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Rethinking managerialism in professional work : from competing logics to overlapping discourses

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Oxford University Press

2017-03

Olakivi, A O & Niska, M J 2017, 'Rethinking managerialism in professional work : from competing logics to overlapping discourses ', *Journal of Professions and Organization*, vol. 4, no. 1, pp. 20-35. <https://doi.org/10.1093/jpo/jow007>

<http://hdl.handle.net/10138/244919>

10.1093/jpo/jow007

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<https://doi.org/10.1093/jpo/jow007>. When citing the article, please cite the final version:

Olakivi, A. & Niska, M. (2017) ‘Rethinking Managerialism in Professional Work: From Competing Logics to Overlapping Discourses’. *Journal of Professions and Organization*, 4: 20–35,

Abstract

In economically constrained public welfare provision, professionals with administrative assignments must allegedly adjust their actions in response to a persistent dilemma: whether to serve ‘professional’ interests in autonomy, collegiality and service quality, or ‘managerial’ interests in organizational productivity and economic efficiency. Conventionally, it is assumed that professionals resist managerial requirements as alien intrusions on their professional autonomy. According to recent studies, however, professionals can also engage in ‘hybrid’ activities and strike a balance between professionalism and managerialism. This article offers a complementary perspective to both resistance and hybridity, and examines professionalism and managerialism as overlapping discourses. When professional and managerial discourses overlap, employees can act in a manner that allows for multiple interpretations. Beyond hybrid—that is, part professional and part managerial—their actions can appear as either professional or managerial, depending on the eye of the beholder. We illustrate these arguments in a study among social care professionals in Finland.

Keywords: Professionalism, managerialism, resistance, hybridity, ambiguity, overlapping discourses

INTRODUCTION

There is a general consensus among scholars that public welfare providers, at least in the Global North during times of austerity, are increasingly influenced by ‘managerial’ principles of public welfare delivery (e.g. Evetts 2009; also du Gay 1996), often referred to as the principles of New Public Management (e.g. Farrell and Morris 2003; also O’Reilly and Reed 2010). Evidently, the current political context puts particular pressure on welfare professionals with administrative assignments: besides professional autonomy, collegiality and service quality, such professionals are required to serve managerial interests in organizational productivity and economic efficiency. How they are able to manage these conflicting requirements has been a topic of much academic debate (e.g. Llewelyn 2001; Doolin 2002; Witman et al. 2011).

Typically, professionals are presumed to resist managerial, economic and governmental requirements as alien intrusions on their professional autonomy (Noordegraaf 2015). In recent academic debates, however, the image of resistance (e.g. Doolin 2002) has made room for the notion of ‘hybridity’ (see Noordegraaf 2015). Instead of resisting managerial intrusions, professionals are seen to balance (Teelken 2015) or navigate (Croft, Currie, and Lockett 2015) between managerial and professional imperatives, objectives, interests, and requirements (also Reay and Hinings 2009; Denis, Ferlie, and van Gestel 2015).

In the context of public welfare provision, the concept of hybridity has introduced a level of complexity to research on middle managers, senior professionals or frontline leaders—that is, professionals with administrative assignments. The concept of hybridity has challenged the image of unresolvable conflicts existing between professional and managerial ‘logics’; the two logics are still distinct, but they can exist

side by side within a manageable conflict (Reay and Hinings 2009). In this article, however, we follow Noordegraaf (2015) and look ‘beyond’ the images of both resistance *and* hybridity. Beyond resistance, we highlight frontline leaders’ ability to cope with their changing environment (also Blomgren and Waks 2015; Schott, van Kleef, and Noordegraaf 2015; Teelken 2015). Beyond hybridity, we highlight the occasional ambiguity of the actions of professionals with administrative assignments. Their actions are not always categorically distinguishable as professional and managerial; depending on the interpretative context (cf. Eisenberg 1984), some of their actions may seem *either* professional *or* managerial. This ambiguity, that is, the availability of multiple interpretations, stems from *overlaps* in managerial and professional discourses.

When discourses overlap, similar discursive elements (such as values, norms, interests and objectives) apply to more than one discursive framework and can, therefore, be understood in more than one way. People in a workplace can, for instance, agree upon the core values of their work (such as equality, autonomy and quality) but understand these values in different ways (see Eisenberg 1984). Autonomy and empowerment, for instance, can be professional objectives for one observer, but managerial aims for another (e.g. Evetts 2009). Overlapping discourses can, among other things, facilitate co-operation between actors who, while having different perspectives, can share at least some common objectives (Leitch and Davenport 2007).

Our analytical perspective aligns with the discursive tradition in the study of professions (e.g. Fournier 1999; Watson 2002; Evetts 2009). In short, we focus on societal knowledge production, interpretation and meaning making—that is, on communicative processes that give sense to organizational phenomena. The concept of discourse, of course, has different (and overlapping) meanings in academic literature. Burr (2003), for example, makes a useful distinction between macro and micro

constructionist theories of discourse. A similar distinction is made by Alvesson and Karreman (2000) and Hacking (2004).

The macro constructionist framework conceives discourses as cultural ‘resources’ (cf. Watson 2002) or historically developed systems of knowledge and truth (cf. Foucault 1978). Discursive power constructs normative, self-regulating and disciplined selves, but it can also be resisted (see Foucault 1978; Fournier 1999; also Thomas and Davies 2005). The micro constructionist framework, in turn, examines the local use of discourse in actual talk (Burr 2003; also Alvesson and Karreman 2000). People are conceived as competent members of a society who use discourse actively and creatively, not only to serve or resist discursive power but to serve more personal agendas (Watson 2002; also Oldenhof, Stoopendal, and Putters 2013), such as the presentation of self in face-to-face interactions (cf. Goffman 1959). People can, for instance, draw on historically developed discursive resources to present their actions in favourable ways (cf. Watson 2002; also Burr 2003). Such an active use of discourse does not need to imply resistance to anything; people can construct moral selves actively, but still in line with socio-political objectives (Niska 2015).

In this article, we lean towards the micro constructionist framework but maintain a dialogue with macro constructionism (see Wetherell 1998). Our empirical analysis examines how professional (and managerial) selves are constructed in face-to-face interaction, but in relation to well-established (professional and managerial) cultural resources or discourses. By bridging micro and macro constructionist perspectives, we bring together what Noordegraaf (2015) calls the socio-political perspective and what Denis, Ferlie, and van Gestel (2015) refer to as the identity perspective on public welfare provision and professional practice. However, instead of identity, we focus on public welfare employees’ presentation of *self* (cf. Goffman 1959) and, in particular, their presentation of *agency*. In short, we examine the discursive

practices through which senior professionals construct moral selves and *try* to maintain a sense of professional agency in the context of transforming public welfare provision.

The article proceeds as follows. First, we briefly review the ongoing debates on managerial reforms and public sector professionalism, along with the discussions on resistance and hybridity. Second, we present our supplementary concept of *overlapping discourses*. Third, we examine such overlaps in social care work, and fourth, we illustrate our arguments using an empirical study of social care work in Finland. In our study, we demonstrate how overlapping discourses enable senior professionals to present moral agency that presumably appeals to different (professional and managerial) stakeholders (also Thomas and Hewitt 2011). In such presentations, professionalism and managerialism can be conceived as different *facets* of the same actions—this is in line with what Noordegraaf (2015; also Noordegraaf et al. 2015; Postma, Oldenhof, and Putters 2015) calls *organizing* professionalism, that is, professionalism that complements organizational (i.e. managerial) objectives.

FROM COMPLEXITY TO AMBIGUITY: REFORMULATING THE ANALYTICAL PREMISES

New Public Management has, at times, been studied as an identity project which, according to macro constructionist assumptions, transforms the identities and objectives of public welfare professionals (see Thomas and Davies 2005; also Doolin 2002). According to most studies, however, managerial reforms are rarely so straightforward (Kirkpatrick and Ackroyd 2003; also Thomas and Davies 2005). Studies have found that professionals typically argue against managerial objectives (Doolin 2002) and endorse a more conventional public service ethos (Farrell and Morris 2003) and/or professional values (Llewellyn 2001). Consequently, professional practice in today's public welfare provision is often—and still in line with macro constructionist assumptions—described in terms of struggle (McDonough 2006; also Newman 2005) and resistance (Doolin

2002; also Thomas and Davies 2005). This line of research often highlights the activity of public professionals; instead of passive bystanders, professionals are presented as active agents that are able to oppose, resist and alter governmental projects and defend their professional commitments (Doolin 2002; also Kirkpatrick and Ackroyd 2003; McDonough 2006).

However, in recent studies, it has been commonplace to perceive professional practice in yet another way, through the lens of ‘hybridity’ (e.g. Denis, Ferlie, and van Gestel 2015; also Thomas and Hewitt 2011; Blomgren and Waks 2015). Instead of being resistant, professionals are seen as open to adopting *some* managerial duties and objectives alongside their professional ones (e.g. Kurunmäki 2004; Spyridonidis, Hendy and Barlow 2014; McGivern et al. 2015). Studies have described different forms of hybridity with respect to the ultimate interests that hybridity is assumed to serve and the phenomena that are examined as being hybrid (e.g. institutions or identities). Since our focus is on the *general* notion of hybridity and resistance, reviewing these more specific studies is beyond the scope of this article (for excellent reviews, see Waring 2014; Denis, Ferlie, and van Gestel 2015; Noordegraaf 2015).

The ideas of hybridity and resistance both bring an important element of complexity to research on managerial reforms. Although introducing complexity, however, they continue to build on the premise of conceiving professionalism and managerialism as more or less distinctive ‘logics’ (e.g. Blomgren and Waks 2015). In studies on resistance, the relation of these two logics bears resemblance to a zero-sum game (see Oldenhof, Stoopendal, and Putters 2013; Postma, Oldenhof, and Putters 2015): only by acting against managerial requirements can professionals maintain their professional autonomy (cf. Doolin 2002). In studies on hybridity, the logics can intertwine, mix and blend, but they cannot really blur, merge or mirror each other (also Schott, van Kleef, and Noordegraaf 2016). According to Noordegraaf (2015: 11), ‘hybridity reflects “unnatural” and “uneasy” combinations of different features and

values.’ Even when such features and values intertwine, they remain distinct and ‘alien’ to each other (see Noordegraaf 2015; also Schott, van Kleef, and Noordegraaf 2016).

The notion of ‘alien’ features does not stem from any particular study on hybridity, rather, it stems from the general image of hybridity itself. By definition, only entities that are normally *distinct* can form hybrids (Blomgren and Waks 2015). This point is well illustrated by Noordegraaf (2015) using the examples of hybrid cars (that run on both gas and electricity) and hybrid animals (that live on both water and land). ‘Hybrid professional action’, therefore, implies ‘the coming together of multiple sets of principles’ that do not normally mix (Noordegraaf 2015: 2; also Blomgren and Waks 2015).

Beyond hybrid (i.e. professional/managerial) action, however, some forms of action (and organization) can be difficult to classify and label (Meyer et al. 2014); or, to be more precise, they can be classified in different ways. In short, they can be ambiguous. Even the above studies on hybridity and resistance occasionally highlight ambiguities in public welfare provision (e.g. Thomas and Hewitt 2011; also Thomas and Davies 2005). Most often, however, ambiguity—and the problems of classification—remains a subaltern theme while the main topic is hybridity or resistance. In this article, we focus on ambiguity as its own topic. Moreover, we offer a specific tool for analyzing ambiguities: overlapping discourses.

In public welfare provision, there is often more than one professional and one managerial discourse available for stakeholders to draw on (also Evetts 2009). Moreover, as highlighted in studies on hybridity, not all managerial and professional discourses are in conflict. What most studies on hybridity fail to recognize, however, is that managerial and professional discourses can also overlap, and when they do, there are at least some values, norms, practices and principles that can pass as both managerial *and* professional. This multiplicity of meanings makes room for ambiguous actions that are open to multiple interpretations. Instead of hybrid, that is, *part*

professional and *part* managerial, actions, and instead of dual roles in between the distinct worlds of professionalism and managerialism (Llewellyn 2001; Witman et. al 2010; Croft, Currie, and Lockett 2015), these actions and roles remind one of a ‘rabbit/duck illusion’; depending on the eye of the beholder, they can appear as either professional *or* managerial.

THE OVERLAP OF MANAGERIAL AND PROFESSIONAL DISCOURSES

There are good reasons for conceiving managerialism and professionalism as conflicting frameworks in the history of the Global North. According to the most conventional (and stereotypical) ideals, professional conduct is based on professional ethics, expert knowledge and trust between professionals and the wider public (e.g. Freidson 1984; Hughes 1984; also Nordegraaf 2007). Managerialism, in contrast, highlights external performance controls that are supposed to increase the economic accountability of professional communities (e.g. Fournier 2000; also Gleeson and Knights 2006; Carvalho 2014). Such a managerial discourse enables a new sense of self for frontline leaders: former senior professionals are constructed as managers in charge of their staff members’ efficient performance (Doolin 2002; Bolton 2005; also Freidson 1984).

According to professional critiques, the above managerial discourse highlights quantifiable and routinized aspects of public welfare provision while overlooking its qualitative and particular dimensions—as well as the autonomy of individual professionals (e.g. Tummers, Bekkers, and Steijn 2009; also Postma, Oldenhof, and Putters 2015). In the context of health and social care, managerial reforms have often—although with some obvious variation—appeared as organizational hierarchies between managers and their de-professionalized staff members (Henriksson and Wrede 2008; also Blomgren and Waks 2015).

Public management, however, is constantly reinventing itself—not least to gain new social approval (O’Reilly and Reed 2010; 2011; Dahl 2012; Moffatt, Martin,

and Timmons 2014). Accordingly, not all managerial discourses highlight routines, discipline or hierarchy, and not all managerial objectives are ‘alien’ to professional discourses. Some managerial discourses aim at flattening hierarchies and making employees more proactive, independent, self-directed and committed to their work (Newman 2005; O’Reilly and Reed 2010; Moffatt, Martin, and Timmons 2014). Arguably, these ‘empowering’ discourses can please public welfare professionals who, commonsensically, value equality, autonomy, responsibility and self-governance (Evetts 2009; also Bolton 2004; Postma, Oldenhof, and Putters 2015). Professionals with administrative assignments are enabled with a new sense of self: instead of autocratic managers, they can view themselves as democratic and inspiring leaders (O’Reilly and Reed 2010), facilitators (du Gay, Salaman, and Rees 1996), coaches (Oldenhof, Stoopendal, and Putters 2013) or ‘enterprising “co-ordinators of care”’ (Bolton 2005: 8).

In sum, various versions of managerial discourse seem to coexist in public welfare provision (Thomas and Davies 2005; Evetts 2009). Some highlight hierarchical and technocratic managerialism (e.g. Henriksson and Wrede 2008; Carvalho 2012; also Postma, Oldenhof, and Putters 2015), while others promote empowering and enterprising governance (du Gay 1996; Bolton 2004; O’Reilly and Read 2010). The latter discourses, we argue, have significant overlaps with professional discourses.

THE OVERLAP OF MANAGERIAL DISCOURSES AND DISCOURSES OF PROFESSIONAL CARE WORK

Like managerialism, professionalism can mean many things (also Oldenhof, Stoopendal, and Putters 2013). In the context of care work, one often finds a distinction between a medico-scientific care work discourse and a socio-scientific discourse of new nursing. According to the medico-scientific care work discourse (cf. Waerness 1987; Davies 2002a), professional care should be based on scientific knowledge of human

health, or a specific science of nursing, and aim at curing patients (Apesoa-Varano 2007; also Carvalho 2014). According to the socio-scientific discourse of new nursing (Bolton 2004; Carvalho 2014), professional care should be based on care workers' specific values and their particular, democratic, emotionally intimate and holistic relations with their clients (Allen 2007; Apesoa-Varano 2007; also Oldenhof, Stoopendal, and Putters 2013). Ideally, such social relations should empower both clients and care workers (Waerness 1987).

The socio-scientific discourse of new nursing seems to have a particular overlap with the discourse of enterprising management: they both highlight equality and empowerment, both in nurse-client and in superior-subordinate relations (Olakivi and Niska 2016). Unlike the technocratic and medico-scientific discourses, they both value personal involvement over standardized knowledge, routines and hierarchical forms of conduct.

The ideals of new nursing may sound professionally appealing but they may also satisfy managerial stakeholders (e.g. governmental authorities). If care workers mainly require a specific mindset to be considered as professionals, requirements for long, formal and expensive education (for medico-scientific knowledge) can be significantly lower (cf. Carvalho 2014). If care workers can indeed empower their clients, the clients may—at least ideally—need less assistance and less care (Dahl 2012; Postma, Oldenhof, and Putters 2015; Olakivi and Niska 2016). If professional care work is defined in terms of empowering relations, leading professionals can end up serving managerial targets merely by becoming more professional.

EMPIRICAL STUDY

Aims of the study

Studies on public sector managerialism, professionalism, resistance and hybridity have often examined the identity—and identity change—of public welfare employees (e.g. Doolin 2002; Thomas and Davies 2005; Spyridonidis, Hendy, and Barlow 2014; Waring 2014; McGivern et al. 2015). Our empirical study examines public welfare employees' constructions of selves, focusing especially on constructions of agency. In social psychology, identity and agency can be considered as dimensions of the self (see Leary and Tangey 2003). Identity refers to an actor's answer to the question *Who am I?*, whereas agency can be described as an actor's ability to *make things happen*.

In our micro constructionist framework, *presentations of self* (Goffman 1959) are examined as part of the discursive practice (Wetherell 2008) of public welfare provision. In short, presentations of self are examined as a part of the 'social procedures through which' professional or managerial impressions 'are performed, formulated and constituted' in social encounters (Wetherell 2008: 80). In such encounters, and by drawing on wider discursive resources, public welfare providers can construct themselves as *agents* who serve managerial or professional objectives—and sometimes as *ambiguous* agents whose objectives are open to multiple interpretations.

In line with Fuchs (2001), we examine (professional) agency as a cultural construct that human beings can employ in order to *make sense* of their surroundings, including their own activities. For us, agency is not a 'scientific fact' but a discursive, political and moral concept. Agency implies responsibility; only agents can be rewarded and/or blamed for making things happen (also Kurri and Wahlström 2007; Reynolds, Wetherell, and Taylor 2007). To be credited as professional agents, people have to demonstrate their ability to choose and achieve *professional* objectives. Constructions of agency are often controversial, contestable and difficult to warrant (Sulkunen 2010); they depend on the approving audience as much as the performer.

In what follows, senior professionals' constructions of agency (and non-agency) are examined in particular encounters, i.e. research interviews. In these

encounters, the participants face a practical problem: how to manage *morally acceptable* and still *convincing* impressions of their daily activities (cf. Goffman 1959). In this micro-sociological task, the participants can draw on different macro-sociological discourses as cultural resources (Watson 2002). Although our analysis relies on interviews, our research participants must also manage impressions in more regular encounters (e.g. with subordinates or extra-organizational stakeholders). Suitable impressions can help them maintain a positive sense of self (Goffman 1959; also Burr 2003; Niska 2015), but they can also pave a way for otherwise controversial organizational reforms (cf. Eisenberg 1984). Suitable impressions can mitigate political controversies and construct senior professionals as agents who serve the interests of a variety of (professional and managerial) stakeholders at once.

Data and methods

Our data consists of fourteen semi-structured interviews with senior professionals with administrative assignments in different units of homecare (for the elderly) and in a public nursing home in the city of Helsinki. The interviews were conducted as part of a larger research project in 2011–2013 and they lasted between 49 and 136 minutes. The interviews covered different themes, such as the participants' main tasks, means of management and relations with their subordinate nurses. Regarding the aims of our study, the most productive questions related to the delights and challenges in the participants' work, their views on the past, ongoing and future changes in their organizational context, and the workload of the rank-and-file care workers. The participants were informed about the topics of the research prior to the interviews.

The interviewees were all responsible for organizational developments but did not participate in frontline nursing. All except one interviewee had subordinates. All interviewees' educational background was in nursing or in gerontology. Most participants had extensive experience working as nurses. Due to their background and

education, they seemed ‘at least nominally competent in performing the productive labour of those whom they supervise’ (Freidson 1984: 12). However, they were rarely observed doing so at least during our project. Their most time-consuming tasks seemed to include consultation, recruitment and planning. Most interviewees had at least some training in management.

The interviews were conducted in Finnish and recorded and transcribed verbatim (see Appendix 1: Transcription notation); the following extracts were translated into English by the authors. Our empirical analysis follows our theoretical interests: we were not asking whether our participants were professionals (or managers). For us, professional selves are ‘always enacted and performed’, and therefore are ‘processual and temporal’ (Powell and Gilbert 2007: 200). They are social accomplishments. We were interested to examine how, that is, with what kinds of resources, such accomplishments were performed in our empirical data.

In the first phase of the analysis, we coded the extracts in which the participants discussed the objectives and delights, together with the most unappealing aspects, of their work. These coded extracts were then elaborated from the perspective of the presentation of professional and managerial agency. Emphasis was placed on the macro discursive (professional and managerial) resources that our participants were able to use in their micro discursive practice. In the second phase of the analysis, we focused on the problems our participants faced in constructing convincing and legitimate impressions of their professional agency. At this point, we were guided by the following theoretical questions: if the participants preferred to present themselves as professional agents, 1) what problems did they face regarding their self-presentations, and 2) how were they able to manage these problems?

The first sub-section of the analysis demonstrates how the participants present themselves as professional agents and distance themselves from the ideas of hierarchical management. The following two subsections demonstrate how they further

warrant the credibility and legitimacy of their professional agency by (1) re-articulating the meaning of professionalism in care, and by (2) relating themselves to their subordinates who are constructed as (potentially) unprofessional. The discussion and conclusions demonstrate how the participants' professional agency can, from another discursive perspective, be interpreted as managerial. Our aim is not to examine all possible meanings of professionalism or managerialism, but to demonstrate how the above defined, well-established professional and managerial discourses overlap in our data.

Analysis

In the interviews, the participants faced a practical problem: how to manage morally acceptable yet convincing impressions of themselves as professionals with administrative assignments. The following three sub-sections examine from different perspectives how such a challenge can be managed.

From control to empowerment

The first sub-section examines how the participants negotiate between professional and managerial demands and present themselves vis-à-vis these demands. In general, the participants were clearly conscious of the lines of action they might be expected to take and the objectives they might be expected to endorse as professionals with administrative assignments (Llewellyn 2001; Iedema et al. 2004). Moreover, they were aware of their work's contentious nature (Oldenhof, Stoopendal, and Putters 2013; Croft, Currie, and Lockett 2015). A ward nurse in the nursing home (Participant 5), for instance, described her situation as one 'between a rock and a hard place': 'There are the demands from above (...) and there are the demands from below, and when they do not always match, it's challenging indeed. Sometimes you feel *very* inadequate.' In a sense, the participants' position might indeed be described as hybrid: they have to

balance between conflicting interests. Not surprisingly, the participants were also clear about the interests they personally endorsed. Extract 1 begins after the head of the nursing home is asked about the challenges and delights in her work.

Extract 1

Participant 1 (head, nursing home): Well, of course the economy is a challenge, because you constantly have to inform your subordinates about it. It's not nice to constantly tell people that savings need to be made...

(A few turns omitted.)

Interviewer: And what is most rewarding in your work?

P1: I think what is most rewarding is that I can still have an impact on the substance of elder care. That, I think, is most rewarding... That I can truly, really have an impact on the fact that the substance of care work is good and of high quality.

Above, the head of the nursing home not only emphasizes her interest in improving the 'substance of care work', but she also tries to convince her audience, the interviewer, that she can 'truly, really have an impact'—an agential ability that is, evidently, not taken for granted. She also implies that she knows what counts as good quality, otherwise she could not *evaluate* the qualitative impact of her work. In her self-presentation, she thus appears as a professional agent who also—reluctantly—serves economic objectives.

The above extract exemplifies a general pattern in the data. Although the participants were aware of the economic imperatives in public care provision, they did not present themselves as willing agents for economic objectives. Instead, economic needs were presented as *structural*, albeit inescapable conditions of their work (Traynor 1996; also Bolton 2005). Improvements in the quality of care, in turn, were objectives

that all participants endorsed. The participants talked about quality at length and in a strikingly similar manner. In their accounts, good care ‘activated’ the clients and maintained their ‘ability to function’. It was ‘communal’, ‘customer-oriented’ and ‘holistic’, instead of hierarchical, ‘routine’ or ‘illness-oriented’. Clearly, and not surprisingly, the participants drew on the socio-scientific discourse of new nursing rather than the medico-scientific care work discourse (Bolton 2004; Carvalho 2014): they conceived their clients as active participants in caring relations, even ‘customers’, rather than patients or passive objects of medical cure (Apesoa-Varano 2007; also Oldenhof, Stoopendal, and Putters 2013; Carvalho 2014). In the micro discursive context of the interview, the participants thus drew on the macro discursive resource of new nursing to construct particular professional selves.

The interviewees also acknowledged that there were problems in the quality of care. With respect to these problems, they could have responded in different ways. They could have accepted the problems and perhaps blamed the lack of resources in order to downplay their personal responsibility. Alternatively, they could have constructed themselves as technocratic managers who control their subordinates and pressure them to uphold the principles of good care. Understandably, neither of these strategies were appealing to our participants as they both reduce their professional agency. In the former case, the participants would know the principles of good care, but would not be able to put them into practice (also Croft, Currie, and Lockett 2015). In the latter case, the participants could affect the quality of care, but would also act against the professional principles of equality and collegiality. As Participant 8, a ward nurse in the nursing home, articulates in respect of improvements in quality: ‘I don’t *like* the kind of *surveillance*, because it should be like...That it would come from within one’s self’. According to her, external control was not only unethical, but also inefficient: ‘If you really start to control, then people will...They will have the counter-reaction of “Now I definitely won’t (do it)”’.

Understandably, instead of presenting themselves as agentless or as agents acting against professional principles (e.g. equality), the participants were eager to draw on the discourse of ‘enterprising’ or ‘empowering’ management and present themselves as coaches (Oldenhof, Stoopendal, and Putters 2013), facilitators and ‘enterprising “coordinators of care”’ (Bolton 2005: 8). While this discourse can be called managerial, it has a clear benefit: it overlaps with professional discourses. Both discourses highlight care workers’ autonomy and self-regulation. Instead of being controlled, care workers are invited to govern themselves (Fejes 2008; Oldenhof, Stoopendal, and Putters 2013). In Extract 2, Participant 3 talks about the challenges and delights in her work.

Extract 2

Participant 3 (head nurse, nursing home): What I find most difficult is maybe giving negative feedback, or if we have to, like, really give warnings. That’s not nice. So I prefer being like a...More 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.

Interviewer: Is that also what is rewarding in this job?

P3: It is just that when you see that, ‘Hey, things are rolling now’, and you get into a good flow, so that people know what we are aiming to achieve, and they get excited about the work.

At first, Participant 3 does not want to appear as a hierarchical manager but as an empowering coach. As a coach, she is not without agency: she can empower her subordinates to act in the correct way that ‘support[s] the functions as well’. These functions are, however, left somewhat ambiguous in her account. Also the ‘we’ in ‘what we are aiming to achieve’ could refer to different collectives: professional,

organizational, governmental and so forth. Slightly more explicitly, a homecare supervisor (Participant 13) described her work in terms of trying to ‘spur and coach’ her subordinates to ‘meet the strategic targets of (public) homecare’. The job of a ward nurse (Participant 7), in turn, 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 members’ to ‘carry out high-quality care’. Evidently, the participants did not want to appear as technocratic managers who control their staff members (also Fejes and Nicoll 2012). Instead, they wanted to appear as democratic facilitators who ensure their staff members are capable, committed and ‘excited about the work’.

Professional communities have traditionally valued democracy, collegiality, flat hierarchies and self-regulation—at least in appearance (e.g. Freidson 1984; Waring 2014). By engaging in empowering activities, the participants could respect these values—at least in appearance. Empowerment, however, is not without its problems. One might ask whether empowerment can ‘truly, really’ make *a difference*—especially in the context of diminishing resources and economic imperatives. What difference does it make if people ‘get excited about the work’? The following sections examine how the participants respond to these problems with finer (re-)articulations of both their own and their subordinates’ professional agency.

Empowerment as a way to solve economic problems

This sub-section examines discursive problems that emerge as front-line leaders present themselves as empowering coaches—namely, the question of the credibility of such self-presentations.

If senior professionals become facilitators and coaches, the ultimate responsibility for executing ‘good care’ lies with their subordinates. Senior professionals, however, are not without agency: they can empower their subordinates to become better professionals. Most interviewees, nevertheless, recognized the problem

of scarce resources in public care provision. They further acknowledged that their subordinates had heavy workloads that might pose a threat to their wellbeing and, consequently, jeopardize the quality of care. However, as a homecare supervisor (Participant 11) noted, ‘In the end, extensive reliefs (in the workload) are not very easy to arrange’. Again, the participants face the same problem. They are not responsible for the workload or the problems in quality, but they cannot solve them either. Importantly, however, this was not the complete story. As facilitators and coaches, the interviewees could construct a new object for their (professional) intervention and, consequently, create a new *problem* to solve (cf. Miller and Rose 2008).

Besides the structural and persistent problem of scarce resources, the participants can perceive a problem in their staff nurses’ attitudes and commitment (Dahl 2012). In the extract below, a homecare supervisor translates the question of ‘too few staff members’ into a question of a psychological ‘desire to help’—a kind of calling. In her opinion, care work is the kind of work, or profession, that tends to attract people with a desire to serve others.

Extract 3

Interviewer: Then about the workload...is the homecare workers’ job hard, in your opinion?

Participant 9 (supervisor, homecare): Umm...It probably depends on the employee quite a bit...How they take it...Probably it is mentally hard *when* there are too few staff members, and physically, of course, but I don’t know, usually the people who apply to the care industry are people who have the kind of desire to help; they have it in one way or another. So it’s a bit like you either like it or you don’t. So in my opinion, when people always talk about the rush, the rush is a bit self-imposed, so that

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 Extract 3, the supervisor first looks at the issue of hard work from different angles (Fejes and Nicoll 2012), demonstrating a level of sympathy for, and consideration of, the care workers’ viewpoint. After considering different perspectives, however, she ultimately concludes that the work is not that hard after all. The *real* problem is not the lack of resources, but the care workers’ mindsets.

From the care workers’ perspective, this rhetoric might, of course, sound unfair. Nevertheless, it is easy to understand why supervisors might find focusing on problems in care workers’ mindsets more appealing than examining problems in the structural conditions: care workers’ mindsets can *appear* easier to change than structural conditions (also du Gay 1996; O’Reilly and Reed 2010). The former ‘problems’ can be difficult to solve—and thus construct a serious task for the participants—but they are not *impossible* to solve. The difference is significant: leading professionals now have new ways to ‘truly, really have an impact’. As Participant 2, a head nurse in the nursing home, argues, ‘the burden of the work is largely a question of leadership’. The participants can thus develop as leaders and make a real difference, even in the context of scarce resources.

By engaging in empowering activities, the participants can claim effective agency; they can improve their subordinates’ (professional) ability to manage themselves. Their activities can respect professional values (i.e. quality of care, equality and autonomy), but can also satisfy governmental authorities as they do not seem to require additional investment. Having ‘too much staff’ can, in fact, be conceived as a *problem*, as the following extract illustrates. The extract is prefaced by a broader discussion on (the past) changes in the care and work ‘culture’ (a term used by the participant) in the nursing home.

Extract 4

Participant 5 (ward nurse, nursing home): I've seen it as well...That if you have too much staff, the staff members will only entertain themselves, but the value isn't passed on to the residents.

Interviewer: Pretty surprising.

P5: That is surprising as well...That it doesn't do any good. It depends on the person, yes, but if you're even just a little bit like...That you finish your work in a very 'clap, clap, clap' kind of way and then are like 'All right, now we can just socialize'. Although the work culture has changed, there are *always* those who keep resisting.

This ward nurse spoke extensively about the work and care culture and her own efforts in facilitating their change. The main point was to get rid of what she called the old 'washing culture', in which nurses only provided the most basic care and nothing extra. In the above extract she argues that, in fact, the main problem is not the lack of resources—which is a matter she cannot change (as she stated in the interview)—but the lack of responsible and committed care workers, a matter she can at least try to change. By referring to an abstract notion of 'those who keep resisting', the impression is given that the problem is not with particular people, but with a broader 'type' of nurse.

Although most participants saw an existing problem in the amount of diminishing resources, they also knew how to fix this problem. In their view, this could be achieved by changing the work culture and by activating, empowering and coaching their subordinates. Importantly, as the following extract illustrates, these techniques were not enacted in the name of efficiency as such, but in the name of quality, the wellbeing of the clients and, finally, in the name of professional practice (also Noordegraaf et al. 2015). Here a ward nurse, after being asked about the adequacy of

resources, discusses the improvements she would like to see in her ward. In order to make the elderly more active, she would like to have more outdoor events. Again, the nurses are presented as resistant to this proposal.

Extract 5

Participant 8 (ward nurse, nursing home): Maybe we could do it even with our current staff, but again it's a thing that needs to be launched and run through somehow. Like how we arrange and organize our daily work. And often the nurses even appeal to the residents' self-determination rights...That 'She doesn't want to go' or 'She's not in the mood' and so forth. But I think it's part of the nurses' professional expertise, the kind of persuasion, so that the residents won't, like, come down to choices that are unfavourable in our opinion. As a professional, you can figure out that outdoor activities are really beneficial and they are fun.

Again, the (potential) problem of scarce resources is acknowledged, but its urgency is challenged since improvements to the quality of care could be achieved by the 'current staff' as well. As professional practitioners, care workers should recognize the value of the improvements and, ideally, execute them without the need for additional resources. As professionals, they should find the right way to act (Oldenhof, Stoopendal, and Putters 2013). By saying how 'it's again a thing that *needs* to be launched' and a thing that depends on 'how *we* arrange *our* daily work', the participant creates the impression that the change should not be forced, but instead that a more subtle approach is needed (Iedema et al. 2004; Fejes and Nicoll 2012). Furthermore, by arguing that the nurses should know what is good in 'our opinion', the participant presents herself as a *professional* and refers to a system of shared knowledge. It is this knowledge that should guide them all, not her orders as a superior (Witman et al. 2010) or even the

clients' wishes that might end up being misguided and 'unfavourable in our opinion'. Here, professional discourse works as a resource for calling upon productive nurses—an objective that, presumably, sits well with managerial targets. In order to manage an impression of underused resources, leaders can present their staff members as reluctant to change—a discursive practice that is likely to cause communicative problems in relations between care workers and their supervisors. We discuss these problems later in the discussion section. In the interview context, however, the interviewees were able to mitigate such problems.

At the intersection of professional and managerial agency

In this sub-section, we continue demonstrating the interviewees' ability to present themselves as not only competent but also successful leaders of their staff members' conduct. In addition, we demonstrate how the ideals of empowerment not only imply communicative problems or new ways of controlling staff members' mindsets. They also enable novel ways to understand the professional agency, autonomy and competence of both nurses and their supervisors.

As noted above, the interviewees' call for active, responsible and productive nurses aligns well with the discourse of professionalism and the ideals of professional nursing (cf. Fournier 1999; Evetts 2009). Moreover, if the empowered nurses can indeed increase the clients' independence and decrease their need for care—as they are generally supposed to (see Postma, Oldenhof, and Putters 2015; Olakivi and Niska 2016)—both senior professionals and their subordinate nurses can end up serving managerial interests in a 'twisted' way: by becoming *more* professional. There is no inherent conflict between professional and managerial objectives—at least in principle.

Perhaps the single most important principle in both the discourses of new nursing *and* enterprising management is the disdain for routines (Fejes 2008). In care work, routines can have many names: 'washing culture', 'basic care', 'illness-

orientation' and 'institutional' and 'hospital-like' behaviour (Olakivi and Niska 2016; Author A forthcoming). In the nursing home, superiors also arranged meetings for the staff members to discuss the correct principles of care and to 'solve conflicts among the staff' (Participant 6). In the following extract, a ward nurse describes a meeting about the principles of encountering residents and, again, of getting rid of routines. The extract continues a previous discussion on the main tasks and the main challenges in the participant's work.

Extract 6

Participant 6 (ward nurse, nursing home): Again the staff was like 'Well, it's all familiar to us but still very...' Like, good *refreshment* and a stimulus for thinking that 'Yeah, this is how it really goes'. People develop routines so easily, so (the aim is) to get rid of those routines and to remember that this is a home for the residents and we ought to treat them in a certain manner. We are here only to help them, and so it shouldn't be, like, *institutional* and all. 'We'll do it this way, because that's how we've always done it'; that's not right at all.

The pattern is already familiar. At first, the nurses are depicted as routinized and resistant. Then, by constructing the category 'we' (e.g. 'we ought to', 'we are here to'), the interviewee creates the impression of a united community with a system of shared objectives. In her story, the nurses were not given orders. Their prior knowledge was only *re-activated* in order for them to 'remember' how 'it really goes' (Fejes 2008). The values of collegiality and equality are again respected. As autonomous (and professional) agents, the staff members are once more invited to govern themselves (Oldenhof, Stoopendal, and Putters 2013). Moreover, what is at stake here is a success

story, designed to convince the audience—and the participant herself—that care workers can ‘truly, really’ be activated (despite their occasional resistance).

The interviewees were thus able to align professional objectives with the discourse of enterprising and empowering management—or, more precisely, they could construct selves in the *intersection* of these discourses, making it difficult (for an outsider) to label them as either professionals or managers. This compatibility of objectives was finally accomplished when the participants articulated their expectations for their (professional) staff. They expected them to not only have expert knowledge but also to possess different kinds of psychological and personal qualities, such as ‘motivation’, ‘self-direction’, ‘teamwork skills’, ‘social skills’, ‘the right kind of values’, ‘customer-orientation’, ‘respect for the older clients’, ‘a positive attitude’, ‘innovativeness’ and ‘creativity’. In the participants’ view, the ideal care worker had an internal desire and ability to work with older people, even under difficult conditions (see Extract 3). As one homecare supervisor (Participant 10) argues, ‘In homecare, one has to be a particular kind of person to have strength to carry on’.

Thus, the interviewees had clear opinions on who can be considered a ‘good nurse’. In other words, they claimed to have a ‘mandate’ (Hughes 1984) to set the standards of professional conduct. At the same time, their standards exceeded, and often replaced, any demands for medico-scientific knowledge. What they mostly expected were generic social and psychological skills, much in line with the discourse of new nursing (Bolton 2004; Carvalho 2014) and in line with economic and governmental requirements (Wrede 2008). In accordance with these expectations and requirements, the participants finally had to reframe their own expertise as well (cf. Fournier 2000): besides expertise in care, they had to claim expertise in their subordinates’ psychosocial dispositions (Miller and Rose 2008). In order to solve conflicts between managerial and professional requirements, they thus had to re-articulate the meaning of their own professional agency (also Gleeson and Knights 2006; Noordegraaf 2015; Noordegraaf

et al. 2015). Beyond experts in nursing, they were now experts in psycho-social empowerment.

DISCUSSION

The role of senior professionals and middle managers in public welfare provision is notoriously difficult as they are faced with the challenge of dealing with presumably conflicting (managerial and professional) requirements and objectives (e.g. Waring 2014; Croft, Currie, and Lockett 2015). Previous research has offered two helpful frameworks for understanding this challenge: *resistance* and *hybridity*.

Our data could, arguably, be examined from these two perspectives. In one sense, our participants did inhabit a hybrid role: they were educated professionals who also had duties that are often labelled managerial (cf. McGivern et al. 2015). Despite their hybrid role, they were reluctant to present themselves as people who make things happen ‘as cheaply as possible’ (Noordegraaf 2015: 6). They preferred to present themselves as coaches or facilitators; as *agents* who empower their staff members and help them become more autonomous, reflexive, self-reliant and, finally, more professional. Therefore, they might even seem to *resist* managerial objectives. At the very least, one might say that they were managers with ‘strong professional loyalties’ (Noordegraaf 2015: 9).

Although these two concepts, hybridity and resistance, are indeed helpful, we have suggested a complementary perspective to understand our participants’ discursive practice and presentation of self: overlapping discourses. This framework has enabled us to rethink some previous interpretations of professionals with administrative assignments. Our participants were perhaps ‘hybrid’ or even ‘resistant’, but they were not *only* that. Some of their self-presentations extended ‘beyond’ the images of hybridity and resistance. Instead of being hybrid or resistant, they might be difficult to

classify (cf. Meyer et al. 2014). Or, to be more precise, they could be classified in *different* ways. In short, they were *ambiguous*.

Let us reiterate. Although our participants were reluctant to present themselves as agents for economic objectives, their professional targets appeared inexpensive to achieve. Thus, their goals presumably satisfy managerial stakeholders (e.g. governmental authorities) as well. Depending on the ‘interpretative context’ (cf. Eisenberg 1984), some of their most strongly endorsed ideals, such as activity, self-governance, resilience and empowerment, could appear to be either managerial or professional. Even the highly emphasized need to put the clients first allows for multiple interpretations. Depending on the context and the observer, this could appear to be a professional principle of caring for clients against the instrumentalism of managerial reforms (Traynor 1994; Bolton 2005; McDonough 2006), or a ‘neoliberal’ principle of a customer’s choice against the power of professions (Fournier 2000; Nordegraaf 2007; Carvalho 2014). With respect to these ambiguous ‘keywords’ (Leitch and Davenport 2007), it is difficult to say where professionalism ends and managerialism begins (Evetts 2009). The answer depends on how professionalism and managerialism are understood (Noordegraaf 2015).

These ambiguities in our participants’ presentations of self, we argue, result from the *multiplicity* of professional and managerial discourses available for stakeholders (including researchers) to draw upon. Some professional and managerial discourses, moreover, have significant *overlaps* (Evetts 2009). In public welfare provision, the so-called enterprising and empowering discourses have a clear overlap with conventional professional discourses; they all highlight autonomy, self-governance and flat organizational hierarchies (Bolton 2004; Evetts 2009; O’Reilly and Reed 2011). When people draw on such overlapping discourses when presenting themselves, their agency is open to multiple interpretations.

These interpretive ambiguities can be pragmatic for senior professionals themselves, but also for organizational change (Eisenberg 1984; also Iedema et al. 2001): different interpretations of care professionals' agency can, arguably, appease different stakeholders from clients to colleagues and from subordinates to policy makers (cf. Newman 2005; Thomas and Hewitt 2011; Blomgren and Waks 2015). However, the agency our participants constructed for themselves can also lead to multiple problems. The ideal of empowerment serves as a good example. It is easy to ask whether empowerment can *truly, really* have a solid impact on organizational improvements. For our participants, there was no definite answer, but a constant 'struggle' (Newman 2005). Repeatedly, they had to convince their audience (i.e. the interviewer), and perhaps themselves, that empowerment can make a *real* difference. The 'product' of empowerment 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). Next to these empowered nurses were the routinized, de-motivated (Dahl 2012) and inferior professionals (Moffatt, Martin, and Timmons 2014) who were resistant subjects reluctant to change. These nurses might, of course, cause problems for the senior professionals by maintaining that the *real* problem is not in the care workers' mindsets, but in the lack of resources available to them.

What is equally significant, however, is that senior professionals may in fact *need* inactive and unprofessional staff members since they need *someone* to empower. Perhaps paradoxically, their ideal staff is both malleable and reluctant to change. This paradox might explain why the participants consistently highlighted their staff members' inactivity and resistance (Traynor 1994): they could themselves claim agential power only in relation to a reluctant and de-motivated staff. Therefore, their professional agency was relational to their subordinates' alleged lack of it (cf. Nordegraaf 2007).

This relational bind may ultimately cause problems for the participants' presentations of self. As our analysis (see Olakivi 2017) and other studies indicate (cf. Bolton 2005), care workers may not be willing to appear as routinized, resistant and unprofessional agents who need to be empowered by their superiors. Rather, care workers may be more willing to appear as autonomous agents and skilled, committed and motivated professionals who might welcome additional resources but not empowerment from anyone, least from their superiors.

CONCLUDING REMARKS

Finally, the socio-political functions of the enterprising management discourse allow for different theoretical interpretations. From a macro constructionist perspective, the discourse of enterprising management might seem like a normative regime of truth that invites care workers to act in a desired manner and, ultimately, produces disciplined (or resistant) selves (e.g. Fournier 1999). A less 'muscular' (Alvesson and Kärreman 2000) micro constructionist take on discourse, in turn, highlights the more personal functions and active use of discourse: from a micro constructionist perspective, professional and managerial discourses are resources for self-presentation. Such resources can, of course, pave the way for organizational transformations. Senior professionals may, for instance, use the discourse of enterprising management to justify actions that might otherwise seem politically incorrect. As argued above, however, the credibility of their self-presentations depends on how other actors, including care workers, present themselves and their environment (Burr 2003). In this article, we have mainly examined the discursive resources that senior professionals have for their (ambiguous) self-presentations. How, and with what consequences, such resources are used in daily encounters with other stakeholders is a topic for subsequent research.

The transferability of our insights requires more research. With respect to overlapping discourses, social care in Finland might naturally differ from health care or

medicine in the UK, for example (however, for similar insights into the latter context, see Spyridonidis, Hendy, and Barlow 2014; McGivern et al. 2015). Different contexts have different discursive practices. It is not clear that *all* stakeholders with administrative assignments in public welfare provision can, for instance, construct themselves as ‘facilitators’ or ‘coaches’ and argue that the problems in their organizational environment can be effectively solved by ‘activating’ people. Stakeholders in other contexts might, however, be able to construct themselves in the intersection of *other* professional and managerial discourses. A shift from *curative* to *preventive* care (Noordegraaf 2015), or from *caring for* to *consulting* patients (Postma, Oldenhof and Putters 2015) can, perhaps, exemplify similar ‘coping strategies’ (cf. Schott, van Kleef, and Noordegraaf 2015) in medicine and health care. Beyond the discursive resources we have discussed, other contexts may have other resources available to enable professionals to construct a ‘habitable’ (Brown and Lewis 2011: 888) workspace and a sense of moral agency (Clarke, Brown, and Hailey 2009) without resisting managerial objectives or having to accept an uneasy balance between conflicting requirements.

In any case, our attempts to look beyond hybridity and resistance (Noordegraaf 2007; 2015) and highlight the ambiguity of public welfare provision (also Thomas and Davies 2005; Thomas and Hewitt 2011) can be followed in other contexts as well. In this task, the notion of overlapping discourses can be a useful starting point.

FUNDING

The work of the first author was supported by the Finnish Cultural Foundation and the Academy of Finland (251239).

ACKNOWLEDGEMENTS

We are grateful to the fourteen interviewees for making the study possible. We also want to thank Assistant Professor Lena N€are and M.Soc.Sci. Miika Saukkonen for their invaluable effort in the data collection, and Professor Sirpa Wrede for her insightful comments on an earlier article.

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Appendix: Transcription notation

- word* Italics: a word or words emphasized in talk
- (...) Three dots in brackets: a short omitted sequence
- (word) Brackets: comments or clarifications made by the authors