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'How is professionalism and professional status talked about by social care practitioners?'

Motivation

➤I was interested the differences between social care workers and other healthcare colleagues in relation to professionalization.

➤I examined critical discursive psychology as an approach to research and felt that social care workers may not be aware of the impact of their talk.

➤So I was interested to hear what they said about professionalism.

Goal and objectives

Goal

To explore how the concepts of professionalism and professionalization are talked about in social care in Ireland -in particular **how social care workers talk about** these topics and the **discourses they draw on** in doing so.

Objective

This study intends to identify the discourses about professionalization and professionalism and investigate how practitioners position themselves in relation to these.

Literature

Available Discourses on Professionalisation

New Public Mngt.

-Accountability

-Commissioning

-Proficiencies

-Regulations

Relational approach

Conceptualisations of profession

Factors that constrain and/or drive professions like social care

Professions

The following theory was explored:

- **Trait theory** (functionalist perspective Greenwood, Etzioni, Flexner, Lindsay)

- **Power theory** (neo-Weberian) (Friedson, Rogers and Pilgram/Totten/Leicht and Fennell)

- **Post-professional theory** (New Public Mngt) (Burns, Evetts)

-professionalism is a set of ideas rather than one particular reality (Robson et al., 2004).

Post Professionalism Theory and New Public Management (NPM) Theory

- Professionals now work in **large-scale organisational** workplaces rather than small firms (Evetts, 2011). This means that the worker has less autonomy within those professions governed by the State.

- Burns (2019, 2007) contends that many professionals actually work in **governmental organisations** and therefore, boundaries that existed between the professionals and the organisations in the past are not so clearly defined today and they are restricted in terms of discretion

- Increase in **bureaucracy** leads to a reduction in discretion amongst Social Workers **(Banks, 2014)**

-Buckley (1999: 17) Social work is concerned with people and information sharing –NPM is concerned with **outcomes and efficiency**

-Lymbery (2003) **audit culture** and **lack of trust in professionals** leads to an issue in terms of **creativeness.**

Competence/Proficiencies and de-professionalisation

The idea of proficiencies

-**Solbrekke** (2008: 488) who carried out research on competencies refers this as the 'messy concept of professional responsibility'.

In education he argues the student learns about policy, theory and ethical standards but when they enter into workforce they see added **complexity.** (Legal and psychology students)

De-professionalisation -Ponnert and Stevensson (2016) contend that the discourse on increased **standardisation** has developed at the expense of **professional discretion,** and this has led to de-professionalisation.

-**Burns (2019)** draws on Hargreaves (1996) to argue that **postmodern professionalism** has brought with it talk of **deprofessionalisation**. He also mentions the **routinisation** of their expertise.

The Role of the Social Care Worker

-**role confusion** and **convergence** (Baxter, 2011)

-how workers **view themselves in relation to other professionals** is important (Caza and Creary, 2016)

-Weis (1995) states that people **refer to others to construct their own identity** .

-**Socialisation process** - includes the attitudes, values and beliefs of their occupation (Schon, 1983) . How we talk is influenced by how those around us talks about the profession

-A common sense of identity -difficult to achieve in a **fragmented** occupation (Banks, 2006)

◦ Multiplicity of job titles in advertisements (Byrne, 2016)

-**Identity and registration** –research by Wiles (2017: 41) found that workers **'feel more professional'** when they are registered and it improved the **status** of social work'.

-Media -**media exaggerate and oversimplify** while politicians and trade unions interfere practice. These are influential factors in relation to professional identity (Evetts, 2011)

Research Design and Methodology -Critical Discursive Psychology

A **discursive psychological approach** (Potter and Wetherell, 1987, 1992)

- **Definition:** '[discourse is] … a group of ideas or patterned way of thinking which can be identified in textual and verbal communications and can also be located in wider social structures' (Lupton, 1992:145)

- **Focus groups** were used to generate debate on various topics.

- 6 groups

- Disability, family support, NGO family support, mainstream residential, residential managers high support.

Research Design and Methodology

Analytical concepts:

'Interpretive repertoires'

-focus on 'talk in interaction' (Davies and Harré, 1990:46). These are patterns that emerge in the research, recognizable sequences of arguments, descriptions and assessments (Reynolds and Wetherell, 2003).

E.g. education/ regulation

Research Design and Methodology

'Subject positions'

When speakers take up a subject position they employ language, and this has deep-seated consequences not only for the sense of self and experience of the speakers but also for the actions they are permitted and expected to perform (Georgaca and Avdi, 2011).

Social care practitioners position themselves in relation to **registration debate** or the **education debate**.

# Research Design and Methodology

'Ideological dilemmas'

Ideological dilemmas are ways of building a picture of reality that emphasises opposites and, in some cases, it highlights a continuum in between those opposites according to Fitzgerald and O'Rourke (2013).

E.g. Social care participants felt education is essential yet in other places it was argued that personality was just as important as one's qualification.

Findings
-Education Repertoire
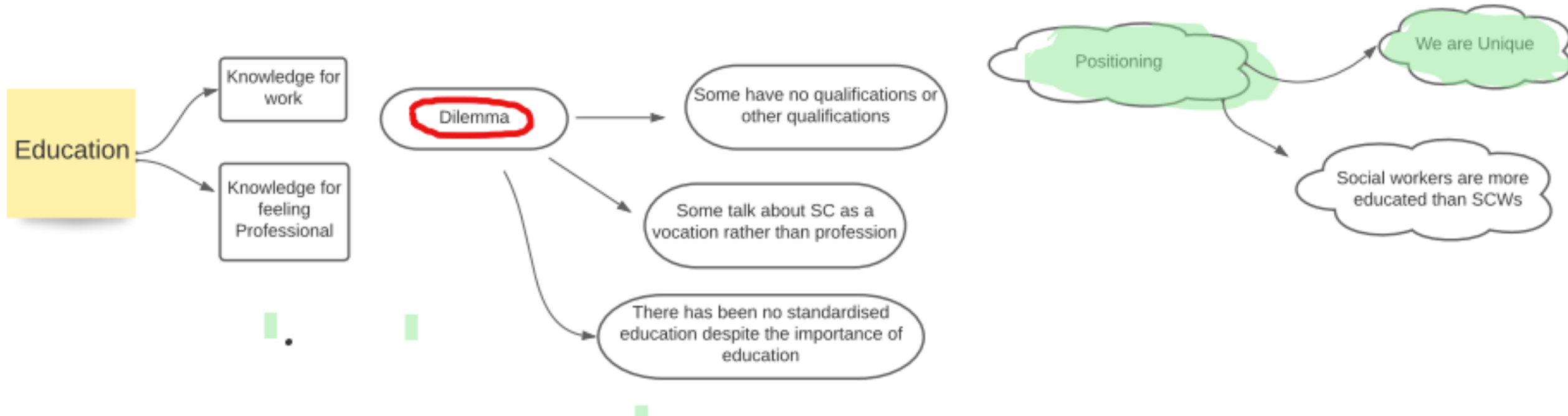
Education Repertoire

-The workers are justifying the need to have a qualification to work in social care because they argue the work is becoming more complex.

-When they talk about the need to be professionally trained they are **driving the professionalization agenda from the bottom up.**

-The abuse scandals and reports drive the push for qualifications but the **drive from the top** down is coming from a place of mistrust.)

Education Repertoire

Talk has political and historical links according to O'Farrell (2005)

-and the social care profession must shake off the image of the past and convince policy makers and the public that times have changed, and they are to be viewed as a professional group with educational credentials similar to others who work in the field.

-talk *does* something its action orientated

Education Repertoire

-Banks (2004) drew on the work of Friedson (2001) to say that in social work there is a high level of **indeterminacy** but a low level of **technicality**

-Indetermination means '**knowledge and skills that cannot be contained in rules**' and the technical part refers to the '**work that can be codified in rules/procedures**' (Banks, 2004: 181).

-the balance is moving towards technicality according to Banks (2004) and she questions whether this is moral or practical.

-When Deirdre said that some people are 'just suited to social care' it may be that some people can manage the indeterminacy of residential care work where every day or hour is different depending on the a child's circumstances.

-A worker who has, what the participants call a 'good personality' for the for the job can manage that indeterminacy when rules are not helpful.

-The participants are rejecting the notion of formal education alone in some contexts within the conversation, however, they use the education repertoire to argue that you need a qualification to 'feel' professional in other parts of the discussion.

Findings:
Status Repertoire

Status Repertoire

D in one focus group spoke about her nursing colleagues:

o *Deirdre: we have one at the moment that actually talks to us like we are her minions. You know that kind of a way?*

o *Re: Yeah. So she doesn't view you as professionals?*

o *Deirdre: no she wouldn't* (D 343-355).

Subject Position

One participant talks about this notion of a **shared language** therefore positioning social care as similar to social work. (we are the same)

External Approval

-**Service Users**
-**Public**
Majority do not recognise SCWs-'piblic don't have a clue'

Other Professions
-some understand the role some don't

-**HIQA Regulation**
making us paralegals -req clear paper account
-**CORU** good for accountabilty
-**Regulation** makes one professional
-proves your standard of practice

Dilemma

Care vs Paperwork
-if focused on paperwork you're less focused on care
-time consuming

External Approval Repertoire

Findings:
Regulation

External Approval and Regulation/registration Repertoire

Some participants argued there was no need for registration. They felt that HIQA and Tusla were responsible for keeping standards in place.

Registration was considered to be crucial in other discussions and participants felt that regulation would give social care workers a stronger more united voice. (is that true?)

Others argued that recognition is hampered by the fact that there are variations in peoples social care qualifications. Registration would help in this regard. (level 7 enough?)

Subject Position

Some participants positioned social care workers as being either extrinsically motivated or intrinsically motivated. In other words some need CORU bodies and others don't.

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