thus appear as a means through which to sustain economic efficiency (Wrede and Näre 2013; also, Näre 2012a; Cangiano and Walsh 2014). Whether these employment practices also serve migrant care workers is less obvious (e.g., Adhikari and Melia 2013; Näre 2013). The older recipients of care may also feel less than pleased. Not all want to be cared for by (allegedly) “cheap” and “disposable” labor nor, when it comes to older clients—or at least a stereotype of older clients—by immigrants at all (see Shutes and Walsh 2012; Koivumäki 2012: 29; Laurén and Wrede 2008). Migrant workers’ language proficiency, mainly their ability to communicate with their clients, is a particular matter of concern in disputes over social care provision (Koivumäki 2012; Aalto et al. 2013; Näre 2013). What at first seemed

to serve all parties now mainly seems to serve the economic interests of employers and government authorities.

The current recruitment practices can act against migrant workers in many ways. Finnish legislation, for instance, requires nurses and practical nurses to have official qualifications before they can act in permanent posts in social care (The Act on Qualification Requirements for Social Welfare Professionals 272/2005). In practice, qualifications obtained—or approved—within the European Economic Area are valid as such, but others must be approved by Finnish authorities (Aalto et al. 2013: 24). The processes of approval are not always easy (see Koivumäki 2012: 30–31; Aalto et al. 2013). The requirements for short, fixed-term contracts can be significantly lower (The Act on Qualification Requirements for Social Welfare Professionals 272/2005; also, The City of Helsinki 2015). This type of contract is, however, more frequent among practical nurses than among nurses (Kullas 2009: 6–7). Consequently, nurses without officially approved qualifications may end up working under short, fixed-term contracts as practical nurses in jobs for which they would otherwise be overqualified (Aalto et al. 2013; also, O’Brien 2007; Adhikari and Melia 2013). Finland also has courses specifically designed for migrants to obtain the qualification of a practical nurse (Nieminen 2011). According to some scholars, the education of a practical nurse, and jobs in old age care in particular, have become a standard solution for the employment of migrants in Finnish employment policy and practice (Nieminen 2011; also, Laurén and Wrede 2008). Thus, instead of simply following their personal interests as enterprising agents, migrants may be actively directed to particular jobs (also, Näre and Nordberg 2016).

Finally, scholars have presented critical interpretations of care work managers’ recruitment tendencies. According to some, such tendencies are affected by care work managers’ biased conceptions of migrant workers (Carter 2000; Näre 2013; Cangiano and Walsh 2014). Rather than skilled professionals, managers may see migrants as ethnic others, qualified and motivated to work in care work but not in the most demanding positions in the professional hierarchy (Näre 2013; also, Dahle and Seeberg 2013). Managerial and neoliberal aims to increase economic efficiency may further reduce care work managers’ abilities (or interests) to promote democratic values such as equal opportunities at work (see Carter 2000).

Not surprisingly, many scholars, as well as migrant care workers, have raised concerns about migrant workers’ intensified need to prove their professional skills in front of indigenous audiences (Nieminen 2010; Koivuniemi 2012: 31–32; also, Dahle and Seeberg 2013). A migrant care worker, and a care worker with a foreign education in particular, might need to work extra hard in order to be recognized as a competent professional (Nieminen 2010; 2011). Such recognition might be particularly difficult to obtain in respect to the medico-scientific nursing ideals (see Nieminen 2010; also, Dahle and Seeberg 2013). As regards professional recognition, socio-scientific nursing ideals might be less exclusive (see Nieminen 2010). If a nurse

mainly needs to have relational skills, correct ethics, and a sense of responsibility, such attributes are, in fact, often associated with migrant workers (Weicht 2010; Gavanas 2013; Walsh and Shutes 2013). As regards public stereotypes, immigrants from African and Asian backgrounds in particular are often presented as responsible, interested, and motivated care workers, even as members of “caring cultures” (Gavanas 2013; Walsh and Shutes 2013; Näre and Nordberg 2016).

Migrant care workers may be a diverse group of people (e.g., Doyle and Timonen 2009), but they are also a group of people whose interests, objectives, skills, and competences are open to competing interpretations—also by migrant care workers themselves. The occupational agency of migrant care workers can be questioned, but it can also be idealized by indigenous stakeholders (Näre 2013). Significantly, migrant care workers’ occupational agency may be idealized from different perspectives. From a professional perspective, migrant workers can be idealized as experts in socio-scientific care. From the perspective of technocratic management, migrant workers can be idealized as flexible, hard-working, and compliant subjects who are easy to manage (see Näre 2013). From the perspective of enterprising management, migrant workers can be idealized as flexible, capable, and self-steering agents who are able to overcome diverse obstacles and, ultimately, serve their own interests (see Nordberg 2016; Näre and Nordberg 2016). The occupational agency of migrant workers, as it appears in public debates, is thus a matter of dispute (also, Henriksson and Wrede 2008a). These public debates, ultimately, produce different figures of the “migrant care worker.”

2.5 RESEARCH PROBLEM

Human needs for care might be permanent, but societies differ in their arrangements to address such needs. In the political ideals of Northern European societies (albeit not always in their political practice), the care needs of older people have often been allocated to public care provision and specific caring professions. Professionalism in care work has implied particular skills and competencies—the exact nature of which have remained, however, a matter of dispute. Thus, not only the question of how to *organize* care but also the question of how to *understand* care, and its requirements, has been a topic of controversy in industrialized societies (also, Hoppania et al. 2016: 99).

In recent decades, the professional ideals of care work organization have been increasingly challenged in political debates, also in Finland. One particular challenge comes from a perspective which, in academic debates, is conventionally called managerialist—that is, a perspective that highlights private sector management ideals in public welfare provision. A closer look, however, reveals that managerialism contains different, if not opposite, lines of socio-political argumentation. Technocratic versions of managerialism highlight cost-efficiency, bureaucratic rationing, and organizational

hierarchies and are, ostensibly, in sharp conflict with the Nordic, professional principles of care work organization, including care workers' personal autonomy, and the quality of care.

Evidently, technocratic management ideals are not the most appealing ideals in current debates over care work organization in Northern Europe, albeit such ideals have not disappeared from political discussions (also, Hoppania, Olakivi and Zechner 2017). Moreover, managerial trends seem to follow each other in cycles (Seeck 2008). As technocratic management has lost some of its social legitimacy, a promising alternative has emerged from another line of (equally neoliberal) socio-political argumentation. In academic and political debates, this line of argumentation is conventionally associated with the ideal of enterprising agency. Instead of highlighting organizational hierarchies, enterprising management highlights the proactivity, target-orientation, responsibility, and self-steering capabilities of all actors. Such ideals seem to sit relatively well with the (more) traditional principles of professional nursing, including the ideal of self-governance. Enterprising management, thus, has the potential to please many stakeholders, from governmental authorities to care work managers and professionals as well as the recipients of care. Such impressions of the aligned interests of actors are, evidently, a key source of legitimacy in the contemporary management of public welfare provision (O'Reilly and Reed 2010; also, Jessop 1998).

The appeal, reception, and implementation of enterprising management ideals in care work organizations has, however, received little attention in academic research (also, Moffatt, Martin and Timmons 2014). Research on enterprising care work ideals has mainly examined their appearance in political documents and the media (Moffatt, Martin and Timmons 2014; also, Dahl 2012; Näre and Nordberg 2016). Empirical research on the reception of managerial ideals in care work has, in turn, mainly focused on technocratic modes of management (Traynor 1994; Trydegård 2012; also, Hirvonen and Husso 2012). Sometimes this research has used the concept of managerialism almost as shorthand for technocratic management (e.g., Lymbery 1998; Harlow et al. 2012). In sum, research on care work management, as well as on public welfare management in general (e.g., Lymbery 1998; Doolin 2002; Tummers, Bekkers and Steijn 2009), has mainly examined how managerial transformations constrain—rather than enable or expect—the professional and personal agency of organizational actors (Henriksson and Wrede 2008b; also, Eräsaari 2011; Hirvonen and Husso 2012). This dissertation makes an exception and targets enterprising ideals in particular.

In respect to enterprising care work ideals and their organizational reception, migrant care workers make an interesting case. Public debates have presented migrant care workers as particularly active and enterprising agents but also as routine and compliant objects of their managers' control. In addition to the agency of migrant care workers, the agency of care work managers has been questioned in public debates—at least in sociological debates. Evidently, these managers' apparent tendency to recruit migrant care

workers to precarious jobs can be conceived as an attempt to reinforce organizational hierarchies and reduce care costs, an attempt that, in the worst case, is guided by care work managers' biased, stereotypical conceptions of migrant care workers. The open production of unjust hierarchies does not sit well with the liberal ideals of enterprising management and interest-alignment.

The above critical conceptions of care work management are quite well documented in previous research (also, Weicht 2010); in general, they do not seem promising in respect to the (neo)liberal and enterprising impressions of all-win situations. However, research on the topic is highly limited. My study addresses this lack of research by investigating *the ways in which diversifying care work organizations in Finland can support and challenge the (neo)liberal policy ideals according to which problems in the quality and efficiency of care can be solved by activating all actors' enterprising agency and self-governance*. This broad question can, of course, be addressed from different theoretical perspectives. The following two chapters discuss the theoretical perspectives from which this dissertation views social care work and the implementation of enterprising ideals.

3 META-THEORETICAL PERSPECTIVES ON WORK, PROFESSIONS, AND ETHNIC RELATIONS

Thus far, I have used concepts such as selves and agency, interests and ideals, skills and competences, and gender and ethnicity as more or less commonsensical referents to my topics of inquiry. In the following two chapters, I reflect upon and specify my meta-theoretical (Chapter 3) and theoretical (Chapter 4) perspective(s) on such concepts.

Public welfare provision can of course be examined from different perspectives. In this dissertation, I have adopted a *relational* perspective. In his prominent essay, Emirbayer (1997: 282) provocatively argues that the key difference between sociological perspectives is “not ‘material versus ideal,’ ‘structure versus agency,’ ‘individual versus society,’ or any of the other dualisms so often noted; rather, it is the choice between substantialism and relationalism.” In short, the question is, “whether to conceive of the social world as consisting primarily in substances or in processes, in static ‘things’ or in dynamic, unfolding relations” (Emirbayer 1997: 281).

Emirbayer’s distinction is not particularly novel (also, Emirbayer 1997): similar distinctions have been made in various disciplines and fields of inquiry since at least pre-Socratic philosophy. What Emirbayer’s distinction clarifies, however, is an important but often under-reflected pattern of difference *across* disciplines and fields of research. This chapter examines the choice between substantialism and relationalism in research on public welfare work and professionalism and on migration and ethnic relations in work. The aim is to explicate, elaborate, and construct a research framework that is later employed in the empirical sub-studies.

Substantialism and relationalism are meta-theories rather than theories. Instead of providing specific concepts, they provide perspectives on concepts. The exact same concepts—such as selves and agency, and gender and ethnicity—can be examined from both substantialist and relational perspectives. Furthermore, a move from substantialism toward relationalism (or vice versa) is, of course, a heuristic move (see Abbott 2004). As such, it is comparable (albeit distinct from) to other heuristic moves, such as those from positivism to interpretivism (and vice versa) or from contextualism to noncontextualism (and vice versa) (Abbott 2004: 43, 47–48). Instead of providing more accurate knowledge regarding the objects of inquiry, heuristic moves provide novel research questions and perspectives that—ideally—enable interesting and productive insights into empirical research (also, Emirbayer 2013).

3.1 SUBSTANTIALIST STANDPOINTS

According to Emirbayer (1997), substantialist research can either adopt the “self-action” or, more likely, the “inter-action” of various things, entities, and substances as the premise of empirical inquiry. The examined entities vary across studies and disciplines. Psychological and behavioral research is likely to examine how entities such as personal values, emotions, identities, attitudes, and cognitions affect the action and behavior of individuals and groups, often in complex interaction with one another (e.g., Bandura 2006; Jerolmack and Khan 2014; also, Sortheix, Olakivi and Helkama 2013). Sociological substantialism is, in turn, more likely to examine how societal entities, such as classes, states, cultures, policies, and discourses, affect each other, often psychological entities and often the action and behavior of individuals and groups (e.g., Elder-Vass 2012; Cangiano and Walsh 2014; also, Spillman and Strand 2013). It is distinctive to substantialist research that the inter-acting entities are analytically pre-given (also, Harré 2009). Studies may differ in the number of entities they extract, the complexity of the inter-actions they observe, and the level of contextual variety they assume (see Abbott 2004: 47–48), but their premises remain the same: “It is substances of various kinds (things, beings, essences) that constitute the fundamental units of all inquiry” (Emirbayer 1997: 282).

Research on work and employment is often in line with the substantialist tradition. Substantialist assumptions are highlighted in, for instance, studies that examine how different ideals, principles, ethics, and interests shape the action and behavior of health and welfare professionals (also, Parsons 1939). According to Kerpershoek, Groenleer, and de Bruijn (2014), for instance, professional behavior is typically guided by motives other than financial ones (although, see Parsons 1939). According to Spyridonidis, Hendy, and Barlow (2014; also, Doolin 2002), however, when professional actors have managerial assignments, their behavior tends to vary depending on the extent to which they identify themselves as either professionals or managers. Reay and Hinings (2009; also, Blomberg and Waks 2015), in turn, extract different institutional logics—such as a business logic and a medical logic—that affect the mindset, action, and behavior of individual professionals. According to them (2009: 631), “institutional logics are the organizing principles that shape the behaviour of field participants.”

Substantialist research on migration can, in turn, examine the (external and internal) factors that shape the migration trajectories of individuals and groups, such as family reasons, personal security, wages, working conditions, or immigration regulations (see Aalto et al. 2013; also, Misra, Woodring and Merz 2006). Substantialist research on discrimination at work might examine how different substances and things, such as the attitudes of employers, the qualities of job-seekers (such gender and ethnicity), and the economic situation affect the practices of recruitment (Kingston, McGinnity and O’Connell 2015; also, MacKenzie and Forde 2009). In respect to care work,

Cangiano and Walsh (2014: 374), for instance, extract “multiple factors in the recruitment process”: “An effective conceptual framework,” for them, “must take into account the complex links between labour market structure and segmentation, employer decision making and state immigration regulations” (Cangiano and Walsh, 2014: 385). Gallo and Scrini (2016: 370), in turn, highlight how the provision of care in European countries is currently affected by complex “interconnections between welfare systems, gender regimes, care models and international migrations.”

Sociological substantialism often highlights the importance of accounting for *structural* factors in empirical analysis. Research on work organization, for instance, often highlights societal structures, such as inequality regimes (Acker 2006; also, Healy, Bradley and Forson 2011) or institutional racism (Allan et al. 2004; also, Laurén and Wrede 2008), that create and sustain societal inequalities. The distinction between substantialism and relationalism, however, should not be confused with the distinction between agency and structure (Emirbayer 1997). Structure and agency can, instead, be studied from both relational and substantialist perspectives (also, Niska 2015).

In fact, substantialist research often promotes frameworks that focus on both agency and structures in the organization of work (e.g., Thomas and Linstead 2002; Webb 2006). Fairclough (2005: 918), for instance, promotes a realist framework that highlights how “both organizational structures and the agency of members of organizations [...] have causal effects on how organizations change.” Kirkpatrick and Ackroyd (2003: 515), in turn, talk about the “wider theoretical question of how to understand the relationship between human agency and structural processes in the reproduction and/or reconfiguration of organizations.” In these discussions, agency and structure are inter-acting forces that affect one another and other elements of social life (e.g., Fairclough 2005; Bandura 2006; Elder-Vass 2013). They must both be examined to provide accurate analyses of the organization of work and/or welfare provision (also, Webb 2006; Eteläpelto et al. 2013).

Finally, substantialist research does not assume that things, entities, and substances are always stable and unchanging. In substantialist research, agents can change structures and structures can change agents, for instance (also Manicas 1998; Bandura 2006; Ratner 2009). To make such an argument, however, a substantialist observer must first conceive agents and structures as distinctive, observable things—otherwise their inter-action cannot be observed (also, Eteläpelto et al. 2013): “It is entities that come first and relations among them only subsequently” (Emirbayer 1997: 281).

3.2 RELATIONAL ALTERNATIVES

In contrast to substantialist and entitative thinking, the relational alternative begins from processes which, only subsequently, constitute the substances involved. In a relational framework, to cite Emirbayer (1997: 287), the entities

involved in a process “derive their meaning, significance, and identity from the (changing) functional roles they play within that” process. Concepts such as agency and structure, professionalism and managerialism, or gender and ethnicity can only have meaning within particular processes: It “makes no sense to envision constituent elements apart from the flows within which they are involved (and vice versa)” (Emirbayer 1997: 289). Instead of starting from entities and moving on to examine processes, relational research starts from processes and moves on to examine how entities come—or do not come—into being within the examined process (Harré 2009).

Relational and substantialist lines of research often use similar concepts but in different ways. Relational research, for instance, does not regard ethnicity as a substantial—not even a historically developed quality—of individuals or groups that could, subsequently, be adopted as an analytical category of scientific inquiry (see Day 1998; also, Brubaker 2002). Ethnicity can instead be conceived as a commonsensical, moral, and political label, interpretation, or performance in which particular groups of people are called into being as “substantial things-in-the-world” (Brubaker 2002: 166). Membership in an ethnic group does not come into being from learning a culture or language, having a particular appearance, or any other substantial quality. Instead, “culture, language, or appearance are devices commonly used by people to delineate, categorize, contrast, and identify” (Berbrier 2008: 583; also, Brubaker 2002). Instead of assuming that ethnic (or other) groups are “substances or things or entities” (Brubaker 2002: 167), relational research can ask “how people—and organizations—do things with categories,” including ethnic categories (Brubaker 2002: 169; also, Day 1998; Widdicombe 1998). Nor does relational research examine professional groups as analytically pre-given things-in-the-world. Relational research is more likely to examine how the distinction between professional and non-professional work, groups, or selves is—or is not—achieved in societal processes (e.g., Hughes 1984; Watson 2002; Powell and Gilbert 2007).

This dissertation examines the occupational selves and agency of care work managers and migrant care workers from a relational perspective, paying particular attention to professional and enterprising articulations of such selves and agency. From a relational perspective, professionalism is not a quality or trait that people achieve, for instance, by learning certain skills or competences via practice or education. Professionalism can instead be examined as a processual interpretation and a temporal performance (Powell and Gilbert 2007; also, Gleeson and Knights 2006). Professional action typically comes into being in relation to action that is defined as unprofessional (e.g., unskilled, incompetent, or morally corrupt) (Watson 2002). Empirically, of course, a professional performance can be difficult to manage without particular resources (e.g., skills, diplomas and uniforms). In addition to resources, however, professional selves require social acceptance, “mutual trust and reciprocal recognition to come into being” (Emirbayer 1997:

296). The same applies to enterprising selves (Pyysiäinen, Halpin and Vesala 2011).

Depending on the perspective, the exact same actions can often be framed as professional and unprofessional. Similarly, the exact same actions can often be framed as agential and non-agential (Fuchs 2011; also, Reynolds, Wetherell and Taylor 2007; Lieblich, Zilber and Tuval-Mashiach 2008). The international mobility of migrant care workers can, for instance, be understood as compulsory action based on unequal economic structures or as migrating people's agential attempt to improve their lives (Tyldum 2015). Migrants' experiences of discrimination in their new countries of residence can, in turn, be understood as the result of discriminatory structures or as inactive migrants' insufficient effort to integrate (see Cederberg 2014). Such interpretations do not change the phenomena of mobility or discrimination as such, but they make a great difference in respect to the political recognition of the rights and responsibilities of different stakeholders.

Values, ideals, interests, and motives often play a role in the relational analyses of human agency (Niska, Vesala and Vesala 2016; also, Spillman and Strand 203). Unlike substantialist research, however, relational research does not conceive interests or motives as internalized principles that guide the behavior of individuals or groups, such as public welfare professions or migrating people. Relational research, in general, does not conceive individuals as "entities that pursue internalized norms" or aspire to act "in conformity with the social ideals they have accepted as their own" (Emirbayer 1997: 284–285), like substantialist theories of norm-based action (e.g., Parsons 1939; also, Bandura 2006). Relational research can instead examine norms, values, interests, and motives as *post hoc* interpretations of the activities at stake (Spillman and Strand 2013) or as relational resources that serve performative functions (Niska, Vesala and Vesala 2016). Motives may not guide actions, but they can offer vocabularies for the interpretation, evaluation, justification, and critique of actions (Mills 1940).

Much as substantialist research can analyze societal change (Emibayer 1997), relational research can, ultimately, analyze entities. Instead of starting from analytically pre-given entities, however, relational research examines how its objects of inquiry, such as agents and structures or professional and enterprising selves, achieve their entitative appearance as things-in-the-world within particular processes (Harré 2009; also, Chia 2000; Brubaker 2002). To cite Hosking (2011: 59), relational research moves "away from the qualities and acts of entities to ongoing processes as they reproduce and change" the entities themselves—including their meaning, significance, identity, and ontology.

The concept of process can, however, have different meanings in different lines of relational research. The following chapter moves on to examine how the concept of process is understood in different relational theories and, most importantly, in this dissertation.

4 THEORETICAL FRAMEWORK AND KEY CONCEPTS

Many theoretical perspectives can be used in line with a relational meta-theory. Emirbayer (1997) mentions scholars from Simmel and Bakhtin to Goffman and Foucault. Niska (2015) continues the list with Harré’s positioning theory and Wetherell’s critical discursive psychology, Roseneil and Ketokivi (2016) with the psychoanalytical object relations theory, and Brubaker (2002) with ethnomethodology and conversation analysis. In this dissertation, I draw on a particular line of social constructionist (and discursive) research together with dramaturgical sociology, mainly Hughes and Goffman.

This chapter moves from meta-theory to theory and reflects on my key concepts from the above theoretical perspective. All my key concepts—including self and agency—can be understood in various ways, even within the tradition of relational sociology. Their meanings in this particular dissertation must thus be explicated and reflected upon. After all, as Becker (1998: 120) reminds us: “We define concepts (as opposed to discovering their true nature).”

4.1 DIFFERENT LINES OF CONSTRUCTIONIST RESEARCH

4.1.1 FROM OBJECTIVE TO INTERPRETIVE SOCIAL CONSTRUCTIONISM

The term “social constructionism” has various, if not opposing, meanings in the social sciences, to the extent that the variety of its meanings threatens to make the term useless. Instead of letting the term go, Harris (2008: 232), for instance, calls for constructionist sociologists to “specify their particular brands of constructionism.” Harris (2008) himself makes a distinction between the objective and interpretive versions of constructionism in sociology.

The difference between objective and interpretive constructionism is simple. Interpretive social constructionism is interested in how actors make sense of themselves, each other, and their surroundings via “classifications, interpretations and narratives” (Harris 2008: 233). From this perspective, “human beings are construction workers in the sense that they create (or assemble, build, manufacture) meaning” (Harris 2008: 233). The classic constructionist treatise by Berger and Luckmann (1966) can, for instance, be viewed in line with interpretive constructionism as a treatise on the sociology of *knowledge* (Harris 2008).

Objective social constructionism, in turn, is interested in how objective states of affairs, as they appear to the analyst, are constructed in social processes. From the perspective of objective social constructionism, social phenomena, such as ethnicity, professionalism, or social in/equality, are not self-evident or inevitable but derive their existence from (often complex) historical processes. Things and forces such as culture, language, and discourse may—or may not—play a role in the historical construction of the examined phenomena (e.g., Elder-Vass 2012; also, Fairclough 2005). What is at stake here, however, is the construction of objective social phenomena, as they appear to the analyst, and not the construction of the meaning of social (or other) phenomena. Berger and Luckmann (1966) can also, finally, be examined from an objectivist perspective: as a treatise on the social construction of *reality* (Harris 2008).

Objective social constructionism is perhaps easier to associate with a substantialist meta-theory, while interpretive social constructionism aligns better with the relational alternative. In fact, interpretive constructionism is close to what Hosking (2011) calls relational constructionism. Harris's distinction also corresponds to Hacking's (1999) distinction between the construction of objects and ideas and the distinction that some Luhmanian scholars (Fuchs 2001) make between first and second order constructivism.

Interpretive social constructionism thus examines how the meaning of things, including societal change, is constructed and communicated in social processes, including sociological research. Meaning is not conceived as inherent to things: "Just as there is virtually always more than one way to build something, there is virtually always more than one way to define something" (Harris 2008: 233). The exact same states of affairs can typically be interpreted in different ways: as markers of social equality or inequality, for instance (Harris 2006; also, Berbrier and Pruett 2006). This dissertation refers to interpretive social constructionism as simply social constructionism or constructionism.

4.1.2 MICRO- AND MACRO-CONSTRUCTIONISM IN DIALOGUE

From a constructionist perspective, organizations in public welfare provision can be examined as "collections of people trying to make sense of what is happening around them" (Weick 2001: 6). In constructionist research, such sense-making attempts can be conceptualized as discursive practice (Foucault 1991b; also, Wetherell 2008), that is, as practice in which actors categorize, account for, and explain social (and psychological) realities (also, Davies and Harré 1990; Nikander 2008). The concept of discourse also has, of course, different meanings in academic literature—even within the constructionist tradition. In this dissertation, I build on the heuristic distinction that Burr (2003) makes between macro- and micro-constructionist theories of discourse. This distinction is by no means unique. Hacking (2004) makes a similar distinction between Foucauldian and Goffmanian perspectives on

discourse, and Wetherell (1998; also, Widdicombe 1998) between poststructuralism (or post Marxism) and conversation analysis. Alvesson and Karreman (2000), in turn, write about Discourse with a capital “D” as the macro-perspective to discourse and discourse with a small “d” as the micro-perspective.

Both micro- and macro-constructionist lines of research conceive discourse and language as a performative vehicle of meaning-making, including the construction of factual statements and truths (e.g., Nikander 2008; Billig 2009). With some variety, they also share an anti-essential, anti-cognitivist, and post-humanist perspective on social science; both lines of research avoid reifying human concepts such as race and ethnicity, or agency and structure, as (inevitable) features of (intransitive) reality (Al-Amoudi and Willmott 2011; also, Burr 2003). Rather than features of reality as such, human concepts are means through which people make sense of reality. The main difference between macro- and micro-constructionist research is two-fold.

First, the two lines of research differ in the timespan of the relational processes they typically examine. Macro-constructionist research typically examines longer processes than micro-constructionist research and places particular emphasis on historical and periodical shifts in systems of knowledge, meaning, and truth (see Foucault 1978; 1991b; also, Miller 2008)—often in line with transformations in scientific disciplines such as medicine, sociology, psychology, or the science of management (see Foucault 1991a; 1991b). Macro-constructionist research might, for instance, examine how the science of management and its (normative) truths about managers and workers has transformed throughout the history of industrial societies (e.g., Miller and Rose 2008; also, Boltanski and Chiapello 2006; Kuokkanen 2015). Technocratic and enterprising theories (or discourses) of management, for instance, construct different versions of the (ideal) skills, competences, ethics, and responsibilities of actors at work.

Micro-constructionist research is, in turn, interested in the use of discourse in situated encounters (Burr 2003; Hacking 2004; also, Alvesson and Karreman 2000). From a micro-constructionist perspective, most phenomena can be known in different ways, through different, simultaneously existing systems of knowledge and truth. Instead of discursive systems as such, micro-constructionist research examines the local enactment of these systems, and thus the situated construction of knowledge, in embodied encounters (also, Juhila and Raitakari 2010). Micro-constructionist research can examine, for instance, how membership in an ethnic group is either achieved or denied during a workplace encounter (Day 1998), how care work managers call upon their staff members to adopt certain subject positions (Fejes and Nicoll 2011), or how caring is constructed as a self-evidently feminine job in a research interview (Paoletti 2002).

Second, macro- and micro-constructionist lines of research tend to examine discourse for different reasons. Macro-constructionist research mainly conceives discursive formations of meaning and truth as functional for

macroscopic societal and political systems. Discursive formations can, for instance, normalize and legitimate particular forms of production, class relations, and divisions of labor in societies and organizations (Fournier 1999; Watson 2002; also, Boltanski and Chiapello 2006). From a macro-constructionist perspective, discourses are sometimes conceived as rationalities of government, including self-government (also, Foucault 1982). By constructing people as knowable subjects, discourses create avenues for reflection and government, including self-reflection and self-government (Miller and Rose 2008). Discursive formations define normal and legitimate conduct for people in different societal positions. A particular line of macro-constructionist research has specialized in examining how discursive systems of knowledge and truth construct disciplined selves and how people, at times, struggle to resist discursive power (e.g., Fournier 1999; Thomas and Davies 2005; Zanoni and Janssens 2007). Discursive systems may include, for instance, ethnic/racial (Zanoni et al. 2010), managerial (Thomas and Davies 2005), and professional (Fournier 1999) discourses that invite people to think of themselves, and act, in normatively disciplined ways. Resistance to power, in turn, takes place when people contest dominant discourses and construct alternative, counter-hegemonic truths, meanings, and selves (Gabriel 1999; Alvesson and Willmott 2002; Mumby 2005).

Micro-constructionist research, in turn, is primarily interested in discourse as a means through which people manage communicative functions in situated encounters (Burr 2003; Hacking 2004; Nikander 2008). From a micro-constructionist perspective, people are not primarily oriented to serving or resisting systems of power but use discourse mainly to serve more concrete, immediate, and personal agendas (Burr 2003). These concrete, immediate, and personal agendas can be conceptualized in different ways. Dramaturgical sociology offers a particular conceptualization, often employed in micro-constructionist research (e.g. Mueller and Whittle 2011; Pyysiäinen 2011; about the relation between micro-constructionism and Goffman, see Niska 2015: 46–48). From a dramaturgical perspective, people use discourse to manage appropriate impressions and presentations of selves in face-to-face interaction (see Goffman 1959). In such management of impressions, cultural impressions of agency, professionalism, and ethnicity can, in turn, work as discursive resources through which people interpret themselves and each other (e.g., Watson 2002; Reynolds, Wetherell and Taylor 2007; Valenta 2009). In the context of work and organizations, discursive resources are what this dissertation was set out to study: “Devices by which men [and women] make their work tolerable, or even make it glorious to themselves and others” (Hughes 1984: 342). In this sense, discursive practice has an affectual dimension. Positive self-presentations feel emotionally appealing, and when such presentations are challenged by others, the results often include anxiety, stress and resentment (Goffman 1955; Davies and Harré 1990; also, Sointu 2015).

The macro-and micro-political functions of discourse may of course align with each other. People can use discourse to serve immediate functions in societal encounters, and yet their discursive practice can also serve larger socio-political systems (Goffman 1959; also, Burr 2003). The ability of people to construct moral selves and to make their work tolerable and dignified to themselves and others can, for instance, also sustain the political legitimacy of—otherwise controversial—political transformations or divisions of labor (e.g., Brown and Lewis 2011; Fleming and Spicer 2003; also, Pyysiäinen and Vesala 2013). These macro-political functions of discourse have, understandably, received less empirical attention in micro-constructionist research. Theoretically, however, relational and constructionist research on discursive practice can reflect upon both its micro- and macro-political functions and dimensions (also, Wetherell 1998).

In this dissertation, I lean toward the micro-constructionist end of the above continuum but in close dialogue with some aspects of the macro-constructionist perspective (see Wetherell 1998). My empirical analysis examines how different interpretations of social care organization, including the occupational agency of care workers and care work managers, are constructed in face-to-face interaction but in relation to well-established discursive resources of meaning and truth (see Wetherell 1998; also, Davies and Harré 1990; Burr 2003). Such resources, such as different understandings of care, and different ideals of care work organization, have their own histories, which some studies have, in fact, already examined from macro-constructionist perspectives (e.g., Dahl 2012; Moffatt, Martin and Timmons 2014; Näre and Nordberg 2016; see Chapter 2), and which I have discussed in Chapter 2. My empirical interest is in the local enactment of such discursive formations.

In respect to the functionality of discursive practice, my dissertation operates in the intersection of micro- and macro-constructionist research. In a micro-constructionist and dramaturgical sense, my research primarily focuses on how care work actors use historically developed discursive resources to make their work tolerable, to avoid negative self-impressions of themselves (and each other), and to manage positive ones in face-to-face interaction (e.g. Burr 2003; Niska 2015; Cousineau 2017). At the same time, I acknowledge the more abstract, macro-discursive environment of their discursive practice: impressions of moral worth and value depend on the discursive field that people inhabit. Consequently, people can construct their moral selves actively, yet (more or less) in line with the expectations of their discursive context (e.g., Wetherell 1998; Pyysiäinen and Vesala 2013; Niska 2015). Indeed, when people construct moral selves by drawing on established discursive resources, their self-constructions can easily—and unwittingly—align with more distant social-political objectives. Actors in care work can, for instance, define their (ideal) skills, competences, ethics, and interests by drawing on historically developed professional and managerial discourses. These discursive resources may serve immediate functions of impression

management, facework, and self-presentation, but they may also have wider macro- and meso-political consequences (also, Goffman 1959). In my empirical chapters, I reflect upon both micro- and macro-dimensions, functions, and consequences of discursive practice.

4.2 THE RELATIONAL CONSTRUCTION OF SELVES

Many scholars have examined the so-called managerial transformations in public welfare provision as projects that transform the identities of organizational actors (e.g., Doolin 2002; Thomas and Linstead 2002; Thomas and Davies 2005). Instead of focusing on identity, however, most of my sub-studies focus on the construction of selves and, in particular, the construction of agency. The three concepts are, of course, close relatives. In social psychology, identity and agency are sometimes perceived as different dimensions of the self (see Leary and Tangey 2003; also, Hitlin and Elder 2007). Whereas identity refers to an actor's answer to the question *Who am I?*, agency can be described as an actor's ability to make things happen (Bandura 2006). In a substantialist framework, the self has an identity but also the ability to initiate action (Leary and Tangey 2003; also, Hitlin and Elder 2007). The concept of self is also closely related to the concept of subjectivity (Wetherell 2008; also, Halford and Leonard 2006; Fejes and Nicoll 2012). In general, subjectivity refers to an actor's ability to act, to regulate herself, and to subject herself to moral and ethical principles (Seeck and Kantola 2009; also, Fournier 1999; Eteläpelto et al. 2013). In this dissertation, I use the concept of self to refer to identity and agency.

From a relational perspective, selves result from relational transactions (Emirbayer 1997; also, Roseneil and Ketokivi 2016). From a micro-constructionist standpoint, in particular, "this implies not only one but many selves, each of which is produced in particular relations with particular others" (Hosking 2011: 51; also, Nikander 2010a). The following two sections discuss identity and agency as two dimensions of self.

4.2.1 IDENTITY AS A DIMENSION OF SELF

In general, identity refers to an actor's membership in a category of people (Antaki and Widdicombe 1998): of Finns, sociologists, middle-aged, middle-classed, white, men, for instance. From a relational perspective, people can always be classified in different ways. Identity is not the quality of a person but the quality of a relation between people (also, Burr 2003).

From a constructionist standpoint, identities can be seen as both achievements and tools (see Antaki and Widdicombe 1998). They are achievements in the sense of being products of discursive practice, that is, "recognizable, conventional, collective and social procedures" through which our selves are "performed, formulated and constituted" (Wetherell 2008: 80).

From a *micro*-constructionist perspective, identities are tools for interactional functions, such as blame-avoidance, impression management, and positive self-presentation (e.g., Snow and Anderson 1987; Killian and Johnson 2006; Valenta 2009). “I am only a bureaucrat, so I cannot...” is an example of identity-based blame-avoidance.

From a *macro*-constructionist perspective, identities are tools for the reproduction of meso- and macro-systems of power and order (e.g., Alvesson and Willmott 2002). Identities work upon us in different ways. First, we can be subjected to stigmatized and spoiled identities that do not necessarily please us (e.g., Fisher and Kang 2013; Croft, Currie and Locket 2015; also, Juhila 2004): migrant workers rather than professionals, managers rather than professionals, care workers rather than nurses. Second, we can be persuaded to achieve identities that are emotionally appealing but simultaneously serve more distant governmental or economic objectives (e.g., Alvesson and Willmott 2002; also, Fournier 1999), such as the identity of an enterprising employee (Gibson 2013).

4.2.2 AGENCY AS A DIMENSION OF SELF

Agency is among the key concepts of sociology but also among the most enigmatic (Fuchs 2001). In common use, agency refers to an actor’s ability to influence her structural environment and to make things happen (Fairclough 2005; Bandura 2006; also, Heiskanen and Jokinen 2015). In organization and management studies, some scholars also relate agency to actors’ ability to *resist* structures of power, oppression, and suppression (e.g., Gabriel 1999; Thomas and Davies 2005; Zanoni and Janssens 2007).

From a relational and constructionist perspective, actors become agents only in social relations, in discursive practices of naming and labeling, for instance. Agency is a cultural, moral, and political concept (Fuchs 2001). In our cultural commonsense, only agents can receive blame and credit for making things happen (Whittle and Mueller 2016; also, Wood and Kroger 2000: 101). Agency thus implies moral responsibility (e.g., Fuchs 2001; Kurri and Wahlström 2007). In industrialized, (neo)liberal societies, such responsibility is a respected value, if not an obligation (Ketokivi and Meskus 2015). In the macro-discursive climate of (neo)liberal societies, “there is a continuing cultural imperative to present oneself as having some agency, power and control” (Reynolds, Wetherell and Taylor 2007: 348). At the same time, “our capacity to appear as agents is always vulnerable and open to threat” (Sulkunen 2010: 503).

In the broadest possible sense, the cultural concept of modern, liberal, and “Western” agency refers to “the power that” actors “possess that enables them to realise their chosen goals” (Campbell 2009: 408). Notably, this broad definition of agency leaves open the question of where such power derives from—a metaphysical question that can, evidently, have diverse answers in both scientific and lay discourses (also, Ketokivi and Meskus 2015).

The above broad definition of agency can also be deconstructed into finer, equally commonsensical dimensions (Niska 2015). First, agents can have *agency over* (Niska 2015; also, Vesala 2013) their internal and/or external structures (Campbell 2009; also, Zanoni and Janssens 2007). The former implies agents' ability to control their impulses and plan, regulate, and reflect upon their behavior. This dimension of agency is a common topic in Western psychology (Bandura 2006), including work psychology (see Riska and Wrede 2004), but also in other professional and lay discourses (e.g., Kurri and Wahlström 2007). The latter dimension is more commonly discussed in sociology but also, again, in other scientific and lay discourses (see Lieblich, Zilber and Tuval-Mashiach 2008; Eteläpelto et al. 2013): it implies agents' abilities to act independently of their environmental and structural constraints, to "get things done" (Campbell 2009: 409) and to "make things happen" (Bandura 2006: 107).

Both of the above dimensions are present—and celebrated—in the enterprising discourses of care work management: an enterprising nurse is self-steering, reflexive, and mentally responsive to her changing surroundings but also—and even more importantly—able to solve problems and to get things done in her organizational environment (section 2.3). Enterprising care work managers are, in turn, expected to have agency over their subordinates' conduct (section 2.3). In a sense, to be an effective agent requires skills and competences. To be an enterprising agent, in turn, requires *tuned up* skills and competences (Pyysiäinen 2011).

Second, in addition to having agency over (internal or external) structures, agents are always *agents for* someone or something (Niska 2015; also, Meyer and Jepperson 2000; Vesala 2013). Agents always act for, or on behalf of, somebody or something. This dimension of agency is seldom discussed in sociology, at least not explicitly. For economists and political scientists, it is bread and butter (Shapiro 2005). According to Meyer and Jepperson (2000), this dimension of agency is also central to how the cultural concept of agency is understood in contemporary societies. At least in late modern, liberal societies, competent actor-citizens are assumed to act as agents for legitimate "principals" (also, Vesala 2013; Niska 2015). What counts as a legitimate principal, for a given actor in a given context, is often highly standardized. At times, the principal can be the agent herself. Migrating care workers may, for instance, narrate migration as a way in which to serve their own wellbeing (Näre 2014). As Meyer and Jepperson (2000) note, however, modern people often act—and are encouraged to act—as agents for external principals, such as other agents, non-actors, or abstract principles. Migrating care workers can, for instance, narrate migration as a way to serve their families (also, Näre 2014). Care workers, in general, are almost invariably expected to serve their clients (Chapter 2). Ideals of professionalism can, in fact, be conceived as discursive resources with which people construct standardized agency for external principals (Fournier 1999; Meyer and Jepperson 2000; also, Parsons 1939). At least in the traditional ideals of public services in Northern Europe,

however, professional agency is expected to serve several principals in tandem (section 2.1): from governmental authorities to the recipients of services and to professional actors themselves. Currently, the discourses of enterprising management promise similar alignments of interest between different actors (section 2.3).

From a macro-constructionist (such as a Foucauldian) perspective, the above constructions of agency are, again, functional for macro-political systems. Constructions of agency imply a form of power, one that is conventionally called productive (see Allen 2002; Sulkunen 2010; Seeck and Kantola 2009). According to McKee (2009: 471), for instance, productive power “is not the antithesis of [...] human agency, it presupposes it,” and according to Powell and Gilbert (2007: 196), “power operates through [...] the constitution of agency.” From a macro-constructionist perspective, productive power is, on one hand, a feature of discourse *in general*. Discourses define what counts as appropriate agency for appropriate principals (also, Fejes 2008; Miller 2008). On the other hand, productive power is a feature of late modern, liberal, and enterprising forms of government *in particular* (see section 2.3). In such forms of government, Meyer and Jepperson (2000: 110) argue, the individual “is entrapped in standardized agency more than in explicit social control schemes.” People are invited to cultivate their personal agency, but this agency is “shaped in a new form and submitted to a set of very specific patterns” (Foucault 1982: 783). This understanding of agency is, of course, highly different from the abovementioned tradition of organization and management studies of equalizing agency with resistance. From a macro-constructionist perspective, agency is a dimension of subjectivity, if not submission, rather than resistance. Oftentimes, to be an agent for someone or something is also to be subject to power, a law, or a moral principle (also, Fejes 2008; Miller 2008; Seeck and Kantola 2009).

The micro-constructionist perspective to agency is, again, slightly different. This perspective conceives constructions of agency, and non-agency as well, to serve local, interactional functions, such as blame-avoidance and the presentation of positive selves (e.g., Kurri and Wahlström 2007; also, Tyldum 2015). Acting for older people, or having no agency at all, can be functional impressions when care work actors talk about their past, present, or future activities. As Weick (2001) notes, people often justify their actions by invoking silent constituents for whom they act as agents (also, Hughes 1984: 87–97). As a consequence, constructions of appropriate agency may also serve macro-political functions: they can legitimate activities that might otherwise seem illegitimate. Thus, by serving their own (and their co-participants’) facework in immediate encounters, actors may—perhaps unwittingly—also serve more distant others (e.g. Pyysiäinen and Vesala 2013). Also from a micro-constructionist perspective, constructions of *agency-over* and *agency-for* are standardized and patterned (Niska 2015). To receive acceptance from their audience, constructions of agency must draw on established interpretive repertoires (Wetherell and Potter 1988), storylines (Davies and Harré 1990),

or vocabularies of motive (Mills 1940). In public welfare work, professional and managerial discourses offer such vocabularies in particular.

4.3 ACTORS AND STRUCTURES IN CONSTRUCTIONIST RESEARCH

In this section, I briefly discuss the roles of actors, structures and materiality in constructionist research. This discussion addresses a frequent criticism constructionist research receives from other lines of sociology. According to this criticism, constructionist research over-evaluates the importance of individual action and/or language and mitigates the importance of societal structures and/or material artifacts in the analysis of social life (Ratner 2009; Elder-Vass 2012; also, Eteläpelto et al. 2013). This critique, I argue, overlooks the relational premises of constructionist research.

In *The Constitution of Society*, Giddens (1984: 2), for instance, argues against constructionist research, or what he calls interpretive sociologies, as follows: “In interpretive sociologies, action and meaning are accorded primacy in the explication of human conduct; structural concepts are not notably prominent, and there is not much talk of constraint.” In fact, constructionist research tends to “regard society as the plastic creation of human subjects” (Giddens 1984: 2).

Giddens is of course right in that constructionist research is primarily interested in meanings, and meaning-making, as the object of social inquiry. Micro-constructionist research, moreover, tends to see a form of action, that is, language use, as a key aspect of meaning-making.

Giddens and his co-critics (e.g., Webb 2006: 8–9; also, Reed 2000; Ratner 2009), however, fail in at least two of their assumptions. First, in contrast to Giddens’s argument, constructionist research is not primarily interested in explaining human conduct. Rather than explaining human conduct, constructionist research aims to explain how societies and their inhabitants themselves explain their conduct. The question of the importance of meanings and language in the sociological explanation of human conduct is a substantialist rather than a relational issue (see sub-section 4.1.1).

Second, and relatedly, constructionist research does not typically have any final theory regarding the constitution of society. Constructionist research does not aim to explain how societies work or how their activities are constituted. In respect to such questions, constructionist research is agnostic or mute (also, Hosking 2011). Constructionist research *examines* ontologies and theories—both scientific and lay—instead of *building* them. It can thus, perhaps better than any other line of research, allow the existence of multiple ontologies (also, Latimer 2008; Hosking 2011).

Unlike realist and substantialist research (e.g., Fairclough 2005), constructionist research typically avoids strong ontological commitments (also, Edwards, Ashmore and Potter 1995). Avoiding all ontological

commitments, however, is impossible (Burr 2003; also, Harré 2009). Even constructionist research must build on some ontological premises. Such premises can be conceived as heuristic tools for empirical research (also, Abbott 2004): they are neither right nor wrong, but they can be either more or less productive in respect to particular scientific purposes.

Constructionist research may not have an ontology of social life, but it needs to have an ontology of meaning-making. In micro- and macro-constructionist research, such ontologies are slightly different (see sub-section 4.1.2). In respect to meaning-making, macro-constructionist research highlights the transformative power of discursive structures, while micro-constructionist research highlights the creative agency of language-users. Despite differences in their emphasis, both lines of constructionist research tend to share a similar practice-oriented standpoint to meaning-making and communication (e.g., Burr 2003; also, Foucault 1991b; Emirbayer and Maynard 2010). In fact, both lines of research can, perhaps ironically, align with Giddens's (1984) own formulation of societal practice (also, Sewell Jr 1992): as other practices, discursive (and dramaturgical) practice can be conceived as one that takes place between actors and their environment, that is, between actors who use language and the (contextual) rules and resources of language use (e.g., Goffman 1955; also, Davies and Harré 1990; Harré 2009). In constructionist research, such rules and resources may include grammar and vocabulary, and habitual rules of face-to-face interaction, but also discursive systems of knowledge and truth—the conventional topics of macro-constructionist inquiry. Resources (and rules) can transform, and such transformations, along with their unintended consequences, can be empirically examined (also, Harré 2009). The claim that constructionist research does not use “structural concepts” or “talk of constraint” (Giddens 1984: 2), however, is not very convincing.

Discursive practice depends on rules and resources because it is relational practice (also, Nikander 2008). A successful discursive performance, for instance, is one that is accepted by its audience (Burr 2003: 145; also, Goffman 1955; Tsoukas 2005). If the audience does not accept the performance, communicative problems are likely to result. Examples are easy to find: a self-presentation can be designed as a truthful presentation but fall short of discursive resources. Consequently, its audience may take it as a mere presentation or, in the worst case, a false presentation (Goffman 1959). A speaker may present her actions as being guided by a noble motive, but if the actions do not seem to align with the proposed motive, the audience may take the motive as a mere justification rather than the real motive (Mills 1940). In this sense, relational performances are always precarious.

Among other resources, material things and artifacts can play a role in relational performances (e.g., Cousineau 2017). Relational performances can depend on uniforms, buildings, bodies, papers, pencils, and so forth. A convincing performance as an enterprising nurse may, for instance, require various resources: the interpretive repertoire of enterprising nursing but also

a body that acts in a manner that supports the interpretation. Materials can also disturb discursive performances (also, Chia 2000): older clients can be constructed as objects of activation, but if their bodies do not respond to attempts to activate them, these attempts may lose their discursive credibility.

Material objects (or actors) and artifacts, together with discursive artifacts, can thus play an active role in discursive practice, as highlighted in (the early versions of) *actor-network theories* (Callon and Latour 1981; Callon 1984), for instance. Constructionist ontology is thus easily compatible with research on material artifacts (also, Latimer 2008). Not all research, however, needs to examine uniforms and buildings. What is theoretically possible and solid in general, and what is empirically interesting in a particular study, are two different questions.

In the above, I have used the notions of agency and structure to make sense of the theoretical framework of constructionist and relational research—and thus this dissertation. In the empirical chapters, I move on to examine how actors in the networks that I study—that is, care workers and care work managers—invoke impressions of agency and structure to make sense of their own work. It is not surprising that similar concepts may be used in different contexts. To paraphrase Garfinkel (1967), agency and structure are sense-making devices for both “professional” and “lay” sociologists. Following Garfinkel, Giddens (1984: xxxiii) also notes how “there is no clear dividing line between informed sociological reflections carried on by lay actors and similar endeavours on the part of specialists.” Impressions of agency and structure can thus play a similar role in, for instance, relational sociology, substantialist sociology, public welfare policy, and care work actors’ social drama of work.

4.4 EMPIRICAL RESEARCH QUESTIONS

In Northern Europe, traditional professional discourses of care work construct care workers and care work managers as (ideally) educated, efficient, and self-governing agents for their older clients, governmental authorities, and themselves (section 2.1). Ideally, there is no conflict of interest between these three parties. Discourses of technocratic management disturb this ideal. They construct care workers as (ideally) obedient objects of their managers’ control—often with the consequence of moral disdain among professional stakeholders (section 2.2). Finally, discourses of enterprising care work solve these moral problems: they construct care workers as (ideally) dynamic, self-directive, and target-oriented agents for themselves, their older clients, and governmental authorities. Care work managers, in turn, help care workers achieve these targets through coaching, activation, and empowerment. Both care workers and care work managers have agency over their own conduct and the structural obstacles they encounter in their work environment (section 2.3).

Like traditional professional discourses, enterprising care work discourses imply a triple-win scenario: in addition to the (assumed economic) interests of political authorities, enterprising care work serves older clients' interests in good care and care workers' (putative) interests in personal autonomy. In sum, enterprising management invites all actors to cultivate their individual agency but in alignment with more distant governmental and economic objectives (Miller and Rose 2008; also, Foucault 1982).

Theoretically, the ideals of enterprising management should appeal to care work actors—and their (putative) desire to conceive themselves, and to be conceived by others, as liberal, autonomous and professional agents. The actual reception of these ideals among care work actors—such as care workers and care work managers—has, however, received little empirical attention in academic research (see Moffatt, Martin and Timmons 2014). Yet, the reception of these ideals is not self-evidently successful (Bolton 2004; also, Fournier 1999). Unlike technocratic modes of management, enterprising ideals cannot be forced on actors (also, Sulkunen 2006). Their moral appeal, and productive power, is based on opposite values: the values of personal autonomy and self-governance. An enterprising care work actor must have, or present, “an active desire to take responsibility for his or her own life” (Miller 2008: 262).

The empirical part of this dissertation examines processes that support, bolster, challenge, and hinder the implementation of enterprising management ideals within care work organizations in Finland. In particular, I examine these processes from a relational, constructionist, and dramaturgical perspective. From this perspective, the ideals of enterprising care work and management can be conceived as successful, at least to a degree, under one condition: if care work actors are willing and able to use them as productive, pragmatic resources in their social drama of work, including their positive self-presentations. In line with the relational premises of this dissertation, such positive self-presentations are examined as precarious accomplishments which, in part, depend on the “mutual trust and reciprocal recognition” (Emirbayer 1997: 296) that actors receive from other actors. Thus, the empirical part of this dissertation explores the following questions:

- (1) How can care workers and care work managers manage and maintain positive impressions of their occupational activities?*
- (2) How can they draw on the enterprising care work discourse in their presentations of occupational agency?*
- (3) How can care workers' and care work managers' presentations of occupational agency support and challenge each other?*

The above questions are mainly addressed in sub-studies I and III.

As regards enterprising care work discourses and their organizational reception, migrant care workers make an interesting case. Public debates have presented migrant workers as active, independent, and enterprising agents

but also as compliant objects of their managers' control. Public debates, moreover, have presented migrant workers as both inherently motivated *and* forced to work in (precarious) care jobs against their own will. The two latter interpretations, of course, challenge the (neo)liberal impressions of government without hierarchical violations of any actors' autonomy and interests. As a particular *case* of impression management, publicly circulating images of migrancy (and ethnicity) in care work thus have the *extreme* potential of both supporting and challenging enterprising and (neo)liberal ideals (Flyvbjerg 2006). Thus, the empirical part of this dissertation explores the following additional questions:

- (4) *How can migrant care workers and care work managers who recruit migrant care workers manage and maintain positive impressions of their occupational activities?*
- (5) *How can they draw on publicly circulating images of migrancy, ethnicity and enterprising care work in their presentations of occupational agency?*
- (6) *How can care work managers' and migrant care workers' presentations of occupational agency support and challenge each other?*

The above questions are mainly addressed in sub-studies II, III, and IV.

Together, these empirical research questions answer the research problem I formulated in section 2.5: they examine and illustrate the ways in which diversifying care work organizations in Finland can support and challenge the (neo)liberal policy ideals according to which the quality and efficiency of care can be served in tandem by activating all actors' enterprising agency and self-governance.

5 METHODS AND MATERIALS

The empirical material of the dissertation consists of audio-recorded interviews with care work managers (N = 14) and migrant care workers (N = 50) working in a municipal nursing home and home care in Helsinki. The interviews were conducted as part of a larger research project, *The Shaping of Occupational Subjectivities of Migrant Care Workers: A Multi-Sited Analysis of Glocalising Elderly Care* (2011–2015). The project was funded by the Academy of Finland (#251239).

In addition to the interviews, the project involved small-scale ethnographic research (i.e., short periods of participant observation). However, the ethnographic data I personally collected did not prove to be very applicable for this dissertation. Retrospectively, I started the data collection too early, without a clear research question and standpoint from which to structure my observations and field notes. Consequently, my field notes were somewhat scattered (e.g., some observations about the work environment, others about the clientele, and so forth). Finally, the most interesting part of the field notes consisted of my encounters with care workers and care work managers. During these encounters, also known as ethnographic interviews (see Heyl 2001; also, Huttunen 2010; Rastas 2010), these actors elaborated on their routines, the main challenges and delights in their work, their ethics, and so forth—in a manner similar to that in the audio-recorded interviews. A common theme in these discussions were problems in the quality of care, and different ways to solve them. The main difference between the two types of interviews was the audio-recorded interviews' better quality: they were more applicable in respect to both their content and the quality of recording.

This dissertation is thus based on the audio-recorded interviews. In what follows, I present these interviews (section 5.1), my perspective on them (section 5.2), and my analytical strategy (section 5.3).

5.1 ACTORS, STAGE, AUDIENCE

This dissertation examines old age care provision as a “social drama of work” (Hughes 1984: 345). Drama always requires actors, a stage, and an audience. This dissertation is mostly concerned with the drama itself and less so with the above elements. However, something needs to be said about them as well. Focusing on the drama alone might be a legitimate decision in strictly micro-constructionist (such as conversation analytical) research (e.g., Schegloff 1997; Antaki and Widdicombe 1998; Widdicombe 1998), but this dissertation also adopts macro-constructionist perspectives. It assumes that particular actors (e.g., care workers) may have particular pressure—and particular resources—to perform particular acts due to reasons that exceed situational requirements.

In this dissertation, *actors* are classified into two groups, based on their occupational titles (also, Appendix 1): care work managers and (migrant) care workers. The interviewed care work managers included the head of a nursing home (N = 1), head nurses (N = 2), ward nurses (N = 4), home care supervisors (N = 6), and a nursing expert² (N = 1). The managers were all responsible for organizational developments but did not participate in frontline nursing. All except one manager had subordinates. All the managers' educational backgrounds were in nursing or gerontology. Most managers had extensive experience working as nurses. In a sense, they might be classified as professionals "in the lead" (Witman et al. 2011). Due to their backgrounds, they seemed "at least nominally competent in performing the productive labour of those whom they supervise" (Freidson 1984: 12). However, they were rarely observed as doing so, at least during our fieldwork. Their most time-consuming tasks seemed to include consultation, recruitment, and planning. Most interviewees had at least some training in management.

The majority of the interviewed care workers worked as nurses (N = 13) or practical nurses (N = 32), and the rest as nursing assistants (N = 2), social instructors (N = 2), or public health nurses (N = 1). In the nursing home, occupational differences seemed quite moderate. Compared to a practical nurse, a nurse had some additional responsibilities in regard to medication, but for an outsider, such as a researcher/observer, these differences were sometimes difficult to detect. The employees did not, for instance, wear external symbols of professional hierarchy (e.g., uniforms). In home care, the occupational differences were more evident, as the nurses, again, had more medical responsibilities and fewer responsibilities over physical care (e.g., bathing). However, the following analysis focuses on the actors' performances of professional agency *in action*—rather than differences observed by the researchers.

All the interviewed care workers had a migrant background (see Appendix 1). The majority had migrated from the former Soviet republics, sub-Saharan Africa, or (to a lesser degree) South-East Asia—like migrant care workers in Finland in general (Ailasmaa 2015b: 9–10; Koivumäki 2012: 30; Aalto et al. 2013: 43–45). Forty percent of them had lived in Finland for more than 10 years and 30% for five years or less. More than half of the interviewees (N = 30) had received formal education in care work exclusively in Finland. Most of the interviewees (N = 33) had a Finnish or an EU/ETA passport; a minority (N = 17) were citizens of third countries. Circa 50% of the interviewees worked in permanent positions.

Four interviewers interviewed the actors in 2011–2013.³ The interviewers were active participants in the drama and also its first *audience*. In the interviews, however, the care work actors also talked to a wider audience, as

² I have omitted the exact occupational title of the nursing expert to protect her anonymity.

³ I personally conducted 30 interviews. The other interviewers were Lena Näre (N = 20), Miika Saukkonen (N = 10), and Sofia Söderberg (N = 4).

participants typically talk in research interviews (see Iedema et al. 2004; Symon 2005; Pickard 2010). In our interviews, this audience became clear from occasional utterances such as “now *this* is only between you and me.” Also, while introducing the project, we often reminded the participants of the wider audience of their accounts—that is, the potential audience of the results of our project (including this dissertation): municipal authorities, media representatives, other care work actors, and so forth. Moreover, participating in a research project was a familiar practice to many of the participants: in Finland, care work actors frequently participate in studies conducted by employers, municipalities, labor unions, and universities.

We interviewed the actors at their work premises. The workplaces included different wards (N = 7) of a municipal nursing home and different units (N = 11) of municipal home care in Helsinki. Public sector social care and the discourses around this thus forms the stage of the drama. More particular qualities of this stage are examined in the sub-studies—as these qualities are called into being in the research interviews. The care work managers’ interviews lasted from 49 to 136 minutes and those of the care workers from 27 to 115 minutes. The interviews were conducted in three different languages (59 in Finnish, four in English, and one in Swedish). Majority of the participants spoke Finnish on a relatively high level, as they of course have to—Finnish is the language they use in their daily work, for both communicative and discursive purposes.

The actors were invited to participate in the project as care work managers/supervisors and migrant care workers. The actors can, of course, hold various identities. Such identities require empirical research, but they also require relational resources, such as occupational titles, educational diplomas, passports, countries of origin, other people, and, finally, discourses on professionalism, managerialism, nationality, and ethnicity. This dissertation examines such resources in particular.

5.2 ACTOR INTERVIEWS AS DISCOURSE DATA

The interviews included a variety of questions from different analytical perspectives (see Appendix 2). The questions were structured in thematic sections, including the participants’ views regarding their current jobs, the workload and organization of work in their units, migrant workers, and eldercare in Finland in general. More particular questions are explicated in the sub-studies.

Retrospectively, some of our questions may have caused awkward (albeit teachable) moments. For instance, care workers were not always eager to talk about migration nor to answer questions such as, *Are there any differences between care workers from Finnish and foreign backgrounds in your opinion?* In fact, many participants seemed reluctant to identify themselves as migrants at all. From a macro-constructionist perspective, such reluctance is

easy to understand. First, the identity of a migrant is, in general, easily stigmatized in Western societies (Näre 2012b: 46; also, Wrede 2010c; Buchert 2015). Second, the identity of a migrant is rarely the only identity available for anyone (also, Killian and Johnson 2006; Valenta 2009). Our actors thus had both reasons and the resources to hold other identities. By topicalizing migrancy and ethnicity in our interviews, we invoked stigma related to migrant identities but also invoked (and supported) discursive practices of managing such stigma, including resources available for constructing other identities and more positive identities as people with migrant histories (also, Valenta 2009; Haikkola 2011). For research ethical considerations, including the ethics of interviewing for discourse analysis, see section 7.3.

This dissertation is based on audio-recorded one-on-one interviews. In recent methodological debates, many scholars have expressed a preference for ethnographic *observation* over interviews (e.g., Jerolmack and Khan 2014). The reasons for such a preference have, however, been theoretically diverse.

From a substantialist perspective, the general problem with (all kinds of) interviews is that they do not (allegedly) provide reliable evidence of how people behave in real life. According to Jerolmack and Khan (2014: 179, 181), for instance, interviews “are of limited value in explaining what people actually do,” partly because people “routinely provide inaccurate accounts of their past activities.” “From interviews alone,” according to Jerolmack and Khan (2014: 184), “we cannot know what actually happens in interaction, but only what people think about situations and how they feel about them.” Ethnography, in contrast, “observes behaviour directly,” when all intervening factors, including “unconscious cognitive and behavioural dispositions,” are accounted for (Jerolmack and Khan 2014: 182, 196).

From a relational perspective, this substantialist critique is not very interesting (also, Lamont and Swidler 2014). Relational research is not primarily concerned with factors that shape human behavior (section 4.3). Moreover, even substantialist scholars tend to accept that the meanings, rationalities, and ethics of actions cannot be examined by merely observing the actions (Gobo 2008: 167–172): to paraphrase Hume’s law, *there is no ought from is* in ethnographic research; to examine rationalities and ethics, one must examine text and talk.

Interviews, however, are also criticized from relational and constructionist perspectives—such as the perspectives of cultural sociology, conversation analysis, and discursive psychology (e.g., Hepburn and Potter 2004; see Nikander 2012). According to such critique, cultural meaning is a situational accomplishment, and consequently “it is difficult to understand culture in any meaningful way apart from the particular social situations in which it is instantiated” (Jerolmack and Khan 2014: 205). Before I address this critique, I will briefly elaborate on my theoretical approach to the interview material.

Much like observational field notes can be recorded and analyzed from different theoretical and meta-theoretical standpoints (see Emerson, Fretz and Shaw 2001; Huttunen 2010), so can interviews. Among the most well-

known distinctions is that which Silverman (2001: 86–98; also, Willig 2012: 67–73) makes between positivist (or realist), emotionalist, and constructionist perspectives to interview material. From the perspectives that Silverman calls positivist and emotionalist, interviews are a means for collecting factual and authentic knowledge about informants' lives, including their inner lives (also, Alasuutari 1999; Willig 2012: 67–73). In care work, such knowledge might concern the informants' working conditions, wages, work histories, divisions of labor, and (recollections of) interactions at the workplace but also their emotions, experiences, perceptions, attitudes, and habitual dispositions. The reliability (and authenticity) of such knowledge is a constant concern for positivist and emotionalist research (Alasuutari 1999; Rapley 2004; Willig 2012: 67–70). From positivist and emotionalist perspectives, the reliability of interview data can be violated for many reasons, including the participants' tendency to provide positive self-presentations instead of self-disclosure (see Silverman 2001: 86–98; also, Jerolmack and Khan 2014).

A constructionist perspective toward interview material does not conceive interviews as a means for acquiring knowledge about life that is external to the interview encounter. In contrast, interviews are studied as encounters in their own right (Nikander 2012; Willig 2012: 71–73; also, Heyl 2001). As Hughes (1984: 508) notes, a research interview, as a site of social interaction, “is not merely a tool of sociology, but part of its very subject matter.” Positive self-presentation, for instance, does not violate the reliability of data; it is an intelligible and understandable phenomenon that can be sociologically examined (e.g., Lamont and Swidler 2014; also, Pickard 2010; Cederberg 2014). Nor is interview discourse merely a means to collect information regarding real life. Discourse itself belongs to real life.

Peräkylä (1996) further distinguishes between two different perspectives within what Silverman calls the constructionist perspective on interviews—including ethnographic interviews. First, studies can examine how people deal with immediate interactional requirements, such as the need to perform positive self-presentations, in research encounters. Second, scholars can examine how established discursive formations, cultural distinctions, and forms of knowledge are enacted in research encounters. Peräkylä's distinctions, of course, align with those made between micro- and macro-constructionist perspectives (sub-section 4.1.2). This dissertation employs both micro- and macro-constructionist perspectives.

In respect to the generalizability of observations, a constructionist perspective to research interviews might still be conceived as inferior to a constructionist perspective to ethnographic observations, or to so-called naturally occurring data. However, clear distinctions between different types of research encounters can also mislead (Lamont and Swidler 2014; also, Nikander 2008). For instance, it would be a mistake to assume that actors in ethnographic and naturally occurring data do not perform for a researcher. In ethnographic and naturally occurring data, such performances may, of course,

include a larger number of actors and audiences and thus a more complex dramaturgical setting—but so can group interviews (e.g., Pietilä 2010).

Yet, research based on interviews, particularly on one-on-one audio-recorded interviews, tends to receive more critique than other types of research. The most serious critique is perhaps presented from a micro-constructionist perspective (e.g., Hepburn and Potter 2004). If meaning is a situational achievement, then how can one draw any sensible inferences from such an artificial encounter as a research interview? How can self-presentation and language use in a research interview tell us anything about self-presentation and language use in other contexts? These questions can be answered in at least two different ways.

First, making (generalizable) inferences from one encounter to another is certainly difficult. Similar difficulties, however, also apply to ethnographic observations and naturally occurring data. In and around care work, for instance, one might observe and record innumerable discursive contexts: weekly team meetings at the ward, informal coffee room discussions, bedside encounters, performance appraisals, bathing, diaries, (work-related) dinner table discussions between spouses, and so on. Similar encounters could be studied in different workplaces and countries and at different times. Beyond the endless list of observable contexts are discursive contexts that one can never observe, such as care work actors' internal dialogue (see Billig 2009). Although moving from interviews to naturally occurring or ethnographic data might increase the contextual variety of the observed practice, the scope is still limited. No method can capture all the situations of discursive practice.

To solve these problems, new kinds of research questions might be more helpful than new kinds of data: in addition to mapping the contextual variety of *actual* discursive practice, research can map patterns of *possible* discursive practice (also, Peräkylä 1996). If a particular way of using discourse, of performing professionalism or ethnicity, of avoiding blame or claiming credit, for example, is possible, reasonable, understandable, and functional in a certain context for a certain actor, it might also be possible, reasonable, understandable, and functional in another context for another actor. This type of generalization is certainly limited, but similar limits apply to interviews, ethnography, and naturally occurring data. Different methods have their own advantages, but they also have similar limits. There is no primary context of discursive practice that would allow straightforward generalization to *other* contexts any better than an interview.

Second, if one takes a small step from micro- toward macro-constructionism, one can perhaps conceive patterns of discursive practice that are relatively consistent across situational contexts of face-to-face interaction. In (neo)liberal societies, the general demand to “present oneself as having some agency, power and control” (Reynolds, Wetherell and Taylor 2007: 348) in one's life applies to a broad spectrum of situational contexts: from personal relations (Reynolds, Wetherell and Taylor 2007) and therapeutic settings (Kurri and Wahlström 2007) to public welfare provision (Sulkunen 2010).

Similar managerial and professional discourses, discourses of care and ethnicity, and so forth can be employed across situational settings (also, Nikander 2012). The *possibility* of employing a discursive resource is, of course, not the same as employing a discursive resource. However, the same difference between possible and actual practice applies to all methods and forms of data.

To sum up, this dissertation examines research interviews as situations of discursive practice (also, Lamont and Swidler 2014)—as encounters in which care work actors are invited and, inevitably, challenged to give morally acceptable yet convincing accounts of their work. Such a challenge is likely familiar to actors in care work (chapters 1 and 2). As Latimer (2008) notes, care workers cannot count on their (often invisible) work being self-evidently recognized and valued by others. Instead, they must be able to present their worth in front of different audiences (also, Allen 2001; 2012)—sometimes in many languages. The need for positive self-presentation applies to both care work managers and migrant care workers: they must all be able to demonstrate their effective agency for legitimate principals. The *one-on-one* interview situation perhaps gives the actors a degree of liberty to perform positive selves; their self-presentations are not challenged by the interviewer in the same way as they might be challenged in, for instance, workplace meetings (or focus groups discussions) with other organizational actors. At the same time, the obligation to present positive agency—in convincing ways—applies to research interviews just as it does to any other social encounter.

5.3 ANALYTICAL STRATEGY

The interviews were audio-recorded and transcribed verbatim with the accuracy that the research questions required (also, Nikander 2010b)—except for one interview, in which the participant refused to be audio-recorded. The analysis included two types of readings. First, the data were organized in respect to the category of the speaker (i.e., care work manager or migrant care worker) and the theme of discussion. Such themes included the interviewed care work managers' and care workers' objectives, pleasures, and challenges in their work (sub-studies I, II, and III); the care work managers' discussions on the recruitment and management of (migrant) care workers (Sub-study II); and the care workers' discussions on migrancy and ethnic relations in work (Sub-study IV) (also, Appendix 2).

Second, I examined the above discussions as situations of discursive practice. At this stage of the analysis, I also examined the interviews in relation to their macro-discursive landscape, especially in Sub-studies I, II and III. (In Sub-study IV, my analysis is more micro-constructionist.) This macro-discursive landscape played a dual role in my analysis. First, I conceived the discursive landscape as a context that creates moral *obligations* for actors to manage positive yet convincing self-presentations. Second, I conceived the

discursive landscape as a context that offers relational *resources* for actors to manage such positive impressions.

In the identification of the above macro-discursive dimensions, I, again, employed different kinds of readings. First, I examined parts of the data and the entirety of the data in dialogue. This reading helped me identify reoccurring patterns in the data and see how they were updated and modified in individual data segments. Reoccurring patterns were particularly evident in the participants' talk about politically controversial matters, such as the (professional) agency of care work actors (Chapter 1) and the diversification of care labor (section 2.4). In discussing such matters, I argue, the participants' *orientations* (e.g. Schegloff 1997)—that is, what they focused on and found meaningful in the interview situation—exceeded the immediate, micro-discursive context of the interview (such as the interviewer's preceding question). Rather, the participants were orienting themselves toward broader socio-political discourses, cultural assumptions, and potential, more and less pleasant ways of being heard in the interview (Wetherell 1998; Nikander 2012). In short, they were orienting themselves toward their macro-discursive environment.

Second, to further identify macro-dimensions in individual data segments, I paid attention to counterfactuals (Becker 1998: 34 also, Wetherell and Potter 1988). By imagining alternative, possible, and potential avenues for the observed discursive practice—the employment of *alternative* discursive resources, the management of *alternative* impressions, the *omission* of resources and impressions, and so forth—I was able to ask further questions in respect to the observed practice; why did it take a particular form when other (i.e., counterfactual) forms were also possible? An easy explanation for the observed practice was, of course, the macro-discursive context—the relational resources it offered, and moral obligations it placed on the actors.

Scholars have also criticized the analysis of macro-discursive elements in face-to-face interaction. An important line of critique warns against the danger of tautology in this type of analysis (Antaki et al. 2003). If the analyst first extracts macro-discursive elements from her data and then moves on to explain her observations by referring to these same elements, her argumentation is tautological. The danger of tautology, however, can be avoided if the analyst also offers independent evidence of the macro-discursive elements that her analysis employs (Antaki et al. 2003). In my case (also, Lamont and Swidler 2014), I have extracted macro-discursive elements from my empirical materials but also from broader political and academic discussions (Chapter 2). Indeed, the main purpose of my analysis was not to extract novel macro-discursive elements from my data but to examine how previously well-known elements were employed in it, and with what relational consequences.

According to another line of critique, macro-discursive analysis of face-to-face interaction is likely to fall short in empirical grounding (e.g. Schegloff 1997). According to this critique, macro-discursive elements cannot be directly

observed in face-to-face interaction, whereas micro-discursive elements allegedly can—by following participants’ turn-by-turn activities in a conversation (Schegloff 1997). Consequently, according to Schegloff (1997), macro-discursive analysis is likely to be arbitrary and imperialist, that is, driven by the analyst’s rather than the participants’ understanding about what is meaningful in the data. I answer to this critique in three ways. First, analyzing participant orientation is central to most lines of discursive research (including my dissertation). However, as Wetherell (1998) points out, Schegloff’s notion of participant orientation is extremely narrow: it only includes participants’ orientation to the preceding few turns in a conversation. Participant orientation can also be examined in a more inclusive manner—as participants’ orientation toward broader discursive landscapes—as I explained above (also, Wetherell 1998).

Second, while my analysis was admittedly shaped by my analytical focus, so is all research (also, Wetherell 1998). From problem-setting to data selection and analysis, all research requires analytical decisions (e.g., Becker 1998; Abbott 2004). This applies to both micro- and macro-discursive research. Third, there are other values in research beyond empirical demonstrability. These values include, for instance, plausibility and insight (also, Wetherell 1998), and, finally, social relevance (also, Alvesson and Kärreman 2000). A good perspective enables findings that are convincing yet socially relevant or, as Abbott (2004: 4) formulates it: “as social scientists, we aim to say something interesting—perhaps even true—about social life.” To ensure interesting yet convincing findings, I have employed both micro- and macro-constructionist perspectives to my empirical material—including the orientations of my participants in the interviews. Finally, however, there are also other things to be analyzed in a conversation besides participant orientation, including the broader, societal and political consequences of discursive practices (also, Wetherell 1998). In a longer time-span, discursive practices can serve socio-political functions irrespective of participant orientation (also, sub-section 4.1.2.).

The aim to say something interesting and convincing also instructed me to select particular extracts for further analysis in the individual sub-studies. My process of selection (and analysis) can be described as a dialogue between the empirical material and broader academic and societal discussions. By reading these materials in tandem, I tried to formulate arguments that were convincing in respect to my data and yet novel, interesting, and relevant in respect to the broader academic and societal debates (also, Abbott 2004). In the individual sub-studies, I naturally selected extracts that supported my arguments. Ideally, my arguments should be convincing based on these extracts (see Hepburn and Potter 2004; Nikander 2008), and not based on the process behind selecting them (also, Töttö 2000: 40–45). I further discuss the empirical groundings of my findings in section 7.5.

6 SUMMARY OF FINDINGS

The following two sections examine the discursive and relational resources with which care work actors can manage positive impressions of their occupational activities in their current, politically controversial discursive context. Section 6.1 discusses resources *without* references to migrancy or ethnicity, answering the empirical research questions 1–3 and summarizing the results of sub-studies I and III. Section 6.2 demonstrates how migrancy and ethnicity can invoke new resources but also new challenges for care work actors' discursive practice. Thus, section 6.2 answers the empirical research questions 4–6 and summarizes the results of sub-studies II, III, and IV.

Sections 6.1 and 6.2 have an identical structure: they first examine care work managers' self-presentations and, second, demonstrate how care workers' self-presentations can both support and challenge their managers' self-presentations. By discussing the discursive import of migrancy and ethnicity in its own section (section 6.2), I highlight the relational standpoint of the analysis: migrancy and ethnicity are not examined as substantial qualities of individuals or groups but as relational resources that can be called into being, but also mitigated, in the social drama of work in and around care.

The interview extracts presented in this chapter are only illustrations. The original analyses are presented in the articles.

6.1 ACT ONE: ALIGNING PROFESSIONAL AND ECONOMIC INTERESTS

This section begins by examining the discursive and relational resources that care work managers can employ to manage positive self-impressions. First, the section demonstrates how managers can draw on impressions of non-agency: non-agential managers are not responsible for negatively valued organizational developments. Second, care work managers can draw on the discourse of enterprising care work (management) and present themselves as facilitators, activators, or coaches, and their subordinate care workers as objects of their activation and coaching. In these impressions, I argue, managers' agency aligns with both professional *and* managerial ideals: in theory, coaching can promote professional self-governance and improvements in the quality of care but also economic savings. These impressions can help managers manage professional agency and self-respect also in their economically constrained environment. Finally, the section moves on to demonstrate the ways in which care workers' discursive practice can challenge their managers' self-presentations. Care workers can question both their ability to act as enterprising agents and their interest in doing so.

6.1.1 NON-AGENCY AS A DISCURSIVE RESOURCE

The interviewed care work managers inhabit a difficult discursive space, much as other welfare professionals in leadership roles—that is, actors with both a professional background (e.g., education and work experience) and administrative assignments that typically belong to employers and managers (e.g., the responsibility to supervise the work of others) (Llewellyn 2001; Thomas and Linstead 2002; Croft, Currie and Locket 2015). In an economically constrained public sector, such professionals face expectations that may seem difficult to combine. First, they need to serve (professional) principles of collegiality and the quality of service (section 2.1). Second, they need to serve (managerial) principles of productivity and economic efficiency (section 2.2).

How can care work managers deal with such expectations?

An important line of previous research has examined this question by examining the identity-change of professionals with administrative assignments (e.g., Thomas and Davies 2005). From a substantialist perspective, this line of research typically assumes that actors' identification with particular collectives (such as professionals or managers) also guides, shapes, and directs their action and behavior (e.g., Tummers, Bekkers and Steijn 2009). According to Spyridonidis, Hendy, and Barlow (2014; also, Doolin 2002; McGivern et al. 2015), for instance, professionals with administrative assignments are more likely to act in managerial ways if they identify themselves as managers.

A relational perspective complements the substantialist interpretations with an alternative one. From a relational standpoint, identifications do not guide, shape, or direct actions but serve more local, communicative, and performative functions. Identity-performances can help actors justify their activities. However, the same activities can often be justified with multiple discursive resources.

Sub-study I demonstrates how care work managers do not have to identify themselves as economically oriented or technocratic managers in order to execute activities that can be interpreted as economically oriented or technocratic. Instead of invoking identities to justify their actions, care work managers can draw on a different discursive resource: the structural constraints of their work (also, Clarke, Brown and Hailey 2009). They can present managerial requirements—such as the need to increase productivity and cost-efficiency, to execute budget cuts, or to exert control and discipline over their subordinates—as unpleasant and inescapable conditions of their work and as conditions over which they have no agency and no choice (also, Traynor 1996; Bolton 2005; Olakivi and Niska 2016).

Care work managers do not thus have to choose between professional and managerial identities. As well as constructing professional and managerial identities, they can construct *dis*-identification, and cynical distance, in respect to their work (also, Fleming and Spicer 2003). Such constructions can

be morally functional if the outcomes of their work appear as harmful or negative. According to the interviews (Sub-study I), such negative developments might include, for instance, reductions in the workforce and impairments in working conditions. As regards such developments, care work managers can—quite easily—present themselves as agentless: they do not have to claim personal responsibility over such outcomes. Thus, while previous research (and public discussions) have conceived care work actors' limited agency—in the current, managerial context—as a problem for care work actors (section 2.2), my study brings forth another argument: agentlessness can also be morally relieving.

6.1.2 OVERLAPPING DISCOURSES: ROOM FOR POSITIVE AGENCY

From a micro-constructionist perspective, *agentless talk* (Kurri and Wahlström 2007) regarding organizational developments can be pragmatic for professionals with administrative assignments: by presenting themselves as agentless, they do not have to accept personal responsibility for developments that might appear negative or harmful. Agentless talk, however, may also involve discursive problems. In part, I argue, such problems derive from the macro-discursive context that care work managers inhabit. To actors who work as public servants, such as care work managers, being agentless may not always be morally acceptable (also, Newman 2005). Among other actors of (neo)liberal societies, care work managers are expected to have “agency, power and control” (Reynolds, Wetherell and Taylor 2007: 348) in their work. Moreover, they are expected to serve legitimate principals (Meyer and Jepperson 2000). In the interviews, these expectations were seen in care work managers' constant efforts to present themselves as agents for professional principles, including the quality of care and the wellbeing of their older clients.

According to previous, substantialist research, actors' efforts to construct professional agency, almost inevitably, *resist* managerial transformations (e.g., Doolin 2002; also, Thomas and Davies 2005). In Sub-study I, however, I argue that professional agency can also *support* reforms that researchers conventionally call managerial transformations. Or, to be more precise, actors can construct professional agency *in alignment* with managerial and economic objectives. Instead of having professional *or* managerial agency, actors can have *both* (impressions) at the same time. This *theoretical* potential, however, does not guarantee success in practice.

In addition to that of resistance, recent studies have viewed the agency of professionals with administrative assignments via another conceptual lens, the lens of *hybridity* (e.g., Thomas and Hewitt 2011). Instead of resisting managerial expectations, hybrid actors strike a balance between professionalism and managerialism; they accommodate some managerial (and economic) principles and objectives in their work alongside their

professional ones (e.g., Kurunmäki 2004; Spyridonidis, HENDY and Barlow 2014; McGivern et al. 2015).

In Sub-study I, I argue that studies that highlight hybridity and resistance have a common element: they both conceive professionalism and managerialism as things, substances, or logics that *conflict* with each other. In studies on resistance, the relation of these two logics bears resemblance to a zero-sum game (also, Postma, Oldenhof and Putters 2015; Oldenhof, Stoopendal and Putters 2016): actors can support professionalism only by *resisting* managerialism. In studies on hybridity, different logics can intertwine, mix, and blend but cannot blur, merge, or mirror each other (also Schott, van Kleef and Noordegraaf 2016). By definition, only *distinctive* elements can form hybrids; otherwise, we would not call them hybrids (see Blomgren and Waks 2015; Noordegraaf 2015; Schott, van Kleef and Noordegraaf 2016).

Sub-study I provides an alternative perspective to both resistance and hybridity. It demonstrates how professional and managerial logics, or discourses, can also *overlap* in the discursive practices of social care work. When discourses overlap, similar discursive elements (such as values, interests, and objectives) apply to more than one discursive repertoire and can, therefore, be understood in more ways than one. Some ideals can be interpreted as both managerial *and* professional ones. In respect to such ideals, it becomes difficult for anyone to say where professionalism ends and managerialism begins (also, Noordegraaf 2015; Postma, Oldenhof and Putters 2015).

As I already indicated, the interviewed care work managers worked hard to maintain self-impressions as agents for professional principles, including the quality of care and the wellbeing of their older clients. In the context of budget cuts and dwindling resources, such self-impressions are not always easy to manage. As I argue in Sub-study I, one way to manage such self-impressions is to draw on professional discourses that overlap with managerial discourses. The socio-scientific care work discourse seems to offer such resources in particular (section 2.1). If *professional* care is defined in terms of empowering relations and care workers' ability to increase their clients' functional independence (also, Postma, Oldenhof and Putters 2015), such professionalism can also, potentially, please managerial and governmental stakeholders—that is, stakeholders with putative economic interests (also, Olakivi and Niska 2016). By drawing on the socio-scientific care work discourse, care work managers can, potentially, execute savings but still present their actions as agency for their clients. The latter impressions are, evidently, important for care work managers to “make their work tolerable” (Hughes 1984: 342) in current public social care provision.

In public welfare provision, professional discourses, finally, overlap with discourses of enterprising management (section 2.3): both discourses highlight the active agency of all employees. By promoting empowerment and self-governance care work managers can maintain impressions of their own

professional agency without resisting economic objectives. Moreover, they do not have to compromise or settle for hybrid—that is, part professional and part managerial—agency. Instead, their agency can be compared to a “rabbit/duck illusion”: depending on the eye of the beholder, it can appear as either professional or managerial. In Sub-study I, I argue that such interpretive ambiguities in the agency of care work managers are potentially pragmatic. Agency that is open to multiple interpretations can please multiple audiences (see Eisenberg 1984; Clarke, Brown and Hailey 2009; also, Leitch and Davenport 2007). Pleasing many audiences at once is, however, a precarious discursive achievement that may require complex discursive work.

6.1.3 COACHING: A FRAGILE ACCOMPLISHMENT

The above impressions of managers’ agency for older clients may not convince all audiences. In fact, the interviewed care work managers themselves acknowledged problems in the current quality of care, also in their own units (Sub-study I). Thus, they did not deny the public consensus according to which the quality of care in Finland is less than ideal (see Chapter 1). Indeed, trying to deny such problems might have been a difficult discursive task.

As regards problems in the quality of care, the interviewed care work managers had different options. Again, they could have presented themselves as agentless; they could have blamed problems in the quality of care on inadequate structural conditions and economic resources—and occasionally they did blame.

Again, however, such agentless talk did not seem entirely pleasant to the interviewed care work managers. According to my interpretation, the macro-discursive, (neo)liberal context they inhabit requires them to present more agency and control in regard to the quality of care (also, Newman 2005). Moreover, their macro-discursive context offers them resources for such presentations. By drawing on the discourse of enterprising management, they can present themselves as democratic and inspiring leaders (O’Reilly and Reed 2010), facilitators (du Gay, Salaman and Rees 1996), coaches (Oldenhof, Stoopendal and Putters 2016), or “enterprising ‘co-ordinators of care’” (Bolton 2005: 8), who activate their subordinates and help them become more responsible, proactive, self-steering, and target-oriented care workers, who, ideally, can improve the quality of care even without additional investments. An interviewed head nurse, for instance, described her job as follows⁴: “I prefer being like a coach, so that I support and try to find [a way] so that the people will find the right way to act and [find] their own strengths, and that way, support the functions as well.” According to an interviewed ward nurse, in turn, her job was to “create team spirit” and to “spur” her staff members, to “sustain the functions” of the ward and to “ensure there were capable staff

⁴ In the transcripts, square brackets signal removed words or added clarifications.

members” to “carry out high quality care.” In these presentations, I argue, professional and managerial discourses overlap.

In addition to the discourse of enterprising management, the discourse of technocratic management offers an important relational resource for care work managers’ discursive practice. The principles of technocratic management work as a counterpart from which care work managers can distance themselves: instead of technocratic managers who control their staff members, they can present themselves as coaches who help their staff members become more capable in, committed to, and excited about their work (Sub-study I). Instead of controlling care workers, they can invite them to govern themselves (also, Fejes and Nicholl 2012).

As a discursive achievement, however, enterprising care work management is not without problems. It is easy to ask whether enterprising management can make a real difference—especially in the context of diminishing resources. What difference does activating care workers make if the real problem is a lack of care workers? In the interviews, care work managers often oriented themselves toward this question, that is, the potential counter-argument against their enterprising self-presentations (Sub-study I). Without adequate resources, their agency as enterprising coaches might appear as mere rhetoric—even a false presentation (section 4.3).

To manage the above discursive difficulties, care work managers could warrant their self-presentations with at least two kinds of relational resources. First, they could argue that problems in the quality of care are not only caused by inadequate resources but *also* by inadequacies in the agency of care workers (also, Traynor 1994): in their skills, competences, ethics, or interests. Second, managers could construct themselves as individuals who have agency over their subordinates’ conduct, including their ability to manage themselves. An interviewed home care supervisor, for instance, described her work with her subordinates as follows: “In my opinion, when people always talk about the rush, the rush is a bit self-imposed. Sometimes you even have to stop people and go, like, ‘Hey, would you just sit down and see that it’s not really that bad after all?’”

In respect to the managers’ own presentations of productive agency, the most pragmatic discursive practice constructs care workers’ agency in a particular way: as a potentially malleable object of intervention but also as difficult to change (also, Riska and Wrede 2004). Such construction presents care workers’ agency as a serious, important, and demanding object of work—an object of work that requires managers to have highly developed management skills (also, section 2.2). Ideally, managers do not control but help care workers govern themselves, as an interviewed ward nurse explained: “I don’t like the kind of surveillance, because it should be like, that it would come from within one’s self.”

Ideally, the enterprising management discourse enables care work managers to construct skilled agency *over* their subordinates’ conduct and, simultaneously, effective agency *for* legitimate principles, including the

quality of care and the wellbeing of their clients, without any request for additional resources. By drawing on the discourse of enterprising management, care work managers can thus—at least momentarily—align professional with economic objectives (also, Barnes 2000). The compatibility of professional and economic objectives was also accomplished when the interviewees articulated the qualities they expected from their (professional) staff (Sub-study I). Typical expectations included generic psychological and personal qualities, such as motivation, self-direction, social skills, the right kind of values, customer-orientation, respect for older clients, a positive attitude, innovativeness, and creativity. A good care worker had an internal desire and ability to work with older people even under difficult conditions.

The care work managers thus presented clear opinions regarding who was a “good nurse” in old age care and—simultaneously—presented themselves as experts in nursing (rather than technocratic and extra-professional managers). At the same time, their characteristics of a good nurse often downplayed the importance of medico-scientific knowledge and formal education. Instead, their expectations aligned with (some particular aspects of) the socio-scientific care work discourse but also—at least in theory—with governmental and economic attempts to reduce educational requirements (section 2.1).

Enterprising discourses may appeal to professionals with administrative assignments and their need for self-respect, but they may also create new communicative challenges. In the interviews, these challenges were seen in the managers’ constant efforts to convince their audience (i.e., the interviewer), and perhaps themselves, that activation can make a real difference. The product of activation would be a professional nursing agent who is not only responsible for delivering care (Bolton 2004) but is also capable of doing so (Fejes and Nicoll 2012).

Perhaps paradoxically, however, care work managers may also need inactive, demotivated, and unprofessional staff members. They might even need staff members who *resist* their attempts to activate them. In the interviews, the figure of a resistant worker was repeatedly called into being. As an interviewed ward nurse formulated: “Although the work culture has changed [toward being more active], there are always those [care workers] who keep resisting.” Such a figure of a resistant care worker is, I argue, relationally functional for managers’ self-impressions. Managers may need to construct unprofessional and inactive staff members in order to have someone to activate and coach, someone they can help to become a better professional. Care work managers need an object for their professional interventions. Significantly, care work managers’ professional agency is thus relational to their subordinates’ alleged lack of it. Not all care workers, however, can be resistant and inactive—otherwise, also the managers would seem incompetent coaches, individuals with inadequate management skills.

6.1.4 CARE WORKERS IN A DIFFICULT PLACE

Care work managers' self-presentations raise two key questions. First, are care workers willing and able to present themselves as objects of their superiors' coaching, that is, as individuals who need their superiors' help to become more active, committed, target-oriented, and self-directive professionals? Second, are care workers willing and able to agree with their superiors that problems in the quality of care can be solved if care workers become more active, committed, target-oriented, and self-directive? Sub-study III examines these questions. If the answers are negative, this creates direct friction in the networks of social care provision.

In general, the interviewed care workers showed commitment to the socio-scientific principles of nursing (section 2.1). In this sense, at least, they aligned with their superiors' accounts. The ideal care worker they constructed was an adaptive and reflexive agent for her clients' holistic, bio-psychosocial wellbeing (also, Allen 2004; 2007). Moreover, the ideal care worker was an enterprising agent who was not hierarchically commanded but autonomously strove to actualize her inherent potential (see Pyysiäinen and Vesala 2013).

Like their supervisors, care workers also talked about structural problems in their work—including the limits of their own and their clients' bodies (Sub-study III). In the interviews, a much-debated problem was the (alleged) lack of assistant workforce and the respective need to perform “menial” tasks (such as cleaning and kitchen work), which, according to the interviewees, do not belong to nursing (also, Tainio and Wrede 2008). In a sense, care workers, both nurses and practical nurses, were thus able to construct their professional *identities* in relation to duties that were constructed as extra-professional.

To present themselves as professional *agents*, however, care workers need to demonstrate abilities to act over structural obstacles. An enterprising care worker, in particular, does not simply protest against structural obstacles; she also finds novel ways to make things happen—and serve her clients—regardless of such obstacles (e.g., Barnes 2000; Gibson 2013). In this way, the discourse of enterprising care work (management) also undermines traditional, professional divisions of labor, including divisions of labor between the assistant and professional workforce. In a sense, an enterprising care worker can rise above such divisions.

The currently dominant, socio-scientific nursing discourse, moreover, seems to offer care workers endless opportunities to demonstrate their enterprising agency. There are always more ways—little ways, at least—in which care workers can serve their clients' holistic, individual, bio-psychosocial needs (also, Fejes 2008). An interviewed practical nurse, for instance, defined her job as follows: “It’s a huge responsibility, [giving] home care. You don’t just go to the customer’s home and give medicine. No, you need to pay attention to the whole, the whole customer, to everything.”

To make things happen—regardless of structural obstacles—the interviewed care workers suggested several solutions, such as the skilled use

of instruments, working together, and the proactive ability to regulate and plan one's actions. At times, the interviewed care workers thus seemed both able and willing to draw on the discourse of enterprising nursing and, like their supervisors, construct problems in care work as problems in care workers' skills and ethics. Motivated, committed, active, adaptive, and target-oriented care workers are able to make things happen in all conditions (Sub-study III).

From a substantialist perspective, structural problems, such as the lack of time and workforce, are factors that cause exhaustion and disdain among professional care workers (e.g. Stacey 2005; also, Trydegård 2012). From a relational perspective as well, structural obstacles can hinder care workers' abilities to *present* traditional, professional agency. To present *enterprising* agency, however, care workers also need structural obstacles; they need obstacles to demonstrate their ability to overcome them, plan ahead, make things happen, and provide care under all conditions. From a relational perspective, care workers can thus employ their structural environment as a resource for their agential performances (Sub-study III).

However, the interviews with care workers also demonstrate that impressions of enterprising agency are always contestable, precarious, and "open to threat" (Sulkunen 2010: 503). Although the interviewees often tried hard to construct themselves as enterprising agents, they equally often seemed to lack adequate resources for convincing presentations. Instead of ideal, enterprising agency, care workers often presented motivation to work hard and develop themselves but also structural constraints, such as a lack of time and money, that were difficult to overcome. According to a practical nurse we interviewed, for instance, "the nurses should be focused on the residents, the older people, not on the kitchen and the laundry and all sorts of things. But it's because the city is saving [money]."

Thus, much like their supervisors, care workers were able to highlight their difficult working conditions and to engage in *agentless talk* (Kurri and Wahlström 2007). From a (micro-)constructionist perspective, such talk is pragmatic for care workers' facework and self-respect. It reduces their personal responsibility for problems in the quality of care. Rather than blaming care workers' inadequate ethics or skills, agentless talk assigns problems in the quality of care to lack of time, money, and workforce—or to policy-makers who instead of serving older clients' holistic wellbeing serve economic and technocratic interests (Sub-study III). Finally, care workers' agentless talk can also challenge their managers' self-presentations as enterprising coaches. If care workers suffer from impossible working conditions, coaching them makes no sense.

To present themselves as agentless, however, care workers need relational resources. In the research interviews, care workers' professional collective seemed to offer such resources. In particular, care workers were able to construct a professional collective that knows the true conditions of care work but lacks the ability to make things happen. In the micro-discursive context of

the interview, I argue, the construction of professional collectives served a dual communicative function.

First, attributing the lack of agency to a larger collective can be morally pragmatic to an individual care worker: it supports the impression of “it is not only me who lacks agency.” Second, if being agentless is a collective experience rather than the experience of a single care worker, it is more difficult to question as a factual statement—especially from outside of the constructed collective. By referring to a collective experience as the author of their structural constraints, care workers were thus able to shoot down a potential counter-argument—that is, the argument according to which care workers are agentless because of their inadequate skills or ethics rather than because of their impossible working conditions. Care workers’ skills and ethics are, of course, what care work managers must address in order to present themselves as enterprising coaches—that is, as agents who can improve the quality of care by activating care workers.

Care workers were thus able to construct an epistemic hierarchy and a disparity of knowledge between themselves and their supervisors (see Symon 2005; also, Fisher and Kang 2013). Care workers can argue that their managers do not understand the real, material, and embodied conditions of care work (also, Traynor 1994). In doing so, they can construct their professional identities in relation to their managers’ deficits—similar to how managers can construct their professional agency in relation to care workers’ deficits (sub-section 6.1.3)!

For care work managers, the above epistemic hierarchies and disparities of knowledge, and thus care workers’ agentless experience, can be difficult to question. However, they are not impossible to contest. By drawing on the ideals of enterprising management, and by invoking care workers who can seemingly make things happen (such as migrant care workers, see the following section), care work managers can always claim that the real problem is not in the material conditions but in the skills or ethics of care workers (Sub-study I).

The interviewed care workers seemed aware of the above interpretations that might question their critique of their structural work conditions. Instead of factual statements, care workers’ criticism might be received as a mere justification for problems in the quality of care—in the worst case, a justification of a demotivated and routinized nurse. Therefore, while articulating structural constraints in the research interviews, care workers often assured us (i.e., the interviewers) of their good intentions, interests, and ethics. Thus, they oriented themselves toward potential counter-arguments and negative ways of hearing them (Sub-study III). To further demonstrate their correct ethics, care workers were able to draw on the above epistemic hierarchy: care workers, not care work managers, know the real interests of older clients. As one nurse we interviewed formulated it: “I think it would be good for the management to also trust the nurses. [...] Each ward is different. And the employees can see what’s best for the residents.” Previous research

has documented how nurses can construct similar professional boundaries and disparities of knowledge in relation to medical doctors (Allen 2001).

As the interviews demonstrate, invoking structural constraints is not always easy: it can require delicate discursive work and relational resources. It can be particularly difficult in a macro-discursive context of enterprising management that has “a continuing cultural imperative to present oneself as having some agency, power and control” (Reynolds et al. 2007: 348). As Meyer and Jepperson (2000: 107) note: “Helplessness [...] and passivity may be very natural human properties, but they are not the properties of the proper effective agent.” In a discursive context that strives toward all actors’ enterprising agency, invoking “impossible constraints” can lead to questions of skills, competences, ethics, and interests. In such a context, invoking “impossible constraints” can be morally and emotionally difficult.

There is, however, a way for care workers to invoke structural constraints without jeopardizing their self-presentations as effective agents. They can present themselves as agents without a choice, as skilled but forced enterprising agents who can and do act in enterprising ways but mainly because they have to, not because they self-evidently want to (also, Tainio and Wrede 2008). As a practical nurse described her work in an interview: “If it’s part of your job, then it’s just part of your job. No one else will do it. You need to take care of it. You just try to manage through the day.” These interpretations bring a whole new tone to the discourse of enterprising nursing: the enterprising programs that were, at first, based on the free will and voluntary commitment (e.g., Barnes 2000; also, Sulkunen 2010) of independent agents take on a sense of obligation, even exploitation. These interpretations directly question care work managers’ and political authorities’ liberal attempts to align the interests of all stakeholders: enterprising nursing might serve care work managers, political authorities, and the recipients of care, but it does not always and self-evidently serve frontline care workers.

6.2 ACT TWO: MIGRANT WORKFORCE AS A RESOURCE AND A DILEMMA

In this section, I examine care work actors’ discursive and relational resources vis-à-vis diversifying care work. The section begins by examining the resources with which care work managers can present their increasing tendency to recruit migrant workers as a tendency that serves the Finnish elderly. To manage this impression, care work managers can, for instance, construct migrants as professional nurses or as ethnic others who are culturally interested in care—in both cases, as good agents for the Finnish elderly. The section then moves on to demonstrate how these same resources can, in fact, enable a win-win impression: in this impression, the recruitment of migrant workers (to precarious care jobs) also serves migrant workers. Finally, the section demonstrates how migrant care workers can both support and

challenge their managers' relational resources—perhaps unwittingly but also, in fact, quite fearlessly. Many migrants can present themselves as devoted and enterprising agents—in convincing ways. However, many migrants can also present themselves as actors who are enterprising because they have no alternatives. The latter impressions, of course, challenge the (neo)liberal impressions of all-win tendencies. Such a challenge, however, can be discursively difficult for many migrant workers: it contests the image of these migrant actors as devoted agents who willingly overcome the innumerable obstacles they encounter—that is, the image which seems important for many migrants in their complex, macro-discursive environment.

6.2.1 MANAGERS' (NON-)AGENCY IN RECRUITMENT

In the interviews, the care work managers faced a discursive problem: how to manage morally appropriate yet convincing impressions of themselves as managers who recruit migrant workers. Public debates present migrant care workers in diverse ways (section 2.4): as active, independent, and enterprising agents but also as compliant objects of managerial control, or as members exploited, cheap and disposable labor. The latter two interpretations harm migrant workers but, potentially, also the managers who recruit them. In the most critical interpretations, managers' increasing tendency to recruit migrant workers is a practice guided by illegitimate, managerial, and economic interests and managers' biased, stereotypical conceptions of migrant workers (section 2.4). The recruitment of migrant care workers can also violate the interests of older clients if the language (or other) skills of migrants are conceived as deficient.

From a relational perspective, an interesting question is thus, *how can managers avoid these critical interpretations of themselves and their activities?* As the interviews demonstrate (see Sub-study II), one way for care work managers to avoid the above negative self-impressions is to construct *non-agency* in recruitment. Instead of a deliberate decision (cf. Cangiano and Walsh 2014), managers can construct the recruitment of migrant workers as an external, structural necessity and their only choice in the context of the aging population and consequent labor shortages—or in a context in which ignorant policy-makers refuse to improve the wages and working conditions of care work, thus making it difficult to recruit indigenous professionals (see section 2.4). If care work managers have little agency over recruitment, they can avoid the above critical interpretations of their recruiting tendencies.

The recruitment of migrant workers for old age care, however, does not need to be conceived as a negative or harmful tendency but, in contrast, a tendency that serves all stakeholders at once. The following two sub-sections discuss different ways to construct the increasing recruitment of migrants to care as a practice that serves, first, the Finnish elders (section 6.2.2) and, second, the migrants themselves (6.3.3).

6.2.2 PROFESSIONAL NURSES AND ETHNIC OTHERS

The interpretation of a care worker's migrant background as a (potential) professional deficiency (section 2.4)—and thus a risk to the wellbeing of their clients—was constantly present in the discursive context of the research interviews (also, Sub-study IV). Evidently, both care workers and care work managers had to design their self-presentations against this discursive backdrop. The interviewed actors, however, also had a variety of relational resources to manage appropriate impressions. With such resources, care work managers were able to present the recruitment of migrant care workers as agency for older clients. In short, they were able to manage positive and respectable impressions of themselves by managing positive and respectable impressions of migrant workers.

First, by employing cultural stereotypes (see section 2.4), care work managers were able to construct migrant workers as inherently motivated, skillful, and capable of working with older people—even if their language skills were not ideal (Sub-study II). In the interviews, the care work managers constructed African and Asian migrants in particular as agents who have culturally inherited traits and abilities—such as respect for older people—that make them valuable care workers. As a head nurse we interviewed presented her attitude toward the diversification of the workforce in Finland: “I think we Finns have a lot to learn from other cultures. Our eldercare is not the best of all. We could learn a lot about the sort of respect towards older people and older age from other parts of the world. I would be very open-minded and welcoming of all new perspectives here.”

As a result of the above constructions, recruiting migrants not only appeared to be a structural necessity—or a way in which to serve economic interests—but also a way in which to serve older clients. The credibility of these presentations, of course, depends on how migrant workers are constructed: not as individuals who primarily lack something (e.g., language skills) but as individuals with special assets (e.g., superior ethics and cultural heritage).

Second, in addition to constructing migrant workers as members of ethnic groups, care work managers were able to construct migrant workers as members of a(n international) community of professional nurses (Sub-study II). Such care workers are proper agents not because of their cultural roots but because of their professional ethics. Despite (potential) deficits in their language proficiency, professional nurses can serve their clients' interests. As a ward nurse noted in our interview: “We should somehow collect all the resources together and see that whatever country we're from, it's certain that, as nurses, we all serve the same purpose and work here for the older people.”

Third and relatedly, care work managers can question the importance of (Finnish) language in care work (Sub-study II). In theory, people might construct language proficiency as a professional skill (also, section 2.4), even as a reason to exclude migrants from professional work (also, Dahle and Seeberg 2013; also, Sub-study IV). Care work managers—and care workers, see Sub-study IV—have, however, also access to an alternative argument:

language requirements do not serve older people, care workers do. Care work managers can thus construct overtly strict language requirements as bureaucratic (rather than professional) rules that hinder both their ability and that of care workers to make things happen. A good care worker knows how to serve her clients. Knowing a language is less important (Sub-studies II and IV).

Fourth and finally, the interviewed care work managers were able to construct a sharp distinction between the domestic and international recruitment of migrant workers (Sub-study II). Evidently, constructing international recruitment (from poorer countries) as a tendency that violates the interests of Finnish people—and sometimes also the recruited migrants—is a pragmatic resource for care work managers; consequently, their own practices of domestic recruitment become a respectable alternative (Sub-study II). As the above-cited ward nurse noted: “It cannot be the solution that a kind of cheaper workforce is recruited from the Philippines because they’re willing to work for these low wages. And there would be the language issue again.”

Care work managers thus have many ways to present the increasing recruitment of migrant care workers as a tendency that serves the Finnish elderly population. The relational consequences of these different ways allow different interpretations. From a macro-constructionist perspective, especially the stereotypical and essentialist construction of migrants as culturally inclined to care work—rather than professional agents—might serve divisions of labor and organizational hierarchies. Such a discursive practice constructs migrant workers as ethnic others and reduces their ability to be recognized as educated professionals and, consequently, to attain more valued positions in the professional rank (see Dahle and Seeberg 2013; also, Zanoni and Janssen 2004; Weicht 2010).

From a micro-constructionist perspective, however, all the above-described discursive resources serve a more local objective: the impression management of the care work managers in the interview context (and in other similar contexts). By constructing migrant workers as good agents for Finnish elders, care work managers can manage positive impressions of their *own* agency as individuals who recruit migrants. These impressions may, of course, also serve the continuing recruitment of migrant workers to precarious care jobs. From a less critical perspective, these positive impressions can also serve migrant workers: care work managers’ abilities to justify their recruitment tendencies can also increase migrant workers’ job-opportunities in care—although, of course, social care work remains relatively precarious and less well compensated than, for instance, health care work. In any case, from a micro-constructionist perspective, it is not any *particular* discourse that matters in respect to these recruitment tendencies. Professional discourses can serve the exact same functions as ethnic othering: they can both justify the exact same recruitment practices. From a micro-constructionist perspective, it might be this *multiplicity* of discursive resources that helps managers justify their activities to themselves and others (Sub-study II).

In different contexts, care work managers may construct migrant workers in different ways. Even in the interviews, they did not only idealize migrant workers. Instead of ideal, enterprising agents, they occasionally presented migrant care workers as the opposite (also, England and Dyck 2016; Niska, Olakivi and Vesala 2012; Olakivi and Niska 2016): routine-oriented employees who only do what their managers require, work by following orders, lack critical depth, and have trouble learning to become self-steering (also, Sub-study II). Such negative impressions might of course harm migrant care workers and their career prospects—as highlighted in previous research (e.g., Näre 2013). What I argue, however, is that such negative impressions can also harm care work managers as people who recruit migrants.

6.2.3 CONSTRUCTING THE WIN-WIN SITUATION

In the above, I have examined some of the relational resources with which care work managers can construct the recruitment of migrant workers as agency for older clients. As I already indicated, whether these recruitment tendencies also serve migrant workers (or the migrant population), is a matter of dispute. In critical interpretations, the active recruitment of migrants for care work is a way for employers to save money: as long as there are migrants who are willing—or forced—to work in poor conditions and with low wages, there is no need to improve the quality of care work or care workers' wages (section 2.4). An interesting question is, thus, can managers present their recruiting tendencies as also agency for migrant workers?

Evidently, migrant care workers are not the most important principals for care work managers' occupational agency (Sub-study II). Care work managers' macro-discursive context primarily expects them to serve their older clients, not their subordinates. Ideally, however, managers could serve multiple principals in tandem, including their staff members (e.g., Jumisko, Hyry-Honka and Saranki-Rantakokko 2017; Kulmala 2017), as both Nordic welfare professionalism and the ideals of (neo)liberal government conventionally highlight (sections 2.1 and 2.3). At the very least, care work managers may need to avoid the most critical interpretations of their managerial practice. These critical interpretations present care work managers as driven by managerialist and technocratic interests of recruiting migrants as obedient and flexible care workers. In these interpretations, care work managers' tendency to recruit migrants serves the managers' self-interests while exploiting the vulnerable position of migrant workers.

To avoid such negative impressions of technocratic management and the exploitation of the vulnerable position of migrant workers, care work managers can present migrant workers as competent, self-governing agents who can serve their own interests. In these presentations, migrant care workers work in old age care—and often work extremely hard—because they want to, not because they have to. In our interview, a ward nurse described the

African workers in her unit as follows: “Somehow, they don’t make a fuss about anything. And they’re always ready to yield. [...] There can of course be the language problem, that they’re not that good in Finnish. But then again, I’ve noticed that they’re very reliable employees. [...] They’ve come here to work for the residents.”

Care work managers can thus construct migrant workers as agents who are driven by their interest in care work—and, in respect to many migrants, these constructions can be highly convincing. Impressions of migrants as either professional agents or natural carers (and thus ethnic others) can offer relational resources for such constructions: both figures are driven by a commitment to the wellbeing of their clients—and not primarily by monetary rewards. With these relational resources, care work managers can construct the increasing recruitment of migrant workers to old age care as a tendency that serves the older clients and migrant workers in tandem. Finally, these new recruitment tendencies can serve political authorities’ and employers’ (ostensible) interest in cost-efficiency (section 2.4). By employing motivated and skilled migrant workers, the quality of care can—in theory—be improved without additional investments (e.g., in working conditions or care workers’ wages).

One problem with these presentations is that care work managers may have few resources to present old age care as an attractive job—although, for a migrant who might have difficulties finding employment it can be presented as better than nothing (e.g., YLE 31.8.2015a; also, Zanoni and Janssen 2004).

6.2.4 HIGHLIGHTING INDIVIDUAL RESPONSIBILITY

The above interpretations by care work managers, however, are not self-evidently accepted by migrant care workers. In this sub-section, I draw on sub-studies III and IV to demonstrate how the interviewed migrant care workers’ interpretations of their own work both supported and challenged their managers’ constructions of the increasing recruitment of migrants to lower-level care occupations as a win-win situation.

According to previous research, migrant care workers (in Western countries) often face extra pressure to demonstrate their professional agency (i.e., skills, competencies, ethics, and interests) in front of native audiences (section 2.4). The interviewed care work managers also occasionally constructed migrant care workers as (potentially) deficient professionals in respect to their language skills or abilities to govern themselves, for instance (also, Näre 2013; Olakivi and Niska 2016). Thus, the managers were able to employ these negative interpretations and stereotypes—as well as the more positive ones (section 6.2.2). Unsurprisingly, the interviewed migrant care workers were also aware of the abovementioned negative stereotypes and impressions—especially in respect to their language skills (Sub-study IV). Thus, the identity of a migrant was easily recognized as a troubled one.

In addition to troubles in care worker–client relationships (section 2.4), the identity of a migrant seemed to entail problems with peers and colleagues, including unequal, discriminatory, or unjust relations. In some interviews, nationally diverse workplace relations were constructed as difficult-by-default, and the absence of difficulties was constructed as an exception to this rule (Sub-study IV).

Occasionally, the interviewed migrant care workers also constructed versions of their work that were problematic to their managers' self-presentations—although, potentially, also for the migrants themselves (Sub-study III). In these instances, the care workers presented—much in line with common sociological interpretations (section 2.4)—themselves as forced entrepreneurs of self: as someone skilled and competent, who makes things happen in an extra-effective manner, and who takes responsibility for her clients and herself—but out of an external necessity, not because she inherently wants to. Indeed, the interviewed care workers had good resources for such self-presentations. In the macro-discursive context that they inhabit, the image of a migrant worker who needs to work in care against her own preferences, and who needs to work extra-efficiently and to take care of herself, is as familiar as the image of an authentically motivated migrant care worker (section 2.4). These interpretive frames can both be convincing—also in respect to a single care worker—, but they have a very different political import: the latter supports the impression of a win-win situation, while the former constructs a conflict of interests. In one interview, a practical nurse presented her job situation as follows: “Since I come from abroad, I have to, I cannot give up [and say] ‘I won’t do it.’ It is my work; I have to do it.”

In fact, all the above critical interpretations of migrant care workers and their relations with their clients, colleagues, or managers might create problems for the politically functional all-win impressions—and for care work managers' positive self-presentations. First, if the professional skills of migrant care workers are constructed as potentially deficient, their increasing recruitment into old age care violates the interests of the older clients. Second, if migrant care workers are constructed as victims of discrimination or exploitation, their increasing recruitment to care work might serve the older clients but not the migrants themselves (unless managers' actively fight against discriminatory practices).

These critical impressions, of course, are not the only impressions that migrant workers can construct of themselves and their work. They also have resources for constructing their work in old age care as a win-win situation. These constructions, I argue, align with the ideals and expectations of care workers' macro-discursive environment: they support the general impression according to which problems in care work are not caused by political authorities, employers or managers and—in case these problems call for action—they can be addressed by agential care workers. By supporting these interpretations, migrant workers support the above win-win impressions, but also an impression of themselves as decent workers (in line with the agential

expectations of their environment). Therefore, these interpretations are completely understandable; they make sense to many migrants in their difficult position. At the same time, they can, in the long run, serve the (neo)liberal organization of care. I end this section by examining these interpretations.

First, the interviewed care workers had the macro-discursive resources with which they could talk about discriminatory, unjust and negative experiences at work—and the elimination of such phenomena—without attributing any agency, blame, or responsibility to their managers or employers. Instead, they could attribute responsibility for negative experiences at work to the migrants themselves and their language skills or attitudes (Sub-study IV). In one interview, a practical nurse commented on workplace bullying as follows: “I think it so much depends on the person, how you relate to other people, the same way the other people will relate to you.” This line of interpretation may not question negative experiences, such as bullying, at work. This line interpretation, however, gives a very particular sense to such experiences. First, the victim is partly responsible for her experiences (and therefore, ultimately, not a true victim but an active participant) (also, Berbrier and Pruett 2006). Second, and relatedly, these negative experiences are not directly related to migrancy, ethnicity, race, skin color or any other quality that the actor cannot change. Rather, they are related to individual and changeable qualities, such as care workers’ attitudes or skills in Finnish, as a practical nurse stated in our interview, highlighting the responsibility of individual workers: “As long as you can speak Finnish, there is no problem”. At the very least, these interpretations reduce care work managers’ agency and responsibility for migrant care workers negative experiences. Migrant care workers, and their indigenous colleagues, as individual agents, are responsible for both negative and positive experiences (also, Varjonen 2013; Cederberg 2014). Evidently, these interpretations sit well with the (neo)liberal emphasis on individual agency, network-based governance, and flat organizational structures (section 2.3).

Second, migrant care workers’ macro-discursive context can also construct some negative experiences as apolitical and acceptable: in these interpretations, it can be a normal state of affairs that older clients do not always treat migrants with respect (section 2.4), that the first immigrant at the workplace encounters difficulties, or that a care worker who does not speak fluent Finnish encounters discrimination—or receives less prestigious and more precarious jobs—irrespective of the language skills of her clients and co-workers (Sub-study IV). In these interpretations, the above phenomena can be negative to (at least some groups of) migrant workers, but no one can be blamed for them: they depend on cultural structures (Jewell Jr 1992) rather than active agents. Cultural explanations for the problems that migrants face are common also in sociological analyses and public debates (sections 2.4 and 3.1)—migrant workers, as a group of lay sociologists (Garfinkel 1967), can of

course use similar explanations, and these explanations can be entirely convincing in their own interpretive frameworks.

Third, migrant care workers do not need to construct themselves as deficient professionals. Much like their managers, they can invoke impressions of ethnicity as resources for their presentations of skilled and committed agency for their clients. Moreover, migrant care workers can draw on ethnic stereotypes of their native (i.e., Finnish) colleagues as a relational resource—and, thus, manage positive impressions of themselves in their difficult situation. By constructing Finnish care workers as (potentially) routinized, demotivated, and ineffective agents—or as agents for incorrect principles, such as their own pleasure—migrant care workers can demonstrate their own agency for their clients' holistic, bio-psychosocial wellbeing (Sub-study III). In the interviews, care workers with Asian or African backgrounds in particular used their “ethnicity,” and their ethnic difference in regard to their Finnish colleagues as a relational resource through which to demonstrate their appropriate agency for legitimate principals (Sub-study III). In one interview, a practical nurse explained why she served her clients in ways that exceeded her official job description, referring to her Somalian background as follows: “They always say that you don't have to do those things, but I still do them; it's because of the cultural difference.”

The discursive resources discussed above can serve some migrant workers. The same discursive resources, however, can also serve care work managers—in two different ways. First, if migrant care workers are enterprising, skilled, and inherently motivated agents for their older clients, then recruiting migrants serves both older clients and migrant job-seekers. Again, the new recruitment tendencies serve all parties. Second, if migrant care workers can make things happen because of their superior ethics, their managers' coaching and activation practices may receive novel validation. Enterprising and capable migrant workers can support their managers' interpretation of care work in general: mind matters more than material conditions. As a practical nurse explained in our interview, referring to her Somalian background: “You need to give attention to the elderly in this job as a professional practical nurse. But then you sometimes hear from the Finnish employees that ‘No, there is not enough time’ [...] and ‘Our work just goes like this.’ For us, it would be like shocking, that sort of an attitude.”

Finally, migrant care workers (Sub-study IV), much like their managers (Sub-study II), can question whether the need to speak fluent Finnish in care work is a necessary skill for a professional care worker. More than bureaucratic language requirements, they can argue, what matters is the ability to make things happen. As a practical nurse asked, rhetorically, in our interview: “Is it that important that one can speak so well on the level three [for instance], or is it important that one can take care of people?” In these ways, migrant care workers' resources for positive self-presentations are also their managers' resources for their respective self-impressions. They can, potentially, serve the self-respect of individuals in both groups of actors.

7 DISCUSSION

In the above chapter, I summarized the findings of my empirical sub-studies from the perspective of the following research questions (also, section 4.4): How can care work managers and (migrant) care workers manage positive impressions of their occupational activities. How can they employ the enterprising care work discourse and circulating impressions of migrancy and ethnicity as relational resources in their self-presentations and agency-constructions? How can care work managers and (migrant) care workers' self-presentations and agency-constructions support/challenge each other? In this chapter, I revisit, elaborate on, and, once again, summarize my key findings.

First, I elaborate on my findings in respect to the theoretical objective I formulated in Chapter 1: The articulation of a relational research perspective from which one can examine the reception and implementation of political and governmental ideals in the everyday drama of work. In section 7.1, I address this task by clarifying the differences between substantialist and relational and micro- and macro-constructionist perspectives on my empirical topic. In section 7.2, I move on to my main empirical contributions and revisit my general research problem, articulated as follows (also, section 2.5): How can diversifying care work organizations support and challenge the (neo)liberal policy ideals according to which problems in the quality and efficiency of care can be solved by activating all actors' enterprising agency and self-governance. These two sections, of course, overlap to a degree, as they both elaborate on the same findings. Finally, I examine my research from the perspective of research ethics (section 7.3), practical implications (section 7.4), generalizability and objectivity (section 7.5), and the avenues it opens up for future inquiry (section 7.6).

7.1 FROM INTER-ACTING FORCES TO RELATIONAL PROCESSES

7.1.1 TWO TYPES OF SOCIOLOGICAL QUESTIONS

Care work organizations can be examined as “collections of people trying to make sense of what is happening around them” (Weick 2001: 6). Ultimately, sociologists who study care work organizations do the exact same thing. In our attempts to make sense, sociologists ask different types of questions. In this dissertation, I have examined social care work from a relational perspective: as a social drama of work in which care work managers and migrant care workers perform their occupational selves in relation to each other and their socio-political environment—as these relations were called into being in the research interviews. Relational perspectives, however, only exist in relation to

substantialist perspectives (Emirbayer 2013). Therefore, the results of my empirical research are best described in comparison to substantialist interpretations.

Substantialist research asks questions about inter-acting entities, such as the following: How do socio-economic, political, and material things, forces, and structures shape the activities and conditions of care work actors (see section 3.1; also, sub-section 6.1.4)? How do cultural and cognitive factors (such as stereotypes, interests, identities and classification systems) shape the activities of care work actors (see sections 2.4 and 3.1; also, sub-section 6.1.1)? How can care work actors alter their external environment (see section 3.1)? And, perhaps most importantly, how do these (and other) inter-action processes change from one context to another (see section 3.1)?

Relational research does not begin from inter-acting entities but from “unfolding, ongoing” processes (Emirbayer 1997: 289) in which things and forces—such as individual agents and their structural environments—are called into being. Different interpretations call different things into being. Some interpretations, for instance, highlight care work managers’ agency for their clients and/or subordinates, others their agency for economic interests or organizational inequalities. Finally, some interpretations play down their abilities to act. From a relational perspective, such diverse interpretations of occupational agency are not true or false, but they can be more and less convincing and more and less functional for organizational actors—and the transformations with which they are engaged.

Relational research can also ask questions about entities that are *not* called into being, that is, entities that are (strategically, routinely, or tacitly) *silenced* (Callon 1986), *non-communicated* (Vesala and Knuuttila 2012), *ignored* (McGoey 2012), or *black boxed* (Callon and Latour 1981) in order to reduce disturbing noise (Jessop 1998) and communication (Alvesson and Spicer 2012) in networks of public welfare provision. To present care work organization as a practice that is based on the voluntary agency of equal actors, for instance, may require that one ignores—that is, does *not* call into being—some things, entities, structures, or forces, such as international legislation; global inequalities; poor wages and precarious work conditions in care work; flows of money from the public sector to private industries; or gendered, racialized, and class-based divisions of labor. In another interpretive framework, such things can be called into being, with consequences for meanings, interpretations, and, of course, the legitimacy of socio-political transformations.

Finally, relational processes are collective processes. Both care work managers’ and (migrant) care workers’ agency depends on an audience that accepts their interpretations and, ideally, supports them with their own discursive practice. Such compatibility of interpretations, however, cannot be taken for granted (Burr 2003; also, Niska 2015; Callon 1984). Care work managers, for instance, can present themselves as agents for their subordinate care workers (e.g., sub-section 6.2.3). Their subordinate care workers, in turn,

can construct their interests in ways that differ from their managers' constructions (e.g., sub-section 6.2.4). Consequently, both actors' self-presentations are effectively challenged. I discuss the compatibility of care work managers' and (migrant) care workers' self-presentations further in section 7.2. First, however, I reflect upon the empirical findings and the interpretations they allow from micro- and macro-constructionist perspectives.

7.1.2 TWO PERSPECTIVES ON RELATIONAL PROCESSES

Relational processes can of course be examined from different theoretical perspectives. In this dissertation, I have highlighted the heuristic distinction between micro- and macro-constructionist standpoints. Broadly speaking, macro-constructionist interpretations highlight the compelling and productive power that a discursive field has over its actor-inhabitants (sub-section 4.1.2). The current, (neo)liberal discursive climate, for instance, requires its actors to present a degree of "agency, power and control" (Reynolds, Wetherell and Taylor 2007: 348) in their lives and, moreover, to serve as agents for socially legitimate principals (Meyer and Jepperson 2000). From a micro-constructionist perspective, actors are not compelled by the discursive field they inhabit but can use the field and the resources it offers in pragmatic and creative ways: to present appropriate selves; solve communication problems they encounter; and maintain a sense of dignity, pride, and prestige (sub-section 4.1.2). In this dissertation, I have articulated some key differences between macro- and micro-constructionist perspectives, as well as some ways for combining them (also, Wetherell 1999).

Macro-constructionist research on public welfare provision often highlights how *managerial* and *enterprising* discourses construct actors as standardized agents for governmental and economic principles. In line with Doolin (2002: 375), for instance, the enterprising care work discourse I have examined might be conceived as a formation through which care workers and care work managers, "as subjects, come to understand and regulate their activities in terms of criteria inherent in broad governmental programmes." Alternatively, they can resist such programs.

In many respects, my interpretation aligns with Doolin's. As I have highlighted, however, care work actors do not need to *understand* and *present* themselves as agents for governmental or economic objectives. Neither do they have to personally *endorse* these objectives. And yet their actions and self-presentations can support them. As I have highlighted, care work actors can maintain impressions of professional agency (and thus professional self-respect), and still act in line with governmental and economic objectives. Their agency can, thus, allow both professional and managerial interpretations. Such ambiguous interpretations are enabled when governmental and managerial discourses *overlap* with professional discourses. In care work, for instance, the autonomy and self-governance of all actors can be understood as

both a professional *and* managerial ideal. Such intersections of different discourses, I argue, can serve as powerful tools in the implementation of governmental ideals. To cite Moffatt, Martin and Timmons (2014: 13), they can translate “the objectives and values of one party [...] into terms acceptable by others.” In such macro-discursive translations, one might argue, productive power (sub-section 4.2.2) hides from street-level actors like the infamous observer in Bentham’s Panopticon (Foucault 1977; also, Ewick and Silbey 2003).

There is a long tradition in the social sciences of examining managerial discourses as devices that threaten the autonomy of professional actors (section 2.2 and sub-section 6.1.2). From a macro-constructionist perspective, however, professional discourses are tools of government as are any other discourses. According to Fournier (1999: 285), professional discourses articulate “professional subject positions, or the ways in which professionals should conduct themselves.” Of course, all care work actors must serve their clients. Otherwise, they risk giving the impression of “either incompetence or corruption” (Meyer and Jepperson 2000: 108). The currently dominant socio-scientific nursing discourse, moreover, expects care work actors to serve their clients’ holistic wellbeing, not (only) their medical health. This macro-discursive context, I argue, has a particular consequence for care work actors’ social drama of work: it enables endless reflections (and disputes) on what should, could, can, and cannot be done by the frontline care workers to serve their clients’ holistic wellbeing. When combined with the ideals of enterprising agency, the socio-scientific care work discourse offers endless opportunities for actors to evaluate their own and their colleagues’ abilities to act. These opportunities are, I argue, qualities of care work actors’ macro-discursive environment.

Micro-constructionist research has a slightly different focus. First, macro-discursive frameworks often highlight the power of dominant discourses (see above). Micro-constructionist perspectives, in contrast, often highlight the *multiplicity* of discursive resources simultaneously available to actors (sub-section 4.1.2). Care work managers, for instance, can present themselves as agentless in respect to managerial developments in care. Alternatively, they can employ the discourse of enterprising care work management and present themselves as enterprising coaches rather than technocratic managers. Similarly, they can present themselves as agentless in respect to the recruitment of migrant care workers. Alternatively, they can construct such recruitment as a good way to serve the Finnish elderly—and, potentially, also migrant workers. These constructions can, in turn, be accomplished in different ways: by presenting migrant workers as professional nurses but also as ethnic others.

Second, micro-constructionist perspectives can shed light on the *affective* and *emotional* aspects of discursive practice in face-to-face interaction. All the above discourses can, for instance, work as devices by which care work managers can “make their work tolerable, or even make it glorious to

themselves and others” (Hughes 1984: 342). One does not have to assume abstract forms of productive power, nor false consciousness (see Burr 2003), to understand why actors use particular discursive resources. These resources are, simply, functional for actors’ moral self-presentations. From a micro-constructionist perspective, care work actors are not captivated by dominant discourses. Instead, they are competent members of society (see Garfinkel 1967) who can look at their work from different societal perspectives and (tacitly and routinely) design their self-presentations to serve their own situational interests—in line with contextual requirements (Goffman 1959).

Micro-constructionist perspectives conceive actors as creative users of language. From a micro-constructionist perspective, actors’ creativity primarily serves immediate interactional functions, including actors’ positive self-presentation and self-respect. In a longer run, however, successful micro-discursive practice can also serve broader, macro-political transformations, by making these transformations tolerable to actors and their multiple audiences.

Of course, actors also need macro-discursive resources for their micro-discursive practices. Publicly circulating images of enterprising agency, holistic care, professional self-regulation, culture and ethnicity, and so on, offer such resources for care work actors. In a particular macro-discursive environment, some resources are always more dominant, salient, respected, valuable and pragmatic than others. In this way, macro-discursive resources both enable and constrain micro-discursive practice.

Therefore, it seems to me (also, Pyysiäinen 2011; Niska 2015), a productive way to analyze the organizational reception of political ideals—such as the ideals of enterprising agency or new recruitment ideals—is to analyze both macro- and micro-dimensions of such reception. Macro-discursive practice offers rules and resources for micro-discursive practice, and micro-discursive practice updates these rules and resources (section 4.1.2). Updating rules and resources in local interaction may require a degree of creativity and activity from street-level actors. This creativity and activity can support and enable the implementation of new discursive resources. As I move on to demonstrate, however, micro-discursive practice can also employ macro-discursive resources in unexpected and contradictory ways—also in ways that challenge and contest the basic expectations of a socio-political transformation.

7.2 MANAGERIAL TRANSFORMATIONS AS AGENCY PROJECTS

7.2.1 THE MORAL APPEAL OF ENTERPRISING IDEALS

Empirically, this dissertation was set out to study the implementation and reception of the socio-cultural and political ideals of enterprising agency in diversifying care work organizations. Enterprising agency can, of course, have different manifestations (Niska, Olakivi, and Vesala 2014). In care work,

enterprising agency can mean, among other things, flexibility, proactivity, target-orientation, self-governance, and the ability to overcome structural obstacles (also section 2.4). To cite Weber (1992: 31–32), the enterprising care work actor has the “shrewd,” “daring” and “completely devoted” character, “clarity of vision,” “ability to act” and “strength to overcome the innumerable obstacles” that she encounters in her work.

Evidently, enterprising care work discourses construct new ideals for both care workers and care work managers. Enterprising discourses expect care work managers—like other public managers (see Miller and Rose 2008)—to appear not only as experts in their specific professional fields (e.g., social care) but also as experts in regard to their subordinates’ generic, psychosocial dispositions (also, Niska, Olakivi and Vesala 2014; Räsänen and Valvanne 2017). In short, enterprising discourses expect managers to have agency over their subordinates’ *internal* structures and to help care workers overcome their *external* structures (see sub-section 4.2.2). The current macro-discursive climate can also expect care work managers to present themselves as skilled and enterprising diversity managers who can proactively recognize their subordinates’ and job-applicants’ skills, competences, ethics, and interests based on their national backgrounds (Zanoni et al. 2010; also, Zanoni and Janssens 2004).

Care workers, in turn, are expected to present themselves as enterprising agents who autonomously strive to actualize their inherent potentials (see Pyysiäinen and Vesala 2013). In addition to agency for correct principals (e.g., their clients), enterprising discourses expect care workers to have agency over their *internal and external* structures (see sub-section 4.2.2): beyond reflexivity and self-steering abilities, these discourses expect care workers to solve problems in their organizational environment, to make things happen, and to constantly develop themselves. The current macro-discursive context, moreover, constructs care workers as, ideally, agents for their clients’ holistic, bio-psychosocial wellbeing (section 2.1). Depending on the perspective, care workers’ need to serve their clients’ holistic wellbeing can offer them endless opportunities or demands to present themselves as enterprising agents.

Enterprising discourses can be conceived as managerial discourses (section 2.3). Previous research has examined managerial transformations in public welfare provision as *identity projects* that offer new, managerially inspired identities to public welfare actors (sub-sections 4.2.1 and 6.1.1). Based on my theoretical and empirical examination, however, it might be more productive to examine managerial transformations as *agency projects* (also, Sulkunen 2007; 2010). What enterprising transformations primarily invite is the “formation, standardization, enactment, and celebration of agentic actorhood” (Meyer and Jepperson 2000: 117). Ideally, enterprising programs do not act against anyone’s autonomy or interests but instead invite all stakeholders to cultivate their own agency and serve their own interests, although always in alignment with more distant governmental and economic objectives (Miller and Rose 2008; also, Foucault 1982; 1991a). Consequently, enterprising

programs can, in theory, translate socio-political concerns over aging populations and the poor quality of care (Chapter 1) into attempts to activate and support the personal agency of care workers (section 2.3). Hierarchies and inequalities can be effectively mitigated since all actors receive what they authentically need: personal autonomy and the ability to serve legitimate principals. Inherently motivated migrant care workers sit perfectly with these political imaginaries.

Based on the findings of this dissertation, enterprising, (neo)liberal discourses have a strong foothold in social care provision in the city of Helsinki. Evidently, the interviewed care work actors inhabited a discursive field in which the enterprising agency of all actors was a matter of constant reflection. Such reflections alone signify a degree of success in regard to enterprising transformations (also, Barnes 2000; Fejes 2008; Freshwater, Fisher and Walsh 2015): enterprising discourses offer meaningful and pragmatic resources for care work actors' discursive practice.

Moreover, at least in the context of the research interview, many care work managers and care workers worked hard to present themselves as corresponding to the enterprising care work ideals: care work managers as agents who can coach and activate their subordinate care workers; care workers as agents who autonomously strive to actualize their inherent potentials and to develop themselves; and both actors as agents who can make things happen, overcome structural obstacles, and serve their clients' wellbeing. This is hardly surprising. Like all employees, care workers and care work managers are struggling to maintain a habitable workspace and a sense of moral agency in their work (Brown and Lewis 2011; Clarke, Brown and Hailey 2009). By constructing their agency in alignment with enterprising care work ideals they can, ideally, achieve a degree of pride, prestige, and "ownership" (Stacey 2005) in their work. For care work actors, enterprising discourses can thus be morally appealing—if not morally compelling.

As the interviews demonstrate, however, enterprising presentations are not always easy to convincingly manage. Care work actors'—as perhaps all actors'—ability to appear as autonomous agents "is always vulnerable and open to threat" (Sulkunen 2010: 503). Perhaps paradoxically, however, also objecting to the ideals of enterprising agency can be difficult for care workers and care work managers. In the discursive context that these actors inhabit, they can engage in *agentless talk* (Kurri and Wahlström 2007), but they cannot always rely on their agentless talk being accepted by others. Their discursive context enables different interpretations of the same phenomena. What is an impossible structural constraint for one (e.g., a care worker) can be a mere excuse for another (e.g., a care work manager or another care worker)—in the worst case, the excuse of a routinized, demotivated, and unprofessional care worker. What is convincing talk for one can be *merely* talk for another.

Presentations of enterprising agency can be particularly important for migrant care workers whose professional skills are, at times, questioned by native actors (section 2.4). In addition to extra pressure, migrant care workers

seem to have extra resources for constructing enterprising agency; by constructing Finnish care workers as routinized and demotivated, migrant care workers can highlight their own enterprising activity. Migrant care workers' can also perform idealized, individual agency by overcoming structural constraints of organizational inequality, injustice and language barriers (Sub-study IV). This kind of agency is, evidently, valued in care workers' discursive environment.

7.2.2 INTERNAL CONTRADICTIONS IN ENTERPRISING PROGRAMS

By constructing their professional agency in enterprising terms, care work actors can serve immediate interactive functions (e.g., positive self-presentation) but also more distant economic and governmental objectives. From a governmental perspective, enterprising professionalism may seem an economically viable political project (also section 2.3). Enterprising discourses may, however, also create communicative problems in care work organizations. Such problems can be productively examined from the perspective of relational sociology. The main problems I have identified in this dissertation derive from the most basic relational premise: altering the agency of one actor is not easy without altering the agency of others. Moreover, the enterprising agency of care workers is not always compatible with the enterprising agency of care work managers—at least, the enterprising ideals of these two actors were not easily compatible in the *particular* ways in which they manifested in the empirical material.

By drawing on the discourse of enterprising management, care work managers can construct themselves as coaches whose primary task is to empower and activate their subordinate care workers' agential abilities. For care work managers, such discursive performances can be morally functional: managers can claim positive agency in respect to solving problems in the quality of care. The credibility of these performances, however, relies on three discursive premises. First, one must assume that (at least some) problems in the quality of care can be solved by activating care workers. Second, and relatedly, one must assume that there are (at least some) problems in care workers' current levels of agential activity. Third, to mitigate impressions of inequality and hierarchy, one must assume that cultivating care workers' (currently deficient) agential activity also serves the care workers themselves.

As my analysis indicates, the relational bind between care work managers' and care workers' occupational agency can cause communication problems in care work organizations. First, care workers may not agree with their managers in regard to the notion that problems in the quality of care derive from inactive care workers. Care workers might instead argue that the cause of such problems lies in structural working conditions and the lack of resources such as time, money, and workforce. Second, care workers may not be willing to present themselves as inactive, demotivated, routinized, underperforming, and unprofessional actors, needing to be coached by their

superiors. In addition to invoking structural constraints, care workers—in this dissertation migrant care workers in particular—can present themselves as agents who are already active and enterprising and who, therefore, do not require their superiors' advice. Perhaps paradoxically, care workers' enterprising agency can, potentially, question the enterprising agency of their managers. This is because care work managers, in the end, require inactive agents as a relational resource for their own presentations of active agency. To present themselves as coaches, they need someone to coach. Their enterprising agency is relational to their subordinates' alleged lack of it.

Third and finally, care workers may not always agree with the (neo)liberal assumptions that their enterprising, proactive, and independent agency also serves their own interests. In addition to independent agency or the inability to act, care workers can, at times, construct themselves as forced (or necessity) entrepreneurs, as responsible individuals who manage themselves and make things happen, but due to an external necessity. For a migrant care worker in particular, such impressions of forced entrepreneurship are easily available (also, section 2.4). In our cultural commonsense, the image of the migrant worker who is forced to work in care and forced to make things happen—because of legal, political, economic, and cultural systems—is (almost) as familiar as the image of the intrinsically motivated migrant worker (section 2.4). In respect to the enterprising programs and their impressions of a win-win situation, the former impressions cause instant harm. They directly question the moral agency of the people who promote enterprising policies, such as policy-makers and care work managers, and construct conflicts of interest between different stakeholders, such care workers and managers or ethnic minorities and majorities. As such, these discursive acts can perhaps be theorized as moments of resistance against enterprising management. This is, perhaps, why such acts are also so difficult to put forward by care workers—they can threaten care workers' moral impression as agents who act according to the expectations of their macro-discursive environment.

From the managers' perspective, the discursive problems their self-presentations face are common problems in organizations that highlight the importance of flat organizational hierarchies (Thomas and Linstead 2002). If organizations expect their employees to manage themselves, then what role and value does this leave for managers in organizational divisions of labor? How can managers demonstrate their value and worth in such organizations? How can they manage self-managing employees—without creating impressions of hierarchy? Based on the findings of this dissertation, the interviewed managers were aware of, and constantly orienting themselves toward, such problems in their discursive position. Perhaps ironically, contemporary care work managers face discursive difficulties similar to the difficulties frontline care workers have traditionally faced (section 2.1): they need to put forward complex discursive performances in order to make the value of their work visible. In my data at least, their self-presentations as coaches who activate their staff members seemed highly precarious. Similar

precarity, in fact, seems to unite all care work actors from managers to migrant care workers.

As my analysis demonstrates, a way for care work actors to manage positive self-impressions is to construct other care work actors as professionally deficient. This discursive practice can be pragmatic for individual care workers but destructive to networks of care. This practice, however, does not *inevitably* cause drastic problems for care work actors' social drama of work. As long as these actors do not enter on to their stage together (as in the research interviews), they might be able to manage without direct conflicts. Care work managers can maintain positive impressions of their personal and professional agency in relation to their "unprofessional" subordinates, and care workers in relation to their "unprofessional" managers; that is, in relation to managers who do not understand the true conditions of care work or the true interests of older clients, and whose mistakes their subordinates thus need to correct (see Hughes 1984: 316–325; also, Fisher and Kang 2013). By constructing themselves as forced entrepreneurs (or intrapreneurs), care workers can create a cynical distance from their unwanted position (Fleming and Spicer 2003) yet claim dignity and prestige for their agential ability to make things happen. Occasionally, care workers can align with their managers' interpretations and blame problems in the quality of care on their care worker colleagues, thus supporting their superiors' discursive practice. Managers, in turn, can close their ears to their subordinates' complaints, including their agentless talk, and take such complaints as grumbles from inactive, unprofessional, or resistant care workers who, in fact, are mainly calling for more coaching.

Care workers and care work managers may thus offer pragmatic relational resources for each other's discursive performances—as long as their performances are not designed for each other but for their colleagues or third parties (such as an interviewer in a research interview). Problems are likely to follow if these two actors need to perform for each other. Without extra-delicate interactive facework, their self-presentations are likely to challenge each other's faces. The resource for one's performances may not be its most accepting audience.

Care work actors can thus use enterprising care work discourses in meaningful and pragmatic but also in surprising and inherently contradictory ways. Their discursive practice can sustain and support enterprising transformations in care work but can also challenge them. Enterprising discourses may invoke pride and prestige but also new communicative problems in care work organizations. Whether such problems will, eventually, cause more profound changes in the political organization of care remains to be seen.

The findings, however, enable a modest prediction. Until care work managers' organizational environment offers them more ways to make their work meaningful and tolerable to themselves and others, they will keep on coaching their staff members. Consequently, the above interpretive

controversies, and the organizational blame game (also, Chapter 1), are likely to continue.

7.3 RESEARCH ETHICAL CONSIDERATIONS

The ethical principles and frames of evaluation in research vary across schools and paradigms (e.g., Ryen 2004). In respect to ethical conduct concerning research participants, however, two principles have obtained broad consensus among scholars in the humanities and social and behavioral sciences (The National Advisory Board on Research Ethics 2009; also, Kuula 2006). According to the first principle, the principle of informed consent, researchers should support and respect their research participants' ability to make autonomous decisions regarding whether or not to participate in their studies. According to the second principle, researchers should not place their participants in situations that include risks of harm that exceed "risks encountered in normal life" (The National Advisory Board on Research Ethics 2009: 3). The principle of avoiding harm should apply to both field encounters and the consequences of published results (also, Kuula 2006). According to a third widely accepted principle, the two above principles are particularly compelling when research participants are in socially marginalized and vulnerable positions (such as migrants or ethnic minorities) (e.g., Hammersley and Atkinson 2007; The National Advisory Board on Research Ethics 2009).

Of course, there are other research-related ethical principles according to which studies can be evaluated (also, The National Advisory Board on Research Ethics 2009): research should, for instance, produce new, socially relevant, and scientifically adequate knowledge without fearing the reactions of societal authorities (also, Resnik 1998; Hammersley and Atkinson 2007). Researchers should also avoid harming future researchers' ability to conduct research (e.g., by damaging the reputation of scientific research) (also, Resnik 1998). Critical theorists, finally, highlight unmasking societal relations of power and dominance as the ethical objective of scientific inquiry (e.g., Owen 2002). In actual research, different ethical principles easily conflict with each other, forcing researchers to weigh the violation of one principle against the violation of another (Brinkman 2007; Hammersley and Atkinson 2007; The National Advisory Board on Research Ethics 2009).

In respect to informed consent, the project in which the interviews of this study were conducted adopted the following guidelines. First, we informed our research participants of the general research questions, aims, and purposes of the project: the project was to focus on work practices, including hierarchies and divisions of labor, and the status, conditions, and experiences of migrant care workers. Second, we informed our participants of our ways of handling the data (including the audio-recordings) and securing their anonymity in

future publications. This information was given in both verbal and written form, and the interviewees gave their written consent.

Third, we highlighted to our potential participants that their participation would be entirely voluntary and, indeed, some employees refused to participate. Highlighting the ability to refuse participation was important as we were to conduct the interviews in an institutional setting and during the participants' working hours and, moreover, recruited some care workers for the study via their superiors. Thus, it was important to highlight to the participants that taking part in our study was not included in their work-related duties. We also informed them of their right to withdraw from the research at any time.

The concept of informed consent is somewhat ambiguous in all research. Giving a full, complete account of one's research plan to one's participants is virtually impossible (see Kimmel, Smith and Klein 2011; Hammersley 2013; Taylor 2014). Few scholars can inform their participants of all their specific, theoretically formulated research questions, hypotheses, theoretical and meta-theoretical standpoints, and key concepts. Offering such information might be especially difficult if a research project includes multiple research questions from different theoretical standpoints.

How much, then, is enough to obtain "informed consent"? According to most scholars, explaining the general aims of the project by using lay language typically suffices. According to some scholars (e.g., Willig 2012: 40; Hammersley 2013), however, interview-based constructionist research is an exception. The problem with such research is not only that it employs data for purposes that the participants are not fully informed of (as all research does). In addition, it understands the nature of the interview encounter—that is, what is going on during it—in ways that may differ from the understandings of the participants (Hammersley 2013).

In the case of the present study, for instance, we informed our participants of the general aims of the larger project: that we were interested in their work practices and divisions of labor and their thoughts, views, and concerns about their work, for instance. We did not, however, inform them about the more particular theories that I have employed in this dissertation. In this dissertation, the participants' thoughts, views, and concerns have not represented emotionalist (section 5.2) evidence of their innermost feelings nor positivist (section 5.2) evidence of their workplace practices but constructionist evidence of the societal conversations, discourses, and rationalities involved in care work.

Thus, some scholars, including Willig (2012: 40) and Hammersley (2013), might argue that not informing the participants of my specific research interests—although my interests only formed a minor part of the whole project—counts as deception and thus violates the participants' autonomy more than the commonplace practice of not explicating everything. I can address this critique in two different ways.

First, it is of course possible that some of the participants may have oriented themselves to the interviews—and their thoughts, views, and concerns—from perspectives that align with positivism or emotionalism better than constructionism. In contrast to what Willig and Hammersley imply, however, constructionist perspectives are not necessarily that alien to lay reasoning. People are generally quite used to the idea that things and issues can be viewed from different perspectives, that final truths are rare, that factual statements may require additional justifications, and that the management of impressions is an integral part of face-to-face interaction. In fact, these and other kinds of interactive phenomena are easy to detect from the interviews of this dissertation. Thus, regardless of how we informed our participants, it is not self-evident that they oriented themselves to the interviews from straightforward positivist and emotionalist perspectives. Nor did we ask them to confess anything or engage in “full disclosure.” Thus, my and my participants’ understandings regarding what was going on in the interviews did not self-evidently conflict with each other.

Of course, I could still have adopted an emotionalist or positivist perspective toward my interview material—assuming that such perspectives align better with the information we provided regarding our project. This choice might have respected our participants’ autonomy (in respect to informed consent), but it might have violated other ethical principles, such as the critical aim to examine power relations. This brings me to my second reply to the type of critique presented by Willig (2012) and Hammersley (2013). According to my interpretation, the interviews I examined not only contained information regarding the participants’ internal or external lives (section 5.2) but they also contained delicate discursive work in which the participants (as all people) tried hard to manage appropriate impressions of themselves as proper agents—because they have to! Ignoring such discursive work would mean closing one’s ears to societal relations of power—including relations of power in the interview context (also, Heyl 2001). Such ignorance of discursive practice, I argue, would also be ethically problematic.

Future research can perhaps find better ways to inform research participants about discursive and constructionist interests also in multiparadigmatic projects. At this stage of my research, I can no more give such information to my participants. Yet, I have decided to continue my research. In my case, I argue, different ethical principles, to an extent, conflict with each other. Informed consent is of course important, but so is examining power relations and showing respect for one’s research participants (e.g., Resnik 1998). I have decided to show respect for my participants by treating them as people who, as all individuals, both *want to* and *can* manage positive impressions of their activities (and who have every right to do so), but whose discursive environment also puts their facework and self-respect under pressure. I hope my readers will treat my participants with similar respect. Finally, I of course hope that my choice (to use the data) will not cause too much harm to my research participants.

From a consequentialist perspective, one might in fact argue that not causing harm to one's research participants is an ethical principle that is superior to any other principle—especially if the participants are in vulnerable positions. This principle can apply to both field encounters and the dissemination of research results (The National Advisory Board on Research Ethics 2009). In our project, we followed this principle by, for instance, trying to avoid causing severe stress in the research interviews. Respectively, we did not intentionally challenge our participants' self-presentations but rather supported their facework. Indeed, supporting actors' facework in one-on-one research interviews can be relatively easy compared to, for instance, supporting their facework in naturally occurring data, ethnographic fieldwork or focus groups, in which actors are more likely to challenge each other's faces (also, Pietilä 2010). In this sense, one-on-one interviews can be relatively cost-efficient also for research participants. In my publications, I have tried to treat my participants with respect and, also, maintain their anonymity—including the anonymity of their work units (e.g., wards and districts)—as we promised before the interviews.

In respect to avoiding harm, I need to discuss one more issue. This issue relates again to my theoretical perspective. According to one line of critique (e.g., Willig 2012: 40), constructionist research cannot serve its research participants because it inevitably overlooks their authentic experiences. Instead of focusing on the participants' authentic experiences (such as experiences of inequality or discrimination), it focuses on the ways in which such experiences are talked into being, into social and political existence (also, Miller and Rose 2008). Consequently, these experiences lose their appearance as unquestionable and authentic facts—and instead appear as discursively produced facts. Such a research practice, the critics argue, is particularly problematic if the participants are socially marginalized individuals (e.g., migrants) whose "voice" in society has already been silenced.

It is true that my research, and constructionist research in general, does not aim to "give a voice" to its research participants' authentic experiences. From a constructionist perspective, the concept of authenticity is problematic both ontologically and epistemologically. Instead, however, constructionist research can "give a voice" to and shed light on the problems and difficulties that people have when talking about their authentic experiences. From a constructionist perspective, one can easily conceive that while talking about their lives, people easily—if not always and inevitably—design their accounts to maintain appropriate impressions and to please and convince their audiences. Seeing such presentations as authentic experiences is an individualist interpretation that ignores the political aspects of social performances, that is, the precarity and vulnerability of positive self-presentations (also, Reynolds, Wetherell and Taylor 2007; Cederberg 2014; Tyldum 2015).

Second and relatedly, as Harding (2006) for instance notes, it is far from self-evident that marginalized collectives always have their "own voice" (also,

Fricker 2006). They can talk the same talk and use the same discourses as people in hegemonic positions. In the case of my dissertation, for instance, the migrant care workers often aligned their talk with broader governmental discourses. To interpret their talk as (emotionalist) evidence of their authentic experience might again be a politically problematic interpretation. This does not mean that constructionist research questions the authenticity of their experiences—or invites other people to question them. The question of authenticity is simply not an interesting one for constructionist research. From a constructionist perspective, there are more interesting questions to be asked, including the above questions about the societal recognition of experiences.

In this dissertation, I have approached my research participants as competent members of society (Garfinkel 1967) who can use language, including governmental discourses and ethnic stereotypes, to construct recipient-designed versions of their work, including their experiences (also, Rapley 2004). Such competent members of society not only have experiences but also socially-mediated relations to their experiences (see Taylor 1985). In my opinion, as I argued above, this approach shows respect for my research participants: it treats them as adult members of society who can serve their own interests, including their self-respect, in relation to the expectations they face in face-to-face interaction. Naturally, I also understand that not all scholars share my ethical views. After all, as I have demonstrated above, ethics are closely tied to ontology: ethical considerations depend on our understandings of our research encounters, and our understandings of our research encounters depend on social ontology. Constructionist ethics may thus differ from positivist and emotionalist ethics.

7.4 PRACTICAL IMPLICATIONS

In the above section, I discussed the ethics of my research in respect to my individual research participants. In this section, I discuss the broader societal interests that my research is best able to serve, that is, the agency-for dimension of my own work.

In line with the constructionist tradition, the interests I see my findings best able to serve are, first, communicative, and second, critical. My findings can serve communicative interests as they demonstrate how issues in care work can be interpreted in different ways and from different perspectives. Consequently, the findings, if properly disseminated, can increase care work actors' understanding of themselves and each other—and of their discursive practice, which is generally tacit, implicit, and taken for granted (also, Goffman 1959; Giddens 1984). By articulating *why* different actors might conceive phenomena—such as the occupational agency of care work actors—in different ways, my findings can help actors understand the basic contradictions in their communicative environment. Solving such contradictions may of course remain difficult, and my research may not offer

simple guidelines for solving them—such interventions are likely to require the kind of applied research that exceeds the scope of my dissertation. Already my findings could, however, help actors understand the relational dynamics of the contradictions I have demonstrated and, when they cannot be solved, help them *avoid* conflicts between each other. At the very least, my findings can help actors distinguish between (communicative) problems that are easy and those that are difficult to solve. All this, of course, requires that the findings be properly disseminated. Facilitating communication in contemporary care work is, nevertheless, an important societal challenge (e.g. Allen 2015; Loppela 2017; Syvänen, Strömberg and Kokkonen 2017).

Helping actors communicate their activities may, of course, also serve wider socio-political transformations (sub-section 4.1.2). In this study, I have extracted some discursive resources through which care work actors—both care work managers and (migrant) care workers—can present themselves in positive ways and justify their activities. These resources can, for instance, help promoting diversification of care work in future (in case such promotion is considered as a socially sustainable tendency, as it may well be, as long as it does not create new occupational hierarchies).

My research can also serve critical interests. According to critical theorists (e.g., Owen 2002), critical research does not merely replace false assumptions with objective knowledge or dominant discourses (or norms) with marginalized ones. Critical research must also examine *how* different discourses, both dominant and marginal, work in a society (also, Harding 1995; Hacking 1999; Sulkunen 2010) by inquiring into, for instance, the (macro-)discursive functions they serve. Only after such examination can critical research unmask and delegitimize relations of dominance (Harding 2006).

From a macro-constructionist standpoint, my research has demonstrated how governmental discourses, such as the discourse of enterprising care work, can invite actors to pursue self-presentations that serve their own interests yet also serve more distant socio-political objectives. Such demonstrations can help actors realize how even their most personal concerns, such as their concerns over their moral worth, are tied to macro-political discourses (also, Burr 2003). For actors who question their moral worth, my findings can offer emotional relief. My findings demonstrate how problems in care work need not be attributed to individual actors and their lacking agency—neither to care workers nor care work managers. Alternative interpretations do exist. Broader evaluations of care work actors' (collective) abilities to alter their macro-discursive and other environments, however, fall outside of the scope of this dissertation.

7.5 GENERALIZABILITY AND OBJECTIVITY

In the previous section, I discussed the societal value of my research. In this section, I evaluate my research in respect to two scientific values: empirical and theoretical *generalizability* and *objectivity*.

In respect to generalizability, my research of course differs from quantitative (and quasi-quantitative) inquiry. It does not, for instance, tell anything about the *frequency* of the use of particular relational resources in different contexts (e.g., care work organizations) or among different actors (e.g., care workers and care work managers). Nor does my study describe a single historical *development* (e.g., Becker 1998: 40–44), such as the story of the implementation of the enterprising management ideals within a particular organization.

Instead of a single story, my dissertation examines the *relational patterns* involved in the implementation of enterprising care work ideals and the employment of migrant care workers in and around the studied organizations. My study demonstrates how different discursive resources *can* be used by different actors, and it examines the relational (and logical) consequences of their *possible* use. Instead of as a historical development, my research examines this relational practice *in action*: in research interviews. However, it also assumes that the observed relational practice is not limited to the examined interviews. An interview is a particular context, but care work actors' obligation and desire to manage positive self-presentations, and the publicly circulating resources they have for such management, are by no means restricted to this context.

Generalizing from any micro-discursive context (e.g. an interview) to another of course has limitations (also, Nikander 2012), which I have discussed in section 5.2. In respect to the empirical findings, two particular limitations can be re-addressed. First, it is clear that the interviewer, as an audience of the interviewees' accounts, can always import ideals and discourses to the data that refer to the identity of the interviewer (also, Nikander 2012). The fact that the interviewers of this study were social scientists, for instance, may have overemphasized the importance of the socio-scientific care work discourse in the data. Care work actors might present themselves differently to a medical practitioner compared to a social scientist (or a political authority, a care worker, a client, a relative of a client, and so forth). Second and relatedly, the most important audiences of care work actors' everyday performances were absent from the interviews. Although the actors may have targeted their performances to a wider audience than the interviewer (also, section 5.2), they did not have to expect direct approval or validation from such audiences. Neither were their self-presentations questioned or challenged in the interviews in the same way they might be challenged in other micro-discursive contexts (e.g., in workplace encounters).

In this sense, interviews can be examined as a *critical case* of care work actors' impression management (Flyvbjerg 2006). If people cannot manage

positive self-presentations in interviews, their abilities to manage such self-presentations are likely to be restricted also in other contexts. Therefore, care work managers' difficulties in presenting themselves as coaches, and migrant care workers' difficulties in presenting themselves as competent professionals and enterprising agents, should be taken particularly seriously. These difficulties were evident *already* in the interviews.

Despite the above limitations in generalization, some aspects of the studied practice can be generalized to contexts other than the interview (also, section 5.2). Care work actors must—and assumedly want to—perform positive self-presentations also in other encounters than a research interview, both in their work and free time. Their need and desire to perform positive agency for legitimate principals applies to many contexts, from performance appraisals to informal coffee room discussions, as does their need and desire to give convincing accounts of themselves and each other. In such performances and accounts, care work actors can, or must, draw on existing discursive resources—similar to the resources they drew on in the interviews (see Nikander 2012). Finally, although care work managers and (migrant) care workers were not simultaneously present in the interviews, one can easily assume that the relational resources their environment offers them are likely to cause communicative conflicts. One does not have to study actual interaction between actors to argue that some of their self-presentations challenge each other—with the likely consequence of communicative difficulties.

In addition to the empirical results, the theoretical and methodological framework I articulated can be generalized to other contexts in future research (also, section 7.5). In this dissertation, I made at least three theoretical and methodological contributions. First, I clarified the differences and similarities between micro- and macro-constructionist perspectives to socio-political discourse in general and to interview discourse in particular. Second, I clarified the meta-theoretical differences between substantialist and relational sociology in research on (care) work, professions, and ethnicity. Third, I demonstrated how the theoretical standpoint I articulated can be employed to study the implementation, reception, and translation of socio-political ideals across discursive contexts in public welfare policy and social care provision.

Besides generalizability, my findings and interpretations can be evaluated in respect to their objectivity. Objectivity can be conceived as one among the main principles of scientific inquiry (Reiss and Sprenger 2014)—among the principles that distinguish science from other lines of human inquiry, such as literature and arts. Objectivity in research can, however, mean many things. According to one definition, empirical findings, interpretations and claims are objective if they are “accurate representations of the external world” and not “influenced by particular perspectives” (see Reiss and Sprenger 2014). These ideals of objectivity, however, seem impossible to reach, and not only in social sciences but in all research (Reiss and Sprenger 2014; also, Koskinen 2016).

According to a broad consensus, research always includes interpretation, and interpretation always includes a perspective (also, Hekman 1997).

According to another ideal, the best way to increase the objectivity of research is to increase the multiplicity of interpretations—mainly by promoting marginalized knowledge and by challenging socially dominant discourses (Harding 1995; 2006). This ideal of objectivity, however, is not broadly accepted. From a constructionist perspective, in particular, even knowledge from the societal margins is discursively formulated (also, Hekman 1997). Criticizing dominant discourses from the perspective of marginalized discourses does not, as such, make research more objective (in any widely accepted sense of this concept)—although it might increase the plurality of knowledge.

Some ideals of objectivity can, however, also inform social and human sciences (e.g. Koskinen 2016), including constructionist research. In social sciences, findings always depend on a perspective, but also on empirical evidence. *Vis-à-vis* such evidence, some interpretations are always more convincing than others—this premise is accepted also in constructionist research (e.g., Tsoukas 2000). Finally, if the presented interpretations are convincing to a broad audience, they are objective in at least one sense of the concept: they do not depend on the subjective assessment of a single researcher (see Reiss and Sprenger 2014). Ideally, the audience that evaluates interpretations is also plural and diverse (in respect to values and perspectives) (Koskinen 2016).

In this dissertation, I have done my best to ensure that every single reader has the opportunity to evaluate my interpretations. Therefore, I have not only explicated my analytical process. I have also offered my readers—as much as possible—the ability to analyze the same empirical extracts I have analyzed myself and, potentially, to draw alternative conclusions (also, Nikander 2008). For this purpose, one might argue, I should have transcribed the extracts in more detail. However, transcription criteria always depend on the aims of research (also, Nikander 2010b). In respect to my aims—that is, the analysis of discursive resources—the chosen transcription notation was detailed enough. In the sub-studies, empirical extracts are presented in English only; the original extracts are available on request from the author—although, ideally, they would be presented in the articles next to the translations (Nikander 2010b). This practice, however, is not accepted by all journals.

Finally, I have tried to increase transparency—and to avoid false neutrality (see Harding 1995)—by clarifying and reflecting upon my theoretical perspectives. When different perspectives enabled different interpretations of the data, I clarified such differences. Also, I never claimed that the interpretations I make are the only possible ones. I claimed only that they are convincing within the interpretive frameworks I articulated.

7.6 FUTURE STUDIES

This dissertation has opened up questions and avenues for future research (also, sections 7.4 and 7.5). All my future studies do not necessarily require new data but can also approach the existing data with novel questions. In this study, I did not pay much attention to the discursive *architecture* of the interviews I analyzed (see Nikander 2012). Instead of analyzing how the participants presented themselves as appropriate care work actors, one might examine how they presented themselves as appropriate interviewees (and interviewers) (Nikander 2012). Such a study might help further illuminate the discursive practice of a research interview—in particular, an interview in which one actor is invited to participate as a member of a collective (e.g., immigrant care workers) and, to a degree, to speak on behalf of a larger collective.

The existing data could also be used for analyzing care work actors' presentations of enterprising agency in the labor market: in between of jobs, in finding and applying for jobs, in networking and career planning, and so forth; my study examined their agency mainly in their current workplaces.

Care work actors' performances of occupational agency could also be studied in other datasets. Ethnographic or naturally occurring data from workplace encounters might be used to examine how care work actors manage impressions of themselves and each other when different actors are simultaneously present. Most significantly, this kind of research could help analyze how care work actors deal with and solve communicative problems when such problems arise. These questions could also be analyzed by arranging focus group discussions with care workers and care work managers. Ethnographic or naturally occurring data, walking interviews, or photo elicitation methods might in turn help analyze how care work actors employ material artifacts as relational resources for their discursive performances of occupational agency.

In this study, I have mainly examined care work actors' performances of occupational agency in relation to, first, each other, and second, their discursive environment, including the abstract principles of good care and economic efficiency. The latter principles are abstract in the sense that the actors who are putatively most interested in these principles are absent from my interview material: that is, the elderly clients (and their relatives) and municipal authorities, employers, and policy-makers. My participants were, for instance, able to define good care and the interests of their clients—and to perform agency for those interests – without being disrupted by the vocal or bodily actions of their recipients of care. Also, based on previous research, I have assumed that care work managers must occasionally manage impressions of agency for economic principles in front of their employers and superiors (e.g., municipal authorities). In this dissertation, I have examined care work managers' relational resources for such performances. How such

resources are employed in actual—either face-to-face or mediated interaction—is, again, a topic for subsequent research.

Some parts of my study could also be redone in another macro-discursive context. In 2011–2013, few of the interviewed migrant care workers used their skills in languages other than Finnish or Swedish, or their knowledge in respect to the migrant population, as a resource for constructing positive agency for the recipients of care. The assumed older client they constructed was primarily a native Finn. Now, four to six years later, the proportion of migrants among the (potential) recipients of care has increased in Helsinki (Statistics Finland 2016a). By interviewing care work actors now, one could examine whether care work actors' discursive environment has also changed.

From a macro-constructionist perspective, one could also dig into historical archives and trace the introduction, travel, and development of the enterprising management discourse in Finnish social care policy. Such developments have received relatively little historically oriented scholarly attention in Finland compared to research on the ideals of technocratic management. Similar attention could be paid to the development of socio-scientific care work discourses, which, in general, has received less sociological attention than medical discourses. The extent to which socio-scientific research, including sociological theories, has *actually* influenced the historical development of—what I have called—the socio-scientific discourse of care is not known. Based on thematic and logical analogies, and macro-constructionist theory (also, sub-section 4.1.2), there is reason to suspect an influence. However, detailed historical analyses are still lacking—and the discourse I termed social-scientific might also be labeled otherwise, without changing the main results of my dissertation. The same of course applies to the names of other discourses.

Finally, the theoretical framework I articulated can of course be brought from care work to other thematic areas (also, section 7.5). Questions regarding occupational *selves* are ubiquitous in contemporary (and liberal) working life. According to Räsänen and Trux (2012), for instance, questions that tend to concern all employees at some points of their life include *how can I manage my work*, *what interests do I serve in my work*, and *who am I as a person who is working in this way?* In the vocabulary of this dissertation, these questions concern the three dimensions of the self (section 4.2): agency over, agency for, and identity. This dissertation, among many others (also, Räsänen and Trux 2012), has demonstrated how these questions in regard to the self (and agency) are not personal or private questions, or questions of neutral scientific inquiry, but questions of political interest and struggle. This dissertation has outlined one case example of how to study such a struggle.

Another field of application that can benefit from the theoretical and empirical work of this dissertation concerns the implementation, adaptation, and reception of governmental ideals in everyday communication—in public welfare provision in particular. In addition to the agency of public welfare actors, I have examined political communication around another pressing

issue in (neo)liberal societies: the alignment of interests between different actors (Miller and Rose 2008; also, Jessop 1998; O'Reilly and Reed 2010). My empirical research on the alignment (and misalignment) of interests between care work managers, migrant care workers, municipal authorities, and the recipients of care can be followed by similar research in other discursive contexts.

8 CONCLUDING REMARKS: AGENTS UNDER CONSTRUCTION

Sociological research has a long and strong tradition of examining and uncovering social inequalities and conflicts of interests between actors in (the so-called) late modern, industrialized, liberal societies. This tradition has produced important knowledge in the field of public welfare provision, including social care provision. An important line of research has demonstrated how the application of managerialist (i.e., technocratic) principles of work organization, adopted from the private sector, has reinforced inequalities in care work and acted against the interests of care work actors, especially care workers and the recipients of care (section 2.2).

In this study—as in many other studies, albeit often less explicitly—the above inequalities and conflicts of interests were conceptualized as developments that, in one way or another, endanger the professional agency of care work actors. First, they reduce care work actors' abilities to act as autonomous professionals who make independent decisions; govern themselves; and use their education, skills, and competences to solve problems in their work. Second, they reduce care work actors' ability to act as *agents for* (Niska 2015; also, Meyer and Jepperson 2000; Vesala 2012) respected professional interests, mainly the quality of care and their clients' wellbeing (sections 2.1 and 2.2).

In addition to the tradition that examines social inequalities and conflicts of interests, sociological research has a tradition that examines how such conflicts are solved, silenced, or mitigated in (the so-called) late modern, industrialized, liberal societies. Research on (neo)liberal governmentality, in particular, has examined contemporary policies that seek to mitigate open expressions of injustice, form interest-alignments between different actors, and support all actors' abilities to serve their own interests (Chapter 1 and section 4.2.2). In this study, I have examined such *agency programs* (section 7.2) in the provision of social care.

More particularly, I have examined a specific managerial discourse, the discourse of enterprising care work (management), as a socio-political attempt to align the interests of different care work actors, and to create a sense of fairness, justice and equality among them (section 2.3). According to this enterprising ideal, care work organizations can improve the quality and economic efficiency of care in tandem by cultivating all actors' personal (and professional) agency. In theory, this ideal should please many parties. Political authorities, tax-payers, and the recipients of care can receive better care with less monetary investments. Care work managers can avoid negative impressions of themselves as controlling, hierarchical, and technocratic managers and instead maintain self-impressions as senior professionals who coach their junior colleagues to become better (and more active) professionals.

Finally, care workers can present themselves as autonomous, professional agents who can overcome structural obstacles, make things happen, and serve their clients' needs. The cultural image of an inherently motivated, skilled, and enterprising migrant worker fits perfectly to these visions (section 2.4).

Sociological research on political discourse has often examined such discourse in esteemed political arenas (e.g., policy documents) but overlooked its reception, implementation, and adaptation among its target populations. In my empirical study, I examined the reception, implementation, and adaptation of the enterprising care work discourse in street-level social care provision. In particular, I examined the ways in which care work actors can employ the enterprising care work discourse as a relational and discursive resource in their social drama of work. By social drama of work, I referred to ongoing and unfolding processes in which care work actors perform and construct their occupational selves, including their occupational agency, in relation to each other's and their own socio-political environment. From this analytical perspective, I was able to create dialogue between broad but somewhat abstract socio-political discourses and concrete face-to-face interaction in and around care work.

My empirical findings demonstrated how the enterprising care work discourse offers appealing and pragmatic resources for care work managers' self-constructions—and, to a lesser degree, to care workers' self-constructions. More than being pragmatic and appealing, however, presentations of enterprising agency—for professional interests—may have a sense of moral obligation in care work actors' discursive environment. Thus, while care work actors may have trouble in presenting themselves as agents who can make valuable things happen—as also highlighted in previous research—my empirical findings bring forth another issue: contesting enterprising ideals, and presenting non-agency, can be equally difficult.

At the same time, the enterprising care work discourse is likely to create novel problems in care work organizations' communicative networks. These problems have a simple source: care work actors' occupational agency appears to always allow competing interpretations. Three interpretations can be particularly problematic for the relations between care workers and care work managers.

According to the first interpretation, problems in the quality of care cannot be solved by activating care workers because such problems are caused by the structural environment of care work, such as the lack of time and workforce. According to the second interpretation, care workers can act in enterprising ways, but such action does not self-evidently serve the care workers themselves. Care workers' enterprising agency is not guided by an internal motivation as much as an external force—such as the lack of alternatives. According to the third interpretation, care workers are already enterprising, and, therefore, they do not need coaching, or any other intervention, from their managers.

All these interpretations might alone cause communicative problems in care work organizations. These three interpretations, however, can also challenge each other: they construct different versions of care workers abilities and their structural environment. Together, these contradictions in care work actors' discursive practice have at least one clear consequence: as long as care work actors have the current socio-political pressure to develop their occupational agency, disputes in and around care work are likely to continue. The larger political consequences of these disputes, along with care work actors' means to manage (with) them, are important topics for future research.

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APPENDIX 1

Table A1.1. The interviewees' occupations and demographic backgrounds.

Title	Workplace	Gender	Country of birth	Age
Head	Nursing home	Female	Finland	≥ 50
Nursing expert	Nursing home	Female	Finland	≥ 50
Head nurse	Nursing home	Female	Finland	≥ 50
Head nurse	Nursing home	Female	Finland	30–49
Ward nurse	Nursing home	Female	Finland	≥ 50
Ward nurse	Nursing home	Female	Finland	≥ 50
Ward nurse	Nursing home	Female	Finland	30–49
Ward nurse	Nursing home	Female	Finland	30–49
Supervisor	Home care	Female	Finland	≥ 50
Supervisor	Home care	Female	Finland	≥ 50
Supervisor	Home care	Female	Finland	30–49
Supervisor	Home care	Female	Finland	30–49
Supervisor	Home care	Female	Finland	30–49
Supervisor	Home care	Female	Finland	30–49
Nurse	Nursing home	Female	Estonia	≥ 50
Nurse	Nursing home	Female	Estonia	≥ 50
Nurse	Nursing home	Female	Estonia	≥ 50
Nurse	Nursing home	Female	Estonia	30–49
Nurse	Nursing home	Female	Soviet Union	≥ 50
Nurse	Nursing home	Female	Soviet Union	30–49
Nurse	Nursing home	Female	Soviet Union	30–49
Nurse	Nursing home	Female	Soviet Union	30–49
Nurse	Nursing home	Female	Sweden	30–49
Nurse	Nursing home	Female	Somalia	18–29
Nurse	Home care	Female	Estonia	30–49
Nurse	Home care	Female	Estonia	18–29
Nurse	Home care	Female	Estonia	Missing information
Public health nurse	Home care	Female	Soviet Union	30–49
Social instructor	Nursing home	Male	South-East Asia*	Omitted*
Social instructor	Nursing home	Male	Sub-Saharan Africa*	Omitted*
Practical nurse	Nursing home	Female	Estonia	30–49
Practical nurse	Nursing home	Female	Soviet Union	≥ 50

(table continues)

Table A1.1 (continued)

Title	Workplace	Gender	Country of birth	Age
Practical nurse	Nursing home	Female	Soviet Union	≥ 50
Practical nurse	Nursing home	Female	Soviet Union	30–49
Practical nurse	Nursing home	Female	Soviet Union	30–49
Practical nurse	Nursing home	Female	Soviet Union	30–49
Practical nurse	Nursing home	Female	Soviet Union	30–49
Practical nurse	Nursing home	Female	Soviet Union	30–49
Practical nurse	Nursing home	Female	Somalia	18–29
Practical nurse	Nursing home	Female	Somalia	Missing information
Practical nurse	Nursing home	Male	Angola	30–49
Practical nurse	Nursing home	Female	Cameroon	30–49
Practical nurse	Nursing home	Female	Iraq	18–29
Practical nurse	Nursing home	Female	Nigeria	30–49
Practical nurse	Nursing home	Female	Thailand	30–49
Practical nurse	Nursing home	Female	Uganda	18–29
Practical nurse	Nursing home	Female	Soviet Union	30–49
(student)				
Practical nurse	Nursing home	Female	Somalia	18–29
(student)				
Practical nurse	Home care	Female	Afghanistan	30–49
Practical nurse	Home care	Female	Afghanistan	Missing information
Practical nurse	Home care	Female	Estonia	30–49
Practical nurse	Home care	Female	Estonia	30–49
Practical nurse	Home care	Male	Somalia	30–49
Practical nurse	Home care	Female	Somalia	30–49
Practical nurse	Home care	Female	Vietnam	30–49
Practical nurse	Home care	Female	Vietnam	30–49
Practical nurse	Home care	Female	China	30–49
Practical nurse	Home care	Female	Congo Republic	30–49
Practical nurse	Home care	Male	Iran	≥ 50
Practical nurse	Home care	Female	Latvia	30–49
Practical nurse	Home care	Female	Soviet Union	30–49
Practical nurse	Home care	Female	Turkey	18–29
Nursing assistant	Home care	Female	Ethiopia	18–29
Nursing assistant	Home care	Female	Thailand	30–49

*Details omitted to protect the anonymity of the participant.

APPENDIX 2

This appendix presents the most typical themes and indicative questions in the interviews with care work managers and care workers. The questions naturally varied across individual interviews and developed during the course of the project. The interview scheme was originally planned by Sirpa Wrede, Lena Näre, Camilla Nordberg, and Antero Olakivi. The interviews were conducted by Antero Olakivi, Lena Näre, Miika Saukonen, and Sofia Söderberg.

Care work managers

Background details

Name. Year of birth. Education.

Current job

What is your current job in the municipal care services? Since when? How did you end up working in your current job? What jobs did you have before?

Can you tell me about your job description and the tasks that your job includes? What are the main challenges in your work? What about the key pleasures?

As a care work manager/supervisor, what are your experiences of care workers with migrant backgrounds?

Organization of work and workload

What are your practical means of managing your unit? How do you affect the organization of care work in your unit?

Do you have shared principles regarding the recording and passing forward of client-related information in your unit?

How are the clients' needs for care evaluated?

What is the idea behind RAI (Resident Assessment Instrument) in your work? Are you using RAI in your work?

How are clients divided between employees? What are the relevant factors in this?

How is the medication of clients organized? Do all employees have the right to give medication? What about showering? Do all employees participate in showering?

Do you think the number of workers corresponds to the number of clients in your unit? Does the number of workers correspond to the workload in general? Have there been any changes in the care worker–client ratio?

How is the number of care workers determined in practice? Is there a minimum number per shift? What kinds of practices do you have in the case of acute illnesses?

How have you tried to make the work less hard in your unit? How are care workers' breaks organized? Is there a lot of overtime work? How is overtime work compensated?

What do you think about the wages in care work? If the wages are low, why do you think this is the case? Are you satisfied with your own monthly salary?

Work environment

Would you say there is a good working atmosphere in this unit? If yes, what is the good spirit based on? If no, why not?

What are the main targets of development in your unit? How have you addressed these targets?

What do you think about the fact that there are people from different countries in your unit? Do you see any advantages or disadvantages in it?

Are there any differences between employees from Finnish and foreign backgrounds in your opinion (e.g., differences in their ways of working or work orientations)?

Have there been any incidents of discrimination or racism in this unit? What about the other units? Can you remember a concrete example? What happened after the incident? Do you have an action-plan in case of such incidents?

Recruitment

Do you take part in the recruitment of employees? Are there any differences between the recruitment of permanent and temporary workers? Are there any particular qualities that you expect from a recruited worker? Is it easy to find employees with such qualities?

Do you have a lot of substitutes and temporary workers? Are there any challenges related to the recruitment of substitutes/temps?

Have you intentionally aimed to recruit employees with foreign backgrounds in your unit? If yes, why? If no, why not?

Are there any particular groups of people with foreign backgrounds to which you think you could especially target recruitment? People of a particular age, educational background, gender, or nationality, for instance?

Are there any challenges related to the recruitment or work of migrant workers? If yes, what kind? How have you tried to address these challenges?

What do you think about the international recruitment of care workers?

Migrant workers

What is the proportion of migrant workers to all workers in this unit? Have there been any changes in this proportion during the past five years? If yes, what kind of changes and why?

Do clients or their relatives ever comment upon care workers' foreign backgrounds? Can you remember a concrete incident? What happened after the incident?

Have there been efforts to help integrate migrant employees in your unit? If yes, what kinds? If no, why not?

Have the potential special needs of migrant employees been somehow addressed in your unit? If yes, how? If no, why not? Has the management given any guidelines for how to address employees' different cultural backgrounds?

Work in the unit

Who is/are your own superior/s? How do you collaborate with them? How is the collaboration?

Can you describe your collaboration with the clients' relatives?

Have you tried to change any work practices in your unit? What happened?

Do care workers have ideas for how to develop work practices? Can you give a concrete example? Do you think care workers should have more influence?

Do you have experiences of working in different units? Can you describe those experiences? Do you think there are differences between units?

What do you think about the way things are generally arranged in your workplace?

Eldercare in general

How would you like to develop care work? If you could change anything in your unit, what would you change (and in which order)?

What in your opinion are the characteristics of a good nurse/caregiver?

What in your opinion are the characteristics of a good care work manager/supervisor?

How do you think care work has changed in the longer term, over the past ten years for example? Are there any significant turning points?

How do you see the future of eldercare in Finland? What about the role of immigrants in eldercare?

Is there anything I forgot to ask that you would like to add to this interview?

Migrant care workers

Background details

Name. Year of birth. Education. Home place. Birth place. Citizenship. Educational background in the country of origin.

Migration

To start with, can you tell me about your move to Finland? When did it happen? Why/how did you decide to move? Why to Finland? How did you move in practice? Was it easy or difficult?

Work and study history

What kinds of jobs did you have before moving to Finland? How/why did you start/end up doing care work?

Have you studied in Finland? If yes, what, when and for how long?

What jobs have you had in Finland?

How have you found work in Finland? What have been the challenges related to finding work in Finland?

What is your current profession?

Current job

What is your current job in the municipal care services? Since when? Is this your first job in the municipal care services or have you had other jobs? If other jobs, then in which units/teams?

How did you end up working in the municipal care services in Helsinki? Did you first sign a permanent or a fixed-term contract?

Can you tell me about your first impressions of working in the municipal care services in Helsinki (e.g., the working methods, co-workers and clients, and the workplace in general)?

How was it when you started your work: did you find it easy or difficult, and for what reasons?

Are you currently employed permanently or temporarily, and what do you think of your current employment status? Any advantages/disadvantages?

Are you satisfied with your monthly salary? Do you think care workers in general are paid enough? If not, why do you think this is the case?

Organization of work and workload

Can you describe a typical shift?

Can you tell me about your job description and the tasks that your job includes?

When you visit your clients, do you ever carry out tasks that were not part of the pre-planned program?

Who decides on the shifts, and do you have a say in regard to your working hours? What do you think about your shifts, are they all right to you?

How do you get information on your clients' condition and needs? In particular, how do you get information on clients who are new to you?

How do you pass forward information on clients?

Are there any challenges included in writing about clients?

Do you find using the Finnish language challenging in your work?

Do you think your work is hard? If yes, how so?

How are you able to carry out the hardest shifts?

Is there something else that could be done in order to make your work less hard?

Do you have time to have breaks during a shift? How are lunch breaks organized?

Is it easy to stay on the schedule? Do you ever work overtime?

What happens in case you get ill (or your child gets ill, for instance)?

Work environment

Does your work include a lot of collaboration with the other employees? If yes, in what sense? What are the benefits and challenges in it?

What do you think of your superiors? Do you get along with them?

Would you say there is a good working atmosphere in the unit you work in? If yes, on what is the good spirit based on? If no, why not?

Can you describe your relationship with the clients? What is challenging in working with the clients? What gives you joy in care work?

Do you participate in evaluating your clients' needs for care?

If you could change something in your current job, what would you change?

What are your plans for the future? Do you think you will stay in your current job, find another job, or do something else?

Eldercare in general and migrant workers

What do you think about the way the elderly are cared for in Finland?

What in your opinion are the characteristics of a good nurse/caregiver?

What do you think about the fact that more and more people of immigrant backgrounds are recruited as care workers in Finland? What do you think is the reason for this? Has it had any consequences?

Do you think your own background has any advantages or disadvantages for yourself in your work? What about your gender?

Do you think you are treated differently than the Finnish staff?

Are there any differences between care workers from Finnish and foreign backgrounds in your opinion (e.g., differences in their ways of working or work orientations)?

Have you encountered discrimination or any forms of prejudice in your work? If so, what kind of discrimination (from other staff members, from patients, from your superiors)? Has there been any action upon it? If not, then have you noted that other people have?

Is there anything I forgot to ask that you would like to add to this interview?